

**COMMUNITY FORUM MEETING
NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP
HELD ON 6th JANUARY 2021**

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 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)
Laura Whitton	LW	Chief Finance Officer, NELCCG
Caroline Briggs	CB	Transformation Programme Director, NLCCG
Leigh Holton	LH	Service Lead Mental Health & Disabilities, NELCCG

		ACTION
1.	APOLOGIES & INTRODUCTIONS Apologies were received from the Community Lead for Primary Care.	
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 2 nd December 2020 were agreed as a true and accurate record.	
3.2	Matters arising and outstanding actions are as followed – 641 – Data Awareness Training reminder was given to all to complete by 31 st December. Community Lead for long Term Conditions has had issues accessing the training and has arranged a telephone call with the Governance Team to rectify. All other Forum members have now completed the training. 643 – SC to chase response from HK re safety of lone workers. Awaiting a response. 644 – Complete 645 – CI to chase response from MT and Community Lead for Primary Care regarding sharing good news stories for the Access Pathway. Action Complete. 646 - Complete 647 – Complete. The Community Forum Champion of the quiz was the	643

Community Lead for Long Term Conditions. Well done.

648 - Complete

4. CCG/SLT UPDATE INCLUDING COMMITTEES

- 4.1 LW acknowledged the recent announcement of another lockdown. LW confirmed that our figures locally had decreased prior to Christmas and we are the lowest in the Yorkshire and Humber region. Despite this, our numbers are now increasing. We have not seen a significant impact on DPoW yet, but it is just a matter of time.
- 4.2 LW reported that the Vaccination roll out continues at a good pace, with a positive response from the Primary Care Centres confirming that many vaccines have now been done. All Clinics are set up ready to go, they are just reliant upon the supply of the vaccination. LW confirmed that 1/3 of our over 80s have now been vaccinated. LW added that it is difficult to do any long-term planning on this as we only know a week in advance the number of vaccines we will receive. The rollout of Astrazeneca in Care Homes will begin shortly. This vaccine is easier to distribute so hopefully we will be able to deliver this more quickly.
- 4.3 Planning guidance is in place for the remainder of the year and lockdown, alongside responding to Covid demands and the vaccine rollout. We are wanting to maximise capacity in all settings to treat non-covid pressures. LW confirmed a spike in A&E activity over the weekend due to slips, trips, winter pressures etc. The CCG have a clear national focus on these areas for the remainder of this year and more detailed planning for next year.
- 4.4 The Community Forum Chair asked why key workers, teachers etc have not yet been vaccinated, they should be a priority as they continue to mix with people. LW cannot confirm why this has not been done, the CCG are following the national roll out. Community Lead for Women and Children asked why the gap between the Pfizer vaccine has now increased when initially 3-4 weeks was specified. LW confirmed that our GPs have continued to do the 2nd vaccines as originally planned this week. The gap has increased to enable more people to get the first vaccination. The vaccines scheduled for the next week are still going ahead but future ones may change.
- 4.5 Community Lead for Equality and Diversity feels that serious communication needs to be sent out about the continuing adherence of the rules. People are becoming very complacent. Community Lead for Long Term Conditions suggested that the local news should share the covid figures for Grimsby, Scunthorpe etc instead of a collective number Countywide. The impact on people's actions may be very different. Community Lead for Mental Health and Disabilities has heard that more Police Officers have been deployed to allow a more physical presence in the town to ensure the new guidance is followed.

5. END OF LIFE STRATEGY

- 5.1 CB, Transformation Programme Director for North and North East Lincolnshire CCGs was in attendance to share the End of Life (EoL) Strategy. CB has been leading the development of the EoL strategy across Northern Lincolnshire. CB has been working closely with Hospices, CCGs, Primary Care, Councils etc since May 2020 to look at how we can improve EoL services. 3 areas of development were identified :-
1. Respect - to work with people to respect their end of life wishes. The roll out of this work began in September. GP Practices are beginning to work with patients to complete EoL forms. This is now growing pace.
 2. To implement Epacs, the electronic patient record. This would allow the information that your GP holds to be shared with all other care providers etc. Roll out of this has commenced.
 3. To all care providers to work together to get standardised training for EoL care. We are looking at an ideal pathway from the start of a patients EoL care to the family after care.
- 5.2 CB asked the Forum what they would like to see achieved for EoL services in Northern Lincolnshire. CB shared the draft strategy, please see attached. CB welcomed any thoughts and comments on the content and wording etc. Community Forum lead for Equality and Diversity asked how the commitments will be measured. CB confirmed that they are measuring but they need to ensure they are including everything. Community Lead for Equality and Diversity added that the presentation shows that you are measuring in numbers and we are not numbers. CB acknowledged this observation and confirmed that it is very difficult to not measure in numbers. We only have certain amount of data available to help us in identifying the figures etc. How else could we show this without numbers, CB would welcome any ideas.
- 5.3 Community Lead for Women and Children asked if the principles include patient choice. CB confirmed that patient choice is included but agreed that this needs to reflect more within the strategy.
- 5.4 Community Lead for Information Governance & Audit also works for St Andrews Hospice and he informed CB that he has seen this strategy and confirmed that it is being discussed in the Hospice.
- 5.5 Community Forum Chair asked if this is a 'one size fits all' strategy. As not everybody has somebody that can care for them or they might not be able to express their choice. CB stated that it is not a one size fits all it is tailored around individuals but acknowledged that the strategy may need reshaping to reflect this.
- Community Lead for Information Governance & Audit left the meeting.
- 5.6 Community Forum Lead for Communication and Engagement stressed that not everybody wants to talk about dying, this can be very stressful for everybody involved. A very sensitive conversation is needed to find out their EoL wishes. CB agreed with this and stated that strategy will cover all aspects, it is about how

we support the carers as well as the patient. A wider conversation will be taking place in the future and people will be invited to attend the discussion.

5.7 Community Forum Chair asked if the patient choice element falls by the wayside during the current pandemic. CB confirmed that unfortunately covid patient choices are very limited due to all the restrictions in place. Covid has been a part of the conversations. The main aim of this strategy is to get people out of hospital.

5.8 If anybody has any further comments, then please email them to :-
m.coulman@nhs.net

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6. MENTAL HEALTH UPDATE

6.1 LH was in attendance to give an update on Disability and Mental Health services, please see presentation attached. LH explained that the Disability and Mental Health triangle consists of himself the Community Lead and Dr Sinha who unfortunately was not available to attend today.

6.2 LH spoke about the discussions that took place last year around local focus and what was planned for 2020/21. Then he explained that due to the national pandemic many of these plans were changed, focus shifted, or put on hold.

6.3 However, despite Covid the following still happened :-
Planning

- Shift from 5 Year Forward View and Future In Mind to Long Term Plan
- Adjusting to changes in way achievement of targets are measured
- Integrating Adult and Older People MH services with Primary Care
- Mental Health Support Teams in schools

6.4 Reviewing

- Adult ADHD and Autism service review
- Rethink – Crisis Beds and MH SPA out of hours
- Mental Health Access – Urgent care
- Access Pathway
- Early Intervention in Psychosis
- Eating Disorder
- Non-Contractual activity
- LeDeR (LD Mortality review)
- Mental Health Support Teams in Schools
- Dementia Pathways across system
- Suicide Prevention
- STOMP/STAMP
- LD Physical Health Checks
- Improving Mental Health offer in Primary Care
- Forensic Outreach Liaison – LD and MH teams

- 6.5 The following services were put into place or adapted for Covid :-
- Develop and open a 24/7 Covid wellbeing/crisis line
 - Increase number of IAPT practitioners in year, and next
 - Additional Employment advisor for IAPT in year, and next
 - Individual Placement Support (IPS) – continues, positive audit
 - LDA services – revise crisis protocols
 - Alternatives to Crisis
 - Workforce
 - Work with HCV to establish 'Resilience Hub'
 - Work with HCV to ensure fitness for future

- 6.6 LH shared the areas of focus 2021/22 :-
- Phase 4 – building to recovery
 - Mental Health Support Teams in Schools
 - Dementia Pathways across system
 - Suicide Prevention
 - STOMP/STAMP
 - LD Health Checks
 - Improving Mental Health offer in Primary Care
 - Forensic Outreach Liaison – LD and MH teams
 - Shift to new ICS and TCP models

- 6.7 LH asked if anybody has any further questions then please email leigh.holton@nhs.net

7. NEXT STEPS FOR INTEGRATED CARE SYSTEMS

- 7.1 Community Forum Chair informed the Forum that things have now moved forward on this since last month's update. The purpose of having this item on the Agenda today is to offer our comments and thoughts and they will be fed back to the Senior Team for them to consider. The consultation document was released in December and the CCG were given a very short time to respond. The CCG have already completed the bones of the report. SC added that this is an Engagement document, and anybody is invited to respond.

- 7.2 The Union have done a response as a Place. SC asked the Forum if they feel that their thoughts are reflected in the Union document. Community Forum Chair added that change is inevitable, the timing is not great due to the pandemic but feels that we need to push for the place.

- 7.3 Community Forum Chair also pointed out that we no longer have a Health and Wellbeing Board. LW agreed that we have something different locally and she double check this reference. The Forum agreed that they felt uneasy about the reference to a board that we no longer have.

- 7.4 Community Forum Chair expressed her fear that North East Lincolnshire is very small, and we do not want to be forgotten. Would the funding allocation meet the need of our population. SC stated that the funding would be part of a bigger piece

of work, this is just the beginning. There is lots of development work underway and we can still look to shape the outcome.

7.5 SC to circulate the document to the forum and welcomed anymore comments and feedback, adding that this is an ongoing dialogue. Helen Kenyon is coming to the February meeting and we will include this on the agenda again.

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8. **FINANCE UPDATE**

8.1 LW gave a Finance update. LW reported that there has been a revised finance regime in place this year.

8.2 The first 6 months of 20/21 financial year showed a breakeven outlook from a health perspective. Additional funding was received for extra costs linked to Covid. Claims for c. £4.5 million were submitted for Covid spend in Health and Social Care. PPE was one of our larger spend areas, this was before the national funding came along.

8.3 Funding for the second half of the year has been allocated to HCV ICS, with the CCGs allocation being part of that. The ICS plan had a shortfall, but it is anticipated that we will get back into balance by the end of the year.

8.4 LW reported that Adult Social Care is currently forecasting an overspend of £3million but this is before taking into account the Covid grant funding received by the council. The Council is forecasting overall balance.

9. **ANY OTHER BUSINESS**

9.1 Community Lead for Long Term Conditions has received a letter regarding volunteers for the vaccine rollout. She is aware of people who have volunteered their time, but they have not yet heard anything back. SC to chase.

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DATE, TIME & VENUE OF NEXT MEETING

Wednesday 3rd February 2021 10.00am-12.30pm, Microsoft Teams

**COMMUNITY FORUM ACTION SUMMARY SHEET
6th JANUARY 2020**

ACTION ID	OWNER	ACTION REQUIRED	DATE
643	SC	SC to chase response from HK re safety of lone workers	ASAP
649	ALL	If Anybody has any further comments or suggestions on the EoL strategy, then please email them to m.coulman@nhs.net	ASAP

650	LW	LW to double check the reference to a Health and Wellbeing Board as we no longer have this.	ASAP
651	SC ALL	SC to circulate the ICS Report to the Forum and welcomed anymore comments or feedback.	ASAP
652	SC	SC to chase an update on the situation regarding volunteers for the vaccine rollout.	ASAP