Southern Health and Social Care Trust
TOGETHER, IMPROVING CARE, TRANSFORMING LIVES

Minutes of a Meeting of the Population Health and Partnership Committee held on Tuesday 2nd June 2026 2 p.m. in the Committee Room, Trust Headquarters, Craigavon

PRESENT:

Mr C Stewart, Non-Executive Director *(Chair)*
Mrs M Corkey, Non-Executive Director
Mrs L Ensor, Non-Executive Director
Mr C McCafferty, Director of Children and Young People & Women's Services/ Executive Director of Social Work
Ms E Wilson, Director of Planning, Performance and Informatics
Dr S Austin, Medical Director
Mr G Rocks, Assistant Director Promoting Wellbeing
Mr B Beattie, Director of Adult Community Services
Mr P Alexander, Service User Partner
Mrs T Vanloo, Service User Partner
Mrs Tara Mulholland, Assistant Director of Specialty Medicine Divisions, Stroke & Frailty, Endocrine & Diabetes
Mr D McClements, Interim Director of Surgery and Clinical Services
Mrs G Hamilton, Executive Director of Nursing, Midwifery, AHPs, Functional Support Services and Infection Prevention & Control (item 6)
Mrs R Montgomery, Senior Project Manager

APOLOGIES:

Mr S Wallace, Head of Office
Ms J McGall, Director of Mental Health and Disability
Mrs P Tally, Assistant Director for Quality Improvement

1. WELCOME AND APOLOGIES

The Chair opened the meeting by welcoming members and noted the apologies as above, it was noted that Dr Austin would join the meeting at 3pm.

2. DECLARATION OF INTERESTS

Members confirmed that there were no conflicts of interest in relation to the agenda. The Chair noted updates to his register of interests, including extended family members working in primary care and confirmed these did not impact on decision making for this meeting.

3. CHAIR'S BUSINESS

No specific Chair's business was raised.

4. MINUTES FROM LAST MEETING 12TH MARCH 2026

The minutes of the meeting held on 12 March 2026 were reviewed. No amendments were requested, and the minutes were formally approved as an accurate record.

5. MATTERS ARISING

An update was provided on outstanding actions. Mr Stewart reported that he had not yet progressed the planned discussion with the Chair of the Finance Committee in relation to the proposed 2% budget shift, noting that the absence of a confirmed financial position meant that such a discussion would be premature. Members agreed that this should remain open until there is greater financial clarity. Other actions were either completed or included on the agenda.

PATIENT AND SERVICE USER INVOLVEMENT

6. WORKING TOGETHER STRATEGY – KEY PERFORMANCE INDICATORS

Mrs G Hamilton presented an update on the Working Together Strategy and associated performance indicators, including progress in bereavement services.

Mrs Hamilton highlighted that, despite previous operational challenges linked to the Encompass rollout and leadership changes within Care Experience Hubs, these issues had largely stabilised, with new chairs now appointed. Bereavement services had continued to strengthen, supported by improved training, development of bereavement champions, and strong regional collaboration.

A significant portion of the discussion focused on sustainability risks. Mr P Alexander raised concerns regarding the reliance on a single bereavement coordinator, questioning the adequacy of contingency arrangements. Mrs Hamilton advised that while corporate nursing staff could provide limited

cover, they would not be able to deliver specialist training, thereby creating a clear gap.

Mr C McCafferty emphasised that this risk should be assessed appropriately within the Trust's risk framework and not viewed in isolation, noting that bereavement impacts all directorates. Mr B Beattie further reinforced that the risk relates to the lack of funded staffing and should therefore be considered a shared organisational risk rather than one confined to nursing services.
Mrs L Ensor sought clarification on how such a risk would be categorised, and Mr McCafferty explained the process of risk stratification across team, directorate, divisional, and corporate levels.

The Committee also discussed potential future models of care. Mr McCafferty proposed exploring more multidisciplinary approaches, including clinic-based coordination of bereavement support, particularly within children's services. Mrs Hamilton confirmed willingness to work collaboratively in this area and referenced existing staff support resources and regional developments.

Members also discussed reputational risk. Mr P Alexander highlighted that failure to provide appropriate support at times of bereavement could negatively impact public perception of the Trust.
In relation to the Care Experience Hubs, members sought assurance regarding their sustainability and effectiveness. Mrs Hamilton confirmed that a formal review of the Working Together Strategy, including the hubs, is underway and will set out next steps.

The Chair commended the significant progress achieved despite limited resources and emphasised the importance of ensuring long-term sustainability.

ACTION - Mrs G Hamilton to bring a detailed update on the Working Together Strategy review, including hub effectiveness, governance, and KPIs possible to the meeting in November.

ACTION - Mrs G Hamilton to ensure the bereavement service risk is formally assessed and recorded at the appropriate level within the risk register.

ACTION - Mr C McCafferty to explore opportunities for multidisciplinary bereavement support models and report back.

ACTION - A comprehensive update on bereavement services and strategy effectiveness to be presented later in the year.

7. PERSONAL AND PUBLIC INVOLVEMENT ANNUAL MONITORING REPORT

Mr G Rocks presented the annual monitoring report submitted to the Public Health Agency.
Mr Rocks outlined that 203 involvement opportunities had been recorded, representing a significant increase from the previous year. However, he noted that the PPI team is small and has experienced staffing challenges, including long-term sickness absence, which has impacted capacity.

Mrs M Corkey acknowledged the strong progress made but highlighted variation in engagement across directorates, stating that some areas demonstrate strong practice while others require further development. Mr Rocks confirmed that the introduction of dashboard reporting is intended to address this by providing clearer visibility and enabling shared learning.
The Committee discussed data limitations, noting that activity is only captured where it is reported and that there is insufficient follow-up reporting on impact. Mr P Alexander emphasised the importance of broadening the service user base and ensuring that feedback is not drawn from a limited cohort.

Mrs L Ensor raised the potential role of external partners such as PCC. Mr B Beattie and Mr P Alexander reflected on previous challenges in engagement and attendance, suggesting that a more considered approach is required before re-engaging.
The Chair welcomed the report and noted the importance of aligning future Committee meetings with reporting timelines to allow prior scrutiny.

ACTION - Mr G Rocks to review engagement with external partners (including PCC/Patient Client Council) and bring forward proposals

8. THIS IS OUR HEALTH

Mr G Rocks provided a comprehensive overview of the regional “This Is Our Health” public engagement campaign, which has been commissioned at a ministerial level to initiate a broader public conversation on the future of health and social care in Northern Ireland. He explained that the campaign is designed to gather population-level views to inform medium- to long-term planning, with a particular emphasis on prevention, early intervention, and shared responsibility for health outcomes.

Mr Rocks outlined that the campaign had been introduced at short notice, requiring a significant and often out-of-hours commitment from staff to deliver an extensive programme of face-to-face engagement activity across community and healthcare settings. In response, the Trust mobilised a multidisciplinary group of approximately 15–16 staff, significantly exceeding the original expectation of 12 engagement opportunities by delivering more than 30 events.

In terms of reach, Mr Rocks advised that approximately 3,000 responses had been received across the region, with around 800 attributable to the Southern Trust area. He noted that analysis of engagement data demonstrated that the highest response rates were generated through direct, face-to-face engagement rather than through digital or passive channels.

Mrs M Corkey expressed concern regarding the visibility of the campaign, stating that she had not been aware of it prior to the presentation. While acknowledging the efforts of staff locally, she questioned the effectiveness of a campaign that had not achieved wider public awareness, noting that this limited its potential impact as a meaningful engagement exercise.
Mr P Alexander provided further comment, particularly in relation to the design of the engagement materials and questions. He suggested that the framing of the questions lacked clarity and depth, raising concerns about how meaningful or actionable the resulting data would be. He also raised specific concerns regarding accessibility, noting that the design of materials, including visual presentation and colour schemes, may not adequately support individuals with cognitive impairments or other additional needs. He described this as indicative of a lack of genuine co-design with service users at the outset.

Mrs T Vanloo supported these concerns, highlighting that despite outreach efforts, she had not observed the campaign being widely disseminated across community and voluntary sector networks. This raised questions regarding the effectiveness of communication channels and whether key audiences were being reached.

Members also reflected on the delivery model, noting that while direct, face-to-face engagement had proven effective, it placed significant demands on staff and would not be sustainable as a longer-term approach. There was a view that greater alignment with existing platforms and communication channels, including digital tools such as My Care, could have improved both

reach and efficiency, although it was acknowledged that the short lead-in time limited the feasibility of such approaches.
The Committee also expressed concern regarding the wider system context, noting that the campaign had been presented to Trusts as a directive rather than a co-designed initiative, which limited local influence over its design and delivery. Members reflected that this may have contributed to some of the challenges identified.
The Committee acknowledged the strategic importance of engaging the public in shaping the future of health and social care and recognised the considerable effort made by Trust staff to deliver the campaign under challenging circumstances. However, members were clear that the effectiveness of the campaign is constrained by limitations in design, accessibility, communication, and planning.

ACTION - Mr G Rocks to provide structured feedback to the Public Health Agency, reflecting the Committee's concerns regarding campaign design, accessibility, inclusivity, and delivery model.

ACTION - Members to support ongoing promotion of the campaign within their networks to maximise final engagement opportunities.

9. USER INVOLVEMENT UPDATE

Mr G Rocks provided a detailed overview of user involvement activity across the Trust, with particular reference to MUSC and SCS directorates. He outlined that the report builds on the previously discussed annual monitoring data and provides a more granular view of how involvement activity is being undertaken across services.

Mr Rocks advised that 203 involvement opportunities had been recorded across the organisation during the reporting period, with the majority completed and a smaller proportion ongoing or not progressed. He emphasised that inclusion of "non-progressed" opportunities was intentional, as it demonstrates that initial engagement and conversations are taking place, even where these do not ultimately result in a completed project. This was presented as an indicator of a developing culture of involvement rather than a reflection of performance failure.
He also highlighted that staff capability in delivering involvement activity is improving, with many teams increasingly confident to undertake engagement independently of the central PPI team. While this was viewed positively in terms of embedding practice, it also presented a challenge in ensuring that

activity is consistently reported back to enable a complete organisational picture.

The Chair welcomed the dashboard approach, noting that it provides a clear and accessible overview of activity and supports a more informed discussion on performance.

Mr C McCafferty noted that involvement should not be viewed as an activity led solely by the PPI team, but rather as a fundamental component of every interaction within health and social care. He noted that while formal projects are important, there is a broader cultural expectation that service users should be actively listened to and involved in shaping services at all levels.

Ms Tara Mulholland provided a practical perspective, noting that while it was encouraging to see involvement activity within her directorate, embedding involvement within day-to-day operational processes would be more sustainable than relying on discrete projects. She suggested specific opportunities, including the involvement of service users in recruitment and selection processes, reflecting practice in other organisations. Mr Rocks confirmed that service user participation in recruitment has been implemented in some cases, particularly at senior level, and advised that there may be scope to expand this more widely, subject to HR processes.
Mrs M Corkey reiterated the importance of consistency across directorates, noting that while some areas demonstrate strong engagement, others remain at an earlier stage of development. She emphasised that the purpose of reporting should not be comparison or competition but rather to support learning and improvement across the organisation.

The Committee welcomed the progress made in strengthening user involvement across the Trust and acknowledged the challenges faced by a small central team in supporting this work. Members recognised that the organisation is moving in a positive direction, with increasing levels of activity and growing staff confidence in delivering involvement.

PARTNERSHIP WORKING

10. WHOLE LIFE APPROACH – START WELL

Mr C McCafferty provided a verbal update on the “Start Well” element of the Whole Life Approach, advising that a more detailed paper will be brought to a future meeting. He outlined that children’s services within the Trust are relatively well advanced in terms of early intervention and partnership

working, supported by structures such as the Southern Area Outcomes Group, which coordinates activity across agencies.

He highlighted a number of examples to illustrate this approach, including a partnership with Dungannon Primary School, where a speech and language therapist has been embedded within the school setting on a full-time basis. This model was presented as a practical and innovative solution to reducing disruption for children and families, improving access to services, and supporting better outcomes, particularly in a diverse school population with a high proportion of children with additional needs.
Members welcomed these examples and recognised the tangible benefits of delivering services in community settings. However, discussion quickly moved to the extent to which such initiatives are being systematically identified, supported, and scaled across the organisation. The Chair reflected that these types of examples represent precisely the kind of transformation the system is trying to achieve and that there is a need to ensure they are not isolated or dependent on individual leadership or local enthusiasm.

Mr P Alexander emphasised that while the Committee was hearing positive examples, there remained limited public visibility of this work. He noted that greater awareness of such initiatives could strengthen public confidence and demonstrate the value being delivered within communities. Mrs T Vanloo supported this view and suggested that more could be done to communicate positive developments through existing Trust channels, including digital displays within hospital environments and other high-footfall areas.
There was also recognition that while innovation is taking place, sustainability remains a key concern. Mr McCafferty acknowledged that many initiatives rely on creative use of available resources and strong local partnerships, but that there is a risk that these may not be sustained or expanded without clearer alignment to strategic priorities and more stable funding arrangements.

The discussion also touched on the broader system context, with members noting the complexity of aligning multiple frameworks, including AIPBs, neighbourhood models, and children's partnership structures. There was a shared view that greater coherence is needed to ensure these initiatives complement rather than compete with each other.
The Committee concluded that there is strong evidence of innovative and impactful work at a local level, but that further effort is required to ensure

these approaches are embedded more consistently across the system, supported over the longer term, and communicated more effectively.

ACTION – colleagues to consider how we can better communicate examples of good practice.

11. REGIONAL NEIGHBOURHOOD MODEL OF CARE

Ms E Wilson presented an update on the regional Neighbourhood Model, outlining its strategic aim to shift care closer to home through the establishment of Integrated Neighbourhood Teams (INTs). She explained that the model is focused initially on improving outcomes for older people, particularly in relation to supporting individuals to remain well at home, improving access to local services, and facilitating safe discharge from hospital.

Ms Wilson advised that the Southern Trust is in a relatively strong position compared to other areas, largely due to the progress already made through the work of the Southern Area Integrated Partnership Boards. She highlighted that this provides a solid foundation from which to develop neighbourhood teams, although acknowledged that the model is still evolving and that practical arrangements are continuing to be worked through at a regional level.
The Committee explored the model in detail, with members seeking clarity on how it would operate in practice and how it differs from existing approaches. Mr P Alexander questioned whether the neighbourhood model represents a genuine transformation of service delivery or a reconfiguration of existing structures. He asked what tangible difference it would make to service users and how success would be measured.
Ms Wilson acknowledged that while the overall vision is clear and aligns with policy direction, some elements of implementation remain in development. She noted that the model will require a gradual shift in resources from acute to community settings, and that this will be both complex and dependent on financial constraints.

Members expressed concern about the potential for duplication between AIPBs and the new INT structures, and the risk that existing successful work could be disrupted or diluted. Mr C McCafferty and Mr B Beattie highlighted that the Trust has made significant progress through AIPB activity, particularly in areas such as frailty, and emphasised the importance of maintaining this momentum.

Discussion also focused on governance and accountability arrangements, with members noting that these were not yet fully clear. There was concern that without clarity, there is a risk of fragmentation, with multiple overlapping structures operating without clear lines of responsibility.
The role of primary care was also highlighted as a critical factor in the success of the model. Members noted that strong relationships with GP practices have been a key strength of AIPB work and stressed that these must be retained and strengthened within any new arrangements.

While there was general agreement that the direction of travel is appropriate and aligns with population health priorities, the Committee concluded that successful implementation would depend on careful management of the transition, clarity of governance, and protection of existing good practice.

INTEGRATION OF CARE

12. INTEGRATION OF SERVICES ACROSS TRUSTS AND PARTNERSHIPS WITH THIRD PARTY PROVIDERS

i) SCS Update

ii) MUSC Update

Mr D McClements and Ms T Mulholland provided updates on integration activity across their respective areas, outlining a wide range of partnerships involving other Trusts, regional bodies, academic institutions, and third-sector organisations.

They described how these partnerships are contributing to improved access to services, reduced waiting times, and better continuity of care. Examples included collaborative work in cancer pathways, stroke services, dementia care, and community-based support, as well as strengthened links with organisations such as the British Heart Foundation, Stroke Association, and various community support groups.

While the Committee welcomed the breadth and ambition of this activity, members focused their discussion on the level of oversight and governance associated with these arrangements. Mrs M Corkey noted that while the examples presented were positive, it was not clear how these partnerships are being formally managed, or how assurance is provided in relation to quality, safety, and effectiveness.

Members also discussed the clarity of commissioning arrangements and accountability, noting that it was not always evident who holds responsibility for specific elements of service delivery within partnership models. There was a shared view that while collaboration is essential, it must be underpinned by clear governance structures and agreed outcomes.

Mr P Alexander also highlighted the importance of considering the patient perspective, particularly in relation to navigating services across multiple providers and practical issues such as transport and accessibility.

Ms Tara Mulholland acknowledged that there are gaps in this area and that further work is required to develop a clearer understanding of governance, data sharing, and impact measurement. She noted that while there are strong examples of partnership working in practice, the supporting framework is not yet fully developed or consistently applied.
The Committee agreed that while integration is clearly advancing and delivering benefits, greater clarity and transparency are required to provide assurance that these arrangements are robust, accountable, and delivering measurable outcomes.

ACTION – The Chair requested that an update on progress is brought back to the Committee.

13. CORPORATE RISK REGISTER

The Corporate Risk Register was presented for information to ensure that all members had visibility of the current position.
Members noted that a number of issues discussed during the meeting, particularly those relating to bereavement service sustainability and governance within partnership arrangements, may require further consideration and formal reflection within directorate risk registers.

14. ITEMS FOR TRUST BOARD ESCALATION

The Committee considered whether any matters arising from the meeting required formal escalation to the Trust Board.

Members reflected that a number of significant issues had been discussed, including the sustainability of bereavement services, variability in user

involvement, and the need for clearer governance arrangements within integration and partnership working. However, it was agreed that these issues were already being actively managed within the Committee's remit and would be subject to further scrutiny through future meetings.

During discussion, Mrs M Corkey suggested that the work presented in relation to user involvement and engagement would benefit from being shared directly with the Trust Chair, noting that this could help to raise awareness and strengthen visibility of the work at a senior level. Members acknowledged this as a valuable proposal, although it was not considered a matter requiring formal escalation through the Trust Board at this stage.

The Committee was satisfied that no issues met the threshold for formal escalation at this time.

15. ANY OTHER BUSINESS

i) SERVICE USER AMBASSADOR

Mr P Alexander advised that further work has been undertaken in relation to the Service User Ambassador role and that additional suggestions had been developed. However, given the stage of progress and the need for further refinement, it was agreed that this item would remain as work in progress and be deferred to a future meeting for more detailed consideration.

ii) WORKPLAN

The Committee reviewed the draft workplan and confirmed that they were content with its direction, recognising that it remains an evolving document which will continue to develop as the Committee's priorities become more clearly established.
Members acknowledged that the breadth of issues being considered by the Committee is significant and that the workplan will need to remain flexible to reflect emerging priorities and areas requiring deeper scrutiny.

In drawing the meeting to a close, the Chair thanked members for their active participation and contributions, noting that the discussion had demonstrated both the breadth and depth of work currently being undertaken across the Trust. He reflected that the meeting had highlighted the significant volume of

activity taking place at multiple levels within the organisation and emphasised the importance of ensuring that this work is properly captured, recognised, and valued.

The Chair commented on the importance of maintaining visibility of this work, both internally and externally, and ensuring that the organisation continues to build on examples of good practice while creating the conditions to support and sustain them. He noted that the range of discussions throughout the meeting reinforced the need for ongoing scrutiny, coordination, and communication to maximise impact and support improvement.

Before closing, the Chair noted that this would be Mr B Beattie's final meeting as he prepares for retirement. On behalf of the Committee, he formally recorded his thanks to Mr Beattie for his significant contribution to the Trust over many years, recognising his leadership and commitment to service development. Members joined the Chair in wishing Mr Beattie well in his retirement.

The Chair concluded by thanking all attendees and reiterating the importance of continuing to build on the work of the Committee to support partnership working and improve outcomes across the population.

The meeting concluded at 16:45 p.m.