

**SOUTH EASTERN**  
**LOCAL COMMISSIONING GROUP**

**Personal and Public Involvement Workshop**

**Feedback Report**  
**Newtownards Town Hall, 3 October 2013**



**From Left to Right:** Martin Quinn (Public Health Agency); Sarah McCandless (Patient and Client Council); Dr Nigel Campbell (GP & Chair of the South Eastern Local Commissioning Group); Elaine Campbell (South Eastern Health and Social Care Trust); Jacqueline Magee (Health and Social Care Board).

## **Introduction**

A Health and Social Care Personal and Public Involvement (PPI) workshop was held by the South Eastern Local Commissioning Group (SELCG) on the 3 October 2013 in Newtownards Town Hall, Conway Square, Newtownards. The aim of the workshop was to hear directly from local stakeholders about how the SELCG can enhance personal and public involvement in the commissioning of services. The workshop was attended by representatives from the Health and Social Care Board (HSCB), South Eastern Trust (SET), the Patient and Client Council (PCC) and the Public Health Agency (PHA) (for a full list of attendees see page 6).

## **Workshop Structure**

The workshop commenced with a number of presentations from key stakeholders including the HSCB, SET, PCC and the PHA.

Presentations from the PHA and HSCB outlined the PPI strategies of both organisations and detailed some of the key actions currently being taken to improve how they involve service users and carers in the development, delivery and evaluation of services (i.e. provision of staff training and awareness, revision of expenses claim forms, encouraging the use of plain English, developing ways to get feedback from service users and carers about their experience of being involved).

Presentations from the SET and the PCC focused on examples of personal and public involvement good practice and PPI initiatives that these organisations had been involved in.

The second half of the workshop was given over to group work; attendees were split into three groups and asked to discuss one of the following key questions:

1. How can the SELCG more effectively engage with community and voluntary groups, service users and carers at monthly workshops and public meetings?
2. How can the SELCG more effectively share PPI learning and experience with Integrated Care Partnerships, Trusts and other health and social care organisations?

3. How can the SELCG meaningfully involve the community and voluntary sector, service users and carers in developing local commissioning priorities and plans?

Each group was assigned a facilitator who was asked to lead the discussion. Each group provided feedback to the wider meeting.

### **Question 1**

#### **How can the SELCG more effectively engage with community and voluntary groups, service users and carers at monthly workshops and public meetings?**

Attendees felt that the monthly workshops and monthly public board meetings of the SELCG were one important way of engaging with the south eastern community. However, it was felt it would also be beneficial to explore other ways to expand the opportunities to engage with community and voluntary groups, service users and carers.

Practical steps to improve existing SELCG public meetings were discussed including:

- Getting patient feedback on services through the PHA's 10,000 Voices Project
- Advertising meetings through the PCC's Membership Scheme
- Giving each meeting a theme and inviting relevant groups to attend and contribute.
- Groups that are invited to attend events should be sent the agenda and informed of the topics to be discussed beforehand. This would allow the groups to have a better understanding of the relevance of the meeting to their interests. It would also allow the groups to prepare questions and any discussions they may wish to raise.
- The idea of limiting events to 1 or 2 topics was suggested to allow more in-depth discussion and also to ensure that groups will not be waiting an unduly long period of time for their particular topic to be discussed.
- In order to make the LCG meetings more accessible to the public it was felt that member name displays should be used at meetings.

Information about members is available on the HSCB website and should continue to be kept up to date.

Practical steps to establish other engagement opportunities were discussed for example:

- Exploring clinic-type sessions to be held monthly in different locations so that a wider cross-section of the public can attend. These may be facilitated in addition to the SELCG public meetings.
- Representatives from the voluntary and community sector should be encouraged to have a participatory role in service planning meetings.

## **Question 2**

**How can the SELCG more effectively share PPI learning and experience with Integrated Care Partnerships (ICPs), Trusts and other health and social care organisations?**

Attendees felt that better sharing of reports, bulletins and newsletters in relation to personal and public involvement activity across partner organisations would be beneficial. In addition, it was felt that co-operation between health and social care organisations can improve links for information transfer. Attendees felt the PCC had valuable experience of engaging with patients which LCG members could usefully draw on.

Attendees highlighted that developments within social media opened up new opportunities for engagement particularly with younger people. It was agreed that there would be merit in the SELCG linking with the HSCB Communications and Governance colleagues to explore these opportunities.

Attendees felt that publications and workshops involving the public, community and voluntary groups, service users and carers should use plain English and refrain from the use of abbreviations and health service terminology as far as possible. The HSCB has made a commitment to patients and the public to reduce the use of jargon

across publications, presentations and meetings and the SELCG is working to ensure that this is reflected in their work.

### **Question 3**

#### **How can the SELCG meaningfully involve the community and voluntary sector, service users and carers in developing local commissioning priorities and plans?**

Attendees felt that voluntary and community groups, service users and carers should be involved in relevant key decisions about investments thus allowing them to influence the shape of future local health and social care services. The necessity of early involvement in the commissioning process was emphasised.

Attendees felt that there were a number of key service areas where engagement with the community and voluntary sector, service users and carers would be critical in terms of informing need and shaping future service provision. In particular members highlighted the benefit of engaging with service users in relation to the planning and commissioning of older people's and mental health services.

Attendees felt that it would be useful to share information about the commissioning structures and processes and the role of SELCG with the community and voluntary sector, service users and carers. Participants felt that this would allow people to better understand commissioning and to see how they can engage in the commissioning process. It was felt that partnership working with ICPs will be an important way of building knowledge of how commissioning operates and how voluntary and community sector partners can contribute to the process. This was seen to be a critical development to support the effective implementation of Transforming Your Care.

Participants felt there would be benefit in the SELCG linking into the PCC Membership Scheme. The regional subscription scheme holds contact details for 12,000 members on a database and identifies those who may be interested in various health and social care issues

discussed at local commissioning level. Invitations to engage in LCG projects and event could be tailored depending on the area of interest and agenda topics.

Attendees felt that it was important to engage with service users and carers as well as to voluntary and community groups because of the impact of changes from Transforming Your Care on these groups. Other proposals to enhance service user and carer engagement included:

- Implementation of the health and social care PPI Tool Kit, which is currently being drafted to support the delivery of PPI.
- Building on this HSC wide Tool Kit, a checklist could be developed for use by the SELCG such as timings and venues of events, tailored invitations, avoidance of jargon and abbreviations or terminology.
- Tailored invitations and advertisements for events should be published in local newspapers and electronic newsletters to enhance engagement.

### **Conclusions and Recommendations**

Attendees agreed that it is important to continually review how we engage with service users, carers and the wider public in the commissioning of local services.

A number of recommendations came out of the workshop discussions, which the SELCG would wish to explore. These include:

1. Continue to link with the PCC, in particular using the regional Membership Scheme to extend invitations to future events, clinics, workshops and service planning meetings of the SELCG.
2. Re-structure SELCG event agendas to accommodate public feedback and Q & A sessions.
3. Engage with voluntary and community groups, service users and carers as early as possible in the commissioning process to ensure that the engagement is meaningful.

4. Focus LCG events such as workshops on more specific, clearly defined service issues. Two areas that have been prioritised in the coming months include dementia services and carer support.
5. To hold PPI workshops in relation to the Local Commissioning Plan 2014/15 to engage with the voluntary and community sector, service users and carers in the development of the Plan.
6. To explore the opportunity to use social media as a way of engaging directly with service users, carers and community and voluntary groups.
7. To ensure that the use of jargon is avoided where possible.
8. To enhance staff knowledge and skills of personal and public involvement.
9. To ensure implementation of the HSC engagement toolkit, when it becomes available.
10. To share personal and public involvement reports across partner organisations.

### **Workshop Feedback & Evaluation**

The workshop was considered to be very successful by those who had attended with positive feedback on the interactive presentations that were given. Attendees felt that the group work sessions at the end of the workshop related well to the information conveyed in the presentations and allowed a clear way forward to be articulated.

## List of Attendees: SELCG Workshop 3rd October 2013

	NAME	ROLE	ORGANISATION
1.	Cara Anderson	Assistant Director of Commissioning	HSCB
2.	Denise Boulter	SELCG Acting Member – Midwife Consultant	PHA
3.	Elaine Campbell	Corporate Planning and Consultation Manager	SET
4.	Dr Nigel Campbell	SELCG Chair – General Practitioner GP	HSCB
5.	Dr Paul Darragh	SELCG Member – Public Health Consultant	PHA
6.	John Duffy	SELCG member - Commissioning Lead, Social Services	HSCB
7.	Naomi Dunbar	Assistant Director Strategic and Capital Development	SET
8.	Cllr Cadogan Enright	SELCG - Local Councillor	HSCB
9.	Wesley Graham	SELCG Senior Commissioning Manager	HSCB
10.	David Heron	SELCG Member – Voluntary and Community Representative	HSCB
11.	Rachel Leonard	SELCG Business Support Manager	HSCB
12.	Jacqueline Magee	Personal and Public Involvement Officer	HSCB
13.	Sarah McCandless	Project Development Manager	PCC
14.	Dr Ultan McGill	SELCG member – General Practitioner GP	HSCB
15.	Joan McVeigh	SELCG Senior Administrative Assistant	HSCB
16.	Helen Moore	Assistant Director Performance Improvement and Commissioning	SET
17.	Peter Mullan	SELCG member – Dentist	HSCB
18.	Patrick Murphy	SELCG Intern	HSCB
19.	Martin Quinn	Regional Personal and Public Involvement Lead	PHA
20.	Judith Scott	SELCG Senior Commissioning Manager	HSCB
21.	Louise Seymour	SELCG member – Pharmacist	HSCB
22.	Paul Turley	Assistant Director of Commissioning, SELCG Lead	HSCB



Some of the attendees at the PPI Workshop in Newtownards Town Hall of 3<sup>rd</sup> October 2013