



Quality Care - for you, with you



Personal and Public Involvement (PPI)  Involving you, improving care

Daisy Hill Hospital Pathfinder Project

Development of a Co-Production Strategy – Outcome Report from Community Engagement Events

23rd August 2017

1.0 INTRODUCTION

1.1 Background

1.1.1 The Southern Health & Social Care Trust (Southern Trust) is fully committed to delivering safe, sustainable 24/7 emergency services at Daisy Hill Hospital (DHH).

1.1.2 A recent regional summit, convened by the Department of Health (DOH) on Tuesday 2nd May 2017, secured system-wide support to enable the Southern Trust to address immediate pressures and to stabilise the provision of Emergency Department (ED) services at DHH.

1.1.3 On the 16th June 2017 the DOH issued a Project Initiation Document (PID) providing guidance to the Southern Trust on establishing a clinically-led, managerially supported Pathfinder Project “to develop an operational model for a long term ED service model for the Newry and Mourne area with identification of regional learning”.

The PID outlines the scope of work required, the project objectives and the timescales for completion.

1.1.4 The DHH ED Pathfinder Project provides a valuable opportunity to draw on the collective expertise of multidisciplinary health professionals from across Northern Ireland, alongside the experience and views of the local community, to develop proposals for the delivery of safe and sustainable emergency care services that will meet the needs of people in the Newry & Mourne area.

1.1.5 The key project milestones are identified in a letter from the Permanent Secretary issued 23rd June 2017 to the Trust’s Acting Chief Executive and reflected in the PID. These are listed below and are based on a 20 week programme of work, which commenced following Trust Board approval on 27th June 2017.

- Report and recommendations on population health needs assessment (end of Week 8) – 23rd August 2017

-
- Interim report and recommendations on all other Objectives (end of Week 16) – 18th October 2017
 - Final report (end of Week 20) – 15th November 2017

1.2 Project Reporting Structure and Governance Arrangements

1.2.1 The project structure and governance arrangements for the project are summarised below:

The Department of Health (DOH) **Transformation Implementation Group (TIG)** has overall oversight of the project. This group, chaired by Richard Pengelly, Permanent Secretary, provides the strategic leadership to oversee and make decisions on the design, development and implementation of the Minister of Health's '*Delivering Together*' Transformation Programme.



The **Emergency Care Regional Collaborative (ECRC)**, chaired by Dr Michael McBride, Chief Medical Officer for Northern Ireland as Senior Responsible Officer (SRO) is the main decision making body for overseeing the project and reporting progress to the Transformation Implementation Group. It will endorse recommendations and share learning with the HSC.



The Trust's Interim Chief Executive is the Senior Responsible Officer for the DHHPG and is working with the **Trust's Senior Management Team (SMT)** to ensure that the project group adheres to the Trust's established principles, policies and working practices in delivering the project outcomes and timescales and will provide progress reports over the duration of the project and identify any issues which may need Trust Board consideration and/or approval.

The **Trust Board** will be provided with timely, relevant and reliable information by the Trust's Interim Chief Executive and SMT. The End of Project Report, following approval of the ECRC, will be presented to Trust Board for endorsement. Special Trust Board meetings will be convened if necessary by the Board Chair.



The **Daisy Hill Pathfinder Group (DHHPG)**, led and Chaired by Dr Anne Marie Telford, Project Director, is responsible for the direction and planning of the project and for overseeing the day to day/operational running of the Project. The corporate values and the priorities of the Trust guide its work.

Members of the DHHPG were selected to reflect the range of knowledge, skills and experience considered necessary to support the successful delivery of the project and work streams. Membership of the group (see Appendix 1) includes representation from:

- Southern Health & Social Care Trust (Southern Trust)
- Public Health Agency (PHA)
- Health & Social Care Board (HSCB)
- Southern Local Commissioning Group (Southern LCG)
- General Practitioners (GPs)
- Northern Ireland Ambulance Service (NIAS)
- Trade Union Representation
- Local Community Nominees

The DHHPG's remit includes:

- Agreeing the workstreams, their membership and remits;
- Setting timescales to meet PID requirements;
- Developing recommendations.

The DHHPG reports to the Southern Trust Interim Chief Executive who is the SRO of the Project.

2.0 Engaging the Local Community

- 2.1 It is important to note that there was significant on-going engagement with the Newry and Mourne community prior to the beginning of the Pathfinder process, during the March to June period. This involved meetings, facilitated by the Trust Acting Chief Executive, with a variety of community, business and pressure groups, political representatives and members of staff. This early engagement laid the groundwork for the constructive and positive progress made through the Project.
- 2.2 A key challenge facing the Project was how to secure community representatives to sit on the DHHPG and its subgroups and how to ensure that the wider community remained involved in its work. The resources of the Regional and Local PPI Forums were used to explore options. A meeting was convened with the Chair of the Southern Trust PPI Panel, the Trust staff with responsibility for PPI and Communications, and a member of the Regional Personal & Public Involvement (PPI) Panel to inform the DHHPG approach to the development of a Co-production Strategy.
- 2.3 It was agreed that members of the community should be invited to meet with the Project Director of the DHHPG to share their views on how best to involve them in its work. It was felt that discussions should be face to face, held in locations across the Newry & Mourne area and give an opportunity for individuals or interest groups to meet in small groups or individually to express their views.
- 2.4 Arrangements were then made for meetings on 2nd, 3rd and 4th August 2017 in Kilkeel Health Centre, Daisy Hill Hospital and Crossmaglen Community Centre. Appointments were arranged in advance giving each a 30 minute slot. Those attending were asked to consider the following 3 questions:
- How do we best ensure community involvement in the Pathfinder group and its sub groups? e.g. should there be a nomination / other process?
 - Can you recommend ways to promote partnership working for the duration of the project? (July – November 2017).

-
- How can we maintain this partnership working in the longer term as our plan is implemented in the Newry & Mourne area?

2.5 Both the Chair of the Local PPI Panel and a member of the Regional PPI Panel and the TIG Advisory Board, who lives in Newry, offered to hold places on the DHHPG and Needs Assessment Group until community nominations could be agreed.

2.6 The Chair of the local PPI Panel informed the development of communications documentation and approach to support this process. On the 24th July 2017 the DHHPG launched its Communication & Engagement Plan using email, twitter, facebook and the local press to reach out to the public of Newry & Mourne inviting members to meet with Dr Telford (Project Director) (see [Video Link - Dr Telford](#)).

2.7 Support to the Project Director at these events was provided by the member of the Regional PPI forum, Mr Brian O'Hagan, who attended all meetings, Southern Trust Non-Executive Directors (one per day), a Public health Medicine trainee and members of the Communications Team. Each meeting was documented and those attending were invited to record a short video message afterwards. Recorded interviews were placed on the Trust's website and Facebook page. Video link below:

[Video Link - Community Interviews](#)

2.8 Offering interested members of the community the opportunity to book face to face thirty minute appointments with a panel from the DHHPG was a new and innovative process for engagement. It allowed personal

"I want to applaud the Southern Trust for seeking to engage with the public and all of the Daisy Hill Hospital stakeholders and user groups" (Local Politician).

convenience for participants, offered a chance for those who may otherwise not have contributed to speak in confidence, and the geographic spread of the meeting venues ensured that each of the main areas from the district were included. The open format also provided a rich opportunity to hear a wealth of local feedback, as well as a unique chance to personally introduce

the chair of the working group, and provide an overview of the background to and authority of the project, in order to build local confidence.

2.9 The panel were very pleased by the positive response to the invitation and, in the relatively short period of three days during the thirty separate meetings that took place, were delighted to listen to the thoughts and opinions of everyone who attended who were representing a wide range of community interests, including members of the public, campaign groups, elective representatives (MP, MLA local Councillors), health professionals, the Newry Chamber of Commerce and representatives of community and voluntary organisations.

“The Pathfinder group members were very engaging and listened to these concerns, we felt that they fully recognised the magnitude of the support behind Daisy Hill’s ED as well as the clinical need for it being maintained as a 24/7 service” (Local Community Group).

2.10 It was clear from the meetings, that the people of Newry and Mourne have a deep pride in their local hospital and its services. They perceive that it plays a key role in the community with many staff coming from the area and it is also viewed as important for local business. Many participants expressed genuine gratitude for the opportunity to have their opinions heard.

2.11 It is also apparent that there is a real fear within the community about losing emergency services and the ‘downgrading of the hospital’, with a perception that there has been an erosion of confidence with a ‘drip- drip’ of services removed from the unit.

2.12 Views and suggestions emerging from the meetings have been summarised in the table below under the following key themes:

- Geographical Accessibility
- Public Confidence
- Access to GP Out of Hours Services
- Sustainability of DHH Emergency Department
- Communication

-
- Staff Engagement
 - Future Model of Care
 - Maintaining Partnership Working

2.13 Summary of Key Themes

What you have told us	What we will do
Geographical Accessibility	
<p>The wide geographic spread of the communities of Newry, Mourne & South Armagh was highlighted.</p> <p>There was a view that the needs of communities living in rural areas such as Kilkeel/Annalong and Crossmaglen may differ from other areas. Poor road infrastructure, a lack of transport services, rural deprivation, and their impact upon response and travel times, are some of the issues of particular concern. It was indicated that some people have to travel for 45 minutes to 1 hour to access hospital services.</p> <p>You felt that whilst most people know that centralisation is the way forward for some services that you have concerns that the most vulnerable won't seek medical care if they have too far to travel.</p> <p>The Royal Hospital in Belfast was seen to be easier to access for people living in Mourne than Craigavon Area Hospital and that for</p>	<p>The DHH Pathfinder Project has established a Needs Assessment Group which will review access to services in Newry & Mourne and ensure this is a key consideration when developing proposals to change pathways or introduce new models of care to meet the needs of the local population.</p>

What you have told us	What we will do
<p>certain conditions, like stroke and heart attack, speed is of the essence.</p>	
<p>You had concerns about ambulance services being under pressure and the impact that this has on travel times from the patient's home to hospital, particularly in South Armagh.</p>	<p>The Northern Ireland Ambulance Service (NIAS) is a key stakeholder in this Project and we will continue to work with them to understand current pressures and future plans as we work together to develop proposals to improve the delivery of unscheduled care services.</p>
Public confidence	
<p>You had concerns that there are negative messages surrounding the hospital that are both worrying and confusing for the public and counter-productive when trying to address some of the recruitment challenges faced. You spoke of the need for confidence building within the community and you provided us with offers of assistance in our communication processes in this regard.</p> <p>There was a perception that there has been a constant 'drip' of relocation of services from DHH to CAH.</p> <p>You wanted us to ensure that this work is not only about sustaining local emergency services but how best to develop the hospital going</p>	<p>This project aims to improve the delivery of urgent and emergency care services for the Newry & Mourne population. It is about longer term sustainability and we will therefore be looking at a "whole system" approach which will include all relevant aspects of patient flow in DHH and will consider wider referral and discharge arrangements and services.</p> <p>The DHHPG will report on their recommendations in November 2017. This report will include plans for the short, medium and longer-term and will consider what we can do within our existing staff and resources and future investment</p>

What you have told us	What we will do
forward and you stressed the importance of initial 'early wins'...'deeds not words' to boost public confidence.	which will be necessary to deliver on the wider service model.
Access to GP Out Of Hours (OOH) Services	
<p>You had concerns about the availability and ease of access to GP OOH Services.</p> <p>There is a public perception that GP OOH cover is 'patchy' or 'not working very well' and because of this that more people will attend the Emergency Department.</p>	<p>We will continue to engage with GPs in the Newry & Mourne area and with our GP OOH service to explore any improvements or new ways of working which could be developed as part of this project.</p>
<p>You felt that more information should be made available to the public to promote the use of GP OOH services.</p>	<p>In February 2017 a media campaign was launched to help people understand how to use the GP OOH service. This included a series of short information videos on how to manage a range of non-urgent conditions such as cough, colds and head lice. We will continue to explore ways of providing information and welcome the opportunity the pathfinder project gives to work with service users on the type and content of information made available.</p>
Sustainability of DHH Emergency Department	
<p>You told us about the important role that DHH plays in the community with many staff coming from the area and how it is</p>	<p>The purpose of this Project is to develop a viable plan to address immediate pressures and look to stabilise the</p>

What you have told us	What we will do
<p>viewed as important for local businesses.</p> <p>You recognised concerns about night cover at DHH ED and you highlighted your fears about losing emergency care services and a downgrading of the hospital.</p>	<p>provision of ED services at DHH. This Project will involve the development of workforce proposals to support the delivery of the future model of care.</p>
<p>You asked us to look at our ED activity and suggested that the Trust undertake an audit of services users in DHH ED to look at who attends, why they attend and opportunities to signpost to other areas.</p>	<p>An analysis of ED activity will form part of our assessment of need. The Trust Clinical Director of Emergency Care has arranged to undertake an audit with other Consultant colleagues in DHH during August 2017 to help inform this work.</p>
Communication	
<p>You asked for clear, consistent messages and wider communication about the DHH Pathfinder Project – what it is about/why we need it, who has responsibility for leading the project and how the community can take part.</p> <p>You asked us to use language that the public will understand and to avoid the use of medical terminology, abbreviations and acronyms.</p> <p>You provided positive feedback on our processes to date, including the use of posters and flyers to promote our community engagement</p>	<p>The DHH Pathfinder Project has developed a Communications & Engagement Plan to ensure wide and effective communication with both internal and external stakeholders and the methods of engagement to be used. We will review this strategy in light of your feedback. We will continue to develop this plan to take on board any new suggestions and ideas which could help us improve our communications.</p> <p>The Trust is committed to involving the community as</p>

What you have told us	What we will do
<p>events and asked us to use social media to share information on the project. You also suggested other methods of communication to reach diverse audiences, including print media such as newsletters or leaflets inserted into local papers and placed in GP Practices.</p>	<p>partners in taking the work forward. We have been meeting with staff and the local community to hear how you want to be involved and informed about this process.</p> <p>Community engagement events, held in Kilkeel, Newry and Crossmaglen were highly successful with 30 meetings held over the three days. All participants will now be invited to be members on a Community / Service User Forum and the detail of the project structure and processes will be shared.</p> <p>Wider communication following these events and the outcome for community participation will be communicated directly to the participants. Work is ongoing through the DHH Pathfinder Co-Production Group to agree the approach to be taken.</p>
Staff engagement	
<p>It was perceived that staff morale within the hospital is poor and it was seen as very important that staff who know the services in which they work should have their suggestions listened to. There were also some concerns around gaps in clinical leadership and that</p>	<p>The DHHPG planned a staff engagement event which took place on 9th August 2017 to ensure the involvement and participation of Trust Executive Directors, Public Health Agency, Associate Medical Directors, Clinical Directors,</p>

What you have told us	What we will do
<p>staff ideas had been heard previously but not actioned.</p> <p>You suggested that we do exit interviews with Consultants and stressed the importance of the Trust and its staff in positively promoting Daisy Hill Hospital as a 'place for progression'.</p> <p>Staff could benefit from clarity on purpose of Leadership Walks to teams/services in the Trust – how outcomes are shared and the action taken to make improvements.</p>	<p>Consultants, Specialty Doctors, Senior Nurses, Allied Health Professional Leads, Social Work Leads, Diagnostics, Community staff, GP Out of Hours, local GPs, Pharmacy, Labs and non-clinical staff representation and Patient Client Council.</p> <p>The objective of this event was to ensure a common understanding of the remit of the DHH Pathfinder Project and to provide the opportunity for staff to get involved in proposing and developing new ways of working to improve acute unscheduled care services.</p> <p>There are clear commitments from the Senior Management Team to ensure feedback during the project to staff and that actions are progressed swiftly.</p> <p>The Trust is currently advertising to recruit the gaps in the medical management structure and these gaps should be filled within the next 2 months.</p>

What you have told us	What we will do
	<p>In July 2017 the HR Directorate took the decision to complete exit interviews with all leaver consultants. Feedback from these exit interviews will be provided with the consent of the Consultant to the Trust's Senior Management Team.</p> <p>Opportunities for joint appointments across both Trust acute sites are to be explored, with pen portraits / profiles of new key staff appointments / promotions with emphasis on media promotion of the impact on services within Daisy Hill Hospital.</p> <p>As part of the communication to managers and teams in advance of Leadership Walks, clarity of purpose is to be provided to staff, with timely feedback to be provided directly to staff after the Leadership Walk has taken place.</p>
Future Model of Care	
<p>You emphasised the importance of a positive approach to capturing ideas and solutions which are practical and realistic.</p>	<p>We have met with consultants, doctors, senior nurses, Allied Health Professionals, Diagnostics, Labs, Pharmacy, community services and non-clinical staff to undertake an</p>

What you have told us	What we will do
<p>You also told us you wanted solutions to be evidence based and about what is best for the patient.</p> <p>You welcomed the scope of work being beyond the Emergency Department to improve services for the local population and to 'futureproof' DHH.</p>	<p>initial scoping exercise in which we have captured as many views as possible to inform potential proposals for changing pathways/new models of care. We will be looking at best practice guidance and evidence of good models of care to help us prioritise and develop any agreed proposals. Before we deliver any change we will need to work through the detail of the implementation and investment required which will allow us to set out realistic plans in the short, medium and long-term.</p>
<p>You felt that there should be a regional approach to workforce planning and job sharing opportunities for medical, nursing and other professions to improve recruitment and retention of staff.</p>	<p>The DHHPG will highlight this issue in its report to the Department of Health.</p> <p>This is recognised regionally for all professions and is being included as one of the key elements of the HSC Workforce Strategy which is currently being developed as a workstream under <i>Delivering Together 2026</i>.</p> <p>In relation to medical professions specifically, there is regional commitment to achieving greater collaboration between Trusts to medical recruitment and the Trust will</p>

What you have told us	What we will do
	play its role fully in seeking to influence this collaboration. The Trust will shortly be advertising a joint Consultant appointment for Daisy Hill Emergency Department and the Belfast Trust in an effort to attract suitable applicants to apply.
You made a number of suggestions for service change or development which are listed in the below table.	We will ensure all suggestions are brought together so that agreement can be reached with all our partners on those proposals which could make the greatest difference to the delivery of urgent and emergency care services for the Newry & Mourne population.

Your suggestions for alternative care pathways/new models of care included:

Primary & Community Care

- Better support to GP OOH, e.g. development of nurse-led services
- Extended working hours
- More local access to pharmacies for minor injuries
- Increased awareness about Acute Care at Home services
- Need to start thinking 'health' – not 'hospital' and look to developing our community care services to take pressure off the ED
- Importance of clear pathways for more vulnerable groups, particularly older people, people with mental health issues, the Travelling Community and people with alcohol and drugs addictions.

-
- Alternative pathways to ensure people only attend ED when they have to, this would include improving services for patients at end of life
 - Increased pharmacy input and advice for patients at end of life
 - Extend geographical coverage of First Responders in conjunction with NIAS
 - Formal training for carers

Emergency Department

- Minor Injury Unit in Kilkeel to prevent people travelling to DHH ED
- Minor Injury Unit to strengthen ED services
- Address issues around training posts v locum posts in ED, also rota ratios to be considered

Wider Hospital Services

- More cross-border working/services should be considered as Newry is 'ideally situated between Belfast and Dublin'. Examples such as renal, paediatrics and maternity were suggested and cross border working in the North West of the province was identified as an example of good practice.
 - Move some regional/more specialist services to DHH such as renal.
 - Increased awareness and improved access to rapid response services
 - Upskill of staff & better use of Nurse Practitioners and Physiotherapists
 - Consultants working across the Trust on a rotational basis
 - A more balanced strategy for DHH and CAH
 - Closer working relationships between DHH and Downe Hospital
 - Strengthening services at DHH, e.g. MRI scanner
-

-
- Need to review High Dependency Unit services

Community Planning Approach

- Working with the Council through Community Planning approach in Newry, Mourne & Down and Armagh, Banbridge & Craigavon Councils

Use of Technology

- Text alert services to help avoid missed appointments
- The centralised appointment system needs to change to allow clinicians at DHH to make appointments according to patient need to reduce waiting lists and ensure those most in need are seen urgently

What you have told us	What we will do
Maintaining Partnership Working	
<p>You suggested that it could be difficult to maintain partnership working unless nominees identified have a willingness to commit to the work of the project and that this should be explored with local groups.</p> <p>You were keen that the Project continues to benefit from meaningful input from the wider community, such as patients/service users and carers, and that we should recognise the importance of hearing the voice of harder to reach people who will be less likely to attend community engagement meetings. You suggested training and support for people to be involved in the process.</p> <p>Many of you would support the establishment of a forum, facilitated by a neutral body, such as Newry, Mourne & Down District Council, with a non-political Chair, to provide a mechanism for self-nomination on the Pathfinder Group.</p> <p>Suggestions on how community nominees could be identified included:</p>	<p>The main idea emerging in relation to this process was that a forum representing all community perspectives, facilitated and overseen by a neutral body such as the local council, should be created. It was felt that the DHHPG should have representation from each of the Mourne, Newry and South Armagh areas and that three to four representatives should be self-nominated by the forum. This platform would also offer a two way communication channel for raising community priorities and views and feeding back on the work and progress of the project.</p> <p>Agreement has been given to:</p> <ul style="list-style-type: none"> - The development of a local community forum, ideally led through Newry & Mourne Council, to which all those who attended meetings over the 3 day engagement event would be invited. - The local forum would agree representatives to sit on the DHHPG and its sub-groups. - Those representatives should seek to cover a range

What you have told us	What we will do
<ul style="list-style-type: none"> - A community nominee to be identified for each geographical area (i.e. 3 nominees to cover Newry, Mourne and South Armagh). - An expression of interest process where those interested would be asked to fill in a 1 page application on why they should be in the group. It was felt that this would avoid the difficulty in getting a group of people who don't know each other to come to an agreement on nominees. - Electoral based approach with sample chosen to be invited to respond to a series of questions. <p>You suggested that there should also be the facility for the Forum to invite specialists with expertise in specific disciplines to offer opinions.</p> <p>You felt it was important that for community participants to have some real influence on the decision-making process they should have representation on the decision-making body (the ECRC).</p>	<p>of perspectives, for example local businesses, community/voluntary sector etc.</p> <ul style="list-style-type: none"> - There would be up to 4 community representatives. - All geographical areas within Newry & Mourne should be represented. - This forum should continue to meet and be directly involved throughout the duration of the project and the implementation phase. - The forum would be provided with regular updates on the project via their representatives and senior Trust staff and facilitate views being passed through their representatives to the DHHPG. <p>The Project Director of the DHHPG has written to the ECRC Project Director to raise this point.</p>
<p>You also suggested that a senior doctor and a senior nurse from the DHH site be added to the membership of the DHH Pathfinder Group.</p>	<p>This has been agreed. A senior doctor and a senior nurse from DHH have been nominated to be included in the DHHPG at our next meeting of 21st August 2017.</p>

Key learning points/ideas for improvement

- The engagement of key interested parties in a small group setting was helpful in building relationships, trust and confidence.
- The Trust's engagement with many groups and political representatives prior to the beginning of the Pathfinder Project was key. This allowed the initial issues to be articulated, so the Pathfinder process has been able to move forward on a more constructive basis.
- Focused, timely communication and feedback is essential to keep people informed as the project progresses. The establishment of a Pathfinder Community Forum should facilitate this.
- The DHHPG work on co-production should be shared at a regional level.

LIST OF STAKEHOLDERS ENGAGED THROUGH SMALL COMMUNITY ENGAGEMENT EVENTS

Meetings on 2nd, 3rd & 4th August 2017

Venues: Kilkeel Primary Care Centre, Daisy Hill Hospital & Crossmaglen Community Centre

Name	Date	Venue
Glyn Hanna & Diane Forsythe, DUP MLAs	2 nd August 2017	Kilkeel Primary Care Centre
Sean McManus, DHH Action Group, N&M Councillor	2 nd August 2017	Kilkeel Primary Care Centre
3 x Members of Staff, Clinical, DHH	2 nd August 2017	Kilkeel Primary Care Centre
Margaret Annett, Member of local community	2 nd August 2017	Kilkeel Primary Care Centre
Sinead Ennis, Chris Hazzard, South Down MLA Sinn Fein & Cllr Oksana McMahon, Sinn Fein	2 nd August 2017	Kilkeel Primary Care Centre
Brian Quinn, Newry, Mourne & Down Councillor	2 nd August 2017	Kilkeel Primary Care Centre
Margaret Rogers & Mary McMahon, Members of local community	2 nd August 2017	Kilkeel Primary Care Centre
Stevan Barry, Member of local community	3 rd August 2017	Daisy Hill Hospital
Justin McNulty, MLA SDLP Newry & Armagh	3 rd August 2017	Daisy Hill Hospital
Ralph Hewitt, Newry Democrat	3 rd August 2017	Daisy Hill Hospital
Mary Doran, Health Matters (Health & Safety) Ltd.	3 rd August 2017	Daisy Hill Hospital
Mickey Brady, Sinn Fein Newry & Armagh with 3 representatives	3 rd August 2017	Daisy Hill Hospital
Sinead Bradley, MLA SDLP South Down & Declan McAteer	3 rd August 2017	Daisy Hill Hospital
John O'Dowd, Sinn Fein MLA Upper Bann & Councillor Kevin Savage, Banbridge	3 rd August 2017	Daisy Hill Hospital
Cuan Mhuire Group	3 rd August 2017	Daisy Hill Hospital
Barbara Fitzgerald, Traveller Group	3 rd August 2017	Daisy Hill Hospital
Seamus McCabe, PIPS N&M Suicide and Self harm Support Group	3 rd August 2017	Daisy Hill Hospital

Name	Date	Venue
Mary Meehan, Michael McKeown, Julie Gibbons & Conor Patterson, Newry Chamber of Commerce	3 rd August 2017	Daisy Hill Hospital
Jim Wells, MLA DUP Kilkeel	3 rd August 2017	Daisy Hill Hospital
Jackie Coade, Alliance Party Newry & Armagh	3 rd August 2017	Daisy Hill Hospital
Francis Gallagher, Chair of the DHH Action Group Jerome Mullen, DHH Action Group and member of Polish Council NI	3 rd August 2017	Daisy Hill Hospital
Geraldine Merindo and 2 representatives of Newry Neighbourhood Renewal Group	3 rd August 2017	Daisy Hill Hospital
Seana Grant, Sarah Devlin & Robert Keenan, Save our Emergency Department Group	3 rd August 2017	Daisy Hill Hospital
Dr Morris, Southern Area Hospice	3 rd August 2017	Daisy Hill Hospital
Susan Carey, Local Networks Officer (NI – South) MS Society NI	4 th August 2017	Crossmaglen Community Centre
Lorraine O'Reilly, Age Friendly Coordinator – Active and Health Communities, Newry, Mourne and Down Council	4 th August 2017	Crossmaglen Community Centre
Lorna Mackey & Ann McGuinness, Busy Bees Group & Dorsey Youth Club	4 th August 2017	Crossmaglen Community Centre
Megan Fearon, MLA Sinn Fein & Cllr Terry Hearty	4 th August 2017	Crossmaglen Community Centre
Dr Patrick Loughran, Member of local community	4 th August 2017	Crossmaglen Community Centre
Teresa McShane & Family Member, Members of local community	4 th August 2017	Crossmaglen Community Centre
