

**COMMUNITY FORUM MEETING  
NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP  
HELD ON 2<sup>nd</sup> OCTOBER 2019**

**ATTENDEES**

Chair, Community Lead for Planned Care  
 Community Lead for Urgent/Emergency Care & Council of Members  
 Community Lead for Long Term Care & Support  
 Community Lead for Women & Children  
 Community Lead for Patient Experience & Clinical Governance Committee  
 Community Lead for Equality & Diversity  
 Community Lead for Communications and Engagement  
 Community Lead for Delivery Assurance Committee  
 Community Lead for Mental Health and Disabilities  
 Community Lead for Community Care

**IN ATTENDANCE**

Sally Czabaniuk	SC	Engagement Manager, NELCCG
Claire Illingworth	CI	Exec Admin Support, NELCCG (Note Taker)
Helen Kenyon	HK	Chief Operating Officer, NELCCG
Pauline Bamgbala	PB	Service Lead, Planned Care & Cancers
Andy Ombler	AO	Service Lead, Unplanned Care

		<b>ACTION</b>
1.	<b>APOLOGIES &amp; INTRODUCTIONS</b> Apologies were received from the Community Lead for Long Term Conditions.	
2.	<b>DECLARATIONS OF INTEREST</b>	
2.1	No declarations of interest were made.	
3.	<b>MINUTES OF THE PREVIOUS MEETING &amp; MATTERS ARISING</b>	
3.1	The minutes of the previous meeting held on the 4 <sup>th</sup> September 2019 were agreed as a true and accurate record.  Matters arising and outstanding actions are as followed – <b>599</b> – Complete <b>600</b> – Ongoing <b>601</b> – Complete, SC reminded people of the Humber Acute Services Review engagement events see flyer attached. If anybody is interested in attending any of the dates then please let SC know. <b>602</b> – complete <b>603</b> – complete <b>604</b> – Complete	

**4. MEMBER/STRATEGIC UPDATES**

- 4.1 Union Board Update** – HK gave an update on the Union stating that we are currently working with FutureGov to help the Union pull together the operating framework. FutureGov have just finished their first phase of gathering information and we are now in a test phase, where we are starting to implement different ways of working. Both the CCG and NELC have Forward Plans and there are still a lot of things that we are both doing separately. FutureGov are pushing us with this piece of work in 3 areas, Commissioning and Contracts, Vision and Strategy, Data and Insights.
- 4.2** HK added that the Strategic Plan was taken to the last Union Board meeting and members were given the opportunity to make any inputs into the final document. NLEC felt that obesity was absent from the plan and asked if we are doing enough as a community to highlight the issue. HK confirmed that the Better Care fund was signed off. The November Agenda includes signing off the final version of the Place Based Plan and the Strategic Plan. Any comments on the Strategic Plan need to be sent to Lisa Hilder asap (as discussed at last month's meeting).
- 4.3** HK updated on changes to leadership roles at the Humber CCGS, Emma Latimer – Chief Exec and AO at Hull CCG and Interim Accountable Officer at NLCCG will also take on this role at East Riding following the move of their current AO to another position. Members asked what the implications were for NEL. This has been discussed by the Governing Body and Union leadership and there is strong feeling that there should not be any change to our local arrangements. We have also challenged what other options were looked at, and further work is to be done.
- 4.4** The Community Lead for Women and Children feels that if 3 CCG's have the one Accountable Officer then we could end up back as Humberside. If this were to happen then it would have an impact on the Union, as there are competing priorities in the 10 year plan. HK added that we as a CCG recognise that we need to work with some of the other CCGs to make things work better. The Community Forum need to maintain their strength and maintain North East Lincolnshire's independence. The Union does give us strength and we need to be clear that the people of North East Lincolnshire are looked after the best they can.
- 4.5** Community Lead for Delivery Assurance Committee questioned why there had not been a Governing Body meeting for some time. HK replied that the break between meetings was intentional as the Union Board now looks at all services. The Governing Body meets quarterly to ensure that all its duties are being appropriately discharged by the Union.
- 4.6** SC shared a good news stories about the Union. SC and the Community Lead for Communications and Engagement both feel that they are now working with an integrated group of people over the joint Engagement Strategy. The development of the group has been very positive. SC passed on her thanks to the Communications and Engagement Community Lead and added that her

input into the group has been amazing. HK added that community representation/presence is incredibly powerful for what our population and place wants. The Community Forum is a force to be reckoned with!

**5. CCG COMMITTEE MEETING STRUCTURE**

**5.1** HK reported that there has been no change to the CCG Committee meeting structure as yet but we are expecting change with the Union Committee structure.

The CCG currently still have the Governing Body, Delivery Assurance, Remuneration Committee, Clinical Governance, Primary Care Co Commissioning Committee and Care Contracting Committee. NELC colleagues are now starting to attend more of our Committees. The Community Lead for Urgent/Emergency Care & Council of Members added that we are a Clinical Commissioning Group but there is not always a Clinical Member at these Committees. HK added that she is aware of this and Ekta Elson is now attending the Care Contracting Committee.

**6. COMMUNITY/CLINICAL/SERVICE LEAD ACTION PLAN UPDATE**

**6.1** SC presented an Action Plan, which she has developed, in light of the Community/Clinical/Service Leads Workshop that took place in May this year, please see attached.

The Action Plan shows the role of the Clinical Lead, Service lead and Community Lead. All the issues raised at the Workshop have been identified and we need to further identify who/how/when etc. SC talked through the plan and all agreed with the issues raised.

**6.2** *“Better intelligence about 3rd sector organisations – possibly a directory would help with social prescribing 3rd Sector directory being created by the VCSE Alliance”*. This issue raised a few questions as the VCSE Mapping across NEL is currently ongoing but there are already a few directories in place including Services4me. The main issues with these directories is keeping them up to date. Organisations do not update their details and services4me is now out of date. SC suggested inviting Fiona Wright from the VSCE Alliance to come along and talk to us. All agreed.

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**6.3** It was proposed at the Workshop to all meet again in the near future. SC reiterated that the Action Plan belongs to the Community Leads and asked how they would like to take it forward. CI to circulate the Plan. Any suggestions/comments are to be sent to the Community Lead for Urgent/Emergency Care by the 16<sup>th</sup> October, who will then update the plan and forward to SC. Once all the suggestions/comments have been agreed it will then be shared with the Clinical leads.

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## 7. FIT SCREENING UPDATE

- 7.1** PB was in attendance to give an update on the Faecal Immunochemical Test (FIT) that was rolled out to Primary and Secondary care on the 1<sup>st</sup> August. PB reported that we met the rollout deadline of the 1<sup>st</sup> August, all kits were provided to GP practices with user guides etc. We are currently assisting North Lincs with their role out for January 2020. The uptake of the test will be monitored by the CCG but it is too early to provide any data at the moment. However, the data will show the uptake of the FIT test and it will show what GP Practices have been using it, and the practices that are not. PB attended the Accord event at the Humber Royal and she received very positive feedback on the Fit test. People seemed to be very happy with the new test in Primary Care.
- 7.2** PB spoke about the ongoing work with NLaG and how it would make imminent sense for NLaG to do the FIT test for the 2 WW referrals. The hospital could do the FIT test to identify if people need a colonoscopy etc. A National Screening Programme was rolled out in June 2019 and people between the ages 60 – 74 years will receive an invite. PB asked the Community Forum to please encourage people to go along and have the test done. PB also added that we are looking to reduce the age cohort from 60 years down to 50 years as the sooner bowel cancer is detected, the better.
- 7.3** SC asked if there will there be a communication campaign to run alongside the letter and PB confirmed that there would be. The National Campaign has taken a soft approach to the Communications launch of this test but there will be further communications and it will highlight that only 1 FIT test is needed, as oppose to the old system of having 3 tests. It will explain how easy the test is to do and how effective it is. Results for a FIT come through in 5 days and a re-test is to be taken every 2 years. Leaflets are available and PB would be very grateful if the Forum could share this information with their groups. HK noted that we need to monitor this campaign to ensure it hits the spot locally, making sure it reaches everybody it needs too. Once the data is available then we should be able to get a demographic breakdown.
- 7.4** Community Lead for Equality and Diversity asked if the FIT test could be used instead of having a Colonoscopy for a family with a history of bowel cancer. PB confirmed that it could be.
- 7.5** Community Lead for Long Term Care and Support asked how will the system cope if the bowel cancer diagnosis rates increase. PB replied that the soft national approach to this is already potentially preparing us for a possible increase in diagnosis. PB reiterated that early diagnosis is key and most bowel cancers are treatable. HK reminded the Community Forum that we are currently not achieving the Cancer 62 day wait, nobody is. We are however, doing very well with our 2 week wait referrals.
- 7.6** PB reported that work is ongoing to try and improve our service, the CCG is working with the Trust around Endoscopy and we have 2 new nurses being trained for Colonoscopy. A joint 62 day Action Plan with NLaG, Primary Care and

the Cancer Alliance is in place and is monitored on a monthly basis. We are working really well together on this.

PB will ensure the Community Forum is kept updated.

## 8. URGENT & EMERGENCY CARE (Inc. winter planning)

### 8.1 AO was in attendance to give an update on Urgent and Emergency Care and Winter Planning, see presentation attached.

AO explained that the overall aim for Urgent and Emergency Care is to :-

- keep people out of hospital if they don't require hospital care (integrated Urgent Care)
- Get people into hospital quickly if they need emergency care
- High quality emergency/in-patient hospital care
- Discharging patients into onward care/home as soon as they no longer need hospital care

### 8.2 **Keep people out of hospital if they don't require hospital care (Integrated Urgent Centre)**

AO explained that the Alliance was due to meet for a quarterly update regarding the implementation of the Urgent Care specification. However, there have been many discussions with GP's due to the Primary Care Networks (PCNs) and they were all given national timescales that needed to be met. Each of the networks said they did not want to join the Alliance at this time as they had not seen any changes and they had their own groups they wanted to form. The Alliance was to form part of the GP's contracts, which they were not comfortable with. The CCG have therefore made the decision that they will no longer be working to the Alliance. This decision was taken to the Governing Body and they endorsed the decision. GPs agreed that they did not want to shut the door fully as some good work had been done around governance etc. This work has an impact on our contracts with them so new individual contracts are to be done.

Care Contracting Committee agreed that the UTC (Urgent Treatment Centre - which should have been implemented in June and has now been pushed back to 1<sup>st</sup> December) needed guidance on how to move forward. It has been agreed that NLaG will now deliver the Urgent Treatment Centre. The providers involved will now speak to NLaG regarding that space as the CCG has taken a step back.

The Community Lead for Equality and Diversity asked if this would affect equality. HK confirmed that it should not be an issue as its one site that everybody can access going forward. Community Lead for Planned Care asked how will NLaG make it different from going to A&E. HK reported that the UTC has a different operating model and a different IT system. A&E will now operate behind the UTC and people will access the Centre upon arrival instead of A&E. The initial plan for the UTC was to give it a more holistic approach and this is still the objective. The Regular Attendees Group is being reinstated to look at these people and why they are regular visitors.

- 8.3 Getting People into hospital quickly if they need emergency care**  
EMAS are not meeting the Ambulance Response Time requirements. The EMAS Contract has been renewed with contract measures now applied to ensure they meet targets. There has been an improvement regarding handover times at DPoW, which as a result is creating fewer queues.
- 8.4 High quality Emergency/in-patient hospital care**  
The A&E 4 hour wait is not at the desired level due to many contributing factors including demand, beds, staffing, and management oversight. The Acute Assessment Unit is now safer as it is a Consultant led review process.
- 8.5 Discharging Patients into onward care/home as soon as they no longer need hospital care**  
Work needs to be done on early discharge planning, MDT reviews, long stay reviews and Primary Care Input. A system wide change needs to be made on when hospital care can stop with a safe and effective transfer home or to a community bed.
- 8.6 Winter Planning**  
AO spoke about how the system is under continuous pressure :-
- Flu – Vaccination take-up, Staff and high risk groups, severity/scale of flu season
  - EU Exit – Supplies and medicines (do not stock pile, there are plans in place), staff movements (this is not seen as a big impact for our staff), Transport (ports disruption)
  - Winter preparations – health impact, transport disruption, increase in falls, increase in respiratory problems (events are planned to help ensure people have the right med packs in preparation), keeping warm and eating well
- The Community Lead for Delivery Assurance asked did the CCG learn anything from last year's winter pressures. AO replied stating that we have learnt that it is very difficult to have too many services just sitting ready, we need to have community support.
- AO confirmed that the Seasonal place would be submitted by the end of October.
- 8.7** Development priorities for Winter Planning include:-
- Social Work in A&E
  - UTC
  - Conveyance Avoidance
  - Frequent attenders
  - A&E Consultants
  - Short stay
- 9. ANY OTHER BUSINESS**
- 9.1** There was no other business to report.

**DATE, TIME & VENUE OF NEXT MEETING**

Wednesday 6<sup>th</sup> November 2019 10.00am-12.30pm, Centre4, Wootton Road,  
Grimsby, North East Lincolnshire, DN33 1HE

**COMMUNITY FORUM ACTION SUMMARY SHEET**  
**2<sup>nd</sup> OCTOBER 2019**

<b>ACTION ID</b>	<b>OWNER</b>	<b>ACTION REQUIRED</b>	<b>DATE</b>
<b>605</b>	<b>SC</b>	SC to invite Fiona Wright from the VSCE Alliance to come along and talk to the Community Forum about the Directory that is being produced.	ASAP
<b>606</b>	<b>CI</b>	CI to circulate the Community/Clinical/Service Lead Action Plan.	ASAP
<b>607</b>	<b>ALL</b>	Any suggestions/comments on the Community/Clinical/Service Lead Action Plan are to be sent to the Community Lead for Urgent/Emergency Care by the 16 <sup>th</sup> October.	16/10/19