

**COMMUNITY FORUM MEETING
NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP
HELD ON 3RD FEBRUARY 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 Communications and Engagement
- Community Lead for Women and Children
- Community Lead for Long Term Conditions
- Community Lead for Primary 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 |

		ACTION
1.	APOLOGIES & INTRODUCTIONS Apologies were received from the Community Lead for Mental Health and Disabilities.	
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 6 th January 2021 were agreed as a true and accurate record.	
3.2	Matters arising and outstanding actions are as followed – 643 – HK has spoken with providers around their Lone Workers and they have not picked up any issues, staff are not going out much at the moment. Those people that are still working face to face are adhering to the Lone Working Policy as usual. All providers have their own Lone Workers Policy, they are not all the same but they will be similar. In cases that may have been flagged in the past nurses etc ensure that they take mobile phones with them so they can call for any assistance if they need it. Domiciliary Care workers are asked to log in on their mobile phones when they go into homes and log out when leave. This would notify other staff in the office and would also flag any concerns if the Nurse did not log out. Care Plus workers are tracked around the patch and they have flags on Systmone if visits have been aggressive before. If so, then they would send 2 people to the house. HK suggested that she picks this up as part	

of the ICP for a generic approach to support each other. SC reiterated the original query being about people's mental health being the cause for concern after being indoors for so long. HK confirmed that the CCG are ensuring that people are getting the support they need, there is a Mental Health Helpline available 24/7 etc. Community Lead for Equality and Diversity asked if HK felt confident that all vulnerable people are being reached in this area. As she signed up to the NHS volunteer scheme and has only been called upon twice. HK confirmed that we have done a lot of reaching out to vulnerable people and we are trying to reach out in all sorts of different ways.

649 – Complete

650 – Place Board Part A is the Health and Wellbeing Board; part B is the broader agenda.

651 – Complete

652 - SC confirmed that she has been involved in the volunteer element of the vaccine programme, over 300 people have signed up. Confirmations have been sent out and DBS checks have begun. A zoom webinar has been scheduled for the volunteers to join; the meeting will cover as much as it possibly can remotely in way of an induction. Once this has been done volunteers will be sent out to PCN sites. Community Lead for Patient Experience & Clinical Governance Committee added that he wanted to volunteer at Beacon Medical Centre and he was told thank you but no thank you! SC confirmed that this is not the correct way, the Beacon should have signposted him to the volunteer scheme. SC re-sent the volunteer link. GP Practices have been informed of the process.

4. **LONG COVID**

4.1 HK gave an update on Long Covid, see presentation attached.

HK explained that in addition to the clinical case definitions, the term 'long Covid' is commonly used to describe signs and symptoms that continue or develop after acute Covid-19. It includes both ongoing symptomatic Covid-19 (from 4 to 12 weeks) and post-Covid-19 syndrome (12 weeks or more).

4.2 HK spoke about the work underway throughout Humber Coast and Vale (HVC) and the work in North East Lincolnshire. Including an NEL Long Covid Pathway Planning Group which has been set up and chaired by Jane Miller. The group has met twice and the key outcomes are as follows:-

- Humber model oversight at place – relevant stakeholder briefing
- Promotion of self management and signposting to Your Covid Recover
- Scoping of existing services and referrals routes to support the Humber Long Covid assessment service.
- Setting up a NEL peer support group – currently no additional funding to do this, awaiting potential costs for this and then investigate options

4.3 The next steps include :-

- Co-ordinators in post
- Triage MDT (for complex patients) membership confirmed and in place
- Development of primary care assessment tools and system templates/Ardens.
- Development of referral document/processes and pre-requisite for long Covid

assessment service

- To finalise systems for data collection and acute care pathways
- Scoping of services for DoS
- Comms for primary care to include a briefing and an online event/ webinar
- Comms for general public and patients
- Continual development of the model as we learn.

HK added that this presentation was produced on the 21st January, in the next few weeks all these steps will be completed and in place.

4.4

Community Lead for Long Term Conditions asked if Long Covid information is given out to patients when they are discharged as she did not receive any information at all. HK confirmed that an information sheet was produced some time ago and this should have been circulated. HK to follow this up. HK also advised the Community Lead that she should get a follow up phone call from the Acute Trust once the service is operational. Community Lead for Long Term Conditions to report back once she receives this.

653

5. CCG/SLT, INTEGRATED CARE UPDATE

5.1

HK gave an update on the Integrated Care System (ICS). The response from NEL was shared with the Forum at the last meeting. Over 6000 responses were received on the ICS engagement and over 5000 of those were from members of the public. The CCG are expecting a response to all the feedback later in February and HK will share this once it has been received.

5.2

HK reported that the ICS Legislation will be available in the Summer. NHS England, NHS Improvement and the CCG's all face a lot of change. An ICS Development Group for the North of England is in place and they will start to develop the requirements set out in the IC documentation, this includes Commissioning, Place, Provider collaboration and Workforce. NEL CCG are the lead for Commissioning. HK added that a few weeks ago it felt like everything would be a central response, but this has now significantly shifted to a place level focus and not at a Humber level. Working and understanding the community is key and our joint strategy with NELC is essential.

5.3

HK reported that there have been some concerns for staff but HK assures people that the ICS will still need staff. The NHS have been through many changes before and we are all still here. The ICS have only shared an Engagement document so far, but they are wanting a shadow form organisation to be in place from April 21 with the full organisation change expected by April 2022. This does not give us much time. However, we are in a planning and options phase at the moment so if significant changes are needed, we can move forward at pace. SC added that this is an opportunity for patient and public voices to be heard for Health and wellbeing. The impact of Covid long term is massive and we have a huge part to play in this.

5.4 HK confirmed that Jan Haxby has been working with others to look at the roles and skills that staff have that may not have been recognised. Those with transferable skills. This has been done to help us try and fill some of our gaps.

6. CoM UPDATE

6.1 HK gave a brief annual update on the Council of Members Committee (CoM). The purpose of CoM is to provide a committee for all GP practices to come together and make sure that commissioned services and the CCG are performing the way they want.

6.2 Over the last 18 months the attendance at CoM has diminished quite significantly. This is due to the Primary Care Networks (PCN's), the GPs feel that they can have more influence in this area. Despite this, meetings have continued with 4 taking place in 2020, January, July, October and a special meeting took place in December around the ICS. Throughout the year CoM have looked at the following :-

- **January** – Commissioning Intentions, which was then signed off
- **July** - Work around the Covid response and any Contract actions that needed to be changed. A Quality Clinical update was also provided, work continues with this despite Covid.
- **October** – Planning began on our 2020/21 priorities

7. CARE CONTRACTING UPDATE

7.1 HK and the Community Forum Chair gave an update on the Care Contracting Committee (CCC). HK confirmed that like most meetings CCC has been severely impacted by Covid and many Contracts have been rolled over or extended etc to accommodate. CCC has still seen lots of activity take place over the last 12 months including a direct payments service, development of the GP Out of hours contract and what will happen to them with the PCN's. The Rethink Contract has been extended and we are working with Supported Living Plus to look at providing accommodation for young adults with complex needs. Patient transport remains on the Agenda along with Residential care and the impact of Brexit.

7.2 Community Lead for Information Governance & Audit asked if there were any red flag areas that the Committee have not had chance to look at. HK confirmed that the increase need for people with mental health issues was a concern. The CCG have worked closely and quickly together with Navigo to open 6 beds at the Beacon facility. This in turn has created capacity for people from the acute sector locally and out of area.

7.3 Community Lead for Women and Children enquired about the car parking arrangements at DPoW as this has made front pages of local news. When the Pandemic began all parking was free of charge but this has now stopped. Does this come under the remit of CCC? HK confirmed that this issue does not come under CCC. HK added that she does have a regular meeting with Peter Melton and Peter Redding (DPoW) and she could suggest the free parking be reinstated, as other areas are still doing it.

8. RAINBOW BADGE SCHEME

- 8.1** SC and Community Lead for Equality and Diversity are members of the Equality and Diversity Core Group and they are looking to pursue the Rainbow Badge Scheme initiative. 1 in 5 people do not share their sexual preference with Health providers and we need to raise the awareness of this issue. The scheme originally began in a London Hospital and it has now spread across the country. NHS initiative and NELC would like to see the scheme adopted across the Union. The scheme involves some training around Lesbian, Gay, Bisexual and Transgender (LGBT) once the training is complete the trainee will be given a rainbow badge to wear. This then shows people that they are trained and that they can offer acceptance and reassurance and offer a friendly ear and health signposting.
- 8.2** The CCG have ordered some badges and training sessions will be available, led by Lisa Hilder. Communications will be released for staff awareness and it will encourage people to sign up. Community Lead for Equality and Diversity added this scheme shows inclusive practice and it shows that people can approach us in a non-judgemental way. Community Lead for Long Term Conditions feels that this is a great idea but worries that the Covid pandemic may have taken away from the rainbow as it currently indicates something different. SC confirmed that a Communications Plan is in place so people will start to understand the new meaning of the rainbow, it is a conversation starter to raise awareness.
- 8.3** Community Lead for Communications and Engagement asked if the training would incorporate a test as this needs to be done with care as it can be a sensitive area. SC confirmed that the training is to provide a listening ear not to provide specialist information. The training has been put together by LGBT people, they have developed the toolkit and they are sharing the good practice. Training will be consistent across the county. SC will look to see if a test will be included. The training feedback will be our measuring tool and we will look for further feedback again 6 months later to see if a difference has been made. The ultimate goal will be an increase in the number of people sharing their sexual preference.
- 8.4** HK asked how we are going to make sure our other providers sign up to this, Navigo, CAMHs etc. SC added that further conversations are needed. Community Forum Lead for Women and Children added that education and awareness in schools is needed. Schools would benefit from a representative doing the training.
- 8.5** The CCG are not necessarily frontline but we wanted to get involved. Community Forum Chair would welcome an awareness session for the forum if its available.

655

9. CCG COMMUNICATIONS

9.1 SC reported that there have been many frustrations around social media and the news sending out mixed messages in relation to the Covid Pandemic. Covid is in the media all the time and it is reported on from all different angles. The Comms team are involved in a lot of meetings locally and nationally.

Melanie Hannam, Communications Manager has produced a brief highlighting the work and campaigns that the Comms Team have been involved in. Please see attached.

10. CCG SOCIAL MEDIA PROTOCOL REVIEW

10.1 SC confirmed that the CCG Social Media protocol was brought to the forum some years ago but it has changed significantly due to the different platforms available. This protocol is now reviewed annually to reflect the developments the social media offer. Please see attached.

10.2 The protocol sets out the management process for CCG social media accounts, staff responsibilities and recommendations for personal use. SC includes Forum members in the staff bracket as representatives of the CCG and would therefore like them to consider the following:

- Is there anything in the protocol that discourages you from using social media?
- There is a balance between being able to express genuinely held views vs damaging patient confidence in the NHS, health and care services, preventions and treatments. Is the protocol helpful in this respect?
- Do you feel it is helpful to you as an appointed community member with the CCG?
- Do you think staff find it helpful?
- What do you think is missing?

10.3 SC asked for comments to be sent into herself and we will then bring it back for a further discussion at the March meeting. CI to add to the agenda. The Community Forum Chair reinforced that the Forum do represent the CCG and we need to be mindful, we have a duty of care to not speak out of turn about the CCG etc.

10.4 Community Forum Lead for Information Governance & Audit asked if this this policy covers the support of staff helping others to help with social media etc. SC confirmed that it does not cover this as the CCG staff do not do this. However, it would be a good Idea to share some resources for staff across the ICP. HK added that each organisation will have their own policy.

11. ANY OTHER BUSINESS

11.1 Annual 1:1's

All the annual 1:1 Reviews are now scheduled in diaries and will take place using Microsoft Teams. The Community Forum Chair asked for members to remind their

Service Leads to complete the paperwork prior to the meeting, if possible.

11.2 Community Lead for Patient Experience & Clinical Governance Committee has been collating information around access to GP practices and services during Covid. This information was meant to be shared with the Patient Experience Group but the meeting was cancelled. This information has now been sent out to the group members and also to the Primary Care Quality and Performance Group. There has been no response back yet but ideally feedback needs to be in by the end of February. SC assured the Forum that this report has not disappeared, and Jan Haxby is looking at this. CI to add Primary Care Service report to the March Agenda. **657**

11.3 Community Lead for Comms and Engagement raised a concern over the timeliness of meeting papers. There have been occasions where the papers have not been received until late and there has not been enough time given to read and comment on them. SC confirmed that due to CI's working hours it is not always possible to get the papers out with sufficient time. Going forward CI will copy in SC and the Accord email address so they can send the papers out in her absence, **658**

DATE, TIME & VENUE OF NEXT MEETING

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

COMMUNITY FORUM ACTION SUMMARY SHEET
3rd FEBRUARY 2021

ACTION ID	OWNER	ACTION REQUIRED	DATE
653	HK	HK to chase up if the Long Covid information sheet is still being given out at the hospital.	ASAP
654	HK	HK to suggest the continuation of free parking at DPoW, in line with other Hospitals.	ASAP
655	SC	SC to see if a test is included in the Rainbow Badge Scheme training.	ASAP
656	CI	CI to add CCG Social Media Protocol Review to the March Agenda for further discussion.	March
657	CI	CI to add Primary Care Service report to the March Agenda.	March
658	CI	Going forward CI will copy in SC and the Accord email address so they can send any late papers out in her absence.	Ongoing