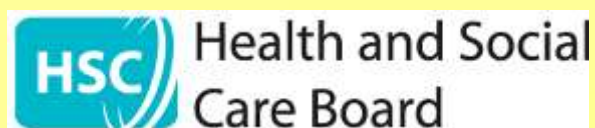




# Summary of Engagement Process and Outcomes 2015/16

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*South Eastern  
Local Commissioning Group*



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## 1. Chair's Foreword

I am pleased, on behalf of the South Eastern Local Commissioning Group (SELCG), to welcome this report on the summary of engagement process and outcomes for 2015/16. My thanks go to the service users, carers, community organisations and political representatives who generously gave us their time to participate in the SELCG engagement events.



This summary report reflects the on-going commitment of the SELCG to effectively engage with individuals and the public in the planning and commissioning of local services. The SELCG is committed to personal and public involvement and sees it as integral to the commissioning process.

The SELCG uses its public Board meetings to seek the views of the general public on local health and social care issues. The SELCG meets publicly at least ten times per year at community venues across the south east. A selection of the topics raised by the public at these meetings includes unscheduled care, waiting lists for elective care, mental health provision, HSC Commissioning Reviews and access to primary and community care services. This dialogue with local communities has an influence on the commissioning decisions made by the SELCG and the Health and Social Care Board (HSCB), as local views are reflected back to the HSCB and the South Eastern Trust (SET) as the main provider of services to the south eastern population.

A focus of this year's engagement agenda was on local Councils with the new 'super councils' coming into operation on 1 April 2015. The SELCG has continued a close partnership working with political representatives and community groups and representatives and is a regular contributor to Community Planning events led by Local Councils. As an LCG, we very much welcome feedback from all in the community on how services might be improved.

A focus later in the year has been the changes the HSCB/PHA are facing in the coming months as a result of the Ministerial Statement - 4 November 2015 on the future of commissioning. The LCG acknowledges that there may be on-going changes to local arrangements as we work through the transitional process. The

LCG would like to thank all of its stakeholders in advance for their patience and co-operation at this time of change.

This report highlights the engagement process and the outcomes of the personal and public involvement events during 2015/16, facilitated by the SELCG at various localities across the south east.

I wish to commend the staff of the SELCG and the local community for their open approach in engaging with the LCG as its local commissioning body.

**Mr David Heron**  
**Interim Chair, SELCG**  
**Voluntary & Community Representative**

## 2. Context

One of the key mandates for Local Commissioning Groups (LCGs) is to ensure that they engage with local communities and listen to their views on the future planning and development of local Health and Social Care Services. The SELCG each year puts in place, as part of its planning process, opportunities to engage with local communities and community representatives. It fulfils this mandate by:-

- 1) ensuring that the general public have a chance to express their views at local monthly public board meetings;
- 2) facilitating a series of meetings with communities and community organisations;
- 3) holding bespoke workshops on specific issues e.g. unscheduled (unplanned) care, which are open to relevant stakeholders;
- 4) meeting with political representatives (MLAs and MPs) annually and on request ; and
- 5) attending Local Council meetings and contributing to Community Planning.

The outcomes from these engagements relates back to the development of the Local Commissioning Plan which sets out commissioning initiatives and priorities for future years.

The details within this paper summarise our engagements in 2015/16 and set the context for our engagements plans in 2016/17.

### 3. 2015/16 Process of Engagement

The SELCG followed a similar process for engagement as used last year 2014/15. The SELCG evaluated the previous years' engagements, applied lessons learned and developed agreed proposals. Implementation of key actions was delivered through a timeline of continuous activity, noted as below. This process reflects the continued commitment by the SELCG to Personal and Public Involvement (PPI) in order to develop informed commissioning priorities.

#### **April – June 2015**

The summary paper of engagement for the year before 2014/15 was drafted summarising outcomes. Final amendments were made with outcomes and lessons learned were reviewed. The paper was approved by the LCG on 4 June 2015 in the internal workshop in Newtownards. Consideration was given to the schedule and format to the PPI engagement for the coming year.

#### **August - September 2015**

An SELCG Engagement proposals paper for engagement 2015/16 was brought to the SELCG internal workshop on 6 August 2015 in Ballynahinch, for noting. This set out the proposed themes to focus engagement for the coming year:-

- 1. Long term conditions** – this theme was brought up by previous PPI engagement events throughout 2014/15
- 2. Unscheduled (unplanned) care** - this theme was brought up by previous PPI engagement events throughout 2014/15
- 3. Making Life Better: Improving Health and Well-being in the Adult Population** – this was the theme of the PHA latest Director of Public Health Annual Report 2014.
- 4. Community Planning** – to continue partnership working with Local Councils, MLAs and MPs.

These proposals were approved by the SELCG core team and HSCB PPI Working Group, HSCB Commissioning Assistant Director for Stakeholder Engagement and subsequently by LCG Members at the public meeting in September in Hillsborough.

Advertisements for upcoming PPI events were circulated regionally by the Patient and Client Council Membership Scheme Newsletter emailed to all members directly, published on the PCC website, the HSCB website and the HSC Knowledge Exchange website on 16 September 2015. Advertisements were also circulated by email with recipients including, but not limited to, members of the Long Term Conditions Alliance Northern Ireland; MacMillan Cancer Support, Chest Heart and Stroke, Arthritis Care, Action Mental Health, Alzheimer's Society, Carer NI, CAUSE, MS Society, Epilepsy Action, British Heart Foundation, Asthma UK, Diabetes UK, NI Cancer Network, Chartered Society of Physiotherapists, Age Sector Platform, HSC South Eastern Trust, St Vincent De Paul, HSCB regional leads including Integrated Care, Primary Care colleagues and LCGs, The Older People's Parliament and the PHA Long Term Conditions regional working group.

### **October – November 2015**

LCG Members considered at a workshop on 1 October in Ards the DHSSPS' "Living with Long Term Conditions Policy Framework" (April 2012) including the 6 principles of Working in partnership, supporting self-management, Information to service users and carers, Managing medicines, Carers, Improving Care and Services.

The SELCG engagement event focusing on Long Term Conditions took place on 15 October in Ards Arts Centre. Outcomes are noted in the later section of this paper.

In early November, the SELCG core team and LCG members considered proposals set out in a briefing paper on the arrangements for the unscheduled care PPI event. Forthcoming events were advertised regionally and further circulated by email as outlined above along with invitations forwarded to the Regional Unscheduled Care Network, NI Ambulance Service, Primary Care and Integrated Care colleagues, PHA, South Eastern Trust,

Integrated Care Partnerships including their service users and carers in Down, North Down and Ards and Lisburn.

On 19 November at the Newry, Mourne and Down Council, Down Civic Centre, Downpatrick the PPI SELCG engagement event focusing on Unscheduled (unplanned) Care took place. Outcomes are noted in the later section of this paper.

### **December - March 2016**

In December, an initial draft of this 2015/16 summary paper included details of the previous PPI events. Preparations for the next PPI event on Making Life Better in the New Year began including contacting speakers, room bookings and developing discussion questions and a schedule. It was agreed as this was a health improvement strategy that the Public Health Agency would lead on this engagement event on behalf of the SELCG.

In January, LCG members considered write ups of previous Long Term Conditions and Unscheduled Care PPI events. Same were subsequently approved in February by LCG members and circulated to HSCB Regional leads, HSCB PPI Group and published on the HSCB website. Members agreed the date of the next PPI event to take place in March with the PHA leading on the arrangements. LCG Members agreed that the wording of the theme of the next PPI event be amended slightly, in line with Public Health Agency colleagues' recommendations.

The SELCG PPI engagement event took place on the 3 March in Ards led by The Public Health Agency. The event focused on "Making Life Better – Improving Health and Well-being in the Adult population." Outcomes are noted in the later section of this paper. The event write up paper and this 2015/16 full year paper were considered at the April 2016 LCG meeting with the intention of publication in early 2016/17.



#### 4. Engagement with Communities and Community organisations

Throughout the 2015/16 PPI agenda the SELCG engaged with the below local community representatives.

- Lisbarnett & Lisbane Community Association Ltd
- CAUSE
- Carer of husband with Alzheimer's
- Peninsula Health Living Partnerships
- Parkinson's UK – Northern Ireland
- Down Community Health Committee
- MS Society NI
- AGE – North Down and Ards
- Macmillan Cancer Support
- Better Futures: Positive Futures, Achieving Dreams  
Transforming Lives
- British Lung Foundation, NI
- Alzheimer's Society NI
- Parents of patients and service users
- Patients and service users
- Carers
- Community Pharmacy
- Aware NI
- Stroke Association
- MED-PTS Ambulance Services
- Community Innovations Enterprise
- CO3 Chief Officers 3<sup>rd</sup> Sector
- Colin Community Counselling, Colin Family Centre

The SELCG facilitated a number of focused engagement events with communities and community organisations throughout 2015/16. These events are described below in sections 4.1 – 4.3 of this paper, with the comments and feedback received from these events grouped together by themes outlined in section 4.4 below.

## 4.1 Long Term Conditions Engagement Event

A focused Long Term Conditions engagement hosted by SELCG Members took place on 15 October 2015 in Newtownards for a discussion with the public on the commissioning and provision of services for those individuals with Long Term Conditions and their carers.

Previous SELCG Commissioning Planning Engagement Workshops in 2014/15 highlighted to the LCG that individuals with long term conditions and their carers were a priority to the local community. The general view was that people with long term and chronic conditions should have more services provided in the community and should not, unless absolutely necessary, have to be seen as in-patients or outpatients in hospital. Comments received in 14/15 in relation to Long Term Conditions included:

- Long wait times to be seen by statutory services
- Long wait times for consultant appointments
- Routine reviews are being seen in secondary care when they could be managed in primary and community care by GPs and specialist nurses
- Accessing neurology services can be difficult and lengthy

This previous feedback informed the focused long term conditions engagement in 2015/16 in order to influence SELCG investments in 2015/16.

The Long Term Conditions PPI engagement event on 15 October 2015 included a discussion on the following questions:-

*In what ways can the LCG as commissioner of services for people with Long Term Conditions work with our main providers to improve the quality and accessibility of these services for patients and carers?*

- *Consider any issues/problems with existing services*
- *Any gaps or omissions?*
- *Ideas for improvement*

*How could the support to carers be improved?*

- *Consider existing availability of short breaks/respite*
- *What additional help is needed?*

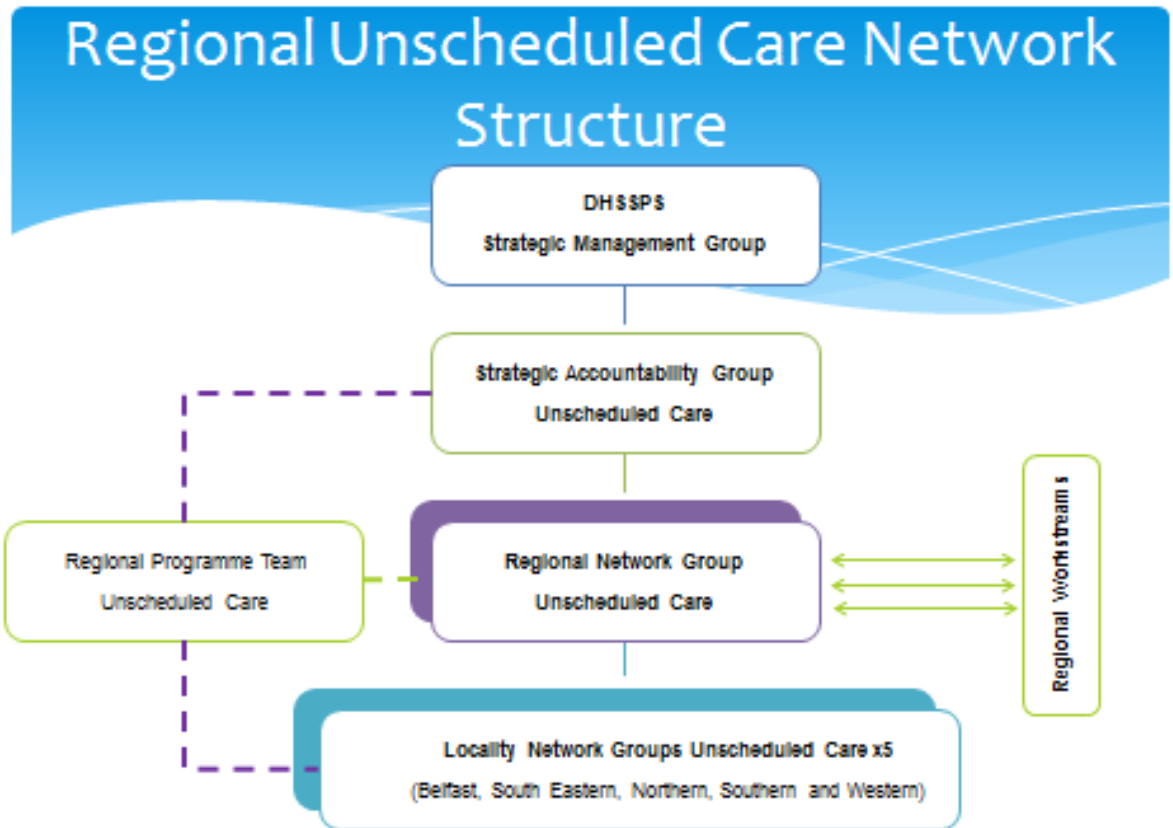
## 4.2 Unscheduled (unplanned) Care Engagement Event

A second PPI engagement took place at the SELCG public meeting Thursday 19 November in Lisburn and featured a discussion with the public on the commissioning and provision of unscheduled (unplanned or emergency) care services. Previous comments received from engagement events throughout 2014/15 in relation to unscheduled care included:

- People are unsure of and confused about the opening hours of Emergency Departments (EDs) in the Lagan Valley and Downe hospitals
- Confusion as to care offered by and differences between ED, Minor Injuries and proposed Urgent Care facilities
- There is a perception that there is a culture of risk avoidance at the Downe and Lagan Valley hospitals and that a large number of referrals are being made to the Ulster Hospital
- When some patients are transferred from the Downe to the Ulster they have to be admitted to the Ulster via ED. Perception that there is a disjointed service
- People with a mental health crises are often sent to ED and this is not an appropriate place for them
- If a relative is transferred from the Downe to the Ulster there is an issue of long travel times for relatives – public transport is an issue
- Parking difficulties at the Ulster were highlighted
- There was an acceptance urgent care service in the South east needed reformed and made more sustainable
- Continuing engagement with the SELCG was welcomed.

The PPI engagement took into consideration the above from last year in 14/15, along with a discussion on the new arrangements for unscheduled (unplanned) care for 2015/16 and beyond

including the regional unscheduled care network structure which was described by Paul Turley Commissioning Lead. The structure of the network is outlined as below.



The Group work question for participants at the focused PPI engagement on 19 November 2015 for unscheduled (unplanned) care was as follows:

*In what ways can the LCG as commissioner of unscheduled care services work with our main providers and population to improve the quality and accessibility of these services for patients and carers?*

*Consider:*

- *Any issues/problems with unscheduled care service as described in the presentation?*
- *Any gaps or omissions?*
- *Ideas for improvement*

### 4.3 Health Improvement Engagement Event

A third PPI engagement took place at the SELCG public meeting Thursday 3 March in Newtownards and was led by The Public Health Agency. The theme was Making Life Better Strategy – Improving Health and Well-being in the Adult Population as included in the Public Health Agency Director of Public health Annual Report 2014. The report focused on the Making Life Better new 10 year Departmental strategic framework for public health in N. Ireland, designed to improve health and wellbeing and reduce inequalities. LCG members agreed this theme was relevant to the SELCG engagement agenda because the LCG has an on-going close working partnership with The Public Health Agency and is aware that the South Eastern LCG area consists of a large proportion of older people. As the report outlines:

“Adults (aged 18-64 years) make up over half of the Northern Ireland population. They fulfil many roles and have very different experiences. Achieving optimal health and wellbeing relies on multiple factors: housing, nutrition, safety, physical activity, opportunity for education and work, meaningful relationship, community involvement and many other diverse elements related to individuals’ needs... adults are the backbone of the population, providing economic activity and caring roles for the young and older members of society, sometimes all at once...At a time when life expectancy is increasing and our population is ageing, it is essential that people are supported to enjoy as many of their increased years as possible in good health.”

The Group work question for participants at the focused PPI engagement on 3 March 2016 for Making Life Better – Improving Health and Wellbeing in the Adult Population was as follows:

1. Given the contribution to health outcomes of health behaviours and social and economic factors presented earlier, are the priorities the right ones?

2. Is the list too broad or too narrow?
3. What do you think is missing?
4. What are the top 3 priorities that should be addressed to improve the health & wellbeing of SE residents?

Public Health Agency officers led this engagement event and explained that for the SELCG area the strategy, in terms of adults, focuses on providing policies, initiatives and services that help to address the conditions which cause the highest levels of death and morbidity in the adult population, i.e. cardiovascular disease, cancers and respiratory diseases. The initiatives and services which tackle these conditions fall into the following categories:

- Alcohol and tobacco/smoking prevention and reduction;
- Actions to promote healthy eating;
- Promoting physical activity and healthy lifestyles.

#### 4.4 Themed Responses

The LCG received productive comments and feedback from the south eastern community throughout 2015/16 including the events as described above. Comments received by the LCG have been grouped in the 9 themes outlined below. The same will be considered going forward into 2016/17 and beyond.

<b><u>Theme 1: Carers</u></b>	
<b>Existing Service:</b>	<b>Ideas for Improvement:</b>
<ul style="list-style-type: none"> <li>- Carers' assessments bureaucratic Trust response for assessing need and delivering care.</li> <li>- Carers are not trained, with high staff turnover and visits poorly timed.</li> <li>- Do not get or are not offered</li> </ul>	<ul style="list-style-type: none"> <li>- Support for carers with GP as key person.</li> <li>- Carers to be advocates.</li> <li>- SET Carers Co-ordinator needs help acquiring and distributing information.</li> <li>- Direct payments: patients would like to have ownership of what</li> </ul>

<p>carer's assessment.</p> <ul style="list-style-type: none"> <li>- "Tired" of being asked for carer's voice and then being ignored.</li> <li>- Carer's assessment not being done – perhaps because the need cannot be met?</li> <li>- Want flexible, innovative, responsive respite.</li> <li>- Term Self-Management is misunderstood. Carers cannot manage their own conditions as main focus is managing/caring for the patient.</li> </ul>	<p>their payments are spent on.</p> <ul style="list-style-type: none"> <li>- Carers should receive training and have respite readily available to them.</li> <li>- Carers' health problems should be addressed quickly.</li> <li>- Families should be involved in discussions around care.</li> <li>- Respite to include befriending (peer support), in-home (day) and overnight (within home) should be individualised and supported.</li> </ul>
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## **Theme 2: Self - Management**

<b>Existing Service:</b>	<b>Ideas for Improvement:</b>
<ul style="list-style-type: none"> <li>- Self-Management Centre for Independent Living praised for info on direct payments etc.</li> <li>- Self- directed support "If you do not accept what is offered you are put to the bottom of the pile."</li> <li>- Health improvement and wellbeing – encouraging people to keep the brain active, learning new skills and maintain social interaction</li> </ul>	<ul style="list-style-type: none"> <li>- Telephone support needed for patients and carers.</li> <li>- Early intervention essential to prevent symptoms progressing.</li> <li>- Need responsive access to service when it is needed rather than yearly review.</li> <li>- Back-up needed if you "self-manage".</li> <li>- The patient should be at the heart of any discussions about his/her care.</li> <li>- Facebook, You Tube, Apps, charities, groups, websites and helplines should be used to facilitate self-care.</li> <li>- Self-management of long term conditions.</li> <li>- New online info service.</li> <li>Engage primary and secondary schools to develop messaging e.g. 'phone apps, posters etc.</li> </ul>

	<ul style="list-style-type: none"> <li>- Mail drop with salient info e.g., existing services on agreed format of paper/credit card – A5 size.</li> <li>- Education around healthcare and prevention should be given to schools.</li> <li>- Long term focus must be on prevention, self- management of long term conditions.</li> <li>- Risk stratification of people at greatest risk of having a Long Term Condition and maintain/prevent need for unscheduled care.</li> <li>- Health improvement priorities for SE residents for smoking and alcohol cessation/reduction, increased physical and mental activity and good diet.</li> </ul>
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<b>Theme 3: Systems and Process</b>	
<b>Existing Arrangements:</b>	<b>Ideas for Improvement:</b>
<ul style="list-style-type: none"> <li>- Interpretation of European rules on procurement discriminates against smaller organisations.</li> <li>- How can the LCG positively influence the Department of Health? The process should work for the disease not the service providers.</li> <li>- Actually “shifting right” (e.g., Autism, Crohn’s, MS) from cheap community services leads to expensive third level acute services.</li> <li>- Disconnect between patient outlook and the way the “infrastructure” is designed to meet the need e.g. letter going</li> </ul>	<ul style="list-style-type: none"> <li>- Peninsula Health Living funding needs to be protected.</li> <li>- Local commissioning needs to be continued.</li> <li>- Information essential – tariffs should be known.</li> <li>- Advocates needed and information updated.</li> <li>- Single point of contact necessary.</li> <li>- Hospital care should include a helpline with information supplied by Outpatient Departments on specialist nurses, waiting lists etc.</li> <li>- Choice: services should follow the patient i.e., transport, access, need (physical and emotional) and must be appealing to the</li> </ul>



<p>to patient in care home but not copied to carers.</p> <ul style="list-style-type: none"> <li>- Services are not joined up, with e.g., physiotherapists not informed automatically.</li> <li>- Services for all long term conditions are fragmented with services not brought to people. A COPD appointment was sent for 9.30am showing a lack of understanding as patient had to be up at 5.00am to make the time.</li> <li>- Very poor accountability – cannot complain about no pick up after “pilots” that are positively evaluated.</li> <li>- Poor attitude from HSC services in listening to individual need.</li> <li>- Lack of information.</li> <li>- Constantly changing system.</li> <li>- Operational changes without consultation</li> </ul>	<p>user.</p> <ul style="list-style-type: none"> <li>- LCG should be enabled to shift resources left.</li> <li>- Prevent patients needing unscheduled care by addressing need and providing aids as soon as possible. Focus should be on prevention. There must be ownership at every level.</li> <li>- Commissioning priorities in terms of adults should focus on those major conditions that cause premature death and morbidity.</li> </ul>
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<b><u>Theme 4: Transport for Patients</u></b>	
<b>Existing Service:</b>	<b>Ideas for Improvement:</b>
<ul style="list-style-type: none"> <li>- Public transport is poor particularly in rural areas.</li> <li>- Geographical restrictions (such as UHD) prevent services meeting the needs of population.</li> <li>- Emergency Services – A&amp;E at Downe Hospital are restricted with Downpatrick residents transported to RVH A&amp;E; to compensate NIAS cover 2 ambulances based locally and paramedics.</li> <li>- Ambulance response times</li> </ul>	<ul style="list-style-type: none"> <li>- Funding needed for community transport.</li> <li>- Public transport, planning and infrastructure must be improved.</li> <li>- Greater opportunities to invest in NI Ambulance Service.</li> <li>- An air ambulance is needed.</li> <li>- NIAS requires an air ambulance and/or more standard ambulances.</li> <li>- There should be more of existing transfers to local hospitals.</li> <li>- NIAS pathways and response</li> </ul>

<p>are an issue</p> <ul style="list-style-type: none"> <li>- Poor rural ambulance response or medical support</li> <li>- Ambulance liaison is an issue</li> </ul>	<p>times need to be addressed.</p> <ul style="list-style-type: none"> <li>- More responsive NIAS services/paramedic</li> <li>- Helicopter Service to include Mutual Aid with ROI extending existing arrangements.</li> <li>- Improved roads infrastructure needed.</li> <li>- Improve ambulance response and resources</li> <li>- Improve public transport</li> <li>- Greater opportunity to invest in NIAS services to treat/refer.</li> </ul>
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<b><u>Theme 5: Voluntary/Community</u></b>	
<b>Existing Service:</b>	<b>Ideas for Improvement:</b>
<ul style="list-style-type: none"> <li>- Time Bank volunteers offer different services e.g., Neighbours calling with neighbours, Access to information and COPD rehabilitation.</li> <li>- Reliance on voluntary services for advocacy.</li> <li>- Communities caring for communities</li> <li>- Social inclusion</li> <li>- Strong role of voluntary and community sector in health improvement acknowledged in the Making Life Better Strategy</li> </ul>	<ul style="list-style-type: none"> <li>- LCG should be able to challenge decisions (overturn) about premises used by voluntary groups being withdrawn.</li> <li>- Communities caring for communities</li> <li>- Social inclusion to continue</li> <li>- Improve rapid access in community IV/Blood transfusion</li> </ul>

<b><u>Theme 6: Primary Care</u></b>	
<b>Existing Service:</b>	<b>Ideas for Improvement:</b>
<ul style="list-style-type: none"> <li>- Comments received focused on ideas improvement</li> </ul>	<ul style="list-style-type: none"> <li>- Lack of GPs and the fact that trainee GPs do not always stay in NI should be addressed.</li> <li>- Appointments could be <b><u>outside</u></b> hospitals – satellite centres i.e.,</li> </ul>

	<p>use of health centres etc.</p> <ul style="list-style-type: none"> <li>- GP access in smaller hospital wards especially appropriate to elderly.</li> <li>- There should be seven-day working by all healthcare staff including GPs.</li> <li>- GPs need to standardise ways to gain access through receptionists, nurse appointments and internet medications.</li> <li>- Increased/improved primary care/GP provision in and out of hours.</li> </ul>
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### **Theme 7: Nursing & Allied Health Professions**

<b>Existing Service:</b>	<b>Ideas for Improvement:</b>
<ul style="list-style-type: none"> <li>- Not enough MS Nurses, none in the south east.</li> <li>- Occupational Therapy is a difficult service to access and is not patient focused but is focused on health and safety of workers.</li> </ul>	<ul style="list-style-type: none"> <li>- Equipment such as hoists, beds, adaptations should be available quickly and necessary training given to nursing staff as required.</li> <li>- The patient should be living not existing and mental health was highlighted as an important area to address. Occupational Therapists and Social Workers can help to procure Counselling, Benefit advice and possible opportunities to work.</li> <li>- Improve District Nursing</li> </ul>

### **Theme 8: Emergency Departments**

<b>Existing Service:</b>	<b>Ideas for Improvement:</b>
<ul style="list-style-type: none"> <li>- Problems when referring from GP direct to Emergency Department and with patients self-referrals.</li> <li>- There is no signposting and</li> </ul>	<ul style="list-style-type: none"> <li>- Need to discuss with population and Health Service What is A&amp;E is for? Who should go to A&amp;E?</li> <li>- A more robust approach to directing public to appropriate</li> </ul>

<p>this needs to be addressed.</p> <ul style="list-style-type: none"> <li>- Lack of awareness / understanding of what services are available and when.</li> <li>- Delivering on long term plans is an issue and services withdrawn short to long term</li> <li>- Quality of care does not improve if it is transferred i.e., trolley wait – delayed discharge – ambulance delayed.</li> <li>- No pain clinic in Downe – all services in Dundonald.</li> <li>- Newly formed councils straddle various LCG areas; Newry, Mourne &amp; Down Council (Southern &amp; South Eastern); Lisburn City and Castlereagh Council (South Eastern and Belfast). Challenge is equitability of service provision to council population. There cannot be different levels of unscheduled care provision/methods for same council populations.</li> <li>- NI Ambulance Service (NIAS), ambulances go to the Royal Hospital, not the Ulster Hospital, Dundonald. Belfast has a greater transport network than Dundonald, for patients returning home after care to the south east.</li> </ul>	<p>services.</p> <ul style="list-style-type: none"> <li>- Should be less risk averse.</li> <li>- Internal management within hospitals to promote efficiency and good patient care.</li> <li>- Delayed discharge, families do not want relatives without appropriate care package.</li> <li>- Communication is key between everyone: hospital to hospital, patients, cancer services, emergency services (turning people away if appropriate).</li> <li>- Larger ED needed to reduce pressures and cope with minor injuries.</li> <li>- Basics need to be addressed i.e., Doctors/ Response/ GP/ ED/ Outreach services to respond to emergencies.</li> <li>- Communication with older people re ED services.</li> <li>- Info on local services Minor Injury Unit.</li> <li>- Publicity of services in Downe</li> <li>- Quality of care should include Access.</li> <li>- Recruitment/skill mix needs more incentives, future planning and seven-day working</li> <li>- Short term: focus on ED and Out of Hours GP</li> <li>- Use of non-acute hospitals.</li> <li>- ICPs as a way forward; multi-stakeholder inclusive, well established relationships across GP, Trust, Users, Carers, Council, Pharmacy, NIAS, Community/Voluntary sectors.</li> </ul>
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## **Theme 9: GP Out of Hours & Minor Injury Unit**

<b>Existing Service:</b>	<b>Ideas for Improvement:</b>
<ul style="list-style-type: none"><li>- Out of Hours staffing problems.</li><li>- Choose well.</li></ul>	<ul style="list-style-type: none"><li>- GP OOH should have access to direct services.</li><li>- Close Bangor MIU, transfer to Ards for seven-day service.</li><li>- Pharmaceutical service for minor ailments.</li><li>- Short term focus on ED and Out of Hours GP</li></ul>

### **5. Engagement with Political Representatives (MLAs/MPs)**

The SELCG continues to attend cross-party engagements with local political representatives including MLAs and MPs.

Meetings in previous years have been helpful in providing an understanding to political representatives of the role and remit of the SELCG, the LCG future commissioning intentions and the financial and demand pressures on the health and social care (HSC) system.

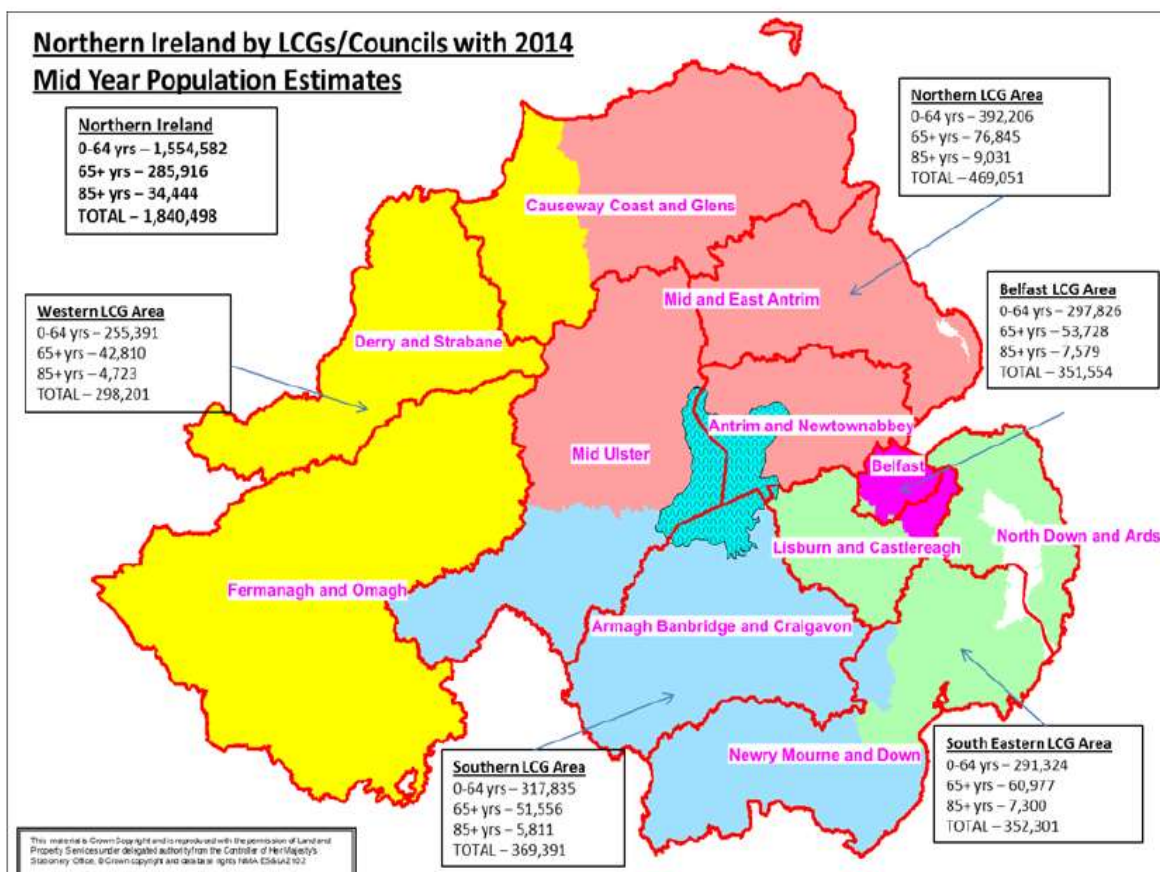
MLAs receive a range of concerns reflected to them by their constituents. These are communicated directly with the LCG and the LCG has successfully responded to such queries in a timely manner throughout 2015/16.

The SELCG has an on-going commitment to consultation with South Eastern MLAs and will continue to engage with political representatives as appropriate to local issues.

### **6. Engagement with Local Councils**

The SELCG also has had the opportunity throughout the year to meet local Councils. 2015/16 has been a year of bedding in for

councils in the SELCG area with the emergence of new super councils in the south east from the 1 April 2015 under local government reform. The new boundaries of local councils are no longer co-terminus with health and social care boundaries. This is highlighted in the diagram below.



The SELCG Interim Chair and Commissioning lead had a number of meetings with the new Lisburn City and Castlereagh Council, Ards and North Down Borough Council and Newry, Mourne and Down Council.

Meetings have already taken place between the Chief Executives of these Councils and the SELCG has participated in some partnership work on community planning.

The SELCG also has four local councillors as members of the LCG:-

- 1) Angus Carson - Ards and North Down Council
- 2) Dermot Curran – Newry, Mourne and Down Council
- 3) Cadogan Enright – Newry, Mourne and Down Council
- 4) Andrew Ewing – Lisburn City and Castlereagh Council

In addition, officers from Local Councils in the South Eastern LCG area attended engagement events facilitated by the LCG for example, representatives from the Ards and North Down Council attended the themed engagement in March 2016 on Making Life Better – Improving Health and Wellbeing for the Adult Population.

## 7. Other Means of Engagement

Members of the public, community organisations, private companies, statutory bodies and charities chose to engage with the SELCG directly throughout 2015/16 in relation to a range of issues via the LCG email address as included on the HSCB public website: [SouthEastern.lcg@hscni.net](mailto:SouthEastern.lcg@hscni.net) These issues included:

- ambulance services and patient transport services,
- the mental and related health needs of veterans and their families,
- role development programme for nurses and Allied Health Professions,
- prescribing of NDT (Natural desiccated thyroid),
- primary care services for patients with depression, heart disease and stroke,
- information governance for health and social care,
- gastroenterology services,
- patient referrals,
- waiting lists,
- services for patients with Alzheimer's and Parkinson's
- Meningitis vaccinations.

## 8. Actions / Investments Arising out of Engagement

After reviewing all the comments and input received from the on-going PPI agenda, from previous years and this year, the SELCG made specific investments to the SET in 2015/16 to support those individuals with long term conditions such as investment in:

- Primary Care Mental Health and Well Being Hub,
- physical disability supporting living for patients with an acquired brain injury,
- dementia navigators to provide a highly responsive, individualised information and signposting service to people with a diagnosis of dementia and to immediate carers, families and friends of the people who are referred to the service
- significant investments have also been made in improving the Unscheduled Care pathway with the SET.

### Plans for 2016/17

The SELCG continually seeks to improve the PPI engagement agenda. To this end, the LCG have an on-going evaluation process in order to measure effectiveness. The LCG have worked closely with the HSC Leadership Centre to develop an SELCG PPI evaluation form outlined at Appendix 2. The SELCG plan to review in early 2016/17 these PPI processes and will reflect on outcomes of previous engagements with a view to applying lessons learned.

The SELCG would seek to ensure that the following actions are put in place to ensure that it has a strong engagement process for 2016/17. It will ensure that:-

- 1) consideration is given to the arrangements in place to have engagements with communities and community groups;



- 2) prioritise meetings with political representatives to promote participation;
- 3) explore opportunities for further focused workshops in 2016/17 to be determined on the basis of the on-going LCG local needs assessment processes; and
- 4) continue to support engagement with local councils to promote community planning under the new local government arrangements.

### **Closing Remarks**

The South Eastern LCG Members have sought to ensure, that as Health and Social Care Commissioner for a population of 340,000 that they take the time to engage and listen to the views of the population.



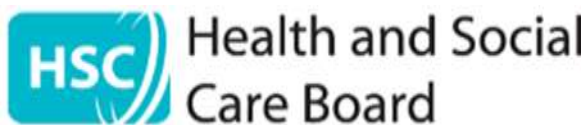
How we engage with our population continues to evolve and the use of new technology should allow us to better assess the views and needs of our population.

The LCG continues to be responsible for making important decisions in respect of the future configuration of local services and in this respect we acknowledge the need to continue to involve communities in the decision making process.

We are committed to delivering a joint approach to service planning and commissioning as we move forward.

### **Paul Turley**

Commissioning Lead



South Eastern Local Commissioning Group

12-22 Linenhall Street

Belfast BT2 8BS

Switchboard: 0300 555 0115

Direct Dial: 0289536 3300

Email: [Paul.Turley@hscni.net](mailto:Paul.Turley@hscni.net)

Web: <http://www.hscboard.hscni.net/>

## 9. Contact Us



## Appendix 1.

### 2015/16 List of SELCG Public meetings including engagement with communities, community organisations and political representatives.

	SELCG Area	Venue	Date	Event
1.	Lisburn	Lagan Valley Island, Council Offices	16 Apr 2015	SELCG Public Meeting
2.	North Down	Signal Centre, Bangor	21 May 2015	SELCG Public Meeting
3.	Ards	Sketrick House, Newtownards	18 June 2015	SELCG Public Meeting
4.	Down	Ballynahinch Baptist Church	20 Aug 2015	SELCG Public Meeting
5.	Lisburn	Hillsborough Presbyterian Church	17 Sept 2015	SELCG Public Meeting
6.	Ards	Ards Arts Centre, Newtownards Town Hall	15 Oct 2015	Long Term Conditions Focused Engagement
7.	Down	Civic Centre, Newry Mourne and Down Council Offices, Downpatrick	19 Nov 2015	Unscheduled Care Focused Engagement
8.	Lisburn	Lagan Valley Island, Lisburn City and Castlereagh Council Offices	17 Dec 2015	SELCG Public Meeting
9.	North Down	St Colmgall's Church, Bangor	21 Jan 2016	SELCG Public Meeting
10.	Ards	Sketrick House, Newtownards	25 Feb 2016	SELCG Workshop
11.	Ards	Sketrick House, Newtownards	3 March 2016	Health Improvement Focused Engagement

# SELCOG Personal and Public Involvement Engagement Event Evaluation Questionnaire.



## South Eastern Local Commissioning Group PPI Evaluation

In order to continually improve the effectiveness of our stakeholder engagement activities, we would appreciate your feedback. We would therefore be grateful if you could complete the evaluation below. All information will be treated confidentially.

Name: \_\_\_\_\_

Organisation: \_\_\_\_\_

Date: \_\_\_\_\_

Q1. Did you receive adequate pre-programme information and notification? Yes / No

Q2. Were the objectives for the workshop clear? Yes / No

Q3. Do you feel that you were given an opportunity to contribute to the workshop? Yes / No

\_\_\_\_\_

Q4. Did you feel that the group work was adequately facilitated & managed? Yes/No  
If Yes, which areas \_\_\_\_\_

Q5. Were the facilities & venue conducive for your workshop? Yes/No  
If No, which aspect was not conducive? e.g. location, catering, ambience, equipment etc.

\_\_\_\_\_

Q6. What is your overall assessment of this workshop?  
Very Poor      1.    2.    3.    4.    5.    6.      Excellent

Q7. Have you any suggestions that would improve future workshops? \_\_\_\_\_

\_\_\_\_\_

**Thank you for completing this questionnaire**