



The date of the stand-down of the Local Health and Social Care Groups is still to be announced. The Minister for Health, Social Services and Public Safety is expected to make an announcement on this towards the end of August. Arrangements are being made for redeployment of staff.

Dr Kilbane said that despite all the changes, it would appear that staff morale is still good and importantly the patient experience has not been affected.

In response to a question from Mr Graham, Dr Kilbane confirmed that the Human Resources framework has not yet been agreed and that under the RPA, the Department of Health, Social Services and Public Safety (DHSSPS) have given a directive that vacancies can only be filled on a temporary basis.

(b) Finance

Dr Kilbane reported that the EHSSB have not received Health and Wellbeing Improvement Plan (HWIP) or Financial plan approval yet. There is reason to believe that additional funds may be available for health and social services. These non-recurrent funds are always welcome and will be used for reducing waiting lists. Additional funds may also be available for Agenda for Change.

There have been some emerging pressures for services only available outside Northern Ireland. This would include specialised psychiatric services, which although low in number, are extremely expensive services.

Dr Kilbane explained that in terms of the EHSSB area, latest population figures show that the Belfast area is not growing at the same rate as the rest of the EHSSB area. There seems to be considerable growth in population in some places, which is mainly thought to be due to migration. Based on the latest capitation calculation this would mean that the size of the population capitation drift financially for the next year could be approximately £7 million. This will not be a scenario that will be sustainable under local purchasing arrangements with local offices. This will either mean reduced services being provided or providing the same amount of services in a more cost-effective manner. Departmental and Regional decisions will be taken about these issues.

Mr Graham asked that although there is a change in the demographic population within the Belfast area, will the DHSSPS in determining funding, take account of not only numbers but also the ageing population in Belfast and the areas of multiple deprivation in Belfast such as North Down.

Mr Dixon clarified that Council has written to Dr Andrew McCormick, Permanent Secretary, expressing that without a more sensitive and rigorous costing assessment, especially on the Belfast hospitals, the communities in Belfast could be disadvantaged under new commissioning arrangements. A response has not been received yet but Mr Dixon will pursue this.

(c) Consultation Document on a Policy to Make Best Use of Resources in Plastic Surgery and Related Specialties

The EHSSB approved this document for issue today for public consultation. This is likely to be the first of a number of documents that will emerge, aimed at providing a

consistent and transparent approach to the allocation and prioritisation of resources. This policy when agreed will:-

- reduce the waiting lists for plastic surgery to within waiting list targets
- reduce outpatient waiting lists for plastic surgery
- provide transparent criteria for plastic surgery on the NHS

Currently there are 5000 people on the plastic surgery waiting lists with a large number mainly waiting for minor or cosmetic surgery. These patients have been waiting for 5 years or more.

Along with this consultation paper there has been additional investment within the current plastic surgery services. There has been at least a 30% increase in consultant time with significant investment put into the recruitment of plastic surgeons. People would expect this to mean that more plastic surgery can be carried out but much of this investment will merely meet the increasing demand brought about by advances in the ability to treat more severe conditions such as cancer, head and neck cases, congenital abnormalities and traumatic injuries.

This consultation paper will enable the EHSSB to consult on the criteria for when patients would be assessed and admitted to a waiting list for surgery. The proposed criteria have been based on those developed in England by plastic surgeons and allied specialties.

Dr Kilbane emphasised that people who are already on an outpatient waiting list for plastic surgery will be seen. Once the criteria have been agreed these will be used to assess patients.

This is a Regional consultation with all four Health and Social Services Boards involved. The closing date for consultation is 26 October 2006. The EHSSB will meet on 23 November 2006 to consider consultation responses. When agreed, the new criteria for access to plastic surgery will be introduced but it is recognised that there will always be exceptional circumstances to guidelines that need to be assessed individually.

Miss McMillan enquired about what training GPs will have in relation to the criteria for plastic surgery. GPs are often the front-line staff that are counselling these patients on their options, and it is important that GPs are clear about referral criteria.

Dr Kilbane agreed that training would be needed throughout the whole service.

In response to a question from Mrs Muldoon, Dr Kilbane confirmed that the priorities for plastic surgery resources will be the same throughout the four Board areas.

Mr Graham said that although there is wide consultation on the proposed criteria, the consultation is very technical and although Council can comment on the fairness and equality of proposals, he felt that it may be only professionals who can respond to specific criteria proposals.

Miss McMillan thanked Dr Kilbane for attending the meeting to provide an overview.

#### **41/06 TIN WAI CHAN, BILINGUAL ADVOCATE, CHINESE WELFARE ASSOCIATION**

The Chair welcomed Ms Tin Wai Chan, whose advocacy role at the Chinese Welfare Association was partly funded by the EHSSC. Ms Chan outlined how her work has impacted on the Chinese community. She explained that the aim of the Advocacy Project was to improve the quality of life of Chinese people living in the EHSSB area, by maximising their equality of access to health and social services. The objectives of the project are:

- To provide information, support, signposting and advocacy to Chinese families and individuals with health and social care needs.
- To advise HPSS staff and practitioners in the EHSSB area on appropriate ways of meeting the needs of Chinese patients and clients.
- To contribute on health and social services needs assessments of Chinese people in the EHSSB area

Ms Chan said that clients need to trust her as she is often involved in confidential situations which can include visits to GPs and specialists for interpreting or advocacy services, facilitation of focus groups and awareness sessions. She explained that, unlike Northern Ireland, where patients must register with a GP and dentist before being seen, patients in Hong Kong can join a queue in any GP or dental surgery to be seen that day. Therefore, apart from language barriers, Chinese people must learn about the different health service system operated in Northern Ireland.

Future plans for the project include:

- Establishing a Chinese Patient Health Forum, in which Mr Dixon has actively supported
- Chinese Health Day on 12 September 2006
- A workshop in liaison with Diabetes UK and EHSSC on 25 September 2006
- Mental health awareness session and work promoting healthy living
- Set up of Chinese parenting program
- Participation in consultation on infectious diseases, which is being co-ordinated in England.

In response to a question from Mr Marshall, Ms Chan said that studies show that the Asian community are three times more likely to have diabetes than local people. She explained that the majority of first generation Chinese from Hong Kong, diagnosed with diabetes have Type 1 diabetes, whereas new generation Chinese suffer mainly from Type 2 diabetes. This is mainly due to the culture in Northern Ireland and issues of childhood obesity.

Miss McMillan asked how the Chinese community are made aware of the Advocacy service available in the Chinese Welfare Association. Ms Chan said that she has circulated leaflets and posters to GP surgeries and hospitals and the role is publicised when contact is made with the Chinese Welfare Association.

In response to a question from Mr Dixon, Ms Chan explained that she provides general advice to callers every day and has provided interpreting services to over 100 people since taking up post.

Miss McMillan thanked Ms Chan for her presentation and said that it was gratifying to see this project come to fruition. Ms Chan thanked Council for the support of this project.

#### **42/06 CHAIRS BUSINESS**

Miss McMillan highlighted the following in the Chair's Business:-

- (a) Community Health Development Breakfast Networking Event, 23 June 2006  
This was the first time community development and health workers had held this group meeting and they intend to feed back the comments received on the day, into the Ards Borough Scoping Area Plan. Miss McMillan had provided a brief overview of the work of Council at this event.
- (b) Health and Social Services Council (HSSC) Executive Meeting, 27 June 2006  
This meeting included an update from the Patient Client Council (PCC) Project Team. Miss McMillan stressed that everyone recognises the need to keep members and staff informed. A regional staff meeting will be held on 9 October 2006 to bring staff from the four Councils together to discuss work and human resource implications of the dissolution of Councils and the establishment of the new PCC.

Other issues discussed were:

- Possible working links and relationships with the new HSSA
- NI Cancer Registry and Cancer Services for children outside the Belfast area.

- (c) Managing Change Effectively Seminar, 29 June 2006  
Miss McMillan said that this conference examined a wide variety of perspectives in the change management process.
- (d) Meeting with Dr Agnes McKnight, Northern Ireland Medical and Dental Training Agency (NIMDTA), 26 July 2006  
Miss McMillan, Mr Dixon and Mr Brown had met with Dr McKnight to discuss the current role of NIMDTA and to raise Council's concerns about GP training. Dr McKnight had explained that NIMDTA also have concerns about GP training. She said that with increased emphasis on managing patients in the primary care setting, GPs would require additional training. GP training is shorter than specialist doctor training, yet GPs are the first point of contact for patients with a variety of problems. It is proposed that concerns will be raised and taken forward as a regional priority and Council will support NIMDTA with any concerns they raise.
- (e) PCC Meeting, 7 August 2006  
The Working Groups, which had been established under RPA, had until 30 June 2006 to submit recommendations for the establishment of the new bodies to the Reconfiguration Board. The Reconfiguration Board were unable to review all the work submitted within agreed timescales and they will meet again in September.

Miss McMillan reported that the Councils raised concerns about the delay in the appointment of the Chair and Chief Executive designates for the PCC. When Mr Shaun Woodward made the original announcement about RPA, the new PCC had a prominent position. Councils feel that it would have been appropriate and more effective to see the appointments made to the PCC alongside their counterparts in the new Trusts and the HSSA.

Councils have asked that consideration be given to these appointments as a matter of urgency as recommendations made by the Reconfiguration Board will require the Chair and Chief Executive to be in place to drive developments forward.

Miss McMillan said that the majority of work for the PCC Working Group has been completed. There is a possibility that the meeting in September will finalise the work of this group, with consideration given to a draft paper on the role of the PCC and reviewing how similar bodies work in other areas.

(f) Visit to Liverpool City Council, 14-16 August 2006

This visit arose as a result of a presentation at a conference on RPA in February 2006 by Pauline Crabtree, Liverpool City Council, on the changes to be made and leadership that will be required in Northern Ireland.

Liverpool City Council had one of the highest council tax charges in the South of England, yet the quality of service had not reflected these charges. A number of initiatives have therefore been introduced and Miss McMillan said that the visit, although intense, was excellent. This included visits to:

- **Direct Call Centre**  
This call centre deals with telephone enquiries. The people dealing with these enquiries have the support of social workers for additional advice if required. The call centre deals with around 80% of calls there and then.
- **'One Stop Shop'**  
This is situated in the City Centre.
- **Resolution Centre**  
This is a section of the City Council building that deals with archived/sensitive information.
- **Customer Focus Centre**  
This section houses the teams that deal with the 20% of calls that cannot be dealt with initially by the Direct Call Centre. Resolution of these enquiries may require visits to the centre for private consultation or visits out into the community.
- **Business Process Engineering (BPR)**  
This is the Department that managed the change process that aims to make people more effective by putting the patient first and ensuring that the service provided is 'fit for purpose'.

In response to a comment from Mrs McGrogan regarding representation on the PCC Working Group at this critical stage of formulation, Miss McMillan reported that she had received a letter from Mr David Sissling, Chief Executive, HSSA. Although only appointed on 7 August 2006, Mr Sissling had written to Miss McMillan on 8 August 2006 stating that he is keen to:

- build on strong foundations already in place and to further improve the health and well-being of individuals and local communities
- take every opportunity to meet with colleagues from both within the service and from partner and stakeholder organisations
- establish open and effective communication to and from the HSSA

A meeting has already been planned for the HSSC Executive to meet with Mr Sissling on Tuesday 5 September 2006 to discuss:-

- The current role and work of the HSSCs
- The role and work of the shadow Authority
- Public and patient participation in the HSSAs work
- Interim working relationships between the Authority and HSSCs.

The HSSC Executive will also meet with Dr Andrew McCormick on the 15<sup>th</sup> September 2006.

In response to a question from Mr Marshall regarding Council representation on Committees within the new HPSS Trusts, Miss McMillan said that there has been no communication about this yet and it is expected that nothing will be agreed until the new organisations are established. As the recently appointed Chief Executives of the new Belfast and South East Area Trusts are currently familiar with the work of Council, it is expected that they will want to continue a working relationship with the new PCC within their new roles.

Mr Dixon confirmed that at present lay representation in new organisations has not been agreed. He explained that the purpose of the meeting with Dr Andrew McCormick in September is to ask about the current thinking on patient and public involvement in the health service and within the new organisations. He said that members who currently work on committees on behalf of Councils should continue this work until further notice and thanked Members for their continued membership and support.

Mr Dixon said that the first job of the new Chief Executives would be to produce structures for their own organisations. There are issues around whether the PCC will be established as a non-departmental public body, which would mean that it has a management board rather than a group of volunteer representatives. The Chief Officer will keep Members informed of any new developments over the coming months.

Mr Compston hoped that Chief Executives would have contracts that will make them more accountable for performance. He felt that, as the message from the DHSSPS was that 'the customer comes first', the PCC should have been at the forefront of the new organisations.

The Chief Officer said that one of the recommendations made by the PCC Project Team was that these new organisations have a specific duty to engage with the public they serve. The DHSSPS is producing guidance for the Chief Executives.

#### **43/06 MINUTES OF PREVIOUS MEETING**

The Minutes of the previous meeting held on Thursday 15 June 2006 were agreed as a true and accurate record and were signed by the Chair and witnessed by the Chief Officer.

## 44/06 MATTERS ARISING

The Chief Officer provided an update on the following:

- (a) Minute 32/06 (a) – A&E Waiting times  
At the last meeting it was agreed that Mr Dean Sullivan, Service Delivery Unit, DHSSPS, be asked to attend a Council meeting to provide information on the initiatives being taken to tackle waiting times in A&E and to deliver on the 4 hour waiting target for A&E. Mr Dixon said that as this effects the whole of Northern Ireland he is proposing that a joint Council seminar on this matter be held and he will advise Members of arrangements.
- (b) Minute 32/06 (c) Integrated Clinical Assessments and Treatment Services (ICATS)  
At the last meeting Mr Dixon had been asked to write to the Minister for Health, Social Services and Public Safety to express Council's positive reaction to the setting of new targets and how these will be managed.

Mr Dixon said that before he does this he wants to liaise with other Council staff to identify a new form of reporting for the monthly Council meeting, that will enable Council to monitor these targets to see if these are being achieved and have them broken down into outpatient, diagnostic targets, A&E targets, GP access targets etc.

Cllr Leslie pointed out that in the A&E trolley wait figures produced for June 2006, the Ulster Community and Hospitals Trust, although the worst figures, had slightly improved. He added however, that during that month, 76 patients waited on a trolley for more than 17 hours and he agreed that with new 4 hour targets being implemented, someone needs to be held accountable for achieving this.

- (c) Minute 33/06 (b) PCC  
Mr Brown confirmed that the original remit of the PCC Project Team is almost complete, with five of the six deliverables now submitted. The Reconfiguration Board will now consider the work of the Project Team to agree how to take the remaining work forward. The appointment of the new Chief Executive and Chair designate will be essential to ensuring that the process of establishing the new PCC works in tandem with the current work and dissolution of the HSSCs.
- (d) Minute 37/06 (a) Funding for Anti-TNF drugs for MS patients  
Mr Dixon referred to a report prepared by Mr Ryan Simpson, EHSSC, which had been circulated to Members prior to the meeting. Mr Dixon said that the EHSSB Health and Well-Being Investment Plan states that by 31 March 2008 the waiting list for MS patients requiring treatment with disease-modifying drugs is eliminated. However, the current position is that although significant progress has been made, the EHSSB are estimating that by 31 March 2008 there will still be 38 people on this waiting list.

Mr Compston suggested that it be noted that Council has reviewed this position and intend to monitor the progress of this situation.

Mr Graham said that with the changes being implemented within the HPSS, Council must be patient and recognise that some of the work in progress may be delayed. Members agreed that this should be monitored and asked the CO to thank Mr Simpson for his clear report.

## 45/06 REPORT FROM CHIEF OFFICER

The Chief Officer reported on the following:-

- (a) Weekly bulletin for Members  
Members are being kept up to date about meetings that the CO attends in the weekly bulletin. Mr Dixon said that he has welcomed things being quieter over the summer, which has enabled the office to thoroughly review where Council is with its Workplan and to plan for the future.
- (b) Re-election of Vice-Chair  
Nomination papers have been circulated for the position of Vice-Chair of the EHSSC. Mr Dixon highlighted that Mr Graham who is the current Vice-Chair, is eligible for another term should he wish to be nominated.
- (c) Staff Meeting 9 October 2006  
The format of this staff meeting is to be agreed between the four Councils. This will involve discussion about the effect of RPA on staff and the plans for the work of Councils over the coming months.
- (d) Closure of Residential Homes in Down Lisburn Trust area  
The CO and Cllr Campbell referred to the agenda for the meeting that stated under Note for information, 'Closure of Nursing Homes in Down area-response' and said that this should have read 'Closure of Residential Homes in the Down Lisburn Trust area-response'.
- (e) Workplan 06/07  
Mr Dixon confirmed that the Workplan for 06/07 has been timed to last for 18 months, running from September 2006 to March 2008, up until the dissolution of Councils.

As with all the Workplans there will be:-

- the routine elements of Council work which include attendance at Committees, responses to consultation, monitoring and complaints assistance.
- the project based special initiatives looking at specific areas of work
- the arrangements for the dissolution of HSSCs.

Mr Dixon outlined the areas for project based special initiatives:-

- Patient Public Involvement

A piece of research that will be commissioned by Council to look at innovation and variety in patient and public involvement. This is designed to complement work being carried out by the DHSSPS.

- Advocacy for Older People

This piece of work currently involves the EHSSC and SHSSC in partnership with the Regulation, Quality and Improvement Authority. The purpose of this will be to map what advocacy is available to a person who is resident in a nursing care home, whether it's in the statutory health service sector or private sector.

- Patient Self Referral in North Down and Ards

This piece of work will involve surveying people in the North Down and Ards area to ask if they know where to go for treatment. It is clear that there is a plethora of services available but do people know this and do people tend to go to Accident and Emergency because they don't know there are alternative services available.

- Children and Young People

This has arisen out of Stakeholder engagement carried out by Council that included a small piece of street consultation with young people in Belfast City Centre. Two areas of concern that were highlighted from this consultation were:-

- criticism of the quality of education about smoking, alcohol, drugs and sex. It was felt that teaching on these matters can be very mechanical and does not address emotions.
- young people felt they had no-one to talk to and felt vulnerable around confidential discussions with GPs or school counsellors.

As the Regional Strategy runs for 25 years, the people whose behaviour needs to change in order that the health service achieves its long term plans for health promotion are currently aged between 10 and 15 years of age. It is therefore essential that children and young people are effectively engaged.

Mr Dixon explained that in Wales the HSSC equivalent would be the Community Health Council. In South Wales there is a Junior Community Health Council, which is made up of 12 school children who attend 10 Council meetings per year to discuss themes chosen by them and to liaise with appropriate bodies regarding concerns.

Council will be contacting local schools, within a five mile radius of the office, to identify if they would like to be involved in this piece of work.

- Good Medical Practice

This core document that was produced by the General Medical Council (GMC), states what a good doctor is, and is the document to which all doctors can be held to account. It is proposed that Council, in partnership with the GMC, will develop a patient version of this document so that patients know what to expect of their GP.

- RPA

This will be a major part of the Workplan that will impact on the operation, Members and staff of the Council over the next year.

Mr Dixon will keep Members informed of progress with the workplan areas and invited Members to contact him if they wish to become involved in areas in which they may have a particular interest.

Cllr Campbell said that she welcomes the piece of work on patient self referral as in her daily dealings with constituents, friends and neighbours there is an absence of knowledge about the GP out of hours service. A lot of people did not keep the piece of paper they received informing them about new out of hours arrangements and therefore it is often easier to go to Accident and Emergency, even though it is inappropriate use of this service.

Cllr Campbell said that she would have particular interest in the piece of work on Advocacy for Older People as she has had a positive personal experience with a

relative who is in a dually registered home. Cllr Campbell recommended that Council consider liaising with the Relatives Forum on this piece of work.

As some Members' term on Council is due to end before the dissolution of Council in March 2008, Miss McMillan confirmed that the DHSSPS has written to Council confirming that special arrangements have been made to allow Members to extend their term to run to the end of March 2008. The Chief Officer will be writing to those Members affected by this directive, asking them to give consideration to extending their membership term.

Miss McMillan confirmed that no new appointments to Council will be made and vacancies will not be filled. Both the Chief Officer and Chair expressed their gratitude to all the Members for their work.

In response to a comment from Mrs McGrotty, Miss McMillan agreed that there are problems with awareness about the Councils. She said that Members will continue to promote the work of the Council and hopefully the PCC will receive a high profile launch

Mr Dixon reported that a lot of the work outlined in the Workplan will be contracted out and is manageable under current budgetary and working arrangements.

#### **46/06 CORRESPONDENCE PAPER EC08/06**

Paper EC08/06 was taken as read and no additional items were highlighted. The Chair reminded members that if they are interested in seeing any papers listed on the correspondence paper they can request these through the Council office.

#### **47/06 INPUT FROM COUNCIL MEMBERS**

(a) Down Lisburn Trust Board Meeting

Cllr Campbell had attended this meeting on 16 August 2006. The main issues discussed were:

- Closure of Elderly Persons Resource Centres  
The Trust has received around 6,000 constructive responses to the consultation on these proposals, from individuals and organisations. In view of the quantity and quality of the feedback received, a decision on the future of these facilities has been delayed until October 2006.
- National Institute for Clinical Excellence (NICE) Guidelines  
NICE have produced guidelines for Midwifery Led Units and these guidelines will be adhered to in the setting up of the new Midwifery Led Unit at the Downe Hospital.
- Delayed discharges  
Cllr Campbell had asked the Trust to clarify what is meant by 'delayed discharges due to circumstances beyond their control'. The main reasons for this would be patient choice and unavailability of appropriate places.

(b) Developing Nursing Practice to meet Future Changes

Mrs McGrotty attended this Seminar on 29 June 2006 in Downshire Hospital. The purpose of the seminar was to celebrate the achievement of the work of the nursing

profession and to draw their attention to the various training and development programmes available.

Of particular interest two clinical nurses have been working very successfully, in co-operation with two Private Nursing Homes to identify the challenges faced by Nursing Home staff and to arrange training for staff and access to specialist knowledge and expertise.

The outcome from the training has resulted in fewer admissions of the elderly to hospital, and the nurses involved also emphasised that personal interaction with the residents has been highly beneficial to both parties.

(c) Moving Towards Racial Equality in Service Delivery

Mrs McGrotty attended this Seminar, which was linked to the Royal Group of Hospitals Trust (RGHT) Annual Lecture at the West Belfast Festival, on the 8 August 2006. The RGHT have prepared a welcome pack translated into 18 different languages for the benefit of ethnic minorities. The pack contains information on accessing social services, spiritual care, infection control, visiting times, consent and how to make a complaint.

Mrs McGrotty provided background on the Travelling Community Programme, which the RGHT have jointly initiated with the Department of Social Development. This involves assessing the health needs of the Travelling Community, with workshops, health checks and staff training already in place.

Miss McMillan thanked members for the summaries of the valuable work they have been doing on behalf of Council. A leaflet was circulated for a Conference being held by the NI Social Care Council on the 24 October 2006, 'Shaping the Future Social Care in NI'. Members were asked to contact the office if they are interested in attending.

#### **48/06 INPUT FROM MEMBERS OF THE PUBLIC**

(a) Update on work of Greater Belfast Design Team

The Chair welcomed Mrs Ann Gamble whose background is in health, housing and education. Mrs Gamble wanted to update Council on the progress being made with the new Greater Belfast Design Team of the EHSSB, on older peoples issues.

Two years ago, as a volunteer, Mrs Gamble became a member of the Advisory Group to assist with the EHSSBs 10 Year Strategic Plan for Older People. One of the recommendations made in this plan was that there would be continuous dialogue with older people and Mrs Gamble was delighted to be asked to be a member of the Greater Belfast Design Team.

Mrs Gamble outlined the diversity of the representation on the Team whose main purpose is to:-

- Contribute to the implementation of aspects of the EHSSB's Strategy for older people by developing a more co-ordinated intermediate tier of services
- To promote independence
- Avoid unnecessary hospital admissions, and manage discharge in a caring and timely manner

The Design Team is currently looking at:

- The interface between the hospital and community including the packages of care
- The redesign of services for older people in a number of areas including multidisciplinary teams in A&E, with view to reducing trolley waits

The Design Team will develop detailed proposals for implementation during 2006/07, to be considered by Senior Managers of the new HPSS Trusts. These recommendations will also be presented to the Leadership Team following a Design Team Conference being held in September.

Miss McMillan thanked Mrs Gamble for taking the time to update Council on the valuable work being done in the Community.

#### **49/06 ANY OTHER BUSINESS**

(a) Council Meeting December 2006

The Council Meeting scheduled for 14 December 2006 is a nighttime meeting, but as this is so near to Christmas, Mr Dixon asked Members if this can be changed to an afternoon meeting. Members agreed.

(b) Microphone system

Members discussed the microphone system used at the Council Meeting and agreed that this should not be booked routinely. It was agreed that the system should only be booked if a specific request is made or there are known acoustic problems with a particular venue.

(c) Council's best wishes

On behalf of Members, Miss McMillan expressed best wishes to Miss Muriel Patterson who has recently been unwell.

Miss McMillan has also sent best wishes on behalf of Council, to Mrs Jane Graham, who will be heading to Canada in the very near future.

#### **50/06 DATE, TIME AND VENUE OF NEXT MEETING**

The next meeting will be held on Thursday 21 September 2006 at 1.30pm in the Island Hall, Lagan Valley Island Civic Centre, Lisburn

The meeting closed at 7.50pm.

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

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