

NOTES

Health OSC Steering Group Friday 4 July 2014 – Scrutiny Chairs Room (B14a) 2.00pm

Present:

- CC Steve Holgate
- CC Margaret Brindle
- CC Fabian Craig-Wilson

Apologies:

- CC Mohammed Iqbal

Also in attendance

- CC Tony Martin – Cabinet Member
- Tony Pounder
- Khadija Saeed

Notes of last meeting

The notes of the Steering Group meeting held on 13 June were agreed.

NHS England – Lancashire Area Team

Richard Jones, Chief Executive (NHSE – LAT) had given his apologies and unfortunately the team were unable to send a substitute officer.

Meeting to be rearranged – now to take place 5 September

Home Care Procurement

Tony Pounder, Head of Care Act Implementation, Adult Services, Health and Well Being Directorate attended the meeting to provide members with an update on the following:

- Care Act – brief update
 - Begins April 2015 but a lot of preparation work is required – small team formed who will report to a programme board to demonstrate that we have the operational issues in place, legally compliant etc.
 - Reports going to Cabinet over the next few months – policy, IT, funding etc
 - Communications – Tony offered to provide Steering Group with regular updates and CC Holgate stated that any assistance that scrutiny can provide will be willingly offered – will be a series of Bite Size Briefings
 - Khadija talked through the finance and detail - feedback is due back to Central Government by of August – see supplementary paper attached for detail
 - Key milestones are from April 15 deferred payment agreements
 - April 2016 – capping care costs, changes in capital limits
 - Cost pressures – what do we think will cost us money (ie other LAs too that feel will cost)

- Many challenges – particularly relating to self-funders
 - Means tested limit – increasing from 23K to 118K – challenges re info on number of householders, what those properties will be worth – the entitlement immediately changes but the £72K limit is up to the individual to inform us.
 - The 'meter' and 'care accounts' – a basis on working out what the costs of care will be and how we will record it. – an issue for SG to discuss in greater detail.
 - Respite vouchers for carers – the most support we provide at the moment. There will be more carers in the mix – and may need additional support. Implications to support their well-being (and it would be up to individuals to determine what support they would need).
 - Talking about a whole system change – some money in Better Care Fund to help pay for this transition
 - Deferred payments – no-one should have to sell their home to pay for care. – The house can be sold after death and the costs recovered. – Financial implications is that it is a recurrent budget cost.
 - Insurance companies may get involved in the 72K cap
 - Confusion re what is allowed under the 72K – not food (classed as hospitality)
 - Some aspects will produce 'losers'
 - Prisons – have 5 – new area of engagement. Working with prison service – end of August a visit is planned to a number of prisons to look at the issues first hand. – Tony to liaise with Wendy re members taking part in a visit. Kirkham is an open prison and takes older prisoners prior to release.
 - Work ongoing to determine the long terms challenges of funding – assumptions made on what funding is available and the level of demand.
 - Funding only agreed for next April – past that it's not yet finalised.
 - Major challenges
 - Further briefings required for Steering Group
- Home Care – an update on what is happening with the procurement. Brief update, main points being:
 - PQQ stage completed
 - Procurement gone as expected (87 submissions in total)
 - Briefed CCs and MPs – not aware of any lobbying
 - Some of the unsuccessful providers are not happy – anticipated this and it is being managed
 - Next steps – having one-to-one meetings with unsuccessful providers re their organisations and the people they support. The priority is balanced advice for the service user to enable them to make informed choices for the future.
 - Lot of organisations involved and people appointed to help with this, lots of activity over the next few months.
 - Ultimate benefits and advantages re how we would pay providers and what the rates of pay for carers would be – including terms and conditions.
 - Good news that LCC are making a stand in terms of contracts and pay.

- Will be in top quartile in North West re rates of pay. – there is a difference between a Homecare Living Wage and the National Living Wage rate – the aspiration is that the HLW will eventually match the LCC LW.
 - Legally we can influence and encourage but cannot enforce the payment of the National Living Wage.
 - Impact of the £7.20 pay rate – in terms of are there ways in which employers might change the rules for breaks and travel time etc.
 - One of the additional levers is for LCC to request 'no zero hours' contracts and for the council to provide an element of continuity for workable hours so the employers can guarantee standard hours for their staff.
 - A concern in areas where there is an elderly population – therefore the ability to have some type of continuity will attract a better carer (both in hours and pay). The clients will benefit from having a regular, consistent carer.
 - It was agreed that Tony would provide further updates to SG every 3-4 months
 - Started off with 120 providers and at the end of the process it will be reduced to 30 – many changes ahead.
- Telecare – an opportunity to raise any questions about the Cabinet Report which will be going to Executive Scrutiny and Cabinet in July
 - This a lot of the concerns have been addressed
 - New arrangements to be put in place
 - Going to Exec Scrutiny on 11 July prior to Cabinet
 - CC Martin went to Birmingham to see their system and the key message was that it was essential to train social workers to ensure that savings would be achieved

Lancashire Teaching Hospitals Trust

Carole Spencer, Steve O'Brien and Paul Howard attended the meeting to discuss the presentation they will be providing to the CQC at the start of the inspection process and also request feedback on a draft bulletin for scrutiny members.

A copy of the presentation is appended to the notes

Steve O'Brien talked about the CQC inspection next week (3 days, 40 inspectors, both Preston and Chorley sites). As part of this process the Trust is required to provide a presentation to the inspectors – feedback welcome prior to Monday

A general discussion took place and the main points were:

- Recently had an independent review of governance structures (600 responses from staff to a survey) – will be submitting this to Monitor as part of their Quality Review
- Staffing levels – recruitment challenges, lot of effort gone into this and positive results in terms of retention
- Review of national targets relating to C.difficile- modernisation of the wards help but the main difference is made through good hygiene and hand washing. Automated hand gel systems and better education of visitors. With

staff have moved away from hand gels and gone back to the 5 points of hand washing and this has made a positive difference.

- Definite drop in the number of falls – 50 % of falls happen at the bedside
- Impact of an excessive demand for beds – for some patient groups there is limited local alternatives, therefore they have no choice but to come to hospital - The Trust is exploring how it can work with partners to provide alternative mechanisms.
- Admissions are not reducing so the impact of BCF is key to looking at the system in a different light.
- Over 80s – no trend to types of conditions except that the older and frailer the more complex the mixture of issues. Whilst much can be done in terms of dealing with LTCs and related adaptations, it raises the wider issue of social changes to family support etc.
- Challenges that the community services are not developed at the same rate that demand for them appears.
- Removal of the Liverpool Care Pathway for end of life – need to regain public confidence following this.
- Many care homes don't want to deal with the end of life for residents and therefore they are often sent to hospital to die – this is a national issue but the Trust has been speaking to LCC social care officers to look at ways of addressing this.
- Dentistry – specialist services specifically dealing with and supporting adults with learning disabilities.
- Mortality – emotive subject – Trust disappointed that they had been judged as having higher than averages rates – all CQC indicators are where they should be
- Challenges addressed around Stroke and Diabetes – work with other hospitals to provide a thrombolysis service, use of telemedicine model. Perception can be that the issue is often at the point of calling 999 and waiting for an ambulance.
- People don't often go into hospital because of diabetes but it is discovered that they have it while they're there, or it is a factor that needs to be taken into consideration when delivering treatment and care.
- Occupancy and patient flow has a knock on effect on the ability to meet the standards relating to specific conditions
- Looking at patient level detail to determine whether the Trust can do anything to improve the generic quality of life score
- Specialist wards for dementia patients so has improved the patient experience – less confusion and distress for patients and the environment is more restful and quiet.
- Electronic devices used to capture feedback – however work to be done around communication, in particular letter templates.
- Cancellations and delays in diagnostics and treatment – is this an issue that will be picked up by the CQC. No problems with the services just sometimes the level of demand for services can be an issue
- Improvement since last CQC inspection about making it easier and clearer for patients and relatives to feedback their views and experiences
- PALS system has also been improved.
- Increased levels of stay – at one point a decision was made to cancel some elective surgery and therefore struggled with referrals for treatment targets - Had an independent review of the systems and processes around this.

- Pressures around 62 days cancer waits – was part of the previous review. Trust felt that many patients were coming to them after the 62 day target had been exceeded.
- Expecting to achieve compliance from July onwards – additional need for critical care due to the complexity of treatments available.
- Staff survey results show clear shift in their level of engagement and awareness
- Projected shortfalls in some specialist services (in consultants)
- Financial challenges – balanced against quality and safety
- The Trust hope that the CQC will seek out the teams providing recognised outstanding service.
- Outpatients are a challenge for the Trust (unnecessary appointments).
- Paul/Carole handed out a draft copy of a bulletin they intend to provide for the Committee and/or SG.
- CC Holgate pleased that the Trust is willing to communicate on a regular basis so happy to receive information on a more informal open basis.
- Paul and Wendy to liaise to further develop the bulletin and provide feedback from members

Work plan – work in progress

The current work plan for the Committee and Steering Group was attached for comment and update

Local Authority Health Scrutiny Guidance

A copy of the recent guidance to come out of the Department of Health for scrutiny. Was provided for information and comment.

Dates of future meetings

- 25 July – CCG Commissioning arrangements
- 15 August – NWS 5 year plan & update from LCFT
- 5 September – Richard Jones, NHS England: Lancashire Area Team
- 26 September - tba