

**MINUTES OF THE EASTERN HEALTH AND SOCIAL SERVICES COUNCIL  
MEETING HELD ON 19 FEBRUARY 2004 AT 1.30PM IN THE  
OXFORD SUITE, PARK AVENUE HOTEL, BELFAST**

**PRESENT:** Mrs Eileen Askham  
Mr Brian Compston  
Cllr Robert Andrew Drysdale  
Mr James Hutchinson  
Mr Brian Marshall  
Mrs Rosemary McGrotty  
Mrs Mary Muldoon  
Cllr Mrs Elizabeth Campbell  
Mr Brian Coulter  
Dr Michael Harriott  
Cllr Mrs Naomi Long  
Mrs Sylvia McGarry  
Miss Patricia McMillan  
Miss Muriel Patterson

Mr Coulter was in the Chair

**IN ATTENDANCE:**

Mrs Jane Graham, Chief Officer  
Mrs Brenda Devine, Senior Manager  
Mrs Helen Mallen, Office Manager  
Dr Paula Kilbane, Chief Executive,  
Eastern Health and Social Services Board – For Minute 11/04

**10/04 APOLOGIES** were received from the following members:

Cllr Dermot Curran, Cllr Gordon Dunne, Mr Cecil Graham, Mrs Elizabeth Hamilton,  
Cllr Joseph Lockhart, Mr Jeremy McMahon, Mr George Monds, Cllr Ms Marie Moore,  
Mrs Myrtle Neill

**11/04 DR PAULA KILBANE, CHIEF EXECUTIVE, EASTERN HEALTH AND SOCIAL SERVICES BOARD**

Dr Kilbane provided information on some of the matters discussed at the Eastern Health and Social Services Board Meeting as follows:

(a) Review of Public Administration

The Eastern Health and Social Services Board discussed the Review of Public Administration and have made the following conclusions:

- There is a perception that the current Public Administration structures do not fulfil the required democratic process. There will need to be discussion on how this can be achieved with possible scrutiny roles for local Councillors.
- There needs to be less Health and Personal Social Services bodies with improved quality and effectiveness.
- The current process for the separation of commission and provision of services should end. This would rationalise the number of Health and Personal Social Services bodies.
- Of the proposed future structures provided, it was felt that Model 4 would provide the best way forward.

At the Board meeting Mr Coulter had pointed out that the response being made to the Review of Public Administration by the Eastern Health and Social Services Board, had not sufficiently considered the place of the consumer and Dr Kilbane confirmed that some amendments have now been made to the Board's response.

(b) Priorities for Action

The Department of Health, Social Services and Public Safety have now issued the final draft of the Priorities for Action document for consultation.

(c) Health and Wellbeing Investment Plan

The Eastern Health and Social Services Board will be preparing their Health and Wellbeing Investment Plans over the next few weeks. The plans will be presented at the Eastern Health and Social Services Board meeting in April and due to the short deadline the meeting has been changed to 22 April 2004. At this meeting the plans for Investment in Acute and Community Services and the Local Health and Social Care Groups Service will also be discussed. Although this will involve the review of a large number of documents it is important that there is transparency on how money will be invested.

(d) Finance

The Eastern Health and Social Services Board have received some information on the money available for 2004/2005. There will be an 8.5% cash increase, however only 1.8% of this money will be available for service development. This is lower than the 2.4% available last year and will mean less service development in the coming year. The figures available to date show that the other three Health and Social Services Boards will benefit from a share of £7 million in capitation shares. Although the Eastern Health and Social Services Board will not receive a share of this money, Dr Kilbane assured Council that there is a lot of work going on to ensure that the money available to the Eastern Health and Social Services Board is used effectively.

The money available will unfortunately mean constraints in the amount of movement made in the local equity settlements but the Eastern Health and Social Services Board will attempt to apply whatever flexible money is available to both Down Lisburn Trust and the Ulster Community and Hospital Trust as these are the two areas which are below their capitation targets.

(e) Waiting List Targets

There was a report on the progress being made on waiting list targets.

(f) Corporate Parenting Report

The Director of Social Services had presented a second Report on Corporate Parenting and a number of important issues were raised about services for children in care. It had been agreed at the meeting that a letter should be sent to Angela Smith, Minister for Health, Social Services and Public Safety, highlighting the concerns identified and the need for an investment plan for children. Dr Kilbane confirmed that a letter has been sent outlining the following concerns:

- the availability of secure accommodation for troubled young people
- the inadequacies of the current adolescent mental health service
- the emerging picture of the number of young people in bed and breakfast accommodation with inadequate supervision

In response to a question from Dr Harriott, Dr Kilbane said that the number of children classified as 'children in need' in the Eastern Health and Social Services Board area is approximately 40 per thousand of the population.

Dr Kilbane said that confirmation has been received this week that the Minister for Health, Social Services and Public Safety will visit the Eastern Health and Social Services Board in early March and this will be one of the issues raised during the visit.

## **12/04 CHAIRMANS BUSINESS**

### **(a) Launch of Time Out Study**

The Independent Health and Care Providers had carried out this study which had examined the role of staff who accompany residents to hospital appointments. The Report was launched on Wednesday 11 February 2004 at the Eastern Health and Social Services Council offices and a significant number of Council members had attended. Mr John Richards, Chief Executive, Independent Health and Care Providers had presented the findings and conclusions of the study. Mr Coulter said that the findings of the study had identified a number of issues for service users in relation to the time staff spend away from the care of other residents when accompanying someone to a hospital appointment. The study also identified that staff sometimes feel that they are expected to take on the role of the resident's next of kin when hospital staff need decisions to be taken. Council will watch with interest, the impact of the Report on the well-established hospital appointment process.

On behalf of Council Members Dr Harriott congratulated the Chief Officer and her staff on the service provided in Council offices on the day of the launch.

### **(b) Eastern Health and Social Services Board Senior Management Team Meeting**

- **Community Pharmacy Services**

The Senior Management Team suggested that the Council may wish to join with the Eastern Health and Social Services Board to carry out a Research Project on Community Pharmacy services in Northern Ireland. This has arisen as a result of a recent WHICH Report that contained details of a study carried out in other parts of the United Kingdom. This had identified a number of significant areas of deficiency which raises concern because Government has suggested that Community Pharmacy is one of the areas which could be enhanced to provide improved services to the user whilst reducing pressures on other Primary Care services. However, this Report has raised questions about how an enhanced service would be regulated to ensure that there is a proper standard of care being provided, which includes the standard of information being given and the privacy for patients who wish to discuss their healthcare needs with a Pharmacist.

Mr Coulter had spoken to the Chief Officer regarding the proposal for a joint Research Project. Although it is felt that this would be of benefit, this proposal will have to be considered as part of the Council's future Annual Work Programme. Members supported the proposal for joint research.

- **Circulation of Eastern Health and Social Services Board monthly Board papers**

The Eastern Health and Social Services Board have enquired whether members feel they are receiving copies of Board papers which are surplus to requirements. On discussion of this there was mixed opinion with some members feeling that the degree of detail in the Board papers is not required and some feeling that the degree of detail is important. Council will check exactly what members receive each month and will ask the Eastern Health and Social Services Board whether an Executive Summary of business could be provided, however, Council does not wish to add further work to the administrative task already involved in circulating the papers.

- Developing Better Services

This report was produced as a result of the Hayes Report and provides details on the future configuration of acute hospital services. A Regional Implementation Steering Group has been set up comprised of representatives from the Department of Health, Social Services and Public Safety and the four Health and Social Services Boards. In conjunction with this group an Area Programme Board will be set up and Council will be offered representation on this Board. It is planned that the Area Programme Board will set up Special Task Groups to discuss and plan the needs of particular services.

Each Health and Social Services Board are currently working on an Implementation Plan for their relevant area, as this has to be delivered to the Minister for Health, Social Services and Public Safety over the summer.

(c) Eastern Health and Social Services Board Meeting of 12 February 2004

In addition to the matters reported by Dr Kilbane Mr Coulter reported the following:

- The Future of Fertility Services in Northern Ireland

The Eastern Health and Social Services Board has formulated its response to the consultation document on the future of fertility services in Northern Ireland. The Chief Officer had enquired why the Eastern Health and Social Services Board had failed to answer some of the questions and they confirmed that their response was based only on the medical issues raised, as they felt that the issues on who should be given access to the service was an issue for the wider society to debate.

- Corporate Parenting Report

The Chairman and Chief Officer took the opportunity at the meeting to provide the Council's view that the Eastern Health and Social Services Board are rendered incapable of delivering their corporate parenting duty because of the under investment and lack of resources available for childcare services.

Council commended the Eastern Health and Social Services Board for the transparency of the Report which clearly exposes the failures in childcare services and the risks to the vulnerable children and young people who are not receiving adequate services. The main areas of concern are:

- the number of young people who are in unregulated bed and breakfast accommodation
- the deficiencies in children and adolescent community mental health services
- serious deficiencies in the provision of secure accommodation services

- there is no proper integration of child health and social services childcare statistics which raises questions about the accuracy of the statistics available for children and young people classified as ‘children in need’.

Mr Coulter highlighted that the Corporate Parenting Report provides a recurrent message regarding concerns about the constant pressure on the workforce caring for children and young people. There is a shortage of social work staff and in particular residential childcare staff. Mr Coulter and Mrs Graham had pointed out that the problems with the shortage of available staff is not helped by the unattractive salary offered for this work. There needs to be proper remuneration, support and training in order to attract people to this often difficult and challenging work.

Mr Coulter confirmed that Dr Kilbane has issued an invitation to both him and the Chief Officer to attend the Eastern Health and Social Services Board meeting with the Minister for Health, Social Services and Public Safety which will take place in March 2004. Council members agreed that Council’s concerns on these issues should be raised at that meeting.

- Quarterly Contract Monitoring Report  
There are continuing issues about delayed discharges, community care waiting lists and first outpatient appointment waiting lists. A number of concerns had been raised at the meeting on behalf of Council as follows:
  - Mrs Graham had requested actual waiting time figures for treatment of fractures. The target for repair of a hip fracture in Northern Ireland is 48 hours, although the Royal College of Orthopaedics state that this should be 24 hours. The 48 hour target is not being reached and the reported figure in the monitoring report relates only to the number of patients admitted within 48 hours. Mrs Graham has requested further figures on how long patients are actually waiting for their surgery.
  - There are grave concerns about the waiting time for first outpatient appointments in mental health services, in particular child and adolescent mental health services. Mrs Graham reported that a Commissioning Statement for child and adolescent mental health services in the Belfast area has been produced for consultation but the Council has not yet seen this statement and a copy has been requested.
  - Concerns about the ongoing practice of residents in Muckamore Abbey Hospital having to sleep out at night and return to the ward the next day. Some time ago there was agreement that children would no longer be treated on the Muckamore Abbey site and there was a plan for a new facility in the community for children. However, this has not happened and children are still being treated in Muckamore Abbey Hospital. It is suspected that children are being treated in adult wards and Mrs Graham is awaiting a reply from the Board on this issue.

Mrs Graham reported that Council had written to the Department of Health, Social Services and Public Safety on the 4 December 2002 regarding the Children Matter, Phase 2 process. Council had asked that priority be given to child and adolescent mental health services and that the issue of children being treated in Muckamore Abbey Hospital be brought to the top of the agenda. Members agreed that the Chief Officer should follow up this letter with the Department of Health, Social Services and Public Safety as these issues are not being adequately addressed.

Dr Harriott said that Council raises many issues and asked how the success of Council is monitored as it can be frustrating to be constantly raising issues or maintaining pressure on particular issues without seeing an effective result. Mr Coulter said that there is evidence of success and that issues raised by Council are monitored. Mr Coulter emphasised that although members can often get frustrated with Council's limitations, this must not defer Council from exercising its statutory duty as a public representative body. It is necessary to be mindful that the issues raised by Council are often being managed in a situation where Health and Personal Social Services in Northern Ireland are grossly underfunded, and there is a constant battle to spread the available resources around the many competing priorities.

Mr Compston asked if there would be merit in prioritising the issues which Council should address in order that resources can be concentrated on high priority issues with a view to maintaining pressure and seeing effective outcomes.

Mr Coulter asked members if they felt that Council should take a session to review their performance and to agree priorities for the future which would aid the development of the future Annual Work Programme. With limited resources it is difficult for Council to review the entire Health and Personal Social Services and in trying to pursue numerous issues the efforts made can sometimes be rendered ineffective. Members agreed that the Chief Officer should plan a workshop for members within the next couple of months.

#### **13/04 MINUTES OF THE PREVIOUS COUNCIL MEETING**

The minutes of the previous meeting held on 22 January 2004 were approved as an accurate record by Council Members.

#### **14/04 MATTERS ARISING FROM MINUTES**

(a) Minute 91/03 (b) Closure of Minnowburn House Elderly Persons Home

A letter has been received from the Chief Executive of South and East Belfast Trust, advising Council that the Trust Board have approved the closure of Minnowburn House. The site will be retained pending a review of the adequacy and location of services for older people. Minnowburn House will continue to function as at present until at least April 2005. The independent advocate who has been there throughout the consultation process, will be available to residents and relatives to assist in the transition phase.

South and East Belfast Trust have confirmed that they will pay any top-up fees for residents who will have to move to a new home. These fees are usually paid by relatives when the facility charges a higher rate than the contract rate available and payments can range from £15 to £100 per week. This practice is becoming an increasing problem and there are a number of patients waiting to be discharged to a home that does not require a top-up fee. Another problem which has previously been identified to Council is that some homes will ask residents to leave if they cannot pay the top-up fee, and the home is required to give only one months notice.

Mr Marshall reported that it has also been confirmed that the staff of Minnowburn House will be subsidised for travel to work in other facilities when Minnowburn House closes.

Mr Coulter welcomed the response from South and East Belfast Trust which has addressed a number of concerns which had been raised by Council. They appear to be committed to demonstrating that any disadvantage to existing residents would be minimised by the commitment to pay top-up fees and the assurance to continue the advocacy service for residents in the new supported housing facility until the new Regulation and Improvement Authority has determined how this type of facility will be regulated. Council will watch with interest, what plans are proposed for the existing Minnowburn House site.

(b) Minute 04/04 (b) Patients waiting on trolleys

The figures for January 2004 were circulated at the meeting. A copy of a response received on 3 February 2004 from the Minister for Health, Social Services and Public Safety had been circulated prior to the meeting. Council had asked for the Minister for Health, Social Services and Public Safety to intervene on this matter and her letter indicates that the Department of Health, Social Services and Public Safety will establish a regional initiative to improve the management of emergency medical admissions and to address the trolley wait problem. Mrs Graham said that she would hope that Council will be involved in this process.

Responses to Council's letter to public representatives have also been received from Ald K McCarthy, Cllr N Beare, Cllr N Long and Nigel Dodds, MP, who have all written to the Minister expressing their concern about this issue. Nigel Dodds, MP, had also tabled a parliamentary question at Westminster about this ongoing situation.

As expected the January waiting time figures are the highest they have ever been. In addition the Ulster Community and Hospitals Trust and Belfast City Hospital Trust have used non-designated bed space quite a number of times, using corridors and day rooms for patient treatment. The Mater Hospital Trust are listed as using non-designated bed space but in these cases beds in the Maternity Unit were used by medical patients.

As Mr Cecil Graham could not attend the meeting Mrs Graham read a fax which he had forwarded on this issue. On reading the letter received from the Minister for Health, Social Services and Public Safety Mr Graham felt that although the response must be welcomed it in no way removes Council's concern about this matter, particularly if there is no marked improvement in the position in the coming months. Mr Graham said that on the reading of the statistics the trolley wait problems are not confined to winter pressures and was disappointed that the letter made no reference to the Council's role and responsibility in this matter. On discussion members agreed that although the response received from the Minister for Health, Social Services and Public Safety did not fully address the issues raised, the commitment to resolving this unacceptable practice will be evident from the figures in the coming months.

In response to a question from Mr Hutchinson regarding resource problems in the Ulster Community and Hospitals Trust, Mr Coulter said that the Chief Executive and the Senior Management Team of the Ulster Community and Hospitals Trust acknowledge that there are issues to be addressed as part of the emergency admission project which they had undertaken. They had initially started looking at processes in Accident and Emergency but recognise that issues such as theatre capacity and availability of suitable theatre staff may be a further constraint which will need to be reviewed.

The current figures for community care waiting lists are as follows:

<b>Trust</b>	<b>Number of people in hospital</b>	<b>Number of people in the community</b>
North and West Belfast Trust	42	69 (65 due to no funding)
South and East Belfast Trust	45 (21 due to no funding)	56 (18 due to no funding)
Ulster North Down and Ards Trusts	24 (1 due to no funding)	18 (1 due to no funding)
Down Lisburn Trust	15 (12 due to no funding)	39 (All receive some services but require top- up. No funding)

(c) Minute 04/04 (d) Strategy for Older People

Council had previously nominated Dr Harriott and Mrs McGrotty to represent Council on the group being setting up by the Eastern Health and Social Services Board to develop a Strategy for Older People. Mrs Graham reported that Mr Hugh Connor, Director of Social Services, Eastern Health and Social Services Board, has asked for one nomination only as it will be a small committee. The group will also have a lay representative from the Age Sector Reference Group. As Dr Harriott has represented Council on other committees he asked that Mrs McGrotty be nominated for this position. This was agreed.

(d) Minute 04/04 (f) Vice Chairman Election

Mrs Graham explained that Dr Harriott and Miss McMillan have been nominated for the position of Vice Chairman. Voting papers have therefore been circulated and members were asked to return their postal vote by the date allocated on the paper.

(e) Minute 06/04 (e) New GP Contract

At the last meeting it had been agreed that Mrs Graham should write to the Department of Health, Social Services and Public Safety expressing Council's concerns about the change being made to the target for access to primary care for routine appointments, under the new GP contract. A letter was sent to Dr Livingstone, Director, Department of Health, Social Services and Public Safety. He has responded to the letter and has indicated that the access target had to be negotiated with the General Practitioner Committee and apologised that this had not been made clear. Dr Livingstone confirmed that the standard will be subject to review and if it is not acceptable it will be changed.

The Minister for Health, Social Services and Public Safety has now made a statement indicating the access target which has been agreed. The access target for routine appointments will therefore be 'the public will have access to a General Practitioner or other healthcare professional within 48 hours'. This target is broadly the same as the target used in Scotland but includes the statement 'to the patients satisfaction'.

Cllr Campbell asked how patient satisfaction will be assessed and how often it will be reviewed. Mrs Graham explained that General Practitioners will be paid extra if they agree to provide this enhanced service and as a lot of practices would already meet this target it

is expected that most General Practitioners will agree to providing this service. The Health and Social Services Boards' are examining how this will be monitored and more robust monitoring arrangements will be needed in the future. Currently practices are required to complete a questionnaire but it has been suggested that General Practitioners will have to carry out patient surveys. Council will watch with interest how these targets are monitored as there has often been the inability to monitor primary care services.

Mr Coulter explained that the revalidation process for doctors will also require doctors to produce evidence on the quality of relationship with their patients and effectiveness of their care and this will require increased user involvement and consultation.

#### **15/04 RESPONSE TO REVIEW OF PUBLIC ADMINISTRATION CONSULTATION**

Copies of this consultation paper had been previously circulated to members and the Chief Officer explained that the deadline for response has been extended. The Chief Officer asked members for their input into the Council's response on the issues raised in the document. Mrs Graham explained that while there is a suggestion that people want to see a reduction in the bureaucracy of Health and Personal Social Services bodies there was no reference to evidence to support this in the document.

The proposed models for Health and Personal Social Services structures as follows:

- Model 1 - No change to existing structures
- Model 2 - All major public services delivered directly by government departments
- Model 3 - Public Services would be delivered by a range of public bodies operating either regionally or sub-regionally.
- Model 4 - While keeping the main features of the current system, local government would be given new responsibilities.
- Model 5 - Major Public Services would be the responsibility of a smaller number of new Councils.

Members agreed that Model 4 would be the structure to develop as this would imply more emphasis on localisation of services. This would remove the commissioner/ provider split which has often created problems with accountability and responsibility. Instead of the four Health and Social Services Boards there would be a Regional body responsible for co-ordinating services and strategic planning. It was agreed that the response to the Department of Health, Social Services and Public Safety should include that Council wishes to see:

- Structures that enable and empower service users
- Services that are easier to access and negotiate
- Services that are cost effective
- Reduction in duplication of effort between Health and Personal Social Services bodies
- The localisation of commissioning and provision of services
- The boundaries of the various bodies should be coterminous as this would aid co-ordination and co-operation
- Wider civic participation in what services are provided and how these are delivered which will promote user involvement and user influence
- Statutory user representative bodies that are structured with sufficient powers to deliver the function that they are charged to deliver.

The Chief Officer will formulate Council's response incorporating the above points.

## 16/04 REPORT FROM CHIEF OFFICER

### (a) Reducing hospital waiting times

The Chief Officer attended a regional workshop on the 16 February 2004 hosted by the Department of Health Social Services and Public Safety. Presentations were given by the Belfast City Hospital Trust, Altnagelvin and Lagan Valley Hospitals on their initiatives on waiting list management. Comparisons within Great Britain indicated that Northern Ireland performs poorly:-

N.I.	Wales	England	Scotland	
32.1	27.0	19.8	21.8	(Patients waiting for treatment)
6.4	4.4	0.0	0.0	(Waiting more than 12 months)

Waiting list targets for 2004/2005 in the Priorities for Action document are:

- by March 2005 95% of patients will be admitted as inpatients or day cases within 12 months
- no-one will wait longer than 18 months by March 2005
- no-one will wait longer than 15 months by March 2006
- elective activity will increase by 3% between March 2004 and March 2005
- no targets for outpatient waiting lists

These targets are considerably less than the rest of the United Kingdom. At the workshop Mrs Graham had raised the question about standards for outpatient waiting times as these continue to rise, with some patients waiting as long as five years for their first outpatient appointment for particular specialities. The unacceptable waiting times for first outpatient appointments has created a waiting list to get onto an inpatient waiting list and targets are therefore needed for outpatient waiting times in order to monitor the complete picture. Although there are no outpatient waiting time standards the Health and Social Services Boards and Trusts are free to set targets, however, the emphasis appears to be put on the targets set by the Department of Health, Social Services and Public Safety.

Members agreed that the Chief Officer should write to the Permanent Secretary expressing Council's concerns on the lack of targets for outpatient waiting times.

In response to a question from Miss McMillan, Mrs Graham confirmed that the worst waiting lists in the acute sector are in general surgery, orthopaedics, plastic surgery, ophthalmology, oral surgery and psychiatry services within the community sector.

Mrs Long asked if reasons were given at the workshop as to why Northern Ireland are trailing behind the rest of the United Kingdom in waiting times. Mrs Graham explained that more money has been invested in services in England as a result of the NHS plan and the cumulative effect of under-resourcing in Northern Ireland over many years has resulted in the waiting list problems we are now seeing. There have also been major recruitment problems in some specialities, for example, orthopaedic surgeons, oral surgeons, radiologists, nursing and allied health professions.

### (b) Russian visit

Eight senior level social services personnel from the Ministry of Labour and Social Development of the Russian Federation visited Council offices on the 18 February 2004.

They were accompanied by Nicare representatives and the Chief Officer said that she had received positive feedback at this very interesting visit.

They are undertaking a project which will assist in strengthening social policy for senior citizens in the Russian Federation. They were keen to discuss the role of the Council and are interested in standard setting, monitoring of complaints procedures and consultation with and engaging older people.

(c) Health and Wellbeing in North and West Belfast

North and West Belfast Trust are setting up a number of Health and Wellbeing centres and the first part of the project will involve building two centres in the North Belfast area. A Quality Assurance Group is being set up to monitor and quality assure the project plan for these two centres. A Council representative is being sought to sit on this group. It is envisaged that the group would meet four times a year. Any members interested were asked to contact the Chief Officer.

(d) Registration and Inspection Unit Conference

A conference on the area of restraints is being held in the Ramada Hotel, Belfast, on the 19 March 2004 between 9am and 4pm. Two complimentary places have been offered but unfortunately this is the same day that Council will meet with both South and East Belfast Trust representatives and the Regional Group examining mental health services. Any member who has a particular interest in this conference should contact the Chief Officer.

(e) Northern Ireland Blood Transfusion Service

The Northern Ireland Blood Transfusion Service has asked for Council representation on a Regional Committee they are setting up. It is anticipated that this group would meet three times per year and meetings will be held in the Blood Transfusion Headquarters in Belfast City Hospital Trust. Any members interested should contact the Chief Officer.

## **17/04 CORRESPONDENCE PAPER EC04/04**

In addition to paper EC04/04 the following additional item was received:

- (a) Consultation document issued by the EHSSB entitled "Personal Relationships and People with Learning Disability."

## **18/04 MEMBERS INPUT**

(a) Childrens and Young Persons Committee

Mrs Muldoon attended a meeting on the 16 January 2004. The main business was a presentation by Sharon Redman, Policy Co-ordinator, VOYPIC which is the Voice of Young People in Care. Mrs Redman provided a blueprint of what work could be done in our Health and Social Services Board area. The main points from the presentation were:

- Improved listening to young people at all levels to hear what they want for their lives and future. Views should be sought in keeping with age, level of understanding, language, race and culture when developing the Childrens Service Plan.
- Mrs Muldoon stressed that when listening to children it is important that although children need to be prepared for interview, it is important that children are not programmed for response.

- The Childrens and Young Persons Committee need to consider the identification of the lead agencies and membership and support of the Steering Group.

The seven Planning Groups which have been established as part of the Joint Strategic Plan were also discussed at the meeting. Mrs Muldoon emphasised that although there are matters for concern in the children and adolescents service area, there is a great deal of good work going on. Mrs Muldoon, Dr Harriott and Miss Patterson are attending a conference on the 24 February 2004 on Working Together to Improve Childrens Lives.

(b) Cystic Fibrosis Trust

Miss Patterson attended a conference on 31 January 2004 which had been organised by the Cystic Fibrosis Trust entitled The Past, Present and Future. As the Trust celebrates it's 40<sup>th</sup> Anniversary of formation this year, the conference provided background on the Trust's journey and background information on the screening, diagnosis and treatment of cystic fibrosis. The conference had been very interesting and Miss Patterson was surprised to learn that cystic fibrosis is not one of the medical conditions exempt from prescription charges. This can obviously be a drain on patient and family resources.

(c) Registration and Inspection Advisory Committee

Mrs Askham said that the Registration and Advisory Committee will be re-issuing the Guidelines on the Use of Restraint in Residential and Nursing Homes. Mrs Askham said that this is to be commended as there have been a number of changes in care practice and the guidelines seek to address this. Mrs Askham pointed out that the guidelines contained a lot of terminology about assisted technology that staff may not fully understand and the Registration and Inspection Advisory Committee have agreed to review the terminology. They will also look at consent on restraint in the context of Human Rights.

(d) Oral Health Strategy Steering Group

Mr Coulter advised Council that he represents Council on this Steering Group which has been formed to develop a new Oral Health Strategy. The last Oral Health Strategy was produced in 1995, but with the changes that are taking place in dental services in other regions there is a need to develop a new Strategy for Northern Ireland. The Steering Group will be consult with dentists, other dental professionals and service users.

**19/04 ANY OTHER BUSINESS**

(a) Council Committee Representation

The Chief Officer highlighted that the Council has been inundated with requests for Council representation on various groups and suggested that when members meet to prioritise the issues being addressed they should also consider the prioritisation of the workload. Council need to consider how they can provide input to groups without actually sitting as a member of the group.

**20/04 PUBLIC INPUT**

(a) The Future of Fertility Services in Northern Ireland

A member of the public referred to the previous minutes when members discussed the response to the consultation document on the Future of Fertility Services in Northern Ireland. He enquired if Council assumed that consultation carried out in Great Britain would fulfil the duty for a statutory body to consult in Northern Ireland under Section 75 of the Northern Ireland Act and enquired about what consultation has been carried out.

Mr Coulter explained that the Council is a consultee of the document and that the consultation paper was circulated by the Department of Health, Social Services and Public Safety. Mrs Graham explained that since 1995 the Council have highlighted problems with fertility services, in that these were only available to those who had the ability to pay. Interim arrangements for fertility services were put in place in December 2001 and it was always intended that there would be consultation on the substantive arrangements for the future. The Department of Health, Social Services and Public Safety have been working on this consultation document for 18 months and there was service user representation involved in this process. The consultation document was issued in October 2003 for a three month consultation period and an equality impact assessment was carried out on their proposals. The National Institute for Clinical Excellence in England have been consulting on this issue for some time and are on their third stage of consultation which is due to finish in February 2004. The National Institute for Clinical Excellence will issue definitive guidance on the clinical aspects of fertility treatment and Council had felt that the research carried out demonstrates some very good clinical reasons for their clinical recommendations. The other issues raised in relation to who should be offered treatment, for example, single people and same sex couples, was in the consultation document which was circulated widely. Based on the responses the Department of Health, Social Services and Public Safety will make decisions on how the service will be delivered and to whom. Mrs Graham acknowledged that there have been a number of challenges to the current service under the equality legislation to the Equality Commission, and the Department of Health, Social Services and Public Safety will have to consider these outcomes in making their decisions on future fertility services.

**21/04 DATE AND TIME OF NEXT MEETING**

The next meeting will be held on Thursday 18 March 2004 at 5.30pm in the Grosvenor House Training and Conference Centre, Glengall Street, Belfast.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Chairman

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Chief Officer