

NORTHERN LOCAL COMMISSIONING GROUP

Minutes of a virtual meeting of the Northern Local Commissioning Group held on Thursday, 19 May 2022 at 2.00pm.

PRESENT:

Interim Chair: Cllr C Mallaghan (Local Elected Representative)

Members: Dr C Gorman (General Medical Practitioner)
Mr D Manson (General Dental Practitioner)
Dr M McLister (General Medical Practitioner)
Cllr W McCaughey (Local Elected Representative)

In Attendance: Ms E Fitzsimmons (Communications, SPPG)
Mrs B Harkin (Assistant Director – Commissioning Lead)
Ms L Johnston (Social Care Lead, DoH)
Ms S McLaughlin (IMPACT Agewell, MEAAP)
Ms U McNaughton (IMPACT Agewell, MEAAP)
Mrs P Smyth (Deputy Commissioning Lead)
Mrs C Cahoon (Governance & Safety)

Apologies: Mrs F Brown (Voluntary & Community Representative)
Mrs A Crawford (Voluntary & Community Representative)
Dr S Hamilton (General Medical Practitioner)
Mrs P McMullan (AHP Representative, PHA)

DNA: Mr S Burns (Pharmacist)
Ms J Haslett (Social Worker, SPPG)
Dr U Lernihan (Social Worker, SPPG)
Dr C McMaster (Public Health Specialist)
Mr M Meehan (Commissioner Health Improvement, PHA)

NLCG22/22 CHAIRMAN'S WELCOME AND OPENING REMARKS

The Chairman welcomed Members to the virtual public meeting of the Northern LCG. He also welcomed Elaine Fitzsimmons, Communications who had joined the meeting.

He extended a special welcome to those attending to give presentations on IMPACT Agewell and the Reform of Adult Social Care.

**NLCG23/22 MINUTES OF THE NORTHERN LCG MEETING HELD
ON 24 MARCH 2022**

The minutes of the meeting held on 24 March 2022 were agreed by all who were present at the meeting.

NLCG24/22 MATTERS ARISING FROM THE MINUTES

NLCG06/22 Low Dose CT Scan Project – Southern Area

Mrs Harkin advised that once she had received an update on progress of the Low Dose CT Scan Project in the Southern LCG area being rolled out across the region she would inform Members.

NLCG25/22 IMPACT AGEWELL

The Chair invited Ms Sarah McLaughlin and Ms Una McNaughton, IMPACT Agewell, MEAAP to the meeting.

By way of presentation, Ms McLaughlin provided an overview of MEAPP and how it secured an investment of £1million in 2016 to deliver social care for older people from the Dunhill Medical Trust (DMT). In 2020 they began a 5 year match funding arrangement with the DMT and the HSCB which has now entered year 3. The IMPACT Agewell Project Multi-Disciplinary Locality Hub Model was designed to engage across all health and social care sectors including community pharmacy, general practice, secondary care, social care and the community and voluntary sector.

The model is currently based within 20 GP Practices across Mid and East Antrim. Each Locality Hub meets bi-monthly through Zoom providing opportunities to build relationships of trust and identify those most in need. Once someone is identified as eligible for the project, the IMPACT Agewell Officer visits the older person's home and works with them on a personalised health and wellbeing action plan, supporting them up to 6 months. The Hub receives

feedback from the officer on progress being made and this helps to reduce the gaps in terms of health and social care support an older person needs to help them live in their own home. MEAAP as key community partners take the lead in coordination of the programme, working with partners and service users, signposting and referring to all community and statutory partners. She emphasised the importance of working with NHSCT partners moving into the new ICS and the huge potential this has for the future.

An Evaluation Report was conducted in 2020 and this helped the team to engage with health care practitioners and partners, improve skills and knowledge and build stronger partnerships over the 3 years. The Action Research Evaluation showed that for every £1 invested a return of £2.38 of savings in terms of social return and £5.81 for community pharmacy.

Work has now begun on a new £15 million UK Centre for implementing evidence in adult social care based at University of Birmingham and in partnership with UJJ. IMPACT aims to draw on the knowledge gained from different research, the lived experience of service users, carers and the wisdom of staff in the project. It is hoped to embed and share the learning across the whole of the UK.

During discussion, Members commended Ms McLaughlin and the team on the success of the project, how it has made positive changes in people's lives and highlighted the need for it to be expanded into other council areas.

Responding to a Member's query regarding older people and dental health, Ms McLaughlin advised that MEAAP currently refers service users to community dental but they plan to investigate this area and will keep Members informed of any new developments.

The Chair thanked Ms McLaughlin for this informative presentation and wished them every success for future projects.

The Chair invited Mrs Linda Johnston, Social Care Lead, DoH to give a presentation on the Reform of Adult Social Care.

By way of background, Mrs Johnston advised that the Consultation on the Reform of Adult Social Care was launched on 26 January 2022 and will close on 1 July 2022. The Power to People Report highlighted the long overdue reform of adult social care and contained a number of recommendations which the Consultation plans to address. Demands are increasing on the social care system and investment has not kept up with the pace of increasing need. The Report sets out 6 Priorities with 48 proposals for action within the priorities. The proposals have been co-produced with contribution and views from a broad range of stakeholders including carers, service users and service providers.

New legislation for adult social care is required which will implement duties to provide information, assessment, equitable access to services and assessments. The key priorities include:-

- Sustainable system building to strengthen regulation of the market of care, improve commissioning, review of funding and charging and the introduction of new models of care. The DoH also proposes to review Top Up Fees as it is not equitable across the region;
- a valued, competent and resilient workforce including supporting and building workforce capacity, pay and conditions and training;
- individual choice and control around promoting maximum control over the decisions that people can make about their own care, care needs and how those support and care needs are met;
- prevention and early intervention;
- strengthening the support to carers; and
- primacy of home including helping people to live well in their own home and build on the work with community development

Mrs Johnston concluded that the consultation will inform the development of a new strategy for adult social care.

Estimated costing and an economic impact assessment for the proposed actions are being developed concurrent to the consultation period and a review of future charging arrangements will be conducted.

The Chair thanked Mrs Johnston for a very informative and useful presentation. He also raised concerns in relation to the effect of the political stalemate in slowing opportunities for this work to progress quickly.

During discussion Members raised concerns in relation to the process of self-directed payments, the provision of domiciliary care packages particularly in rural areas and the amount of investment required to reform adult social care.

Responding to a query regarding lowering the age from 75 to 60 for home visits, Mrs Johnston said that this was taken from the evidenced based Scandinavian model however this could be adapted and it was important for those responding to the consultation to add these comments.

NLCG27/22

COMMISSIONING LEAD UPDATE

Mrs Harkin informed Members that the New Planning Model is part of the First Day Brief for the new Permanent Secretary, Peter May. A Project Plan is being developed in terms of the transition into the new ICSs and LCGs and ICPs will fold into the new structures. There will be 5 Area Integrated Partnership Boards (AIPBs) coterminous with each Trust geographical area. These will require regulations to be passed in terms of the establishment of the new bodies. A First Day Brief will be required for AIPBs in terms of understanding population health needs, services provided by HSC and voluntary and community sector and services provided to local population on a regional or sub-regional basis.

Discussion is ongoing as to how the priorities for AIPBs will be determined and Deloitte has undertaken work around funding models and looked at ICSs across the globe to glean the best practice model.

Responding to a number of queries, Mrs Harkin advised that the recent Bill closed the HSCB but did not establish the AIPBs. In relation to only 2 seats being allocated to the community and voluntary sector, Mrs Harkin acknowledged that these 2 seats could not represent the totality of the community and voluntary sector but that there would have to be other mechanisms or fora to ensure the wider community and voluntary sector was engaged in the AIPBs.

NLCG28/22 MEMBERS FEEDBACK FROM MEETINGS ATTENDED

There was no feedback from Members.

NLCG 29/22 ANY OTHER BUSINESS

Mrs Harkin referred Members to the Review of Urgent and Emergency Care and in particular the Consultation on the restructuring of the GP OOHs Service. Mrs Harkin will email the link to Members.

ACTION: Mrs Harkin

NLCG30/22 DATE OF NEXT MEETING

The next virtual public meeting of the Northern LCG will be held on Thursday, 23 June 2022 at 2.00pm.