Minutes of the Western Local Commissioning Group held on Wednesday 30th November 2022 at 2pm via Zoom video link

PRESENT:
Cllr Josephine Deehan, Local Government Representative/Chair
Mrs Siobhan Donald, Nursing Representative, PHA
Dr Paul Molloy, General Medical Practitioner Representative
Mrs Fiona Teague, Health and Wellbeing Improvement Manager, PHA
Ms Alison Ferris, AHP Representative, PHA
Mr Dessie Lowry, Nursing Representative, PHA

APOLOGIES:
Mrs Mary T Conway, Community and Voluntary Representative
Cllr Victor Warrington, Local Government Representative
Ms Catherine Cassidy, Deputy Director for Social Care and Children, SPPG
Mrs Charlene Shongo, Assistant Corporate Business Manager, SPPG

IN ATTENDANCE:
Mr Paul Turley, Assistant Director of Commissioning/Commissioning Lead, SPPG
Ms Sally Kelly, Communications Manager, SPPG
Ms Hayley Thomas, Corporate Business Officer, SPPG

DNA:
Mr Hugh Casey, General Dental Practitioner Representative
Mr Donall Henderson, Community and Voluntary Representative (joined at 2.15pm)
Cllr John McClaughry, Local Government Representative
Dr Jacintha O'Kane, General Medical Practitioner Representative
Cllr Brian Tierney, Local Government Representative (left at 2.28pm)

29/22	**CHAIR'S WELCOME AND OPENING REMARKS:** The Chair welcomed Members to the November meeting.	
30/22	**APOLOGIES** Apologies for absence were received from Mrs Mary T Conway, Councillor Victor Warrington, Ms Catherine Cassidy and Mrs Charlene Shongo.	
31/22	**MINUTES OF THE PREVIOUS MEETING** The minutes of the previous meeting held on Wednesday 28 September 2022 were agreed on the proposal of Dr Molloy.	
32/22	**COMMISSIONING LEAD UPDATE** **Declarations and Conflicts of Interest** Members confirmed they had no conflicts of interest in relation to the agenda.	

	Correspondence Commencing Mr Turley spoke of the implementation of the Advanced Care Planning [ACP] Policy for Northern Ireland, launched by the Chief Medical Officer, Professor Sir Michael McBride in October 2022. Providing a brief overview of ACP, Mr Turley explained that it has many benefits in terms of better quality of life at the end of life, peace of mind for individuals and families, helps with decision making at the end of life and is also very important to those individuals in the care system. In addition, ACP has a number of components in terms of personal, clinical, financial and legal aspects. The current public facing document on ACP, 'Your Life: Your Choices', a co-publication between the Public Health Agency and Macmillan Cancer Support will be need to be replaced with a new publication as part of the full implementation of the ACP. In terms of implementation of the policy, Mr Turley said training across health and social care services will need to be taken into consideration and work is ongoing with DoH and PHA colleagues to take this forward. Mr Turley advised he has received a publication from Marie Curie UK regarding Better End of Life Care Programme, 'Better End of Life 2022'. He explained that Northern Ireland participated in this survey and quite a number of recommendations have been suggested in terms of the Palliative Care Programme in NI. One of the key observations is the variations in out of hours care for palliative care across the UK which is accepted as an area for improvement in NI. **Mr Turley to share publication with Members.** Commenting, the Chair agreed that ACP is critical to ensuring that patients' wishes are carried out as they approach end of life. The Chair referred to correspondence issued to Members regarding a number of stakeholder events taking place in the Western Trust area. These events are being run by Figure 8 Consultancy Services Ltd, who have been commissioned by the Public Health Agency (PHA) and the Strategic Planning and Performance Group (SPPG) to carry out a comprehensive needs assessment to better understand the needs of individuals who experience problems with substance use. The Chair commented that she welcomed this progress as this is an area she has a particular interest in and referred to recently published figures in relation to the number of deaths which have occurred as a result of drug misuse. She encouraged Members to engage with this work in determining the needs of people with substance misuse issues. In addition, Mrs Teague advised there have been two workshops to date which have been very proactive and positive with good engagement from services users and providers. She also pointed out the West locality is the	**PT/HT**

	first area to carry out this work across the region and there will be opportunities for more focused discussion over the coming months. Mrs Teague undertook to keep Members updated as work progresses. **Engagements** • Mr Turley referred to significant engagement in relation to South West Acute Hospital in the context of the cessation of emergency general surgery. Further discussion on this topic at agenda item 34/22. • Meetings with Trust colleagues, particularly in relation to performance issues. Further discussion on this topic at agenda item 35/22. • Mr Turley informed Members that he has been involved in a Review of Assistive Technology in Health and Social Care which will look specifically at commissioning arrangements. Assistive Technology he explained has a very wide scope to include equipment used in patients' homes and widening to digital/computerised technologies to allow people to remain in their own homes. Work will continue until March 2023 after which time a report will be available. • Mr Turley also advised he has been involved in engagement with Western Trust in relation to pressures on ENT Services, however, there is nothing specific to report at this time. • The Chair apprised Members of significant engagement in November when Fermanagh and Omagh District Council were formally briefed by Western Trust Chief Executive and Senior Members of his Team on the temporary suspension of Emergency Surgical Services at the South West Acute Hospital (SWAH). This is a matter of great concern for local Councillors and the local population and will have further discussion later in the meeting. She also updated Members of the recent Annual General Meeting of the South West GP Federation and spoke of the concern within Primary Care regarding practices experiencing great difficulties and in particular Maple Health Care who have indicated their intention to return their contract to the SPPG. The situation she said is not unique to the South West of the Western Trust area, however it is more widely the case and indicates the need for urgent support for Primary Care. • Referring to the Integrated Care System [ICS] Workshop held on 11 November 2022, the Chair said she found this to be a very valuable engagement but did note a full day would have allowed a more detailed discussion on the various workstreams. In addition, she said there is general agreement at LCG Chairs and Leads meeting earlier in the day that there is a major role for Local Commissioning Groups to input into these workstreams and a broad acknowledgement that within the LCG there is a wide range of experience that could be drawn upon when setting up the ICS. This is the forum to raise concerns and she urged Members that if they are interested in feeding into workstreams and	**FT**

	would like any information as to how to join groups to contact Paul or Hayley.	
33/22	**<u>Matters Arising</u>** Mr Turley took Members through the Matters Arising from the previous minutes, a copy of which had been shared with Members prior to the meeting and included:- • ICP Scoping Exercise A copy of Mrs Millar's presentation was shared with Members as requested. In addition, Mr Turley advised he had received further information which would be of interest to Members and agreed to circulate to Members. • Western Trust Performance To be kept as a standing item on the Agenda. Mr Turley will speak to this item later on the agenda. • Concern regarding GP Practices in West. Further update has been requested from Primary Care. Interim arrangement in place with the Western Trust until 31 March 2022. Department of Health and SPPG looking at options to enhance the GP population. • International Medical Graduates. • SPPG and Department looking at Pathway to facilitate Graduates to take up professional posts. Primary Care colleagues to provide a further update.	
34/22	**<u>REPORT BY COMMISSIONING LEAD</u>** • **<u>Update – Emergency General Surgery – SWAH</u>** Commencing, Mr Turley said there has been a lot of activity between the Department of Health, the SPPG and the Western Trust in relation the position the Trust has had to take regarding this key service owing to significant issues in regard to the surgical rota which in turn has brought a risk to service provision. These issues have precipitated the Trust to take action and look at alternate pathways on a temporary basis from 4 December 2022. Communication is ongoing with the Trust in relation to the process. Members will also be aware of the significant media coverage. The Trust is currently engaged in a recruitment process which closed in late November 2022 and are working to reinstate the service if possible. Mr Turley also referred to the Review of General Surgery carried out in Summer 2022, led by Professor Dr Mark Taylor and the subsequent Report published. Report looked at Emergency and Elective Surgery and identified a number of standards associated with the provision of General and Emergency General Surgery at various facilities across the region. Concern was that SWAH did not	

	meet these standards in full which would necessitate a reshape of surgery across the Western Trust and Trusts in general. It was noted that Daisy Hill Hospital had experienced a similar issue with the provision of emergency surgery earlier this year with temporary arrangements now in place. The Minister [before leaving office] had noted the option for an Elective Overnight Care Centre at Daisy Hill and signalled that there is the opportunity for a similar type service at SWAH. Trust has been working with a number of stakeholders in relation to various pathways once Emergency General Surgery is temporarily suspended. The Trust will have to go through a public consultation in relation to these changes and there will be public events held. Mr Turley undertook to share details when available. The Chair thanked Mr Turley for his update adding that when the Trust made the announcement on 17 November 2022, it did cause a lot of concern in the community and many Councillors felt that communication had been unacceptable. Adding, that without a successful recruitment of General Surgeons it is difficult to see how the service can be reinstated. She referred to input received from Professor Taylor who led the Review of General Surgery whereby he explained that because of increasing specialism in surgery the concept of a general surgeon is hard to find, however, she is aware of a major international recruitment campaign and will be interested to see the outcome of this. The Chair also voiced her concern regarding ongoing discussion between senior members of WHSCT on identifying alternate care pathways and that this information should be cascaded to GPs and other healthcare workers as soon as possible so the public can be reassured that these pathways will safeguard their health and wellbeing. She is aware this will pose a challenge as there is a lot of public concern at the potential impact on loss of acute surgery on other acute services. Uncertain times ahead, compounded with the crisis in primary care provision and it is important the LCG flag concerns and protect service delivery to the local population and ensure pathways are as robust as possible. Mr Turley noted the Chairs concerns and assured the Group that he will represent the voice of the LCG when engaging with the Trust. The Trust, he said have identified and are currently working through a number of patient pathways and will meet with SPPG to have a further discussion in relation to the implementation of these pathways in advance of the service ceasing on 4 December 2022. Meetings have also taken place with Northern Ireland Ambulance Service (NIAS) and the Southern Trust in relation to their capacity to receive patients as part of the pathway changes.	

New Integrated Care System

- An ICS Workshop was held on 11 November 2022 and was well attended by representatives from the five Local Commissioning Groups. An Introductory presentation was delivered by Ms Martina Moore, Director for Transformation, DoH on the development of ICS model and how the programme will be taken forward. There was opportunity for a number of breakout session to discuss a number of pathways and the focus was very much on the architecture around the new ICS Model. There continues to be a legislative requirement, particularly in relation to the new Area Integrated Partnership Boards (AIPBs) and as Members will be aware, the lack of Government will be a constraining factor to the full implementation of the Model. There was significant discussion around accountability and governance arrangements and further consideration to be given, particularly around membership of AIPB.

  There is still a considerable amount of work to be done and an Implementation Project that will look at the areas such as Finance, Human Resources required to support process, learning platforms and also thinking on locality and community arrangements.

  Mr Turley shared a slide with Members outlining the Governance arrangements and projects which included a number of workstreams.

  He reiterated that there is now an opportunity for Members to get involved a communication will be issued to emphasis this.

  Dr Molloy commented that there needs to be GP involvement and it is difficult to see how this can and will progress due to the lack of money and government. Dr Molloy offered that he would be happy to be involved to represent GP's.

  In response to Dr Molloy, Mr Turley said there has been a change in arrangements since framework document was published in September 2021 with the Permanent Secretary, Mr Peter May now in direct management of process and a Programme Board in place chaired by Mr May which reflects the emphasis in regard to implementation, however, he did agree the political situation will be a challenge in respect of final sign-off.

  Chair agreed with Dr Molloy's frustration but advised they were fortunate at the LCG Chairs and Leads meeting to be joined by Mr Paul Cavanagh who made the point that LCG's should be a conduit for feeding information from grass roots into the system and are a valuable resource when it comes to planning new systems and structures to ensure that whatever is set up does address the needs of the local population.

  The Chair also thanked Dr Molloy for his offer of support in representing GP's.

35/22	**WESTERNTRUST SERVICE DELIVERY** • At the previous meeting in September 2022, Mr Turley outlined the priority of getting service delivery back on track to pre-pandemic levels and noted that this will be a key agenda item for the new Performance Transformation Executive Board [PTED], chaired by the Permanent Secretary, Mr Peter May. The forum he reminded Members receives Performance Reports from Trusts on a monthly basis. By way of update Mr Turley said we are currently in the second quarter of reporting looking at October 2022. The approach is looking at a number of indicators and in relation to the Western Trust there are 33 indicators which are relevant and are designated red, amber, green and blue. Against each of the areas of consideration there are projections which have been worked out based on the 2019/20 activity. The Report covers a range of different service areas such as NIAS, Unscheduled Care, Elective Care, Cancer Services, Stroke, Cardiology, Specialist Services, Community Services and Primary Care Services. Over the past number of months, the Western Trust has proved reasonable in relation to performance. Of the 33 relevant KPI's there are 16 red, 4 amber, 13 green and blue. Those in a positive position include; domiciliary care hours, child protection arrangements, mental health assessments, MRI and CT availability, cardiac services and cancer performance. October report going to Executive Board later in the week where further consideration will be given. Deputy Secretary, Mrs Sharon Gallagher crystal clear with Trusts on the imperative of getting back to pre-pandemic levels and has been following up on a Trust by Trust basis to emphasise this system priority. Mr Turley invited comments from Members and the following points were noted:- • Mrs Donald, PHA Nursing Representative noted that in relation to the recent Emergency Care Summit that involved discussion on unscheduled care, ambulance waits and the number of individuals waiting in emergency departments for a decision to admit. She advised a number of letters have been issued by the Deputy Secretary to the Trusts in terms of regional actions and Dr Margaret O'Brien will be engaging with Primary Care colleagues. Trusts have been asked to report on a number of actions in terms of cohorting of ambulance waits and also in relation to potential direct admissions by GPs. She said Members would be aware there are significant pressures across the unscheduled care system and there is a focus on discharges, care home availability and processes to get patients discharged. Mrs Donald agreed to provide updates as they are available	

	The Chair thanked Mrs Donald for her comments and said the pressures being experienced by emergency departments is a matter of concern for everyone. She would welcome direct referrals for GPs being reinstated for General Medical and surgery and there is a need to do all we can to take pressure off emergency departments by working together to achieve better outcomes and make progress in this area. Mr Turley said he has the advantage of working across two Trusts, South Eastern and Western Trust, both of which are working extremely hard with specific challenges in specific areas. In the West the number of vacant posts being covered by locums is very noticeable. However, he acknowledged the Western Trust have been able to make a number of substantive appointments in areas such as ENT, General Surgery, Paediatrics, Gastroenterology, Endocrinology and Dermatology which is positive in terms of future elective performance.	
36/22	**ANY OTHER BUSINESS** • **Community Planning** Mr Turley advised that in the past the LCG Leads would have sat on Community Planning Partnerships but since the HSCB ceased in March 2022, this link has been lost and he feels consideration should be given to an update in relation to Community Planning and any significant issues/decisions from the PHA or Local Government Representatives on the LCG. • **Cost of Living Crisis** Mr Turley acknowledged the cost of living crisis and the clear impact this would have on future health and wellbeing particularly for those most vulnerable in our communities. • **Industrial Actions** Referring to the proposed Industrial Action to take place in December 2022, Mr Turley noted concern regarding the impact to services and service delivery. As there was no further business, the Chair thanked Members for their input and attendance and closed the meeting.	
37/22	**DATE OF NEXT MEETING** The next meeting will take place on Wednesday 25th January 2023 via zoom.	

SIGNED: _____

DATE: _____