

The NIMTT has nine Therapists who currently work with approximately 500 children and young people with severe learning disability across 40 venues in NI. This is phase one of the Arioso Project. The Trust works with people who have a range of disabilities. For people who have impaired communication, music therapy provides an alternative way to communicate and express emotions.

The areas that the Arioso Project focuses on are:

- Mental health
- Trauma – working with key stage 1 children (aged 5-8 years) and children in areas affected by the troubles
- Palliative care –working with children and their parents/siblings in the children's hospice.
- Learning disability – involves working in day care facilities and schools
- Physical disability – involves working with people with disabilities from stroke, road traffic accidents or as a result of the troubles
- Developmental delay – often requires working with the child's Paediatrician and Speech and Language Therapist

Miss Davidson explained that funding for the Arioso Project was initially approved for two academic years to March 2006 but funding has been extended to March 2008.

A DVD was played at the meeting, which clearly demonstrated how music could be a powerful tool in stimulating a response from children and young people who have moderate to severe disabilities. The message from the schools that are benefiting from music therapy is that this should be part of the curriculum instead of having to try and pick individuals who are assessed as likely to benefit most.

The NIMTT was keen to have external evaluation of their work and Dr John Hunter of the Education and Training Inspectorate (ETI) of the Department of Education carried this out. The report of the ETI evaluation was launched at a Best Practice Event in April 2006. The evaluation involved case studies, interviews and observation of 38 sessions. The evaluation found that music therapy resulted in reductions in challenging behaviours and improvements in socialisation, tolerance and communication. The report recommended that the DHSSPS collaborate with the Department of Education and Education and Library Boards to develop:-

- policy guidance for music therapy in special schools
- a Strategic Plan for the inclusion of music therapy alongside other therapies as an integral part of the work of special schools

The NIMTT is constantly working to develop key strategic partnerships and working towards a Music Therapy Policy and Strategic Plan that will be essential to future funding needs. Miss Davidson said that as the DHSSPS provides core funding which helps run the administration costs of the NIMTT, there are concerns about what effect the Review of Public Administration (RPA) has on future funding.

The Chair thanked Miss Davidson for her informative presentation. Having used music in her previous work with schoolchildren, Miss McMillan said she has seen the reaction you can get and how valuable music can be in aiding communication. She said it is unfortunate that such worthwhile projects are desperately competing for limited resources.

Mr Dixon said that the key message he would take from the presentation was that Council support the recommendation that music therapy be an integral part of a Child's needs package, especially where there are issues of poor communication.

In response to a question from Mr Dixon, Miss Davidson confirmed that current funding is approximately £250,000 per year, which is dedicated to their key areas of severe learning disability, prevention of suicide, conflict resolution, adolescent mental health and hospice work.

Miss Patterson explained that she had recently attended the AGM of Age Concern. One of the presentations that day was an evaluation of response to music. This evaluation involved 490 people, mainly focusing on people with dementia and their carers. This evaluation had found similar results with great benefits not only to the person with dementia but often for the carers, who found music enabled them to communicate and get a response from their loved one.

Miss Davidson agreed that music therapy greatly benefits the quality of life for people with Parkinsons Disease, Stroke and dementia and that the carers also find that it can offer them social improvement and additional skills. She said that it is often difficult to get money for research on these groups.

Mr Graham asked Miss Davidson if the recommendations made by Dr John Hunter in his evaluation report have been accepted.

Miss Davidson said that at the Best Practice Event in April 2006 Ms Nuala McArdle, DHSSPS, accepted both reports on behalf of Dr Andrew McCormick, Permanent Secretary, DHSSPS. As a result of this talks have been held with the Department of Education and the DHSSPS. The response from the DHSSPS has been positive and it would seem that they want to take forward recommendations.

Mr Graham said that although the funding is guaranteed to March 2008, the decision for future funding for year commencing April 2008, will need to be made within the next 4-6 months. Mr Graham proposed that Council give total support to this project by writing to the Department of Education and DHSSPS to say that Council:-

- warmly commend the work done to date by the NIMTT
- want the valuable work done to date to be continued and funded in the future.

Members agreed that the Chief Officer should write to the Department of Education, the Education and Library Boards and the DHSSPS to express Council's support for future funding of this work.

74/06 CHAIR'S BUSINESS EC13/06

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

a) Meeting with Mary Burrows, Director of Systems Planning, DHSSPS, 16 November 2006

At this meeting the Chair and CO had raised some issues about the new Patient Client Council (PCC) but mainly used the meeting to discuss issues within the EHSSC remit. This was a very fruitful meeting and Mrs Burrows assured them that Council would be involved in future discussions.

Miss McMillan had taken the opportunity again to raise Council's disappointment that a Chief Executive Designate cannot be appointed at this stage to the new PCC because of primary legislation.

Mr Dixon said that he and the Chair had expressed Council's interest in being involved in the set up of the new bodies. He had also taken the opportunity to deliver a core message for the Health Authority about funding in the Eastern Area, raising Council's concerns that the communities of Belfast should not lose out in terms of HPSS provision because they have the major regional hospital and Trust within their area. The message is that the new commissioning plan should clearly separate the local from the regional and the community from the acute and appropriately protect and support each sector.

b) EHSSB Senior Management Team Meeting, 22 November 2006

Some of the issues discussed were:-

- Council's concerns about resources for Prison Healthcare
- RPA – Discussion about PCC and Strategic Health Authority
- Outcome of the Professional Conduct Committee Meeting of the General Dental Council (GDC) - The outcome of this Committee meeting which had examined the case of the dentist, Mr Bruce Kelso. The EHSSB are now in the process of setting up a review of Mr Kelso's patients. Approximately 1000 patients will be reviewed at a clinic, possibly in the Comber area. Mr Will Maxwell, Director of Dental Services, EHSSB, has agreed to attend the Council Meeting in March to update Council on this matter.

Mrs Hamilton said that her sympathy goes out to the other dentists and staff in the practices affected by Mr Kelso's behaviour. In response to an enquiry from Mrs Hamilton, Mr Dixon confirmed that the review of patients is specific to patients who attended Mr Kelso, and that other dentists registered at the same practice have no enquiry hanging over them.

Mr Dixon said that the investigation of complaints about Mr Kelso had been a long and drawn out process, because it involved the implementation of several processes, including the legal process, to bring to light what had been done and to bring the case to a conclusion. He said that Council welcomes the remedial action taken by the EHSSB, which Council had recommended.

The Chair said that they had asked the EHSSB to ensure that information going out to Mr Kelso's patients is unambiguous, so that they clearly understand that this is remedial action being taken and that this does not mean that they are going to be permanently with a dentist in Comber.

(c) EHSSB Workshop, 23 November 2006

The theme of the Workshop was future provision of acute psychiatric inpatient beds. Mr Hugh Connor, Director of Social Services, EHSSB presented a paper outlining proposed changes to the provision of acute psychiatric inpatient beds. It is proposed that there will be a reduction in the number of locations rather than the number of beds. Some of the current locations will need fairly major improvements to bring them up to a desirable standard. Some of the trends in inpatient psychiatric services are:

- A slight reduction in the number of admissions but patients tend to stay longer.
- Alcohol and drug abuse is now a feature in 40% of admissions

- Increasing concerns about safety and an increasing number of patients require special observations.
- Some of the drivers for change are:
 - National and local strategies
 - Governance and safety issues
 - Workforce issues
 - New Trust reconfiguration
 - Finance and capital

It is proposed that there will be four locations instead of the current six locations, with two in each of the new Trust areas.

(d) Reconvened Board Meeting, 23 November 2006

The purpose of this meeting was primarily to deal with the responses to the paper ‘A Policy to make best use of resources in Plastic Surgery and Related Specialties’ and also discussions about the Joint Committee for Commissioning.

(e) Joint Council Event – Service Delivery/RPA, 30 November 2006

The Chair had been pleased with the turnout of EHSSC members at this joint Council event. Mr Dean Sullivan from the DHSSPS had talked about service delivery, mainly outlining the Departments’ commitment to drastically reduce waiting times. Mr Denis McMahon and Mrs Bernie Stuart had also provided a presentation about Patient Public Involvement in RPA. Handouts from the day have been circulated to members.

(f) Institute of Healthcare Management Annual Conference, 1 December 2006

The theme of this event was ‘Leading change into the future’. The keynote speaker was Mr Paul Goggins, Minister for Health, Social Services and Public Safety. Mr Goggins had stressed that during this time of management change it was essential that a strong focus on patient, client and carer must be maintained. The patient and client experience must be at the centre. However, the Chair was disappointed that despite the terms patient/client/carer being used frequently throughout the day, no mention was ever made of the new PCC.

(g) British Heart Foundation NI Appeal, 4 December 2006

One of the speakers at this event was Mrs Brigid McAnallen, who was motivated by a personal experience to find out the genetic causes of sudden death, especially in very high achieving teenagers. Mrs Hilary Clarke, a Genetic Heart Failure Nurse from the Causeway Trust, also gave an excellent presentation. She spoke about how they can help make life easier for people who are diagnosed with genetic heart failure disease. She spoke about the model of services they provide and about the services they would like to provide in the future if the resources were available. It takes £42,000 per nurse, per year to train someone to do this work.

(h) Community Development and Health Christmas Event, 11 December 2006

The Community Development Team had talked about the initiatives that have been implemented in the Ards Peninsula to help people to help themselves within their communities. Miss McMillan had found this event extremely worthwhile and said that there are a tremendous number of people in the community already doing great work which the Council could possibly engage with in the future.

Cllr Henderson asked that it be put on record that Council members expressed their appreciation to the Chair for the dedication that she puts into her position. Members agreed.

75/06 MINUTES OF PREVIOUS MEETING

The Minutes of the previous meeting held on Thursday 16 November 2006 were agreed as a true and accurate record subject to the following changes:-

Mr Dixon had asked that wording be changed as follows:-

Item 67/06 (a) Activity Report April 06-September 06

‘Mental Health – Council will lend support to the Families Forum that will monitor the implementation of the Suicide Strategy.’

Be changed to:-

‘Mental Health – Council will offer support to the Families Forum that will monitor the implementation of the Suicide Strategy.’

Cllr Henderson asked that his apology for last month’s meeting be added to the Minutes.

Members accepted these amendments.

76/06 MATTERS ARISING

The Chief Officer provided an update on the following:

(a) Minute 63/06 (a) Finance

At the last meeting Dr Paula Kilbane, Chief Executive, EHSSB, had informed Council about concerns in relation to correspondence received from the DHSSPS regarding their budget proposals. The EHSSB’s Health and Wellbeing Investment Plan and associated Financial Plan, which had been accepted, was based on previously advised local pressure investment monies of £3.8 million. However, correspondence from the DHSSPS did not show this money as being available now.

It had been agreed that Council should write to the DHSSPS regarding concerns about changes to the proposed investment monies for key initiatives in 2006/07 and the impact this proposed change would have on services. Mr Dixon confirmed that this letter has been sent.

(b) Phab NI facilities

At the last meeting Cllr Mullaghan asked if Council was aware if the North and West Belfast Trust had been notified of the closure of Cedar nursery and what alternatives the Trust were proposing to put in place.

Mr Dixon confirmed that he had written to Mr Richard Black, Chief Executive, North and West Belfast Trust, asking that he clarify the Trust’s position regarding this facility.

(c) Dentistry services in NI

Mr Dixon confirmed that as a result of requests by members regarding dentistry services, the Council Meeting in March will be dedicated to discussion about dental

services and Mr Will Maxwell, Director of Dental Services, EHSSB, will attend the meeting to discuss the new dental contract and access to NHS dental services.

(d) Report on waiting times for October 2006

At the joint council seminar held on 30 November 2006, Mr Dean Sullivan, DHSSPS, had provided detailed information about waiting time targets. Mr Dixon said he proposes to work with Mr Ryan Simpson, Information Analyst, to review the way in which we report on activity to Council, the way we publish it on the website and the way we enable the public to be fully and completely informed about what their appropriate expectations of the health services should be.

77/06 REPORT FROM CHIEF OFFICER

The Chief Officer reported on the following issues:-

(a) Consultation on Older People's Care Homes

Mr Dixon had provided a written report to members on two meetings he had been asked to Chair by Down Lisburn Trust. The meetings were held in Dunmurry and Downpatrick, where Down Lisburn Trust have proposed to close two of their six elderly resource centres. It is proposed that the money saved by closing these two homes would be invested in community based services.

The meeting in Dunmurry involved the:

- Trust Senior Management Team
- Residents, domestic and care assistants of Seymour House
- Mr Jeffrey Donaldson, MP

The meeting in Downpatrick involved the:

- Trust Senior Management Team
- Local action group called Downpatrick Community Health Committee
- Residents of St John's House
- Mr Eddie McGrady, MP

The summary provided an outline of proposals and the feelings of the people in the communities and the Trust response. It also outlined the Chief Officer's proposals for the basis of Council's response to this consultation.

Cllr Curran complimented Mr Dixon as Chair of the meeting in Downpatrick. He said that a lot of suggestions had been put forward at the meeting and asked that Council take these sentiments on board and express these to the Trust .

Mr O'Neill referred to the Chief Officer's report, focusing on the five points of response. He said that he would have concerns in relation to Points 1 and 2 which state that Council would 'agree that the thrust of policy toward more home based and community care should be accepted based on the expressed wishes of a wide range of older people. He said that the suggestion is that the two care homes are sub-standard and that in making the statement that we support the thrust toward home based and community care, this appears to be the only solution being supported. He stressed that in the 80s we saw ineffective community care policies, which often meant people being dumped with little or no package in place. He stressed that Council cannot support a similar move like that happening again. He asked the Chief Officer to

extrapolate the alternative being made and to ask the Trust to ensure that the savings being made will be invested in services for older people in the community.

Mr Dixon said that the infrastructure argument is different from the human argument. He stressed that looking at the two facilities it has been decided that these are no longer facilities that are fit for the job. It would appear that it would be a waste of resources to try and upgrade these facilities. He said that Council will accept this finding, but that at both meetings he had stressed that unless the Trust can be absolutely clear and explicit about the alternatives that will be put in place, they cannot expect people to support the closure of these two facilities.

Mr Dixon agreed to make this point clearer in the response. He said that where the communities are clearly saying 'do not close this home' or 'build another one', the Council cannot necessarily take this view in light of Council's support for the Strategy for more Community Services and our need to be accountable to not only the people directly affected by these closures, but to the wider community that has said we need more community services.

The Chair asked members to review the paper and to communicate any comments to the Chief Officer as soon as possible, as the consultation period ends in mid January.

(b) RPA and the Voluntary and Community Services

Mr Dixon explained that he had recently facilitated a group at the South and East Belfast Trust Public Meeting. The group was mainly representative of charities and people with physical and sensory disability. The group discussion was about the effect that RPA will have on funding of small charities between January and April 2007. Small charities rely on relationships they have developed and short term funding, including slippage money from budgets at the end of the financial year. The group highlighted that RPA is:-

- changing the faces of contact people, making it difficult to know who to approach
- aiming to recall outlying slippage and funding in order that the new organisations can commence with a steady state of finance.

These changes make it a particularly difficult and vulnerable time for small charities.

The Permanent Secretary, Dr Andrew McCormick, was at the Public Meeting. Mr Dixon confirmed that he had written to the Permanent Secretary regarding this. He has also asked him to consider maintaining a steady state for all voluntary and community contracts until March 2008, in order to give charities and community groups time to get to know the new management of the organisations and to re-negotiate their contracts for the future.

78/06 DVD – CHILDREN FIRST, CARERS SECOND

Some members had attended the Carers Conference in the Dunadry Hotel at the beginning of October. Due to technical problems on the day they had been unable to show a DVD, which has since been forwarded to Council. Barnardos Young Carers Group NI produced the DVD entitled 'Children First – Carers Second'. Members watched the DVD that highlighted: -

- The responsibility on young carers, who may be caring for a parent or sibling. This can be practical, physical, emotional support or assisting with medical care.
- The effects on a young carer both physically and emotionally

The message is that young carers need support. This does not mean that they are stopped in providing their caring role, but that they have the support to allow them to be children first and that they have the same recognition as adult carers. Interagency working was highlighted as essential, as the impact of caring can have an effect on a young carer's educational and physical needs. The DVD provided a valuable insight into the life of a young carer.

79/06 CORRESPONDENCE PAPER EC14/06

Paper EC14/06 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.

80/06 INPUT FROM COUNCIL MEMBERS

(a) Age Concern AGM, 5 December 2006

Miss Patterson had attended this AGM. It is the 30th anniversary of Age Concern NI and 2006 has been a special events year. The Honorary positions were confirmed with Dame Joan Harbinson appointed Chair, Dr Michael Harriott, Vice Chair and Mr Stephen Lindsay, Treasurer. There were two interesting presentations at the AGM:-

- 'Impact of actively Aging Well' – This project was carried out in association with the Health Promotion Agency. The main findings showed that 96% of participants benefit from activity. Mental health and general well being also improved.
- Findings from Evaluation of Response to Music – This evaluation of 490 people involved people with dementia and carers. The study showed a marked improvement in quality of life for both the carer and the person with dementia.

Miss Patterson passed a copy of the Annual Impact Report and Strategic Plan for 2006-2011 to the office.

(b) Study day on Progressive Supranuclear Palsy, 27 November 2006

Miss Patterson had attended this interesting study day. This condition:-

- is a neurodegenerative disease, which is often referred to as Parkinsons +.
- does not respond to any Parkinsons drug (mainly Eldopa)
- usually affects people over the age of 40 (average age 60 years)
- is diagnosed on clinical observation. Disease can only be clarified after death on autopsy.
- Currently around 30-40 people diagnosed in NI, however, there could be a possible shortfall of approximately 150 people not diagnosed.

There was discussion around whether you tell people this diagnosis as no treatment or cure can be offered. However, Miss Patterson said that there were a couple of moving presentations on the day and some patients feel that they should know the diagnosis in order that they can make end of life decisions.

(c) NI Cancer Registry Meeting

Miss Patterson attended The NI Cancer Registry meeting where a presentation of their 7th Report was made on Ovarian and Cervical cancers. The uptake on cervical screening is lower in NI than any other part of the UK. There was a 70% uptake on screening, which is 10% lower than the rest of the UK.

A new Privacy Advisory Committee for NI has been set up and Professor Roy McClelland has been appointed as Chair designate of this Committee.

A report was presented on the result of an investigation into a telecommunications mast in a small rural area in NI and an alleged cancer cluster that was investigated by the Cancer Registry. The result was negative.

- (d) South & East Belfast Trust (SEBT), Charitable Funds Committee, 19 November 2006
Mr Jim Hutchinson had attended this meeting that had focused on discussion about use of funding and the new 'Super Trust'
- (e) Ulster Community and Hospitals Trust (UCHT), 27 November 2006
Mr Hutchinson had attended the monthly meeting of the UCHT. There had been a presentation on cleanliness, which highlighted that money needs to be spent on upgrading a number of wards but there is little room for decanting wards to allow work to be carried out. Mr Hutchinson said that a great deal of effort is being put into cleanliness in the hospital.
- (f) On Board Training, 8 December 2006
Mrs McGrogan reported that she had attended this very worthwhile training that outlined the role, accountability and corporate function of a Public Board.
- (g) Visit to Ravara Training School
Cllr Leslie reported that he had recently visited Ravara Training School. At that time a number of access problems had been highlighted in relation to the kitchen and front entrance. He had contacted the Chief Executive of the UCHT who has now arranged for work to be carried out to rectify these access problems. Cllr Leslie highlighted that he had found it difficult to find a telephone number for Ravara Training School in the telephone book and suggested that a 0800 number in the future would be useful for the public to obtain correct numbers and departments within the HPSS structure.
- (h) Public Meeting in Portavogie
Cllr Leslie took the opportunity to thank the Chief Officer for his attendance at a public meeting in Portavogie that had focused on ambulance cover in the area. Mr Dixon confirmed that he had facilitated an evening meeting in Portavogie. He explained that this was the Council going back to the community, having had its concerns about ambulance services in the area raised earlier in the year. The outcome was that the NI Ambulance Service said that it cannot get to this area within the 8 minute standard but that there is a first responder scheme. This scheme trains people within communities to use defibrillators and to take immediate, effective first-aid action that saves lives in remote communities where it is impossible for ambulances to make the 8-minute response time. Mr Dixon said that two volunteers had put themselves forward to undertake the training and to provide this service in the Portavogie area. The Ambulance Service, the community and Ards Borough Council will liaise regarding making this happen.
- (i) Action Day Roadshow
Cllr Leslie confirmed that North Down Borough Council have secured £9,000 funding to bring forward a Disability Awareness Information Day in the Queens Leisure Complex in Holywood. This will bring approximately 30 groups together on the day,

providing information for the public on disability aids and support. Cllr Leslie will confirm final arrangements but it is expected to take place in April 2007.

(j) Lymphodema Support Group

Cllr Hendron highlighted the work of a Lymphodema Support Group, which was formed about two years ago. A lady who had lymphodema following treatment of a melanoma 20 years ago and who had found her treatment ineffective started the group. She had used the Internet to learn more about treatment and discovered a clinic in Germany who instead of simply using a sleeve on the arm or leg, use massage and bandaging that has been found to greatly relieve the lymphodema.

The support group is very committed and have raised funds to send physiotherapists to Germany to be trained. They have also raised funds to send a couple of extreme patients from NI to the clinic with very successful results. The group is campaigning to get the DHSSPS to recognise this treatment and for it to be made available on the NHS. Cllr Hendron has passed copies of a brochure, which outlines the treatment, to the office.

(k) Patients' Complaints Panel, Belfast City Hospital (BCH)

Mr Cecil Graham attended a recent meeting of the Patients' Complaints Panel at the BCH. He assured Council about the professionalism of the panel and commended the standard of good practice. Mrs Muldoon had also attended the meeting and commended the professionalism of staff. She highlighted that communication tends to be the biggest area where complaints are made.

(l) South & East Belfast Trust Workshop, 28 November 2006

Mrs McGrotty attended this workshop aimed at giving local people the opportunity to discuss health and social care issues. The Chief Executive gave a brief report on progress in the past year which included :-

- an update on funding secured for disabled children, the Crisis Intervention Team and autism services.
- The production of a number of Directories, including a Learning Disability Directory and DVD and a Family and Children's Services Directory.
- The appointment of a Mental Health Promotion worker
- Details of regular Community Forum meetings, podiatry meetings and engagement with the Chinese Community

Dr Andrew McCormick was at the workshop to provide a brief outline on RPA. He emphasised that there was a need for a different balance of care and that there be less reliance on hospitals. There were group discussions on the impact of RPA on the present Trust area and a presentation highlighting the work of voluntary and community sector in the Trust area.

(m) Patient and Public Involvement Workshop, 21 November 2006

Mrs Rosemary McGrotty had attended this workshop which was organised in order that the DHSSPS could seek views on what service-users and the public want in terms of useful engagement. The DHSSPS have developed draft principles for patient and public involvement and they wanted to seek active contribution in order to shape the final guidance. The comments will be taken back to the DHSSPS and guidance will be redrafted.

- (n) Eastern Health and Social Services Board Meeting, 23 November 2006
Mr Graham said that in reading the minutes of the EHSSB meeting on 23 November 2006, he noticed that under the point about 'Policy to make best use of resources in Plastic Surgery and Related Specialties', there is reference to the significant input from the Chief Officer on behalf of Council. The minutes state that the input from Council was agreed and Mr Graham said that it is important to record this in Council minutes.

81/06 ANY OTHER BUSINESS

- (a) Review of Further Education
Mr Graham said that in addition to his interest in health he has also been involved in further education for some time. He explained there had been a fundamental review of Further Education provision. The outcome was that the primary focus of provision will be to assist the development of the economy through greater emphasis on skill training based on the gaining of recognised vocational qualifications. The review also resulted in a reduction in the number of colleges from 16 to 6. While from an economic development view point such changes are to be welcomed Mr Graham expressed concern that there could be a significant reduction in Community Education provision as he understands the policy is that such courses will only be provided on a full cost recovery basis. This could have a profound effect on a range of people - i.e. vulnerable adults and senior citizens - who currently attend such courses as much for social as well as educational reasons. If this group is unable to access such courses it could lead to increased isolation and depression resulting in more demands being made on GPs etc. Mr Graham asked that the Council keep this issue under review and he particularly appealed to the Elected Members on Council to raise it within their local Councils.
- (b) Telehealth
Miss McMillan drew Council's attention to a conference held in the Culloden Hotel on a new medical technology called Tele Health. Council was not notified about the conference but it was advertised in Agenda NI. Tele Health is a way to tackle unnecessary long and frequent stays in hospital by having patients monitored at home. It will be interesting to see how this new revolution in health care will progress in NI.
- (c) Diversity Calendar 2007
Miss McMillan thanked all the Council members and staff for their dedication and hard work over the past year. A Diversity Calendar for 2007 was circulated to members instead of Christmas cards and she wished members a happy Christmas and healthy, happy New Year.
- (d) Thanks to Chair
Mr Dixon advised members that Miss McMillan had attended nearly 100 meetings on behalf of Council during 2006. In addition to the normal Council workload, she has participated in numerous meetings in relation to planning for the future workload and Patient Client Council. Flowers were presented to the Chair as a token of appreciation.
- (e) Discussion of proposal to change format of Council Meetings
The Chair explained that this discussion was being held to best see how Council can balance the formal business section of the meeting with the Workshop sessions.

The format of some of the previous meetings had been changed to facilitate workshops. Things are going to change in the future and the standard format may not always be appropriate. This may therefore require a certain amount of flexibility in the future.

The Chief Officer explained that he would propose that Council business be substantially truncated into 45 minutes to 1 hour of the meeting. The remainder of the meeting would be for a less formalised session which would be dedicated to a specific theme, for example, Mr William McKee will be attending the Council Meeting in January to talk about the new Belfast Trust and the meeting in February will be dedicated to the Suicide Strategy.

Mr Dixon suggested that he send out a brief outline to members, detailing the proposed alternative way to conduct Council Meetings. He will also remind members to advise him if they would be interested in:-

- being part of a working group involved in consultation and progress on PCC/RPA
- being part of a group involved in monitoring Workplan progress to March 2008

Mr Dixon also confirmed that a four Council Workshop is being planned for the end of January to discuss the Complaints Process consultation.

82/06 DATE, TIME AND VENUE OF NEXT MEETING

The next meeting will be held on Thursday 18 January 2007 at 1.30pm in the Link Room, Mount Conference Centre, 2 Woodstock Link, Belfast.

The meeting closed at 4.40pm.

Signed: _____ Date _____
Chair

Signed: _____ Date: _____
Chief Officer