Summary of Engagement Process and Outcomes 2014-2015

South Eastern Local Commissioning Group

SELCG June 2015
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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 2014/15. My thanks go to the service users, carers, community organisations and political representatives who generously gave of their time to participate in the SELCG engagement process.

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 in 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 including Ballynahinch, Ballywalter, Bangor, Downpatrick, Hillsborough, Lisburn, Newtownards and Saintfield. A selection of the topics raised by the public at these meetings include autism, unscheduled care, A&E 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 often reflected back to the HSCB.

A focus of this years’ engagement agenda was on local Councils with the new ‘super councils’ coming into operation on 1 April 2015. The SELCG is keen to continue close partnership working with political representatives. As an LCG, we very much welcome feedback from all in the community on how services might be improved.

This report highlights the engagement process and the outcomes of the personal and public involvement events during 2014/15, facilitated by the SELCG at various localities across the south east. A focus of this process was to identify service improvements which support the delivery of the recommendations of
Transforming Your Care which represent a radical change to how and where health services are delivered in communities.

The outcomes of the SELCG engagement process in 2014/15 have been included in the development of the South Eastern Local Commissioning Plan for 2015/16. This Plan takes into consideration the overarching regional themes of:

- Improving and Protecting Population Health and Reducing Inequalities
- Providing Care Closer to Home
- High Quality, Safe and Effective Care
- Promoting Independence and Choice
- Safeguarding
- Efficiency and Value for Money

The SELCG will commission in 2015/16 additional carers assessments and support to include short breaks in addition to uplifting nursing and residential home places, develop supported living schemes under South Eastern Area Supporting People Partnership, commission short break provision for Carers of People with Physical and Sensory Disabilities, develop a Family Nurse Partnership intensive early prevention programme aimed at improving health and wellbeing for young parents and their families. The SELCG will commission stroke services, additional domiciliary care hours, support the enhancement of dementia care and appropriate care at home as an alternative to Emergency Departments and acute hospital admission where clinically appropriate for elderly patients; a ‘Safe and Well ’model of community support.

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

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 it 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 our local monthly public board meetings;

2) by ensuring a series of meetings with the communities and community organisations are arranged;

3) by holding bespoke workshops on specific issues e.g. dementia, which are open to relevant stakeholders;

4) meeting with political representatives (MLAs and MPs) annually and on request ; and

5) attending council meetings as requested.

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

The details within this paper summarise our engagements in 2014-15 and set the context for our engagements plans in 2015-16.

3. Engagement with Communities and Community organisations

The SELCG facilitated a focused Carers event hosted by LCG Members in September 2014 in Lisburn to explore health and
social care issues for carers. The SELCG linked with the Patient and Client Council Membership Scheme to advertise the event regionally. The event included speakers from CAUSE, HSCB and South Eastern Health and Social Care Trust (SET). The event reflected the continued commitment by the SELCG to Personal and Public Involvement and to develop commissioning priorities. Previous SELCG Commissioning Planning Engagement Workshops in 2013/14 highlighted to the LCG that carers were a priority to the local community. Feedback from this focused carer event helped influence SELCG investments in 2014/15 as the LCG made specific investments with the SET to support carers within the older people programme and physical disability services.

The SELCG also met with local community representatives and the Public in a series of events during the month of March 2015 to get views on services which the LCG should commission and which should be included in upcoming Local Commissioning Plan. Meetings were held in 3 centres across the SELCG locality – in Lisburn, Bangor and Downpatrick.

Groups that attended PPI events included the following:

- Alzheimer’s UK
- Brain Injury Carers Team
- Chest Heart & Stroke
- Good Morning NI Network
- Home Start
- Kairos
- Lifeline
- Lisburnet Community Association
- Macmillan Cancer Support
- MS Society
- Parkinson’s UK
- Positive Futures
Residents Groups
Safe and Well
Volunteer Now

Topics discussed and summary of comments from attendees:

Reablement – people in general agreed with the concept and their impression was that it was effective but that delivery was patchy and that a minority of older people were benefitting from the service but that many who could benefit did not have access to the service.

Comments received:
- Overall patchy service
- Trust can never get enough volunteers to meet demand for those older people who do not require statutory services but could do with support from volunteer organisations in terms of befriending, odd jobs etc.

Dementia – this was a condition that everyone felt was becoming a very significant issue in the future as the population became older. The overall impression was that demand for dementia services outstripped supply. It was felt that more dementia services should be commissioned, in particular support for carers.

Comments received:
- People are not being diagnosed early enough
- Long wait times to see a consultant
- Not enough support for carers

Long Term Conditions – 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:
• 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

**Volunteers** – the voluntary organisations represented said that it was becoming increasingly difficult to recruit volunteers.

Comments received:

• Organisations are competing for the restricted pool of volunteers that exists
• Quality of volunteers is becoming increasingly important
• Volunteers are difficult to recruit
• Issues with providing volunteers with personal development opportunities within organisations

**Brain Injury** – the Thompson House facility was given much praise for the services and quality of care they provide to inpatients.

Comments received:

• More need for physiotherapy support
• Carers group does provide good quality and level of volunteer support
• The regional model is a hub and spoke model but some felt that it was more Belfast Trust centric
• Respite opportunities are limited in the south east – only Thompson House or Nursing Home care

**Mental Health** – the generally expressed opinion was that the service was good for people in crisis but that for those who needed lower level support for depression wait times to get access to Psychologist or CPN support were too long

Comments received:
Existing services are targeted at people in crisis – many people who need MH services are not in crisis but need a lower level of support and this is not available

More Cognitive Based Therapy (CBT) services should be commissioned

**Learning Disability** – the major area of concern for people was that since people with learning disabilities are now living into older age, that carers, particularly parental carers, have major worries about who will care for their loved one when they become frail or die. People also felt that while clients and their carers received a very thorough needs assessment that this was not followed up by the level of support identified as being needed from their assessment.

Comments received:

- Lack of funding to provide supported living for the level of assessed need identified
- Older carers are concerned that no one will look after their loved one when they become frail or die
- Low level of uptake of carers assessments for older carers of people with a learning disability
- Direct payments have generally not been successful due to high level of administration / bureaucracy associated with obtaining the payment. Self-directed support arrangements may be more successful.

**Unscheduled Care**

Comments received:

- 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 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 issues
• 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.

4. Meeting with Political Representatives (MLAs/MPs)

The SELCG organised sets of meetings on a cross-party basis and invited local MLAs and MPs to participate. The meetings were held in Lisburn, Downpatrick and Bangor. SELCG Board members hosted the engagements. Two political parties sent representatives to attend these events, Ulster Unionist Party and the SDLP. The meetings were 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 noted a range of concerns that had been reflected to them by their constituents. These included for example, the future of smaller hospitals, (Downe/Bangor hospital), pressures within mental health services, Maternity Services and the role of Mid-wife led units. Service transformation (TYC) across GP services and GP Out of Hours. Ambulance response times and access to services by isolated rural communities.

The SELCG also consulted with MLAs on how to better engage with political representatives given their busy schedule and the limited
response to the invitations issue this year to MLAs. The SELCG will reflect on the suggestions put forward by MLAs in this regard.

5. Engagement with Local Councils

The SELCG also has had the opportunity throughout the year to meet local Councils. 2014-15 has been a year of change 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 SELCG Chair and Commissioning lead had a number of meetings with former Lisburn City Council in 2014-15 in respect primarily of council concerns about Lagan Valley Hospital and the reduction of opening hours of the ED. These meetings were also attended by representatives from the SET.

As super councils came into operation from 1 April 2015 the SELCG in the future would hope to work with the new Lisburn and Castlereagh City Council, Ards/North Down 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 initial work on community planning.

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

1) Andrew Ewing – Lisburn and Castlereagh City Council
2) Angus Carson - Ards / North Down Council
3) Cadogan Enright – Newry, Mourne and Down Council
4) Dermot Curran – Newry, Mourne and Down Council
6. Actions Arising out of Engagement

Plans for 2015/16

The SELCG would seek to ensure that the following actions are put in place to ensure that it has a strong engagement process for 2015-16. It will ensure that:

1) arrangements are in place to have meetings with communities and community groups;
2) it will prioritise meetings with political representatives and as part of the lessons learnt, ensure fuller participation at these events;
3) look at the opportunity of holding some conditioned focused workshop in 2015/16 with appropriate stakeholder representation which will be determined on the basis of our on-going needs assessment processes; and
4) continue to support engagement with local councils under the new local government arrangements.

The SELCG in conjunction with the HSC Leadership Centre has developed an evaluation questionnaire to obtain feedback on all personal and public involvement and engagement events. Please see Appendix 2.

Paul Turley, Commissioning Lead expressed his gratitude to all those involved in the engagement process throughout 2014/15. The SELCG are committed to applying lessons learned from the engagement process to develop commissioning priorities in 2015/16 and beyond with meaningful involvement from local communities, political representatives and local Councils. Lessons learned from the engagement process such as building trusting relationships, inclusion and clear communication are key to developing a productive partnership experience.
Appendix 1.

List of SELCG meetings / workshops with communities, community organisations and political representatives.

<table>
<thead>
<tr>
<th>Area</th>
<th>Venue</th>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Lisburn</td>
<td>Trinity Centre, Lisburn</td>
<td>4 Sept 2014</td>
<td>Carers Engagement Event</td>
</tr>
<tr>
<td>2. North Down</td>
<td>Signal Centre, Bangor</td>
<td>25 Feb 2015</td>
<td>MLA &amp; Political Representative Engagement Event</td>
</tr>
<tr>
<td>3. Ards</td>
<td>Sketrick House, Newtownards</td>
<td>27 Feb 2015</td>
<td>MLA &amp; Political Representative Engagement Event</td>
</tr>
<tr>
<td>4. Lisburn</td>
<td>Trinity Centre, Lisburn</td>
<td>4 Mar 2015</td>
<td>Service Users, Carers &amp; Community Engagement Event</td>
</tr>
<tr>
<td>8. Down</td>
<td>Downshire Civic Centre, Down District Council</td>
<td>27 Mar 2015</td>
<td>MLA &amp; Political Representative Engagement Event</td>
</tr>
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Appendix 2.

SELCG 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