



cost efficiency savings against a backdrop of major organisational change was being given a reasonable timeframe.

Dr Kilbane expressed the view that the proposed budget hit the health and social services in a way that was arguably disproportionate in comparison with other departments. The Appleby Report acknowledged that there were needs that required to be met, but this had apparently been disregarded. The Department of Finance and Personnel (DFP) concluded the needs differential close to 10% of the total budget. The cost differential acknowledged by DFP equated to a deficit of £300 million. It was the view of the Board (and of the Trust), however, that £600 million growth would be required between now and 2011. The cash releasing savings required by the budget represent 10% cumulatively over a three year period.

The Northern Ireland Executive's primary priority is to "grow the economy", however the enormous earning potential of health and social care is disregarded by the proposed budget. There should be no need to diminish the Public Sector in order to grow the economy – the two things are not mutually exclusive. Dr Kilbane stated that nationally negotiated pay agreements, which would absorb much of what additional funding would be available, are not within local control and Northern Ireland should not be penalised for this.

Dr Kilbane read from the report given to EHSSB Senior Management Team by Ms Angela Paisley, EHSSB Director of Finance, suggesting that the report would be of interest to the Council. Ms Paisley's report included the following points: -

- Real terms increase of just 1% per annum.
- Difficult to meet needs of elderly
- Little if any scope to tackle Bamford Review recommendations.

There is an escalating cost of new drugs. Whilst some provision was made toward achieving a 21 week target for the introduction of new drugs, for example, anti-TNF to treat rheumatoid arthritis, the impact of this single initiative alone runs into millions. There is an inescapable and significant difficulty in meeting legitimate demands consequent on this proposed budget.

Mr Graham thanked Dr Kilbane for her offer of the background notes and said these would be circulated to Members for information.

Having invited questions for Dr Kilbane from Council Members, Mr Graham first asked if the 1% increase referred to was applied, how it would affect the real service and what would drop off the end of the table?

Dr Kilbane replied that it meant going forward with less disposable income.

Mr McKee gave two examples:

- 1 The Programme for Government operates on a five year timespan with an aim for no-one to be resident in a long-term institution by 2014. However, the Budget operates on a three year timespan which only allows one in 10 residents to be moved into the community. The implication of this is that the remaining 90/95% should be relocated in the community in the last two years which is simply incredible.

2 Bowel and colorectal cancer screening is to be introduced in Northern Ireland in Year 3, but has been enabled in this current year in England.

Mr McKee and Dr Kilbane concurred that 3% savings on the total budget is realisable through staff savings following reconfiguration.

Cllr Mullaghan asked if it was likely that the draft budget would be revised upwards? Dr Kilbane replied that the Minister was keen for the Board to make the impacts of the proposed budgets clear. This may not change the budget, but would give a straightforward robust response that would make the Assembly aware of the possible detrimental effects of the adoption of this budget.

Mr Graham confirmed that the deadline for response to the consultation on the proposed budget is 4 January 2007.

Mr O'Neill asked if the budgetary shortfall between Northern Ireland and the rest of the UK, estimated at 11%, could be attributed to "waste" as seemed to be implied by some commentators.

Mr McKee explained that the word used most is "productivity" - whether at higher or lower comparative levels - rather than "waste", and asked Members to note that Northern Ireland is compared with England, but not Scotland and Wales for the purposes of the production of such figures. The number of patients treated by the comparable number of staff here is less than in England. Frontline staff are realistically being asked to see more patients. However, there is strong evidence to argue that health and social care in Northern Ireland is safer than in England, with better outcomes. Dr Kilbane added that there is also increased access in Northern Ireland, for example, nursing home places. Mr McKee explained that there were also more people attending Accident and Emergency departments here in Northern Ireland.

Dr Kilbane stated that access to day centres for learning disabled people has reached a point where Learning Disability Day services and day centre provision are filled to capacity, therefore if the demand increases, access cannot be offered for capacity reasons, and the Board will be required to revisit the eligibility criteria. Demand is currently increasing faster than available resources. This may well have an impact on the resettlement programme for Muckamore Abbey Hospital.

Mr O'Neill said that local councillors need to be told what will happen in their own constituency, in the event that the budget is not revisited.

The Chief Officer asked if there was a factor in how health and social care services in Northern Ireland are used which creates an impact? For example, do Northern Ireland people need to use services more as they have a higher overall level of need, or is it about inappropriateness of use? Both Mr McKee and Dr Kilbane replied that both were significant.

Mr Graham thanked Dr Kilbane for her presentation and answers to Members' questions.

#### **96/07 MR WILLIAM MCKEE, CHIEF EXECUTIVE**

Mr Graham welcomed Mr McKee to his first Council meeting since January 2007 which he attended as Chief Executive Designate of the Belfast Health and Social Care Trust.

Mr McKee displayed the organisational chart for the Belfast Health and Social Care Trust.

Mr McKee's presentation to Members emphasised what the Trust had achieved in the last seven months and outlined the challenges given the recent announcement of the Comprehensive Spending Review. Mr McKee made the following key points: -

Engaging with Staff

This has resulted in a Trust wide newsletter and six open briefings per month being held hosted personally by Mr McKee.

Capital Development

There has been continued development of Health and Care Centres including Bradbury, Ligoniel, Grove and Castlereagh, and the newly proposed Andersonstown Road and Shankill Road would proceed in the coming period.

Access and waiting time targets

There is no easement on targets, which must be delivered without a compromise of quality. There are 13 key targets, mainly from March 2008; which included:

- that no-one should be waiting for an outpatient appointment for more than 13 weeks after consulting their GP;
- no-one should be waiting for a diagnostic test for more than 13 weeks after consultation with a specialist;
- no-one should be waiting for more than 21 weeks for inpatient treatment.

This adds up there would be a 46 week maximum wait for treatment. The Trust is on target to achieve this by the end of Year 1. On admissions and discharges (2007/2008), in October 2007 only eight people waited in Accident and Emergency for more than 12 hours before treatment. The Trust is also well on target to meet its obligations for timely discharge.

Draft Budget

Virtually no real growth next year.

3% efficiency savings annually equates to £100 million of savings over the next three years including a 15% reduction in administration costs.

A copy of Mr McKee's presentation would be issued to Members following the meeting.

In response to Mr Graham's question Mr McKee confirmed that it is releasing money to be given back to the Department of Finance and Personnel. Whatever happens there will be fewer staff in health and social care by the end of Year 3 and there is a need to reorganise how care is delivered via fewer beds and staff.

**AT THIS STAGE THE BUILDING HAD TO BE EVACUATED DUE TO A FIRE ALARM SIGNAL. AFTER A FIVE-MINUTE DELAY THE MEETING RESUMED.**

Mr Compston agreed that efficiencies are capable of being met through staff, but queried how many members of staff employed on a consultancy basis were former employees of health and personal social services.

Mr McKee replied that he was not aware of any such consultancy employees in the Belfast Health and Social Care Trust.

Cllr Mrs Campbell queried how the service will cope with emerging trends/treatments/drugs given that there will be fewer beds, surely this will have the consequences of delayed admissions and/or pressures on the community because early discharges need longer support at home?

Mr McKee replied that money for real growth will not be sufficient to deal with conflicting priorities. The management will work with frontline staff to determine how they could reorganise, for example, Mr McKee suggested that some patients could be admitted on the day of their surgery with a pre-operative consultation appointment some weeks earlier to avoid an unnecessary overnight stay preceding the operation.

In reply to Mrs McGrogan's question if Mr McKee agreed that some radical ways for reorganising the service could come bottom-up from frontline staff, Mr McKee agreed that both top down and bottom up solutions could be found.

Mr McKee explained that the recent health and social care reform in Northern Ireland is the biggest reorganisation within the United Kingdom and he gave credit to the Belfast Health and Social Care Trust for its achievements to date.

Mr McKee explained that the bi-monthly report on performance including against key targets, given to the Belfast Health and Social Care Trust Board, will be available within the public domain.

Mr Compston said that the information given by Mr McKee was excellent news but he wondered how the previous year's disappointing performance could be accounted for, and asked if this was purely attributable to efficiencies? Mr McKee replied that this is due to marginal increased spending and the following factors:

- empowering staff to work smarter, not just harder
- senior staff working beyond their contract hours
- private sector expenditure by the Trust to assist in achieving targets

Mr McKee noted that the previous six organisations which comprise the Belfast Health and Social Care Trust always delivered what was asked of them. He added that the key to success was to ensure sensible target setting, taking due account of the complexity of health and social care organisations.

In reply to Mr Graham's question about trolley waits in Scotland, England and Wales, Mr McKee replied that if a target states 100% or 0% it is well nigh impossible to achieve. He said one must be aware of the huge effort to avoid failing any target. In some cases it could be asked if the effort could be better utilised elsewhere.

The Chief Officer asked whether it was clear realistic targets for performance that had provided the impetus for leadership that had driven the remarkable changes of the last years. He asked if this might give hope of continued high performance in subsequent years notwithstanding the budgetary constraints. Mr McKee agreed that appropriate targets were a key factor in the changes seen in the last year.

Cllr Mullaghan sought clarification on the reference made with regard to efficiency savings and whether the 2000 staff mentioned was just a single tier of staff or throughout the whole organisation. 1000 frontline staff lost was not a very attractive proposal.

Mr McKee replied that if all the money required to be released was translated into staff numbers, that figure could be 2000. However, delivery on the targets and the budget would not be achieved simplistically, for example, by cutting available staff and expecting the remainder to cover the same amount of work.

In response to Cllr Mullaghan Mr McKee explained that nurses specialising in mental health and learning disability is one of the few growth areas in staff terms.

Mr Graham thanked Mr McKee for his address to the Council and hoped he would agree to present to Council again in another six months' time.

### **97/07 MINUTES OF LAST MEETING**

The minutes of the previous meeting were agreed as an accurate record subject to one amendment on page 2, Item 84/07 Dr Kilbane's presentation, paragraph six. This should read:

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

The minutes were then approved and signed by the Vice-Chair, witnessed by the Chief Officer.

### **98/07 MATTERS ARISING FROM MINUTES OF 18 OCTOBER 2007**

The Chief Officer updated Members on the following:

(a) Minute 84/07 (c) – Consultation on Mental Health Reconfiguration – Council's Response

A copy of the letter from the Chief Officer to Mr Peter Gibson, Deputy Director of Social Services at the EHSSB was tabled for Members. The letter, in essence, is supportive of the proposals contained within "Commissioning Statement on the Future Provision of Acute Psychiatric Inpatient Beds within the Eastern Health and Social Services Board area", particularly that the reconfiguration is in line with recommended best clinical practice, but noting the sustained pressure on beds through under-resourcing of community mental health services. Cllr Mullaghan highlighted the recent suicide case whereby no bed was available for the young man and another child was virtually held on suicide watch overnight in a police cell. The Chief Officer explained that this consultation referred specifically to adult psychiatry services.

Mr Graham said it was important that Council respond stating whether they agree/disagree or reserve the right to come back at a later date. Members agreed.

(b) Minute 85/07 – Minister’s letter on RPA

Members had previously expressed concern at the lack of movement and clarity regarding timescales for establishment of the new Patient Client Council. A letter to the Minister was drafted, ready for members to individually sign at the 15 November Council meeting to be copied to the Chair of the Health Committee Mrs Iris Robinson. However, this has been superseded by the receipt, in the week commencing 12 November 2007, of the Minister’s letter dated 6 November 2007 to the Chairs of each HSSCouncil. In this letter the Minister expressed a desire for HSSCouncils to continue. A copy of the letter was tabled for Members.

(c) Minute 88/07 (a) – Visit to Muckamore Abbey Hospital – Further representation to Health Committee

The meeting proposed for 2 January 2008 with the Minister to discuss the issue of the resettlement programme has been cancelled. The meeting is to be rescheduled for end January 2008. A letter has also been issued to Mr Hugh Farren, Secretary of the Health Committee regarding the sustainability of the resettlement programme, requesting the opportunity for further representation from EHSSCouncil.

(d) Minute 88/07 (d) – Members’ Travel reimbursements and tax allowances

The Chief Officer received a reply in response to Mr Graham’s question about why Volunteer Members should be liable to taxable allowances. Mr Graham indicated that he himself will approach Wendy Osbourne, Director of the Volunteer Development Agency to take this matter forward as he feels that Members who act in a voluntary capacity should not be put in a taxable allowance situation. Mr Graham will report back the outcome of these investigations to Members at a future EHSSC Meeting.

(e) Minute 91/07 (a) - Working Party for Midwifery Led Care in Downe Hospital

The Chief Officer has made contact with the South Eastern Health and Social Care Trust for a project update, but to date no reply has been yet received.

(f) Minute 92/07 (a) – Prison Healthcare

The Chief Officer has arranged for a meeting in early January 2008 between Mr Desi Bannon, the lead person in the South Eastern Health and Social Care Trust for prison healthcare, and Council Members Cllr Mrs Campbell and Mr O’Neill who asked for a meeting to discuss this. Any other Members expressing an interest in making up the delegation are to contact the office.

(g) Minute 92/07 (b) – Cervical Smear Test Results

The Chief Officer had followed up the issue about standards and waiting times for cervical smear results. The backlog has been acknowledged, which is attributable to significant new practice and a new computer system which have been recently implemented. This is causing a delay in reporting on the tests, but efforts are being made to recover the position. It is anticipated that the delays will be recovered over the new few months.

## **99/07 CHAIR'S REPORT**

The Chair's engagements Paper EC/17/07 was received and noted.

## **100/07 CHIEF OFFICER'S REPORT**

The Chief Officer updated Members on the following:

- (a) Cardiovascular Seminar for Health and Well-Being Framework  
Thursday 22 November 2007

A seminar has been organised to which leading voluntary sector organisations have been invited to comment on the developing cardiovascular health and wellbeing service framework.

- (b) Patient Public Involvement (PPI) Seminar to be hosted by EHSSC, Grand Opera House, Thursday 29 November 2007

This is an innovative pilot and will be the second visit by the trainers from Scotland to promote development of skills for engagement with the public. Delegates will consist of voluntary/community sector representatives and managers from Health and Social Care Trusts.

- (c) Unscheduled Care Service NI targets set by Service Delivery Unit

The Chief Officer sits on the Clinical Advisory Group for Unscheduled Care which is charged with overseeing the delivery of casualty waiting time and discharge targets.

As part of this function, the Chief Officer will organise and attend 20 focus group sessions held across various Northern Ireland communities. Those invited will come from diverse backgrounds including from urban, rural, ethnic minority, and excluded groups. They will be asked what they think of the targets and if they have any fears/concerns. The Chief Officer will report back to Members in mid January on the outcomes.

Mr Graham expressed his delight that Council are taking the lead in this and other projects and wished Mr Dixon well in his work.

Mr Graham suggested that having received the monthly report from the Belfast Health and Social Care Trust outlining achievement of performance targets, perhaps key statistics could be extracted and disseminated to Members. Members agreed.

## **101/07 MEMBERS' SURVEY**

The Department issued letters to HSS Council Members asking them to respond with their indication of willingness to extend their membership. Mr Graham thanked

Members for their response to this letter and the recent questionnaire issued by the office. Mr Dixon informed Members of the outcome:

- Meetings would continue monthly.
- Meetings would continue to be alternated between afternoon and evening.
- All future meetings would be held in The Mount Conference Centre, Woodstock Link, Belfast.
- Most Members had agreed to extend their membership.
- Endeavours would be made to have one speaker per meeting.
- The running order of the agenda would be amended to incorporate “Input from Council Members” after the guest speaker’s presentation and before the Chair’s Report.
- Mr Graham said there was a facility for the Chair Miss McMillan and the Chief Officer to submit written reports.

The Chief Officer explained that the December meeting was the exception to the above, with a visit planned to the Northern Ireland Ambulance Service following Christmas lunch.

#### **102/07 CORRESPONDENCE**

Paper EC/18/07 was taken as read, with no additional items being discussed. Members are advised to telephone the office as soon as possible if they are interested in requesting any of the documents listed on this paper.

#### **103/07 INPUT FROM COUNCIL MEMBERS**

(a) Second Forum: Suicide and Out of Hours Project 25 October 2007

Miss Patterson reported on her attendance at this meeting. The morning was dedicated to Suicide and the afternoon was an interesting presentation on the out-of-hours project. She told how she had heard a powerful and interesting speech from the mother of a son who was a victim of suicide.

(b) Alpha 5 Proposal for provision of a Northern Ireland Air Ambulance Service on Tuesday 13 November 2007 in the Ecos Centre, Ballymena

Miss Patterson also reported on her attendance at the above meeting. This presentation demonstrated why the provision of an Air Ambulance Services in Northern Ireland would be a good idea. Alpha 5 is a voluntarily funded organisation and their representative described the service as follows:

- A ‘999’ call processed through Knockbracken Health Care Park Ambulance Service.
- The Air Ambulance would be based at Aldergrove Airport.
- Following receipt of a ‘999’ call the air ambulance aircraft would be airborne within three minutes carrying a trauma doctor and a paramedic.
- The personnel pack contains 364 items which requires a high level of fitness

- The lifespan of a trauma doctor is generally six months by which time they are so traumatised that they transfer to accident and emergency jobs on land.
- The weather pattern in Northern Ireland, particularly ice and wind prevents them from operating at night and from using visual aids. Navigation aids are required and they fly at 1500 feet.
- There are an average of 1200 missions per year reducing land ambulance call outs.
- It costs £2.5 million to operate.
- An aircraft costs £6 million or a leasing option may be pursued.

Mr Graham said the report was fascinating. Mr Meredith asked if an all weather helicopter would be better?

Mr Graham explained that the service is provided by a voluntary organisation relying entirely on charitable funding and was not a statutory body.

Cllr Mrs Campbell said it was a fascinating development, which also enables air/sea rescues because of its ability to respond to shore rescue calls. She said the only shortcoming is the inability to operate at night when most of the bad road traffic accidents occur. She said she would be wary of its sustainability on a voluntary basis, questioning if the public would be keen to contribute long term.

Mr Graham said it was the role of the voluntary sector to pilot new services that may be incorporated into the statutory sector as this was the origin of many schools and hospitals. Members would follow this development with interest.

Mrs McGrotty, who was also in attendance at the Ecos Centre, had prepared a similar report to that of Miss Patterson.

Mr Graham proposed that Council send a letter of support to Alpha 5. The Chief Officer explained that the Northern HSS Council had arranged the meeting and he would be meeting the other Chief Officers on Monday 19 November 2007 at which time he would note the EHSS Council's continuing interest and desire to support the service.

#### **104/07 ANY OTHER BUSINESS**

##### **(a) Comprehensive Spending Review**

Mr Graham indicated that nine members had indicated their willingness to become involved in the workshop. He suggested that the workshop could be facilitated over a lunchtime period from 12.30 pm – 2.00 pm. Members agreed.

##### **(b) Launch of Advocacy for Older People Report**

Cllr Mrs Campbell asked if there were any plans to organise a launch of the report of the project carried out regarding Advocacy for Older People.

The Chief Officer reported that the final draft was under discussion. The Chief Officers will discuss this matter on Monday 19 November 2007 and Members will receive a further update at the December meeting.

(c) “Clown” Doctoring Service

Cllr Mullaghan asked if any Member was aware of this charity for children about which he recently attended a presentation. He commended the very good job that they undertake. Attention was also drawn to a service for older people “Good Morning Ballysillan

Mr Graham noted that all Members present at today’s meeting had made a contribution.

**105/07 DATE, TIME AND VENUE OF NEXT MEETING**

Thursday 13 December 2007 at 1.30 pm in the Conference Room, Castlereagh Hills Golf Club, Upper Braniel Road, Belfast followed by a visit to the NI Ambulance Service Control Centre at Knockbracken, for which transport for Members will be provided.

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

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