

# Meeting of the Pendle Locality Steering Group

### **MINUTES**

Thursday 7<sup>th</sup> September 2017, 12.30pm – 2.30pm Meeting Room 1, Walshaw House

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Chair: Cath Coughlan			Minutes: Julie McDonald		
Cath Coughlan	CC	Locality Manager	NHS East Lancashire CCG		
Dr Asif Garda	AG	General Practitioner	Pendle Valley Practice ELMS		
Anna Knight	AK	Practice Nurse	Barnoldswick Medical Centre		
Deidre Lewis	DL	Head of Finance	NHS East Lancashire CCG		
Dr Nicola Finnigan	NF	General Practitioner	Pendle View Medical Centre		
In Attendance					

Min No:		ACTION BY	
1.0	Apologies Apologies received from Dr Hassan Manzur, Mary Thomas, Nigat Sultana, and Dean Langton		
2.0	Welcome & Introductions AG welcomed everyone to the meeting.		
3.0	Governance 3.1 Declarations of Interest There were declarations of interest by primary care colleagues with regard to Primary Care.		
	<b>3.2 Quoracy</b> Meeting was not quorate, however as no decisions were due to be taken the meeting progressed as information sharing and discussion.		
4.0	Matters Arising: 7.0 Steering Group Membership update AG advised what had previously been discussed at the last meeting was a proposal, now understand a paper is required to put this proposal forward around not replacing Dr Thakur. CC advised it had been agreed to use the monies from not replacing RT in a different way, she has been advised that a paper needs to be put forward to the CCG to ratify this proposal.		
	Action: CC will prepare paper to go to CCG	СС	
5.0	Health and Well Being Update  Two meetings have taken place, developed good working relationships with Pendle Borough Council and the Leisure Trust, as a result a couple of projects are taking off one of which is the Leisure Trust's Health Week which is being promoted by the CCG to all Practices to encourage support of staff at these events to promote health and wellbeing. Also looking at possibly entering a partnership agreement with other groups who were around the table in a similar		

way to Ribblesdale Steering Group who have formed a partnership with the Council, looking at Memorandum of Understanding document so we can work together with shared outcomes, when this is done may need to look at the Steering Group and Health and Wellbeing Group around objectives, agendas and Terms of Reference to see how we want to progress further and grow in Pendle in the future.

Discussion took place regarding Data Groups and whether they may be reinstated. CC advised they had ceased as looking at scope for an East Lancashire wide Data Group, B.I. had previously had to provide data for 5 localities and then attend 5 separate meetings. DL advised that discussions were on-going regarding the meeting as need to add value to localities. Currently working through best way to present to localities. CC suggested that Data Groups may need to be reinstated in the future to provide information to the Primary Care Networks. A Paper was presented at Senior Clinicians meeting regarding BwD and East Lancashire positions being different, discussions took place between the CCGs as to how to work better regarding data, currently seen as more financially driven exercise than clinical quality one.

#### 6.0 PPG Election Update

Went out to advert for x2 Patient Partner Representatives, unfortunately did not receive many expressions, x2 candidates both from the East, good candidates and going ahead as per advice from Michelle Pilling Lay Advisor to interview them both. MP felt the application form might have put people off applying so may be the form needs to be looked at in the future. The advert has gone back out via Councilor Ali at the Council and also through the Practices. The closing date is 28<sup>th</sup> September 2017.

#### 7.0 Finance

- DL provided the Finance Report and also would send electronically so it can go out with the Minutes.
- DL advised this is July's report currently working on August. On plan to deliver the surplus, hoping to get all statutory duties done on target and cash spend on target as well.
   Issue we have is QIPP target £14.6 million but believe this can be covered from within existing resources this year, problem is only £9 million identified recurrently, £5 million being covered by non-recurrent will be a problem next year, also if Contracts deteriorate it will put pressure on the CCG to manage. Need to come up with recurrent QIPP schemes.
- Better Payment Practice doing really well and performing above target with this meant to hit 95% we are currently averaging 99%.
- Performance on individual divisions' service lines over performing on acute contracts, ELHT is the main contributor. Underperforming on some of the other acute contracts which is helping currently but if they deteriorate it won't help.
- CHC position is marginally improved, the CSU data issue which was reported at the last meeting had been challenged and there were some errors in data, this had been due to the CSU transferring to a new system and when this had taken place the standard processes each month had not been reflected. This had contributed to the forecast of overperformance. DL had received assurances won't happen again and the Audit Committee had put a challenge in to say they require an assurance from the CSU that it won't happen again, DL received an email to advise this won't happen again but does not feel this is sufficient to take to Audit

## Report attached

- Committee so she has requested a formal letter. We are still over performing on CHC and Mental Health; this is down to the packages.
- Co-commissioning still at similar level of performance still having to hold half million pounds in reserve until the end of year as happened last year. It wasn't released last year until the end of March. The exact amount being held is £493,000 which is a significant amount which can't be used currently and has therefore put pressure on this budget. DL spoken with NHS England to see when this can be released but not imminent.
- Prescribing still early days PPA 2 months behind to provide the information, however early indications show underperformance but still too early to say.
- Activity trend wise Day Case still upward trend, non-elective excess bed
  day's positive with downward trend continuing. A&E trend is down
  performance wise 95% target is challenging and if numbers are coming
  down why are we not hitting the target, however if numbers are lower it is
  harder to hit 95% target as there are less patients to do this with. Over
  last 2/3 weeks performance has improved, NHS England have set
  targets which must be met by end of September otherwise questions will
  be asked as money is attributed to this for both the Trust and CCG.
- Better Care Fund value has been agreed details of the Schemes being taken to Health and Well Being Board. DL been on leave so not aware if details been agreed. DL does not feel enough information is provided for her to be able to report effectively around Better Care Fund as she does not get detail about how schemes are performing against the funding provided.

#### 8.0 Syrian Refugee Update

We are in the second and final year for Pendle to receive Syrian Refugees out of the five year Programme. We have received 55 family members in the second cohort, they arrived in middle of July, and all have been registered with Whitefield Health Care. There do not appear to have been any particular concerns around registration and they seem to be integrating into the locality.

CC advised there has been a query raised around dental provision for the refugees. CC is a member of the Pendle Displaced Persons Steering Group along with Mary Thomas which is run by Pendle Borough Council and the query about dental registration was raised at the last meeting, CC did not attend the meeting due to annual leave. With regard to the guery however, CC raised this with Calico who sits with Pendle Borough Council and is the main provider for the Service she has been advised that all the refugees have been registered with a dentist and have also been seen by a dentist. At the first appointment an interpreter attended with them, the provision for the interpreter is only for the first few weeks after the refugees have arrived, after this it should be picked up by provision of ESOL. With regard to the dental situation dentists will not use Language Line and have advised if refugees attend for an appointment and cannot speak or understand English they will be turned away. They have said they do not have time to contact Language Line whilst treating the patient. Although the commissioning of the service does not sit with the CCG, it sits with NHS England CC has raised the issue on behalf of MT. It has been addressed and escalated to Calico who had provided the Interpreters previously.

CC will raise at the next Lancashire County Council meeting at Preston regarding the refugees and escalate to NHS England. DL queried if this was happening across the country as East Lancashire isn't the only area taking the refugees.

	Action: CC to raise at next LCC meeting and with NHS England	CC
	The only other issue is a Risk on the Risk Register for the CCG about how we track the individuals through the system for payments. The Syrian Refugees attract a payment for primary care which goes direct to the Practice that has the Service Level Agreement, there are also funds for secondary care which sits with the CCG, the fund can be pooled together so it could go to one particular individual if they have gone through the secondary care system. Once this level has been hit there are no further funds currently. NHS England and the Home Office have said is that we need to be able to track through the system. We asked our B.I. Team to do this through their NHS number but were advised not able to do this as infringement of human rights. CC has now completed a Privacy Impact Assessment and once this has been signed off can then start to use their NHS number to track. DL advised there is funding available to reclaim but until able to track the patients we cannot access this funding.	
9.0	INT Update  CC advised we now have two Clinical Co-ordinators and administration support for both as well, Catherine Ashworth will continue as Co-ordinator for Pendle West and Kim Atkinson is the new Co-ordinator for Pendle East. Both will be contacting Practices to arrange visits to help work more closely in the future. Kim is moving from District Nurses to the INT team and has previously worked in Colne so is familiar with Pendle East Practices.  Need to look at how INT's can be linked in around the Primary Care Networks going forward so we can all work more cohesively.	
10.0	Date, Time & Venue of Next Meeting Thursday 9 <sup>th</sup> November 2017 12:30 –14:30pm, Meeting Room 1, Walshaw House	