

**Agenda Item:** 11.2

**Report to:** Governing Body  
**Date of meeting:** 7/10/20  
**Date paper distributed:** 10/12/20  
**Subject:** Community Forum minutes  
**Presented by:**  
**Previously distributed to:** Community Forum

<b>PURPOSE OF REPORT:</b>	To share the minutes of the monthly meeting of the Community Forum held on October 7 <sup>th</sup> , 2020
<b>Recommendations:</b>	That the minutes be received
Clinical Engagement	(where appropriate) N/A
Patient/Public Engagement	(where appropriate – how has the <a href="#">NEL Commitment</a> been implemented) The Community Forum is an integral part of the CCG's Community Engagement Strategy and demonstrates how the CCG meets the Talking, Listening and

**STATUS OF THE REPORT (auto check relevant box)**

<b>Decision required</b>	<input type="checkbox"/>
<b>For Discussion to give Assurance</b>	<input type="checkbox"/> ( <i>Only if requested by Committee member prior to meeting</i> )
<b>For Information</b>	<input checked="" type="checkbox"/>
<b>Report Exempt from Public Disclosure</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

<b>Working Together Commitment</b>	
<b>Committee Process and Assurance:</b>	<b>The Community Forum is part of the CCG's governance arrangements that exist to provide assurance to the CCG Governing Body that patients, service users, carers and the public are effectively engaged and involved in decisions made about health and social care services in North East Lincolnshire in keeping with the North East Lincolnshire Commitment and joint community engagement strategy – “Talking Listening and Working Together”</b>

<b>Link to CCG's Priorities</b>	<ul style="list-style-type: none"> <li>• Sustainable services</li> <li>• Empowering people</li> </ul>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<ul style="list-style-type: none"> <li>• Supporting communities</li> <li>• Fit for purpose organisation</li> </ul>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<b>Are there any specific and/or overt risks relating to one or more of the following areas?</b>	<ul style="list-style-type: none"> <li>• Legal</li> <li>• Finance</li> <li>• Quality</li> <li>• Equality analysis (and Due Regard Duty)</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Data protection</li> <li>• Performance</li> <li>• Other</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

#### Provide a summary of the identified risk

#### Executive Summary

Community Forum meetings take place on the 1<sup>st</sup> Wednesday of each month. The Forum comprises of 12 community members each having been appointed to a Community Lead role in a service area, committee or working group. A member of the Executive Leadership team attends each meeting in order to provide an update from the CCG to the Forum and to receive and feedback members questions and comments to the CCG.

The Executive Lead at the October meeting was Bev Compton, Director of Adult Services who provided an update on Adult Social Care including support to Care Homes, out of hospital work, extra care housing developments and direct payments consultation. Members also received information from and ask questions of Public Health re Covid and the CCG re Complaints and PALS, Unexpected Mortality Strategy and Cancer screening.

These minutes evidence how the Community Forum is carrying out it's assurance role.

**COMMUNITY FORUM MEETING  
NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP  
HELD ON 7th OCTOBER 2020**

**ATTENDEES**

Chair, Community Lead for Care Contracting Committee  
 community Lead for Long Term Care & Support  
 community Lead for Patient Experience & Clinical Governance Committee  
 community Lead for Community Care  
 community Lead for Equality & Diversity  
 community Lead for Planned Care  
 community Lead for Primary Care  
 community Lead for Information Governance & Audit  
 community Lead for Long Term Conditions

**ATTENDANCE**

Sally Czabaniuk	SC	Engagement Manager, NELCCG
Islaire Illingworth	CI	Exec Admin Support, NELCCG (Note Taker)
Dev Compton	BC	Director of Adult Services, NELCCG
Geoff Barnes	GB	Deputy Director of Public Health, NELC
John Berry	JB	Quality Assurance Lead, NELCCG

	ACTION
<b>APOLOGIES &amp; INTRODUCTIONS</b> Apologies were received from Community Lead for Mental Health and Disabilities, Community Lead for Communications and Engagement and Community Lead for Women and Children	
<b>DECLARATIONS OF INTEREST</b> No declarations of interest were made.	
<b>MINUTES OF THE PREVIOUS MEETING &amp; MATTERS ARISING</b> The minutes of the previous meeting held on the 2 <sup>nd</sup> September 2020 were agreed as a true and accurate record. A slight amendment is needed to change a couple of the attendee's Community Lead titles. CI to action.	637
<b>2</b> Matters arising and outstanding actions are as followed – <b>634</b> – Complete <b>635</b> – Complete. Feedback was received from all attendees and the consensus was for us to review moving back to face to face meetings in the new year. <b>636</b> - Complete	
<b>CCG/SLT UPDATE INCLUDING COMMITTEES</b> BC confirmed that we are heading into a second wave of the Covid pandemic. The NHS have been very clear on guidance and dealing with the backlogs. The need to get people out of hospital is key and is therefore our focus. Work continues with the Primary Care Networks and BC is involved in this from an Adult Social Care perspective. BC is currently focusing on winter plans and flu	

preparations, planning for the increased vaccine uptake. There is a huge piece of work going on across the health system to promote the uptake of the vaccine in community members and workforce.

2 Community Forum Chair spoke about Australia which has just come out of winter and their flu numbers were far lower - the rationale being that people are wearing masks, social distancing etc. BC confirmed that the lockdown in Australia has been more intense than ours. BC added that we might have low numbers of cases, but we need to be prepared, we cannot afford to take a chance.

## **PUBLIC HEALTH & COVID UPDATE**

1 GB was in attendance to give a Public Health and Covid update, see presentation attached. GB confirmed that North East Lincolnshire (NEL) have been the lowest in the country in terms of Covid results, we have had a low impact due to our location, no residential university etc. However, our Covid results are now increasing and, whilst we currently remain the 3<sup>rd</sup> lowest in the country, there is no room for complacency. Cases are increasing at a fast rate and we are seeing small outbreaks, in workplaces, gyms, social clubs, schools and spas. Cases are predominantly occurring in working age population between 16 and 60, especially women. Much smaller number of cases in children and older people

2 GB confirmed that the local testing site has now opened in Duchess Street, Car Park, this is to avoid traveling further afield for tests.

3 Community Lead for Information Governance & Audit asked for the number of fatalities in NEL. GB reported a total of 46 Covid related deaths, 36 being residents of NEL.

4 Community Lead for Information Governance & Audit spoke about his concerns for older people, those living independently without any family connections. Are we able to identify them and their needs, mental health, food etc. GB acknowledged that this is a very important point and we do have some indication of numbers although it may not be accurate. Some people do not want to be reached. GB asked for help from the Community Forum by making sure we share the phone numbers for NELC and the CCG for those who need support.

5 Community Lead for Information Governance & Audit asked how we are supporting the Voluntary Sector to support residents due to financial pressures. GB reported that work between the Council and the Voluntary Sector during Covid has been fantastic, NELC have stepped up to help. SC sits on the Community Recovery Group and she echoed that work with the Voluntary Sector has been amazing. SC added that the group is preparing for the 2nd wave and they are fully alert of those vulnerable categories and will do our upmost to reach those people. BC reported of some voluntary organisations that are struggling financially and confirmed that the CCG are working with them to level and maintain their contracts. The Council has not formally put together a package to support the voluntary sectors but they will if they need to. Nobody wants to see the Voluntary sector fall.

6 Community Lead for Equality and Diversity asked what the reasoning was around the higher Covid cases being in the more affluent areas of town. GB replied stating that it could be that those are the ones accessing the testing as they have vehicles etc. Covid is spreading now in workplaces, pubs, restaurant etc so this could be another reason. The residents in these areas tend to have more free money to socialise etc. GB added that everybody needs to play their part in managing this.

7 Community Forum Chair asked why the Grimsby Telegraph are publishing ward by ward data but GB is less reluctant to share his data. GB confirmed that the Grimsby Telegraph is accessing the national data and that is what they have published. GB added they generally do go along with our Public Health messages but they do also need to sell newspapers. GB to amend the slides so the presentation can be shared with the forum and the forum can then share wider.

***Post meeting note – GB did not make any amendments to the presentation and he was happy for this to be shared wider.***

SC confirmed that the Grimsby Telegraph are accessing its data via the same websites that we shared with the Forum a few months ago :-

<https://www.ons.gov.uk/visualisations/dvc811/msoamap/index.html?from=timeline>

<https://www.arcgis.com/apps/webappviewer/index.html?id=47574f7a6e454dc6a42c5f6912ed7076>

## SOCIAL CARE UPDATE

1 BC gave an update on Social Care. BC reported that results from the Social Care charging exercise that took place earlier in the year, will be published shortly. Good reflective feedback from communities was received. The report will go to Cabinet for approval and will then be added into the policy later this year.

2 BC confirmed that engagement work around Direct Payments is to commence. The plan is to move to a card prepayment-based system which is a more efficient way of delivery direct payments. We need feedback on how people will feel about using this. A questionnaire will be sent out and this will also be available in easy read format.

3 BC spoke about enhanced support to care homes, during Covid we have proved that we are slightly ahead of the game with the use of technology etc. BC reported that the Care Homes have been amazing over the last 6 months, the amount of guidance sent for them to follow was phenomenal. This has given us a good platform to develop the enhanced support work. Training has been undertaken and Contract Officers are liaising with Care Homes to alleviate any worries etc.

4 Primary Care engagement with Care homes was a difficult discussion but again since Covid we have seen excellent examples of practice and weekly engagement with clients. The Government has given us some monies for Care Homes to

undertake work around isolation facilities, to allow visits etc. Regular communication with Care Homes has been key to give reassurance to the Public, BC has done several radio interviews to share this information. BC reported that a Looked After Children group wanted to reach out to Care Homes and they did this by sending them postcards which was wonderful for the residents. BC added that we were fearful that we would lose people and therefore packages were put together to support and sustain. We have been very lucky in residents recovering from Covid but we are not and will not become complacent. We now have an ASC (Adult Social Care) dashboard that gives us data daily and we can pinpoint any issues quickly. We are well prepared.

5 BC talked about Domiciliary Care stating that contracts have now been issued and we are now into the implementation of the new system. The new providers are contracted to meet peaks and troughs in demands. Nic Mcveigh is currently working on hospital discharge, a new guidance has been sent out by the government. People should be spending less time in hospital. Cambridge Park will be a rehabilitation facility that patients can be discharged too before they go home. Cambridge Park will hopefully be fully operational over the winter period.

6 BC gave an update on the Extra Care Housing delivery at Burchester Court. Despite having its issues and delays due to lack of materials etc. we are now looking to complete and hand over to the new housing provider to decorate ready for people to move in. Community Lead for Community Care added that weekly meetings take place around the locating of residents in Burchester court. Residents are hoping to move in throughout November. There are still some vacancies available if anybody knows of somebody, then please get in touch.

7 BC is in the middle of budget discussions at the moment. The Council have a Covid Grant but resources have been reduced due to lack of payments on council parking, council tax etc. NELC are in a very challenging position. Community Lead for Information Governance & Audit asked what the government will do about budgets when the Covid monies run out and the general cuts, what will the impact be. BC confirmed that over the last few years there has been no long-term plan for ASC, extra monies have been given and non recurrent grants. The future of ASC has been consulted on and we submitted our views. BC is working on a medium-term plan and we will manage the risks around it. Community Lead for Information Governance & Audit added that the ASC cohort will increase due to Covid but we are looking at a decrease in monies. BC has incorporated this in as a planning assumption.

## **COMPLAINTS & PALS UPDATE**

1 John Berry was in attendance to give an update on Complaints and PALS. Prior to the meeting Community Forum members were talking about their experiences with Primary Care during Covid. SC suggested that all these experiences, comments, both positive and negative are collated and sent to the Community Forum Chair by 14<sup>th</sup> October and she will collate into a report. Community Lead for Patient Experience & Clinical Governance Committee will then take it to the Experience Review Group, which John Berry Chairs.

2 JB talked about the Annual Complaints Report, see presentation attached. JB explained that all the complaints in the report have come through the CCG. Both Jan Haxby and Helen Kenyon sign off the complaints and they meet regularly with the Complaints Officers. JB reported a slight decrease in complaints received this year. When a complaint is upheld we do ask for an Action Plan and the Community Lead for Patient Experience & Clinical Governance Committee is involved in reviewing the Action Plan and make comments accordingly. JB added that we have not received any complaints this year around patient transport which is very positive. What we have discovered is that there is a lack of pathway for complaints around the Adult Autism Pathway. JB is working with Leigh Holton on a way through this.

3 JB feedback on some positives for this year. The CCG have received 86 compliments this year. Complaint Officers have now completed a BTEC Level 5 Complaints Handling qualification, which has benefited the team. The team are planning to do more routine site visits and Community Lead for Patient Experience and Clinical Governance Committee will be invited to join these. A new database management system called Respond, was purchased, configured, and tested and went live in April 2020. This records all patient intelligence, and it will assist greatly in the recording of feedback received by the team, along with incidents and serious incidents, thus making triangulation of the intelligence easier than it has been in the past.

4 SC explained that when the pandemic broke out both NHSE and CCG complaints service was halted, SC asked if there was a big spike when it reopened. JB confirmed that there was not a spike. Although the formal complaints were closed for 3 months the CCG did have a triage system. This eradicated lots of the complaints when we reopened.

5 Community Lead for Information Governance & Audit pointed out that the severity of the complaints is not shown in the report. JB confirmed that it is not shown in the report but it is included in our system. He explained that complaints are RAG rated. Approx. 7 complaints were RAG rated as red and the others were split between amber and green.

6 Community Lead for Equality and Diversity asked what equality analysis is done regarding complaints. JB replied that when a complaint has been resolved the team do ask the equality questions but JB acknowledged that more work needs to be done. The Equality and Diversity also asked how the CCG Complaints Team reach the whole community. JB confirmed that the Team do a lot of publicity, Roadshows, awareness etc and they try and engage as much as they can. The Team attend the Older Peoples Day, Freeman Street Market etc to try and engage with the hard to reach groups. JB confirmed that most of the awareness is done via the Communications Team and the Team also work with Advocacy services.

## **UNEXPECTED MORTALITY STRATEGY**

1 JB gave an update on the Unexpected Mortality Plan, see attached. JB explained that the Plan was created due to significant questions being raised over the SHIMI (Summary Hospital-level Mortality Indicator). The Plan is based

on the numbers of expected deaths compared to the actual deaths. NLaG's numbers have been very high in the past but they are now within the expected norm, which is very positive.

.2 NLaG MIG (Mortality Improvement Group) and the CCG Unexpected Mortality Group meet on a regular basis to discuss and review the figures.

.3 JB spoke about the Primary Workstreams that all feed into this data :-

- End of Life
- Support to Care Homes Initiative
- Primary Care Networks
- Information Sharing

.4 The Community Forum Chair asked how much certainty there is that the number of Covid related deaths are being accurately recorded. Many people are not dying from Covid it is the underlying condition, but it is associated with Covid, that is how it is being recorded. JB confirmed that Death certificates are now being reviewed by a Senior Consultant to ensure the cause of death is recorded correctly.

.5 JB shared the priorities for the next 12 months :-

- To continue to align the workplan of the OOH (Out of Hospital) group with the MIG workplan to jointly achieve end-to-end transformation of care
- To review and further develop the existing OOH plan and ensure the learning from joint case note reviews influences the review of the plan.
- To ensure the membership of the OOH group is appropriate to affect the necessary change.

## ANY OTHER BUSINESS

### Cancer Screening Update

Pauline Bamgbala shared the latest Cancer Screening update :-

The screening programmes have all been restarted and are working through the current backlogs. It should be noted that the priority has been to get those high risk patients already on pathways seen as a priority.

### Screening Programmes :-

**Bowel** - Humber Yorkshire Coast BCSP - Working through backlog as well as screening routine invitation. FIT Kits being sent to eligible cohorts

**Breast** - Humber- restarted screening on 3 Aug all mobiles and statics

**Cervical** - Colposcopy - All units either up to date or working through backlog

**Primary Care**- women invited for routine screening and data week on week shows increase in women attending for cervical screening in primary care.

.3 In addition, the Cancer Alliance and NLaG have just finalised a video walk through which will be available within the next couple of weeks to share.

The aims of this walkthrough are to:

- Highlight the measures that have been put in place at Grimsby and Scunthorpe hospitals to ensure patient and staff safety
- Encourage uptake of appointments
- Build patient confidence in accessing cancer services during Covid-19

.4

#### **Conflict of Interest Declarations**

CI reminded the forum that all Conflicts of Interest forms have been sent out from the Governance Team, these need to be actioned and returned by close of play on 9<sup>th</sup> October. This can all be done via email.

**639**

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

Wednesday 4<sup>th</sup> November 2020 10.00am-12.30pm, Microsoft Teams

### **COMMUNITY FORUM ACTION SUMMARY SHEET 7<sup>th</sup> OCTOBER 2020**

<b>ACTION ID</b>	<b>OWNER</b>	<b>ACTION REQUIRED</b>	<b>DATE</b>
637	CI	A slight amendment is needed to change a couple of the attendee's job roles. CI to action	ASAP
638	ALL	SC suggested that all Primary Care experiences during Covid both positive and negative are collated and sent to the Community Forum Chair by 14 <sup>th</sup> October and she will collate into a report	14 <sup>th</sup> October
639	ALL	Conflicts of Interest forms have been sent out and these need to be actioned and returned to the Governance Team by close of play on 9 <sup>th</sup> October.	9 <sup>th</sup> October