

NOTES

Health OSC Steering Group Friday 31 January 2014

Present:

- County Councillor Steve Holgate
- County Councillor Mohammed Iqbal
- County Councillor Margaret Brindle
- County Councillor Fabian Craig-Wilson

Notes of last meeting

The notes of the Steering Group meeting held on 20 December were agreed as correct

East Lancashire CCG

Jackie Hanson, Chief Nurse from East Lancs CCG attended the meeting to discuss how the CCG collect and analyse soft intelligence. This is a follow up to when the CCG attended full Committee in September.

Jackie outlined what topics she would discuss with members and handed out a presentation (copy attached). The main points were:

- She's been in post since Sept last year and her remit is the professional lead in terms of nursing, quality and patient experience.
- Francis report came out this time last year re what happened at Mid Staffs and the CCG went through it and determined what it meant for the CCG. They decided they wanted to approach it differently and they produced a number of pledges (see presentation)
- Part of the issue was that staff and other 'knowledge' in the system knew the problems but didn't have a mechanism to express their concerns adequately. The CCG recognised they didn't have a way to collect the anecdotal evidence and patient stories. They branded their soft intelligence system as Connect.
- Soft intelligence will help improve service and will be collected on any provider who delivers services (all sectors)
- Started to pull together a system of info from different sources, NHS choices website, formal complaints and comments, local media, elected members, listening and engagement events etc.
- Reps from CCGs will go out to listening events to talk to the public about what is and isn't working and asking for ideas to improve the services.
- Have contract monitoring with all of the providers
- Public events appear to have been well attended so far – one issue identified was that there was no Parkinson's Nurse in Rossendale, as a result the CCG have worked with partners and from April a new nurse will be in post.
- Sometimes people have bad experiences but have not complained about it formally so this is a way to capture this type of information.
- Current problem is that the CCG are not allowed to hold any patient identifiable data to enable them to track the progress of a concern raised – this is a national issue that has been flagged with Government

- Weekly meetings to go through the data received and risk rate the issues (any serious issues are escalated through the relevant process – ie safeguarding)
- Will either escalate or trend issues which can then identify patterns of problems, trended on providers, service and theme
- 3 trends have already been raised with ELHT so far– eg, hygiene, A&E as a Department and discharge processes in a specific department (eg Ophthalmology)
- Currently the analysis and risk rating is done manually by the team – hopefully this will be automated soon, working with CSU who use a system in Staffordshire and progress is being made to implement this.
- Issues from out of area will be forwarded onto the lead commissioner for that provider
- Timeframe – response asked within 2 weeks, some providers struggle with this and some have their own system to flag issues up.
- Capacity issues – where else could people go though, some providers have strict financial constraints, others have vacancies/gaps in the system.
- ELHT in particular have responded positively to the challenge to deal with these concerns in a timely manner.
- Jackie's team will track the soft intelligence comments and follow those up with the provider. Any formal complaint will be tracked through the complaints system.
- Is providing the CCG with a good alternative source of information and assists with commissioning decisions and contract monitoring.
- Pathways and referrals – not crossing (consultants in same Trust write back to GP) so the Trust has amended its system as a result
- Poor quality care – tend to patient specific, generally the softer side e.g. dignity, privacy, nutrition rather than quality of nursing
- Discharge issues – across all acute Trusts.
- Service availability – OOH – if someone dies on Friday night, the registration would be held up until Monday. Jackie felt that Mortuary Services would be a good starting point to investigate.
- Now that the CCG see value in the system and that it provides them with a richer source of info need to progress to a more automated system
- Listening events are very generic at the moment, town centre based. Looking at more focused events in different venues and different age groups and communities
- Members acknowledged that there are some communities that are very insular
- Looking at how they can join up with neighbouring CCGs and acute Trusts for the listening events.
- Does Jackie feel there is a point at which the model can be shared with other CCGs (to roll out across Lancashire) - LNCCG have created a very formal data system so across the board there are many opportunities to capture intelligence. If confident in the software/computer system then the plan would be to run a similar system throughout the county.
- The non-execs and Chair of the CCG are very supportive of the system.
- Time intensive but worthwhile, this is new for providers as they are used to a more formal process.
- Don't want to duplicate but do want to share.

- Data peaked at the beginning when the system went live and then should even out after that. All issues, even the positive ones, are recorded and forwarded to the provider.
- Healthwatch/CQC – Jackie has regular meetings (both formal and informal) with the CQC and discusses the issues identified. The CCG informs the CQC what trends and themes they raise with the providers.
- Ongoing issues raised within care home settings and the CCG is working with the local authority to clarify roles around these issues.
- Jackie asked for specific groups that members knew of that would take part in a listening event. Could the listening events be tagged onto existing public engagement events – Jackie to investigate
- How are the CCG and PHL working together – Steve referred to the Better Care Fund and wanted to know Jackie's views on this. Her opinion was that the relationship works well, her main engagement was around infection control and after a shaky start it is now progressing well.
- Integration agenda – massive, strategic intention as a CCG is this, both organisations need to be clear and realistic about what can be delivered and identified steps to achieve this. Challenging and CC Holgate felt that the missing link was NHS England who are key players but seem to be isolated from the process.
- Although the contracts for GPs is with NHS England the responsibility for improving primary care lies with the CCGs – feels as if the system is improving after a slow start.

Update on the progress of ELHT Action Plan and new governance arrangements

Jackie also provided the Steering Group with an update on the progress being made by ELHT (from a Commissioners perspective)

- Keogh review and original risk summit in the summer
- The plan developed by the Trust and the Trust Development Agency (TDA) so the CCG developed an assurance framework
- Working with TDA and ELHT to see where they are – NHS England LAT hold quality surveillance groups and these have taken place
- Another risk summit is due but unsure whether this will take place
- New chief exec – Jim Burrell (interim)
- New chair – Prof. Eileen Fairhurst
- ELHT have made progress in all areas but some progress is a bit slow – CQC have done several inspections since then and whilst there are still issues things are improving and it's a more positive outlook. On the right track, still a long way to go.
- Jim would welcome the SG to visit the Trust to receive an update and progress report.
- The CCG now have access to more info than they have ever had before.
- The recent performance is improving (even though they will not meet their target), their pathways have improved and also decision making.
- The systems and processes in place are having a positive impact on patients. Addressing their medical gaps with agency/locums and will remain so until the Trust stabilised.

Actions from previous Committees

Members to received an update on all the outstanding actions from Committee which included a visit to NWAS control centre at Broughton and the response from CC Tony Martin to the Care Complaints task group.

Work Plan

Members discussed the work plan and topics for future consideration. Now that the dates of future Steering Group meetings have been agreed invitations can be offered to address the topics identified.

In response to a query raised by CC Dowding regarding the provision of medical reports by GPs for DLA claimants, it was agreed that CC Iqbal would email her to request that she investigate the issue further and report back to Steering Group.

Dates of future meetings

- 21 February – Sakthi Karunanithi, Director of Public Health
- 14 March – Dr Jay Chillala – Diabetes & F&WCCG long term strategy development update
- 4 April – Janice Horrocks on behalf of SOHT re Care Closer to Home