

NORTHERN LOCAL COMMISSIONING GROUP

Minutes of a meeting of the Northern Local Commissioning Group held on Thursday 19 September 2019 at 2.00pm in the Conference Room, County Hall, 182 Galgorm Road, Ballymena.

PRESENT:

Temporary

Chair:

Mr D Manson (General Dental Practitioner)

Members:

Ald T Burns (Local Elected Representative)

Mrs L Clements (Voluntary & Community Representative)

Dr T Cruickshanks (General Medical Practitioner)

Mrs E Darragh (Social Worker, HSCB)

Ms C Graham (Nursing Professional, PHA)

Ald T Nicholl (Local Elected Representative)

In Attendance: Mrs B Harkin (Assistant Director – Commissioning Lead Northern Area)

Mrs P Smyth (Commissioning, HSCB)

Mrs C Cahoon (Corporate Services, HSCB)

Mrs C Forsythe (Corporate Services, HSCB)

Apologies:

Dr C Gorman (General Medical Practitioner)

Mrs C Grimes (Allied Health Professional, PHA)

Dr U Lernihan (Social Worker, HSCB)

Dr M McLister (General Medical Practitioner)

Cllr C Mallaghan (Local Elected Representative)

Mr M Meehan (Commissioner for Health Improvement, PHA)

Dr C McMaster (Public Health Specialist)

Mrs S Sinclair (Voluntary & Community Representative)

NLCG46/19

CHAIRMAN'S WELCOME AND OPENING REMARKS

The Chair welcomed Members to the meeting.

The Chair extended a special welcome to Ms Caroline Graham, who would be joining the Northern LCG as the PHA Nursing representative, and would replace Ms Sandra Aitcheson.

Members introduced themselves and their role on the Northern LCG.

NLCG47/19

DECLARATION OF CONFLICT OF INTEREST

Members confirmed that they had no conflicts of interest in any of the items of business.

NLCG48/19

MINUTES OF THE NORTHERN LCG MEETING HELD ON 20 JUNE 2019

The minutes of the meeting held on 20 June 2019 were agreed and signed by the Chairman.

NLCG49/19

REFORM OF DOMICILIARY CARE

The Chairman welcomed Ms Joy Peters, Social Care & Children's HSCB, to the meeting.

Ms Peters provided an update, by way of a presentation, on Domiciliary Care Reform. Domiciliary care is defined as the range of care services put in place to support an individual in their own home. She summarised that there are approximately 5,500 clients in receipt of domiciliary care in the NHSCT, with approximately 253,000 hours of domiciliary care provided each month. 43% of domiciliary care hours are provided by the NHSCT and 57% provided by independent providers.

DoH carried out a Home Care Survey in 2018 and the findings identified that 94% of respondents rated the home care service as *very good* or *good*. 53% of respondents reported that they lived alone and 81% of respondents reported that they felt more independent as a result of the help they get from their care worker(s).

The DoH requested that the HSCB look at the development of a new way of supporting and caring for people at home. An extensive engagement programme was carried out through a number of events and workshops involving users, carers and family representatives as well as provider organisations and front line staff, and a number of key themes emerged. It was noted that any new model of care and support at home should be outcomes based:

user/person centred; flexible and responsive to changing needs and circumstances; delivered in partnership; innovative; values and asset/strengths based; demonstrate collective partnership; demonstrate collective leadership; be affordable and offer value for money.

Ms Peters outlined the detail of a new model of care and support at home which had been developed based on these key principles. This co-ordinated, person centred approach will identify personal outcomes and support needs with a Care Plan being agreed between the user and the provider and put in place. This Care Plan will be regularly reviewed and updated with user and family advocate along with the complete Care Team. This new approach is a radically different relationship between the service user, the HSC Trust and the provider.

A number of 'proof of concept' projects have been designed to test out some the key changes envisioned by the new model. Four Trusts have been asked to identify a specific aim, measure to ensure change is an improvement, share the learning and outcomes across NI and embed and transfer the practice. Ms Peters summarised the concepts which each of the Trusts are testing and Members noted the detail of each along with the anticipated benefits and challenges.

Ms Peters responded to a number of questions and noted that whilst Transformation Funding is the source of funding for the proof of concepts work, this is time limited. She advised that the proposed new model will have financial implications and consideration is being given to the Implementation Plan with discussions ongoing with DoH. Discussion also revolved around the use of voluntary and community organisations in the delivery of services and she confirmed that monitoring mechanisms are in place.

The Chair thanked Ms Peters for the interesting presentation and looked forward to hearing more about this as the development of the new model of providing care and support continues.

The Chairman invited Mrs Harkin to give a presentation on the Interim Evaluation of the Living Well Moyle Project.

Mrs Harkin reminded Members of the Living Well Moyle Project which was developed following the NHSCT proposal to close Dalriada Hospital in 2015. Local communities and people came together to devise support for people with long-term conditions. As part of this work the Dalriada Pathfinder Partnership was developed and covered the areas of Moyle, Bushmills, Ballintoy, Armoy, Ballycastle, Cushendun, Rathlin and the Glens of Antrim. The Partnership involves the local community and voluntary sector and GPs working with Age NI, HSCB, PHA, ICP, NHSCT, Causeway Coast and Glens Borough Council and a Community Navigator. The Living Well Moyle service model was developed and launched in October 2016.

Mrs Harkin noted that the interim evaluation of the project covers the period from October 2016 to December 2018 and focuses on 105 participants. This early analysis involves a period to period service use comparison approach.

Members noted that the interim evaluation was based on four outcomes;

- Improved health and wellbeing of Living Well Moyle participants
- Improved experience of those delivering services
- Reduced cost of care and support
- The benefit to wider community development

Mrs Harkin summarised the findings of the partnership project against each of these outcomes and Members noted the impressive results. Participants reported sustained improvements in their physical and mental wellbeing. Feedback from volunteers, staff including the Living Well Co-ordinator and GPs was positive with staff and volunteers reporting a benefit to the individuals and to themselves. Early indications are that participants have reduced reliance on unscheduled

care services. The local community have joined with the Dalriada Pathfinder Partnership and people from Living Well Moyle in a variety of activities, initiatives, projects and work.

Members were impressed by the positive findings of the interim evaluation and discussed these in detail. Mrs Harkin outlined the methodology behind this interim evaluation and noted that there had been 105 participants across 5 GP Practices involved in the Living Well Moyle Project evaluated. Practices were given a list of participants involved from their particular Practice and were asked to look at data 6 months prior to the participants' involvement with Living Well Moyle and then looked at the same data during and after intervention - if possible 6 months after. NHSCT was also asked to provide data in relation to Emergency Department attendances and admissions for these participants.

In terms of next steps, Mrs Harkin advised that a more comprehensive evaluation involving a matched cohort will be undertaken later in 2019 early 2020 which would hopefully provide more detail behind the findings, in terms of the how the project has been successful and beneficial to all involved as well as achieving cost savings. Members noted that this interim evaluation report would now go to DoH and given the success of this project it is hoped that this could be rolled out further.

The Chairman thanked Mrs Harkin for the informative presentation on the findings and looked forward to consideration of the full evaluation report at a later date.

NLCG51/19

COMMISSIONING LEAD UPDATE

DoH Suicide Prevention Strategy

Mrs Harkin referred to a recent DoH press release in relation to 'Protect Life 2 - Suicide Prevention Strategy and agreed that this would be circulated to Members for information.

LCG Recruitment Exercise

Mrs Harkin referred to a recent LCG recruitment exercise to fill the current vacant positions of Local Government Representative, General Medical Practitioner and Pharmacist. She noted that Cllr William McCaughey had been appointed to the position of Local Government representative.

NLCG52/19 MEMBERS FEEDBACK FROM MEETINGS ATTENDED

Emotional Well-being Hub

Mrs Darragh provided a brief update on a recent Emotional Well-being Hub meeting which she had attended recently.

NLCG53/19 ANY OTHER BUSINESS

There were no other items of business.

NLCG54/19 DATE OF NEXT MEETING

The next meeting of the Northern Local Commissioning Group will be held on Thursday, 24 October 2019 at 2.00pm in the Conference Room, County Hall, 182 Galgorm Road, Ballymena.