

vices that cannot be commissioned separately. This includes identifying criteria for regional commissioning particularly in key areas such as:-

- Services that have too much of a financial risk for one commissioning group eg. haemophilia or high cost treatments/drugs
- Small and vulnerable services, eg. regional genetics
- Where there is a monopoly provider

Ms Lynch gave some examples of services to be commissioned on a regional basis:

•Some Mental Health services –

Forensic psychiatry, specialist eating disorders, adolescent mental health, mental health and deafness, mental health aspect of brain injury, sexual assault resource centre, learning disability

•Some Medical services -

Blood transfusion service, cystic fibrosis, plastic surgery for burns, motor neurone disease (MND)

In her Strategic Planning role, Ms Lynch hopes to strike a balance between regional services and local service frameworks developed by the Health Authority e.g. stroke, cardiology and older peoples services. However the guidance will have the flexibility to be applied locally for individual care.

In relation to Council's concern about community services in Belfast, Ms Lynch said that through strategic planning the Health Authority will identify services that must be commissioned by the LCGs in local communities so that not all the money is directed to hospitals. Ms Lynch said that in talking to the LCGs there is not much contention about the regional services identified, or on ring fencing certain elements of the budget for specific local services.

Cllr Henderson asked what would be happening with patient appointments and waiting lists in the interim period of getting the new bodies in place and who would be monitoring the effectiveness of the new bodies. Ms Lynch confirmed that waiting list targets are now being met and will continue to be part of the Health Boards' work whilst new arrangements are designed and put in place. She said that the responsibility for monitoring will be with the Health Committee and the Minister will have to be assured that the new bodies are meeting the expectations.

Cllr Campbell said that she was pleased to hear that regional services will be protected as it is important that expertise in providing regional care is developed and not fragmented. Ms Lynch agreed that there are some highly specialised services such as MND services, which must be managed cohesively.

In response to a question from Mrs McGarry, Ms Lynch confirmed that the LCGs budgets would be based on a capitation formula, similar to that used at present by the Boards. However, this will be a weighted capitation approach taking account of people's needs.

Mr Dixon said that one of the key tasks for the new bodies will be community engagement and meaningful patient and public involvement. An expectation of the Health Authority will be to see bodies working with the community and it is essential that patient groups, who may not necessarily have the strongest voice, do not become "invisible". Ms Lynch said that she envisages part of the planning process involving specific standing arrangements to engage with groups and individuals. This will in-

clude different strands of engagement such as regional forums, local engagement and Patient Client Council involvement once it is established.

Mrs McGrogan asked how the HSSA and LCGs will prioritise services. Ms Lynch said that the existing services in place would provide initial prioritisation. She hopes that when the new organisations are in place, they will begin to review all the services, identifying what the current service is and gaps in the service for which development is needed. This information will be used to debate future priorities.

Mr Marshall said he has concerns about how the new healthcare bodies will produce the expected reductions in spending. Ms Lynch said that the new bodies have been set up to ensure that there is local sensitivity to local requirements and that the bodies must be accountable and cost effective. Miss McMillan said that this is a huge shake up in healthcare provision. There have been so many advances in certain areas of care that it is a good opportunity to use and share expertise.

Mr Compston asked Ms Lynch if she felt confident that the new strategy will have the client at the centre of everything and whether the clients' interests will be served within the new structures. Ms Lynch said that there is an emphasis on ensuring the patient's voice is heard, including the voice of the more vulnerable client groups, who often rely on carers and advocacy. The intention of the RPA strategy is to give front-line staff more control within a patient centred approach. This will require checks and monitoring to be in place to ensure delivery.

Mr Dixon said that Council welcomes the potential for radical new thinking. Mr Dixon asked if the potential changes in services would provide opportunities for innovation in health care provision.

Ms Lynch said she sees scope for innovation, for example, "telecare" is being piloted with remote monitoring of patients with particular conditions at home. This enables the patient to manage their health at home and to take more responsibility for their care whilst freeing up hospital beds. Patients on such pilot schemes are monitored on a daily basis from home and can call for a GP, district nurse or an ambulance in an emergency.

Miss McMillan said that although it can be an advantage to have so many regional centres in the EHSSC area, there is ongoing concern about community services and management of 'fringe' illnesses, where the population affected may be low but seriousness of the condition is high.

The Chair thanked Ms Lynch for providing an update to Council. Ms Lynch will circulate the list of conditions for regional commissioning once it has been agreed with the LCGs and she will keep Council in the loop on further developments.

61/07 CONGRATULATIONS

On behalf of Council, Miss McMillan congratulated Cllr Drysdale on his appointment as Mayor of Ards Borough Council.

62/07 CHAIR'S BUSINESS PAPER EC11/07

a) Complaints Sub Group Meeting, 22 May 2007

Once the abolition of Councils was announced three working groups were set up to assist management of the work programme through to the closure of the EHSSC. In response to a question from Mr Marshall, Miss McMillan confirmed that the Work Programme sub-group meeting will not be held until September 2007.

Unfortunately Mr Newman, Senior Manager, is not expected back for some time and Council wishes him well. Complaints are now being managed by Mr Dixon and Mr Brown and as this means an additional workload for them, the system of managing complainant calls has had to be changed.

There had always been Council representation on Complaint Committees at the previous Trusts. Mr Dixon will be meeting with the lead person managing complaints in the new Trusts to seek a Council place on the new Complaints Committees.

In response to a question from Mr Marshall, Mr Dixon said that it is not possible to second someone from the Trusts to work with complainants because of the legal, confidentiality and sensitivity aspects of this type of work. Mr Dixon reiterated that assisting complainants carries the highest priority in the Council's work programme.

(b) Joint Board and Council Meeting, 22 May 2007

Ms Anne Lynch had provided a presentation at the meeting and Mr Dixon had an opportunity to update the EHSSB on the development of the PCC.

(c) Joint Council Event, 23 May 2007

This was an excellent event, which covered the PCC and NHS Dentistry. There has been good feedback from members and a four Council summary of the event was tabled at the Council Meeting. Miss McMillan explained that this summary will be put to the Health Committee next week.

The Health Committee had asked for two HSS Council representatives to address it. Miss Maggie Reilly, Chief Officer, WHSSC and Mrs Stella Cunningham, Chief Officer, SHSSC will attend on behalf of the four Councils. Two issues will be discussed under the NI Healthcare Bill (Miscellaneous Provisions):

- NHS Dentistry
- Board power to suspend doctors before going to GMC

Mr Meredith said that one of the issues raised at the Joint Council event was concern about the training given to dentists on the NHS without any mandatory return on this investment. Mr Dixon said that there will be a full report prepared from the Joint council event but that the report circulated today outlined the key points that Miss Reilly and Mrs Cunningham will state to the Health Committee next week.

Miss McMillan confirmed that the HSSC Executive would request a future meeting with the Minister to discuss specific areas of concern, such as dentistry and mental health.

(d) RPA Working Group and Staff Meeting, 31 May 2007

The members of the RPA working group had attended a meeting with staff to discuss the work of the Council as it moves towards abolition. This had been a very

worthwhile day that provided a greater understanding for everyone on the work that needs to be done. There will be a follow up meeting in July.

Miss Patterson said that it gave an opportunity to think about prioritising the workload as we lose staff and members towards the closure of the EHSSC.

(e) Pre-Council Meeting, 18 June 2007

(f) South Eastern HSS Trust Board Meeting, 21 June 2007

This was an extremely worthwhile meeting where some issues discussed included:

- new Health and Social Care Centres know as ‘super centres’, where a variety of services can be made available under the one roof, such as general practitioners, allied health professions and podiatry. There are plans for ‘super centres’ in Newcastle and Dunmurry and the outline business cases were discussed, although there are no definite decisions on locations.
- Accounts and audit reports of the legacy Trusts
- ‘Our Children and Young People’ paper discussed
- Launch of ‘Looking Forward’ document, the plan for the new Trust as it develops.

(g) HSSC Executive Meeting, 21 June 2007

Dr Stuart, Director of Special Projects, DHSSPS, had updated the Executive on PCC development. She had explained that as the HSSA and PCC piece of legislation has not been approved by the Minister, there might be slippage on the implementation timetable. It is hoped that a definite timetable will be possible in September 2007.

63/07 MINUTES OF PREVIOUS MEETING

The minutes of the previous meeting held on Thursday 17 May 2007 were agreed as an accurate record, subject to the following amendment:

56/07 (d) Central Board of Management Meeting (NIMDTA) Thursday 26 April 2007 reads ‘The Chair, Mrs McGrotty and Miss Patterson were involved in interviewing ... Should read:

‘The Chair, Mrs McGrotty and Mrs McGrogan were involved in interviewing.....

64/07 MATTERS ARISING FROM MINUTES OF 17 MAY 2007

The Chief Officer updated Members on the following:

(a) Minute 54/07(b) General Surgery Network Board

Mr Dixon had received feedback from Mr Meredith and Cllr Campbell regarding the value of council representation on this group. On further discussion Cllr Campbell and Mr Meredith agreed to discuss this directly with Dr Jackie McCall, Department of Public Health Medicine, EHSSB.

Mr Dixon explained that Managed Clinical Networks can be very effective but it cannot function if the patient representation is removed. These networks are used to agree policies and procedures for how a service will be delivered. Patient representation is part of the essential criteria for these groups. If managed correctly this approach can provide a critical role for patients and public in having input into the management of services.

- (b) Minute 55/07 (a) Patient satisfaction surveys
At the last meeting Cllr Henderson had raised concerns from a recent report regarding the lack of privacy and the increased use of mixed sex wards. Council had agreed that Council should write to the Department on the report's content. Mr Dixon will write to the DHSSPS on behalf of Council.
- (c) Minute 55/07 (e) August Council Meeting – Standing Orders suspended
The standing orders have been suspended for the Council Meeting in August. This has been replaced with a visit to Muckamore Abbey Hospital and the date has been changed to 30 August 2007. The format for the day:-
- Commence at 11am with a key note speaker on mental health
 - Lunch
 - Visit to one of the facilities in Muckamore Abbey Hospital
- It is proposed that this visit be followed up in six months with a visit to a community resettlement site. This will provide insight into targets that have been set for mental health and specifically targets for Muckamore Abbey Hospital.
- (d) Minute 55/07 (f) Members profiles on website
Mrs Mallen confirmed that she had written to members to check the background details held on file, asking members to confirm changes by 13 June 2007. She will have the website updated within the next couple of weeks.

65/07 BEST WISHES FOR MEMBER OF STAFF

Mr Ryan Simpson, Information Analyst, is leaving the Council on 22 June 2007 to take up a position in the General Consumer Council. He has been with the EHSSC for over two years and Miss McMillan offered him best wishes on behalf of Council.

66/07 REPORT FROM CHIEF OFFICER

- (a) Suicide and Self-Harm
Mr Dixon had responded on recent media coverage in relation to suicide and self-harm. Mr Dixon had made clear that it is not news to Council to learn that child and adolescent mental health services in NI require further urgent funding.

There is major concern about the incidence of suicide and self harm across NI. Mr Dixon has had discussions with Mr Rodney Morton, who will manage child and adolescent mental health services in the Health Authority. He has been charged with delivering a plan that will engage with children and young people. Mr Dixon made clear to Council that it is important that there is a dedicated person who can approach this from a regional level, responsible for developing plans and implementation.

Mr Dixon said he welcomed Ms Lynch including child and adolescent mental health services (CAMHS) in the list of highly specialised services for commissioning on a regional basis.

- (b) Provision of Reports
Mr Dixon explained that some of the work which Mr Ryan Simpson, Information Analyst, had prepared on a regular basis will now be discontinued. Daily monitoring of fractures and trolley waits will no longer be carried out. The Council will continue engaging with Mr Dean Sullivan, Head of the Service Delivery Unit, DHSSPS, to

have waiting list information made available on a Delivery Unit page of the DHSSPS website, so that the public can access this information.

Mr Compston said that the Complaints Working Group had suggested issuing a leaflet with waiting list targets on it for GP surgeries. He asked if there was any further information on this. Mr Dixon said that a Clinical Reference Group, which is an advisory group, are commenting on the targets as they relate to unscheduled care. He is sitting on this group and he will recommend meaningful engagement through direct patient involvement. He has suggested that the targets be produced onto postcard/leaflet format.

67/07 CORRESPONDENCE – PAPER EC12/07

Paper EC12/07 was taken as read, with no additional items being discussed. Members were advised to telephone the office as soon as possible if they were interested in requesting any of the documents itemised.

68/07 INPUT FROM COUNCIL MEMBERS

(a) NI Centre for Infection Control

Cllr Henderson attended a meeting held by the NI Centre for Infection Control. This provided an opportunity to hear about projects and mandatory monitoring on hospital acquired infections that will be carried out by the Centre. The centre currently has 2 ½ whole time equivalent staff. Cllr Henderson said this was very worthwhile and looks forward to seeing the work that will be produced by the Centre.

(b) Joint Council Seminar on Review of Access to Advocacy Services for Older Persons in Care Homes, 13 June 2007

Miss Patterson attended this event that had been held to discuss the key findings and recommendations from this review, which had been carried out by the four Councils in liaison with the Regulation and Quality Improvement Authority (RQIA). There was a broad spectrum of delegates and the working groups had worked very well with many issues discussed.

(c) Joint Council Seminar on Review of Access to Advocacy Services for Older Persons in Care Homes, 13 June 2007

Mrs McGrotty had also attended this seminar. She said that her working group was fortunate to have a representative from Bryson Charitable Group, who provide training on how to advocate for older people. The working group were in favour of:-

- A uniform advocacy service to be set up and applied in all care homes
- A clear set of procedures to include best practice already available. It was felt that procedures should include a section for people who are being looked after in their own homes but are making a move into residential or nursing care, in order that they can consider issues prior to admission, such as financial matters.

Mrs McGrotty said that all the work put into this review must not be lost and at the implementation stage of recommendations a ‘Champion’ should be appointed to feed into the Health Authority on this important initiative.

69/07 ANY OTHER BUSINESS

(a) Environmental Cleanliness, Infection Control and Patient Meals

The Chief Officer had written to the South Eastern HSC Trust and a reply had been received on 1 June 2007. The letter, which was tabled for members' attention, provided a broad picture of the Trust's position on the above issues.

Cllr Campbell said that she was interested in one of the points made in the letter, which stated that changing facilities are available in some of the Trust's services. She said that in the 1980s and 1990s the DHSSPS would not have received approval for a building unless there were adequate changing facilities. She said that changing facilities are often taken over for other purposes and she is glad to see this issue being addressed.

In response to a question from Cllr Henderson about changing facilities for doctors and the wearing of white coats, Mr Dixon said that one of the suggestions arising from Bugwatch was that doctors be discouraged from wearing white coats. Changing facilities are needed for doctors as well. Cllr Henderson said that this may be an issue that can be raised with the NI Centre for Infection Control.

(b) Telephone calls to Royal Group of Hospitals

Mrs Hamilton had asked in her absence, that a recent experience, be raised at the Council Meeting on her behalf. She said that she had been trying to call the Royal Group of Hospitals over a four-week period and on average it was taking twenty-five rings before the call was answered. On three occasions it was over forty rings and on two of those calls she had been transferred to the wrong extension. On discussion it was agreed that a letter should be sent to the Belfast Trust to highlight this and to see if there are any procedures in place for answering the telephone, as this seems to be an unacceptable time to wait, especially when people are calling at anxious and distressing times.

70/07 INPUT FROM MEMBERS OF THE PUBLIC

- (a) A member of the public said that although he had found the names of so many HPSS bodies confusing, he had found the meeting enlightening.

71/07 DATE, TIME AND VENUE OF NEXT MEETING

The next meeting scheduled for August 2007 has been cancelled and a visit to Muckamore Abbey Hospital will be held on 30 August 2007.

Signed: _____ Date _____
Chair

Signed: _____ Date: _____
Chief Officer