

**MINUTES OF THE EASTERN HEALTH AND SOCIAL SERVICES COUNCIL
MEETING HELD ON THURSDAY 18 OCTOBER 2007 AT 1.30PM IN THE
BALMORAL ROOM, BEECHLAWN HOTEL, DUNMURRY LANE, BELFAST**

PRESENT: Cllr Mrs E Campbell
Mr B Compston
Mr C Graham
Mrs E Hamilton
Cllr M Jones
Mr R Marshall
Mr J McDowell
Mrs S McGarry
Mrs P McGrogan
Mrs R McGrotty
Miss P McMillan
Mr D Meredith
Mrs M Muldoon
Cllr P C Mullaghan
Mr E O'Neill

Miss McMillan was in the Chair

IN ATTENDANCE:

Mr Richard Dixon, Chief Officer
Mrs Helen Mallen, Job-Share Office Manager
Miss Samantha Lindsay, Clerical Officer
Dr Paula Kilbane, Chief Executive, Eastern Health and Social Services Board
for Minute 84/07

82/07 APOLOGIES were received from Cllr R A Drysdale, Cllr M Henderson, Mr J Hutchinson and Miss M Patterson

Apologies were also received from Mr John Compton, Chief Executive, South Eastern HSS Trust, who was due to attend the meeting but had been asked to attend the DHSSPS at short notice.

83/07 COUNCIL MEMBERS

The Chair welcomed Cllr Mervyn Jones to his first Council Meeting. Cllr Jones has replaced Cllr M Hendron on the EHSSC on behalf of the Belfast City Council. Miss McMillan also informed Council that Mr Hutchinson has been in hospital and she has forwarded a letter and card expressing the best wishes of Council.

84/07 DR PAULA KILBANE, CHIEF EXECUTIVE, EASTERN HEALTH AND SOCIAL SERVICES BOARD

The Chair welcomed Dr Kilbane who provided an update to Council on the following issues:-

a) Review of Public Administration (RPA)

Mr Michael McGimpsey, the Minister for Health, Social Services and Public Safety, issued a letter on 8th October 2007 stating that it is unlikely that there will be any further changes to structures under RPA before April 2009, due to the legislative timetable and practical considerations around restructuring. The affected organisations have been asked to operate business as usual and the EHSSB has had a further letter from Dr Andrew McCormick, Permanent Secretary, DHSSPS, asking them to play their part in the current commissioning role and working with Local Commissioning Groups (LCGs). The Minister also wishes to meet with the Health Boards to seek assurances that all appropriate work is in place to manage the transitional period.

The EHSSB will seek further clarification on the position of the Joint Committee and the legislation, in order that the Boards are given the authority to act. It is expected that the EHSSB will go through the usual processes as they work towards preparing next years Health and Wellbeing Investment Plan (HWIP). Dr Kilbane said the Board values the Council's contributions in these processes.

The EHSSB are holding a workshop in November with the LCGs, who are already involved in the strategic planning for next year. This will involve work with Ms Anne Lynch in her designate role of Director of Strategic Planning and Regional Commissioning for the Health Authority. Dr Kilbane was not sure if Council representation is required but Mr Dixon can speak to Ms Lynch regarding this.

Dr Kilbane said that postponement of RPA adds to the human resource difficulties already being experienced at the EHSSB and for staff already transferred to roles within the Health Authority. She advised Council that Dr David Stewart is leaving to take up post in the Regulation and Quality Improvement Authority (RQIA). The Board, whilst not wishing to stop people moving on, are feeling the loss of valuable key staff and skills at senior level and the disabling effects of losing secretarial and support staff. Further losses are expected as staff are attending interviews for the Service Delivery Unit this week. The Board gladly endorses staff applications and supports the knowledge and skills transfer to the new bodies, whilst being in a real dilemma of how to continue their work. It is therefore essential that key tasks are focused on and the DHSSPS acknowledge this.

The Board are considering some of the new guidelines coming out in relation to vacancy control and the DHSSPS has asked the Board to complete a matrix for contingencies and outstanding tasks. Dr Kilbane said that during discussions she has not heard the Council mentioned and she has raised this at a recent meeting. The Trusts and Board are talked about but there doesn't seem to be mention of Agencies affected. She said that this would not be deliberate but that it needs to be raised and she will mention this again when she meets with the Permanent Secretary.

Miss McMillan highlighted that the standard Minister's letter on 8 October was aimed at staff and she had been surprised that no letter regarding the postponement of RPA plans had been directed to volunteers who will be affected by this delay.

There is still no indication as to when the Minister will announce the number of local health and social services Councils.

Dr Kilbane had the opportunity to talk to the Minister shortly after his appointment to discuss what the Board felt were essential things to get right, such as ensuring that there is strong local commissioning aligned with the new Trust provider already in place and with the local Councils, once numbers are confirmed.

The EHSSB has also met with the British Medical Association who are keen to see the new structures implemented as soon as possible. The Board is commissioning Mr Ken Jarrold to come to work with the management team in focusing on the whole issue of what to do in times of uncertainty when resources are reducing.

b) Comprehensive Spending Review

The Comprehensive Spending Review (CSR) is expected next week. Dr Kilbane said this is expected to be difficult as the cash releasing targets alone over the next three

years are to be in excess of £330 million. It is not known if this money is to be saved equally over a three year period and the money expected to be freed up is for re-investment purposes. The target share in the EHSSB area is 40% due to the capitation division. Some discussions regarding the various targets are taking place between the DHSSPS and the Finance Director Designate of the Health Authority.

Mr Dixon explained that Council will be meeting with the Minister in January 2008 regarding Muckamore Abbey Hospital. One of the key elements of RPA was to save money for re-investment into front-line services. Council had received the first presentation on the CSR from Dr Bernie Stuart, Director of Special Projects, DHSSPS, when Council visited Muckamore Abbey Hospital in August and it would appear that there is currently very little money for meaningful re-investment.

Dr Kilbane is not aware of how much savings there have been to date. She highlighted that the creation of the Shared Services Agency is something which has not happened as rapidly as it was hoped. The Agency was a major contributor to some of the RPA cost release and this is currently out for consultation. If the implementation of this is to be deferred until April 2009 the money will need to be found elsewhere.

Mr Graham said Council acknowledges the difficulties that Dr Kilbane and the Board are in. He said that there have recently been two announcements regarding additional funding for learning disability and mental health services in England and Wales, and he asked if Northern Ireland would benefit from this. Dr Kilbane confirmed that these type of funding releases are never linked to NI. Mr Graham said that he feels increasingly frustrated at delays in implementation of plans but that if Council are now to have a continuing short-term role, it must be to ensure that the best interests of consumers are protected and that there is a seamless delivery of service, irrespective of what structures are in place.

Dr Kilbane said there needs to be continued advocacy that is willing to ask the difficult questions about where funding is directed. Should the little funding we have be spent on learning disability services and mental health or do we continue to opt for the hi-tech, high profile acute services? Dr Kilbane will be participating in a fly on the wall documentary about the Belfast Trust entitled 'Out of the Box'. She will take the opportunity to highlight that there are many families in the community who care 24/7 for people with learning disabilities. These people are essentially providing free health and social care services with an inadequate range of support within the community. She said that there will need to be some cuts within acute and primary care services in order to double the investment in community services, which is what will be needed if we are to fulfil the target of moving people out of Muckamore Abbey Hospital.

c) Consultation on Mental Health Re-configuration

The Board is preparing to discuss responses to the consultation on Mental Health Re-configuration which closed on 8 October. There have been over twenty responses, broadly of a supportive nature of the proposed Strategy. It would appear from these:-

- There is a very strong view that acute mental health services for the elderly should be separated from acute mental health services for those under 65
- The Trusts would like to look after their own geographical area – however in certain parts of the Board it may be better for care to be provided across geographical boundaries, rather than to try and preserve certain institutions
- There is general support for bed numbers

It is hoped the Board will be able to produce a paper in December 2007 and it is anticipated that there will be recommendations to:-

- Reduce the number of sites providing mental health services as nearly all need some element of physical repair
- Concentrate on fewer sites. With the shape of acute psychiatry services changing it is anticipated that concentrating services in fewer but larger units would enable the provision of expert services where critical interventions and cognitive services would be available from staff who are adequately trained
- Ensure that future service needs are in line with what patients, carers and professionals need

The Chief Officer said that the Council's response is still pending but that Council will support the reconfiguration of mental health services. He said Council also notes the comments within the consultation regarding the need for significant investment in community mental health services. Mr Dixon explained that one of the key benefits of RPA should have been to remove the false organisational and territorial boundaries that often got in the way of patient care and Council would not wish to see any model of care debated that has geographical boundaries and would expect the two Trusts in the EHSSB area to work together to manage that whole population.

Dr Kilbane said that there had been territorial problems with the previous Trusts, particularly in relation to adolescent care. The Board has noticed, and would commend the Trusts, that since the merger of hospitals there have been fewer problems with child and adolescent services. She stressed that although the consultation outlined the model favoured by the Board, they were anxious not to close the door on innovative suggestions for delivering care and the Board can no longer put off decisions regarding delivery of mental health services.

In response to a question from Cllr Jones regarding the money invested into renovation at Muckamore Abbey Hospital in recent years, Dr Kilbane confirmed that the long-term plan is that there will continue to be a specialist service unit in Muckamore Abbey Hospital so money has not been invested unnecessarily. She said the Board will move forward next year to have additional community bed spaces provided and preparing for other people to come out the following year into schemes which are being built now.

Having been associated for some time with the voluntary sector, Mrs McGrogan asked Dr Kilbane if she knew how the cash that must be released for reinvestment under the CSR will impact on the voluntary sector. Dr Kilbane said that strategic planning at the Board obviously involves engagement with the voluntary sector, both for their expertise in advocacy services and in identifying where voluntary sector providers can offer a quality service to patients. The Board does very little direct contracting with the voluntary sector as it is usually the Trusts who set up contracting arrangements. The aim is to have value for money and the impact on funding will depend on how Trusts purchase services in the future. The voluntary sector provides a wide range of services, most prominently children's services and increasingly learning disability services. The Board welcomes voluntary sector involvement in service provision as they bring areas of expertise to the statutory sector.

The Chair said that she is pleased Mr Ken Jarrold's expertise in change management is being used by the Board and thanked Dr Kilbane for her detailed update.

85/07 MINISTER'S LETTER ON RPA – 8 OCTOBER 2007

Miss McMillan had been surprised that no letter regarding the delay in RPA had been directed to the Chairs or members of the Councils, given that the delay in implementation of the Patient Client Council (PCC) would impact on the volunteers.

On discussion a number of members agreed that although it could have been an oversight to inform members directly about the delays, it demonstrates how much importance is being placed on the patient body. Members are dismayed that although we often hear about patient centred care the PCC is not being given priority.

The Chief Officer said he recognised members' frustration but he stressed that the reason the PCC has been delayed is because of the Minister's objections to the way the Health Authority was being structured. He wants more time to ensure that implementation is right because the Minister's Office and the NI Assembly are accountable for these changes. Unfortunately the PCC and the other agencies affected by this delay are not large enough organisations to justify unique bills being put through the NI Assembly. Mr Dixon said that no movement on the Health Authority for the next two years at least is potentially damaging, as the five new Trusts were to be accountable to the Health Authority. He stressed that Councils still have a job to do, engaging with the Boards who have now been asked to produce investment plans that they were not expecting, and engaging with the Trusts in the respective areas.

The Chair emphasised that Councils are in a unique position in that they would not exist without members. It needs to be stressed that this body is made up of volunteers from across NI and that a letter should have been directed to the volunteers.

Mr Graham highlighted that during previous Trust status members were more involved in Trust business, sitting on various groups such as complaints committees. Whilst recognising that it takes time to implement structures, he said that since the merger and establishment of the two new Trusts in the EHSSC area, there is no longer Council involvement on committees within the Trusts and the delays will not help this situation. Mr Graham suggested that a letter signed by EHSSC members, be forwarded to the Minister reminding him that members are undertaking their voluntary role in Council because of the special interests they have.

The delay in implementation has an impact on the membership of Council and will affect non-executive directors at the Boards. Mr Dixon explained that the office has recently written to Council members asking if they are willing to extend their membership further, but members said that by the DHSSPS not writing to them directly, there is a presumption that this will be done.

Mr Dixon stressed that given the delay of RPA, future Council Meetings will be used to hear from the Chief Executives or Chairs of the Trusts and Local Commissioning Groups. Although there is no legal obligation on the local Trusts to engage with the EHSSC, they are aware that they have a duty to inform the EHSSC, as the statutory volunteer body who represent the views of the patients and public in their area. On a courtesy level, the Chief Executives of the Belfast Trust and South Eastern Trust have, and will continue to, attend the Council Meetings to engage with members and to update Council on two key areas:

- How they are involving the public in what they do
- How they are managing complaints

Members discussed recent experiences of the complaints process within the Belfast Trust and said that they have concerns about what processes are in place and that Council is no longer involved in Complaints Committees. There is general concern that the Trusts will have established practices which will be engrained in the organisations before the Health Authority and PCC are set-up.

In response to a question from Mrs McGrotty, Mr Dixon confirmed that Mr David Sissling, Chief Executive Designate, Health Authority, was appointed as a civil servant. The DHSSPS on making this appointment were clear that if the Health Authority was not established under RPA, they still see a role under their current functions for which they would have been employing someone. This did not apply to the PCC as this role is not a function of the DHSSPS.

At the previous Council Meeting it had been agreed that members should write to the Minister raising Council's concerns about delays and asking him to clarify timescales. In light of the Minister's announcement on the 8 October 2007, this letter was not sent. In view of the discussion held, Mr Dixon proposed that a letter be sent to the Minister on behalf of members reminding him that the Council is made up of volunteers, who are willing to continue on a short-term basis as long as the volunteer role is recognised. It should also be put on record that members are annoyed that they were not contacted directly and that they feel there is a presumption that they would continue beyond March 2008. Mr Dixon said that there is no information coming from the Public Appointments Unit that the rules on replacing members have now changed in light of this delay. Mr Dixon will draft a letter for members to sign and a copy is to be sent to the Chair of the Health Committee.

86/07 CHAIR'S BUSINESS PAPER EC15/07

The Chair updated members on some of the meetings she had attended:

a) HSSC Executive Committee Meeting, 24 September 2007

A Number of issues were discussed at this meeting including:

- Review of Council Work Programme
- Meeting with Minister on 7 November 2007
- Prison Healthcare
- Mr Ivan McMaster, DHSSPS, attended the meeting to provide an update on PCC, however, this was prior to the Minister's announcement
- Council membership
- Independent review stage of Complaints Process
- Rural Medicine
- Elderly Advocacy
- NI Bereavement Network

(b) NI Regional Transfusion Committee, 28 September 2007

The Chair said she is always made to feel involved and valued on this committee. She outlined the 'Better blood transfusion' document which has put emphasis on better use of blood and empowering the patient. The aim of the document is to get blood transfusion practices standardised. In response to a comment by Cllr Campbell, Miss McMillan acknowledged that there will be areas where practices cannot easily be standardised such as A&E, however, managing patients prior to elective surgery and in primary care can help greatly towards better blood transfusion.

- (c) Work Programme Sub Group Meeting, 1 October 2007
There were a number of issues discussed at this meeting including strategic issues, mental health and learning disability and change management.
- (d) EHSSB departure of Dr D Stewart, 16 October 2007
Dr Stewart, Director of Public Health, EHSSB, is leaving to join RQIA as the Medical Director and he has said that he looks forward to continue working with the EHSSC
- (e) Workshop on Future Service Framework Programme, 17 October 2007
The Chair was unable to attend the South Eastern Trust Board and GP Committee meetings that day as she had attended the above workshop. She said that in reviewing the papers of the South Eastern Trust Board there was an interesting paper on future provision of Acute Psychiatric Inpatient beds in the EHSSB area. Members can contact the office if they wish to view this.

Miss McMillan explained to members that there is currently a lot of work going on in developing the first tranche of Service Frameworks identified as regional priorities:-

- Cardiovascular health and wellbeing
- Respiratory health and wellbeing
- Cancer prevention, treatment and care
- Mental health and learning disabilities

At the EHSSB Senior Management meeting in August there had been proposals on the priorities for the next tranche of Service Frameworks. The areas suggested at that time included addiction, children's services, care of the elderly, palliative care, major trauma and A&E, post-operative surgery pathways and pharmaceutical services.

The objective of the service framework workshop was to discuss and identify the next set of priorities to be fed back to the DHSSPS. Those attending had to consider certain criteria when deciding on what should be submitted for future Service Frameworks. The EHSSB area group identified seven service areas for feedback to the DHSSPS:-

- Palliative Care
- Diabetes
- Care of the elderly
- Musculoskeletal
- Women's and maternity services
- Pharmaceutical
- Children's services

87/07 MINUTES OF PREVIOUS MEETING

The minutes of the previous meeting held on Thursday 20 September 2007 were agreed as an accurate record, signed by the Chair and witnessed by the Chief Officer.

88/07 MATTERS ARISING FROM MINUTES OF 20 SEPTEMBER 2007

The Chief Officer updated Members on the following:

- (a) Minute 73/07(m) Visit to Muckamore Abbey Hospital
A letter had been forwarded to the Minister following the Council visit to Muckamore Abbey Hospital. Mr Dixon confirmed that the Minister has agreed to meet a deputisa-

tion of the EHSSC. The 45 minute meeting will provide an opportunity for Council to seek assurances that the resettlement plans for Muckamore Abbey Hospital will proceed given the funding situation. The office will contact members to identify who is available for the meeting.

Mr Dixon will also write to the Health Committee to request a meeting so that Council can make further representation on Muckamore Abbey Hospital.

(b) Minute 73/07 (p) Letter to Minister on timescales for PCC

This letter was not sent as the Minister had made an announcement on RPA on 8 October 2007. Mr Dixon will now draft a letter to the Minister, which reflects the concerns and frustrations of members discussed earlier in the meeting. Mr Dixon confirmed that arrangements will be made to have all members sign the letter.

(c) Minute 75/07 (a) Members' profiles on website

At the last meeting Mr Marshall had pointed out that the members' information on the website was out-of-date. Mrs Mallen explained that she had sent an update on members' information to the website management company over the summer and the website had been updated. On investigation the Council Members' page had somehow reverted back to an earlier page. This has now been rectified but Mrs Mallen asked members to inform the office if they notice anything which needs updated.

(d) Minute 80/07 (a) Members' travel reimbursement and tax allowances

The Chief Officer had been asked to look into tax liability for members on expense claims. The EHSSB confirmed that tax liability of members is governed by the Inland Revenue. The EHSSB is only an agency authorised to pay expenses to Council members and staff. They said tax may be payable on mileage depending on the rate paid to the individual as Inland Revenue considers there to be a profit element.

On discussion members felt that there needs to be recognition of the role played by volunteers with rules on expenses for staff different to those for volunteers. Mr Graham stressed that members are volunteers giving of their time with no benefits and he does not see why volunteers should be penalised. He said on point of principle that this matter should be pursued.

Mr Dixon said that tax is based on individual circumstances and the Board is duty bound to inform people that they may be liable for tax. He highlighted that this can also be an issue when you are asking people to participate in patient, public involvement (PPI) as expense payments can impact on benefit payments. It seems ridiculous that people can be out of pocket when giving of their time voluntarily.

The Chief Officer will make enquiries with the Inland Revenue and the DHSSPS for terms on which taxation is applied to people who are working on a voluntary basis.

89/07 REPORT FROM CHIEF OFFICER

(a) Work Programme

The six month accountability review for April to September 2007 had been circulated to members. Mr Dixon said this reflected a very active and vibrant Council. He confirmed some of the meetings which are being held over the coming months:-

- 25 October 2007 – Four Council Event on Suicide and Self Harm
- 7 November – Meeting with the Minister for Health on Dentistry Services

- 22 November – A seminar for the voluntary sector on the Cardiovascular Surgery Framework. The aim is to identify what these frameworks should contain in order to ensure they are truly patient centred
- 27 November – Planning and Priorities Workshop for 2008/2009 held by EHSSB
- 29 November – PPI seminar. This is a follow on from the training held in June 2007. Senior Management from Trusts, Local Commissioning Groups and the Voluntary and Community Sectors will be invited to receive training on PPI
- 2 January 2008 – Meeting with the Minister for Health on Muckamore Abbey Hospital resettlement

Mr Dixon explained that there have been various staffing problems over the last number of weeks. The management of complainants has greatly impacted on the workload of senior management and the Chief Officer informed members that he will be meeting with staff to discuss radical proposals that can be put in place, to ensure that staff feel able to cope whilst managing an increasing work load with less cover. These proposals may include limiting access times for complainant calls and adjusting the official opening hours of the office. The Chief Officer will keep the members informed of decisions made in order to keep the office functioning.

The Chair introduced Miss Samantha Lindsay who has been working as the receptionist/clerical officer for about six months. Miss McMillan explained that there has recently been a high turnover of temporary cover in the office and asked members to keep this in mind when contacting the office.

90/07 CORRESPONDENCE – PAPER EC16/07

Paper EC16/07 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.

91/07 INPUT FROM COUNCIL MEMBERS

- (a) Midwifery Led Unit in Downe Hospital
Mr O'Neill asked if Council could make contact with the Working Party of the Midwifery Led Unit at the Downe Hospital as he and Mrs Muldoon have not heard any information on this lately.

92/07 ANY OTHER BUSINESS

- (a) Prison Healthcare
Mr O'Neill asked if some information could be provided to Council on what is happening about the transfer of responsibility for prisoners' healthcare to the Boards. He had recently been made aware of a prisoner who had been admitted on remand, having a regular medication removed and re-issued at a later time. Mr O'Neill said that whilst recognising the concern over potential drug misuse in prison, a person is entitled to appropriate healthcare.

The Chair said that there had been concern about the delay in transfer which had been postponed from 1 April to 1 October 2007.

The Chief Officer confirmed that the South Eastern Trust has recruited a lead person for healthcare in prisons. He said that the key issue prisons will focus on is

governance and how to manage the conflict of issues between good medical care and security. Mr Dixon will enquire about a Council delegation meeting with the person appointed at the South Eastern Trust.

(b) Cervical Smear test results

Mrs Hamilton asked if Council could make enquiries on the waiting time for smear test results. She had been contacted by a lady who must have a smear test every six months but had been told that results can take 8-10 weeks. It was felt that this is an unacceptable amount of time for someone to wait for an important test result. Mr Dixon will enquire about standards and waiting times for cervical smear results.

(c) Waiting list information

In response to an enquiry from Mr Compston on reporting of waiting times, Mr Dixon explained that Council had been informed when Mr Ryan Simpson left that routine reporting would no longer be provided. He explained that work is being carried out with Mr Dean Sullivan at the Service Delivery Unit who are responsible for targets. The aim is for the Service Delivery Unit to provide accessible reporting to the public. A piece of work which will take place before Christmas, will see Council work with Mr Sullivan to engage with patients and communities about the new targets for admission and discharge to hospital. When these two new targets are in place from 1 April 2008, Council will produce postcards to inform the public and will ask the public to contact them if this has not been their experience. Council will encourage Mr Sullivan to make the Service Delivery Unit website more accessible to the public in a more presentable, user friendly format.

The Chair explained that the trolley wait problem has been largely addressed. She explained that the two new Trusts provide figures on how they are meeting targets in their Board papers.

On discussion members agreed that it is important for Council to focus on key issues such as prison healthcare and targets and to continue challenging areas that do not meet expectations.

93/07 DATE, TIME AND VENUE OF NEXT MEETING

The next meeting will be held on Thursday 15 November 2007 at 5.30pm in the Link Room, Mount Conference Centre, Woodstock Link, Belfast.

Signed: _____ Date _____
Chair

Signed: _____ Date: _____
Chief Officer