

Report: HCC Health Scrutiny Committee meeting 18th January 2018

The main items on the agenda were;

1. Update of CQC inspection of WHHT
2. Health & Well Being Board update
3. Outcome of scrutiny of Health Provider Finances
4. Preparations for scrutiny of quality accounts of Health providers.
5. East Herts winter pressures update.

1. **WHHT:** The report was delivered by the Chief Executive of the Trust. The main gist of the report was that there was a marked improvement in almost all areas where the Trust had been regarded as failing and that it expected to come out of special measures as a result. The full report can be seen at <http://www.cqc.org.uk/location/RWG02>
2. **Health & Well Being Board:** This report was delivered by the Director of Adult Services at HCC.
 - a. There are 152 such Boards established in 2013 under the Health and Social Care Act. Their remit is, in partnership with the CCG's, to produce a joint strategic needs assessment and health and well being strategy for their local population. They do not have executive powers but they act as important forums for all organisations with a stake in local health and well being.
 - b. The Health & Social Care Act has imposed an extra duty on the Boards to coordinate the "joined up" provision of acute care and social provision. The local Board has recently achieved a notable success by providing 7 day social services cover that has enabled Watford hospital to improve timely patient discharges by 23%. However, the division of responsibility between the elected body and the CCG to fund integrated provision in these straitened times has led to demarcation disputes in Hertfordshire and to strained relationships between the two bodies.
 - c. In addition to the CCG, the Hertfordshire Board is anxious to improve relationships with lower tier Councils, schools, the wider NHS and other social providers such as the voluntary sector.
 - d. The establishment of STP's by NHS England in 2015 has further complicated the issue. The intention was that the STP would bring together the local authority and NHS bodies to formulate costed health plans for their area. But the geographical areas of the two bodies (and the relevant CCG's) do not match because the local STP covers Hertfordshire and West Essex on the grounds that there is a large shared dependency in acute care between hospitals in both county areas. The Hertfordshire Board has found it difficult to find a role in the STP because the strategy is largely driven by the NHS and timescales are set nationally.
 - e. One very useful function of the Hertfordshire Board has been the gathering of statistics to underpin its planning. These are collected over a period of 4 years (the current period is 2016 -2020) and cover the life cycle divided into; Starting well, Developing well, Living and working well and Ageing well. The statistics concerned are presumably considered appropriate for each of these life stages but, as a result, are not, unfortunately, always comparable. Another drawback is that, at the end of the reporting period, some of the statistics will necessarily be out of date. The statistics presented at the meeting can be seen at the Appendix to this report; "Hertfordshire Fact File".

3. **Outcome of scrutiny of Health Provider Finances:** As I said in my last report to this committee, I found the attitude of the HCC committee complacent in the light of the serious unfunded deficits in the finances of most of the Trusts examined. This complacency was echoed by the Trusts themselves, whose response to queries about how these deficits were to be reduced largely amounted to rearranging the deck chairs on the Titanic. In my view local government has a duty to bring to the attention of Westminster the details of such inadequate financial problems, which are not always solely a matter of under provision by central government.
4. **Scrutiny of quality accounts of Health providers:** Having examined the finances of a selection of Trusts in the health sector, the HCC Health Scrutiny Committee will next scrutinise the quality of the health provision by the same Trusts in two full day meetings in March.
5. **East Herts winter pressures update:** Joint report by Chief Executives of E&NH Trust and North Herts CCG.
 - a. Although this Trust is outside of the Dacorum area, many of the problems experienced in East Herts and their solutions will be common and should be of interest to other Trusts, including WHHT.
 - b. Urgent care cases increased from 300 to 400 per day, peaking on January 2nd at 482. Admissions increased from 90 to 110 per day, peaking on 4th January at 155.
 - c. Pressure on the system is always increased at holiday periods by loss of capacity in clinicians, nurses and social services.
 - d. Retention of nurses is an endemic problem, with 227 leaving last year, but fortunately, the Trust had been able to recruit 334 nurses during the course of the year.
 - e. Extra temporary beds had been set up in anticipation of the extra pressure and with outside bed provision from Hertfordshire Community Trust, the hospital coped with little or no ambulance offloading problems.
 - f. Luckily and contrary to expectations, flu was not a major factor in A&E attendance.
 - g. The 111 service also helped the situation as it received 36,000 calls over the period but only directed 5% of callers to A&E
 - h. Because the Trust coped so well during this peak period, not all elective surgery was cancelled as recommended by NHS England. However, plans are being laid to schedule much more elective work during the summer months in the future.

J R Birnie
27th February 2018

**APPENDIX
HERTFORDSHIRE FACT FILE**

STARTING WELL		DEVELOPING WELL		LIVING & WORKING WELL		AGEING WELL	
1768	Women p.a. with mental health problems in pregnancy or post natal	8.2 % (2014)	5-16 year olds estimated to have mental health disorder	60769 (2013 – 14)	Adults suffering from depression	8069 (2015)	65+ year olds with dementia
7.8% (2014 – 15)	Pregnant women smoking	7.2% (2014 – 15)	15 year old smokers	33.1% (2014)	Adult smokers in routine or manual work	48%	HCC social care budget spent on elderly
22.4% (2014 – 15)	Mothers not breast feeding	55.6% (2014 – 15)	15 year olds bullied in past few months	44.7% (2015)	16+ year olds not eating 5/day portions of fruit & veg	2.2% (2013 – 14) (c/f 3.3% nationally)	65+ year olds offered post hospitalisation reablement
31% (2014 – 15)	Underachieving children by end of reception	1420 (2014)	16-18 year olds not in education, training or employment	2865 (2014)	Long term unemployed	178 (2013 – 14)	Excess winter deaths of 85+ year olds
19.4% (2014 – 15)	Obese or overweight 4-5 year olds	27.7% (2014 – 15)	Obese or overweight 10-11 year olds	63% (2012 – 14)	Obese or overweight adults	1150 (2014 – 15)	65+ year olds with hip fractures
914 (2014 – 15)	Hospital admissions of 0-4 yr olds due accidents or deliberate injury	189 (2014 – 15)	Under 18 year olds hospital admissions due alcohol	5520 (2014 – 15)	Adult hospital admissions due alcohol	4493 (2014 – 15)	Emergency admissions of 65+ year olds due falls