

**Southern Local Commissioning Group**

**Stakeholder Engagement Report**



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*Appendices are available on request from Southern LCG Office*



## Foreword

The Southern Local Commissioning Group (LCG) was established in January 2010 and agreed at their February meeting that one of the first steps they should take was to engage with the local community about regard the health and social care services they should commission, on behalf of the population of the Southern area. It was agreed to hold public engagement events during February and March 2010 and to invite community and voluntary group representatives, community networks and local Councillors.

Three public engagement events were held, one in the Armagh area, one in the Craigavon area and one in the Newry area attended by community/voluntary organisations, public representatives and local Councillors. They were facilitated by members of the Southern LCG and staff from the Commissioning Team in the Health and Social Care Board (HSCB) Southern Office.

The engagement process highlighted many of the priorities and areas of concern that the local population had, regarding health and social services, as they are currently provided in the Southern area. These were issues such as open and transparent communication and strengthening the partnership working of the community and voluntary sector with the public / statutory sector. It also highlighted the importance of true partnership working to deliver health and social care services more effectively and using the community and voluntary sector to provide more specific specialised services. In addition attendees at the events raised the importance of prevention and early intervention, the need to take forward the conclusions of the Bamford Review and the challenges facing both acute hospital services and community services in maintaining a good quality service in the difficult economic climate and tight financial controls imposed by the government.

The Southern LCG sees this as an initial step in an ongoing process of engagement with a range of stakeholders. They will begin a process to extend understanding among stakeholders of the work and challenges facing health and social care and will also provide a source for pioneering solutions to improve services. They will also encourage commissioning with an emphasis on prevention and early intervention founded in self-care and primary care services. The LCG acknowledges the value of working with a wide range of stakeholders including local voluntary and community groups, Councils, GPs, pharmacists, dentists, optometrists and local Community Networks to enable local people to

inform and be informed. It recognises that these engagement events are one element in that process.

This report provides a synopsis of the issues raised with the Southern LCG by all who participated in these three events and will help inform the LCG and HSCB's commissioning intentions for the future. There will be further opportunities to engage with the Southern LCG and help inform the planning and commissioning intentions in the Southern area through further engagement meetings later in the year and also through various forums such as the Southern LCG website and public Board meetings.

The Southern LCG would like to thank all those who were involved in the engagement events both for their participation and their useful and informative comments and opinions.

**Sheelin McKeagney**  
**Southern LCG Chair**

## **Executive Summary**

The Southern Local Commissioning Group (LCG) agreed that one of the first steps they should take after being formally established in January 2010 was to engage with the community regarding the health and social care services they should commission on behalf of the population of the Southern area. Three public engagement meetings were held in, Newry, Craigavon and Armagh during February and March 2010.

The overall aim of the engagement events was to identify and prioritise the current health and social care needs of the people living in the Southern area. Invitations were sent out to almost 400 individuals/organizations and the events were widely publicized in GP Practices, Dental Practices and Pharmacies in the Southern area. Press releases were also sent to all the local papers and the event was publicised on the Health and Social Care Board website.

Each event was held café style which gave those who attended the opportunity to circulate around different themed tables. The tables were themed based on the draft Priorities for Action themes as identified by the Department of Health Social Services and Public Safety which are as follows:

- Ensure Services are safe, sustainable, accessible and patient centred
- Community Services
- Helping Older People to live independently
- Improving Children's Health and wellbeing
- Improve mental health and care for people with disabilities
- Keeping Adults and Children well – improve their health and reduce health inequalities

70 people attended the three events, 21 in Newry, 14 in Craigavon, and 35 in Armagh.

The engagement process highlighted many of the priorities and areas of concern that the local population have regarding health and social services as they are currently provided in the Southern area. People raised issues such as open and transparent communication, early intervention and prevention, strengthening the partnership working of the community and voluntary sector with the public/statutory sector. The challenges facing both acute hospital services and community services

in maintaining a good quality service in the difficult economic climate and tight financial controls imposed by the government was a dominant feature in the discussion.

Other important issues raised included the needs of carers, where it was considered important that carers and families were involved in the development of services for them. Also access to services could be improved and better use made of local community facilities with services more client focused and available at lunchtimes and after 5pm. The issue of the rural/urban split in provision of services and isolation, particularly of the elderly in rural communities was a dominant subject. Discussion also focused on how to reach people who don't engage either with services or community organisations and how to reduce their feeling of isolation. There were specific concerns raised regarding the current fragile infrastructure of the voluntary sector.

Based on recommendations from the event the Southern LCG will develop a Southern LCG User, Communication and Engagement Policy and a Southern Local Commissioning plan to address the identified needs of the population of the Southern area in line with regional guidance and priorities and within its allocated budget.

Details of all issues raised at the events are outlined in the report and also in the Appendices (*which are available on request*).

## 1.0 Context

The Southern LCG, a Committee of the Health and Social Care Board, is responsible for planning and commissioning health and social care services for the Southern area of Northern Ireland. To enable the Southern LCG to make informed commissioning decisions it agreed to host a number of initial engagement events within the Southern area during February and March 2010. These events provided an opportunity to engage with various stakeholders to seek their views and opinions of health and social care as well as identifying areas of need within the service.

The purpose of these engagement meetings were to:

- a) Inform the public about the Southern LCG, what they do, their membership, the geographical area covered and how they commission health and social care services for the population of the Southern LCG area, and
- b) Provide an opportunity for the public to have their say on what they felt were their local needs and their expectations of the health and social care services in their area.

This latter purpose is particularly important given the Minister for Health, Michael McGimpsey's statement at a recent conference for users and carers stating he;

*"Is committed to health and social care services that are driven by the needs of patients, clients and their carers. I want our service to benefit from their knowledge and experience. They are at the heart of everything that we do and must be our focus. The service is for them and should be designed around their needs. Therefore, as part of the recent reform of health and social care, I have ensured that HSC organisations must actively involve service users and carers in the planning and delivery of the services they receive."*

The overall aim of the engagement events was to identify and prioritise the current health and social care needs of the people living in the Southern area for all programmes of care including children, adults, older people, those with disabilities and mental health issues. The Southern LCG felt it was important that the local community were involved to assure the residents of their commitment to work with those people who have an interest in improving the health and social wellbeing of the local population.

## **2.0. Process**

The process of engagement began by identifying all local community and voluntary groups in the area and all local councillors and public representatives. Invitations were sent out to almost 400 individuals/organisations (Appendix 1) inviting them to get involved in having a say in shaping their local health and social care services by attending a stakeholder engagement meeting. The events were widely publicised with posters sent to every GP Practice, Dental Practice and Pharmacy in the area. Press releases were also sent to all the local newspapers and the event was publicised on the Health and Social Care Board website.

## **3.0 Format**

The format of the events was agreed by the Southern LCG members and the Commissioning Lead.

Three events were held in the Southern area, the first one was held on Thursday 25 February 2010 in Altnaveigh House, Belfast Road, Newry in the afternoon; the second one in Brownlow Recreation Centre on Thursday 4 March 2010 in the evening and the third one was held in the Market Place Theatre, Armagh on Friday 5 March 2010 in the morning. This enabled a wide range of people to attend at a time and venue suitable to them. The events were facilitated by Sheelin McKeagney, Chair Southern LCG and Lyn Donnelly, Commissioning Lead Southern LCG, members of the Southern LCG and the HSCB Southern area Commissioning Team staff.

The events were conducted café style and began with the Southern LCG Chair and Commissioning Lead making a very brief presentation outlining the role of the LCG, the reasons for this engagement and the expected key areas of delivery for the LCG as outlined in the draft Priorities for Action themes available at the time of the events (Appendix 2).

There was an opportunity for people to go to any table that was of particular interest to them, air their views, discuss services, highlight what they felt was important to them and then move to another table if they so wished. If there was a particular issue that anyone felt they didn't want to discuss in an open forum they were given an opportunity

to write it down and post it on a graffiti board. These comments were also collated and recorded (Appendix 3).

There were six tables (sometimes joined together, depending on numbers) at each event based on the draft Priorities for Action themes and participants were free to sit at any table and participate in the discussion at that table. Participants were encouraged to move around the various tables to another theme and participate in that discussion, hence the café style format. Each table was facilitated by two members of commissioning staff who listened, recorded discussions and provided feedback at the end of the session on the main issues raised.

### 3.1 Discussion Themes at Each Table

<b>Newry</b>	
Table 1	Ensure Services are safe, sustainable, accessible and patient centred
Table 2	Community Services
Table 3	Helping Older People to live independently AND Improving Children's Health and wellbeing
Table 4	Keeping Adults and Children well – improve their health and reduce health inequalities
Table 5	Improve mental health and care for people with disabilities

<b>Craigavon</b>	
Table 1	Ensure Services are safe, sustainable, accessible and patient centred AND Community Services
Table 2	Helping Older People to live independently AND Improve mental health and care for people with disabilities
Table 3	Keeping Adults and Children well – improve their health and reduce health inequalities AND Improving Children's Health and wellbeing

<b>Armagh</b>		
	Table 1	Ensure Services are safe, sustainable, accessible and patient centred
	Table 2	Community Services
	Table 3	Helping Older People to live independently
	Table 4	Improving Children's Health and wellbeing
<b>This table split into 2 groups due to large numbers</b>	Table 5	Improve mental health and care for people with disabilities
	Table 6	Keeping Adults and Children well – improve their health and reduce health inequalities

Everyone who attended an event was asked to complete a registration form providing the LCG with their contact details and particular area(s)

of interest. This was to enable the LCG to send them a copy of the report of the engagement events and also to allow them to be kept informed of any future events.

### 3.2 Attendance at Events

The table below details the numbers who attended each event.

<b>Event</b>	<b>Date</b>	<b>Venue</b>	<b>Participants</b>
Public Engagement meeting with Voluntary/community groups	Thursday 25 February 2010	Altnaveigh House, Newry	21
Public Engagement meeting with Voluntary/community groups	Thursday 4 March 2010	Brownlow Leisure Centre, Craigavon	14
Public Engagement meeting with Voluntary/community groups	Friday 5 March 2010	Market Place Theatre, Armagh	35
<b>TOTAL</b>			<b>70</b>

It is important to note that at both the Brownlow event and the Armagh event, significantly more people attended than had registered.

## **4.0 Outcomes**

The main issues which were highlighted in the discussions at these events are listed overleaf for each meeting:

### **4.1 Newry Public Engagement Event: Thursday 25 February 2010 at 2.00pm**

#### **Ensure Services are Safe, Sustainable, Accessible and Patient Centred**

There was a great discussion at this table regarding the issue of safety and quality and not just focusing on targets. There was a preference for day care provision as opposed to in patient care and people felt that a 'One-stop Shop' would be a good model of care. Again the issue of prevention was highlighted. Difficulties in the language professionals use was seen as a barrier to understanding and communication. Better communication was highlighted quite frequently as a matter of concern.

#### **Community Services**

There were a number of concerns regarding the fragile infrastructure of the voluntary sector at this time and the danger of losing good will and help from this sector. These groups are heavily reliant on slippage funding and are struggling to remain sustainable. This will impact on health and social services if they can no longer provide these services. There were grave concerns regarding the rural community groups and how they are further disadvantaged as they don't feel they have equal access to funding as they don't have regional offices who would have the expertise to apply for additional funding. They raised the issue of having longer term funding for projects, maybe three or even five years. Suggestions were made that community facilities could be used to provide some components of health and social care.

#### **Helping Older People to Live Independently and; Improving Children's Health and Wellbeing**

The main concern raised at this table was regarding the lack of resources and how to use the limited resources more efficiently and effectively. Older people are concerned that they don't appear to have a voice and rely on their families to advocate on their behalf. The issue of

carers was also highlighted and the lack of support for carers and how few carers assessments were carried out. There also appears to be a lack of understanding about the needs of carers and supporting them in the process of caring for a loved one. There were concerns about a 'target culture' and the lack of focus on the 'quality of care'. Clients aren't aware of what is available and lack of explanation can leave people frustrated, so poor communication was seen as a considerable problem. Lack of interaction and communication with service users was continually raised as a pressing matter. Carers would welcome short periods of respite, not necessarily two weeks in a nursing home for their loved one, but shorter breaks. There was an awareness of the demographic changes and social networks were highlighted as an important resource for older people and their ability to feel less isolated. Care should include signposting clients to these groups to ensure these people are not socially isolated.

### **Improving Children's Health and Wellbeing**

Again the issue of carers' family support arose and the need for a continuum of services and how the voluntary and community sector can help support children and ensuring they are not financially disadvantaged because of the economic downturn. There was a need for better understanding of the services that are available in the community and how these can be accessed. There was an understanding of the changing demographics and how this would impact on services and result in very high pressure on carers.

### **Keeping Adults and Children well – Improve their Health and Reduce Health Inequalities**

There is a lack of knowledge regarding the new structures and their roles. It was suggested that the LCG produce a factsheet to help people get connected to the services available. Services need to be more accessible in community settings. There needs to be an improvement in education as to how to improve your health and prevent ill health. Better partnership working as health is not just about hospitals and medicine but other issues need to be considered such as housing and transport etc. People should be encouraged to live healthier lifestyles and understand what makes them ill and identify those triggers. Early intervention should be used to prevent and then support people in making suitable changes to their lifestyles.

## **Improve Mental Health and Care for People with Disabilities**

Service users prefer to use community based facilities for treatment and care. There was a suggestion that they were reluctant to attend this type of engagement event. The issue of carers was high on the agenda, particularly for carers of people with mental health issues. Carers for mental health patients are transient because when the person becomes well again they no longer need the carer. Carers would like support and the ability to discuss their feelings regarding caring for someone with a mental health issue. There were concerns that a high number of dementia sufferers were not being diagnosed and that older people with mental health issues were not being dealt with correctly. Service users can have high dependency needs and feel isolated, as can their carer. The matter of reviewing services in the Kilkeel and South Down areas arose, as most services were based in Newry and this was too far for many of them to travel to avail of these services.

There appears to be a lack of age appropriate respite for people with disabilities including those with Multiple Sclerosis. Care Workers for children with disabilities need to support parents in educating and supporting them, to ensure their children become independent adults.

## **4.2. Craigavon Public Engagement Event: Thursday 4 March 2010 at 7.00pm**

### **Ensure Services are Safe, Sustainable, Accessible and Patient centred and Community Services**

Services should be more client focused, accessible and available such as lunchtime and late night opening. It was felt more use should be made of community facilities for services. Partnership working was raised as a way of potentially improving service provision. There were concerns raised as to the quality of community care services and the lack of experience of some carers was leading to a poor quality service. Lack of communication was cited as a problem, as was lack of funding. The issue of the role of the LCGs in determining funding cuts was raised.

### **Helping Older People to Live Independently and Improve Mental Health and Care for People with Disabilities**

A major concern was the lack of funding for the Area Brain Injury team in the Southern Trust and this team not being resourced properly. The lack of investment and the delay in allocating the funding was causing severe problems within the service. More communication needed between community/voluntary groups and the Trust/Board/LCG's. Improved information on the groups who provide services and how people can access these services to provide support following hospitalisation or as a preventative measure is needed. Carers again caused concern, the lack of carers and how they were not properly represented in the commissioning and delivery of services. There were major worries about paying for respite care from 1 April 2010 and the fact that the closest provider was in Newry.

### **Keeping Adults and Children Well – Improve their Health and Reduce Health Inequalities and Improving Children's Health and Wellbeing**

The same issues arose in these discussions, such as lack of communication, plain simple language to be used when communicating, lack of funding, early intervention and prevention. How the regional service is impacting on children locally. Male life expectancy is lower and we need to consider more 'male friendly' services to encourage men

to avail of them. Domestic violence, while now on the agenda, is not yet making an impact on the ground. If women and children move in to refuges there are difficulties in accessing services, such as the GP, dentist etc. Schools were highlighted as a great resource for the community and through better partnership working could be used outside school hours and school terms.

### **4.3 Armagh Public Engagement Event: Friday 5 March 2010 at 10.00am**

#### **Ensure Services are Safe, Sustainable, Accessible and Patient Centred and Community Services**

Participants were not familiar with the LCG – who they are and what they are going to do. There were concerns about the lack of knowledge regarding the new structures and arrangements under the Review of Public Administration (RPA) for the Health and Social Services, therefore a great deal needs to be done on the communication side to enable the public to understand the new structures more clearly. The process for handling complaints needs to be publicised better as there appears to be a lack of understanding of how to make a complaint and the acknowledgement of complaints – as per the protocol. This was also raised in connection with the Discharge Protocol and the necessity for a copy of this to be sent home with those who are being discharged from hospital. Carer support and carers' assessment should be offered to all carers together with appropriate information. Cutbacks were an issue for all services including Mental Health and Mullinure Hospital. The Home Help service was raised as an area of concern with services being cut and meals on wheels provision. People felt that rural transport could be used more effectively to enable those who are isolated to attend outreach services. Better opening times for services, particularly those in the community would be more beneficial.

#### **Helping Older People to Live Independently**

The issue of the rural / urban split in provision of services and the isolation, particularly of the elderly, in rural communities was a dominant issue. Positive projects such as the Good Morning project were highlighted as creating good community support and were a good way of making links and engaging older people in the community. However, others felt that the community does not particularly focus on the older person and their needs and how their contribution helps maintain a flourishing community. It was acknowledged that there are difficulties in getting groups/luncheon clubs etc off the ground and getting volunteers to help in these groups. Discussion also centred on how to reach those people who don't engage, either with services, or with community groups, with a view to reducing their feeling of isolation. Fear was cited as the main reason for older people not engaging in the community. Following an illness or hospitalisation, people need to become as

independent as they can again and informing people of what services are available in their area was seen as important and giving the client choices. We should be focusing on trying to reduce the culture of dependency on health and social services.

### **Improving Children's Health and Wellbeing**

Early intervention services need to be delivered appropriately depending on specific needs. Better communication needs to be in place to ensure that families are better informed. It is important that carers and families are involved when developing services. Support for families should be available in the community. Improved access to social workers would help to improve children's health and wellbeing and greater partnership working between sectors of service provision. Greater training for social workers, with regard to children with acquired brain injuries and ensuring the child is reviewed on a regular basis to highlight improvement or deterioration should be available.

### **Keeping Adults and Children Well – Improve their Health and Reduce Health Inequalities**

The development of a communication pathway to enable the individual to better communicate with the service provider and the community was highlighted. The development of a communication strategy was deemed as a necessary tool for LCGs. Partnership working between statutory and community/voluntary groups to ensure the root causes of health inequalities are identified and addressed in the most appropriate ways at local level. It was suggested that a baseline community audit be carried out to identify the gaps in service provision. Ensuring that GPs and other primary care practitioners take a more holistic approach and greater partnership working including key people in GP surgeries, pharmacies etc able to signpost people to services available. Better sharing of information and resources and early intervention and prevention of domestic violence and recognising signs were identified as important.

### **Improve Mental Health and Care for People with Disabilities**

Service users would prefer community based services which are not linked to the 'old psychiatric hospital' which still has a stigmatisation

attached to it. Mental health services need to be redesigned to ensure that traditional thinking and methods of providing services are changed. Following diagnosis by the GP it was felt that an action pack stating what services were available would be useful. The assessment of the individual's needs has to be followed by the provision of services to meet those needs. There are a lack of advocates available for mental health services and learning disability services. Community and voluntary services need to be included as equal partners with the Trust in the provision of services. People with mental health issues have other health related problems which are not always addressed. Dietitians should be available for all mental health conditions, not just eating disorders. The person should be treated as an individual, not as an adult, disabled, mental health etc and should be assessed for the services they need as an individual, therefore an individualised budget should travel with the person and not the programme of care. Lack of brain injury teams for children with an acquired brain injury was raised as an area for concern. Communication – open and honest was again cited as an important element when dealing with the individual. There were concerns that those with severe complex mental health needs were placed in England and there were travel issues for families etc. It is important that these people should be able to be cared for in Northern Ireland. The issues of carers needs arose again and how they also have mental health issues and the lack of financial support for carers. Again, prevention, early detection and early intervention are vital to ensuring the recovery of those with mental health issues.

**All comments raised at the individual tables at each event are detailed in Appendix 4 and the comments posted on the graffiti board in Appendix 3.**

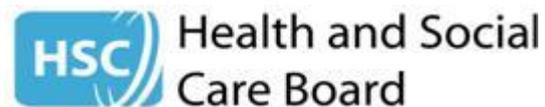
## 5.0 Next Steps

As a result of these public engagement events the Southern LCG is committed to:

- Tabling the full report at the April Southern LCG meeting for approval and once approved:
  - Sending the report to everyone who attended an engagement event and those who registered to attend. Appendices will be available on request
  - Posting the full report on the HSCB website - Southern LCG portal
  - Sending the report to key stakeholders within the Southern area and beyond
- Developing a Southern LCG User Communication Strategy
  - to include a programme of on-going engagement with the public and key stakeholders
  - proactively seeking engagement with population, issue and interest groups and individuals as appropriate
- Developing a Southern Local Commissioning Plan which addresses the identified needs of the population of the Southern area in line with regional guidance and priorities and within budget.

For further copies of the report or to obtain a copy of the appendices please contact:

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