

**East Lancashire  
Clinical Commissioning Group**

**Meeting of the Pendle Locality  
Steering Group**

**MINUTES**

Thursday 4<sup>th</sup> August 2016, 12.30pm – 2.30pm  
Meeting Room 3, Walshaw House

**Present:-**

**Chair: Cath Coughlan**

**Minutes: Julie McDonald**

Cath Coughlan	CC	Locality Manager	NHS East Lancashire CCG
Dr Hassan Manzur	HM	General Practitioner	Barnoldswick Medical Centre
Dr Asif Garda	AG	General Practitioner	Pendle Valley Practice ELMS
Anna Knight	AK	Practice Nurse	Barnoldswick Medical Centre
Dean Langton	DL	Strategic Director	Pendle Borough Council
Dr Nicola Finnigan	NF	General Practitioner	Pendle View Medical Centre
Dr Rahul Thakur	RT	General Practitioner	Colne Family Doctors
Julie McDonald	JM	Locality Support Officer	NHS East Lancashire CCG
Deidre Lewis	DL	Interim Head of Finance	NHS East Lancashire CCG
Cathy Gardener	CG	Head of Commissioning	NHS East Lancashire CCG

**In Attendance**

Richard Daly	RD	Clinical Director Partnership	NHS East Lancashire CCG
Mark Youlton	MY	Chief Officer	NHS East Lancashire CCG
Mark Dziobon	MD	Clinical Director Performance	NHS East Lancashire CCG
Peter Dunn	PD	Development Officer	BPR - CVS
Amanda Nowell	AN	Community Care Co-ordinator	BPR - CVS
Lewis Wilkinson	LW	Quality & Performance Officer	Midlands & Lancashire CSU
Kim Ciraolo	KC	Quality & Performance	Midlands & Lancashire CSU

Min No:		ACTION BY
1.0	<b>Apologies</b> Apologies received from Stuart Berry, Joanne Crowson, Nigat Sultana, Helen Hedges, Mary Thomas and Sandra Fox	
2.0	<b>Welcome &amp; Introductions</b> CC welcomed everyone to the meeting and a round table introduction was held.	
3.0	<b>Governance</b> <b>3.1 Declarations of Interest</b> There were declarations of interest by primary care colleagues with regard to Primary Care.  <b>3.2 Quoracy</b> Meeting was agreed as quorate.	
4.0	<b>Minutes of the meeting held on 21<sup>st</sup> April 2016</b> The minutes of the meeting were received as an accurate record.	
5.0	<b>New Ways of Working within Localities</b> MY, MD and RD attended to discuss the way forward for localities. It was noted	

	<p>that the Executive Team will be attending meetings on a regular basis to ensure localities are kept updated. Discussion took place around the 5 year Forward View from NHS England, looking at the Sustainability Transformation Plan (STP), which involves how to meet finance, quality, health and wellbeing gap up to 2020. Delivering this will be done locally as part of the Lancashire Plan. Some of the points raised from the discussion are shown below:</p> <ul style="list-style-type: none"> <li>• We are part of 5 footprints across Lancashire; working with amongst others BwD CCG, Councils, CVS, ELHT and LCFT.</li> <li>• Discussions ongoing about how to get better outcomes for Pennine Lancashire footprint, possible re-organisation at some point but localities will remain.</li> <li>• Need to work up a Workforce Plan for Pendle.</li> <li>• Community housing needs addressing, therefore working with other social organisations is vital in this regard.</li> <li>• Utilisation of Pendle Community Hospital for the people of Pendle.</li> <li>• Hospital services, what can be done better in the Community rather than the Hospital environment.</li> <li>• Model needs to be delivered closer to home to benefit patients.</li> <li>• Important for Steering Groups to steer the wider agenda forward for the wellbeing of the community jointly working with local government, voluntary and social sectors, basing around prevention.</li> <li>• Possibility of looking at new buildings in better locations for the community.</li> </ul>	
6.0	<p><b>CVS Grants</b></p> <p>PD attended gave overview around social prescribing/prescription for wellbeing to date. Third year CVS has worked with CCG to raise awareness and look at early intervention and prevention. In first year the prescribing grants connected with 9,000 patients across all localities, in year two CVS began to quantify and look at impact money was having. This year localities and clinicians have identified the top 3 issues that they face in primary care and Pendle in particular looking at Improving Health and Wellbeing of Young Children, Improving general health of people with Diabetes and General health Improvements for people's physical health. Allocation of funding more or less stayed the same, for small groups. Larger groups had to be constituted with governing documents, policies/procedures, bank account or working with CVS to get these in place. Funding Tier 1 up to £2,000 these approved by CVS panel and supported by them, Tier 2 £2,000 - £10,000 needed intensive pieces of work to be delivered and most of the groups have stayed at this level, Tier 3 had two for £10,000-£20,000 both were unsuccessful, PD feels perhaps next year a lower level grant could be available. Three rounds have taken place thus far, Pendle have received 20 applications; 8 successfully funded to the value of £62,362.95 into Pendle, £112,000 is still available and will be rolling process, month by month if any applications received will be seen by Managers from the appropriate locality and CVS panel. Three groups in Pendle will be working jointly around Diabetes project.</p> <p>PD introduced Amanda who is new in post as Community Care Coordinator with the CVS building a team of Volunteer Navigators to link with GPs around patients who need more social support than clinical. GPs can refer via EMIS system, Coordinator will visit patient and assess then refer to Navigator. DL suggested working together with PD at CVS around groups within Pendle. CC suggested DL be given Report from last year and link in with CVS.</p>	

7.0	<p><b>Finance Update</b></p> <p>DL attended gave overview on financial position, advised the paper is in a new format and feedback would be welcomed. Significant problem with acute activity as at month 2 projected overspend of £5.7 million, early indications for month 3 has escalated to £8 million, not just ELHT both Pennine and Airedale overspending against plan as well.</p> <p>QIPP gap of £4.1 million and no schemes identified to close that gap.</p> <p>No money available whatsoever and risk that we may not meet statutory duty because of escalating problems that we have.</p> <p>Only 2 months of prescribing data so unsure of the impact of the prescribing budgets, month 3 is due shortly.</p> <p>Funded Nursing Care, Dept. of Health awarded weekly rate increase of 40% this has created a pressure of £850,000 to CCG.</p> <p>Need to be able to make better use of the money we have, could some of the patients who are going to Acute Services be served better within community, this is where we need to be looking. Pathways being looked at as well as trying to check whether referrals are being sent to right place and being dealt with appropriately, need to get strategy right for this to be effective, activity needs to be reduced as budgets are set on the previous year's figures.</p>	
8.0	<p><b>Soft Intel/(Connect) Update</b></p> <p>LW and KC attended who advised that changes have been made to the Connect system and now better tracking to ensure responses received from providers and fed back. LW will be attending locality meetings on a quarterly basis and will provide summary report about issues raised, how many been received, trends/themes. LW also asked if Practices had anything they would like adding into the Report and would welcome this input. Need to encourage all Practices if they have issues to report to Connect so themes and trends will then be picked up and actioned appropriately, as well as being fed back through contracting meetings.</p>	
9.0	<p><b>Pendle Borough Council – Update</b></p> <p>DL advised that the Lancashire Combined Authority which Pendle will be part of will be created in April 2017 and up and running after that, discussions will then take place around devolving powers and funding, part of this process is what was discussed earlier by MY around sustainability transformation plans and it is perceived that the health and care aspect of the combined authority may have a bearing on where the Lancashire STP work sits in the future. The Combined Authority may have some responsibility in the future for the delivery of the Sustainability and Transformation Plan, not sure at this stage if this will happen, as it is a big task for local government, bringing health and social care together as it is driven by lack of funding being available STP states Lancashire Health Care Economy is short of £1 billion over next 5 years.</p> <p>From a Pendle Council perspective have a range of services which contribute to preventative work for people regarding health and wellbeing – these include housing, parks, environmental health and Leisure Centre's, they can be used in some way to prevent them turning up at GP practices or A&amp;E, in the past this has not been looked at in detail to see where these services could be better used and work more closely with GPs to help patients recover from illnesses and thus prevent them turning up at their Practices. Put together a Public Health</p>	

	offer as to what the Council can provide with a view to undertaking discussions as to how this may help with the preventative work.	
<b>10.0</b>	<b>Telemedicine/Vanguard</b> Deferred due to time.	
<b>11.0</b>	<b>Date, Time &amp; Venue of Next Meeting</b> Thursday 6 <sup>th</sup> October 2016 12.30pm – 2.30pm, Meeting Room 1, Walshaw House	