

## **Report on the Hertfordshire Health Scrutiny Committee Budget Review 2012/13**

### **1. Purpose of Report**

- 1.1 Hertfordshire County Council Health Scrutiny members considered the written and verbal evidence provided by the five Hertfordshire trusts and the East of England Ambulance Trust regarding budget proposals for 2012/13.

### **2. Recommendations**

- 1.1 The Health Scrutiny Committee (HSC) on 26 April considered each of the recommendations proposed by the groups identified at the Scrutiny Café held on the 19 April.
- 1.2 Each recommendation was addressed separately by the Committee. After debate members decided whether to confirm or reject the recommendation, add it to the scrutiny work programme or to the Committee's meeting agenda or make an information request of the respective trust.

### **3. Positive Practice**

- 3.1 Members recognise and wished to congratulate the trusts regarding the good practice identified during the scrutiny. The proactive and forward thinking approach evidenced gave confidence that the trusts engaged in the Scrutiny Café are equipped to face future challenges. There were a number of examples where joint working has been undertaken which is working well.
- 3.2 Concern has previously been expressed that the demise of the PCT and could leave patients vulnerable. The PCT was able to confirm that adequate succession plans are in place to hand over its functions to other organisations. Representatives of the CCGs have participated in recent scrutinies which gives further reassurance. Additionally, Members were encouraged to hear of the improvements that should be achieved through increased clinician involvement to the quality and efficiency of services.

### **4. Specific Issues Raised with WHHT**

- Members requested WHHT to provide details of the established mechanisms for communicating with partners regarding patient discharge times in support of integrated discharge procedures. In response, the Integrated Care report will be distributed to all County Councillors.
- Clarification of the disparity between the higher A&E admissions at WHHT compared to ENHT. In response, WHHT officers provided clarification that recent A&E activity continues to be higher than expected which in part is a consequential impact of ENHT reconfiguration.
- Development of the Watford site as a health campus was endorsed and supported: especially the new access road to Watford Hospital as this will help ensure the hospital's long-term sustainability with a

positive impact on mitigating the risk regarding old building infrastructure on site.

- An update on the patient flow patterns since reconfiguration of services on the QEII site. In response, this will include patient flows to Watford Hospital.

## 5. Conclusions

- a. Members thanked WHHT for the honest and helpful responses made at the Café and HSC contributed to an excellent and helpful scrutiny. HSC would anticipate running something similar in the future. Members commended the proactive and forward thinking approach evidenced at the Scrutiny Café and during other recent scrutinies. Such an approach gives confidence that the trusts are equipped to face future challenges.
  - Discharge was discussed by a number of the groups during the Scrutiny Café. HSC agreed that the report of the topic group which scrutinised integrated discharge earlier in 2012 should be distributed to the district/borough members of the Committee and all HCC members. The PCT has recently developed a bid for funding to review pathways across health and social care for frail older people that WHHT are invited participants.
  - Trust engagement with the general public was considered. At the October committee it was agreed:
    - to make explicit how the public (e.g. users, carers, trust members) can become involved in engagement etc
    - to clarify how trusts will work together on engagement to avoid duplication and “consultation fatigue”
    - to make clear how technology is utilised to improve two-way dialogue and distribution of key messages
- b. The back drop of QIPP (Quality, Innovation, Productivity and Prevention) places a focus on co-operative and joint working. A key area is the effective exchange of data between organisations, and IT is an obvious means of enabling this. Currently trusts use different systems and software, as does HCC. In the long term HSC exhorts health and partners to invest in compatible systems or mechanisms by which information can be converted and understood.
- c. HSC welcome the offer by the chair of the shadow Health & Wellbeing Board to attend a future meeting to outline current priorities and future direction, including liaison with key stakeholders not part of the Health & Wellbeing Board.

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