South Eastern Local Commissioning Group Feedback Report: Commissioning Planning Workshop 9 December 2013

From Left to Right: Dr Nigel Campbell, GP and Chair of the South Eastern LCG; Isabel Flood, Good Morning Colin Project Telephone Service for Older People; Eva Koerner MACS Supporting Young People; John Hunsdale ASCERT NI; Desmond McAuley Ards Over 50’s Forum.
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**1. Introduction**

The South Eastern Local Commissioning Group (LCG) held a Commissioning Planning workshop on 9 December 2013 in Dunmurry to discuss commissioning priorities for 2014/15. The workshop reflected a continued commitment by the LCG to public and personal involvement and engagement with the community and voluntary sector, service users and carers across the south eastern area in order to inform the development of the South Eastern Local Commissioning Plan 2014/15.

Attendees at the workshop were from a wide range of local community and voluntary groups in the south eastern locality that work with older people, patients with dementia, people with mental health and learning disabilities and those with long term conditions such as diabetes and respiratory disease. In total there were 32 attendees at the workshop. Please see a list of attendees on page 15.

**2. Workshop Structure**

The workshop began with an ice breaker exercise which was meant to give an insight into the role of the Commissioner through group work to prepare a funding plan for a fictional local health centre. Attendees found it was a helpful exercise to gain a better understanding of the role and the challenges faced by Commissioners who have to prioritise often competing needs and priorities within limited budgets.
3. Development of the Local Commissioning Plan 2014/15

An overview was provided to attendees explaining the purpose of the Local Commissioning Plan and how it relates to the regional Commissioning Plan. The process for development and approval of the Plan 2014/15 was also described.

Workshop attendees were then split into five groups and asked to discuss the top three services that they would like to see prioritised in the south eastern area for older people, patients with long term conditions and mental health issues. They were further asked to discuss any additional service areas, other than the three above, which they would like to see addressed by the LCG as part of the South Eastern Local Commissioning Plan 2014/15. The priority services identified and issues raised are summarised below.

Paul Turley, South Eastern LCG Lead discussing the Local Commissioning Plan 2014/15 issues with members of the community and voluntary sector, service users and carers
4. Priorities for older people

- **Isolation** – Attendees felt that more awareness of the issue of isolation experienced by the elderly should be considered when commissioning services for older people. Isolation in older people can be detrimental to mental and physical wellbeing. Older people may need to build up trust with carers/ voluntary workers.

Attendees discussed the concept of a voluntary “Good Morning” telephone service in partnership with health and care services. This service for vulnerable older people ensures that those people living alone do not feel isolated.

Attendees felt that voluntary befriending service could provide support for older people in terms of addressing isolation and safeguarding vulnerable older people who live alone. The service could be delivered by the community and voluntary sector and would involve visits to isolated older people to spend time with them doing activities they enjoy. The main focus would be to build the confidence of older people and encourage participation in community activities. Regular key workers for older people would help to build trust.

- **Carers** – Direct payments was discussed as a way to better serve family carers and patients as they can directly commission the services that the patient receives. The importance of access to domiciliary care, reablement and having care closer to home were also discussed by attendees. Attendees felt that reablement services are important as they give some older people the chance of rehabilitation and greater independence. Some frail elderly people may need continuing on-going care and this may be best delivered in the home, through traditional domiciliary care services.

Attendees felt that there should be a focus on providing more help for family members that act as carers for patients. Respite and half day cover was discussed. Respite is important for the health and
well-being of carers as in many cases the carers are themselves older people.

- **Transportation** – Attendees acknowledged difficulties in older people arranging private transportation to appointments, especially those in rural areas with poor public transportation links who cannot find a direct route as well as those patients who may be too ill or frail to use public transport. Patients find it difficult to afford private taxi fares for appointments. Attendees suggested that a transport service charged at the actual cost of travel may make it easier for older people to get to appointments when family are not available to take them.

  Attendees thought that efforts should be made to schedule more appropriate hospital appointment times for those who rely on family members to transport them to and from the hospital. This could be agreed between the patient, family members and health professionals. The provision of outpatients and other indirect appointments as locally as possible was also identified as some which would improve access for all groups.

- **Health education** – Attendees felt that educating older people on healthy living and health improvement choices would promote physical and mental well-being and could act as a preventative measure. Physical activity programmes in the community build a culture of stronger social participation, reduce feelings of isolation and increase confidence for older people. Attendees felt that maintaining independence would firstly reable and secondly encourage active ageing, optimizing the opportunity for health, participation and security in order to enhance the quality of life of older people to realise the potential for physical, social and mental wellbeing.

- **Dementia** – Attendees felt that carers and volunteers working with people with dementia would value training on caring for people with dementia. Attendees felt that those working with older people who are unfamiliar with dementia can feel out of their depth without
appropriate training. The issue of support for carers of dementia patients was raised. Attendees suggested that carers could benefit from befriending services, respite services and assistive technology in the home to give carers better security and peace of mind. Attendees felt that providing more care in the home and community setting rather than in a busy hospital environment was particularly important for this patient group.

- **Community Navigators** – Attendees discussed the concept of a community navigator service to direct older people to the service they require within the south eastern area. Community hubs such as community centres may be able to accommodate most of the health needs of the older population without the need for unnecessary hospital visits.

5. **Priorities in relation to the management of long term conditions**

- **Local services** - A community hub or community centre local to patients with long term conditions could include access to services such as diabetes specialist nurses, physiotherapy treatments, respiratory equipment and counselling services. This would reduce the need for hospital outpatient appointments.

- **Sign posting** - Attendees felt that services for patients with long term conditions should be easily accessible. Services available in the local area should be highlighted to patients and their carers.

- **Carers** - Support and assistance for carers of people living with long term conditions was felt to be an issue of particular importance. Attendees felt that carers would benefit from opportunities for respite. Attendees also felt that more could be done to raise awareness among carers of direct payments and other forms of financial assistance that may be available.

- **Reviews** - Regular reviews are needed for patients to effectively manage their long term illness. Attendees emphasised the need for these reviews to be multidisciplinary and highlighted that
patients requiring physiotherapy, speech and occupational therapy may need assistance longer term. Attendees felt that regular reviews were important for people living with long term conditions particularly where they are coping with more than one condition.

- **Partnership working** – Attendees felt that partnership working between the community and voluntary sector, GPs and health and social care trusts and organisations would benefit the long term health of patients. Attendees felt that services provided by local community and voluntary groups can support patients after discharge from hospital but that patients need more effective sign posting to these services.

6. Priorities for mental health services

- **Self referrals and sign posting** - One of the key issues raised by participants was the potential for self-referrals and improvements to sign posting to enable patients to access the available services. The group also talked about better awareness of the signs that lead to mental health issues. Participants felt that a campaign to make people more aware of these signs may help those with mental health issues and their carers to seek help earlier.

- **Carers** - Patients with mental health issues and carers need continued support to prevent the carer themselves suffering mental health issues due to the stress of caring and also to review the progress of the patient.

- **Transitional Issues** - Attendees discussed the complexity of transition from children’s mental health services into adult’s mental health services as they are presently structured within the local Trust. Participants felt that young people undergoing this transition were at risk of having their care disrupted and felt more needed to be done to provide support and co-ordination at this important time.
• **Early Intervention** – Participants felt that early intervention is key in preventing the development of long term mental health issues. In particular, attendees highlighted the need to provide support to mothers suffering from mental health issues, to include provision of support to their infants. Attendees felt that public and professional awareness of suicide and self-harm services was key to early intervention. Participants felt that there were opportunities to improve communication and services both for the patient’s family and the health professionals dealing with patients after diagnosis.

7. Other service priorities

• **GP services** – Attendees raised the issue of access to GP surgeries, particularly in the Ards Peninsula area. Older patients may have difficulties travelling long distances to attend a GP appointment. A mobile GP service combined with a pharmacy would benefit those on the peninsula.

• **Technology** – Participants highlighted that new technologies, such as desktop computer video conferencing, provided an opportunity to convene GP appointments remotely. GPs may be able to answer patient queries over a computer conversation.

• **Emergency Departments** – The main focus of discussion was closures of Accident and Emergency departments in hospitals. Some attendees felt that patient health needs may be at risk from closures or changes in operating hours.

• **Minor Injury Units** – Attendees felt that these services are an excellent alternative to Emergency Department attendance, when clinically appropriate, and their opening hours should be more widely advertised within communities.

• **Learning Disability** – Attendees discussed the importance of social support networks for patients with a learning disability, in
particular young adults with a learning disability. Participants felt that services to support people with a learning disability to participate in community based activities should continue to be addressed in future commissioning plans.

- **Health Promotion and Improvement** – Attendees discussed the important role that health promotion can play in keeping people healthy and avoiding the need to use health services. In particular, they highlighted the importance of sexual health services and smoking cessation.

**Group work during the LCP Workshop LCG 9th Dec 2013**

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**8. Workshop Evaluation**

Each participant at the workshop was asked to fill in an evaluation sheet to rate their experiences, issues and comments of the workshop. The responses are outlined in the below table:-
<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1. Did you receive adequate pre-programme information and notification?</td>
<td>Yes: 22  No: 1</td>
</tr>
<tr>
<td>Q2. Were the objectives for the workshop clear?</td>
<td>Yes: 23  No: 0</td>
</tr>
<tr>
<td>Q3. Do you feel that you were given an opportunity to contribute to the workshop?</td>
<td>Yes: 23  No: 0</td>
</tr>
<tr>
<td>Q4. Did you feel that the group work was adequately facilitated &amp; managed?</td>
<td>Yes: 23  No: 0</td>
</tr>
<tr>
<td>Q5. Were the facilities &amp; venue conducive for your workshop?</td>
<td>Yes: 22  No: 1</td>
</tr>
</tbody>
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In each of the questions over 95% of the participants had a positive response to the questions asked. Attendees thought that the Workshop facilitators managed the day well and gave everyone a chance to have their say.

Feedback comments identified a number of ideas that will be used to enhance preparations of future workshops. These include themed discussions, longer duration of workshops and use of more accessible venues. The chart below shows the overall assessment of the workshop by attendees:-

### Overall Assessment of the Workshop

- **Excellent**: 35%
- **Very Good**: 48%
- **Good**: 13%
- **Average**: 4%
A note of thanks from one attendee was received after the Workshop which stated:

“Thank you and the SELCG for organising yesterday’s event. It, in my opinion, gave me an opportunity to understand exactly what the LCG is about. [This is] something which is so important to those who set budgets, to have this type of discussion with us as we are the ‘end users.’ Thanks again.”

9. Conclusion

This Commissioning Planning workshop reflects the on-going commitment of the South Eastern LCG to effectively engage with individuals and the public in the planning and commissioning of local services.

The themed responses to the workshop questions, as detailed throughout this report, have been reflected in the Local Commissioning Plan 2014/15. Priorities included within the Plan include the following:-

- **Carers** – The LCG will work with the South Eastern Trust voluntary providers to improve support for carers through increased access to carer assessments and respite options and increase direct payments uptake. This work crosses a number of service areas including older people, mental health, physical disability and learning disability.
- **Carers grants**- Support for carers is a corner stone of the HSCB/PHA commissioning plan and also underpins TYC agenda. Funding allocations will be used to address gaps identified as the result of the CSIG/DHSSPS audit. As part of the funding arrangement 100 carers to receive new enhanced support services by end of March 2015 (via carer grant payments where appropriate).
- **Older People**- Discussions within the South Eastern Trust are ongoing with regards of funding required for Domiciliary Care Packages in 2014/15. Funding for Domiciliary Care Packages will be on a non-
recurrent basis until the impact of reablement on Domiciliary Care Package growth has been evaluated.

- **Dementia** - The LCG has prioritised the need to have a responsive dementia and old age psychiatry model in the south east. The LCG will be seeking clarity from the Trust on the implementation of the new model and an overall improvement in the current provision.

- **Safe & Well project** – The Trust is to extend the current Safe & Well initiative in the Down and Lisburn localities to North Down and Ards. The Trust will also provide referral and signposting to a range of community and voluntary social support services for over 65 year olds. The aim of the project is to enable older people to remain living independently as long as possible while providing opportunities to reduce social isolation and loneliness.

- **Mental Health** – The South Eastern Trust has prioritised funding in order to build the capacity of Secondary Mental Health services and also to build capacity within Primary Care Psychological Therapies. The Trust is seeking to reduce waiting times for Psychological Therapies in secondary Mental Health POC and also ensure that the DHSSPS performance target of 13 weeks maximum wait is met.

- **Talking Therapies/Psychological Therapies** – This is part of what is called a ‘stepped care model’ of treating people with mental health issues. It enables people to receive the least intensive intervention for their need and only ‘steps up’ to more intensive/specialist services as required. The first step in addressing feelings of depression and anxiety in people is to provide a talking therapy approach to help alleviate these psychological states of mind. There is a strong evidence base demonstrating that talking therapies are therapeutic and can prevent, at the early stage of intervention, the development of more serious mental health problems. Priority in terms of LCG funding available will relate to building further capacity within the South Eastern Trust’s Primary Care Mental Health Hub which provides psychological therapies.

- **Acute Mental Health** - Commissioning of a 7 day substance misuse liaison services in acute hospital settings and consideration of an Acute Inpatient Mental Health Service to a single site adjacent to the Ulster Hospital.
• **Long Term Conditions** - The LCG commissioned Arthritis Care NI to develop and run a series of structured education programmes in pain management for those patients with long term conditions suffering with various degrees of chronic pain. Pain management courses were previously only available in acute settings. This development has meant that these courses are now available in local community and leisure centres.

• **Integrated Care** - Work with the Integrated Care Partnerships (ICPs) to provide more integrated care, closer to home for the clinical priority areas. The Trust will aim to provide additional support for existing professionals in the community, provide support to elderly people, including those in nursing and residential homes to help them stay in their own homes. They will also contribute to the avoidance of unnecessary attendances at emergency departments and hospital admissions and liaise closely with ICPs, GPs and other ICP professionals who will be focusing on frail elderly patients.

• **Primary care hubs and spokes** - The SELCG has worked closely with GPs and other partners to progress the development of the primary care hub and spoke model in line with HSCB and Departmental policy, a hub being a health centre while GP surgeries would be the spokes. The SELCG aims to have an agreed prioritisation of hub and spoke developments including service models for each. The hub and spoke service model will enable more services to be provided outside hospitals e.g. outpatient diagnostics thus providing communities with care closer to home.

• **Learning disability** – The Trust recognises the need to support and encourage children with learning disabilities to allow them to develop and participate fully in an educational environment. The investment from the trust will support children in the transition to adulthood stage as this can be a particularly daunting time for young people. The investment will help to support the complex needs and to enhance the discharge and care planning of those who are in this transition stage.

• **Community Nursing** - Providing Community Nursing Services aligned to GP practices 24 hours per day, 7 days per week, including District Nursing to deliver acute and complex care at home and Palliative and End of Life Care at home or in the most appropriate Community facility.
• **Health Promotion/Improvement** - The LCG will support Public Health Agency colleagues to ensure South Eastern Trust implementation of key public health strategies including obesity, smoking cessation, substance misuse, mental health, emotional wellbeing and suicide prevention.

The LCG intends to further engage with the community and voluntary sector, service users and carers along with other partner organisations in 2014/15 and beyond.

On an on-going basis the LCG meets with the local Councils to share plans and listen to views on local health and social care provision. Subsequent to this workshop, the LCG held meetings with elected representatives; local MLAs and MPs to discuss the issues raised at the workshop.

Other service planning workshops are planned throughout 2014/15 with preparations on-going for a focused carer’s workshop. Consideration for further engagement events relating to themed issues for the LCG include carer support, isolation from services, transport, mental health, dementia and long term conditions.

The LCG will also continue to hold personal and public involvement and engagement events and workshops including regular monthly public meetings in locations throughout the south eastern area such as Ballywalter, Hillsborough and Downpatrick. A schedule of meetings for 2014/15 is available [here](#). Details of the Members of the LCG is available on the Health and Social Care Board’s website [here](#).
### 10. Attendee List at Workshop 9th December 2013

<table>
<thead>
<tr>
<th>Name</th>
<th>Group/Org</th>
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<tbody>
<tr>
<td>1. Dr Nigel Campbell</td>
<td>GP and Chair of the South Eastern LCG – Health and Social Care Board</td>
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<tr>
<td>2. Gary Crothers</td>
<td>ACET Northern Ireland – Health Education and Training</td>
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<tr>
<td>3. Valerie Dale</td>
<td>Stroke Association</td>
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<td>4. Dr Paul Darragh</td>
<td>Public Health Agency</td>
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<td>5.</td>
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<td>6. Annette Daykin-Goodall</td>
<td>Dunlewey Substance Advice Centre</td>
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<tr>
<td>7. Margaret Finlay</td>
<td>Lisbarnett and Lisbane Community Association</td>
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<tr>
<td>8. Isabel Flood</td>
<td>Good Morning Colin Project – Telephone Service for Older People</td>
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<tr>
<td>9. Hilda Francey</td>
<td>Diabetes UK Voluntary Group in Lisburn</td>
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<tr>
<td>10. Wesley Graham</td>
<td>South Eastern LCG – Health and Social Care Board</td>
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<tr>
<td>11. Lynn Halliday</td>
<td>Sure Start, Downpatrick</td>
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<tr>
<td>12. Jim Henry</td>
<td>Service User</td>
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<tr>
<td>13. John Hunsdale</td>
<td>ASCERT and Ballinderry Residence Group, Lisburn</td>
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<tr>
<td>14. Eva Koerner</td>
<td>MACS Supporting Young People</td>
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<td>15. Rachel Leonard</td>
<td>South Eastern LCG – Health and Social Care Board</td>
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<tr>
<td>16. Rachel Loughins</td>
<td>Macmillan Cancer Support</td>
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<td>17. Heather Lundy</td>
<td>Alzheimer’s Society</td>
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<td>18. Desmond McAuley</td>
<td>Ards Over 50’s Forum</td>
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<td>19. Brenda McFaul</td>
<td>CAUSE</td>
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<td>20. Esther McQuillan</td>
<td>Parkinsons UK</td>
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<td>21. Joan McVeigh</td>
<td>South Eastern LCG – Health and Social Care Board</td>
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<tr>
<td>22. Charlotte Moore</td>
<td>Multiple Sclerosis Society NI</td>
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<tr>
<td>23. Paulene Morton</td>
<td>North Down Citizens Advice Bureau, Manager</td>
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<tr>
<td>24. Anne Murphy</td>
<td>Positive Futures - for People with a Learning Disability</td>
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<td>25. Patrick Murphy</td>
<td>South Eastern LCG – Health and Social Care Board</td>
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<tr>
<td>26. Brian Murtagh</td>
<td>Action Mental Health</td>
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<tr>
<td>27. Antje Otto</td>
<td>Volunteer Now</td>
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<tr>
<td>28. Patricia Reaney</td>
<td>HSC Leadership Centre</td>
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<tr>
<td>29. Joan Scott</td>
<td>Ballynahinch Community Services - South Eastern Health and Social Care Trust</td>
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<tr>
<td>30. Derek Shuter</td>
<td>Lisburn Diabetes Voluntary Group</td>
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<tr>
<td>31. Barry Smyth</td>
<td>Alzheimer’s Society</td>
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<tr>
<td>32. Paul Turley</td>
<td>South Eastern LCG Lead – Health and Social Care Board</td>
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Contact Us:

Health and Social Care Board
South Eastern Local Commissioning Group
3rd Floor North
12-22 Linenhall Street
Belfast BT2 8BS
Switchboard: 0300 555 0115
Direct Dial: 0289536 3310
Email: southeastern.lcg@hscni.net
Web: http://www.hscboard.hscni.net/