

**COMMUNITY FORUM MEETING
NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP
HELD ON 2nd DECEMBER 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 Mental Health and Disabilities
- Community Lead for Communications and Engagement
- Community Lead for Women and Children
- Community Lead for Long Term Conditions

IN ATTENDANCE

- | | | |
|--------------------|----|--|
| Sally Czabaniuk | SC | Engagement Manager, NELCCG |
| Claire Illingworth | CI | Exec Admin Support, NELCCG (Note Taker) |
| Michelle Thompson | MT | Assistant Director, FaMHLeD, NELCCG |
| Lisa Hilder | LH | Assistant Director for Strategic Planning, NELCCG |
| Julie Wilson | JW | Assistant Director Programme Delivery & Primary Care, NELCCG |

		ACTION
1.	APOLOGIES & INTRODUCTIONS	
	How are you?	
	Community Forum Chair wanted everybody to know that we are all here if anybody needs to talk. We are a Community, and we are all in this Pandemic together so please try and stay positive and stay safe.	
2.	DECLARATIONS OF INTEREST	
2.1	No declarations of interest were made.	
3.	MINUTES OF THE PREVIOUS MEETING & MATTERS ARISING	
3.1	The minutes of the previous meeting held on the 4 th November 2020 were agreed as a true and accurate record.	
3.2	Matters arising and outstanding actions are as followed –	
	640 – Complete	
	641 – Complete	
	642 - Data Awareness Training reminder was given to all to complete by 31 st December.	
	643 – SC to chase response from HK re safety of lone workers.	

3.3 GP Access Report – Community Forum Chair has now finalised the GP Access Report and has circulated it to forum members for comments. If everybody is happy with the Report Community Lead for Patient Experience & Clinical Governance Committee will take it to the Patient Experience Review Group. All members of the Community Forum agreed they were happy with the report.

4. CCG/SLT UPDATE INCLUDING COMMITTEES

4.1 MT gave a CCG/SLT update. MT confirmed that the infection rates in North East Lincolnshire are coming down significantly, so the current lockdown restrictions are working. MT advised caution around Christmas arrangements, please be careful and vigilant. Boston are still seeing an increase in infections and this could have an impact on DPoW.

4.2 The CCG are working on a Mass Vaccination Programme - System level plan that has been submitted to NHS England. Workforce requirements have been articulated and finance requirements are being worked through.

4.3 MT reported that NHS England have launched a consultation document called “Next Steps for Integrated Care Systems”. The consultation sets out proposals on how Integrated Care Systems (ICSs), which were set out in the NHS long term plan, could be embedded formally as part of the NHS architecture. In reviewing its arrangements, the NHS has explicitly stated that it wants to preserve and build upon effective place arrangements that are in operation across the country especially in areas like NE Lincolnshire. NE Lincolnshire is already working with the other partners across the Humber and wider HCV ICS partnership to establish its operating arrangements and we have been asked to develop proposals on place-based leadership to help inform these arrangements being established across our ICS.

4.4 The consultation will run until the 8th January. Over the coming weeks the Leadership team, Governing Body and Union Board will individually, and collectively with the other CCGs across the Humber, be considering and responding to the proposals. Link [Next Steps for Integrated Care Systems](#).



The future of
integrated care in Er

4.5 Community Forum Chair asked if CCG jobs are at risk. MT confirmed that Helen Kenyon will be talking to CCG staff later this week. We do not foresee any job losses, but we cannot say for sure. SC would welcome the Community Forums perspective on this, CI to add to January Agenda for feedback.

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5. CITIZENS PANEL UPDATE

5.1 PT and DE gave an update on the Citizens Panel. PT stated that at the last update they spoke about the proposal for the development of a new hospital in the middle of the area, this idea has now been abandoned for the present and

foreseeable future. PT reported a 4-month delay in the work of the Citizen's Panel due to the pandemic but now the panel have seen a work increase. The majority of meetings have been virtual and progress is being made in several areas. PT added that NEL is always very well represented at these meetings.

- 5.2 There are currently three programmes running:
- Programme one (Interim Clinical Plan) - includes several priority service areas where urgent service transformation is required over the next two years
 - Programme two (Hospital Services for the Future) – long-term strategy for hospital services across the Humber region; and agreeing new and sustainable service models across Urgent and Emergency Care, Maternity and Paediatrics and Planned Care.
 - Programme three (Building Better Places) – proposals to develop the hospital estate in each of the four areas across the Humber.

- 5.3 Programme one includes, for example, ophthalmology, in NEL we are already ensuring the follow up cataract appointments are conducted by the referring Optician. The benefits are two-fold the post-operative check-up is being undertaken by appointment in a smaller, perhaps more convenient, and safer environment and the need for new prescription can be assessed at the same time.

The challenge remains with the following:

- Wet age-related Macular Degeneration
- Glaucoma
- Diabetic eye disease

Surveys will take place over a twelve month period in partnership with some of the eye charities with additional support to those who have no computer access, they will be looking to access quantitative feedback from service users.

- 5.4 Programme two includes Maternity and Paediatrics, Urgent and Emergency Care, where Clinicians will still be based at one site but cover 5 hospitals/areas. The network of 5 clinical teams will act as one and much of the patient contact will be done digitally, though clinicians will travel between sites.

- 5.5 Programme three will explore the design of the hospitals which will be modular and should serve the area for circa 20 to 30 years, however, the new design will make any possible future adaptations easier.

Planned and unplanned care will see specialist centres in one or two hospitals. Care will be delivered within the locality as much as possible. Specialists, for example neonatal, would be on one site in Northern Lincolnshire for the most difficult cases.

- 5.6 The 4 main areas of work to be undertaken are as follows: -
- Addressing health inequalities by engaging with those who will be most affected by the change
 - Target mothers with an aim to understand what is important to women when

deciding on where to give birth

- Raising awareness of the review and restarting conversations with the public using feedback reviews and surveys
- Establish a citizen's jury containing a representative sample of the population to ensure the patient's voice is heard and can inform the options to be taken forward to formal consultation

5.7 PT confirmed that Scunthorpe, Grimsby and Hull acute care hubs will all be developed. A&E departments will remain but will focus on more basic treatments with referrals for more specialist care when appropriate. The hubs will be close to the front door to stop travel through Hospital including clinicians coming there to treat and discharge. There will short stay wards, as well as diagnostic facilities, in the same area with patients projected to stay for 24 to 72 hours.

5.8 PT reported that the Citizens Panel are required for further work. Initially this was a time limited piece of work but due to the pandemic plans have been extended.

Other ongoing work includes:

- Engagement work relating to Oncology following on from temporary changes to services
- A similar process is being undertaken in relation to Haematology
- Patients will be contacted for their views on proposals. An inclusive survey will be developed to be the best and most broad as it can be.

5.9 SC added that this update fits in with what was discussed at our last meeting with the NLaG reps regarding the development of DPoW. A lot of engagement will be needed around a lot of the specialisms. With regards to Ophthalmology the CCG have been asked to pull together some support groups, with people who have their own experience etc. Community Lead for Primary Care feels our system is not working and has been waiting a very long time for Ophthalmology care despite being told it would only be a 6 week wait. Other Community Forum members praised the current service and stating they had received "excellent care". MT suggested that the Community Leads for Primary Care escalates his issue to PALs.

5.10 SC finished by saying how proud she is of our representatives; they challenge and pick up on things so well. They do a fantastic job.

6. **WOMEN & CHILDRENS UPDATE Inc SEND ACTION PLAN**

6.1 MT gave an update on Women and Children, see presentation attached. MT began by saying it has been a very busy year despite Covid. Many workstreams have continued but in a different way, some have raised more challenges. Work has been ongoing at scale:-

Humber Coast and Vale

- Children's Community Care Model
- Palliative and EOL Services
- LMS

South Bank

- Northern Lincs Paediatrics Transformation Programme
- Maternity Continuity of Carer

NEL

- Early Help Transformation
- Placement Panel
- LAC Health Review
- SEND
- Therapies
- Co-Production
- Access Pathway
- Children's Emotional Mental Health and Wellbeing

6.2 MT explained that the Placement Panel is now up and running for Looked After Children. Community Forum Chair asked about the increase in numbers of children becoming Looked After and what LAC meant. PT explained what the term LAC meant which is a child who needs additional support and safeguarding oversight from a local authority, some can still be living with birth parents whilst others are in foster/residential care or specialist care. MT noted that the current developments in Early Help will enable us to intervene earlier and provide support to families so that we are more pro-active and that this will reduce the need for statutory services to intervene. Community Lead for Information Governance and Audit asked if the figures include those Children out of area. MT confirmed that it does, MT added that CLA (Children Looked After) is the same as LAC. Community Lead for Information Governance and Audit asked if the NEL CLA Strategy is done jointly with the CCG, MT confirmed that it was.

6.3 Community Lead for Information Governance and Audit is currently writing the Children in Need bid for NEL (as part of his role at St Andrews Hospice) and reported that children that live out in rural communities have really struggled during lockdown. He asked MT how we are accessing those in isolated areas. MT confirmed that there has been some additional funding identified for emotional health and wellbeing nationally to ensure that all children can access support when and if they need it. MT would welcome any data from bid the submission, as it would be very helpful moving forward.

6.4 MT spoke about the SEND review that took place last year. The review did not go very well, and we had to do a written statement of action. Covid has slowed some of this work down so we haven't made the progress that we had anticipated, and this may affect the outcome of a re-visit.

6.5 All our Children and Young People's mental health services had seen an increase in demand due to the pandemic, this includes Kooth online counselling, mental health support teams and CAMHs. Community Lead for Primary Care stated that Kooth is very well received in schools, it is a very helpful service and similarly he has heard good reports about the Access Pathway. MT said she would be very

happy to liaise with the said school as this would be very beneficial for the future development. Community Lead to share details.

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7. TERMS OF REFERENCE ANNUAL REVIEW

- 7.1 SC circulated the ToR for comments. SC explained that the ToR must be reviewed annually, there are a few slight amendments to be made: -
1. Remove Delivery Assurance and replace with Integrated Governance and Audit Committee
 2. To add Community Lead for Primary Care

SC asked if everybody was happy with the changes. All Agreed. SC to send the ratified ToR to the Governance Team.

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8. QUARTERLY ENGAGEMENT UPDATE

- 8.1 The Quarterly Engagement Update was circulated to all. SC explained that it looks very different to the ones we have had previously and asked the Forum if they had any queries with the new format. Community Forum Chair commented that the new style report is much clearer and easier to identify the work we have done and we can now see what difference our engagement has made. Everybody agreed that they were happy with the new format. SC reminded the Forum that what goes into these reports is determined by what activity goes on. SC is not always aware of all the engagement the Forum are involved in so please let SC know so it can be incorporated onto the report. Everything the Community Forum do should be looked at from the Talking, Listening, Working Together perspective.

- 8.2 SC has taken this new report to the Talking, Listening, Working Together Group to discuss whether the Union would benefit from using the same reporting system. SC confirmed that it was very well received. The next step is to share the report with the Senior Leadership Team so they can see what their teams are involved in. It will then be reviewed by the Union Leadership Board as our evidence of doing what we said we would. It clearly shows the joined up working across the Union. The CCG report will remain with all the detail and if the Union would like the same format theirs will show key areas.

9. DRAFT COMMISSIONING INTENTIONS

- 9.1 LH was in attendance to share the draft Commissioning Intentions, see presentation attached.

LH explained that the Corporate Plan has been reviewed in light of the Covid response. Plans now look ahead over the next 18 months as opposed to the usual annual plan, priorities are likely to be presented in a different way that shows what we must focus on during each year. The CCG intend to show a split between those priorities in 2021/22 that are continued versus those that are new priorities. The lead for each programme/project will be identified clearly to keep the oversight and drive forward all activities taking place.

- 9.2 LH explained that priorities are grouped under headings as follows:
- Out of Hospital / avoiding admissions
 - In hospital / hospital transformation
 - Discharge and onward care
 - Quality & safety
 - Medicines optimisation
 - Covid Recovery
 - Strategic Organisational Development
- 9.3 LH spoke about the Phase 3 planning and recovery priorities which included:-
- 111 First
 - Support to Care Homes
 - Mental Health Services
 - Community urgent response
 - Cancer Services
 - Increase intermediate Care capacity
 - Infection prevention and control
 - Covid recovery
- 9.4 LH confirmed that the next steps include discussion with various Committees and groups with the feedback and refinement of commissioning intentions by the end of 2020. The Governing Body will have the final sign off and in February 2021 detailed Operational Plans will be developed.
10. **ANY OTHER BUSINESS**
- 10.1 SC announced that NELCCG have been awarded another green star for the Integrated Assessment Framework. This is the 3rd year running. Well done to all.
- 10.2 **Christmas Quiz**
SC asked the Forum if they would like a Christmas gathering for a virtual quiz. All in agreement, SC and Community Lead for Comms and Engagement volunteered to be the Quiz Masters. Wednesday 16th @ 10:30 – 12:00 pm was agreed and CI to send teams invite. **647**
- 10.3 **Christmas Cards**
In order to send Christmas Cards this year, the Community Forum Chair asked if people are happy to share their address. If so, please email CI and she will then collate the information and circulate it. If you do not respond we will assume you do not want to join in. **648**
- 10.4 **Covid Vaccine Roll Out**
JW joined the meeting, Dr Ekta Elston and JW are leading on the roll out of the vaccine programme. This is a very fast-moving programme and guidance etc is changing very quickly. However, the CCG have been planning with local PCNs to have several centres available to administer the vaccine once its readily available. NHS England have asked that no public announcements are made until we receive nationally agreed messages, so please be mindful that

information is not for sharing more widely yet. JW reported that plans are in place for the first cohort and we are hoping to share more detailed information shortly. Designated sites will be able to deliver the vaccine. It is understood that some of the first vaccines will go to designated hospital sites. For patients, plans are being put in place to use PCC's across NEL. PV asked about the volunteers that are needed, where can people sign up. JW is working with the Council re volunteers and information will be circulated through Accord etc. JW added that people will be proactively contacted to receive the vaccine. PT asked if Hospitals are storing the vaccine that requires a low temperature, as the one announced today requires that. JW noted that this is some of the detail that is still awaited, but current understanding is that there will be a way for other local designated centres to receive the vaccines. AB asked how it will get to the care homes, JW confirmed that teams will be put in place to go out to the care homes, although details about movement of this specific vaccine are still awaited. AH asked if JW would be having the vaccine, JW confirmed that she would. DE noted that background fears need to be dealt with to show the public why and how the vaccine has been developed so quickly, this will help people make the decision. JW confirmed that all information about the vaccine is being developed nationally, and it is anticipated it will cover these concerns. The plan is to send out a stakeholder briefing (to include CF) before putting out public messages more widely.

DATE, TIME & VENUE OF NEXT MEETING

Wednesday 6th January 2021 10.00am-12.30pm, Microsoft Teams

COMMUNITY FORUM ACTION SUMMARY SHEET
2nd DECEMBER 2020

ACTION ID	OWNER	ACTION REQUIRED	DATE
642	ALL	A reminder was given to all to ensure Data Awareness Training is completed by 31 st December. A copy of certificates to be sent to CI.	31 st Dec
643	SC	SC to chase response from HK re safety of lone workers.	ASAP
644	CI	CI to add Next Steps for ICS to January agenda for Form feedback.	ASAP
645	Community Lead for Primary Care	Community Lead for Primary Care to share details with MT of the Schools who have good experiences with the Access Pathway.	ASAP
646	SC	SC to send the ratified ToR to the Governance Team.	ASAP

647	CI	CI to send Teams invite for Christmas quiz.	ASAP
648	ALL	If Forum members are happy to share their address to allow Christmas cards to be sent, then please email CI. CI will collate and send out the information.	ASAP