

**MINUTES OF THE EASTERN HEALTH AND SOCIAL SERVICES COUNCIL  
MEETING HELD ON THURSDAY 18 MAY 2006 AT 5.30 PM  
IN THE GROSVENOR HALL, GROUND FLOOR, GROSVENOR HOUSE  
CONFERENCE AND TRAINING CENTRE, GLENGALL STREET, BELFAST**

**PRESENT:** Cllr Mrs E Campbell  
Mr B Compston  
Cllr D Curran  
Cllr R A Drysdale  
Mr C Graham  
Mrs E Hamilton  
Cllr Maire Hendron  
Mr James Hutchinson

Cllr A Leslie  
Mr J McDowell  
Mrs R McGrotty  
Miss P McMillan  
Mr R Marshall  
Mr D Meredith  
Cllr P C Mullaghan

Miss McMillan was in the Chair

**IN ATTENDANCE:**

Mr Richard Dixon, Chief Officer  
Mr Sean Brown, Senior Manager  
Mrs Angela Campbell, Office Manager

**14/06 APOLOGIES** were received from Cllr M Henderson, Mrs S McGarry, Mrs P McGrogan, Mr J McMahan, Mrs M Muldoon, Mr E O'Neill, Miss M Patterson, Mrs M Rooney, and Mr D Spence.

**15/06 DR PAULA KILBANE, CHIEF EXECUTIVE, EHSSB**

Dr Kilbane updated Members on the following items, of which four items related to the content of the Board papers circulated to Council.

(a) EHSSB Health and Wellbeing Investment Plan for 2006/07 – 2007/08  
Priorities for Action

Ms Lynch, Director of Planning, EHSSB, at the 10 May 2006 EHSSB meetings, set out targets for 2006-2007. However, the Board have reservations about the targets and if they are achievable.

As planned, emergency surgery has discontinued at Lagan Valley Hospital. An audit of patients transferred from Lisburn revealed 1-2 per day as predicted. Assurance has been given that no difficulty has been experienced in relocating patients elsewhere.

The EHSSB has found enough bridging monies for the planned closure of inpatient beds although the process will be extended until the end of June to ensure other services are up and running.

(b) Finance

Almost all the monies for 2006-2007 have been now been committed. There was no success in asking the Department to lessen the capitation burden on the EHSSB. The Department have increased the burden by extracting an additional £3m this year and

£5m next year from the EHSSB budget in addition to the £7m already taken out. There is a £21 m capitation gap in the budget for Belfast. As the Review of Public Administration (RPA) rolls out the geographic boundaries will change and further impact on this disparity. Evidence from an independent report has revealed that the EHSSB is paying for services that should be paid for by other health and social services boards. The EHSSB feels a recosting exercise is appropriate.

In response to Cllr Leslie's query about the EHSSB paying too much for services Dr Kilbane clarified that under the current regime, the sophistication of costing does not allow for the breakdown of services in other Boards to be analysed in depth, therefore the HSSTrusts have been asked by the Department to recost more finely.

In response to Mr Graham's suggestion that Council contact the Department to reinforce the Board's argument about the reduction in the capitation formula needing readjustment, Dr Kilbane replied that this would be appreciated as the gap is widening and will increase under RPA.

In response to Mr Graham referring to the Regional Cancer Centre Dr Kilbane said clearly designated regional services are not an issue

(c) Waiting Lists

The EHSSB has achieved the target of no-one waiting over 12 months for surgery. In addition the targets of 6 months for cardiology patients and 9 months for hip/knee replacements are being met. However the following new targets will soon be in place.

- No-one waiting more than 9 months for surgery by September 2006
- No-one waiting more than 6 months for surgery by March 2007
- No-one waiting more than 3 months for surgery by March 2008

The EHSSB only provides treatment outside NI in exceptional circumstances.

Overall Accident and Emergency waiting times have improved substantially in the Board area. New targets of 4-6 hours are being introduced for A&E departments.

Cllr Leslie asked how the Ulster Community and Hospitals Trust, who have the worst waiting time performance figures, hopes to achieve the new targets set for the A&E waiting time of 4-6 hours, and what penalties will be imposed in the event of not achieving the target. Dr Kilbane replied that the Service Delivery Unit section is still consulting and she would feedback to Council when more information is available on this issue.

(d) Integrated Clinical Assessments and Treatment Services (ICATS)

When GPs refer a patient to hospital the referrals are currently classified as Urgent or Non-Urgent. Under the new ICATS arrangements those patients whose referrals are classified as *Urgent* will transfer to the current hospital waiting lists. However, special panels will screen patients whose referrals are classified as *Non-Urgent*. This might include further diagnostic measures or treatment solutions other than admission to a hospital waiting list.

The new procedures should help create a public understanding of the outpatient waiting list process and offer a faster response time. Mr Peter McLaughlin, Project Manager, Planning and Contracting, EHSSB is available to discuss the new process in detail.

(e) McCleary Inquiry

Following the homicide by Mr Paul McCleary, a mental health patient, of his fiancée in 2003, an Inquiry was set up to look into the factors surrounding the tragedy. The Inquiry is complete, but the full report has not been issued due to Freedom of Information, Human Rights and Data Protection implications and consideration of the family's wishes being taken into account. However the Executive Summary of the report, which contains all of the recommendations has been issued to the public.

The outcome of the Inquiry stated that policies and procedures had not supported best practice and the tragedy may have been preventable. The Inquiry reported that no individuals were found negligent but that a joined-up approach in services needed to be ensured.

The EHSSB was required to:

- (i) Issue the findings.
- (ii) Work with the Department re dual diagnosis services, particularly alcohol/drug abuse and mental health problems to ensure that services be mainstreamed. This will have implications for professionals at all levels.
- (iii) Ensure security and completion of all relevant records.

An audit was conducted throughout the EHSSB area in relation to the issues raised and an Action Plan by Down Lisburn Trust has been accepted in principle.

Six different HSS Trusts currently provide mental health services within the EHSSB area, although under the RPA reorganisation of Trusts this will reduce to two. This may present an opportunity to standardise and agree procedures.

(f) Research and Development Advisory Group Single Health Research Fund

The Research and Development Advisory Group met on 18 May 2006. Comments are invited for a Fund Proposal with the Medical Research Council, which originated from the Department of Trade and Industry and the Treasury. A copy will be made available to the Chief Officer. Members are to consider the consultation paper before the closing date of 29 July 2006.

(g) Death of a former HSSCouncil Member

The Chair informed Council Members that Mrs Sandra Adams, a former Vice-Chairman and Member of EHSSCouncil and an honorary Member had passed away. The Chair of EHSSCouncil said that Mrs Adams had been her mentor, role model and an inspiration to Council Members.

## 16/06 CHAIR'S BUSINESS

Due to time constraints, the Chair highlighted only the following items from her list of engagements, but invited Members to contact the Chair via the office for further clarification on any of the other engagements.

(a) Northern Ireland Medical and Dental Training Agency (NIMDTA) General Practice Meeting on 21 February 2006

- It was noted that there is an anomaly whereby General Practice trainees spend half the time on training, compared to other specialisms. This is in spite of General Practice covering a wider field of interests.
- NIMDTA are taking over responsibility from 1 April 2006 for the GP Appraisal Process to help further continued professional development.
- Mr Richard Dixon, Chief Officer, Mr Sean Brown, Senior Manager and the Chair are to meet Dr Agnes McKnight, the Director of Postgraduate General Practice Education, to discuss shared concerns.

(b) GP Appraiser Interviews, 11 April – 8 May 2006

Mrs McGrogan, Mrs McGrotty and the Chair contributed to the new recruitment process.

(c) Community and Development Health Network Workshop at Northern Ireland Council for Voluntary Action, 2 March 2006

This event which involved contributions from voluntary organisations such as Help the Aged, Ulster Cancer Foundation, Conservation Volunteers and Nutrition and Dietetics representatives, showcased projects, practice and partnerships that demonstrate the contribution of community development to health and social well being. The workshop attended by the Chair was 'Building a Community Pharmacy Partnership'.

(d) EHSS Board Meetings 9 March 2006 and 11 May 2006

It was noted that Dr Kilbane had updated Members earlier on points of interest.

(e) Patient Client Council meeting, Lagan Valley Island, Lisburn

The Chair informed Members that the Chair acts as a deputy for the CO in the event that he is unable to attend. However, the Chair was invited to the first meeting on 10 March 2006. At the HSSC Executive Committee Meeting on 16 May 2006, concern was raised about the lack of Council Member representation at the meetings of the Working Group.

(f) Joint Project Meeting 10 May 2006, Rosspark Hotel, Kells

A representative from each of the Project Groups taking forward the RPA recommendations gave a 10-minute presentation on their progress. This was followed by an opportunity for discussion. Throughout each of the presentations by groups

there was no mention of patients, integration or liaison. Each of the groups' presentations appeared to be in isolation.

(g) Changing the Culture, Infection, Prevention and Control Conference, Stormont Hotel, Belfast 13-14 March 2006

The Chair attended this conference with Mrs McGrotty. It was aimed at exploring a culture change around infection control. The underlying theme was to make infection control everyone's responsibility. Sir Liam Donaldson, Chief Medical Officer, for England, who is also Chair of the World Health Organization, World Alliance for Patient Safety, introduced conference delegates to the Patient Safety Challenge Programme.

Dr Andrew McCormick, Permanent Secretary, DHSSPS signed Northern Ireland up to the World Health Organization's Global Patient Safety Challenge pledge.

(h) Breathless in Belfast Conference, Management of Respiratory Disease, 15 March 2006, Postgraduate Centre, Belfast City Hospital

The Chair contributed to the discussions at this conference. The conference explored such topics as NI Strategic Framework for Respiratory Conditions; Chronic Obstructive Pulmonary Disease; Primary Care Initiatives etc. The Chair highlighted the group that now carries the largest risk for respiratory disease is females in the 12-15 year old age range due to the increased incidence of smoking.

(i) NI Regional Blood Transfusion Audit – Improving Blood Transfusion Practice, Stormont Hotel, 30 March 2006

The Chair informed Members that this was a very interesting event whose main theme was to change previously accepted practice and views on giving transfusions.

(j) Conference and Information Day on Myalgic Encephalomyelitis (ME)/Chronic Fatigue Syndrome (CFS), NTL Studio, Waterfront Hall, Belfast, 1 April 2006

The morning session featured two very opposing views on ME/CFS.

Dr Betty Dowsett, who is regarded as one of the foremost authorities in the UK dealing with ME, outlined the evidence of the illness from 15 years BC to the most recent Pandemic between 1980 and 1989. She stressed that ME is caused by a virus and came to the conclusion that if the illness was notifiable and if intervention in schools were possible, as in the past with polio, it would be possible to stop the illness within 6 years.

Dr Noel Scott and Jane Perkes, Occupational Therapist from the CFS Service in Belfast City Hospital, gave a presentation on the most recent treatment being offered at the CFS clinic. This Service uses the principles of grade of activity and the motivation behind it. The emphasis in this section was management and motivation.

## **17/06 MINUTES OF PREVIOUS MEETING**

The minutes of the previous meeting held on Thursday 16 February 2006 were agreed and accepted as an accurate record, signed by the Chair and witnessed by the Chief Officer.

## **18/06 MATTERS ARISING FROM MINUTES**

### **(a) Minute 05/06 (a) – New Consultant Contract**

The Chief Officer confirmed that the DHSSPS had agreed to send a speaker to the June Council meeting to address the Council on the new contract for consultants. In response to Mrs Hamilton's enquiry, the Chief Officer clarified that the speaker would give a broad strategic management overview on its impact.

Mrs Hamilton asked if a clinician from the "Consultants Association" could also be invited to the June Council meeting to present their view. The Chief Officer agreed to consult with the Department to seek a further speaker in time for the June Council meeting.

### **(b) Minute 06/06 - New Patient Client Council (PCC) Priorities and Action**

Members agreed to receive a presentation and update on this Matters Arising topic under agenda item 6 – "Report from Chief Officer" and agenda item 9 – "Themes of Workplan 06/07".

## **19/06 REPORT FROM CHIEF OFFICER**

The Chief Officer tabled his report to Members. The Chief Officer highlighted the following in the report:

The main areas of activity since the last formal meeting of the Council have included:

- i Visits to 9 GP practices to assess performance on Patient Participation in 2005/2006.
- ii Completion of work to review induction arrangements for Junior Doctors within the DHSSPS.
- iii Council visit to Mater Hospital and its Emergency Response Mental Health Team.
- iv Council visit to Belfast City Hospital and its Heart Failure Service.
- v Attendance by Chair and/or Chief Officer at Board workshops, Chief Officer Meetings, PCC Project Team Meetings, Stakeholder Engagement Meetings and Executive Committee Meetings.

Reports will be submitted on (iii) and (iv) above for the June Council meeting. Several additional reports were also tabled for information. These included:

- o Accident and Emergency "Trolley Wait" report.
- o Letter to the Chief Executive of the UCHT.
- o The Terms of Reference for the joint Council Executive group

## **20/06 REVIEW OF 2005-2006 WORK PROGRAMME**

The EHSSC Annual Work Programme Update April 2005-March 2006 was circulated to Members. The Chief Officer stated that this paper reflects a year's work of a wide range of achievements of which the dedicated and committed EHSS Council Members and Staff should be justifiably proud.

Mr Graham stated that he was impressed by the report, but sought further details on the complaint received from a member of the public about the complaints service provided by the Council. The Chief Officer explained that this concerned incorrect information given to a client at the first point of contact, which subsequently caused distress to the complainant who received a verbal and written apology from the Chief Officer, followed by a face-to-face apology at which meeting the complainant accepted the apology. The complainant continued to receive assistance from the EHSSC and lessons had been learned from the incident.

## **21/06 REVIEW OF 2005-2006 COMPLAINTS SERVICE**

Members received a report in advance of the meeting that demonstrates the complexity of the complaints dealt with by Council. The complaints service was principally provided by Mr Raymond Newman and assisted by Mr Sean Brown, both Senior Managers.

The Chief Officer noted that the number of complainants whom the Council offered assistance and advice to had been constant for a number of years. As the Patient Client Council becomes better known a significant rise in complaints may be evident. Mr Mark Durkan, SDLP recently raised concern in the House of Commons about the complaints situation, in particular the increase in the number of complaints about the HPSS in recent years, and the Irish News subsequently sought comment from the Chief Officer. It was pointed out the overall number of complaints was small in relation to the entire service. However, it is indicative of the increased awareness and willingness of patients to make a complaint.

## **22/06 THEMES OF 2006-2007 WORKPLAN**

The Chief Officer gave a presentation, outlining proposed themes and he welcomed Members' comments on what themes to pursue in the coming year.

### **(a) Stakeholder Engagement Meetings**

Prior to outlining the themes for 06/07 a report was tabled for Members' information that attached feedback from meetings undertaken by the Chief Officer in recent weeks, designed to gauge stakeholder opinion on the role of the PCC.

In essence, the feedback from the patient and community groups was as follows; -  
The new PCC;

- i Must be well known to the general public.
- ii Must meet people on their terms – within their communities.
- iii Must be very good indeed at communicating clearly and simply in a manner easily understood by all.
- iv Must educate and inform.

- v Must have the power to guarantee that the voice of patients and the public is heard, is listened to and – where possible – changes things.

With all of this in place communities are interested, energetic and motivated to get involved with the health and social services and to have a say in how those services are planned and delivered.

Each community has an issue of its own. The Chief Officer gave specific examples of these expanding on each.

HPSS employees currently involved in the planning and delivery of services provided the following feedback:

- i That the PCC must enable and support HPSS in engaging with patients and the public.
- ii That the input of patients and the public should be – generally – constructive and well informed.
- iii That the PCC must play its part in educating and informing the public about HPSS and the environment and challenges within which it operates.
- iv That the PCC should actively sponsor the development of good practice in Patient Public Involvement and help the HPSS and patients and the general public, develop the skills and the capacity necessary to deliver on this agenda.

With this in place, it recognised that this is an area requiring development but there is a will and an enthusiasm among healthcare planners and providers to make patient and public involvement something meaningful, which contributes and is effective.

(b) EHSSC Workplan 2006-2007

Some elements from the 2005-2006 workplan are ongoing, they are:

- i Mental Health  
It is hoped to produce a paper for Members' approval at the June Council meeting. The paper will propose the Minister for Health should take the opportunity of RPA to raise funding on Mental Health services to comparable levels with Great Britain. At present there is a 30% disparity in funding levels.
- ii Chronic Disease Management in Primary Care  
It had proved not possible to have a meeting with service users until September 2006. This will be in partnership with Diabetes UK.
- iii Complaints  
It was expected that consultation on the new Complaints Procedure would have taken place in 05/06 but the proposed paper has still not been published by the DHSSPS.

Due to the implications of RPA, the number of objectives proposed for 06/07 is less than the six objectives in last year's workplan but which still present the challenge of an increased workload of HSSCouncils.

(c) Suggested EHSSC Work Programme Themes for 2006/2007

- i Advocacy for people in Residential, Care and Nursing Homes  
It is proposed that the Council investigate the support and advocacy available to residents in statutory or independent care homes. This will be in partnership with SHSSC and possibly result in a four HSSCouncils' piece of work. This is partly prompted by the results of a "super" complaint on care homes, where the Councils were identified as the advocacy service.
- ii Palliative Care Services  
It was proposed that the Council look to get a broad overall picture of the patient and carer experience of palliative care services. This will cover human sensitivity issues and how the diagnosis is communicated.
- iii Doctors' Registration and Revalidation  
It was proposed that the Council look to raise awareness among patients on what to reasonably expect from their GP and their fitness to practice.
- iv Change/Transition Management  
This theme will be required as HSSCs move to support the shadow form of the Patient Client Council.

(d) Suggested Joint Council Work Programme Themes

The Chief Officer informed members that the following work themes had been discussed as possible themes for a four Council approach in 06/07.

- i Child and Adolescent Mental Health Services  
This work will augment the EHSSC's 2005-2006 work programme insofar as this related to mental health, and would look at proposals designed to address the poor state of service provision in this area.
- ii Regional and SupraRegional Services  
The four Councils will look at the provision of regional services for Northern Ireland. This may focus on Cardiac Surgery.

MEMBERS' COMMENTS/QUESTIONS

Mr Compston remarked that there was a deluge of information arising out of meetings, minutes etc and tremendous effort had gone into this, however, he cautioned that Council should not focus on detail but focus on the real issues. Mr Compston also stated that the output of the work programme should have quantifiable results.

Mr McDowell said that Council has a responsibility to act and work for progress in services and to inform and educate. He believes the EHSSB does its best but it is hoped that it can do more in the coming year.

Cllr Mrs Campbell acknowledged the following elements of the Chief Officer's presentation:

- (a) All the services identified in the work programme are very necessary, but will prove an enormous workload.
- (b) The Stakeholder Engagement report is full of challenges, not least the comment regarding the capacity of a single Patient Client Council to respond to local issues directly affecting communities. There will be a need for a point of contact easily identified by communities. Other challenges include financial and manpower resources which will determine the ability for local engagement. If expectations are raised and it is not possible to meet them there would be tremendous disappointment.

Cllr Leslie stated that councillors and MPs are currently one-stop shops for dealing with health service users' complaints and the PCC should look to engage with elected representatives to gauge the level and type of complaints they are trying to assist on.

The Chair informed Members that the concept of one-stop shops would be pursued by her planned visit to view one-stop shops in Liverpool.

Mr Graham congratulated the Chief Officer on his vision and the work achieved, but noted the challenges ahead, suggesting a contingency workplan in the event that RPA placed unforeseen demands on the Council.

Mr Graham noted that the membership of the new Patient Client Council would be determined under the Nolan principle of open competition and expressed the view that it was important to complete the current workplan to pass on to the new PCC.

Cllr Curran suggested that the best way forward for stakeholder engagement was for Council members, Chief Officer and staff to be available in the next 12 months in groups two half days/evenings per month to meet existing organisations to inform the public of the opportunity to raise concerns. It was noted that people's engagement with the health and personal social services changes from year to year.

It was noted that Mr Shaun Woodward, the previous Minister with responsibility for the DHSS&PS had left a legacy for his successor Mr Paul Goggins to follow. The current thought is that by year-end 2006 the PCC will have a Chief Executive and Chair Designate in place. However the HSS Councils will continue to exist until 31 March 2008.

## **23/06 CORRESPONDENCE**

Members were reminded to contact the office if they wished to obtain copies of any of the correspondence listed on Paper EC/04/06.

## **24/06 INPUT FROM COUNCIL MEMBERS**

- (a) Redesign of Community Nursing Project Board 16 May 2006

Cllr Mrs Campbell reported that the Project Board met to consider the draft report. The following was noted:

- i The focus on public health is very welcome.
- ii The provision of budgets to enable community nurses to prescribe in order to complete episodes of care would greatly enhance the care provided.

Cllr Mrs Campbell expressed the view that if the Department accepted the recommendations, it would be a significant step forward in providing a service to meet the needs of patients/clients in their own homes or at drop-in centres/health facilities etc.

Cllr Mrs Campbell expressed concern that more emphasis was not placed on the views of patients in the outcomes of the 8 projects.

(b) Joint Project Meeting 10 May 2006, Rosspark Hotel, Kells

Mr McDowell stated that part of the Patient Client Council role would be to communicate ideas for progress to the Department, but that there should be opportunities to debate this before the March 2008 deadline.

(c) Activated Factor VIIa Working Group - 20 April 2006

Mr Meredith reported on his attendance at the second meeting of the group. The group is to set up an acceptable plan for implementation of a standard procedure using Factor VIIa. At present there is no guidance for its use throughout the various health trusts causing disparity. Some Trusts refuse to sanction its use, although it is of benefit when used appropriately. Some Trusts claim the cost of dosage is too expensive, that is £2000 per dose, however no more than two doses are ever used. Mr Meredith had been assured that the agent was considered an acceptable alternative to all ethnic or religious groups instead of blood transfusion. He asked if it was possible for the government to pay for this drug in addition to the standard drugs budget?

(d) Belfast City Hospital Trust Board meeting 31 March 2006

Mr Marshall reported on the following:

- i Responses to complaints January/February 2006.
- ii The Financial outlook for 2006/2007 will be insufficient to fully meet the cost of implementing Agenda for Change, which is proving to be a challenge for the Trust.
- iii Utilisation of areas to be vacated on BCH campus.  
Consideration is being given to offering part of this area for the development of health-related activities, eg, a hospice-type unit or a private surgical facility.

(e) Belfast City Hospital Trust Charitable Trust Funds Committee

Mr Marshall reported that this Committee continues to assess requests from various departments within the Trust for spending of funds and donations received.

(f) Research and Development Advisory Group Meeting, 18 May 2006

Mr Marshall reported that Dr Kilbane had alluded to the work of this group earlier in the meeting. It was noted that research grants would be issued for ill-health prevention, although despite there being 40,000 known diabetics the real figure may be nearer 60,000. Mr Marshall expressed concern because the answer will lie in self-management of diabetes rather than treatment by health professionals.

- (g) Council Visit to Mater Hospital Emergency Response Mental Health Team  
25 April 2006

Mr McDowell paid tribute to the keen and able mental health team at the Mater Hospital and expressed hope that any savings from RPA would be directed to mental health services.

- (h) Council visit to Belfast City Hospital Heart Failure Service 09 May 2006 and Council  
Visit to Mater Hospital Emergency Response Mental Health Team 25 April 2006

Mrs McGrotty attended both of these visits and noted that the Chief Officer would be providing a report for Members.

Mrs McGrotty also undertook the following Council work.

- (i) Changing the Culture, Infection, Prevention and Control Conference, Stormont Hotel,  
Belfast 13-14 March 2006

Mrs McGrotty reported that she had attended this conference along with the Chair.

- (j) Regional Acquired Brain Injury Unit, Musgrave Park Hospital

Mrs McGrotty reported that the inpatient capacity at the Joss Cardwell Rehabilitation Centre on the Musgrave Park Hospital site would be increasing from 12 to 25 beds. Leaflets are available for Members on request.

## **25/06 ANY OTHER BUSINESS**

Cllr Curran received a request from a community group in Ardglass, in the Down Lisburn Trust area, campaigning against the Trust's intention to close three homes. Cllr Curran asked what would happen to the residents and what can Council do for them because this could be an opportunity for the Council to prove to the general public that they can deliver.

The Chair responded that Council would follow up on this issue.

## **26/06 DATE, TIME AND VENUE OF NEXT MEETING**

Thursday 15 June 2006 at 1.30 pm in the Great Hall, Downshire Hospital, Ardglass Road, Downpatrick.

The meeting closed at 7.35 pm.

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
Chair

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