

**Minutes of a Meeting of the Population Health and Partnership
Committee held on
Thursday 12th March 2026 at 10:00 a.m. in the Committee Room,
Trust Headquarters, Craigavon**

PRESENT:

Mr C Stewart, Non-Executive Director (*Chair*)
Mrs M Corkey, Non-Executive Director (*via MS Teams*)
Mrs L Ensor, Non-Executive Director
Mr C McCafferty, Director of Children and Young People & Women's
Services/ Executive Director of Social Work
Ms J McGall, Director of Mental Health and Disability
Ms E Wilson, Director of Planning, Performance and Informatics
Mr G Rocks, Assistant Director Promoting Wellbeing
Mr B Beattie, Director of Adult Community Services
Mrs P Tally, Assistant Director for Quality Improvement
Mr P Alexander, Service User Partner
Mrs A McCorry, Head of Pharmacy (*attending obo Mrs T Reid*)
Mr S Wallace, Head of Office
Mrs R Montgomery, Senior Project Manager
Mrs R Vennard, Committee Secretary (*Minute taker*)

APOLOGIES:

Dr S Austin, Medical Director
Mrs T Vanloo, Service User Partner
Mrs T Reid, Director of Medicine and Unscheduled Care

1. WELCOME AND APOLOGIES

The Chair opened the meeting by welcoming members to the first session of the newly formed committee and emphasised the importance of establishing a strong start. Members were invited to share feedback on what is working well, what is not, and any areas that may require adjustment.

The Chair discussed the new role within this committee for the service user representatives Mrs Vanloo and Mr Alexander, transitioning from the previous Patient Service User Experience Committee, and noted that there is a draft document included in the meeting pack which is currently being reviewed.

The Chair noted the apologies as above and it was noted that Mr McCafferty would join the meeting at 10.30am and Mrs McCorry at 11am on behalf of Mrs Reid.

2. DECLARATION OF INTERESTS

The Chair asked members to declare any interests in relation to items on the agenda. There were none noted by members, the Chair informed the committee that his niece is a partner in a GP practice in Lurgan, and her husband is a doctor within SHSCT. As partnership with primary care is an intrinsic focus of this committee, this was declared for completeness.

3. CHAIR'S BUSINESS

No specific Chair's business was raised.

4. APPROVAL OF TERMS OF REFERENCE

The Chair stated that the terms of reference for the committee have been provided for approval today, pending any minor changes to ensure that it is consistent with the document for the service user representatives.

The Committee approved the ToR subject to minor changes relating to consistency of role definitions.

5. SERVICE USER INVOLVEMENT UPDATE

Mr Rocks provided a comprehensive presentation outlining statutory duties, structures and current activity in relation to Personal and Public Involvement (PPI). He noted that this is a high-level overview for the committee in terms of the Trust's current position. Mr Rocks began by discussing the meaning of PPI/User involvement, emphasising the importance of involving service users.

The regional context around this work is that the Health and Social Care Reform Act (2009) requires meaningful engagement with service users, carers, and the public. Guidance has been received around the involvement of service users and carers in all aspects, and the Trust is required to submit reports to the PHA to allow them to monitor compliance.

The end of year report is set around the regional standards for PPI and sets the standards for what is expected and what should be demonstrated.

In terms of support to embed PPI, Mr Rocks updated that there is a lot going on within the Trust and there are good structures and processes in place to support this which have continued to strengthen as the years have gone on.

The PPI team sits within the supporting wellbeing team, they support staff with engagement, resources and also articulate all of the information back to the PHA as part of the twice-yearly monitoring.

It was noted that if service users have not been registered with the team that there is the risk of losing out on resources, support and training so it is important to ensure that they are registered for their involvement.

The Community of Involvement, which has 36 registered service users, brings all the service users together throughout the year to share learning and experience. There are also care experience hubs aligned to operational directorates made up of staff and service users to discuss improvement opportunities through involvement. There are over 30 staff who have undergone PPI Champion training to actively encourage others of the need to include service users. Mr Rocks discussed the range of activities involving service user and noted that Quarters 1-3 had approx. 142 active or completed projects with involvement.

Some examples of service user involvement were provided along with the impact they had. One such project was the TILT (Tackling Isolation and Loneliness Together) campaign, which addresses the issue of loneliness and isolation through existing networks. This project has led to the development of workshops within the community. This was a co-produced and co-delivered piece of work in the Newry, Mourne and Down area.

Seasons of Life Bereavement Support Initiative was also mentioned and Mr Rocks noted that this is an award-winning project around the provision of support for young people managing grief.

Mr Alexander mentioned that he was involved in the Purple Heart project within the Trust, however, since the implementation of encompass, this initiative has not been embedded into the system. Across the region, purple is recognised in relation to palliative care, so a new forget-me-not flower image is being worked on as an alternative option.

Some challenges were noted in relation to working in partnership, service user burnout (widening the register would help prevent this), reducing the reporting burden in terms of trying to streamline the PHA report, access to information and resources and encouraging more staff to get involved and undertake the PPI training.

The Chair thanked Mr Rocks for the thorough report and for establishing the base for groundwork within the committee.

Mrs Ensor noted that the leadership structure in the presentation is showing a Non-Executive Director (NED) as having oversight for PPI and queried if the role would be undertaken by an independent NED or a NED within the committee. Mr Rocks agreed that some discussion within the committee would be welcome. Mr Wallace advised that these NED roles are due to be discussed at a meeting of the Chair and NEDs and it was confirmed that this will be brought back to the committee in the future.

Mrs Wilson raised a query around the volume of projects within the acute directorate as it is lower than elsewhere. Mr Rocks noted that awareness work is ongoing and senior management level advisement is taking place currently. Mr Rocks also mentioned that the team only know what is reported to them and there may be other projects not notified. Mrs Wilson suggested that placing focus on a specific directorate may be beneficial and Mrs Ensor concurred that informal verbal feedback recently has been raised in terms of improvements within the Emergency Department.

Mrs McGall agreed that there is potentially a level of under-reporting as PPI work is so ingrained within the work that they do in Mental Health and Disability that it is not always considered to complete a form to advise of it.

ACTION – A thematic report in terms of work in PPI within acute services to be presented to the Committee at June 2026 meeting. Timely Care should also be included – Mr Beattie and Mr Rocks will discuss further to work out the details of the report.

Mrs Tally noted that there are 80-90 QI projects where service user work is embedded and training is as standard. Service user feedback is an important element of this in terms of measuring the improvement. It becomes a way you do business and there is significant involvement across all services. Mr Rocks noted that the way Trusts are held to account in terms of their PPI involvement may need to be measured differently as it becomes business as usual.

ACTION – Include a discussion on the regional framework around PPI on a future agenda.

ACTION – PPI Mid-Year (October) monitoring report to be a standing item on the Committee workplan for assurance.

Item accepted for Assurance.

6. PARTNERSHIP WORKING – PROMOTING WELLBEING PERSPECTIVE

Mr Rocks gave a brief high-level summary of partnerships that are known to the team, or they are actively involved in, however caveated that there may be others that are not notified ongoing within the Trust.

Mr Rocks discussed Community Planning Partnerships, noting that Local Councils are responsible for this and it is set in legislation. The Southern Trust interacts with three Councils Armagh, Banbridge and Craigavon (ABC), Mid Ulster and Newry Mourne and Down. In each of the council areas there will be a focus on health and wellbeing themes and the Trust works in partnership to drive these developments forward. Policing and Community Safety Partnerships (PCSPs) and Multi-Agency Support Hubs (MASH), have a key focus on addressing policing and community safety issues at a Council level and the Trust interacts in terms of affecting positive change for health and wellbeing.

The Children and Young People's Strategic Partnership within the Trust is designed for supporting positive outcomes for children and young people and their families. Infant mental health was also highlighted as well as the protect life implementation group which involves a wide range of community

voluntary sector. The Verve healthy living network is supported in the Trust and has been expanded to enable a local network.

Mr Rocks advised that this is just a snapshot of the work ongoing to share with the committee.

The Chair thanked Mr Rocks for this report to the Committee.

STRATEGIC THEMES

7. REGIONAL NEIGHBOURHOOD MODEL OF CARE

Mrs Wilson gave an update in terms of the Neighbourhood model as one of the Permanent Secretary's priorities in the Reset Plan. The growing challenges in sustaining the model we have were highlighted and it was noted that the neighbourhood model is designed to try and ensure people stay out of the hospital and in the community as long as possible. This aligns with the Trust's strategy.

The model is expected to be funded from existing baselines. The management and oversight is expected to be funded only at the centre (SPPG) and Ms Wilson raised concerns that the Trust will be expected to drive this work forward without resources.

The model is designed as a place based care model to bring the health and care approach along with community sector. In terms of taking this forward the design phase has completed, and the information has been gathered, and the department are going through their build phase. The implementation phase is due to start at 1st April and involves setting up integrated neighbourhood teams.

Mrs Wilson discussed the advantages that are hoped will be achieved from the new model of care, however, highlighted that there is a proposed 2% annual shift of resource from acute to community, without transitional funding which poses a financial risk.

Mr Stewart queried if the model will work well with the way the Trust is currently set up, Mrs Wilson noted that we already have good partnership work already happening within SHSCT and hopes that this will provide a good base for the work.

Mr Alexander queried what the digital aspect of the plan might entail, Mrs Wilson noted that this would most likely revolve around areas like remote monitoring to ensure people are able to receive advice while staying in their homes longer.

ACTION – The Neighbourhood Model is to be a standing agenda item for monitoring progress, risks and resource implications.

ACTION – The Chair will liaise with the Finance Committee Chair on financial assurance regarding the 2% shift and transitional funding.

8. STRATEGIC THEME – WHOLE LIFE APPROACH - AGE WELL

Mr Beattie noted that the Age Well group is the 65 years and older group, it sits in the middle of the corporate strategy, cutting across the population health pillars of start well, live well, age well. Age Well spans across, not only older people's health and wellbeing, however also covers end-of-life and bereavement support.

The presentation provided information in relation to the work that is currently ongoing in Adult Community Services and it was highlighted that in a 12 month period, they have dealt with in excess of 95k calls through their Access and Information service. Mr Beattie explained that these calls can vary significantly, sometimes the caller just required information or reassurance with the team resolving this on the spot. In other cases, the Access and Information service will either signpost to community and voluntary partners or on some occasions they will make referrals directly into Trust or other external services, which the Trust fund at some level.

Mr Beattie noted that Age Well also has a collaboration project in connection with dementia and hopes to get involved in projects with palliative care and end of life. Mr Beattie highlighted the need for improving staff capability, ensuring dementia-informed interactions across all settings and embedding consistent approaches to early identification, care planning and communication.

Mr Alexander made a suggestion that SHSCT could perhaps get involved with Life and Time in Warrenpoint/Rostrevor, which is a strong local model of community-embedded end-of-life care.

Mr Beattie emphasised that that Age Well also encompasses interaction with Timely Care and encouraged the committee to take time to review the presentation thoroughly.

9. UPDATE ON STRATEGIC THEME – COMMUNITY FIRST

Mr Beattie gave a brief update, noting that Community First work was central to the Trust's strategy. A slide was presented reflecting the volume of support work within the SHSCT and gave some sense of the enormity of work taken forward with community settings on a daily basis, compared to the relatively smaller numbers being dealt with daily within inpatient settings. The neighbourhood project was referred to again following the previous discussion on this topic, as being central to community work.

On any given morning the Trust is providing domiciliary care to approximately 5000 people, underlining how essential it is to invest in community-based capacity and efficiency.

Mr Beattie walked the Committee through the various "bands" or "steps" of the continuum of care. At the outset, many people engage with services while still very independent, and at this stage, the Trust's role is to direct them to non-Trust services such as community and voluntary organisations. As dependency progresses, individuals begin to access early stage Trust services, such as Integrated Care Teams or Rapid Response clinics, feeding into and drawing from multi-disciplinary teams which are central to providing joined up community care.

Areas of the work that adult community services are involved in was discussed by Mr Beattie, drawing attention to Timely Care, Hospital at Home and Phone First and noting that further detail is provided within the presentation for members to review, in their own time.

Advanced Care Planning is being considered in relation to ensuring people can stay in their home setting longer, when this is appropriate and Mr Beattie noted that there is a lot of overlapping work on this and other topics discussed today, across a range of Trust and Regional projects. Timely care was referenced and the work that has been undertaken to try and prevent needless transfers and ensuring that people get the right care at the right time, in the right place.

Mr Alexander complimented the community first approach and patient centred care.

10. DISCUSSION OF THEMES FOR MEETING JUNE 2026

Mr Stewart noted that everything today has been incredibly helpful, however, on reflection, the agenda was too big for the time allowed and he would like to reduce some of the items going forward.

Mr Stewart would like the Neighbourhood Model item to be included going forward to ensure updates are received in the group and it was agreed to have this as a standing item on the agenda. The volume, complexity and importance of the work was emphasised and the need to ensure that reports receive appropriate time for discussion.

11. CORPORATE RISK REGISTER

Mr Stewart discussed that the Corporate Risk Register is included on all committee agendas to ensure oversight of any relevant risks. Mrs Wilson noted that the expected 2% reduction from acute to community through the neighbourhood model will need to be discussed in terms of a potential risk for inclusion.

12. COMMITTEE WORKPLAN 2026

The committee approved the workplan with the caveat that it is flexible given that the committee is new.

Other areas to include:

- The Neighbourhood Model as a standing item
- The PPI October report for PHA scheduled for assurance
- Directorate Level PPI sessions, commencing with acute.

The Committee Workplan was approved subject to those suggestions.

13. ITEMS FOR TRUST BOARD ESCALATION

Nothing to escalate from the Chair, however, consideration to be given to the 2% reduction from acute to community due to the Neighbourhood Model.

14. ANY OTHER BUSINESS

The Service User Role document was noted as draft, with a suggestion to replace “ambassador” with “partner”. Members to provide comments prior to final approval at the next meeting.

ACTION – Secretary to circulate the revised Service User Partner role draft for comment and schedule for approval at next meeting.

It was discussed by member of the Committee that the next Committee date of 11th of June, does not suit everyone so date will need reviewed and changed.

ACTION – Secretary to poll for alternative date for the 11th June Committee meeting and confirm with diary invitation.

The Chair thanked everyone for their contributions to the meeting, reflecting that it has emphasised the huge volume of work ongoing across the Trust on every level, and the importance of ensuring that we capture it, are aware and value it and also that we encourage and develop it and do what we can to support it.

The meeting concluded at 12.10p.m.