

groups reduce to 4/5. The meeting also discussed the Twin Track approach being undertaken in relation to the establishment of the PCC and the dissolution of the Health Councils. Each Council will address the issues associated with its closure and manage its own dissolution.

The Chair highlighted the Executive Group's concern for the staff of the Health Councils in the forthcoming restructure. In response to this the Councils have organised a joint council staff support event on the 9th October. Council offices will be closed on the 9th October. The Chair acknowledged the excellent service given by office staff in supporting Council members.

The Executive Group also discussed the extension of Council membership for those who would normally be expected to complete their term of office and stand down from Council prior to the 31st March 2008. The Council has been in discussion with the Public Appointments Office and confirmed that in light of Review of Public Administration no new members will be appointed to existing bodies. As a result of these discussions members affected will be receiving letters next week inviting them to extend their membership and continue their valuable contribution to Council until the 31st March 2008.

(c) Meeting with David Sissling, Chief Executive Designate of the Health & Social Service Authority, 5th September 2006

The Chair and Chief Officer considered this meeting to be very positive. Mr Sissling took up his post on the 7/8/06 and has undertaken an extensive engagement process with key stakeholders. The meeting covered the role of the Health and Social Services Councils, the role of the Shadow Health & Social Services Authority, Public and Patient Participation with the Authority and initial working relationships. Mr Sissling indicated he would like to meet the Councils at some stage in the near future.

(d) Carers NI Annual Conference

The Chair attended this conference with several members of Council. The by line for the conference was "Make Your Voice Heard". The keynote speaker was the Permanent Secretary for Health, Dr Andrew McCormick, who praised the energy, commitment and devotion of carers in NI. Dr McCormick highlighted that HPSS needs to be responsive to the needs of carers and launched the DHSSPS A-Z Guide for Carers. A copy of this guide will be available from the Council Offices. A Young Carers DVD produced by Barnardo's, was also presented to the Conference and the Council Offices will attempt to obtain a copy for viewing at a later Council meeting.

The contribution of carers to the conference in sharing their experiences was invaluable to inform opinion.

(e) EHSSB Meeting 14th September 2006

The meeting focused its attention on the following issues:-

- dissolution of the Local Health & Social Care Groups
- The Child Protection Report

It should also be noted that the DHSSPS has still not yet indicated approval of the Health and Wellbeing Improvement Plan (HWIP) or the financial plan.

(f) Meeting with Dr Andrew McCormick, Permanent Secretary, 15th September 2006

The Chairs of the EHSSC and the NHSSC and the Chief Officers of the EHSSC, NHSSC and SHSSC represented the Councils at this meeting. The Permanent

Secretary in discussion stated that the new Patient Client Council will need to have local roots as well as its regional focus. The Chair highlighted the importance of a Chief Executive designate being appointed to drive forward the development of the new body. The current position of this appointment was in stark contrast to the appointments made for all the other new bodies.

Mr Denis McMahon, Director of the Modernisation Directorate, offered to address the Councils and provide an update on the work of the Reconfiguration Programme to date.

(g) Mr Cecil Graham

The Chair congratulated Mr Graham on his re-appointment as Vice Chair of the Council. Mr Graham thanked those members who had nominated him to continue in the post.

In response to a request from Mr Graham for the Council to have a detailed update on the progress of the PCC, and discussion of the way forward for the Council in light of its impending dissolution, the Chief Officer proposed a workshop session for members. The Council agreed to suspend Standing Orders for the 19th October and to hold a workshop on that afternoon. Mr McMahon would be invited to the session to give an update on the PCC.

The Chair reassured members that as soon as the DHSSPS had made decisions on the role/structure etc of the PCC, the Health Councils would have an opportunity to comment. The Chief Officer informed the Council that the input it provided earlier in the year had been given due regard by the Patient Client Council Project Group.

In reply to concerns of Mr Graham in regard to EHSS Council staff the Chair confirmed that all Council staff were employees of the EHSSB. An event to help support staff of the four Councils through this period of transition, has been organised for the 9th October 2006.

53/06 MINUTES OF PREVIOUS MEETING

The Minutes of the previous meeting held on Thursday 17 August 2006 were agreed as a true and accurate record and were signed by the Chair and witnessed by the Chief Officer.

54/06 MATTERS ARISING

The Chief Officer provided an update on the following

- (a) Minute 28/06 (a) – Shadow Central Board of Management - NIMTDA
The Council is still awaiting a reply from the DHSSPS in regard to “honorarium” payments for members making exceptional voluntary contributions to the Council’s work
- (b) Minute 40/06 (c) Finance
The Council is still awaiting a reply from the Permanent Secretary, Dr Andrew McCormick, in regard to its expressed concerns over HPSS funding and the risk of under funding to the Greater Belfast area under new commissioning arrangements.

- (c) Minute 44/06 Integrated Clinical Assessment and treatment Services (ICATS)
This item is the subject of Mr Peter McLaughlin's presentation at this Council meeting.

55/06 REPORT FROM CHIEF OFFICER

The Chief Officer tabled his monthly meeting and specifically reported on the following:-

- (a) Local Health and Social Care Groups (LHSCGs)

The Chief Officer attended and chaired a "best practice" workshop capturing the experience of the LHSCGs. The LHSCGs will cease to exist on the 30th September 2006. The workshop offered valuable advice on the future commissioning structures.

The Chief Officer highlighted that the dissolution of the LHSCGs brought the role of the Health Councils through to March 2008 into sharp focus. During the transitional period the Health Councils will be the only body providing continuity for the voice of patients in the statutory health structure. The profile built by the EHSSC and its representation at key HPSS forums will allow the Council to make the voice of the public heard. The contribution of Council members to the HPSS debate is invaluable. Members should continue to attend the Board meetings to which we are committed, making known the Council presence and highlighting the importance of patient and public involvement to champion that involvement.

- (b) Workplan

The Chief Officer encouraged any members who are interested in particular elements in the work programme to contact him to discuss any possible participation. The Chief Officer gave the following update on the Council's work plan;

The Council is in the process of commissioning parties to provide the Council with a review of innovative Patient and Public Participation practice and patient decision-making in accessing emergency services in the North Down and Ards area.

A future tender will seek the views of actual service users and their families/carers on "advocacy for older people". This is part of a larger project in partnership with the other Health Councils and the Regulation & Quality Improvement Authority.

The Chief Officer has contacted the Belfast City Council Youth Forum to progress the Children and Young Person's theme of the work programme. This follows a poor response from the schools contacted in looking to progress this work theme.

The Council is still awaiting feedback from the General Medical Council in relation to its offer to engage in the proposed "Patient Awareness of Good Medical Practice" initiative.

The Council continues to support patient and public involvement in the EHSSB Cardiology Network. The Council proposes to support the publishing of a glossary of terms for cardiac patients in NI through its expertise and financial support. This will be supplemented by a directory of support groups available across NI. This will be done in conjunction with key stakeholders such as the EHSSB and the NI Chest Heart and Stroke Association.

(c) Seminar on Healthy Prisons and Health Advocacy for Prisoners

The Chief Officer informed the Council that from April 2007 health care in prisons will be commissioned and provided by the HPSS. The delivery of services in Maghaberry will lie with the Down Lisburn Trust and Hydebank Young Offenders Centre will be the responsibility of the South and East Belfast Trust. This seems likely to entail the EHSSC having a responsibility for providing advocacy and complaints support in relation to the service. This has the potential to have a major impact on the Council and its work.

Cllr Mrs E Campbell highlighted that whilst this particular change was necessary and welcome, the timing was unfortunate given the rest of the Council's workload through to March 2008.

Mr R Marshall highlighted a recent meeting he attended in relation to diabetes care pathways and how poorly he felt it reflected Patient and Public Involvement as only a handful of people were present. Given this he asked the Chief Officer for further clarification on the "small workshop" attendance mentioned in his report. The Chief Officer explained that although small in terms of the number of patients participating, the forum was valuable in allowing a cross section of users to give their views. The Chief Officer noted that the views of even one single patient were valuable in providing insight to the Council of patient needs.

This particular forum was one of a number which was being held in relation to the new GP Contract as described by Dr Stanton Adair (EHSSB) at a previous Council meeting. The Chief Officer will feedback to the Council on the results of the forums at the end of the process.

The Chief Officer acknowledged Mr Marshall's comments on ineffective Public and Patient Participation through meetings with poor attendances. The Chief Officer noted for Council that this was a key driver in this years work programme theme to look for innovative Patient and Public Participation practice. The Council would look to provide a valuable insight for HPSS organisations in how to do this more effectively.

56/06 CORRESPONDENCE PAPER EC10/06

Paper EC10/06 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. Papers are held by the office for one month.

57/06 INPUT FROM COUNCIL MEMBERS

(a) NI Carers Annual Conference

Mrs McGrotty gave an update on her attendance at this conference. Mrs McGrotty highlighted the experiences of carers shared at the conference and the lack of awareness of the Councils existence and the support it can offer. Mrs McGrotty was also able to inform Council that £400,000 was being made available to support Carers through respite care.

The work of Mrs McGrotty's group also led to a suggestion that carers should have some form of identification, possibly from their GP, to carry with them to show they had 'Carer Responsibilities'.

(b) Belfast City Hospital Complaints Group

Mr Graham gave an overview of his attendance at this meeting. Mr Graham was impressed with the Trust's commitment and integrity in addressing complaints. Mr Graham did note that few complaints focussed on dissatisfaction with clinical issues. Rather complaints focused on the perceived attitude of staff and poor communication.

(c) Opening of Hollywood Arches Health Centre, Belfast

Mr Graham gave an overview of this event, which was attended by The Princess Royal. Mr Graham was most impressed with this new facility. Mr Graham did note that those hosting the event did not seem to know where the Council stood in relation to HPSS bodies and the community and voluntary sector. The Chief Officer noted that the Council provided a link between these organisations.

In response to a question by Mr Graham the Chief Officer confirmed that the Council is asked to input to the design of such facilities. However this is limited by Council resources. The Chief Officer noted that he is currently looking at Patient Public Involvement to the design of the new Women and Children's facility at the Royal Hospitals Trust.

(d) Suicide in North and West Belfast

Mr Graham highlighted a report that morning on the suicide of two brothers in North Belfast. Mr Graham urged the Council to take a more proactive approach to this issue, particularly with regard to the community view on what lessons can be learned and what can be done beyond the recently announced suicide strategy.

The Chief Officer and Chair noted the Council was already active on this issue in a number of ways. The Chief Officer noted the following Council engagement

- The Council had directly advocated for and supported individual families who had lost children through suicide. This was a very real and practical support for those bereaved families. The Chief Officer also asked Council to note this was extremely demanding of Council staff
- The Chief Officer was to meet Mr Sean Donaghy, Chief Executive of the Mater Trust, in November to discuss general procedures for treatment, admission and discharge for the Mater psychiatric unit. This is to enable the Council to have a clear understanding of the service provided. The Chief Officer will feed back on this meeting in due course.
- The Families Forum had been set up to scrutinise and feedback on the recently announced NI Suicide Strategy. The Chief Officer will offer the support of the Council to this Forum in any way the families would consider appropriate or useful.
- The Council is currently seeking engagement with Community Groups to design a leaflet, which can easily convey to the people in North & West Belfast the existence of the Council and the services and support it can offer on Health and Social Services.

The Chief Officer suggested a representative of the Public Initiative for the Prevention of Suicide and Self Harm organisation (PIPS), be invited to address the Council on their experience in dealing with suicide in North Belfast. This invitation was agreed.

Mrs E Hamilton suggested this invitation be augmented with one to Mr Colm Donaghy, Chair of both the Families Forum and the NI Suicide Strategy Implementation Board. This invitation was agreed.

The Council members engaged in a lengthy discussion on this issue and expressed their desire that this be taken forward to a future meeting.

(e) Working Party on Down Midwifery Unit

Mr E O'Neill gave the Council a report on the progress of the group. This is a pilot scheme for the service in Northern Ireland. Mr O'Neill expressed concern on the volume of questioning the group was subject to by the DHSSPS and the EHSSB on the proposed business plan and indeed the overall scheme. This has led to lengthy delays. Mr O'Neill also pointed out that recommendations from the group were not necessarily being taken into account on the final decision making process. The Chief Officer commented that there may well be a valid reason for such rejection but the group were entitled to an explanation for any such decision.

(f) Standardisation of GP Training

Mr D Meredith and Mrs E Hamilton gave the Council an update on the work of the NIMTDA on this issue. The objective of the group is to standardise the training for GPs across NI and make best use of the training resources available and so promote better patient health.

58/06 INPUT FROM MEMBERS OF THE PUBLIC

There was no input from members of the public

59/06 INTEGRATED CLINICAL ASSESSMENT AND TREATMENT SERVICES (ICATS)

Peter McLaughlin head of Planning and Contracting for the EHSSB, delivered a presentation to the Council on the new Integrated Clinical Assessment and Treatment Services (ICATS).

ICATS is part of the elective reform initiative to tackle the lengthy waiting lists in NI, and in particular the waiting lists facing patients needing assessment for treatment.

The elective reform initiative is looking to address both the outpatient and inpatient waiting lists.

Outpatient lists will be addressed through

- Referrals management (ICATS)
- Improved outpatient management
- Reform of outpatient capacity
- Improved information systems to support reforms

Inpatient and day surgery lists will be addressed through

- Reform of waiting list management
- Capacity planning exercises leading to recurrent investment
- New "use of resources" policies

The presentation covered the following key points

- ❑ ICATS is a new electronic referral management system that will manage all GP referrals for assessment.
- ❑ Those who can be assessed and treated without consultant intervention are dealt within a primary/community care setting (Tier 2 clinics)
- ❑ Diagnostic requirements are managed so that these are delivered within a set time (8 weeks)
- ❑ Only those who need to see a consultant are referred onward to hospital
- ❑ By March 07 there will be a 26 week maximum wait for assessment and decision on treatment needs, falling to 13 weeks by March 08
- ❑ Elective services will be redesigned so that there will be a 6 months maximum wait for inpatient/daycase treatment through a capacity planning exercise to complement ICATS development.
- ❑ The system will be designed to allow for an improved information exchange between acute/ICATS/primary care

ICATS across Northern Ireland must

- ❑ Have the support of relevant LMCs, clinical directors and patient groups.
- ❑ Have the capacity to deliver urgency ratings and ICATS outcomes within 72 hours.
- ❑ Be capable of resolving all referrals within 13 weeks by March 08.
- ❑ Develop written protocols to enact ICATS outcomes, including enriched letters to GPs.
- ❑ Have electronically bookable face to face assessments and have no waiting lists for any such appointments
- ❑ Tackle existing outpatient backlogs.
- ❑ Allow the management of referrals electronically via direct interaction with ERMS.

Peter McLaughlin gave an overview of a patient's possible journey through the new system and the EHSSB's project plan for its implementation

60/06 ANY OTHER BUSINESS

The Chair informed the Council that Mr Jeremy McMahon's membership of the Council had been terminated

61/06 DATE, TIME AND VENUE OF NEXT MEETING

The next meeting will be held on the afternoon of Thursday 19th October. Standing Orders are suspended and a workshop will be held at 1pm in the Double Confex Suite, Stormont Hotel, Belfast

The meeting closed at 4.00pm.

Signed: _____ Date _____
Chair

Signed: _____ Date: _____
Chief Officer