

# Agenda



## **AGENDA FOR A MEETING OF THE HEALTH SCRUTINY COMMITTEE IN THE COUNCIL CHAMBER, COUNTY HALL, HERTFORD ON THURSDAY 18 JANUARY 2018 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 12 December 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](mailto:elaine.manzi@hertfordshire.gov.uk).

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

## **3. UPDATE ON OUTCOMES OF WEST HERTFORDSHIRE HOSPITALS CARE QUALITY COMMISSION (CQC) INSPECTION**

*Report of the Chief Executive, West Hertfordshire Hospitals NHS Trust*

## **4. HEALTH & WELLBEING BOARD UPDATE**

*Report of the Director of Adult Care Services*

## **5. OUTCOMES OF THE SCRUTINY OF HEALTH PROVIDER FINANCES 12 DECEMBER 2017**

*Report of the Head of Scrutiny*

## **6. QUALITY ACCOUNTS SEMINAR**

*Report of the Head of Scrutiny*

## **7. WORK PROGRAMME UPDATE**

*Report of the Head of Scrutiny*

## **8. INTRODUCTION OF A NEW ONLINE SCRUTINY WORK PROGRAMME**

*Report of the Head of Scrutiny*

**9. EAST HERTS WINTER PRESSURES UPDATE**

**10. OTHER PART I BUSINESS**

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

**10. 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](mailto: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 TUESDAY 12 DECEMBER 2017

### MINUTES

#### 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*);

##### DISTRICT COUNCILLORS (10)

J Birnie (Dacorum); K Hastrick (Watford); S Deakin-Davis (*substituting for J Green*) (North Herts); M McKay (Stevenage); A Scarth (3 Rivers); N Symonds (East Herts); F Thomson (Welwyn Hatfield)

##### OTHER MEMBERS IN ATTENDANCE:

D Andrews; F Button; C B Wyatt-Lowe;

Upon consideration of the agenda for the Health Scrutiny Committee meeting on Tuesday 12 December 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 5 October 2017 were agreed and signed by the Chairman.

##### CHAIRMAN'S INITIALS

.....

**2. PUBLIC PETITIONS**

2.1 None received.

**3. INTRODUCTION TO FINANCE SCRUTINY**

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

3.1 Members were provided with an oral outline for the meeting detailing the purpose and roles for Members and Health Providers.

3.2 The committee noted that subsequent to the meeting, the Head of Scrutiny would be compiling a formal report, detailing the issues raised during the meeting, and any outcomes and conclusions reached.

3.3 **CONCLUSION:**  
The committee noted the Finance Scrutiny introduction.

**4. HERTFORDSHIRE PARTNERSHIP UNIVERSITY FOUNDATION NHS TRUST (HPFT) FINANCE SCRUTINY**

Officer Contact:  
Tom Cahill - Chief Executive Officer  
Keith Loveman - Director of Finance  
Catherine Dugmore - Non Executive Director

(Tel: 01438 218144)

4.1 Members scrutinised and challenged officers from the Hertfordshire Partnership University Foundation NHS Trust (HPFT) on the summary of finances for their organisation.

4.2 Members heard that the HPFT were facing the dual challenges of rising health costs and demographic increases.

**CHAIRMAN'S  
INITIALS**

.....

- 4.3 It was noted that to date the financial challenges presented had not affected service provision, but because quality and safe levels of service had always taken precedence over cost, current financial pressures may mean that the organisation could not guarantee that provision of service would not be affected in the future.
- 4.4 The committee welcomed the fact that work to reduce agency workers and the success of retention schemes such as training opportunities had meant that organisation's overall spend on staffing had reduced. It was noted that recruitment remained a challenge, given that professionals were naturally progressing in their career or coming to the end of their working life.
- 4.5 It was also noted that despite the significant costs associated with placement costs, Hertfordshire has the lowest amount of placements per 1000 people in the country, and a majority of HPFT work was undertaken within the patient's home.
- 4.6 Members were advised that additional cost savings were being made through the consolidation of back office staff, maintenance, procurement and IT support services with other health providers.
- 4.7 In response to Member concern, it was noted that discussions were taking place with Herts Valleys Clinical Commissioning Group (HVCCG) with regards to future working, given the reduction in the funding received from it.
- 4.8 It was suggested to Members that part of the vision for HPFT's future savings plans was to work with partner organisations to provide integrated care through a single care plan.
- 4.9 Further to a Member question it was established that improvements to the Child and Adolescent Mental Health Service (CAMHS) had been significant, but improvement work was under way and it was felt that 95% of patients who required care were being seen.
- CONCLUSION:**
- 4.10 Members noted the Hertfordshire Partnership Foundation Trust (HPFT) financial summary.

**CHAIRMAN'S  
INITIALS**

.....

## **5 WEST HERTFORDSHIRE HOSPITALS NHS TRUST (WHHT) FINANCE SCRUTINY**

Officer Contact:

John Brougham- Non Executive Director - WHHT

Katie Fisher - Chief Executive - WHHT

Don Richards - Chief Financial Officer – WHHT

(Tel: 01923 436336)

- 5.1 Members scrutinised and challenged officers from the West Hertfordshire Hospitals Trust (WHHT) on the summary of finances for their organisation.
- 5.2 In response to Member concerns regarding the significant deficit that the WHHT was experiencing, it was established that WHHT is implementing a number of savings measures to balance this deficit, including renegotiating a wide range of contractual costs, for example renegotiating the cost of the software provider used by the organisation to a reduced rate, and reducing agency costs to £19m.
- 5.3 Members also learnt that clinicians had increased involvement in budgetary decisions to minimise the risk to service delivery for patients.
- 5.4 It was established that the challenge detailed within the report relating to the withdrawal of funds from Herts Valleys CCG for low priority treatment was classified as a 'medium risk' by WHHT, and negotiations were taking place between the two organisations with regards to finding a resolution to this.
- 5.5 Members' attention was also drawn to the number of contractual changes implemented by Herts Valleys CCG detailed within the report.
- 5.6 During discussion it was observed by Members that officers from WHHT had mentioned the need to manage the backlog of procedures required to be undertaken. Further to additional questioning as to how this would be resolved, Members were advised that funding for this would be achieved through a financial loan.
- 5.7 Members received assurance that there were no current plans to reduce the number of staff within the organisation.

**CHAIRMAN'S  
INITIALS**

.....

- 5.8 In response to concerns raised by Members about the risk to the organisation from cyber-attacks, it was noted that although WHHT had not been affected by the most recent attacks that had occurred over the summer, this was an area where further development and investment had yet to be made.
- 5.9 The committee also noted that WHHT is challenged by the lack of cashflow within the organisation, but has implemented a mechanism which controlled the trajectory of spend to counter this.
- 5.10 Members observed that delayed transfers of care packages was a further financial challenge for the organisation.
- 5.11 It was noted that due to its location on the borders of London, WHHT also received and treated patients brought to the hospital from the London Ambulance Service which added to the cost to their organisation.

**CONCLUSION:**

- 5.12 Members noted the West Hertfordshire Hospitals Trust (WHHT) financial summary.

**6 PRINCESS ALEXANDRA HOSPITAL NHS TRUST (PAH) FINANCE SCRUTINY**

Officer Contact:

Andrew Holden - NED/Deputy Chair - PAHT  
 Lance McCarthy- Chief Executive- PAHT  
 Trevor Smith - Chief Financial Officer - PAHT

(Tel: 01279 444455)

- 6.1 Members scrutinised and challenged officers from the Princess Alexandra Hospital Trust (PAHT) on the summary of finances for their organisation.
- 6.2 The committee received assurances that currently the organisation's budget had no negative implications for services and staff within the hospitals.
- 6.3 It was explained to Members that the £14m triangulation gap detailed within the report was subject to negotiation between PAHT and the Clinical Commissioning Group (CCG), and assurance was received that the negotiation to date had resulted in a reduction in the figure.

**CHAIRMAN'S INITIALS**

.....



- 6.4 It was noted that PAHT is observed to be above the national average in their costs for benchmarking targets, and were perceived to be less efficient in terms of the competition. Work and negotiation were taking place to reach a compromise position in this area.
- 6.5 In response to a Member question, it was noted that at the end of the 2016/17 financial year agency costs had reduced to £15m and were on target to reach £13m by the end of 2017/18. It was noted that PAHT had achieved this by weekly tracking of agency spend and increasing the amount of staff signed up to the organisation's employment bank and recruiting more permanent staff to the organisation's workforce.
- 6.6 Members were advised that in order to promote retention of staff within the organisation, there had been an increase in training and research opportunities.
- 6.7 The committee received assurance that despite PAHT being issued with an adverse value for money conclusion at the end of the 2016/17 financial year, strategic visions, pathways and directions of travel were being developed which aimed to strengthen the financial position of the trust in future years by making the trust more efficient. Members were advised that consideration of demographic and population considerations had been included in future planning. It was noted that due to the location of the hospital and bed availability some patients admitted are brought to the hospital from Greater London.
- 6.8 Further to a member question it was established that no services had been outsourced to the Rivers Hospital in Harlow this year.

**CONCLUSION:**

- 6.9 Members noted the Princess Alexandra Hospital Trust (PAHT) Financial Summary.

**7 MORNING SUMMARY**

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

- 7.1 Members were provided with a summary of the morning's scrutiny by Natalie Rotherham, Head of Scrutiny.

**CHAIRMAN'S INITIALS**

.....

- 7.2 The committee acknowledged that the overarching themes emerging from the organisations were as follows:
- Challenges in the relations between the health providers and the Clinical Commissioning Groups (CCG's);
  - Current work to reduce agency spend within the organisations
  - Boundary issues causing a number of patients being admitted from greater London, and also staff preference of working in London due to more attractive payment and training options;
  - An overall increase in patient numbers generally;
  - Increased involvement of clinicians being involved in budgetary decisions;
  - An increase in collaborative working;
  - Financial challenges being sustainable for 2017/18, but more at risk for future years.

7.3 Members noted that further detail on the themes would be provided in a report from the Head of Scrutiny, scheduled to be presented at the next Health Scrutiny Committee on 18 January 2018.

**8 SCRUTINY WORK PROGRAMME REPORT**  
Officer Contact: Natalie Rotherham, Head of Scrutiny  
Hertfordshire County Council  
(Tel: 01992 588485)

8.1 **Health Scrutiny Work Programme**  
The work programme was noted and agreed by the committee.

8.2 **Child & Adolescent Mental Health (CAMHS) Topic Group Scope**  
The CAMHS Topic Group Scope for the Topic Group scheduled to be held on 12 January 2018 was noted and agreed by Members.

8.3 **Impact of Scrutiny Sub-Committee**  
Members heard that the inaugural meeting of the Impact of Sub-Committee had taken place on the 28 November 2017, examining the implementation of Topic Group recommendations.

**CHAIRMAN'S  
INITIALS**

.....

8.4 It was clarified that no Health Scrutiny Committee matters had been on the agenda on this occasion, but following future meetings, the Chairman of the sub-committee, Cllr Ian Reay, would provide an update to the committee on the outcomes of any discussions relating to Health Scrutiny Committee Topic Groups.

**Nascot Lawn Respite Centre**

8.5 Members received an oral update from Simon Banks, Assistant Chief Legal Officer on the current position regarding Nascot Lawn and the ongoing legal proceedings.

Natalie  
Rotherham/  
Charles  
Lambert

8.6 Members received assurance that they would continue to receive updates as and when significant updates occurred.

**CONCLUSION:**

Members noted and agreed the Health Scrutiny Committee work programme and noted and commented on the associated reports.

**9 HERTFORDSHIRE HEALTH CONCORDAT UPDATE**

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

9.1 Charles Lambert, Scrutiny Officer, presented Members with the updated Health Concordat the purpose of which was to govern the way in which health organisations interact.

9.2 Members noted that this had been updated and refreshed, at the request of the Chairman of the Health Scrutiny Committee, given the new Council structure post-election and to include the newly formed Strategic Transformation Partnership.

9.3 It was noted that to date not all partners had signed the Concordat and that work would take place to encourage the remaining partners to sign up to the agreement.

Seamus  
Quilty,  
Natalie  
Rotherham,  
Charles  
Lambert

9.4 It was established that that in addition to the Concordat, the Head of Scrutiny and Scrutiny Officer regularly meet and communicate with senior officers from across the health providers, and the Chairman of the Health Scrutiny Committee regularly meets with Chief Executives of the health providers to promote and strengthen relationships.

**CHAIRMAN'S  
INITIALS**

.....

9.5 Committee Members were reminded of the importance of their own roles in the scrutiny process and the need not just to representing their individual wards, but the council as a whole in maintaining and monitoring the partnerships with health providers.

All  
Committee  
Members

**CONCLUSION:**

9.6 Members noted the updated Hertfordshire Health Concordat.

**10 HERTFORDSHIRE COMMUNITY NHS TRUST (HCT)  
FINANCE SCRUTINY**

Officer Contact:

Declan O’Farrell – Chairman- HCT

Clare Hawkins – Acting CEO- HCT

Kevin Curnow – Deputy Director of Finance - HCT

(Tel: 01707 388000)

10.1 Members scrutinised and challenged officers from the Hertfordshire Community NHS Trust on the summary of finances for their organisation.

10.2 In response to a Member question, it was established that HCT was not selling the Parkway head office property, but was transferring ownership, as it was currently using less than 50% of the property, which breached the covenants of them retaining ownership.

10.3 The committee heard that the decision by Herts Valleys Clinical Commissioning Group to recommission adult community services currently provided by HCT for the west of the county would potentially reduce HCT’s income by 60%. Members learnt that this decision was scheduled to be discussed at HCT’s Executive Board on the 13 December 2017, and at a subsequent Trust Board.

10.4 Members were advised that HCT was planning to bid for the tender and planned to hold a number of engagement events, and was confident it could achieve a positive outcome.

10.5 During discussion it was noted that Herts Valley’s CCG’s intent to commission a number of adult services would affect a large number of specialist services. Further to a Member question it was agreed that officers would endeavour to ascertain how many patients that this would affect and circulate this to Members after the meeting.

HCT  
Officers

**CHAIRMAN’S  
INITIALS**

.....

- 10.6 In regards to the commissioning service provided by HCT for Nascot Lawn respite service, Members were advised that in accordance with the contract with Herts Valleys CCG, there was the expectation that funding would continue to be received for this financial year.
- 10.7 The variation of contract with regards to heart failure and cardiac services was also noted.
- 10.8 Members received clarity that the County Council's Public Health team is the commissioner for public health nurses and health visitors.
- 10.9 During discussion it was established that there would be no specific saving attached to the proposed customer service transformation plan which would centralise functions. Members learnt that in order to ensure that the transformation plan had the full support of all the groups involved, and was undertaken in an efficient and planned manner, the implementation of the plan had been delayed from April 2017 to February 2018.
- 10.10 In response to a Member question it was established that efficiencies would be achieved through a number of existing vacancies within back office staff.
- 10.11 Members were advised that HCT was currently sharing a site with HPFT. It was noted that there were no plans to merge the two trusts as each had very separate functions with HCT working with patients with physical issues and HPFT working with patients with mental health issues.
- 10.12 It was noted that if the HCT had not met the Commissioning for Quality and Innovation (CQUIN) performance target £160k of funding would be withheld. Members heard that the view of the organisation was that it was confident of continuing the best outcome for patients possible in the current climate of austerity.
- 10.13 Further to a Member query, officers agreed to circulate a more specific detailed breakdown of the figures attached to the CQUIN goal references as outlined in point 4 of their report. HCT
- 10.14 Members' questions on agency staff costs were also responded to, with it being detailed that £8.7m was currently spent on agency staff with the aim to reduce this to £8.6m.

**CHAIRMAN'S  
INITIALS**

.....

- 10.15 The committee also heard that HCT had planned for winter pressures, by opening a number of escalation beds. Members learnt that during the previous weekend's heavy snowfall, staff members had worked 'above and beyond' to ensure that the care needs for all patients were met.
- 10.16 Members were advised that in terms of the risk detailed under Point 2 of the Trust's report in relation to the Cost Improvement Plans concerning East & North Herts CCG, the trust had previously successfully challenged the amount of money charged to them for office and clinical space at the QE2 Hospital in Welwyn Garden City, and hoped to do this again.
- 10.17 Members received assurance that the decommissioning of the Rapid Response Unit would not have an impact on patients.
- 10.18 In response to a Member observation regarding the 'risky behaviours' detailed in the table of CQUINS at Point 4 of the report, it was noted that a key part of the trust strategy focused on preventative healthcare.
- 10.19 **CONCLUSION:**  
Members noted the Hertfordshire Community Trust (HCT) Financial Summary.

**11 EAST & NORTH HERTS NHS TRUST (ENHT) FINANCE SCRUTINY**

Officer Contact:

Nick Carver – Chief Executive

Martin Armstrong – Director of Finance

Sarah Brierley – Director of Business Development and Partnerships

Liz Lees – Acting Director of Nursing and Patient Experience

David Brewer – Head of Engagement

Ellen Schroder- Trust Chair

(Tel: 01438 314333)

- 11.1 Members scrutinised and challenged officers from the East & North Herts NHS Trust (ENHT) on the summary of finances for their organisation.

**CHAIRMAN'S INITIALS**

.....

- 11.2 In response to a Member request for additional detail regarding the impact of the cyber-attack that had occurred earlier in the year, it was established that this had cost the Trust approximately £700k in immediate staffing and administrative costs to resolve the issue, but the amount of funding that had been lost through loss of revenue for not being able to treat patients was significantly more substantial. This had ultimately resulted in the need to deprioritise funding in other areas.
- 11.3 It was noted that emergency patients who would have attended the hospital during the cyber-attack were rerouted to other hospitals within the area.
- 11.4 The committee acknowledged that although significant work had been undertaken to reduce the risk of a further cyber-attack, there could not be a full guarantee that a further incident would not occur. Members were advised that the matter had been raised with NHS Improvement.
- 11.5 During discussion, it was noted that ENHT has some challenge with regards to differing expectations of service level agreement outturns with the local CCG, but negotiations and contact between the organisations were regular and it was hoped that matters would be resolved.
- 11.6 Members were pleased to hear ENHT's commitment to collaborative working with all partner organisations.
- 11.7 The committee were advised that a majority of the Trust's savings plans were based on reducing costs through the 'grip and control'. This was partly to be achieved through key collaborations such as merging back office functions such as payroll and procurement with other health providers. A number of financial mitigation schemes had also been created. It was noted that the unexpected expenditure that had been required in the wake of the cyber-attack had placed significant pressure on the budget, and had meant the Trust had been unable to recover the amount of savings that they had originally forecast.
- 11.8 Members learnt that ENHT had employed the services of Price Waterhouse Cooper (PWC UK) and Four Eyes Insight as consultancy services to further examine and support the Trust in managing their budget.
- 11.9 In response to Member concern it was noted that any financial decision made by the Trust is subject to consultation with and final sign off by the medical director.

**CHAIRMAN'S  
INITIALS**

.....

11.10 It was established that there has been further strain on the Trust this year within the orthopaedic department, who have struggled to maintain service levels, due to a number of staff being unavailable due to long term sickness, bereavement or retirement.

11.11 The Committee heard that the Trust had endeavoured to improve service levels across the organisation through measures such as improving efficiency and undertaking procedures at weekends.

11.12 **CONCLUSION:**

Members noted the East & North Herts NHS Trust (ENHT) Financial Summary.

12 **EAST OF ENGLAND AMBULANCE SERVICE NHS TRUST (EEAST) FINANCE SCRUTINY**

Officer Contact:

Robert Morton - Chief Executive

Kevin Smith - Finance Director

(Tel: 0345 601 3733)

12.1 Members scrutinised and challenged officers from the East of England Ambulance Service NHS Trust (EEAST) on the summary of finances for their organisation.

12.2 The Committee was advised that as the Ambulance Response Programme (ARP) was still in its infancy, it was difficult to gauge what impact this would make on the budget on a long term basis, but in the short term it was noted that this had not made a significant impact on costs.

12.3 Members acknowledged the benchmarking exercises being undertaken by NHS England and noted that EEAST had identified that some of their costs were higher than other NHS Ambulance Service Trusts. In terms of estate costs, this would be reduced in the future by the increase of newly built ambulance stations. Members were advised that EEAST also choose to use the more expensive purpose built ambulances rather than conversions for their fleet, as it was felt that these were more efficient economical long term. It was established that back office costs were comparatively low compared to other trusts.

**CHAIRMAN'S  
INITIALS**

.....



- 12.4 In response to a Member question, it was noted that the time of writing the report, it was not clear if EEAST would be managing the contract for the Hertfordshire, Luton and Bedfordshire non-emergency passenger transport on a permanent basis, however this had now been clarified. Members noted that the contract for the non-emergency transport service for Suffolk had been retendered to a private firm as of April 2018.
- 12.5 Officers from EEAST stressed to Members that although emergency transport was the Trust's core service, non-emergency transport needed to meet the same level of standard as emergency care as it was also CQC inspected and was therefore not something that could be managed on a through cheaper economical decisions. As both developments detailed at 12.4 for non-emergency transport were fairly recent, it was not fully known what the full impact on budgets would be.
- 12.6 Members were provided with the detail of the challenge that was presented to EEAST with working with six very diverse STP's across their regional area including the differing levels of engagement.
- 12.7 The Committee learned that approximately 1 in 10 patients who have an ambulance called for them have a life threatening condition that requires hospital admission. A majority of patients are managed through the 'hear and treat' and 'see and treat' services where patients are provided with advice over the phone or at site by paramedics, thus reducing the pressure on hospital emergency departments. These services are funded through CQUIN payments and Members were pleased to hear EEAST had met their targets for 2016/17 and were on track to meet their targets for 2017/18.
- 12.8 Members noted that an Independent Service Review of EEAST was scheduled to take place in January 2018.

**CONCLUSION:**

Members noted the East of England Ambulance Service Trust (EEAST) Financial Summary.

**13 AFTERNOON SUMMARY**

- 13.1 Members were provided with a summary of the afternoon's scrutiny by Natalie Rotherham, Head of Scrutiny.

**CHAIRMAN'S  
INITIALS**

.....

13.2 The Committee noted that the afternoon scrutiny themes were very similar to the scrutiny themes outlined within the morning summary as detailed in point 7.2 to these minutes.

13.3 Members noted that further detail on the themes would be provided in a report from the Head of Scrutiny, scheduled to be presented at the next Health Scrutiny Committee on 18 January 2018.

**14. OTHER PART I BUSINESS**

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

14.1 No other Part I business was recorded.

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

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

**KATHRYN PETTITT  
CHIEF LEGAL OFFICER**

**CHAIRMAN.....**

**CHAIRMAN'S  
INITIALS**

.....

**HERTFORDSHIRE COUNTY COUNCIL**

**HEALTH SCRUTINY COMMITTEE**

**THURSDAY 18 JANUARY 2018 AT 10:00AM**

Agenda Item No. <b>3</b>
-----------------------------

**UPDATE ON OUTCOMES OF WEST HERTFORDSHIRE HOSPITALS NHS TRUST (WHHT) CARE QUALITY COMMISSION (CQC) INSPECTION**

*Report of Chief Executive West Hertfordshire Hospitals NHS Trust*

Author: Helen Brown- Deputy Chief Executive, West Hertfordshire Hospitals Trust (Tel: 01923 244366)

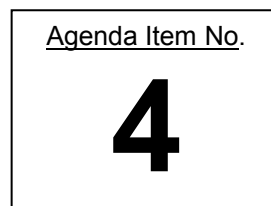
**1. Purpose of report**

- 1.1** To provide the committee with an update on the response from West Hertfordshire Hospitals NHS Trust (WHHT) to the Care Quality Commission (CQC) Inspection.

**2. Summary**

- 2.1** WHHT was subject to a two day CQC inspection on Wednesday 30 August to Friday 1 September 2017. The full report, which will be published on 10 or 11 January 2018, can be found here: <http://www.cqc.org.uk/location/RWG02>
- 2.2** A response from WHHT on the outcomes of the inspection and will be circulated to the committee as soon as it is available after the CQC report is published which will either be just prior to or at the meeting.
- 3. Recommendation**
- 3.1** That the committee notes the report.

**HERTFORDSHIRE COUNTY COUNCIL**  
**HEALTH SCRUTINY COMMITTEE**  
**THURSDAY 18 JANUARY 2018 AT 10:00AM**  
**HEALTH & WELLBEING BOARD UPDATE**



*Report of the Director of Adult Care Services*

Author: Iain Macbeath- Director of Adult Care Services (Tel: 01992 556363)

**1. Purpose of report**

- 1.1 To provide the Committee with an overview of the work of the Health & Wellbeing Board and an update the current and future work programme of the Board.

**2. Summary**

- 2.1 The scrutiny remit of the Health Scrutiny Committee includes the Health & Wellbeing Board. Following the local government elections in May 2017 a number of new members joined the Committee and an overview of the work of the Board would clarify the remit and composition for all members of the Health Scrutiny Committee.

**3. Recommendation**

- 3.1 That the committee notes the report.

Additional papers:

Appendix 1- Health and Wellbeing Board Update

## ITEM 4 – APPENDIX 1

### **OBJECTIVE:**

To provide the Committee with an overview of the work of the Health & Wellbeing Board and an update the current and future work programme of the Board.

### **BACKGROUND**

The scrutiny remit of the Health Scrutiny Committee includes the Health & Wellbeing Board. Following the local government elections in May 2017 a number of new members joined the Committee and an overview of the work of the Board would clarify the remit and composition for all members of the Health Scrutiny Committee.

### **QUESTIONS TO BE ADDRESSED:**

1. What is the remit of the Health & Wellbeing Board?
2. What are the key challenges facing the Board?
3. Has the advent of the STP had an impact of the work of the Board?

### **OUTCOME/S:**

1. Members have a better understanding of the Board
2. It will inform future scrutiny.

### **CHIEF OFFICER**

Iain MacBeath, Director of Adult Care Services

**HSC MEETING DATE:** 18 January 2018

### **RESPONSE:**

#### **What is the remit of the Health and Wellbeing Board?**

Health and wellbeing boards were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system could work together to improve the health and wellbeing of their local population. They became fully operational on 1 April 2013 in all 152 local authorities with adult social care and public health responsibilities.

Health and wellbeing boards are a formal committee of the local authority charged with promoting greater integration and partnership between bodies from the NHS, public health and local government. They have a statutory duty, with clinical commissioning groups (CCGs), to produce a joint strategic needs assessment and a joint health and wellbeing strategy for their local population.

The boards have very limited formal powers. They are constituted as a partnership forum rather than an executive decision-making body.

In most cases, health and wellbeing boards are chaired by a senior local authority elected member, in our case Cllr Colette Wyatt-Lowe, Executive Member for Health

## ITEM 4 – APPENDIX 1

and Care for Hertfordshire County Council. The board must include a representative of each relevant CCG and local Healthwatch, as well as local authority representatives. The local authority has considerable discretion in appointing additional board members. Hertfordshire has also chosen to invite two elected council leaders from the district and borough councils, two chief executives from local NHS providers, the Police and Crime Commissioner and a representative from NHS England.

The Board publishes a three-year Health and Wellbeing Strategy, monitors a number of wellbeing performance indicators for Hertfordshire residents, receives and comments on joint strategies between local authorities and the NHS and is updated on local issues that either give cause for concern or celebration. The Board also oversees the integration of health and social care and the use of the local Better Care Fund.

Link to Strategy:

<https://www.hertfordshire.gov.uk/media-library/documents/about-the-council/partnerships/hertfordshire-health-and-wellbeing-strategy-2016---2020.pdf>

### **What are the key challenges facing the Board?**

There is general agreement about the value of boards in bringing together major local partners around the table. Organisational structures and roles have become more complex as a result of the Health and Social Care Act, and the need for local authorities to work closely with their local NHS partners on a range of issues – from population health to hospital discharge – has never been greater. The boards have taken on new responsibilities that directly affect the NHS, for example signing off local Better Care Fund plans.

But as finances for every public sector organisation become tighter, we have seen necessary decisions taken for one organisation adversely impact on another. This has strained relationships but has not broken them and the board has had robust conversations to work through the issues.

The Board also recognises that it wants to improve relationships with a wider group of partners including all district and borough councils, parish councils, the wider NHS provider sector, social care providers, schools and the voluntary and community sector. Hertfordshire has a complex provider landscape and thought is needed on how to do this effectively and efficiently.

### **Has the advent of the STP had an impact of the work of the Board?**

Sustainability and transformation plans (STPs) were announced by the NHS in December 2015. The intention was for NHS organisations and local authorities in different parts of England to come together to develop 'place-based plans' for the future of health and care services in their area. The direction from NHS England on the geography of our local planning footprint was that this would cover Hertfordshire

## ITEM 4 – APPENDIX 1

and West Essex, the rationale being that the hospital in Harlow has patients flowing in and out of Hertfordshire as well as Harlow and villages.

Initially the STP was the plan to cover five years on all aspects of NHS spending in England. 44 areas have been identified as the geographical ‘footprints’ on which the plans are based, with an average population size of 1.2 million people (the smallest covers a population of 300,000 and the largest 2.8 million). A named individual has led the development of each STP – our local individual has been Tom Cahill, CEO of Hertfordshire Partnership University Foundation Trust. Tom will step down in January and a new lead, Deborah Fielding, will take over. Deborah was formally the CEO of the West Essex CCG. Most STP leaders come from clinical commissioning groups (CCGs) and NHS trusts or foundation trusts, but a small number come from local government.

The scope of STPs is broad. Initial guidance from NHS England and other national NHS bodies set out around 60 questions for local leaders to consider in their plans, covering three headline issues:

- improving quality and developing new models of care;
- improving health and wellbeing;
- and improving efficiency of services.

Leaders were asked to identify the key priorities needed for their 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 timelines for developing STPs and the process for approving them have been somewhat fluid and have felt to be top-down and driven by NHS England. Hertfordshire’s plan is now available [here](#) and the STP has progressed into a Sustainability and Transformation Partnership, implementing that plan.

Although the Health and Wellbeing Board has received regular updates on the development of the plan, a number of issues remain of concern to some of the local politicians and officers on the board:

1. The geography of the footprint continues to cause local issues for the two county councils involved – arguably more so for Essex who must participate in three STPs.
2. The Board has struggled to find a role in the STP when so much of the strategy is driven by NHS England and all the timescales are set nationally.
3. More work needs to be done to tie together the Health and Wellbeing Strategies and associated projects, which are intended to improve the health of the population, with the Sustainability and Transformation Plan and implementation – so that all work achieves the intended objectives.

**ITEM 4 – APPENDIX 1**

--



**HERTFORDSHIRE COUNTY COUNCIL**

**HEALTH SCRUTINY COMMITTEE**

**THURSDAY 18 JANUARY 2018 AT 10:00AM**

**OUTCOMES OF THE SCRUTINY OF HEALTH PROVIDER FINANCES – 12  
DECEMBER 2017**

Agenda Item No

**5**

*Report of the Head of Scrutiny*

Author: Natalie Rotherham, Head of Scrutiny Telephone: 01992 588485 (28484)

**1. Purpose of report**

- 1.1 To provide the Committee with the outcomes of the health organisations financial scrutiny it held on 12 December 2017.

**2. Summary**

- 2.1 The Committee heard from six provider organisations over the course of the day's scrutiny. These were

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

- 2.2 The Committee was broke into three groups to conduct the scrutiny. Each group considered one provider at the morning session and a second in the afternoon. All groups remained in the Chamber throughout the scrutiny and had a lead member to direct the questioning of the provider by the group. There was a timetable with a slot for each provider to be scrutinised.

- 2.3 Each provider trust had submitted a written response to a set of questions that the Committee had agreed. These were sent to the trusts in advance of the meeting. The providers also provided a plan on a page which gave an overview of the current issues facing the organisation. The papers can be found [here](#)

- 2.4 The report summarises the evidence gathered under four headings
- Risk, resilience & mitigation
  - Key collaborations
  - Financial confidence (2017/18 and beyond)
  - Themes (either for an individual organisation or a wider system issue)

### **3. Recommendations**

- 3.1 That the outcomes at paragraphs 4.1 – 4.6 are used to inform the Quality Accounts scrutiny (March 2018)
- 3.2 That a complementary scrutiny of the clinical commissioning groups (CCGs) is undertaken by the Committee
- 3.3 That at a future meeting the Committee considers the STP with particular regard to the issues outlined at paragraphs 4.1, 4.2 and 4.3
  - to provide the necessary leadership to resolve concerns identified during the finance scrutiny
  - feasibility of the STP to evolve into an Accountable Care System (ACS)

### **4. Background**

- 4.1 Risk, resilience & mitigation
  - Sustainability & Transformation Partnership (STP) leadership is required to develop a system approach to managing issues and finances
  - Commissioning decisions are placing additional pressure on an already straitened system
  - Collaborations were highlighted as a key way forward for better patient outcomes and addressing financial issues
- 4.2 Key collaborations. Here members heard about a number of collaborations some specific to certain organisations others pertinent to the majority of trusts participating in the in the scrutiny.
  - STP
  - London trusts working with Hertfordshire based trusts regarding staffing and research opportunities
  - Hertfordshire County Council (HCC)
  - Efficiencies benefits realised elsewhere e.g. EEAST emergency department, paramedic prescribing
  - Providers and CCGs e.g. ENHT and commissioners
  - Providers and providers e.g. HCT, HPFT, ENHT, WHHT
  - Providers and commissioners e.g. HCT and Public Health
- 4.3 Financial confidence (2017/18 and beyond)
  - All organisations face varying degrees of financial challenge
  - Some of these challenges are determined by commissioner decisions
  - CCG issues that have an impact of the financial outturn of organisations e.g. PAH, HCT, ENHT
  - Oversight of spend and managing variations is proving hard for many organisations
  - Balancing financial drive with patient outcomes e.g. WHHT, ENHT
  - Commissioning for Quality and Innovation (CQUIN)

- 4.4 Themes (either for an individual organisation or a wider system issue)
- Relations between the clinical commissioning groups (CCGs) and providers
  - Differing budgetary perceptions between commissioners (including the CCGs, HCC) and providers
  - Agency spend
  - Boundary issues such as conveyance by London Ambulance Service of patients from north London to WHHT is an issue
  - Staffing is a concern for all six organisations. Proximity to London with higher wages and teaching hospitals with research links also attract staff. To retain staff and provide career opportunities the system is looking to develop a “Herts Passport”
  - Growth i.e. the increased numbers of patients compounded by the acuity of patients health
  - Involvement of medical staff in agreeing financial decisions e.g. at PAH decisions are signed off by the Medical Director, at WHHT decisions are clinically led and ENHT is providing finance training to clinicians.
- 4.1 Hertfordshire University Partnership Foundation Trust (HPFT)
- Finding it increasing difficult to achieve savings without impacting on patients
  - Increased demand is a challenge to staffing, wait times and potentially, patient safety
- 4.2 West Hertfordshire Hospital Trust (WHHT)
- ICT infrastructure remains a significant issue
  - Contract challenges under negotiation with the CCG
  - Increased ambulance conveyance from both EEAST and north London Ambulance Service
  - The impact of delayed discharge on patient flow through the hospital affects the trust’s ability to admit patients in a timely fashion
- 4.3 Princess Alexandra Hospital, Harlow (PAH)
- Negotiation with West Essex CCG to resolve differing perceptions on costs and levels of activity
  - Use of agency to cover vacancies has reduced; however, this remains a major challenge
- 4.4 Hertfordshire Community Trust (HCT)
- Adult services are a substantial proportion of the organisation’s business. These will be re-commissioned in the west of the county during 2018. This is a risk to the financial position of HCT.
  - CQUIN’s have fallen short of the target during 2017/18
- 4.5 East & North Hertfordshire Hospital Trust (ENHT)
- Materially divergent expectations of activity and costs exist between ENHT and ENHCCG. This has the potential to impact negatively on the trust’s finances. On-going negotiations will seek to resolve this issue.
  - ENHT is looking to work collaboratively with the CCG on a no surprises principle
  - Examples of collaborative working are providing a payroll hub for other health organisations; is looking to expand the procurement hub

- Principal challenge is recovering activity income rather than achieving the savings target

#### 4.6 East of England Ambulance Service Trust (EEAST)

- Outcomes of the major service review identifying the capacity gap will inform future financial work (due January 2018)  
A consequence of merger of trusts across the east of England is a large and expensive estate which EEAST are looking to address when opportunities arise
- Welcomes the development of the Model Ambulance methodology (the equivalent of the Model Hospital approach) to help identify further efficiencies
- Measures to alleviate conveyance to acute settings are currently borne by EEAST.

### 5. Financial Implications

- 5.1 There are no financial implications arising from this report.

#### Background Information

None

#### Additional documents

Appendix 1- Feedback from the Scrutiny of Health Provider Finances – 12 December 2017

HERTFORDSHIRE COUNTY COUNCIL

**ITEM 5  
APPENDIX  
1**

HEALTH SCRUTINY COMMITTEE

THURSDAY 18 JANUARY 2018 AT 10.00AM.

**FEEDBACK FROM THE SCRUTINY OF HEALTH PROVIDER FINANCES –  
12 DECEMBER 2017**

*Report of the Head of Scrutiny*

Authors: Natalie Rotherham, Head of Scrutiny

Tel: 01992 558485

**1. Purpose of report**

- 1.1 To provide the Committee with feedback on its scrutiny of the NHS provider finances held on 19 December 2017.

**2. Summary**

- 2.1 The Committee adopted a different approach to scrutinising the health finances of a selected group of providers. To evaluate the effectiveness of the new format feedback forms were sent to participating members and officers.
- 2.2 All of the responses received, including verbal feedback, were positive about the approach and outcomes.
- 2.3 The feedback, including suggestions for improvement for the scrutiny of the NHS provider finances and can be summarised as follows:-
- Separating finance and quality was welcomed.
  - The timetable and timings in general worked well as it focused questions and responses.
  - Timetabled slots appreciated by providers
  - Having one group of members per provider was good. Having one organisation to consider in the morning and one in the afternoon maintained member interest
  - Templates were clear about the information required from providers and ensured that responses were consistent
  - The process was smooth and achieved positive outcomes
  - It was an advantage to have all members present to hear the responses from providers

- Involvement of finance officers in reviewing the responses and providing the group chairmen with lines of enquiry or queries to clarify. Some groups welcomed the finance officer sitting with the group others were less convinced that it added to the process.
  - Information packs good and the plan on a page was particularly useful
  - The list of NHS abbreviations and acronyms helpful
  - Timing may need tweaking. One suggestion was to add 5 minutes for questions from the wider committee
  - One provider commented on the poor acoustic in the chamber and that the venue seemed large.
  - Unable to have a more detailed conversation about issues
- 2.4 The Committee is asked to identify which of the points raised in paragraph 2.3
- 2.5 The Committee is asked to identify which of the above it wishes officers to take forward for future scrutiny of NHS health finances.

### **3. Recommendations**

1. That the feedback to the Committee's scrutiny of the NHS provider finances be noted.
2. That the suggestions for improvement to the Committee's scrutiny of the NHS provider finances, as detailed in 2.3 above, be agreed. (To be identified by the Committee)

### **4. Financial Implications**

- 4.1 There are no financial implications arising from this report.

#### *Background Information*

<http://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/685/Committee/12/Default.aspx>

**HERTFORDSHIRE COUNTY COUNCIL**  
**HEALTH SCRUTINY COMMITTEE**  
**THURSDAY 18 JANUARY 2018 AT 10:00AM**



**QUALITY ACCOUNTS SEMINAR**

Report of the Head of Scrutiny

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

**1. Purpose of report**

- 1.1 A seminar will be held for members regarding the NHS Quality Accounts.

**2. Summary**

- 2.1 Quality Accounts are annual reports about the quality of services provided by an NHS healthcare service. They are published by each NHS healthcare provider and are made available to the public.
- 2.2 In preparation for that scrutiny the seminar is intended to assist members understanding of the Quality Accounts. It will cover what Quality Accounts are and how organisations use them to monitor performance. It will also clarify how the Care Quality Commission (CQC) use the Quality Accounts and any commentary provided by the Committee.
- 2.3 The seminar will help to inform the scrutiny of the Quality Accounts in March 2018.

**3. Recommendation**

- 3.1 Members are asked to note the seminar and information provided.

**4. Financial Implications**

- 4.1 There are no financial implications arising from this report.

Background Information

None

Additional documents

Appendix 1 Proposed Format for the Scrutiny of The NHS Quality Accounts

**HERTFORDSHIRE COUNTY COUNCIL**

**Item 6  
Appendix 1**

**HEALTH SCRUTINY COMMITTEE**

**THURSDAY 18 JANUARY 2018 AT 10.00AM**

**PROPOSED FORMAT FOR THE SCRUTINY OF THE NHS QUALITY ACCOUNTS**

*Report of the Head of Scrutiny*

Author: Natalie Rotherham, Head of Scrutiny

Tel: 01992 558485

**1. Purpose of report**

- 1.1 To provide Members with the format for the Committee's scrutiny of each health organisation's Quality Account taking place in March 2018.

**2. Summary**

- 2.1 Quality Accounts are annual reports about the quality of services provided by an NHS healthcare service. They are published by each NHS healthcare provider and are made available to the public. The aim of a Quality Account is to ensure a focus on patient outcomes.

- 2.2 At its meetings in March 2018 the Committee will consider the Quality Accounts of

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

- 2.3 The scrutiny will be conducted over two days (15 and 29 March 2018). Members of the Committee will break into three groups. Each group will be located in a separate room and gather the evidence under the direction of a chairman. The groups will hear from one organisation during the morning session and a second in the afternoon.

- 2.4 A graduate from the HCC management scheme has been allocated to each group. The graduate will review the papers and work with the chairman of the group to develop lines of inquiry. These will be shared by the group chairman in advance of the scrutiny. Time has been set aside before the Committee convenes for each group to meet (morning and afternoon) and agree the areas it wishes to focus on.

- 2.5 A member of the Healthwatch Hertfordshire Board will join each group.



- 2.6 The Committee will meet in the Council Chamber at 9.45am for a brief introduction to the scrutiny.
- 2.7 The Quality Accounts pack will include
- The Programme for the two days deliberations
  - Written responses from health organisations to questions agreed by the Committee at its meeting October 2017
  - Relevant information from December's financial scrutiny of health organisations
  - Glossary and notes
- 2.6 The Committee will reconvene at 10.00am on Thursday, 29 March 2018 to consider its evidence, reach its conclusions and formulate its recommendations.

### **3. Recommendations**

- 3.1 That the Committee agrees the proposed format for its scrutiny of the Quality Accounts 2018

### **4. Financial Implications**

- 4.1 There are no financial implications arising from this report.

#### **Background Information**

<http://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/684/Committee/12/Default.aspx>

**HERTFORDSHIRE COUNTY COUNCIL**  
**HEALTH SCRUTINY COMMITTEE**  
**THURSDAY 18 JANUARY 2018 AT 10.00AM**  
**SCRUTINY WORK PROGRAMME 2017 – 2018**

Agenda Item No.

**7**

Report of the Head of Scrutiny

Author: Elaine Manzi, Democratic Services Officer (Tel: 01992 588062)

**1. Purpose of report**

- 1.1 To provide the Committee with an update on the overarching scrutiny work programme for the period 2017/18.
- 1.2 It should be noted that there have been no meetings of the Impact of Scrutiny Sub-Committee since the previous meeting of Health Scrutiny Committee, so there will be no update provided at this meeting.

**2. Summary**

**2.1 The Scrutiny Work Programme**

A combined work programme for both Health and Overview and Scrutiny Committees, for the period 2017 – 2018, is attached as Appendix 1 to this report.

**2.2 Scrutiny Requests**

No scrutiny requests for Health Scrutiny Committee have been received since the last meeting.

**3. Recommendations**

- 3.1 That the Scrutiny Work Programme 2017-2018, attached as Appendix 1 to the report, be approved.

**4 Financial Implications**

- 4.1 There are no financial implications arising from this report.

Background Information

None

## ITEM 7 – APPENDIX 1

### HERTFORDSHIRE COUNTY COUNCIL JOINT OVERVIEW AND SCRUTINY COMMITTEE AND HEALTH SCRUTINY WORK PROGRAMME 2017- 2018: Updated: 02.01.18

[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

<b>DATE</b>	<b>THEME</b>	<b>LEAD</b>
24 Jan & 1 Feb 2018  <i>Deadline for papers 8 Jan 2018</i>	IP Scrutiny  1 Feb 2018 on the conclusion of the IP Scrutiny an overview for the new work programme	Charles Lambert
19 April 2018  Deadline for papers 3 April 2018	Outcomes of IP scrutiny 1. Adult Care Services – 15 year plan	1. Iain MacBeath, Director of Adult Care Services
19 June 2018  <i>Deadline for papers 1 June 2018</i>	1. Children's Services related issues	2. Jenny Coles, Director of Children's Services

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
18 Jan 2018  <i>Deadline for papers 18 Dec 17</i>	1. Health & Wellbeing Board 2. Quality Accounts seminar 3. West Herts Hospital Trust (WHHT) CQC update 4. Overview of new work programme	1. Iain MacBeath ACS Director 2. CQC tbc 3. Helen Brown WHHT deputy CEO 4. Charles Lambert
15 & 29 Mar 2018  <i>Deadline for papers 19 Feb 18 (Part 1)  20 March 18 (Part 2)</i>	Quality Account scrutiny	1. ALL providers
9 May 2018  <i>Deadline for papers 20 April 2018</i>	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 <i>Deadline for papers 12 June 2018</i>									
--	--	--	--	--	--	--	--	--	--

### 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 JANUARY 2018 AND AT HSC MEETING IN JANUARY 2018

Children and Adolescent Mental Health (CAMHS)	HSC	1 day	12 Jan 2018	<b>Charles Lambert</b>	Stephanie Tarrant	Simon Pattison	J Billing (L)	A Rowlands (LD)	Colette Wyatt-Lowe(Adult Care & Health) Teresa Heritage (Children's Services) Richard Roberts (Public Health, Prevention & Performance)
---	-----	-------	-------------	------------------------	-------------------	----------------	---------------	-----------------	---

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

Attainment Gap and Disadvantaged Pupils: Children's Services	OSC	TBC	March 2018	Natalie Rotherham	Michelle Diprose	TBC	TBC	TBC	Terry Douris (Education, Libraries & Localism)
Local Enterprise Partnership (LEP): An analysis of the wider economic environment the LEP and other agencies (including HCC) are working in. <i>(to be preceded by a lunchtime seminar prior to scrutiny in May 2018)</i>	OSC	TBC	May 2018	TBC	Stephanie Tarrant	TBC	TBC	TBC	David Williams (Resources, Property & The Economy)
To establish how well the two tiers of planning authorities work together specifically regard to <b>Herts Infrastructure and Planning Partnership</b> .(HIPP) and <b>Community Infrastructure Levy</b> (CIL).	OSC	TBC	June 2018	TBC	Michelle Diprose	TBC	TBC	TBC	Derrick Ashley (Environment, Planning & Transport)
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)

Topic	HSC/ OSC	Type	Date(s)	Scrutiny Lead Officer	DSO Support	Service Lead Officer	Chairman	Member- Ship	Executive Member
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)
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)
Delayed Transfers Of Care: Admissions and Discharge	HSC	1 day	TBC	Charles Lambert	Theresa Baker	TBC	TBC	TBC	Colette Wyatt-Lowe (Adult Care & Health Richard Roberts (Public Health, Prevention & Performance)
0 - 25 Services	OSC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	Theresa Heritage (Children's Services)
Children's Centres POSTPONED	OSC	1 DAY	TBC	Natalie Rotherham	TBC	Sally Orr / Simon Newland	TBC	TBC	Teresa Heritage (Children's Services)

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

### 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 quarterly	25 Apr 2018  <b>12 July 2018</b>	Natalie Rotherham	Michelle Diprose / Elaine Manzi	N/A	Ian Reay	Kareen Hastrick Joshua Bennett Lovell Jane West Richard Smith	All Executive Members

### MEMBER SEMINARS

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

### MEMBER CONFERENCES

Social Services interface with the NHS and options for integration to include input from health bodies	HSC/ OSC	Conference	<b>2 March</b>	TBC	Elaine Manzi	TBC	Colette Wyatt- Lowe (Adult Care & Health) Richard Roberts (Public Health, Prevention & Perf)
--	----------	------------	----------------	-----	--------------	-----	---



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

**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)

**SITE VISITS**

--	--	--	--	--	--	--	--	--	--

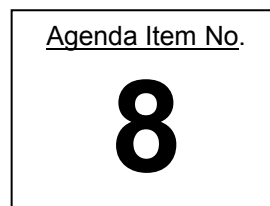
**CHIEF OFFICER ATTENDANCE**

--	--	--	--	--	--	--

**HERTFORDSHIRE COUNTY COUNCIL**

**HEALTH SCRUTINY COMMITTEE**

**THURSDAY 18 JANUARY 2018 AT 10.00AM**



**INTRODUCTION OF A NEW ONLINE SCRUTINY WORK PROGRAMME**

*Report of the Head of Scrutiny*

Author: Charles Lambert – Scrutiny Officer (Tel: 01438 843630)

**1. Purpose of report**

- 1.1 To present the committee with a new online joint scrutiny work programme.

**2. Summary**

- 2.1 The Hertfordshire scrutiny joint work programme lists all upcoming Committee meetings, topic groups, seminars and briefing notes. The current programme is in the form of a word document. A review was undertaken of the work programme to create a method of increasing ease of interaction for Members, officers and the public.
- 2.2 The new work programme will be placed on the Members information System (MiS). This system reduces the use of paper and allows for interaction.

**3. Recommendation**

- 3.1 That the committee notes the report.

Item 8 Appendix 1

# The new Scrutiny Work Programme

How to guide

Agenda Pack 43 of 51

# The new Work Programme

Scrutiny Work Programme

All Topics Report Refresh Database Reset

List of Topics: Type Scrutiny Lead Chairman DSO Support

Topic Status	Topic Name	Committee	Added To WP	Type	Scrutiny Lead	DSO Support	Status
<b>Overdue Topic Reports:</b> Number of reports overdue:  Percentage of reports overdue:	HERTS WASTE PARTNERSHIP	OSC	24-Oct-16	2 day	Natalie Rotherham	Michelle Diprose	Member response
	CHILDREN'S CENTRES	OSC	20-Dec-16	1 day	Natalie Rotherham	Michelle Diprose	Topic group
<b>Overdue Member Response:</b> Number of reports overdue:  Percentage of reports overdue:	OVERVIEW & SCRUTINY COMMITTEE Sep17	OSC	2-Jan-00	Committee - standard	Natalie Rotherham	Michelle Diprose	No Status
	OVERVIEW & SCRUTINY COMMITTEE Nov17	OSC	2-Jan-00	Committee - standard	Natalie Rotherham	Michelle Diprose	No Status
	OVERVIEW & SCRUTINY COMMITTEE Dec17	OSC	2-Jan-00	Committee - standard	Natalie Rotherham	Michelle Diprose	No Status
	OVERVIEW & SCRUTINY COMMITTEE Jan18	OSC	2-Jan-00	Committee - standard	Natalie Rotherham	Michelle Diprose	No Status
	OVERVIEW & SCRUTINY COMMITTEE Feb18	OSC	2-Jan-00	Committee - standard	Natalie Rotherham	Michelle Diprose	No Status
	OVERVIEW & SCRUTINY COMMITTEE Apr18	OSC	2-Jan-00	Committee - standard	Natalie Rotherham	Michelle Diprose	No Status
	OVERVIEW & SCRUTINY COMMITTEE Jun18	OSC	2-Jan-00	Committee - standard	Natalie Rotherham	Michelle Diprose	No Status

Agenda Pack 44 of 51

■ Added to work programme 
 ■ Scope agreed 
 ■ Topic group 
 ■ Report issued 
 ■ Member response 
 ■ SISC Group 
 ■ Implemented

# Click item line for further information

Scrutiny Work Programme

All Topics Report Refresh Database Reset

List of Topics: Type Scrutiny Lead Chairman DSO Support

Topic Status	Topic Name	Committee	Added To WP	Type	Scrutiny Lead	DSO Support	Status
<b>Overdue Topic Reports:</b> Number of reports overdue:  Percentage of reports overdue:  <b>Overdue Member Response:</b> Number of reports overdue:  Percentage of reports overdue:	HERTS WASTE PARTNERSHIP	OSC	24-Oct-16	2 day	Natalie Rotherham	Michelle Diprose	Member response
	CHILDREN'S CENTRES	OSC	20-Dec-16	1 day	Natalie Rotherham	Michelle Diprose	Topic group
	OVERVIEW & SCRUTINY COMMITTEE Sep17	OSC	2-Jan-00	Committee - standard	Natalie Rotherham	Michelle Diprose	No Status
	OVERVIEW & SCRUTINY COMMITTEE Nov17	OSC	2-Jan-00	Committee - standard	Natalie Rotherham	Michelle Diprose	No Status
	OVERVIEW & SCRUTINY COMMITTEE Dec17	OSC	2-Jan-00	Committee - standard	Natalie Rotherham	Michelle Diprose	No Status
	OVERVIEW & SCRUTINY COMMITTEE Jan18	OSC	2-Jan-00	Committee - standard	Natalie Rotherham	Michelle Diprose	No Status
	OVERVIEW & SCRUTINY COMMITTEE Feb18	OSC	2-Jan-00	Committee - standard	Natalie Rotherham	Michelle Diprose	No Status
	OVERVIEW & SCRUTINY COMMITTEE Apr18	OSC	2-Jan-00	Committee - standard	Natalie Rotherham	Michelle Diprose	No Status
	OVERVIEW & SCRUTINY COMMITTEE Jun18	OSC	2-Jan-00	Committee - standard	Natalie Rotherham	Michelle Diprose	No Status

Agenda Pack 45 of 51

■ Added to work programme 
 ■ Scope agreed 
 ■ Topic group 
 ■ Report issued 
 ■ Member response 
 ■ SISC Group 
 ■ Implemented

# Background information Screen

Click on button circled to view the scoping document

## Scrutiny Work Programme

[Back](#)

Scrutiny Details:	Scrutiny Progress: 5 - Member response
<b>HERTS WASTE PARTNERSHIP</b>	<b>1. Added to work programme:</b> 24-Oct-16 <b>2. Scope agreed:</b> 1-Nov-16 <a href="#">Click here</a>
<b>Type:</b> 2 day	<b>3a. Topic group start date:</b> 4-Nov-16 <b>3b. Topic group end date:</b> 9-Nov-16
<b>Chairman:</b> Simon Aries, Duncan Jones	<b>4. Topic report issued:</b> 23-Nov-16 <b>5a. Exc mem response due:</b> 24-Jan-17
<b>Executive Member:</b> Terry Hone	<b>5b. Response received:</b> 20-Jan-17 <b>6a. SICS date/s:</b>
<b>Service Lead:</b> Richard Smith	<b>6b. SISC Actions</b> <b>7. Implemented</b>
<b>Scrutiny Lead:</b> Natalie Rotherham	<b>Last Updated:</b> 25/09/2017 12:06
<b>Officer Support:</b> Michelle Diprose	<b>Updated by:</b> Charles Lambert
<b>Committee:</b> OSC	<b>Document Link:</b> <a href="https://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/637/Committee/82/SelectedTab/Documents/Default.aspx">https://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/637/Committee/82/SelectedTab/Documents/Default.aspx</a>
<b>Record Owner:</b>	<b>Progress key:</b> Agenda Pack 46 of 51
	<b>Legend:</b> ■ Added to work programme ■ Scope agreed ■ Topic group ■ Report issued ■ Member response ■ SISC Group ■ Implemented

# This is the Scope

Scrutiny Work Programme

Export Scoping Document
Back

Scoping Document: 22 error: HERTS WASTE PARTNERSHIP

<b>Objective:</b>	To understand and test the current service delivery model for waste management in Hertfordshire in the context of current and future challenges.
<b>Background:</b>	<ul style="list-style-type: none"> <li>Examination of current statutory functions and how these are divided across both tiers of local government.</li> <li>Assess current performance levels against existing national target as well as likely future ones.</li> </ul>
<b>Questions to be addressed:</b>	<ol style="list-style-type: none"> <li>1. How successfully do partners work together in the management of waste?</li> <li>2. What are the challenges to more effective working within the HWP?</li> <li>3. How is performance of individual authorities monitored and</li> </ol>
<b>Outcome:</b>	Identifying improved more efficient, cost effective and consistent service levels.
<b>Constraints:</b>	The scrutiny process will need to consider how best to accommodate evidence from the waste collection authorities.
<b>Risk &amp; Mitigations:</b>	
<b>Evidence:</b>	
<b>Site visit date:</b>	
<b>Membership:</b>	Maureen Cook, Malcolm Cowan, Paul Mason, Michael Muir, Richard Smith (chairman)
<b>DSO Support:</b>	Michelle Diprose
<b>HCC Priorities for Action:</b>	<ol style="list-style-type: none"> <li>1. Opportunity to get the best out of life. <input checked="" type="checkbox"/></li> <li>2. Opportunity to share in Hertfordshire's strong economy. <input checked="" type="checkbox"/></li> <li>3. Opportunity to be healthy and stay safe. <input checked="" type="checkbox"/></li> <li>4. Opportunity to take part. <input checked="" type="checkbox"/></li> </ol>
<b>CfPS Objectives:</b>	<ol style="list-style-type: none"> <li>1. Transparent – opening up data, information and governance. <input checked="" type="checkbox"/></li> <li>2. Inclusive – listening, understanding and changing. <input checked="" type="checkbox"/></li> <li>3. Accountable – demonstrating credibility. <input checked="" type="checkbox"/></li> </ol>

# The MiS link

- SCREENSHOT OF MiS VIEW WILL BE ADDED  
HERE



# The public facing version available on the HCC website

Scrutiny Work Programme: Last Updated 25/09/2017 Reset

List of Topics:

Topic Name	Committee	Date Added	Type	Scrutiny Lead	DSO Support	Chairman	Status
SAFE AND WELL	OSC	02/01/1900	1 day	Charles Lambert	Stephanie Tarrant		No Status
OVERVIEW & SCRUTINY COMMITTEE Sep17	OSC	02/01/1900	Committee - standard	Natalie Rotherham	Michelle Diprose	David Andrews	No Status
OVERVIEW & SCRUTINY COMMITTEE Nov17	OSC	02/01/1900	Committee - standard	Natalie Rotherham	Michelle Diprose	David Andrews	No Status
OVERVIEW & SCRUTINY COMMITTEE Jun18	OSC	02/01/1900	Committee - standard	Natalie Rotherham	Michelle Diprose	David Andrews	No Status
OVERVIEW & SCRUTINY COMMITTEE Jan18	OSC	02/01/1900	Committee - standard	Natalie Rotherham	Michelle Diprose	David Andrews	No Status
OVERVIEW & SCRUTINY COMMITTEE Feb18	OSC	02/01/1900	Committee - standard	Natalie Rotherham	Michelle Diprose	David Andrews	No Status
OVERVIEW & SCRUTINY COMMITTEE Dec17	OSC	02/01/1900	Committee - standard	Natalie Rotherham	Michelle Diprose	David Andrews	No Status
OVERVIEW & SCRUTINY COMMITTEE Apr18	OSC	02/01/1900	Committee - standard	Natalie Rotherham	Michelle Diprose	David Andrews	No Status
HERTS WASTE PARTNERSHIP	OSC	24/10/2016	2 day	Natalie Rotherham	Michelle Diprose	Richard Smith	Member response
HERTFORDSHIRE SAFEGUARDING CHILDREN'S BOARD	OSC	10/11/2016	1 day	Charles Lambert			Scope agreed
HERTFORDSHIRE SAFEGUARDING ADULTS BOARD	OSC	10/11/2016	1 day	Charles Lambert	Elaine Manzi		Scope agreed
HEALTH SCRUTINY COMMITTEE Oct17	HSC	02/01/1900	Committee - standard	Natalie Rotherham	Elaine Manzi	Seamus Quilty	No Status
HEALTH SCRUTINY COMMITTEE May18	HSC	02/01/1900	Committee - standard	Natalie Rotherham	Elaine Manzi	Seamus Quilty	No Status

Agenda Pack 49 of 51

**HERTFORDSHIRE COUNTY COUNCIL**  
**HEALTH SCRUTINY COMMITTEE**  
**THURSDAY 18 JANUARY 2018 AT 10.00AM**  
**EAST HERTS WINTER PRESSURES UPDATE**

Agenda Item No.

**9**

*Report of the Chief Executive East and North Herts NHS Trust and Chief Executive East and North Herts Clinical Commissioning Group*

Author: Elaine Manzi, Democratic Services Officer (Tel: 01992 588062)

**1. Purpose of report**

- 1.1 To provide Committee with an update on the winter pressures being experienced by East & North Hertfordshire NHS Trust (ENHT).

**2. Summary**

- 2.1 As advised in the joint press statement from East & North Herts NHS Trust and East (ENHT) and East & North Herts Clinical Commissioning Group (ENHCCG) on 4 January 2018, attached at Appendix 1, Lister Hospital are currently experiencing extreme pressure due to the increased number of patients presenting at the Accident & Emergency Department during the winter months.
- 2.2 The Committee will be provided with a verbal update on the situation by senior officers from ENHT and ENHCCG.

**3. Recommendations**

- 3.1 That the Committee note the update from ENHT and ENHCCG.

**4 Financial Implications**

- 4.1 There are no financial implications arising from this report.

*Background Information*

None

## **Lister hospital under extreme pressure – please keep A&E free for genuine emergencies**

**4 January 2018** – The Lister hospital in Stevenage is under extreme pressure, due to the number of very sick patients needing to be admitted.

Emergency department doctors are asking people not to go to A&E unless it's a life or limb-threatening emergency, or if they have been advised to go there by a healthcare professional.

People who have an urgent need for medical advice have three options:

- Speak to a local pharmacist; many pharmacies have private consulting rooms
- Call NHS 111 – a free 24/7 service accessible from any phone, where you can get advice over the phone from a range of clinicians
- Consult the online NHS Choices website – [www.nhs.uk](http://www.nhs.uk)

The East and North Hertfordshire NHS Trust is working very closely with its colleagues in community and social care to do everything possible to ensure patients attending the Lister get the care they need. At the same time, they are making sure that those who are well enough can be discharged home or on to the next stage in their care.

Across the country, the NHS is under extreme pressure. The Trust is prioritising the welfare of the very sickest patients who need immediate life-saving care, and have brought in all available additional staff to help, in line with locally agreed winter plans. Anyone coming to the Lister's emergency department with a minor illness or injury is very likely to face a very long wait. Please use alternative services and keep A&E for those who are gravely ill or injured.

-ends-

**The release is jointly issued by East and North Hertfordshire NHS Trust and East and North Hertfordshire Clinical Commissioning Group.**

For more information, please call the communications team on: 01438 285362 or 01438 285940; for out-of-hours calls, please page the duty press officer on 07659 103839.

Follow the latest Trust developments on [Twitter](#) (@enherts) and [Facebook](#)