

Agenda



AGENDA FOR A MEETING OF THE HEALTH SCRUTINY COMMITTEE IN THE COUNCIL CHAMBER, COUNTY HALL, HERTFORD ON TUESDAY 3 JULY 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; L J Greensmyth; F Guest; D Hart;
D J Hewitt; S Quilty (*Chairman*); R G Tindall; C J White (*Vice Chairman*);

DISTRICT/BOROUGH COUNCILLORS (10)

J Birnie (Dacorum); H Bromley (Welwyn Hatfield); P Cousin (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);

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 9 May 2018.

2. PUBLIC PETITIONS [SC.11]

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

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

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

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

3. INDUCTION TO HEALTH SCRUTINY COMMITTEE

Report of the Head of Scrutiny

4. LEARNING DISABILITY NURSING SERVICE UPDATE

Report of the Director of Adult Care Services and the Chief Executive Hertfordshire Partnership Foundation Trust (HPFT)

5. HEALTH & WELLBEING BOARD UPDATE

Report of the Director of Adult Care Services

6. NASCOT LAWN UPDATE

Report of the Chief Legal Officer

7. SCRUTINY OF THE NHS QUALITY ACCOUNTS 2018/19 FEEDBACK

Report of the Head of Scrutiny

8. PROPOSED ANNUAL SCRUTINY OF CLINICAL COMMISSIONING GROUP FINANCES 2019/20

Report of the Head of Scrutiny

9. WORK PROGRAMME UPDATE

Report of the Head of Scrutiny

10. OTHER PART I BUSINESS

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

11. 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 Officer, Legal, Democratic and Statutory Services, on telephone no. 01992 588062 or email elaine.manzi@hertfordshire.gov.uk

Agenda documents are also available on the internet at

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

**KATHRYN PETTITT
CHIEF LEGAL OFFICER**

Minutes



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

From: Legal, Democratic & Statutory Services
Ask for: Michelle Diprose
Ext: 25566

HEALTH SCRUTINY COMMITTEE WEDNESDAY, 9 MAY 2018

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)

A Alder (East Herts), J Birnie (Dacorum), Steve Deakin-Davies (North Herts), B Gibbard (St Albans), K Hastrick (Watford), M McKay (Stevenage), F Thomson (Welwyn Hatfield)

OTHER MEMBERS IN ATTENDANCE:

T C Heritage, G McAndrew, J D Williams

Upon consideration of the agenda for the Health Scrutiny Committee meeting on Wednesday 9 May 2018 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

2. PUBLIC PETITIONS

2.1 None received.

CHAIRMAN'S INITIALS

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3. UPDATE ON FORMALISING RELATIONS BETWEEN WEST HERTFORDSHIRE HOSPITAL TRUST AND THE ROYAL FREE HOSPITAL

Officer Contact: Helen Brown – Deputy Chief Executive - West Hertfordshire Hospital Trust (Tel: 01923 217388)

- 3.1 The Committee received a presentation outlining the developing relationship between West Herts Hospital Trust (WHHT) and the Royal Free Hospital. It noted in principle that the Trust board had decided to formalise the affiliation and become a clinical partner. A formal decision will be taken following engagement with staff and partners.
- 3.2 The relationship between the Trust and the Royal Free meant it was a good opportunity to share and learn experiences. The three key areas that were being looked at were:
- Patient care
 - Clinical support
 - Corporate support
- 3.3 It was noted the Royal Free had been awarded the Global Digital exemplar for digital health care and it was also noted the Chase Farm Hospital was going to be completely paperless and Apps on mobile phones for clinicians would be available. WHHT are hoping to adopt these Apps and make better use of the technology. The Committee heard that the ambition of the NHS was to become paperless by 2020/21.
- 3.4 Members heard the Trust was looking at using robotics for some services such as finance accounts and certain elements of human resources.
- 3.5 In relation to a Member question it was noted that formalising the relationship there was the potential to rotate staff between the trusts for training and development. It is believed that this will assist in retaining staff at WHHT.
- 3.6 Members were informed that a site visit to WHHT had been set up for 21 May 2018 and an invite will be sent out soon.
- 3.7 The Chairman thanked Helen for the presentation and invited her to update the committee at a future meeting. The appropriate time would be discussed with officers.

**CHAIRMAN'S
INITIALS**

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CONCLUSION:

3.8 The Committee noted the presentation

**4. RESPONSE TO REPORT OF THE WHOLE COMMITTEE
SCRUTINY OF HERTS VALLEYS CLINICAL
COMMISSIONING GROUP'S DECISION FOR FUNDING
NASCOT LAWN SERVICES**

Officer Contact: Kathryn Magson - Chief Executive, Herts
Valleys Clinical Commissioning Group (Tel: 01442 898888)

4.1 The Chief Executive of Herts Valley Clinical Commissioning Group (HVCCG) gave an update on the discussions that were held at its Finance and Performance Committee. Members were informed that the decision on Nascot Lawn would not be taken by its board until Thursday 10 May 2018. It was noted the meeting would be held in public and a parent had been invited to give a presentation. The meeting was being held at South Hill Centre, Hemel Hempstead at 9.00 a.m. The HVCCG's Finance and Performance Committee were given the background of the proposals and the discussions that had taken place over the last 12 months.

4.2 The HVCCG's Finance and Performance Committee recommendation to the board was that HVCCG removed the funding from Nascot lawn respite centre and entered into an agreement with the County Council and East and North Hertfordshire CCG (E&NHCCG) for joint funding of overnight short breaks, with both CCGs providing £100k a year towards to support the overnight short breaks service.

4.3 HVCCG also responded orally to the HSC scrutiny resolutions as detailed at Appendix 1, pages 19 and 20 of the report. It was noted that over the last six months two working groups had been formed to start the process of the transition for the families and it was expected that fifty percent would be transitioned by the end of June 2018. It was noted that each child would have a care plan. Members were informed that there was one family the CCG was continuing to work with to meet their needs.

4.4 The Committee were informed that the CCG's Finance and Performance Committee's view was that the funding of £100k was sufficient to assist with the overnight respite service. The Chief Executive of HVCCG stated they were happy to have

**CHAIRMAN'S
INITIALS**

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conversations with council officers to agree a suitable additional contribution. It was noted the County Council had taken the lead and the CCG would work within the County Council's work frame.

- 4.5 Members heard the CCG was operating with less staff although this was being addressed and transitioning for children's remained in place and services were being delivered. The Director of Commissioning at HVCCG advised that if there were any children that had not been placed that it gave a commitment that they would deliver a smooth transition.
- 4.6 In relation to partnership working the HVCCG confirmed that it wanted to continue working with the County Council.
- 4.7 Members were informed the local authority had extended contracts which had cost an additional £300k and at that time there was no agreement with the CCGs but each has since put in £100k of funding. Additional nurses were now part of the core contract and health support workers would be incorporated in the care offer. It was noted that the joint arrangement for the Section 75 agreement with the County Council had inflation built in.
- 4.8 In response to a Member query it was noted that capital monies in the NHS was a constraint and the CCG could not bid for that money. The decision taken in December was to work on the solution for Nascot Lawn overnight short breaks rather than a capital requirement and it was agreed that a joint funding arrangement be made.
- 4.9 In response to a Member question in relation to the children being transitioned by a set time, the Chief Executive responded that the CCG's view was that the transitions would be completed in November / December 2018 and it would guarantee additional support and financial top ups where needed. Transitional arrangements were reliant on family engagement and the CCG could not insist parents agreed to options given, however it would continue to work with all parents to ensure a smooth transition. It was noted there were specific complications with one child in particular. It was also noted that there had been lengthy engagement with the family; the difficulty was finding the appropriate accommodation.
- 4.10 Members were concerned in relation to the reference to a 'review' of funding in two years. It was noted that a financial review was standard practice. It was also noted the Section 75 agreement was reviewed each year.

**CHAIRMAN'S
INITIALS**

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- 4.11 The Committee heard from a representative of the Hertfordshire Community Trust (HCT) who informed the Committee the priority for HCT was to continue to run the overnight short break service and staffing was in place until the end of June 2018. The Committee were also informed that Nascot Lawn would close for 2 weeks at the end of May in order for training purposes and staff annual leave. The Committee noted there had been a fifty percent reduction in service provision and Nascot Lawn was currently operating the overnight short breaks Tuesday, Wednesday and Thursday nights, this also meant a fifty percent reduction of allocation which affected each family differently as weekend respite was no longer available.
- 4.12 In response to a Member question it was noted that the HCT had not yet had a final date for closure but would be given a six months' notice period. HCT confirmed it would keep Nascot Lawn open until there was a definitive closure date. Provision was being made for families to ensure certainty for the future.
- 4.13 It was noted HCT registered nurses would provide training to the respite nurses at the council's respite centres. HCT were not commissioned to put nurses into the County Council respite centres as this was the council's responsibility.
- 4.14 The Committee heard from officers of the Council and were informed that the timeline for the transition to move one family in November had been delayed due to building work being carried out for two extra bedrooms at West Hyde and therefore the move was more likely to happen in March 2019.
- 4.15 In relation to the transition of children, Members were informed the children who had three night respite care were being transitioned first as they had additional health care needs. It was also noted there was a workable agreement between the Council and HVCCG that would be reviewed overtime if the need for extra funding for the overnight short breaks requirement should increase.
- 4.16 The Committee heard from a parent who depended on Nascot Lawn respite service. Members heard how she believed the lack of respite was an untenable situation, only four children had been transitioned, including hers and 16 children were still waiting. She informed the Committee that two of the families that she was in contact with were in a traumatic state and could not cope with the process and lack of choice.

**CHAIRMAN'S
INITIALS**

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- 4.17 Members heard that she had received one respite night per month and the times of respite was 4.30 p.m. until 9.30 a.m. the following morning, so she never felt rested. Members heard that all the family suffered, especially as she also had to deal with her own anxiety and felt she could not focus on anything properly. Since October her allocation had dropped by fifty percent and the situation was getting worse.
- 4.18 The Chairman on behalf of the Committee stated there was great admiration on how well families handled their situations and recognised the great work parents do on behalf of the children.
- 4.19 The Healthwatch Hertfordshire Chairman reiterated it could be assured that HWH would continue to support the families in any way possible.
- 4.20 *The Committee adjourned for fifteen minutes*
- 4.21 The Chairman advised that due to the timings of this meeting and the HVCCG meeting and consequential effects on other points raised at this meeting it would not be appropriate to make the recommendation to Full County Council for referral to the Secretary of State
- 4.22 The Chairman therefore proposed a revised set of recommendations, which was duly seconded. The Committee voted unanimously in favour of the proposed revised recommendations as detail in 4.23 below.

CONCLUSION:

- 4.23 The Committee
- 1) was disappointed that the Finance & Performance Committee recommendation to the Herts Valley's Clinical Commissioning Group (HVCCG) Board has not accepted in full the Recommendations of this Committee at its meeting on 21 March 2018;
 - 2) noted that the situation is fluid and that since the publication of the Finance & Performance Committee recommendation further agreement on the issue of inflation appears to have been reached;
 - 3) noted that the HVCCG Board will be making a decision on the Proposal on Thursday 10 May 2018;

**CHAIRMAN'S
INITIALS**

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- 4) considered that, unless further progress was made towards reaching an agreement in line with the Recommendations of 21 March 2018, and discussions in Committee on 9 May 2018 on the issue of entering into a section 75 agreement (Section 75 National Health Service Act 2006), the Proposal on Nascot Lawn remained one which is not in the interests of health in Hertfordshire;
- 5) recommended that following a period for further negotiations between the HVCCG and the County Council to try and reach agreement on the Recommendations, full Council considered, whether it should exercise the power under Regulation 23(9) of The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 to refer the Proposal to the Secretary of State.

5. SCRUTINY WORK PROGRAMME

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

- 5.1 The Committee considered its work programme 2018 – 2019, attached as Appendix 1 to the report, and those scrutinies scheduled for the forthcoming period.
- 5.2 A scrutiny request for ‘Scrutiny of the working relations between Public Health and the NHS’ was received.
- 5.3 The draft scoping document for the Hospital Patient Flow attached as Appendix 2 to the report was also received and no further amendments were made by members.
- 5.4 The Child and Adolescent Mental Health Service Topic Group report was also received.

CONCLUSION:

- 5.5
 1. The Scrutiny work programme, attached as Appendix 1 to the report was agreed.
 2. The Patient Flow Topic Group Scope, attached as Appendix 2 to the report was noted and no amendments were made

**CHAIRMAN'S
INITIALS**

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- 3. The Child and Adolescent Mental Health Service Topic Group report was noted

6. OTHER PART I BUSINESS

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

No other Part I business was recorded.

6.1

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.

**KATHRYN PETTITT
CHIEF LEGAL OFFICER**

CHAIRMAN.....

**CHAIRMAN'S
INITIALS**

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INDUCTION TO HEALTH SCRUTINY COMMITTEE

Report of the Head of Scrutiny

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

1. Purpose of report

1.1 To inform members that an induction session will be held.

2. Summary

2.1 The purpose of the induction is to explain what scrutiny is and how it is undertaken at Hertfordshire County Council.

3. Recommendation

3.1 Members are asked to note the report, the Member Handbook provided at Appendix 1 and induction provided.

4. Financial Implications

4.1 There are no financial implications arising from this report.

Background Documents

None

Additional Documents

Appendix 1 - Member Handbook

Members' Scrutiny Handbook

The aim of this handbook is to provide Members with practical guidance to help them in their scrutiny role.

What is scrutiny?	2
What are the aims of scrutiny?	2
What are the benefits of scrutiny?	2
How does scrutiny work at Hertfordshire?	2
How do committees choose what to scrutinise?	3
What methods are there to conducting scrutiny?	4
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This handbook is indebted to Surrey County Council for permission to use its member handbook as the basis for this publication.

What is overview and scrutiny?

The purpose of scrutiny is to ensure that decision-making in local government is efficient, transparent and accountable and that the best decisions are taken in the interests of the residents of Hertfordshire. Scrutiny has the power to look at any issue which “affects the area or the area’s inhabitants” and this gives it a unique legitimacy to examine those cross-cutting issues in a way that no other individual or organisation could.

Hertfordshire County Council operates an Executive/Cabinet and scrutiny system, based on the central government model. Scrutiny is independent and it holds the Executive to account by acting as a critical friend.

What are the aims of scrutiny?

The aims of scrutiny are:

- **Challenge** the Council’s performance so that we can improve and raise standards.
- **Undertake scrutiny** on matters of concern.
- **Make recommendations** for action and change.

Scrutiny meets these aims by carrying out independent and in-depth reviews of topics and services. These are carried out either as a full Committee or by a small group of Members in a time-limited topic group.

What are the benefits of scrutiny?

The benefits include:

- Gives non-Cabinet Members the opportunity to hold the executive to account.
- Provides non-Cabinet Members with an opportunity to examine the Council’s current services, review issues of member or public concern and drive improvements to the services the public receives from the Council
- Enables members to assess the performance of other providers
- Gives officers an external and independent view of their service, its strengths and weaknesses. It is a ‘critical friend’.

How does scrutiny work at Hertfordshire?

Structure

Every local authority is required to put in place arrangements for overview and scrutiny; however the detail is for individual authorities to decide. In Hertfordshire, scrutiny undertakes the majority of its investigations via topic groups.

Scrutiny in Hertfordshire:

The Committees are politically proportionate and meet roughly six times a year. The full remits for each Committee are included in this handbook as [appendix A](#). Scrutiny is outcome focused and concentrates on the impact for residents. This includes services provided by, or on behalf of the county council; or by external agencies e.g. commercial bus operators.

Overview & Scrutiny Committee (OSC)

As well as being responsible for scrutinising services provided or commissioned by the Authority, and external agencies it reviews the overall work programme ensuring that work is timely, adds value and does not duplicate activity already underway or undertaken by external regulators. The topic group scoping document ensures that the key questions that members want to address are listed.

Health Scrutiny (HSC)

Health Scrutiny has responsibility for scrutinising health services provided to Hertfordshire residents. It was established under different legislation to the Overview & Scrutiny Committee and has some different powers as a result. For example, the Health Scrutiny Committee can refer matters to the Secretary of State via Full Council.

How do Committees choose what to scrutinise?

Scrutiny is a member led process and topics are usually identified by members acting in their capacity as democratic representatives for the community. Additionally, suggestions can be made by officers, partner organisations or the public. Effective scrutiny requires a balanced work programme, which examines the most important challenges facing the county and responds to the concerns of residents.

It is important to remember that scrutiny is a member-led process and it is the responsibility of the chairmen and their committees to determine what is scrutinised and when.

[Appendix B](#) explains some of the key factors in determining whether an issue should be scrutinised.

Here are a few key points to remember when choosing subjects to scrutinise:

- It is not possible to scrutinise everything that might be suggested by other members, officers or the community. Therefore a rigorous approach is taken to choosing which topics are scrutinised.
- It is important that scrutiny remains independent of the Cabinet and does not just shadow its work.
- Increasingly, OSC is thinking about the work of commissioned organisations and the monitoring of other public bodies, and how its activities will engage partner organisations

- The Committees have to be realistic about what can effectively be scrutinised and needs to be prepared to say 'No' to some suggestions and be able to explain why they will not be scrutinised.
- It is also important to consider what the best method to deal with any given scrutiny topic is. The choice may depend on the nature of the activity and the capacity of members and Officers to conduct further Topic Groups within the suggested timeframe.

What methods are there to conducting scrutiny?

Effective scrutiny is creative. It uses a range of approaches depending on the issue being scrutinised. An important part of the work planning process is deciding on how a topic will be examined. Using the full range of methods open to it, scrutiny will be able to mix in-depth and searching inquiries with concise and effective reviews.

Here are some examples of different methods open to committees, some of which are discussed in more detail below:

- Whole committee scrutiny
- Topic groups
- Single issue meetings
- Calling witnesses or experts to provide specific information to members at committee
- Site visits / observations
- Seminars
- Bulletins

Whole Committee scrutiny

OSC and HSC, on occasion each undertake scrutiny as a whole committee. This generally concentrates on a single issue of particular importance to a large number of members.

Topic Groups

Topic groups involve a small number of members looking at an issue in great detail, usually over one day or occasionally two days. This process is more time-consuming for members and officers than other scrutiny activities. Consequently, issues for topic groups are carefully prioritised. In order to make sure that the review is as effective as possible, it is vital that the scope of the review is well-defined. For this reason each review starts with the completion of a scoping template which outlines the key questions, outcomes and constraints, time-scale, key sources of information and principal witnesses.

At its meeting(s), the topic group will hear from a range of witnesses and the lead officer. Depending on the topic this may include expert witnesses and stakeholders, service users, managers and the relevant executive member/s. Member questioning skills are a significant element of the scrutiny and the quality of the questions is instrumental to achieving clear outcomes and strong recommendations. A sharp report outlining the recommendations and

the evidence to substantiate those recommendations is made publically available. The relevant executive member (or health body chief executive) is required to respond to the report and its recommendations within two months. Six months following the scrutiny the Impact of Scrutiny Sub Committee monitors the implementation of the recommendations. An outline of the work of a topic group can be found at [appendix C](#).

How do I 'call in' a decision?

The Local Government Act 2000 allows non-Cabinet members of the Council to ask that a key decision which has been taken by the Cabinet or a key decision made by officers, but not yet implemented, be reviewed.

Unless it meets exemption criteria, any key Cabinet or key officer decision can be called in within five working days of publication of a key decision made by the Cabinet or by an officer (Cabinet decisions will be published on the day of the Cabinet meeting immediately after the meeting has concluded. Key officer decisions are published every Friday). A key decision can be called in for scrutiny by three or more members from at least two political groups or five members specifying the reason or reasons for the proposed call in.

A meeting of OSC will be then be held within 10 working days. Implementation will be delayed while OSC meets and considers the decision. One of the members who submitted the call-in notice would be expected to address the committee and, for key decisions made by Cabinet, the relevant Cabinet Member will respond on behalf of the Executive. Having considered the decision, OSC can

- (a) determine that it has no objection to the called-in decision being implemented
- (b) determine that the called-in decision should be referred back to the Executive or officer (as the case may be) for re-consideration
- (c) determine that the called-in decision is one which is contrary to the policy framework or to the budget; in this instance the called-in decision will be referred to Full Council for consideration. Decisions referred for further consideration remain suspended until redetermined.

How are recommendations monitored?

Each Scrutiny Committee has an Impact of Scrutiny Sub Committee which meets quarterly to consider whether the recommendations of scrutinies undertaken or commissioned by its parent committee can be signed off. The lead officer and executive member will attend the Sub Committee to outline what actions have been taken and answer questions from the Sub Committee members. The chairman of the topic group is invited to attend for their input and views.

What support is available to me in my scrutiny role?

Support Officers

Each Committee is supported by a Scrutiny Officer and a Democratic Services Officer, the roles of which are outlined below. However, scrutiny officers work flexibly and will be happy to help you with any query you may have.

Scrutiny Officer

- Supports and advises the chairman and vice-chairman before, during and after committee meetings
- Supports and advises the topic group chairman before, during and after the scrutiny meeting
- Supports the chairman and vice chairman in developing and maintaining the committee's work programme.
- Provides briefings and updates the committee on local and national policy developments.
- Identifies possible questions for members in advance of meetings.
- Assists members by drafting the scoping document and scrutiny report

Democratic Services Officer

- Schedules all meetings of the committee or topic group, including the pre scrutiny meeting.
- Organises venues for meetings, ensuring that they are accessible to the public.
- Prepares and publishes the agenda and reports for the committee or topic group meeting
- Provides advice to members on the law and practice of meetings.
- Records the minutes of the meeting.

Lead Officer

- Assists in drafting the scoping document
- Identifies witnesses and arranges their invitation
- Organises site visits, if required
- Provides the background report to inform the scrutiny
- Briefs the chairman and other topic group members prior to the scrutiny

Bulletins and Seminars

Committees or topic groups are not the only options open to members. Where members want to learn more about a subject, usually to help decide whether scrutiny should take place, a lunch time seminar is held. This is open to all members. Recent themes have included flooding, the Better Care Fund (BCF) and Shared Anti-Fraud Services (SAFS). Another way of members learning more about a subject is a bulletin prepared by officers addressing questions that members have identified.

Training and Development

The County Council is committed to helping members develop the skills and knowledge to help them in their scrutiny roles. Every scrutiny member will receive an induction session for the committee/s to which he/she is appointed. The induction session provides an introduction to the principles of scrutiny and the work of the committee. Further training opportunities will be offered to members throughout the year in the form of site visits etc. Scrutiny officers are always happy to answer member queries and discuss issues or concerns on an individual basis.

What is the best way to make sure our recommendations are implemented?

A scrutiny will conclude by making recommendations to decision-making bodies, such as the Council's executive.

The following tips can help ensure that scrutiny recommendations are implemented:

- Recommendations that are short, achievable and few in number
- Recommendations exert most influence if they are based on logical argument drawing on evidence gathered over the course of a review.
- Ensure those responsible for implementing recommendations are aware of what the topic group is proposing and can suggest modifications to wording if that is going to make it more likely that the recommendation will be implemented.
- Recommendations will be written and presented clearly by the topic group as part of its final report. Cabinet via the appropriate executive member will provide a response to all recommendations explaining the reasons for accepting or not accepting any of the recommendations.
- Implementation of recommendations will then be monitored through the relevant Impact of Scrutiny Sub Committee.

Scrutiny Officer contact details

Head of Scrutiny
Scrutiny Officer

Natalie Rotherham natalie.rotherham@hertfordshire.gov.uk
Charles Lambert charles.lambert@hertfordshire.gov.uk

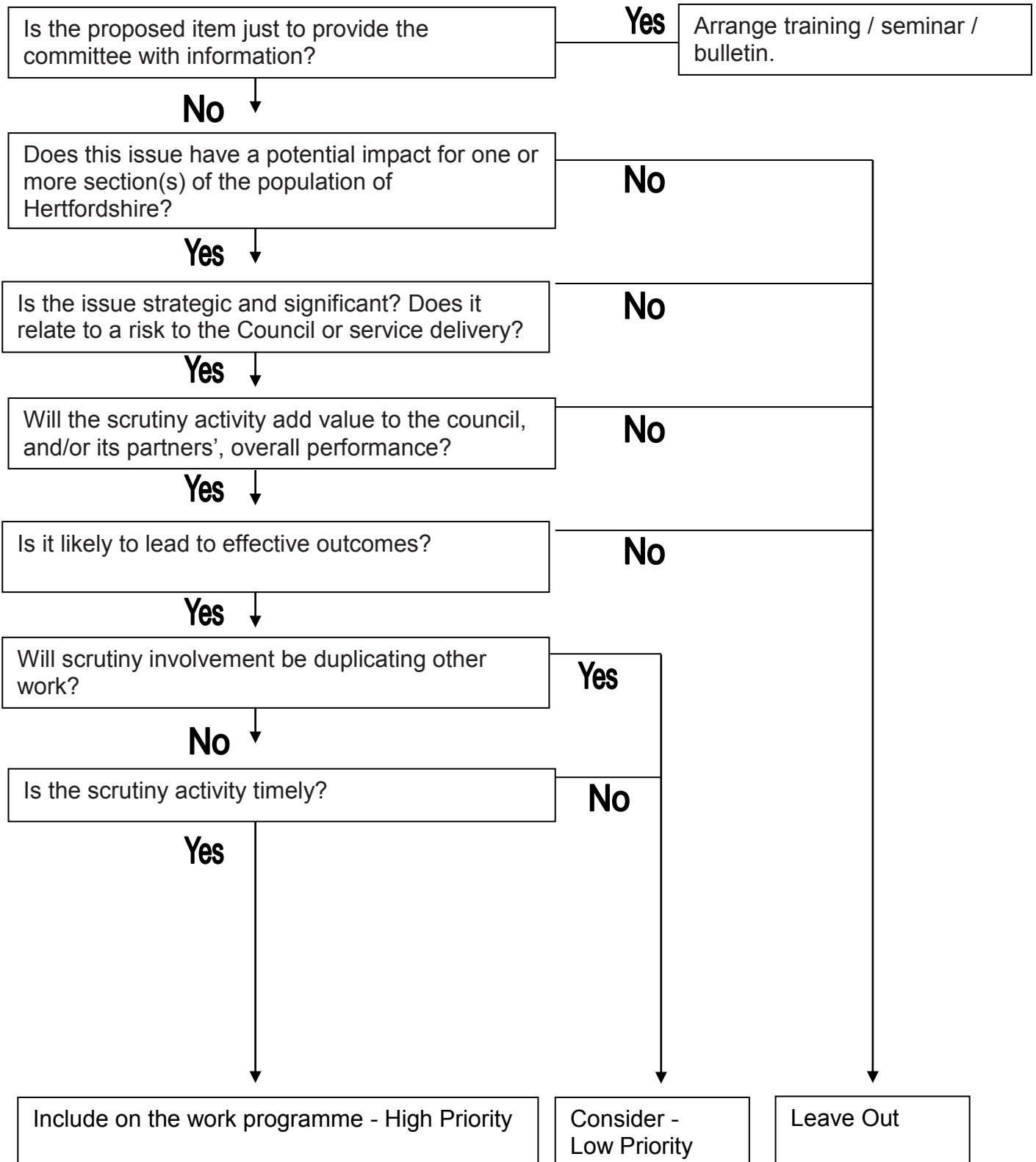
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Committee Remits

Name	Relevant Services
Overview & Scrutiny Committee (OSC)	<ul style="list-style-type: none"> ➤ Decisions made by, or on behalf of the County Council or Cabinet ➤ Any operational or policy aspect of the Council's business ➤ Any issues which affects the County and its residents which may be outside the Council's control
Health Scrutiny Committee (HSC)	<ul style="list-style-type: none"> ➤ Review and scrutiny of all health services affecting Hertfordshire's residents ➤ Public Health ➤ Health & Wellbeing Board ➤ Healthwatch Hertfordshire

Criteria for selecting scrutiny topics

Appendix B



Work of a Topic Group

1. All scrutiny meetings in Hertfordshire are 'meetings held in public' (not 'public meetings')
2. Topic groups in Hertfordshire normally run for one day
3. All topic groups work to a pre-prepared scoping document. The scoping document sets out what the topic group is going to do i.e. questions to be answered, any constraints on its work and who will be attending as witnesses. The scope will have been reviewed and agreed by the commissioning committee prior to issue.
4. There should normally be no more than 4 questions for the scrutiny to address
5. Constraints identify areas that will not be covered by the scrutiny and it is the responsibility of the chairman to ensure that the scrutiny does not digress into areas that are not covered by the scoping document.
6. It is vital to keep the scrutiny focused on the questions (see 4 above). Should members believe a constraint warrants further consideration the topic group report should draw this to the attention of the commissioning committee.
7. The scoping document is drafted by the service lead officer in consultation with the assigned scrutiny officer. The commissioning committee consider the scope and amend, if necessary, and agree the questions (see 3 above).
8. Witnesses can be internal and external to the County Council.
9. Topic group members are appointed by the commissioning committee. Membership can be drawn from the entire council; however, executive members and deputy executive members are excluded from undertaking scrutiny
10. Topic groups usually have 5 members with the exception of education related items where a schools representative may be included (i.e. parent governor representatives (PGRs) or diocesan representatives) when the topic group will have 7 members. Both scrutiny committees have waived political proportionality.
11. Each scrutiny has a designated chairman. The role of the chairman is to ensure that all the questions on the scope are covered. The chairman will ensure that all members are engaged and have the opportunity to raise questions. The chairman will encourage the discussion to move on if he or she believes a point has been addressed or is not relevant to this scrutiny.
12. A pre scrutiny briefing is held for the topic group members in advance of the meeting.
13. Topic group members are expected to have read all the papers in advance of the meeting.

14. Topic group members are expected to attend for the duration of the scrutiny.
15. The scrutinies run to the agenda programme and it is the responsibility of the chairman to ensure that the scrutiny keep to the agreed timetable.
16. At the end of the scrutiny the scrutiny officer summarises the conclusions and recommendations in order to obtain broad agreement as to what they should be.
17. A draft report concentrating on the evidence and recommendations is prepared by the scrutiny officer. The details of the discussion and papers received at the scrutiny are available via Hertfordshire.gov.uk
18. Reports follow a set structure of
 - Introduction
 - Recommendations
 - Evidence
 - Conclusions
 - Members & Witnesses
 - Appendix 1: Scoping Document
 - Appendix 2: Glossary
19. The draft report is produced within 10 working days of the meeting ending. The draft is sent to the lead officer for factual checking; then onto all topic group members for comment. Deadlines are set by the scrutiny officer for receipt of comments from the lead officer and topic group members.
20. The final report is published within 15 working days of the scrutiny.
21. The final report is sent to the executive member and chief officer and copied to all participants in the scrutiny and the commissioning committee chairman and vice chairman/men.
22. It is a statutory requirement that the executive member responds to the report and its recommendations within two calendar months. A template for the response is provided to the executive member and lead officer on publication of the final report.
23. The response is returned to the scrutiny officer and then circulated to members of the topic group and the chairman and vice chairman or chairmen of the commissioning committee for their information. It is also placed on the next commissioning committee's agenda so all members of the committee are informed of the response.
24. At the point at which the two month executive response form is returned, the lead officer and the chairman of the topic group are given a date, approximately six months after the scrutiny, to attend the relevant Impact of Scrutiny Sub Committee.

25. The executive member has responsibility for ensuring the template is completed for the relevant Impact of Scrutiny Sub Committee explaining what steps have been taken regarding each recommendation.
26. The Impact of Scrutiny Sub Committees have the responsibility for 'signing off' the recommendations as complete and/or agreeing further actions.
27. The lead officer and executive member attend the Impact of Scrutiny Sub Committee to explain what progress has been made in implementing the recommendations.
28. The chairman of the topic group will be invited to the Impact of Scrutiny Sub Committee.
29. The chairman of the Impact of Scrutiny Sub Committee will be invited to attend the next meeting of its parent committee to give comment on its findings

Glossary

DSO	Democratic Services Officer
HSC	Health Overview and Scrutiny Committee
OSC	Overview and Scrutiny Committee
SO	Scrutiny Officer
STP	Sustainability & Transformation Plan
Topic Group	A group of members scrutinising an issue

HERTFORDSHIRE COUNTY COUNCIL

HEALTH SCRUTINY COMMITTEE

TUESDAY, 3 JULY 2018 AT 10:00AM

Agenda Item No:

4

LEARNING DISABILITY NURSING SERVICE UPDATE

*Report of the Director of Adult Care Services and the Chief Executive
Hertfordshire Partnership Foundation Trust (HPFT)*

Report author: Sue Darker, Operations Director Adults with Disabilities &
Mental Health; (Tel: 01992 588820)

1. Purpose of the report

- 1.1 To provide the Health Scrutiny Committee (HSC) with an update on the Learning Disability Nursing Service provided by Hertfordshire County Council (HCC) and the Hertfordshire Partnership Foundation Trust (HPFT).

2. Recommendation

- 2.1 For Health Scrutiny Committee to note the report.

3. Background

- 3.1 In 1986 the three long stay hospitals for people with learning disabilities (LD) were linked to form one management unit of North West Hertfordshire Health Authority. This health authority also managed the remaining long stay mental health hospitals in Hertfordshire. All were eventually part of the closure programme for long stay hospitals as people moved into community settings. The Horizon Trust was set up to manage the closure of the three long stay learning disability hospitals in 1991.
- 3.2 As part of the closure programme it was acknowledged that some specialist services for people with LD would be needed following the closures. In 2001 the last long-stay hospital for people with LD, Harperbury Hospital, closed. At this point Horizon Trust's functions were merged into a new trust called Hertfordshire Partnership Trust that was also taking on the ongoing mental health services. Since then the trust has applied for and gained foundation trust status and hence become Hertfordshire Partnership Foundation University NHS Trust (HPFT).

- 3.3 In December 2001 Hertfordshire was amongst the first areas in the country to use powers given by the 1999 Health Act to integrate health and care services through Hertfordshire Partnership NHS Trust to support people with mental ill health and through the county council's Adult Care Services (ACS) to support people who have learning disabilities.
- 3.4 HPFT and HCC have had a long standing relationship that goes back to HPFT's inception as a trust. There is a well-established section 75 agreement¹ that has been in place since April 2002 when 40 community LD nurses were TUPE transferred from the NHS / HPFT to the local authority to provide integrated health and community services for people with a learning disability in the community. Then, in 2006, HCC delegated a large part of its mental health social care responsibilities to the trust, transferring all working age mental health social workers to HPFT to mirror this arrangement and to provide joined up health and social care to people with mental ill health in the community.
- 3.5 In order to guarantee that the workforce is able to practise safely in the different environments, joint arrangements are in place to ensure that both the mental health social workers and the LD community nurses have the correct professional and clinical supervision. HPFT employ a Head of Social Work & Safeguarding, and HCC employ a Strategic Lead Nurse.
- 3.6 As a way of monitoring and maintaining good working relationships between HPFT and HCC, the Operations Director (Adults with Disabilities and Mental Health) from HCC is a member of the HPFT executive team and has a seat of the board of directors, and the Chief Operating Officer of HPFT has a seat on the Adult Care Services (ACS) management board.

4. Community Learning Disability Nursing in Hertfordshire 2018

- 4.1 It has been established that people with a learning disability die on average 15-20 years earlier than people in the general population. This is largely due to the inequalities they face in gaining equal access to good health care. There may be social barriers to overcome, such as inflexibility in appointment times for people who may need double appointments, or there may be attitudinal problems with health care workers where people with a learning disability are not heard or listened to. The learning disability nursing service is well placed to address these issues, for example ensuring reasonable adjustments are considered in ironing out such inequalities. The role, therefore, can be largely focussed around a training/educational/advocacy role.

¹ An agreement made under **section 75** of National Health Services Act 2006 between a **local authority** and an **NHS** body in England.

5. ACS Nursing Service

- 5.1 The LD nursing service in the Adults with Disabilities team in ACS now comprises 51 posts working across the seven locality teams, the 0-25 Together service and a Health Liaison Team (HLT). The HLT includes health liaison nurses, epilepsy nurses, nurses working with health promoting the Purple Folder (health action plan) and the Purple Star Strategy Project, and a nurse in a specific training role. The aim of the HLT team is to ensure that staff in primary and secondary health services understand the reasonable adjustments people with a LD need when accessing health services. The nursing service in ADS (Adults with Disabilities Services) also employs an expert by experience and administrative support staff.
- 5.2 Nurses are working in the following categories of nursing activity across the ACS teams (numbers rounded up):
- Primary Health need: 88 (24%)
 - Mental Health: 59 (16%)
 - Epilepsy (separate from the epilepsy team): 35 (9%)
 - Dementia: 29 (8%)
 - Secondary Health need: 27 (7%)
 - Obesity: 22 (6%)
 - DLD - screening tool for early detection of dementia: 20 (5%)
 - Medication: 20 (5%)
 - Desensitisation: 16 (4%)
 - Safeguarding: 14 (4%)
 - Screening: 12 (3%)
 - Positive Behaviour Support: 9 (3%)
 - Continuing Health Care: 8 (3%)
 - End of Life: 4 (2%)
 - Sexual Health: 2 (1%)
- Total: 372 (100%)
- 5.3 The epilepsy nursing service data reflects the following:
- 37 referrals received (6 non-referrals)
 - 44 discharges
 - 32 SUDEP leaflets given out (SUDEP Sudden Unexpected Death – Epilepsy).
- 5.4 Data for 2017 indicates that HCC nurses are working with around 500 people per year from a total of around 3,500 people with an LD which is about 15% of the adult LD population. The difference between 372 and 500, or 10-15%, will be at least partly accounted for by missing data from outside of the locality teams e.g. the HLT.

- 5.5 In addition, across the teams there have been 116 GP contacts out of a possible 132 practices. These include Purple Star meetings and discussion of medication and other health issues. Contacts are both face to face and administrative contacts. Training has also been provided to GPs regarding LD awareness.
- 5.6 From a management perspective, the nurses in the ACS operational teams are managed by Community Team managers and have clinical professional supervision via one of the lead nurses in the service. In the HLT there are three strategic leads, one leads on primary care and the Purple Star Strategy, one on secondary and tertiary care, and a lead strategic nurse post was created in September 2017.
- 5.7 Following a lengthy period without a lead strategic nurse, when interim measures for the management of the service were brought into being, the latter half of 2017/18 has been a period of reflection and planning for the service going forward. The key aspects of this change are discussed in this report in terms of achievements and challenges. Such changes should also be viewed within the context of significant change within the wider Adult Disability Service, which has seen the service incorporate people with a physical disability into its remit and the disbandment of the Asperger's Team, as well as significant change in the senior management structure.

6. HPFT Learning Disabilities Nursing Service

- 6.1 Bed based services are provided for both Hertfordshire residents and people out of area. HPFT are currently rated as overall good by CQC (Care Quality Commission) and all LD and forensic services are rated as outstanding.
- 6.2 In 2008/9 the number of bed based services were
- Tertiary Assessment and Treatment (TATS) - 32 Beds
 - 143/145 Harper Lane (follow on from TATS) – 8 Beds
 - Cassio Unit, Watford - 10 Beds inpatient
 - 305 Ware Rd, Ware - 10 Beds
 - The Kestrels, Bricket Wood – 10 LD rehabilitation beds
 - Specialist Residential Services (SRS), Radlett – 32 beds.
- 6.3 Today, the active bed reductions mean the picture is very different. HPFT has also made a huge investment in the newly built Kingfisher Court at Kingsley Green Radlett on the old Harperbury Hospital site. Alongside the Mental Health facilities it also comprises of:

- 6.3.1 **Dove Ward** is a 10 bed assessment and treatment ward for people with LD. It is a mixed gender ward with separate bedroom corridors for males and females. All bedrooms are en-suite. It has two intensive care areas for individuals with complex needs who can be appropriately supported that may find it difficult to integrate into the communal areas. The aim of Dove ward is to enable a short period of assessment and treatment where this cannot be provided safely in the community. Discharge planning commences on admission and the Crisis Assessment & Treatment Services (CATS) remain involved to expedite discharge. The service is managed by a team leader with the support of three charge nurses and a team of staff nurses and health care assistants. The multi-disciplinary team (MDT) also includes two psychiatrists, junior doctors, an occupational therapist (OT), speech & language therapist (SALT), therapy workers, psychologist, an art therapist, dietitian and a visiting GP.
- 6.3.2 **SRS** now comprises of 28 beds spread across six bungalows and a bungalow where activities take place. There are two bungalows for female service users (eight beds) and four bungalows for male service users (20 beds). It is jointly managed by an operational team leader and a clinical team leader with support from two charge nurses and a team of staff nurses and health care assistants. The MDT also comprises of psychiatry, psychology, OT, SALT dietetics, dietitian social worker from ACS and a visiting GP. The bungalows recently underwent an extensive refurbishment programme including the installation of accessible baths to meet the needs of service users whose mobility is deteriorating.
- 6.3.3 **Intensive Support/CATS:** Hertfordshire was one of the forerunners in setting up intensive support teams (IST) to offer support for people in crisis in their own homes. The service was originally a nursing, physiotherapy and psychology service that operated 9am-5pm Monday to Friday. In 2008/09 the decision was taken to close many of the bed based services and resettle people who were no longer receiving medical treatment back into their communities. At that time, HPFT and ACS agreed to redistribute the funding to extend what was an intensive support service. In 2012 a CATS was set up and intensive support became a function of this service alongside other disciplines. Intensive support extended its hours using a shift pattern to cover 9am-9pm Monday to Friday and 9am-5pm at weekends and bank holidays. This change required significant resources to be added to the ISTs.
- 6.3.4 Staffing redeployed to the community services required investment in terms of training and development particularly around autonomous decision making and lone working. The CATS teams are now well established and working well in treating people at home and prevention of admission to hospital.
- 6.3.5 The current operating hours of IST appear to be appropriate. On occasion IST have worked overnight but this is not a frequent

occurrence and HPFT out of hours services using rapid assessment to intervention development (RAID), night time CATS, out of hours clinical leads and on call managers systems work well outside IST operating hours

7. Interface between the ACS and HPFT nursing services.

7.1 There are clearly informal interfaces between the two organisations but on a more formal basis senior nurses from ADS and HPFT meet quarterly to ensure that positive relationships continue in joint working across both services and to continue clarifying roles. From this work a protocol has been developed setting out one joint operational model describing the transfer of referrals between each organisation. Access has also been organised for both ADS nurses and managers to both ADS and HPFT client record systems.

7.2 Looking forward, the Chief Nurse for England, Professor Jane Cummings, has outlined some of the challenges for nursing and the NHS going forward and how these might be met. She has focused on Sustainability and Transformation Plans (STPs) as a key vehicle for doing this, with a particular focus on providing good care, improved health and lower costs. This report will indicate some of the ways in which this service is trying to address this agenda.

8. Achievements

8.1 One of the themes to report on is the need to ensure alignment between the nursing service and the social care element of ADS. To this end a nursing team plan has been produced to reflect the aims of the overall service. A team plan for the nurses has been developed based on the ADS Service Plan and focuses on the following areas:

- the nursing contribution to the efficiencies agenda e.g. the promotion of reasonable adjustments to achieve early diagnoses and prevent later, more costly interventions;
- the nursing contribution to establishing Connected Lives the updated assessment framework, as the practical ethos of the service, which will include joint working on locality based projects;
- the nursing contribution to improving the service's response to safeguarding concerns e.g. providing investigators for the LeDeR programme (Learning Disabilities Mortality Review);
- the nurses' contribution to promoting a locality focussed service, e.g. the further embedding of the Purple Star Strategy award to GP practices across Hertfordshire;
- promoting access to mainstream health care. Nursing activity here is evidenced by the nursing team plan devised in October 2017 as above and in this sense there is one team plan, albeit on different timescales.

8.2 The plan produced in October 2017 centred on health promotion projects designed to improve health for adults with LD by enhanced guidance and information and also to utilise mainstream health services wherever possible. To address this each nurse has been assigned at least one of the following projects under the coordination of a senior nurse:

- Obesity and Diabetes;
- Sepsis;
- First Aid;
- weighing people who use wheelchairs;
- smoking cessation;
- sexual health;
- undiagnosed learning disability pathway;
- gypsy and traveller community support;
- transgender support;
- needle phobia;
- Positive Behavioural Support;
- Mental Wellbeing and Mindfulness;
- Bone health in epilepsy;
- cervical screening;
- constipation;
- dysphagia and Gastro-Oesophageal Reflux Disease (GORD);
- dementia pathway;
- Makaton;
- dental hygiene and links with school nursing;
- promoting access to mainstream health care.

By 2019 there will be one plan for the nurses integrated into the ADS service.

8.3 **Purple Star Strategy** is designed to reduce the health inequalities faced by people with a learning disability in accessing health care services as experienced by the general population. This is achieved by supporting those health services, including GP practices and hospital departments, to achieve the Purple Star Award. This is recognition that those services have achieved a specified standard of delivering health care to people with a learning disability following receipt of the appropriate training and input. It is funded through local commissioning and NHS England and commenced in 2014. The Purple Star accreditation has been awarded to 25 services across Hertfordshire. The team are now working with another 23 services demonstrating commitment to enabling access to mainstream health services for people with a learning disability. A carers' training package has also been devised and implemented to equip carers, both paid and unpaid, in supporting adults with a learning disability to ask the right questions at their annual health checks, which is an important review.

- 8.3.1 The Purple All Stars are a group of people with LD who deliver user-friendly health advice to people with LD through creative arts. Over the years they have delivered a range of health-based messages, including the importance of infection control, healthy eating, reasonable adjustments and the importance of exercise, reaching over 450 people across Hertfordshire. The team also produce easy read information for people with a learning disability, for example on sepsis.
- 8.3.2 The team continues to benefit from the advice and training input of an expert by experience employed by ACS.
- 8.4 Work with the acute trusts:** memorandums of understanding have been developed between both Hertfordshire acute NHS trusts and the HLT. This has been a joint piece of work that helps to cement relationships between the different partners and clarify the operational interfaces between them.
- 8.5 Positive Behavioural Support (PBS).** All ADS learning disability nurses undertake PBS training. As a result of this training, two ADS nurses are currently working with a HPFT consultant psychologist to produce a joint guideline for cooperative PBS working across the organisations.
- 8.6 Practice Governance:** the lead strategic nurse is a member of Adult Care Services' Practice Governance Board (PGB) and provides regular reporting on nursing activity. Many of the initiatives described in this report are also reported to this board along with recruitment and retention data. Attendance by the lead strategic nurse at the PGB also provides the opportunity for cross-service project working.
- 8.7 LeDeR (Learning Disabilities Mortality Review)** was set up by NHS England and Bristol University in 2017. It aims to establish local mechanisms to review the deaths of people with LD with a view to learning any lessons that could be applied to improve health outcomes for people with LD. The lead strategic nurse for secondary and tertiary care has undertaken several LeDeR reviews and there has been one other review conducted by a community nurse. Senior nurses are represented at LeDeR review meetings as available.
- 8.8 0-25 Together** nurses have worked collaboratively with the relevant consultant paediatricians to develop a transition process from children's to adult services, with an emphasis on using mainstream health services. This is currently being audited.
- 8.9 Herts-Wide Nursing Forum** is a quarterly meeting for all LD nurses working in Hertfordshire, chaired alternately by ADS and HPFT. This has been reviewed and relaunched this year with a framework that encourages the sharing of good practice, joint learning, networking and improving practice. At the last meeting, colleagues outside of the statutory services attended.

- 8.10 Nursing Times Awards:** ADS nurses were finalists in the Nursing Times Awards this year for the Purple Star Strategy work as team of the year; and in the infection control category for the health promotion work undertaking around the importance of hand-washing for people with a learning disability.
- 8.11 Epilepsy Service:** 2017/18 has seen an increase in referrals to the epilepsy nursing service, which have included joint work with HPFT colleagues to update home risk assessments. A new epilepsy clinic will be opened in the Watford area. For 2018/19 the aim is to implement the clinical governance and organisational structures in consultation with HPFT to set up the epilepsy nurses as nurse prescribers, of which two are already accredited.
- 8.12 Flu Campaign:** the lead nurse for primary care has led on the Hertfordshire flu campaign in respect of LD nursing in ADS. Work has been undertaken with both clinical commissioning groups (CCGs) to encourage the uptake of pop up markers for people with a learning disability on GPs' QOF (Quality Outcomes Framework) registers. This will bring people with a learning disability into line with other targeted population groups. GPs have also been reminded that the flu vaccine is available via nasal spray and that this is an effective alternative route of delivery for people with a learning disability where appropriate. Building on the developments promoting uptake of the flu vaccine in the forthcoming year the plan is to update the easy read guidance for GPs and service providers promoting the use of the nasal spray flu vaccine. This should improve the uptake of this vaccine among the learning disability population.
- 8.13 Screening Tool:** the learning disability screening questionnaire (LDSQ) has been introduced in the last quarter (and GPs advised accordingly) which will provide a practical tool should there be any diagnostic uncertainty.
- 8.14 End of Life Care:** the lead nurse for secondary and tertiary care led on a joint project with the Palliative Care Service to design and implement a training programme to meet the needs of people with a learning disability entering the end of life pathway. The training sought to raise awareness of practice standards and has achieved interest outside of Hertfordshire with the Central & East NHS England commissioning region and a presentation was also made at a conference in Liverpool.
- 8.15 Better Health, Better Me:** nurses supported a one day health promotion event in February 2018 in St Albans to raise the awareness of people with a learning disability and their carer's with regard to their health needs. The event was very successful with a good attendance of over 200 people with learning disabilities and carers.

8.16 Training: there was a change in the lead trainer nursing post in February 2018 and plans are currently being revised concerning training provision. Statistics for the last quarter are that 221 staff (both in-house and in the private and voluntary sectors) received epilepsy training (131 introductions and 90 refreshers). 11 staff attended an introduction to learning disabilities course. The service continues to offer placements to nursing students from the University of Hertfordshire.

9. Challenges for 2018/19

9.1 Nursing and Budget Review: the ACS nursing service has not been formally appraised since its inception in 2004. It will be reviewed to ensure that it is 'fit for purpose' and that the budgetary and resource requirements for the service to be delivered are distributed and targeted appropriately.

9.2 Purple Star Strategy is acknowledged (including by NHS England) to be delivering good outcomes for people with LD as is recognised through the Nursing Times award, promotion of the use of the Purple Folder, associated training and reasonable adjustments etc. However, funding to establish the strategy comprehensively across Hertfordshire beyond the current year-on-year funding mechanism has not been forthcoming and has relied upon annual bids. An aim for this year is to identify and agree a formula for longer term funding and evaluation of the strategy.

9.3 Integrated working with Social Care

The nursing service is part of HCC and the community learning disability nurses, in particular, work in integrated teams with social care colleagues. Many of the goals of the nursing service are compatible with social care goals i.e. promoting individual independence and therefore an aim of the forthcoming year is to ensure that opportunities for collaborative working are maximised wherever and whenever possible to collaboratively target resources for the benefit of people with LD. Jointly delivered community-based projects would be one example of how this could be achieved.

9.4 Operational Quality

There are seven locality teams individually managed by an operational, social care manager. Inevitably each has developed different ways of operationally delivering their services over time. To some extent this is to be encouraged as it can reflect local differences. However, from a nursing perspective, given that other elements of the nursing service such as the 0-25 Together Service, will also have developed different operational models, there is a need to ensure some standardisation in quality of nursing delivery across the service. It is the intention of the strategic lead nurse to identify such areas of delivery through structures such as practice and clinical governance and an audit programme. An

example would be to ensure that the supervision structure does deliver regular management and clinical supervision for all nurses.

9.5 Recruitment and Retention

There are ongoing challenges in recruiting and retaining nurses for both ACS and HPFT and this may become even more difficult as the effects of the demise of the nursing bursary scheme for student nurses takes effect. It is therefore imperative for the services' to seek collaborative ways to recruit and retain staff with its key partners' e.g. social care, HPFT and the University of Hertfordshire. Joint recruitment days with 'on the spot' interviews are one of the initiatives currently being explored. Discussions are taking place with the university to explore how HPFT can assist in finding a joint local solution to dwindling numbers of students undertaking LD nursing training.

9.6 Research and Development

With the new clinical nurse specialist / lead training nurse in post an aim will be to maximise opportunities for research and development, building on our links with the council's Practice Development Team and the University of Hertfordshire. There are plans to implement a new 'Healthcare Needs for People with a Learning Disability' training course and through innovative developments, such as in end of life care, there will be opportunities to benefit from and develop research initiatives.

9.6.1 Work has also been undertaken within year to begin to map health promotion training packages developed by the nurses (e.g. breast and testicular cancer) to both Hertfordshire CCGs' DXS systems to enable access for all GPs. The plan is to more comprehensively embed this work within the forthcoming year.

9.7 Datix

Following the signing-off of the respective memorandums of understanding with both acute NHS trusts and the HLT, HLT are currently undertaking training on the NHS Datix system to be able to report incidents directly at the relevant hospital to enable better coordination of incident management.

9.8 Screening

Work has commenced to liaise with both Hertfordshire CCGs to identify ways to improve access for people with a learning disability to mainstream health screening programmes e.g. promoting the use of cervical screening training materials. In the forthcoming year, the plan is to strengthen these pathways and also promote to GPs the use of the 'Check It Out' logo on all learning disability training materials.

9.9 Dementia

Commissioners have been developing a dementia pathway for people with LD over the past year with input from the nursing service, among others. In 2018/19, senior nurses will work with commissioners and HPFT colleagues to finalise a training pack and pathway that will

enable carers to support someone with LD that has been newly diagnosed with dementia in the most effective way.

9.10 Postural Care

It has been identified through multi-agency meetings such as the Improving Health Outcomes Group, that the learning disability service is not funded for physiotherapy provision to meet the postural needs of people with LD. Anecdotally, the nurses have highlighted the implications of this, for example the increase in costs of care provision resulting from the preventable deterioration of people with LD. Nurses will work with commissioners to establish the funding case for addressing this issue further.

9.11 Diabetes and Obesity

Further work is to be undertaken with the diabetic service, GPs, acute NHS trusts and Hertfordshire Community Trust (HCT), to understand the barriers that people with LD face in these aspects of ill health, given that some nurses are reporting that caseloads can comprise 75% of people having a diagnosis of diabetes. The aim is to help produce improved training and communication tools to address this issue.

9.12 STOMP (Stop the Overmedication of People with a Learning Disability). Hertfordshire nurses in both ACS and HPFT have made good progress this year working alongside commissioners and the lead GP for Herts Valleys CCG in implementing a pilot project to look at the possible implications for people with a learning disability of STOMP at targeted GP practices. This work has also been acknowledged by NHS England. For the forthcoming year, the intention is to embed the identification of individuals who may benefit from a 'STOMP' review alongside their annual health checks. This work will be led by two band 7 community nurses.

9.13 NHSE closure of beds at impacted sites is having an effect on both community services and Dove ward. Non Hertfordshire service users have been discharged to placements in Hertfordshire without any involvement or handover to the CATS team and this has led to admissions to Dove ward that may have been preventable. Monthly meetings have been set up with provider and commissioners to ensure any discharges to Hertfordshire are timely and have the involvement of CATS.

9.14 Working with those with personality disorders Adolescent Metallization Based Integrative Therapy (AMBIT) training should assist.

9.15 Working with young people at risk of admission; stronger links are being created with 0-25 team and PALMS (positive behaviour, autism, learning disability and mental health service).

10. Conclusions

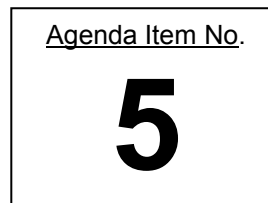
- 10.1 Challenges remain, as they always will, but maximising achieving the aims of the service by collaborative working, both in-house with ACS, with HPFT and other key partners remains crucial. The nurses' work continues to gain recognition both within Hertfordshire but also externally with NHS England. We see the future as seeking to innovate and develop practice, whilst simultaneously ensuring that nursing structures and service delivery are appropriate.
- 10.2 At the end of the day, success will be measured by the views of people with LD and this continues to be our main challenge: to ensure we keep a dialogue open with people with LD to ensure we are doing the right things at the right time.

HERTFORDSHIRE COUNTY COUNCIL

HEALTH SCRUTINY COMMITTEE

TUESDAY 3 JULY 2018 AT 10:00AM

HEALTH & WELLBEING BOARD UPDATE



Report of the Head of Adult Care Services

Author: Ed Knowles – Assistant Director, Health Integration (Herts Valleys)

1. Purpose of report

- 1.1 To provide the Committee with an update on the work of the Health & Wellbeing Board and its relationship with the Sustainability and Transformation Partnership.

2. Summary

- 2.1 The scrutiny remit of the Health Scrutiny Committee includes the Health & Wellbeing Board. In January 2018, Health Scrutiny received a report which summarised the background to the Health & Wellbeing Board and considered its role in the context of the developing Sustainability and Transformation Partnership (STP). This report provides an update on the strategic focus of the Board, its development programme over the course of this financial year and its evolving relationship with the STP.

3. Recommendation

- 3.1 It is recommended that the Health Scrutiny Committee note the report.

4. Background

- 4.1 Health & 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.

- 4.2 Health & Wellbeing Boards are formal committees of their 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.
- 4.3 The Boards have very limited formal powers. They are constituted as a partnership forum rather than an executive decision-making body.
- 4.4 In January 2018, Health Scrutiny received a report which provided details of the remit of Hertfordshire's Health and Wellbeing Board, the key challenges facing the Board and the extent to which the advent of the STP had had an impact on the work of the Board.

5. Board activity

- 5.1 The Board has considered and progressed key health and wellbeing issues that affect Hertfordshire residents.
- 5.2 In December 2017, the Board received a report on the recently completed Care Quality Commission (CQC) thematic review children and young people's mental health services in Hertfordshire and reflected on the progress that had been made. It also considered the findings of the Street Triage evaluation which it had agreed that the Police and Crime Commissioner should commission at a meeting earlier in the year.
- 5.3 In March 2018 the Board reviewed and approved the Pharmaceutical Needs Assessment for Hertfordshire (one of the Board's statutory responsibilities) – outlining the number, scope and demand of pharmaceutical services across the County. It considered the development of the housing agenda in Hertfordshire and the extent to which different agencies around the table needed to influence these developments. It also provided its support to the work of the Local Health Resilience Partnership, the strategic forum for health organisations to facilitate Hertfordshire health sector's preparedness and planning for emergencies.
- 5.4 The next scheduled meeting of the Health and Wellbeing Board will focus on the 'Starting Well' element of the Health and Wellbeing Strategy and will consider a number of issues related to improving the lives and life-chance of children and young people, including preventative and early intervention initiatives that can address and resolve issues before they become more complex and intractable.

6. The Health and Wellbeing Board and the STP

- 6.1 To ensure clear and regular communication and in light of the issues and concerns about the STP that were highlighted in the previous report to Health Scrutiny, the Chief Officer of the STP is now invited to provide an update to each public meeting of the Board. This update summarises the progress of the STP's workstreams and has allowed the Board to identify and highlight areas of opportunity and issues where it feels more work is required.
- 6.2 Since the update in January, the STP has continued to develop its multiple workstreams. For example, the frailty workstream has developed proposals to help co-ordinate care for elderly patients with complex needs. The Place-based care workstream has continued to develop multi-agency working at a locality level. The Prevention workstream, with significant input from the County Council's Adult Care Services and Public Health directorates, is helping to map and align preventative work across the system partners and is in the process of bidding for funding to support new, multi-agency initiatives.
- 6.3 In recent months, the STP has focussed its attention on developing proposals for how a model of an Integrated Care System and Integrated Care Alliances might operate in Hertfordshire and West Essex.
- 6.4 The STP has commissioned external advisors, Carnall Farrar, to support a series of workshops with senior officers from across the NHS and the County Council. Elected members have also been involved in these discussions. These have considered how other areas in the county have implemented these models and the potential structure and operation of such arrangements in Hertfordshire and West Essex.
- 6.5 A key consideration for this piece of work will be establishing the appropriate relationship between any emergent model and the Health & Wellbeing Board – recognising the local democratic accountability afforded by the Board. Specific input has been sought from the Chair and Vice-Chair of the Board as well as key officers involved in its running. Further consideration is also required regarding the interaction of the Hertfordshire Health & Wellbeing Board and the Essex Health & Wellbeing Board

7. Health and Wellbeing Board development

- 7.1 Members of the Health and Wellbeing Board have also been considering how the Board can continue to develop and drive improvements in Hertfordshire. In addition to its developing role in relation to the STP, the Board is reviewing its forward planning and considering how best to identify and act upon cross-cutting issues where the perspective of the Board can add the most value. Some of the issues that the Board is considering for future discussion include the health and wellbeing links to the developing housing agenda, cross-sector workforce pressures and the next steps required to pursue and improve the prevention agenda across the County.
- 7.2 Through regular Health & Wellbeing Board development days, Board members have identified a number of development activities that will now be taken forward by the Health and Wellbeing Board manager. These include:
- Strengthened links and communication with district Health and Wellbeing boards/partnerships.
 - A revised forward planning process to better reflect issues that are relevant to all partners represented around the Board
 - Additional activity with HealthWatch to ensure that patient and service user voices are better able to inform Board discussions

Background Information:

Health & Wellbeing Board 13 December 2017

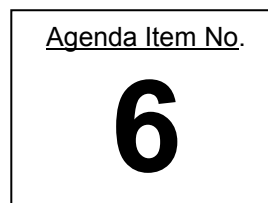
<http://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/699/Committee/13/Default.aspx>

Health & Wellbeing Board 1 March 2018

<http://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/700/Committee/13/Default.aspx>

HERTFORDSHIRE COUNTY COUNCIL

**HEALTH SCRUTINY COMMITTEE
TUESDAY 3 JULY 2018 AT 10.00AM**



NASCOT LAWN UPDATE

Report of the Chief Legal Officer

Author: Simon Banks Assistant Chief Legal Officer (Tel: 01992 555638)

1. Purpose of report

1.1 To update the Health Scrutiny Committee on the on-going negotiations between Hertfordshire County Council's (HCC) Children's Services and Herts Valleys Clinical Commissioning Group (HVCCG).

2.0 Summary

2.1 The Health Scrutiny Committee undertook scrutiny of HVCCG's decision to withdraw funding from Nascot Lawn respite centre.

2.2 At the conclusion of the scrutiny the Committee requested that HVCCG and Children's Services reviewed the funding that been agreed to ensure that it is sufficient for current and future needs.

2.3 A summary of the current position is provided by HCC Legal representatives.

2.4 HCC Children's Services and HVCCG provide an update on the current transitional arrangements. *(reports to follow)*

3.0 Recommendation

3.1 The committee decides one of the following

3.1.1 Progress to date is noted; or

3.1.2 Progress is being made and the Committee would like an update in the future.

Background Information

Health Scrutiny Committee 21 March 2018

<http://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/817/Committee/12/Default.aspx>

SCRUTINY OF THE NHS QUALITY ACCOUNTS 2018/19 FEEDBACK

Report of the Head of Scrutiny

Author: Natalie Rotherham, Head of Scrutiny(Tel: 01992 558485)

1. Purpose of report

- 1.1 To provide the Committee with a summary of the feedback on its scrutiny of the NHS Quality Accounts 2018/19.

2. Summary

- 2.1 Feedback forms were distributed to all participants following the Committee's scrutiny of the Quality Accounts 2018/19.
- 2.2 The positive feedback can be summarised as follows:-
- Separating quality and finance
 - Programme timings
 - Pre scrutiny preparation by the group chairmen and graduate management trainees facilitated effective questioning and was appreciated by group members
 - Chairmen and GMT attending the HSC chairman's briefing in advance of the second session useful in clarifying key points for discussion at HSC
- 2.3 Areas that received negative comment were
- Importance of an effective chairman
 - Temperature of the council chamber
- 2.4 Suggestions to address comments at 2.3
- Chairs training early 2019
- 2.5 The Committee is asked to confirm whether the point raised in paragraph 2.4 officers should be taken forward.

Background Information
None

HERTFORDSHIRE COUNTY COUNCIL**HEALTH SCRUTINY COMMITTEE****TUESDAY, 3 JULY 2018 AT 10.00AM****PROPOSED ANNUAL SCRUTINY OF CLINICAL COMMISSIONING
GROUP FINANCES 2019/20**Report of the Head of Scrutiny

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

1. Purpose of report

- 1.1 To provide Members with the finance questions to which clinical commissioning groups (CCG) will respond and the proposed format for the Committee's scrutiny of CCGs finance proposals 2019/20.

2. Summary

- 2.1 Last year the committee scrutinised provider finances. It was agreed that following that successful scrutiny a similar format would be adopted to scrutinise the local CCGs finances.
- 2.2 At the 24 October 2018 HSC it is envisaged that members will meet in the Council Chamber and undertake scrutiny over one day. During this time the committee will scrutinise four CCGs. The organisations to be scrutinised are
- East & North Herts Clinical Commissioning Group (ENHCCG)
 - Herts Valleys Clinical Commissioning Group (HVCCG)
 - West Essex Clinical Commissioning Group (WECCG)
 - Cambridgeshire & Peterborough Clinical Commissioning Group (PCCCG)
- 2.3 It is proposed that for each organisation a small group of six members under the direction of an identified lead will question the health body. Time will be allocated to each CCG. If members have covered the areas they wished to raise with the CCG other members of HSC will be invited to ask further questions.
- 2.4 Each CCG will provide a written response to questions attached as Appendix 1 in advance of the meeting. The questions have been developed with assistance from a CCG finance director, Healthwatch Hertfordshire and NHS England.
- 2.5 A briefing for lead members will be held in advance of the meeting.

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

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

3. Recommendations

3.1 That the Committee approves the proposals for its scrutiny of the providers finances 2019/20.

3.2 Members agree the proposed finance questions.

4. Financial Implications

4.1 There are no financial implications associated with this report

Background Information

Francis Report

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

Five Year Forward View

<https://www.england.nhs.uk/publication/next-steps-on-the-nhs-five-year-forward-view/>

Additional Information

Appendix 1- Proposed Questions is attached as a separate document

<INSERT CCG NAME>

ITEM 8 APPENDIX 1

HSC CCG FINANCE SCRUTINY QUESTIONS

Total max document length 6 sides A4

- **Use bullet points where possible**
 - **the response should give a clear, succinct summary of the key facts with examples where appropriate**
 - **information can be presented graphically (table, bar chart etc.)**
-
1. Please summarise the CCG's 2018/19 financial plan – i.e. your start position, agreed control total, key elements of the plan including STF (sustainability and transformation funding).
 2. Please set out your current 2018/19 forecast outturn position and key risks to delivery.
 3. Please identify any significant commissioning issues not yet reflected into the 2018/19 plan (i.e. differences between commissioner and provider positions)
 4. Please summarise your 2018/19 savings plans, current progress and expected impacts / key risks.
 6. Please set out the longer term financial outlook for your organisation and summarise the key elements of your longer term financial sustainability plan
 7. How has the CCG reviewed its effectiveness and value for money in delivering service outcomes?
 8. How is your organisation working in partnership to deliver improved system-wide sustainability?

HERTFORDSHIRE COUNTY COUNCIL
HEALTH SCRUTINY COMMITTEE
TUESDAY 3 JULY 2018 AT 10:00AM
SCRUTINY WORK PROGRAMME

Agenda Item No.

9

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 ongoing overarching scrutiny work programme.

2. Summary

2.1 The Scrutiny Work Programme

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

2.2 Scrutiny Requests

There have been no scrutiny requests since the previous meeting of the Health Scrutiny Committee.

2.3 Health Scrutiny – Impact of Scrutiny Sub-Committee

There has not been a meeting of the Impact of Scrutiny Sub Committee since the previous meeting of the Health Scrutiny Committee. The next meeting is scheduled for 12 July 2018.

2.4 Hospital Patient Flow Topic Group – 18 May 2018

The Hospital Patient Flow Topic Group was held on 18 May 2018. The reports from the meeting can be found here:

http://cmis.hertfordshire.gov.uk/hertfordshire/CabinetandCommittees/tabid/62/ctl/ViewCMIS_CommitteeDetails/mid/381/id/135/Default.aspx

Recommendations

- 3.1 That the Scrutiny Work Programme, attached as Appendix 1 to the report, be approved.
- 3.2 The Patient Flow Topic Group Report is noted.

4 Financial Implications

4.1 There are no financial implications arising from this report.

Background Information

None

Scrutiny Work Programme - 2

Topic Name	HSC/OSC/JOint	Type	Due to be Held	Scrutiny Lead	DSO Support	Service Lead	Chairman	Membership	Executive Member
HOSPITAL FLOW	HSC	1 day	18/05/2018	Charles Lambert	Elaine Manzi	Ed Knowles	Chris White	Bob Deering, Richard Smith, Dave Hewitt, Dreda Gordon, John	Colette Wyatt-Lowe
LOCAL ENTERPRISE PARTNERSHIP (LEP)	OSC	1 day	18/05/2018	Natalie Rotherham	Stephanie Tarrant	Neil Hayes	Frances Button	Bob Deering, John Wylie, Dreda Gordon, Ron Tindall	David Williams
ATTAINMENT GAP AND DISADVANTAGED PUPILS	OSC	1 day	23/05/2018	Charles Lambert	Michelle Diprose	Simon Newland	Tina Howard	Judi Billing, Dee Hart, Susie Gordon, Jeff Jones, John Sloan (PGR), Mark Watkin	Terry Douris
OVERVIEW & SCRUTINY COMMITTEE Jun18	OSC	Committee - standard	19/06/2018	Natalie Rotherham	Michelle Diprose		David Andrews		
HEALTH SCRUTINY COMMITTEE Jul18	HSC	Committee - standard	03/07/2018	Natalie Rotherham	Elaine Manzi		Seamus Quilty		
HERTFORDSHIRE INFRASTRUCTURE AND PLANNING PARTNERSHIP	OSC	1 day	06/07/2018	Natalie Rotherham	Stephanie Tarrant	Jon Tiley			Derrick Ashley
HSC IMPACT OF SCRUTINY SUB-COMMITTEE 12Jul2018	HSC	Committee - standard	12/07/2018	Natalie Rotherham	Elaine Manzi		Ian Reay	Kareen Hastrick Joshua Bennett Lovell Jane West Richard Smith	
OSC IMPACT OF SCRUTINY SUB-COMMITTEE 12Jul18	OSC	Committee - standard	12/07/2018	Natalie Rotherham	Michelle Diprose		Ian Reay	Kareen Hastrick Joshua Bennett Lovell Jane West Richard Smith	
OVERVIEW AND SCRUTINY COMMITTEE SEP18	OSC	Committee - standard	04/09/2018	Natalie Rotherham	Michelle Diprose		David Andrews		
RESILIENCE 2018	OSC	1 day	21/09/2018	Natalie Rotherham			Stephen Giles-Medhurst	Richard Smith Michael Muir Joshua Bennett Lovell	Ralph Sangster
HSC IMPACT OF SCRUTINY SUB-COMMITTEE OCT2018	HSC	Committee - standard	04/10/2018	Natalie Rotherham	Elaine Manzi		Ian Reay	Kareen Hastrick Joshua Bennett Lovell Jane West Richard Smith	
OSC IMPACT OF SCRUTINY SUB-COMMITTEE OCT2018	OSC	Committee - standard	04/10/2018	Natalie Rotherham	Michelle Diprose		Ian Reay	Kareen Hastrick Joshua Bennett Lovell Jane West Richard Smith	
TAKE UP OF FREE SCHOOL MEALS	OSC	1 day	08/10/2018	Natalie Rotherham	Theresa Baker	Gary Vaux			Teresa Heritage
HEALTH SCRUTINY COMMITTEE OCT18	HSC	Committee - standard	24/10/2018	Natalie Rotherham	Elaine Manzi		Seamus Quilty		
OVERVIEW AND SCRUTINY COMMITTEE NOV18	OSC	Committee - standard	08/11/2018	Natalie Rotherham	Michelle Diprose		David Andrews		
COMMUNITY INFRASTRUCTURE LEVY	OSC	1 day	20/11/2018	Natalie Rotherham					Derrick Ashley

HSC IMPACT OF SCRUTINY SUB-COMMITTEE DEC2018	HSC	Committee - standard	07/12/2018	Natalie Rotherham	Elaine Manzi		Ian Reay	Kareen Hastrick Joshua Bennett Lovell Jane West Richard Smith	
OSC IMPACT OF SCRUTINY SUB-COMMITTEE DEC2018	OSC	Committee - standard	07/12/2018	Natalie Rotherham	Michelle Diprose		Ian Reay	Kareen Hastrick Joshua Bennett Lovell Jane West Richard Smith	
HEALTH SCRUTINY COMMITTEE DEC18	HSC	Committee - standard	13/12/2018	Natalie Rotherham	Elaine Manzi		Seamus Quilty		
OVERVIEW AND SCRUTINY COMMITTEE DEC18	OSC	Committee - standard	21/12/2018	Natalie Rotherham	Michelle Diprose		David Andrews		
HEALTH SCRUTINY COMMITTEE MAR19_1	HSC	Committee - standard	06/03/2019	Natalie Rotherham	Elaine Manzi		Seamus Quilty		
HSC IMPACT OF SCRUTINY SUB-COMMITTEE MAR2019	HSC	Committee - standard	13/03/2019	Natalie Rotherham	Elaine Manzi		Ian Reay	Kareen Hastrick Joshua Bennett Lovell Jane West Richard Smith	
OSC IMPACT OF SCRUTINY SUB-COMMITTEE Mar2019	OSC	Committee - standard	13/03/2019	Natalie Rotherham	Michelle Diprose		Ian Reay	Kareen Hastrick Joshua Bennett Lovell Jane West Richard Smith	
HEALTH SCRUTINY COMMITTEE MAR19_2	HSC	Committee - standard	20/03/2019	Natalie Rotherham	Elaine Manzi		Seamus Quilty		
OVERVIEW AND SCRUTINY COMMITTEE APR19	OSC	Committee - standard	26/04/2019	Natalie Rotherham	Michelle Diprose		David Andrews		
HEALTH SCRUTINY COMMITTEE MAY19	HSC	Committee - standard	15/05/2019	Natalie Rotherham	Elaine Manzi		Seamus Quilty		
HSC IMPACT OF SCRUTINY SUB-COMMITTEE JUNE2019	HSC	Committee - standard	19/06/2019	Natalie Rotherham	Elaine Manzi		Ian Reay	Kareen Hastrick Joshua Bennett Lovell Jane West Richard Smith	
OSC IMPACT OF SCRUTINY SUB-COMMITTEE JUNE2019	OSC	Committee - standard	19/06/2019	Natalie Rotherham	Michelle Diprose		Ian Reay	Kareen Hastrick Joshua Bennett Lovell Jane West Richard Smith	
OVERVIEW AND SCRUTINY COMMITTEE JUN19	OSC	Committee - standard	26/06/2019	Natalie Rotherham	Michelle Diprose		David Andrews		
HEALTH SCRUTINY COMMITTEE JUL19	HSC	Committee - standard	11/07/2019	Natalie Rotherham	Elaine Manzi		Seamus Quilty		
0-25 SERVICES	OSC	TBA							Teresa Heritage
ACS SAVINGS MADE AS A RESULT OF THE INVESTMENT TO TRANSFORM BID	OSC	1 day							Colette Wyatt-Lowe
CHILDREN'S CENTRES	OSC	1 day		delete Natalie Rotherham		Sally Orr			Teresa Heritage
DIGITAL STRATEGY	OSC	Seminar		Natalie Rotherham	Michelle Diprose	Owen Mapley	David Andrews		Ralph Sangster
HIGHWAYS FUTURE TECHNOLOGIES	OSC	Seminar		Natalie Rotherham	Michelle Diprose	Rob Smith	David Andrews		Phil Bibby
PATIENT TRANSPORT SERVICE	HSC	1 day							
POTENTIAL FIRE AND RESCUE MOVE TO PCC	OSC	TBA		Natalie Rotherham					Terry Hone
REVIEW CARE STAFFING LEVELS	OSC	1 day							Colette Wyatt-Lowe

SPECIAL EDUCATION NEEDS AND DISABILITIES (SEND)	OSC	Seminar		Natalie Rotherham	Michelle Diprose	Lindsey Edwards			Teresa Heritage
THE COUNTY COUNCIL'S CONFIDENCE IN PARTNERS 'FINANCIAL STABILITY AND ABILITY TO DELIVER SERVICES	OSC	2 day		Natalie Rotherham		Paul Drake			Ralph Sangster
VIOLATIONS OF HIGHWAYS ACT 1980	OSC	TBA							Terry Hone
WORKFORCE STRATEGY	OSC	Seminar		Natalie Rotherham	Michelle Diprose	Richard Hall			Ralph Sangster