

letter. The EHSSB would expect to know if this is to happen within a few weeks but any additional levy could put the EHSSB under impossible pressure. This could have major impact on people with a particular burden of capitation shift and the realignment of services impacting on the Belfast.

Within the allocation letter received there are, as usual, signposted amounts against various programmes of care. Although this can be welcomed in some ways, it reduces the flexibility available to manage difficult situations.

Before the DHSSPS make a final decision about the capitation share, they will scrutinise information provided by the EHSSB, which takes into account the use of services in Belfast by the population in the EHSSB area as a whole.

The draft Priorities for Action document is nearing agreement. The document will have a major focus on targets for:-

- emergency, elective and outpatient care
- Health and Well-being – there is discussion about Health and Well-being targets, for instance with the smoking legislation coming in at the end of March.
- safer and better quality services, in particular in relation to hospital infection
- reduction in hospital waiting times
- significant improvement in emergency care
- care and support in the community
- primary care access within 48 hours
- assessment of older people with complex continuing care needs
- assessment for speech and language therapy and treatment – there are discussions on how the service can be provided to ensure there is no gap between assessment and treatment

There are also targets under discussion regarding fracture services and mental health and learning disability. These targets will focus on both people who have enduring mental ill health and those who are acutely mental ill.

Dr Kilbane confirmed that the EHSSB are in the process of signing off Escalation policies with the DHSSPS. These policies are aimed at reducing the number of patients waiting on trolleys by using proposals for patient transfer bypass.

The EHSSB will finalise the Priorities for Action and the Financial Plan with view to producing the Health and Well-being Investment Plan (HWIP), due to go to the DHSSPS by the end of February.

(b) Review of Public Administration (RPA)

In relation to the new Health and Social Services Authority, a number of further posts have recently been advertised including the Commissioning posts, four regional and three local posts. The Director of Human Resources and Performance Management post has also been advertised.

There have also been advertisements for non-executive posts for the Local Commissioning Groups (LCGs). These will include independent practitioners such as GPs, Pharmacists, Dentists and Optometrists as well as lay representative places. At the request of the British Medical Association (BMA), some briefing sessions for GPs have been carried out by Mr David Sissling and his colleague Mrs Mary Burrows and

it is expected there will be briefing sessions for the Dentists and Optometrists. Dr Kilbane was not aware of the DHSSPS arrangement for briefing members of the public and the lay people on the LCGs. It is expected that the interviews for the LCGs will be held in February and will involve selection of individuals and Chairs for these Groups. From April 2007 we can expect to see the emergence of the seven LCGs and a number of the Community Commissioning Associations.

In the second wave of appointments around March 2007, it is expected that the posts for Director of Social Services and Director of Public Health will be advertised.

In relation to where the Health Authority will conduct its business from, it is expected that there will not be one fixed regional point where all the regional activity will happen, but that there will be a local presence in each LCG area. It is important that there are decisions on whether the new Health Authority will use existing Board premises to provide some of their work. Although there may be an expectation on senior staff to travel, this may not be practical for staff at lower grade level and for addressing local issues. The reduction in staffing levels will depend on the plans the incoming Directors have for staffing their various functions.

The Shared Services Report is expected to be available in a number of weeks and a Project Board will probably be set up to identify how many sites there will be and the function of these. As far as the Service Providers in the new organisations are concerned, a number of senior posts have now been filled.

- (c) Consultation on the draft health and personal social services reform legislation
Through an order in Council and not in primary legislation, this draft legislation sets down what is anticipated for the new arrangements and includes a section on the new Patient Client Council (PCC). This will be discussed at the Board Meeting in March 2007 as the closing date for consultation is in April 2007.
- (d) Muckamore Abbey
There was a statement last night from the DHSSPS and the EHSSB in relation to the situation in Muckamore Abbey Hospital. This is an issue that has been highlighted by Council previously. Dr Kilbane said that the EHSSB has made efforts to discharge people at a faster rate from Muckamore Abbey Hospital, but this is dependent on the funding of packages required to enable people to live in the community. It had been hoped that as a result of the Bamford Report there would have been greater recognition and an increase in availability of packages. Dr Kilbane said that what is needed is an ongoing, rolling process to resettle people back into the community, which works in a sensible and reliable way. She stressed that although the funding is an issue, there is a short supply of the options required in the community to meet the needs of people who often have complex needs.

Dr Kilbane said that the funding for learning disabilities this year, as signalled in the final allocation paper, is £2 million. In the currency of the allocation for the EHSSB, this money would buy 12 discharges, which would only be the equivalent of closing one ward in Muckamore Abbey Hospital per year. There are 121 patients, who in clinical opinion, could be discharged to the community if appropriate support was available. Some of these patients are in the delayed discharge process and 46 patients are in resettlement mode. Everyone accepts that this is an unacceptable practice.

It is hoped that the current focus of the Minister for Health and the statement made by the Permanent Secretary may result in a review of the rate at which funding is made available to enable people to be resettled into the community.

The investment which has been made in the new facilities at Muckamore Abbey Hospital are very dependent on the hospital changing from a place where people are in for long periods of time to a place where patients receive very active therapeutic intervention that is time limited. The community care settlement money being out of balance with the acute investment money causes further problems that have been brought to the attention of the DHSSPS on a number of occasions. Dr Kilbane said that if the DHSSPS could come forward with a proposition for increasing the resource the EHSSB has many plans which could be brought forward more actively, providing they involve care sources or facilities that either exist now or could be developed very quickly.

In response to a question from Mr Cecil Graham Dr Kilbane confirmed that approximately 60% of patients awaiting discharge from Muckamore Abbey are from the EHSSB area, 40% are from the NHSSB area and only a few patients with specific problems are from the SHSSB and WHSSB areas.

Mr Graham urged Council to raise its concern about the effect the capitation could have on community mental health services in the EHSSB area, especially if a further capitation levy was applied. He said that it would appear that the acute services are protected whilst the community services may suffer further.

Mr Compston said that the situation in Muckamore Abbey Hospital is an indictment of the health service. The Bamford Review, which commenced in 2002, identified a number of issues that were challenging and yet five years on nothing seems to have changed in relation to mental health service needs. He highlighted that it had recently been revealed that around £89million is spent on consultancy within the Health Service which seems ridiculous when money is so badly needed for front-line services. The Health Service is not value for money and people need to be held accountable for this as the public want to know what their money is being spent on.

The Chief Officer said that this has been an issue of long standing. Last week Council made comments on the Bamford Report at the EHSSB Board Meeting and to the DHSSPS. Council has also spoken to the new Health Authority on preservation and support for community services. Mr Dixon said that where there is such a thrust on targets for trolley waits etc., the impression that he gets from charities for Learning Disabilities is that they are always at the back of the queue for funding. Mr Dixon highlighted that at a Workshop last year Council had asked Mr Dean Sullivan, Head of the Service Delivery Unit, DHSSPS, to ensure that a target appears specifically for community based mental health and/or learning disability this year.

It was agreed that the Chief Officer should make a Press Release on this matter.

Dr Kilbane highlighted that a lot of people with learning disabilities are being cared for at home, often by very devoted parents, but whose ability to care will be affected by advancing years. This is a particular issue that the EHSSB has discussed with the Friends of Muckamore, that when people are no longer able to care in the community there is a whole additional series of needs required for which the care packages are not adequate or not available. Learning Disability needs are a life-long issue and the

EHSSB needs to ensure that there is a reduction of the incidence of preventable genetic disorders by improved genetic counselling and management of risk during antenatal care and labour.

Mr O'Neill said that it is right to focus on what is happening at Muckamore Abbey Hospital, but we must look at the broader picture of community care. For some time the emphasis has been on reducing the number of residential and nursing home beds available with view to care for the elderly being improved in the community. Unfortunately these packages of care are often inadequate or not available and there is the realisation that the problems are not all financial but that there is a need for other resources to meet community care demands, such as people willing to do the work. If the problems with care in the community are human resource issues rather than financial, Cllr Mullaghan asked how this would be addressed.

Dr Kilbane explained that there has to be workforce plans in place that involve anticipating what skills you will need and how to ensure that people with those skills are using them optimally. When the Director of Human Resources is appointed to the Health Authority, Workforce Planning will be a priority within their role. There has been a shortage of Allied Health Professions such as Occupational Therapists, Physiotherapists, Speech and Language Therapists for quite some time. This means that some treatments have had to be provided by other people such as teaching assistants in special schools who may undertake some of the therapy. There is also the provision of NVQ qualifications for people who do not originally have any health and social care training, but who want to acquire skills which would enable them to extend what they do in working in social and community care circumstances.

The Chair thanked Dr Kilbane for attending the meeting to keep Council informed on EHSSB business.

04/07 MR WILLIAM McKEE, CHIEF EXECUTIVE DESIGNATE, BELFAST TRUST

Council is keen to engage with the leaders of the new organisations being set up under RPA and the Chief Officer welcomed Mr William McKee to the meeting.

Mr McKee said he welcomed the opportunity to engage with Council in his new role and briefly outlined his career in NHS management over the past 30 years. He explained that since leaving his Chief Executive post in the Royal Group of Hospitals, Mrs Deirdre O'Brien, who was the Director of Nursing, has been appointed Acting Chief Executive until dissolution of the Trust in March 2007.

Since taking up post in October Mr McKee has been working on recruitment of his Senior Management Team and developing a project plan on how he will work towards undertaking full responsibility for the Belfast Trust on 1 April 2007. At this time, the existing 18 Trusts will reduce to 5, with the Belfast Trust encompassing responsibility for 6 Hospitals and two community Trusts within Belfast.

Mr McKee emphasised that the enormity of the changes being made should not be viewed simply as a merger or re-organisation, but as a vehicle to transform healthcare in Northern Ireland. Although the previous Minister for Health had said that the reason for RPA was to release money to go to front-line services, the organisational structures

for the new Trusts must also be about reducing barriers to integration of services in order to improve patient access to a whole range of services.

Legislation already dictates some organisational matters within the new Trusts, such as the requirement for Directors for Finance, Nursing, Social Services, Human Resources and a Medical Director. Mr McKee explained that there were a number of ways in which he could have organised the remaining management structure within the Belfast Trust:-

- Functional structure – appointing Heads of Department
- Geographical structure – essentially what has been available to date with the individual Trust sites delivering local services

The structure he has chosen is condition defined population, which will mean the appointment of leaders for specialist areas. There will be 12 Directors in the following areas:

- Director of Mental Health and Learning Disabilities
- Director of Social Services – who will also be responsible for all Children's Services ranging from paediatric intensive care to looked after children
- Director of Services for Older People, Medicine and Surgery - Often older people suffering from chronic diseases have acute episodes which if managed by one Directorate as a major care pathway across the services in hospital out into the community, could impact for example on the trolley wait situation.
- Grouping around specialist services such as cardiology, cardiac surgery, oncology and radiotherapy, vascular surgery and renal medicine.
- Grouping around head and skeletal fractures, orthopaedics, dental, ophthalmology, ENT and neurosciences.
- Grouping around clinical support services such as anaesthetics and critical care, imaging, laboratory, allied health professions, clinical pathology and pharmacy. These services are a resource to clinical staff and must be managed across the Belfast Trust.

Mr McKee confirmed that 9 of the 12 Directors posts have been filled to date.

The aim is to improve patient care by having a clinical coherence that will reach across the existing institutions with view to having clinical staff working in any hospital, brought closer together because they have common interests and deal with similar issues. The purpose of the Belfast Trust will be to contribute to improved Health and Well-being and to reduce inequalities for the citizens of Belfast and for the services the Trust will provide across Northern Ireland.

The immediate responsibilities of the Belfast Trust on 1 April 2007 are to:-

- Ensure that the services being provided are safe and in the process of modernisation
- Deliver the Ministerial targets, whilst subscribing to public debate on how short waiting times should be in order that community services are not disadvantaged
- Financial responsibility. The six Trusts that will combine to make the new Belfast Trust, collectively began the year with a £40million deficit. £20million was found through long and short-term savings and the DHSSPS and EHSSB brought together £20million towards the deficit. Last year the EHSSB had to delay the affect of the capitation shift which will mean that on 1 April 2007, the Belfast Trust will inherit a £10million capitation shift with the potential of a further £10million capitation levy by the DHSSPS. The potential financial stretch for Belfast is between £50 and £60million on 1 April 2007, which could create a financial crisis during the year.

A few cross cutting themes for Belfast will be:-

- Integrated governance in place to ensure that safe and modern services are being delivered
- Delivering health and social care with a community bias aimed at meeting health and well-being targets
- Meaningful user engagement. A lead Director will be given responsibility for developing a User Engagement Strategy but all of the Directors will have to ensure meaningful user engagement across the services. Mr McKee reiterated that the Trust will look for input from the Council on producing the User Engagement Strategy and he has had brief discussions with the Chair and Chief Officer regarding this.

The Belfast Trust will be the largest Trust in the UK, employing 22,000 people, spending £1 billion per year, providing services for its 320,000 population and providing regional services to 1.7 million people. Geographically the Trust almost matches the Belfast City Council area, however, some of the areas covered are in the Lisburn and Castlereagh Council areas. At some point in the future it may be worth aligning the Belfast Trust to be co-terminus with the Belfast City area.

In response to a question from Mr Compston regarding reducing trolley waits, Mr McKee explained that the Belfast Trust would encompass three A&E Departments at the Belfast City Hospital, Royal Group of Hospitals and the Mater Hospital. He said that the problems have been caused by the failure of leadership and said that the success of the new organisations will be down to how they engage staff, and in particular senior clinical staff. Although trauma cases present at A&E, major trauma accounts for only 900 cases across NI each year. This means that the majority of A&E work is acute medical episodes, and the responsibility for leadership and management of A&E services was therefore moved into Medicine. Mr McKee accepts that the trolley wait situation will have to be tackled to ensure that 95% of people wait no more than 4 hours before either being discharged or moved onto a ward.

In response to a question from Mrs McGrogan Mr McKee explained that of the 320,000 people living in the Belfast area 1% of them would account for 40% of the total expenditure in hospitals. This 1% of people includes people who have chronic conditions such as chronic obstructive pulmonary disease or cardiac disease that results in acute episodes. It is essential that this 1% of people be supported in the community to reduce costs in hospital and to avoid the trolley wait situation.

Cllr Campbell asked if there will be further emphasis on GPs to educate patients on where to go for out of hours services, as A&E is often unnecessarily used by people who could obtain services elsewhere. Mr McKee emphasised that although the inappropriate use of A&E services is serious, it is only around 10-15% of people who attend A&E unnecessarily. He explained that NI has a much higher attendance at A&E than in any other part of the UK. This is not because GPs are any less accessible in NI, but that A&E departments are more accessible. On the mainland there is one A&E department for 250,000 people and in NI there is one A&E department for every 120,000 people. There may be a rationalisation of A&E services across NI in the future, reflecting much wider issues such as skills and services, access times and localities.

There was brief discussion about the repetition of providing personal information when attending healthcare facilities. Different points of view were expressed on the

benefits of having a central database of people's personal information that could be accessed by the various professions in any healthcare facility. Mr McKee said that there has been a lack of investment in Information Technology (IT) across UK healthcare and it will be some time before such a system will be available. NI tends to 'piggy back' systems introduced on the mainland and although it would reduce the time taken by professionals to obtain the information, and for patients having to repeat the same information, there would be a number of human rights and data protection issues to address.

Mr McKee said that the current IT systems would not allow the hospitals within the Belfast Trust to communicate freely across the sites. His wish would be that staff in each hospital could access certain files and that emails could be circulated throughout all hospitals in an easier format. However, to do this would again require some investment.

Mr Marshall asked Mr McKee if we can be assured that the skills and expertise of Directors within the existing Trusts, who have not obtained a Director's post in the new Belfast Trust, will not be lost. He also commented that it was interesting that a high number of the new Director posts had been filled by people from the Royal Group of Hospitals.

Mr McKee emphasised that RPA is a government initiative and that the previous Minister for Health, Mr Shaun Woodward, had stated in his RPA announcement that he wanted to save money on bureaucracy to put this back into front line services. The current Minister for health has a target saving of £50 million, which will almost solely be made up from salaries. There are around 150 senior executives affected by RPA of which it is expected 50 will retain jobs at Chief Executive/Director level, approximately 50 people will retire and 50 people will work at a lower level.

The biggest Trust in Belfast prior to RPA was the Royal Group of Hospitals spending £350 million. The new Belfast Trust will be responsible for around £1 billion. Therefore, people who had previously been working at Director level within the six Trusts could reasonably expect that their salary and their job challenge would be much the same even though they may be working at a level below. Mr McKee stressed that not one of the service groups that is being proposed for the new Trust, is smaller than a previous Trust.

Mr McKee confirmed that a number of Directors appointed to the Belfast Trust currently work in the Royal Group of Hospitals. He explained that this is due to a combination of factors including:-

- Age – the age structure of Directors in the Royal Group of Hospitals was such that there were not many people wanting to retire, whereas in other Trusts some of the Directors are taking the opportunity to retire
- Experience – If the Royal Group of Hospitals is currently the biggest Trust then Directors working there would tend to have the experience that gives confidence that they would be able to work in a billion pound organisation.
- Interview process – Although Mr McKee was one of the interview panel members, he emphasised that the recruitment process was overseen and governed by the DHSSPS

Mrs Muldoon asked Mr McKee if he is aware of any independent inspection mechanisms in place to ensure that money is not spent unnecessarily at the end of the

financial year, just because managers have money sitting in their budget. Mr McKee said that he was aware of this happening years ago, when Managers were afraid of having money left in their budget at the end of the year because it could not be carried over and may have affected allocations in the next year. Although he cannot say that this does not happen, he stressed that financial pressures now do not easily allow this.

Mr McKee said that the wider issue of value for money will be at the centre of his job as over the next three years government will be looking for a 15% productivity improvement and savings across the HPSS of £350,000 million.

With the new District Councils having responsibility for Community Planning in the future, Cllr Mullaghan asked Mr McKee how he sees the partnership approach for community services being developed. Mr McKee said he strongly supports the strengthened civic leadership role and wants the Belfast Trust to support this partnership. He has had discussions with his counterparts in the Belfast City Council in which he has pledged the Trust's partnership in working to provide civic leadership, health and well-being plans and community planning.

Miss McMillan expressed Council's appreciation to Mr McKee for coming to the meeting to provide a summary on how he is planning the structures and services within the new Trust. The Belfast Trust and the South Eastern Trusts will be in the EHSSC area and Mr John Compton, Chief Executive of the South Eastern Trust is kindly going to attend the Council meeting in April 2007.

05/07 CHAIR'S BUSINESS EC01/07

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

- a) Interview for tender application – Advocacy in Nursing and Residential Care Homes, 20 December 2006
Members will be updated on what is happening with the three contracts proposed for work being carried out on behalf of Council.

- b) EHSSB Meeting, 11 January 2007
Although Dr Kilbane would provide details on matters discussed at the Board Meeting, Miss McMillan reported that congratulations were sent to Mr Quentin Coey, Chief Executive, Belfast City Hospital, on receiving an OBE for services to healthcare in Northern Ireland.

Miss McMillan said that having attended the Board Meetings for a couple of years, she sees that the business is increasingly changing as we move towards the new RPA structures, and commended the staff for the work that this must entail.

06/07 MINUTES OF PREVIOUS MEETING

The Minutes of the previous meeting held on Thursday 14 December 2006 were agreed as a true and accurate record subject to the following changes:-

'81/06 (a) Fundamental Review of Education'

Mr Graham agreed to redraft this paragraph which should have been entitled 'Further Education Review'.

Members accepted the minutes subject to the amendment that will be provided by Mr Graham.

07/07 MATTERS ARISING

The Chief Officer provided an update on the following:

- (a) Minute 73/06 – NI Music Therapy Trust (NIMTT) - Letter of Support
The Chief Officer has not yet sent the letter of support for the NI Music Therapy Trust to the Department of Education and the DHSSPS but will do this and send a copy to members.
- (b) Minute 73/06 (b) Phab NI facilities
Mr Dixon has now received a response from North and West Belfast Trust, to his enquiry about the closure of Cedar Nursery. He will let members have a copy of this.
- (c) Minute 76/06 (c) Dentistry Services in NI
It had been proposed that this topic be the subject of the Council Meeting in March, however, this may be a topic that will need to be discussed on a four Council basis.
- (d) Minute 76/06 (d) Report on Waiting Times
This report is currently being prepared. Mr Dixon explained that the proposal is that the Council will thoroughly review the targets that it monitors eg. trolley waits and outpatient waiting times. The reporting of this monitoring will be simplified and should be ready for the Council Meeting in March. The idea is that we move away from statistical reporting and use a simplified format, reporting on the numbers who do not meet the specified targets.
- (e) Minute 77/06 (a) Consultation on Older People's Care Homes
This relates to the Council's response to the consultation by Down Lisburn Trust on proposals to close two elderly resource centres, St John's House in Downpatrick and Seymour House in Dunmurry. The response was discussed at previous Council Meetings and Mr Dixon will submit the Council's response on Monday 22 January 2007. The response will be based on community feedback he received whilst facilitating two public meetings and from discussions Council has had on this matter.

Mr Dixon said that he will circulate the response to members and outlined the main points of the response.

- The Council does not object in principal, to the reprovision of facilities and their replacement by community services. However, any service put in place must be demonstrably at least as good as, if not better, than the service it is replacing. This assurance must be given to the community.
- There was a flaw in the consultation as the Trust did not outline to the communities in detail, what would be replacing the resource centres they propose to close. In the absence of detailed plans of this type the Council feels unable to state clearly that it accepts these proposals.
- Assurances must be given to residents, their families and carers that:-
 - in any process of change they will be given access to an independent advocate who ensures that they understand what is happening and that their point of view is put across.
 - their needs and wishes are respected – social networks, relationships with staff and quality of life are valued and supported

- those who are currently in receipt of services without any charge should never be asked to pay for services they receive, whether or not they move from a statutory to an independent care facility, or their needs change over time. This should be guaranteed by the Trust for as long as those people need those services
- the whole process should be managed in an open and transparent way and delivered to a time scale that respects the effect that a change of this magnitude has on older people, many of whom are vulnerable.

Members agreed with the nature of the response and asked Mr Dixon to proceed.

(f) Minute 81/06 (e) Proposal to change format of Council Meetings

The Chief Officer had circulated a sheet to members, asking them to express their opinions on the proposals he had made for arrangements for the format of future Council Meetings, and to identify which sub-groups they would be interested in sitting on. Mr Dixon asked members to submit this to the office as soon as possible as he needs to organise meetings of sub-groups immediately.

08/07 REPORT FROM CHIEF OFFICER

(a) Moving towards a Regional Approach for the HSSCs

A paper produced by the four Chief Officers had been circulated to members. Each Council will discuss this paper, which proposes that a Joint Council Meeting should replace every third local Council Meeting between now and March 2008. In terms of the themes of these joint Council Meetings it has been proposed that the discussion on Dentistry Services be done on a four Council basis as it affects services province wide.

Mr Dixon said that the NHSSC has been the only Council to have examined this proposal so far and they have indicated that although they would be willing to attend a Joint Council meeting every few months, they would not want to surrender their local meetings, and so it would be held in addition to their monthly Council Meeting.

Mr Dixon outlined proposed themes for future EHSSC meetings:-

- plans for Mr John Compton, Chief Executive, South Eastern Trust to attend the Council Meeting in April 2007.
- Mr William McKee has offered to return to a future meeting
- It is hoped that a representative of the Health Authority will attend a future meeting.
- Debate on Bamford Review of mental health and learning disability services
- Last year the Council did not oppose the closure of 109 beds for older people across the EHSSB area, on the understanding that good community services would be put in place. Mr Dixon proposed that the EHSSB be invited to attend a future meeting to advise Council about the services that have been put in place

On discussion some members felt that there is enough work to be done within the EHSSC area and that joint Council meetings would not necessarily serve any additional purpose, unless a specific topic is to be discussed, at which time a Workshop could be arranged. Some members felt however, that the four Councils have a responsibility to contribute to Joint Council work in preparation for the Regional body.

Following discussion it was agreed that the Chief Officer should advise the other Councils that as there are a number of issues to be addressed at local level, the EHSSC members do not feel that it would be beneficial to have a set joint Council meeting every three months, but are in favour of having joint meetings or workshops to discuss key regional themes such as dentistry, complaints consultation or legislation.

(b) Format of future Council meetings

Mr Dixon explained that a new format for future Council Meetings will be piloted at the Council Meeting in February. Council business will be taken care of from 5.30pm to 6.15pm. At 6.15pm the remainder of the meeting will be dedicated to the HPSS suicide response in North and West Belfast. Mr Colm Donaghy, Chairman of the Suicide Task Force has agreed to speak at the meeting about what is being done and the next steps. A number of people have been invited to the meeting including representatives from the Public Initiative for Prevention of Suicide and Self-harm Project (PIPS), the Mater Hospital Self-harm Team, the Shankill and Falls Women Centres, Belfast City Council Youth Forum and elected representatives.

The Council Meeting in March will be used to discuss the RPA consultation on legislation and the Chief Officer suggested that this may also be a theme for a four Council seminar. Copies of the consultation will be circulated to members and Mr Dixon suggested that standing orders be suspended in March to enable members to discuss legislation in a closed workshop format. Members agreed the workshop format for the meeting in March 2007.

09/07 CORRESPONDENCE PAPER EC02/07

Paper EC02/07 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.

10/07 ANY OTHER BUSINESS

(a) Workshop on Complaints consultation

Cllr Campbell pointed out that the programme circulated to members regarding the workshop being held to discuss the complaints consultation stated Wednesday 25 January 2007. Miss McMillan confirmed that this should have read Thursday 25 January 2007.

11/07 DATE, TIME AND VENUE OF NEXT MEETING

The next meeting will be held on Thursday 15 February 2007 in the Lansdowne Court Hotel, Antrim Road, Belfast. Council business will be discussed from 5.30pm to 6.15pm, at which time the HPSS Suicide Response in North and West Belfast will be discussed.

Signed: _____ Date _____
Chair

Signed: _____ Date: _____
Chief Officer

