

COMMUNITY FORUM MEETING NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP HELD ON 4th SEPTEMBER 2019

ATTENDEES

Chair, Community Lead for Urgent/Emergency Care & Care Contracting Committee

Community Lead for Planned Care

Community Lead for Long Term Care & Support

Community Lead for Women & Children

Community Lead for Patient Experience

Community Lead for Equality & Diversity

Community Lead for Communications and Engagement

IN ATTENDANCE

Sally Czabaniuk	SC	Engagement Manager, NELCCG
Claire Illingworth	CI	Exec Admin Support, NELCCG (Note Taker)
Eddie McCabe	EM	Assistant Director, Contracting & Performance
Rachel Staniforth	RS	Medicines Optimisation Pharmacist, NECSU
Lisa Hilder	LH	Assistant Director for Strategic Planning, NELCCG

		ACTION
1.	APOLOGIES & INTRODUCTIONS Apologies were received from the Community Lead for Delivery Assurance Committee, The Community Lead for Mental Health and Disabilities, Community Lead for Long Term Conditions and Community Lead for Community Care	
2. 2.1	DECLARATIONS OF INTEREST No declarations of interest were made.	
3. 3.1	MINUTES OF THE PREVIOUS MEETING & MATTERS ARISING The minutes of the previous meeting held on the 7 th August 2019 were agreed as a true and accurate record.	
	CI to amend item 4.1 to read Long Term Conditions Lead	599
3.2	Matters arising and outstanding actions are as followed – 597 – Complete 598 – Complete.	
3.3	The Chair suggested that the Forum start to send more comments/feedback to the service leads when asked to do so after a meeting. It was agreed that members will copy SC into emails/comments they send to service leads when for collating as evidence of CF assurance role.	600



4. MEMBER/STRATEGIC UPDATES

4.1 Union Board Update – EM confirmed that there has not been a Union Board Meeting for some time, the next meeting is scheduled to take place next week. Items on the Agenda include:-

The Strategic Plan - setting out what the Union are looking to plan together for the next year. Future Gov are working with the CCG and NELC to develop an operating model on how we work together.

Joint engagement strategy - Engagement is ongoing - it has now been circulated to accord members and the wider community.

Business plan - looking ahead for the next year.

- **4.2** EM added that the change in the NELC administration has seen new elected members who are all very keen on the Union and they are looking to maximise opportunities.
- The Lead for Women and Children asked how the Community Forum links into the Union Board now that Philip Bond no longer sits on this meeting. The Chair of the Community Forum confirmed that Philip is no longer our link, he represents the CCG Governing Body. The Chair of the Community Forum is now the direct conduit between the Governing Body and the Forum. The Chair now receives the Union Board minutes and will be able to comment on them when attending Governing Body meetings.
- 4.4 SC added that the Union Board is made up of 4 members from the CCG and 4 members from NELC. The CCG representatives include 2 clinicians and 2 lay members from the CCG. SC also pointed out that the Union Board meetings are a public meeting so anybody can go, and the minutes are available on the CCG website.

5. QUARTERLY ENGAGEMENT UPDATE/STRATEGY

- SC gave an update on the Engagement strategy. See presentation attached. SC reminded Community members to report back, each quarter on any engagement they have been involved in so it can be captured in the report. Activity for this quarter includes:-
 - Every Mum Matters campaign
 - The Way Forward 2019 Feedback Report Shared
 - NLaG Patient Choice Awards
 - CCG 2018/19 Annual Report
 - Public and Stakeholder invitation to the Humber, Coast & Vale Partnership Long Term plan Event
 - Urgent Treatment Centre Development
 - Carers UK 2019 'State of caring survey'

5.2 Engagement Coming soon :-

- Access to Infertility Treatment Policy Engagement
- Re-enablement Service Review Visioning Event
- HCV NHS Long Term Plan Engagement Event



- Talking, Listening and Working Together engagement to inform Union Public and Stakeholder engagement strategy outreach sessions Accord Annual Meeting Accord Newsletter SC reminded people of the Humber Acute Services Review Public Engagement 601 Events email that was circulated. If anybody is interested in attending on any of the dates then please let SC know. SO WHAT? REPORT SC spoke about the So What? Report, stating that the Community Forum have held annual So What? Sessions over the last 4 years and we thought that an Assurance report should be produced based on our discussions. SC circulated a copy of the draft Assurance Report and added that she would welcome any comments. See attached. The Chair of the Community Forum and SC read the report and the Forum members commented on any changes that they felt should be made. It was suggested that that Equality and Diversity is made into a separate bullet point. Everybody agreed to the changes. The Community Lead of Equality and Diversity 602 is to submit some further comments to SC. SC will make the necessary amendments to her report before she sends the 603 paper to the Governing Body. **CONTRACTS** (Performance)
- 7.

5.3

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6.1

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6.3

7.1 EM was in attendance to give an update on Contracts and performance for 2019/20. EM explained that he managed the Contracts for the CCG and he wanted to focus on 3 particular Contracts today, these contracts highlight issues the CCG are facing, the rationale for this is down to size, impact, complexity and Interest. See presentation attached.

7.2 NLaG Contract 19-20

Challenges with this contract include :-

- Financial difficulty £50m potential deficit
- Missing control total loss of £26m to system
- Challenges under CQC, Financial balance and Clinical Quality
- Leadership Changes new team in NLaG
- CCG's asked to support NLaG as part of system approach, not penalise delivery – all in it together
- NELCCG Lead faces challenges from other systems about NLaG delivery and issues
- EM explained that our approach to make changes with this contract will include 7.3 focusing on small number of issues that have a big impact on Quality, finance and performance. There will be a significant cultural challenge to NLaG Staff i.e. we are trying to cut down on consultant-to-consultant referrals, as these are not



always necessary. This will then cut down on appointments and will eventually let the community care teams look after patients. The Financial risk of these changes is left with the CCGs.

EM spoke about the Service Delivery Improvement Plan (SDIP), which has been agreed, and it sets out the areas for improvement with an agreed milestone, timescale, expected benefit and the consequence of achievement/breach. The SDIP also sets out the development plan for the year focusing on strategic objectives in key areas.

The CCG and Trust meet every Friday to drive these changes forward. Responsible officers are identified and held to account.

7.4 EMAS - The ambulance 999 Provider

23 CCG's Commission EMAS with Derbyshire CCG as the Lead. NEL CCG is part of the Lincolnshire Division and rurality impacts on the delivery of response times. NHSi/E have told CCG's to pay a further financial investment so the Trust can deliver an 11% increase in contract value. There are no Financial penalties for EMAS with non-delivery of performance standards. However, the EMAS Board are to develop a mechanism setting out the consequence for failure of standards. The final version will be agreed by EMAS and commissioners.

7.5 Ophthalmology

EM explained that we are expecting the NLaG position to improve as they have changed the Ophthalmology service and efficiency generating capacity and clearing the backlog.

EM confirmed that the Newmedica Contract has been extended to July 2022 and this now includes the requirement for WET AMD (age related immacualr degeneration) as this is a significant clinical risk in the intervening period. This contract does not guarantee a level of activity. Therefore if NLaG improve and attract patients back to the Trust then the value of Newmedica contract and activity would fall, sustaining the financial basis of the trust.

8. PRESCRIBING & MEDICINES MANAGEMENT

8.1 RS was in attendance to give an update on Prescribing and Medicines Management. See presentation attached.

RS explained that the aim of Medicines Management is to control the safe and effective use of medicines to enable the best possible outcomes including :- the use of NHS resources efficiently, Supporting innovation and providing advice on medication. This can be achieved by working collaboratively with GP's, Hospitals, Community Pharmacies etc.

RS confirmed that the prescribing of antibiotics is slowly starting to decrease.



- RS spoke about the Medicines Optimisation Work plan 2019/2020 stating that they have a QIPP saving of £650k to find. The work plan includes Pharmacy engagement for :-
 - Minor Ailments Scheme
 - Promoting self-care and over the counter medication went live 1st August so will hopefully start to see a reduction in the prescribing of paracetamol
 - Point of Dispensing Intervention Scheme (PODIS) this will allow patients to order what they need
 - Cessation of 3rd party ordering of repeat prescriptions

The Chair of the Community Forum asked how the cessation of 3rd party ordering will affect those patients who are not able to do it themselves. RS confirmed that pharmacies will still be able to do it for them. This should not impact on GP's, over time, it should help reduce their workload.

RS shared some of the posters of the services that went live on the 1st August. The communication is out there, they have been circulated and they are available on the website and have been shared via social media. A member commented that they did not always share the posters because she feels they are counterproductive and sometimes patronising. RS welcomed the feedback and explained the difficulty that NHSE have when trying to create posters to reach everybody.

James Ledger and Karen Hiley will be attending the Accord Getting Better Together event to promote over the counter etc.

- RS gave an update on the NHS England Consultation stating that it now includes the following:-
 - Items which should not be routinely prescribed in Primary Care
 - Proposed national guidance for CCGs on medicines which can be considered to be of low priority for NHS funding
 - Bath/shower emollients
 - Silk garments
- RS to come back to a future meeting to discuss high cost drugs and give an update on the Community Pharmacy Contract.

9. LONG TERM STRATEGIC PLAN UPDATE

9.1 LH was in attendance to give an update on the Strategic Plan, see presentation attached.

LH explained that the NELives Framework provides the context and background for the health and care outcomes we are seeking to achieve as part of our approach to delivering the NHS Long Term Plan.



9.2 Anticipated Outcomes include :-

- Cancer reducing preventable deaths Community Urgent care/discharge planning
- Mental Health reduce self-harm admissions to hospital and reduce the 20 year gap
- Urgent and Emergency care increase access to the right care at the right time in order to reduce A&E admission
- Prevention Reduce preventable periods of ill health by promoting, encouraging and enabling health seeking behaviours for our population
- Adult Social Care Enable the optimal length of independent living for each individual and subsequently enable appropriate care when it is needed

The anticipated financial benefits would be a financial balance across the system and an integrated financial plan the NEL Health & Wellbeing system resulting in :-

- (a) the optimum value for money (Best Use of the NEL pound)
- (b) clear understanding of the "place" cost drivers

9.3 Where we're up to

- Overall objectives for Place have been identified
- Projects which support those objectives have been identified
- Draft narrative is a work in progress
- Submission to Humber Coast and Vale Partnership (STP) during September
- More detailed implementation is being worked up
- The timeline for preparation in 1920 and implementation in 2021 is on track

If anybody has any thoughts or comments then please email them to lisahilder@nhs.net.

10. ANY OTHER BUSINESS

The Chair of the Community Forum spoke about Primary Futures, a government lead national initiative which sees Professionals going into primary schools to reduce the stereotyping of roles e.g. the myth that all nurses are women, all fire fighters are men etc. This initiative has taken place in the Doncaster area and it has been very successful. Is this something our area could get involved in, Health and social care professionals etc.? It ties in very well with "Place" and our aspirations.

SC reminded everybody about the Accord Getting better together event taking place on Thursday12th September, please come along and bring guests along with you.

DATE, TIME & VENUE OF NEXT MEETING

Wednesday 2nd October 2019 10.00am-12.30pm, Centre4, Wootton Road, Grimsby, North East Lincolnshire, DN33 1HE

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COMMUNITY FORUM ACTION SUMMARY SHEET 4th SEPTEMBER 2019

ACTION ID	OWNER	ACTION REQUIRED	DATE
599	CI	CI to amend item 4.1 to read Long Term Conditions Lead	ASAP
600	ALL	Members to send more comments/feedback to the service leads when asked to do so after a meeting and to copy SC into these for collating	Ongoing
601	ALL	SC reminded people of the Humber Acute Services Review Public Engagement Events email that was circulated. If anybody is interested in attending on any of the dates then please let SC know.	ASAP
602	E&D Lead	The Community Lead of Equality and Diversity is to submit some further comments to SC for her Assurance Report.	ASAP
603	SC	SC to make the necessary amendments to her report before she sends the paper to the Governing Body.	ASAP
604	ALL	Members to email comments on the Long Term Strategic Plan to Lisa Hilder (cc to SC)	ASAP