



EHSSB are gradually exceeding the budget available for this. ECRs are the referral of people elsewhere who have very complex needs, for which services are not available in NI. These tend to be one-off referrals that are quite unpredictable

Dr Kilbane asked the EHSSC to consider adding its voice to the call to the DHSSPS to consider these matters when confirming the investment monies available. If the money originally expected is not available, the EHSSB will have to consider how these services will be supported, which would have to include securing additional cost differential savings from the Trusts without turning down activity.

The Chair proposed that Council lend support to the EHSSB in relation to their concerns about changes to the proposed investment monies. Council agreed that the Chief Officer should send a letter to the DHSSPS raising Councils concern about the impact that this proposed change to funding would have on services.

(b) Response to consultation on plastic surgery services

A reconvened meeting of the EHSSB will be held next week to discuss the comments on proposals for the Joint Committee and the responses to the Consultation on the paper 'A Policy to make best use of resources in Plastic Surgery and Related Specialties'. Dr Kilbane thanked EHSSC for its very full and considered response to the paper and said she hoped that someone would speak at the Board Meeting to elaborate on a number of key points highlighted in the response.

The response to consultation has generally been positive and some of the adjustments requested are taking on board the need for some flexibility and mechanisms to be in place to hear and deal with individual cases.

(c) Joint Committee, DHSSPS

The DHSSPS are setting up a Departmental Joint Committee which is likely to be chaired by Mr David Sissling, the Chief Executive Designate of the Health and Social Services Authority (HSSA). This Committee will include the four Chief Executives (and/or Acting Chief Executives) of the four Health and Social Services Boards. The purpose of the Committee will be to have a forum where decisions can be taken in relation to the transition period from the Boards to the new Health Authority.

The Joint Committee paper has gone out for consultation and one of the issues being debated will be the extent of which this Committee will do its business in public. Members of the public may not be interested in the administrative function of the Committee, but they will be interested in the work of this group in making decisions about future investment.

(d) Review of Public Administration (RPA)

Dr Kilbane said that there have been rumours about the date for full operation of the Patient Client Council (PCC). She had just received the latest official RPA communication from the RPA Steering Group, which clearly states that the PCC will be fully operational in April 2008.

The four Chief Executives of the Health Boards represent their Boards on the HSSA implementation group. This group has had two meetings to date and its terms of reference are to plan for the transition from the existing organisations to the new HSSA. Represented on this group are the bodies which will form the new HSSA:-

- 4 Health Boards

- Northern Ireland Practice and Educational Council (NIPEC)
- Northern Ireland Medical and Dental Training Agency (NIMDTA)
- Central Services Agency (CSA)
- Health Promotions Agency (HPA)
- Variety of Departmental representatives including the Director of Health Estates and the Director of Information
- DHSSPS representatives

All the staff of these organisations will be considered eligible to be employed in the new HSSA. The DHSSPS will decide which staff will remain or transfer from the DHSSPS to the HSSA based on the functions which will remain in the DHSSPS. This does not mean that there will be automatic transfer of staff. Staff will have to compete for jobs available, although it is still unclear to what level this will be expected.

Dr Kilbane has received a letter from Mr David Sissling, in which he lays out his proposals for the senior level structure in the HSSA. This includes:-

- A Finance and Corporate Services Director (advertised)
- Performance and Provider Development Director
- Workforce and Human Resource Development Director
- Commissioning and Strategic Planning Director

Once these individuals are in place they will begin to plan their structures and staffing requirement.

There are a number of other posts which will be advertised later in the process:

- Public Health and Care Standards
- Nursing and Patient Experience
- Social Care and Children
- Health Estates
- Regional Commissioning Director - consideration is currently being given as to whether there is a need for an additional three local commissioning directors to oversee a number of the local care groups, as most of the work will be out in the field and there needs to be a link back to the HSSA with sufficient resources.

Decisions are yet to be made regarding Primary Care Functions.

Mrs Mary Burrows, Director of System Planning, who has joined the DHSSPS working with Mr David Sissling, will be having discussions with GPs and staff from the Health Boards with view to producing more detailed plans for the commissioning systems of the new HSSA. She will be preparing a paper that will be submitted to the Reconfiguration Board before Christmas.

There is a lot of work going on within the Boards as we move towards the new organisations. Dr Kilbane said that she has agreed to Chair the Human Resources Group that will look at how we move from all the different Agencies, Boards and Departmental areas to the integrated Regional Authority. It is the Departmental and Regional intent that the committees of the local commissioning groups are established by April 2008 and they are currently looking at job descriptions. The proposition is that there will be 15 people on the Commissioning Committee – with 5 or 6 Executives and the remainder representative of primary care practitioners and two lay representatives.

The intent remains 7 local committees, which would be co-terminus with the local City Councils.

Miss McMillan thanked Dr Kilbane for informing Council about the Joint Committee and developments under RPA. The EHSSC staff and Chair have striven to keep members up to date and appreciate that the EHSSB also work to keep us informed. The Council workshop in October was helpful in keeping members abreast of the current situation but things change so rapidly it is difficult to keep up to date.

In response to a question from Cllr Mullaghan, Dr Kilbane confirmed that the HWIP is the plan for spending and investment for the coming year. She explained that each year the Boards submit plans to do certain things in the coming year based on proposals that a certain amount of money will be made available. As the recent correspondence from the DHSSPS does not show the £3.8 million being made available as previously proposed, the Board may need to look at how it will manage those pressures such as older people with mental health and learning disability. She said that the pressures to address waiting lists could be impacting on making money available for other pressure areas. This has also resulted in funding for acute services being over-subscribed, often at the cost of community services.

Cllr Mullaghan said that there has been discussion about the sale of state buildings to be leased back under RPA arrangements. Dr Kilbane said she was unsure if this is specific to RPA, although there will be the issue of getting cost-effective accommodation for new bodies under RPA. In the background there is a government strategy about Public Private Partnerships to develop new infrastructures in public services.

Mr Compston commented that there are a number of inefficiencies in the systems and that money could be saved in a number of areas if someone had a look at these areas and addressed the imbalance.

Dr Kilbane commented that the appointment of a lead officer to the new emerging organisations has been fundamental to getting things moving. Miss McMillan explained that Council has made representation to the Permanent Secretary and other key people, stressing that the appointment of Designate officers for the PCC is essential at an early stage. Miss McMillan said that a recent visit to Liverpool City Council had demonstrated that the change was successful because there was a pivotal leader who brought the team with him from an early stage.

Miss McMillan thanked Dr Kilbane for attending the meeting.

## **64/06 CHAIRS BUSINESS EC11/06**

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

(a) IHM Breakfast Seminar on RPA next steps, 3 October 2006

The Permanent Secretary had outlined the next steps in the RPA process. He had wanted to get across that although some people may think things are moving too quickly, it is essential that the changes are not delayed, as often a delay in making change happen can have a detrimental effect. It is hoped that the current political situation in NI will not delay the RPA process.

- (b) Opening of the Bradbury Centre, 3 October 2006  
Miss McMillan attended the opening of the new Bradbury Centre on the Lisburn Road. She said the building is bright and airy and that she was impressed with how they have made use of the space available.
- (c) General Practice Committee Meeting – NIMDTA, 4 October 2006  
There have been concerns about GP training and Miss McMillan, Mr Dixon and Mr Brown met with Dr Agnes McKnight, Director of General Practice Education, NIMDTA to discuss this.
- (d) PCC Working Group, 11 October 2006  
The work of the PCC Working Group has now been completed and the final submissions have been made to the Reconfiguration Board. A clear update was given by Mr Noel McCann, Chair of the PCC Project Team, at the Council Workshop held in October 2006.
- In response to a question from Mr Marshall the Chair and CO explained that the role of the PCC Working Group was to agree what the PCC should be and what it should do (role and function) and the role of the Implementation Group will be to make it happen.
- (e) Launch of General Medical Council (GMC), NI Office, 30 October 2006  
This event had launched the GMC NI office and guidance on Revised Good Medical Practice. This guidance sets out a set of principles to which all doctors have signed up. These principles make the care of patients the priority and emphasises the need for partnership with the patient in their individual care. The guidance is well written and is plain English approved. Mr Dixon was one of the speakers at the event and his speech had been well received.
- (f) Meeting with Mr William McKee, Chief Executive Designate, Belfast Area Trust, 6 November 2006  
The Chair and Chief Officer had an extremely useful meeting with Mr McKee. Mr McKee has agreed to attend the Council Meeting in January 2007 to discuss plans for the new Trust. Mr McKee stressed that it is too early to share a vision for the new Trust, as senior staff that are yet to be appointed, will need to be involved in this.
- (g) Commissioning Evaluation Meeting, 16 November 2006  
Some of the work within the Council's Work Programme has gone out to tender and the Chair met with Mr Dixon, Mr Brown and Miss Anne McGlade, EHSSB, to evaluate these.

## **65/06 MINUTES OF PREVIOUS MEETING**

The Minutes of the previous meeting held on Thursday 21 September 2006 were agreed as a true and accurate record and were signed by the Chair and witnessed by the Chief Officer.

Mrs Mallen said the office had received a request from Miss Dot Kirby asking that an amendment be made to the minutes of the meeting held on 17 August 2006.

Item 44/06 (d) Minute 37/06 (a) Funding for Anti-TNF drugs stated:

'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.

As this paragraph was specific to waiting lists for MS patients, Miss Kirby asked that the paragraph be headed 'Minute 37/06 (a) Funding for Anti-TNF drugs for MS patients'

Members accepted this amendment.

## **66/06 MATTERS ARISING**

The Chief Officer provided an update on the following:

- (a) Minute 28/06 (d) – Honorarium payments for members  
At the Council Meeting in June, the question was raised as to whether members could be reimbursed if they undertake an inordinate amount of work on behalf of Council. The Public Appointments Unit has responded by confirming that there is no legal basis on which any member of Council can receive payment, other than their normal expenses.
- (b) Minute 40/06 (b) Finance  
Mr Dixon confirmed that a letter was sent to Dr Andrew McCormick, Permanent Secretary, asking him about commissioning arrangements in the new HSSA. Council had raised particular concern about the people who receive community services in Belfast, emphasising that they should not lose out because they have the major regional hospital within their area. No response has been received to date.  
  
The Chair and Chief Officer, who are meeting Mrs Mary Burrows, DHSSPS, will raise these concerns and emphasise that whatever way commissioning is done in the future, there should be clear distinction between regional and local and acute and community services, and that people of the community of Belfast should not lose out because they have a number of hospitals within their area.
- (c) Minute 44/06 (a) A&E Waiting times presentation  
Speakers from the DHSSPS will make presentations at a Joint Council seminar on 30 November 2006. Mr Dean Sullivan, Head of the Service Delivery Unit, is responsible for implementing the new HPSS targets which will include a target for maximum waiting time in A&E. Mr Denis McMahon, Director of Modernisation, will speak about Patient Public Involvement in RPA.
- (d) Minute 52/06 (d) Carers NI Annual Conference - DVD  
Miss McMillan explained that she had requested this DVD at the Carers NI Annual Conference. The DVD produced by Barnardos, focuses on young carers and it will be shown at the Council Meeting in December 2006.
- (e) Minute 52/06 (g) Suspension of Standing Orders  
Standing orders had been suspended on 19 October 2006 as a Workshop was held instead of a Council Meeting.

(f) Minute 55/05 Workplan update on GMS Contract engagement

The third Workshop for people with diabetes will be arranged between Council and Diabetes UK. The workshop will have community representation and will target an area of deprivation within the EHSSC area. This will be the final piece of work before a joint report is issued outlining how the new GMS contract is providing for people with diabetes since its implementation.

(g) Minute 57/06 Suicide in North and West Belfast

Mr Dixon advised members that the Council Meeting in February 2007 will focus on Suicide and self harm within the North and West Belfast area. Council are seeking key speakers for the meeting representative from the community and Suicide Task Force. It will be worthwhile hearing about the progress made in this area and how the strategy will be implemented.

Miss McMillan highlighted that there had been quite a number of afternoon Council meetings recently, mainly to accommodate key speakers who had been invited. However, this has been detrimental to those members who are working and who may find it difficult to get time off work to attend the meeting. She said that we must be conscious of this and ensure the afternoon and evening meetings are balanced in the coming year.

In response to a question from Mr Marshall, Miss McMillan and Mr Dixon confirmed that employers are not obliged to release members for public duty to the Council, as members are not paid for their service to Council. However, it is hoped this will be corrected and it is one of the proposals made for the new PCC.

In response to a question from Cllr Mullaghan, Mr Dixon confirmed that he is awaiting a reply from Mr Colm Donaghy, Chair of the Suicide Task Force, as to whether he will be able to attend the Council Meeting in February. It is proposed that key people would be invited to this meeting including representatives from the Public Initiative for Prevention for Suicide and Self-Harm Project (PIPS), the Mater Hospital Self Harm Team.

Mr Dixon said he had recently met with the Director of Nursing at the Mater Hospital Trust to discuss the admission and discharge of patients in the Psychiatric Unit. This involved discussions about how people are managed if they present to the A&E Department in distress and at risk of self-harm. Mr Dixon has followed this up in a letter to her, asking her to confirm that the content is a correct summary of their discussions. This will be shared with Council once the content has been agreed.

Cllr Mullaghan explained that he had recently attended an event in North Belfast that had been facilitated by a family support group. He said this had been an extremely worthwhile event, which had included a moving account by someone who had survived a suicide attempt.

Mr Dixon confirmed that he has written to the Chair of the Families Forum, which has been set up to monitor the implementation of the Strategy. He said that the families and other people affected by suicide and self harm are very capable of speaking out about the implementation of the Strategy but he wanted to write to the Forum to offer support and to make them aware of the role of the EHSSC.

## 67/06 REPORT FROM CHIEF OFFICER

The Chief Officer gave a presentation on the following issues:-

(a) Activity Report April 06-September 06

The Activity Report for April 06 to September 06 had been circulated to members to provide a summary of the work carried out by EHSSC for that period. He clarified that the EHSSC role in complaints advocacy is to provide support to anyone who is considering registering a complaint or at any stage of the complaints process. He explained that with recent sick leave and commitment to other meetings by Senior Managers, he had become more involved with working with complainants. He said that this had shown a vulnerability of Council for a senior person to deal with this important function if senior staff were to leave or to be on long term sick. Currently the EHSSC have an open door policy that if someone walks in or telephones they will speak to a Senior Manager where possible. Mr Dixon proposes in January, to pilot some changes to the advocacy service as it may be difficult to maintain an open-door service.

Mr Dixon outlined some of the activity to date and explained the current situation with the key work themes planned to run to March 2008.

- Older peoples advocacy – relates to advocacy for older people in nursing and residential care. This project is a four Council piece being managed by the SHSSC. The Regulation and Quality Improvement Authority (RQIA) are in partnership for this piece of work which has gone out to tender. In response to a question from Mr Marshall the Chief Officer confirmed that as this is a form of audit and not research, ethical approval was not required by an Ethical Committee.
- Who goes where - This work will focus on how people in the North Down and Ards areas decide which emergency service to access. This piece of work went out to tender and the contract was awarded today. It is planned a survey will take place after Christmas and feedback will be provided in March 2007.
- Patient Participation – Again the contract for this piece of work was awarded today. The results of this will feed into the major work being done by the DHSSPS on patient and public involvement and will boost awareness, skills and knowledge on how to get the best from public involvement.
- Youth Issues in health and social services – Council will involve children and young people in looking at issues specific to children and adolescents. Contact has been made with the Belfast City Council Youth Forum, which is representative of 13-18 year olds.
- During tea, Council members watched a youth video entitled ‘Junction Joe’. This video was produced by a group of young people from an Action Mental Health (AMH) sponsored project in Lisburn called the Junction. The Junction is a centre that has been set up in Lisburn for young people with severe Mental Illnesses between the ages of 18-25.
- General Medical Council (GMC) – An agreement in principle has been made, to establish six focus groups in the EHSSC area to discuss the GMC’s “Good Medical Practice”. This arose from fears and concerns after Shipman and it is planned that a piece of work will be commissioned to bring together the focus groups to ask if they know what good practice is and if they know where to go regarding concerns.
- Mental Health – Council will offer support to the Families Forum that will monitor the implementation of the Suicide Strategy. A Mental Health Tsar was

recommended as a result of the Bamford Review in order to improve quality and standards in mental health and Council will add its voice to the call for additional resources.

- Patient Client Council (PCC) – the work of the PCC Working group has now ended and the next stage for Councils will be to assist with stakeholder engagement on the consultation when issued and to respond to this consultation.
- Review of Public Administration – Mr William McKee, Chief Executive Designate of the new Belfast Area Trust has agreed to attend the Council Meeting in January and Council are seeking to get Mr John Compton, Chief Executive Designate of the South and East Area Trust to attend a future meeting.

(b) Proposals from Workshop held in October

Mr Dixon outlined the key themes which had come out of the Workshop held on 19 October 2006:-

- Still a job for the Council
- PCC lacking profile and support in HPSS – Councils must continue to stress the need for appointment of the Chair and Chief Executive Designates to the PCC
- Focus Council resources on more strategic themes
- Maintain profile of Council
- Do not take on new work
- Refocus Council on key goals
- Recognise risks to workplan

One of the areas to be focused on over the coming months, will be the consultation on PCC/RPA. It is proposed that a Council Working Group will be set up to be proactive on consultation. Mr Dixon asked members to contact him if they would be interested in taking on a closer role in the work being done on consultation and/or being part of a small working group who would be responsible for reviewing the progress of the workplan.

(c) Proposed adjustment to format of Council Meetings

As there are a number of key themes within the Workplan, Mr Dixon asked members to consider an adjustment to the format of some of the future Council Meetings. He proposed that Council business be covered within the first 45 minutes of the meeting, with standing orders then suspended for the remainder of the meeting, which could then be dedicated to a key strategic theme.

This format would be proposed for the Council Meeting in February, when Council business would be covered from 5.30pm to 6.15pm, with an event regarding the Suicide Strategy tabled for 6.30pm.

In response to questions from Mr Marshall and Cllr Mullaghan, Mr Dixon confirmed:

- that Dr Kilbane, who kindly attends the Council Meeting each month, can attend meetings up until March 2008
- said that the public could still attend both parts of future meetings, even though business would be conducted differently
- Chief Officers report could be made in writing to enable Council business to be completed within 45 minutes

Mrs McGrogan said that this was a lot of information to consider and suggested that people may wish to give this some consideration before a decision is made. As members may wish to discuss these proposals, Miss McMillan suggested that at the

December meeting, Council could aim to have business completed and the public meeting closed at 3.30pm (reports from Chair, Chief Officer and members). As dinner will not be served until 5pm members could then take time to discuss this proposal further. This was agreed.

Members who are unable to attend the meeting may wish to voice an opinion on this before the meeting by speaking or writing to the Chief Officer.

Mr Dixon confirmed that members have been asked to consider whether they:-

- would like to be part of a working group involved in consultation on PCC/RPA
- would like to be part of a group involved in reviewing Workplan progress
- agree with piloting the change to the format of the Council Meetings

## **68/06 CORRESPONDENCE PAPER EC12/06**

Paper EC12/06 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.

## **69/06 INPUT FROM COUNCIL MEMBERS**

### **(a) Many Outlooks-Single Vision – Research Conference, 28 September 2006**

Miss Patterson had attended this conference and she said that the presentations were of a high standard. She provided an overview of two presentations which she had found to be of particular interest:-

- Learning Disability Services – examining the vulnerability of people with learning disability
- Midwifery Services – ‘Willingness to Pay’ – examining the different types of care available and peoples willingness to pay for maternity services

### **(b) Phab NI facilities**

Cllr Mullaghan had heard that the Cedar nursery, which is part of the Phab facilities, is closing. He asked if Council is aware if the North and West Belfast Trust have been notified of this closure, and if so, what alternatives are they proposing to put in place.

The Chief Officer will make enquiries about this and report back to Council.

### **(c) Dentistry services in NI**

Cllr Mullaghan and Cllr Campbell raised concerns about NHS dentistry services in NI and asked if Council are aware how serious the crisis of shortage of NHS dentists is. Mr Dixon said that since the implementation of the new contract there has been a lack of NHS dentists, especially in areas of deprivation, as dentists can choose to opt out of NHS work.

On discussion, members agreed that people often feel pressured to take out dental plans and are reluctant to complain. There are a lot of issues about services available that cannot be ignored, as infected teeth and gums can cause other medical problems for the future.

It was agreed that at the earliest opportunity, Council should theme a future meeting around dentistry to address a number of issues, including regulation of dentists by the General Dental Council and relationships between the health service and the private

sector when it comes to the provision of care. It was suggested that Mr Will Maxwell, Director of Dental Health Services, EHSSB, could attend a future meeting, as it has been some time since this was discussed at Council.

(d) Belfast City Hospital Trust Board Meeting, 29 September 2006

Mr Marshall had attended this meeting. The main issues discussed:-

- Prevention and Control of Infection
- Admissions and Discharges
- Responses to complaints
- Disposal of Belvoir Park Site – The DHSSPS Capital Investment Unit and Strategic Investment Board are considering appointing a Planning Consultant to advise of the disposal of the site

(e) South and East Belfast Trust AGM, 27 September 2006

Mrs McGrotty attended this AGM, which included review of:-

- Highlights of the last year – including the opening of the Arches and Bradbury ‘One Stop Shops’ designed to help support more people who are vulnerable in their own homes or in the community.
- Finance – From a total budget of £162 million there was a small surplus of £58,000 to carry forward to the 06/07 year. The Trust met all three of their key financial targets.
- Plans for the coming year

Mrs McGrotty explained that she had raised a complaint with the Trust on behalf of a neighbour. She said that the Trust had efficiently investigated the complaint and had provided a full explanation.

(f) Launch of GMC NI office, 30 October 2006

Mrs McGrotty had attended this event.

(g) Launch of Suicide Prevention Strategy, 30 October 2006

Mrs McGrotty attended the launch of this Strategy. Mr Paul Coggins, Minister for Health, announced a substantial increase in funding for suicide prevention.

(h) Hand Hygiene Clean Care Campaign, 1 November 2006

Mrs McGrotty attended this event held by the Mater Hospital and North and West Belfast Trusts. From the many posters, booklets and presentations it was clear that the Trust takes its responsibility for infection control very seriously and has also set up a Task Force.

(i) Who Cares, Caring in 2006 and Beyond, 12 September 2006

Mr Meredith and Mrs McGrotty had attended this conference organised by Carers NI.

(j) Continuous Professional Development of Primary Care in NI

Mr Meredith attended this workshop, which had been organised by NIMDTA. When the workshop broke into groups he had been on the patient user involvement group and he took the opportunity to raise awareness on better communication and less use of ‘jargon’ when talking to patients.

(k) Report on waiting times for October 2006

Mrs McGrogan commented on the waiting times report which had been circulated. It showed a great improvement on hospital waiting times for the period March 2006 to October 2006. She asked if enquiries could be made as to how this has been improved and what will happen in the future to maintain these improvements.

When Mr Dean Sullivan, DHSSPS, attends the joint Council workshop on 30-11-06, Council will have the opportunity to tell him that they are pleased with the vast improvement in waiting times and to get information on how this has been achieved.

**70/06 ANY OTHER BUSINESS**

(a) Draft Schedule for EHSSC Meetings 2007

A draft schedule for the EHSSC Meetings in 2007 had been circulated with papers and members approved the dates.

(b) Suitability of venue

Clr Campbell expressed her disappointment with the venue for today's meeting and felt that the venue is not suitable for these public meetings.

It is anticipated that parking in the Wellington Park Hotel for the December Council meeting could also be difficult and alternative arrangements for parking are being sought. Council staff will send out a note with the papers asking members who need parking to advise the office.

**71/06 DATE, TIME AND VENUE OF NEXT MEETING**

The next meeting will be held on Thursday 14 December 2006 at 1.30pm in the Wellington Park Hotel, Malone Road, Belfast. The Chair reiterated to members that as a Christmas menu will be served the format of the day has been changed. Tea, coffee and biscuits will be served prior to the meeting and at 3pm and dinner will be served following the meeting at 5pm. Miss McMillan asked members to return the menu that had been circulated, indicating their intention to attend the meeting and their choice of menu for dinner.

The meeting closed at 4.30pm.

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

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