



The EHSSB is also waiting on the deliberations of the Executive on their response to the Programme for Budget for 2008-2011. The EHSSB and EHSSC have submitted their responses to the consultation and the final priorities and budget document is due to be published soon. Dr Kilbane said there is concern about the impact of delivering the £300 million worth of cash releasing. This will be a huge challenge given that:

- we don't yet know what commissioning process will be in place in Years 2 and 3
- we are expecting newly merged organisations who are still working their way through the rationalisation process to take on huge savings

The EHSSB share of the £300 million cash release is a 40% capitation share. Divided between the two providers in the EHSSB area it is approximately £80 million for the Belfast Trust and around £40 million for the South Eastern Trust. These savings are in addition to the £53 million savings that are to be made as a result of RPA. There is concern that politicians do not fully understand how the amount of budgetary savings to be made will impact on the ground and Dr Kilbane said that serious practice changes would have to be made to ensure that the money is saved without the care provided being affected.

The Board expects their financial letter by the end of the month, outlining the DHSSPS deliberations and what has been allocated. The Board will then enter into substantial negotiations with the providers regarding services in-year. There is ongoing work being done with the Trusts regarding how to manage delayed discharges in mental health, admission protocols, crisis response teams in the community and rationalisation of long stay mental health beds.

Dr Kilbane said that no additional money has been identified in the capital programme for the rationalisation of acute inpatient sites for mental health and this may have to be deferred by the EHSSB.

It is anticipated that when submissions are made there may be some more money made available but this would be very small. There has been much talk about the recycling of money not spent in year. This is nothing new and to some extent there is a dependency on this money for redirection to overspend. Whilst this money is relied upon people need to ensure that departments are not deliberately delaying programmes to rely on an underspend.

(c) 2007/2008 Financial situation

Dr Kilbane said that it is anticipated that the EHSSB will break even this year. The South Eastern Trust also expects to be on target this year. She said that the Belfast Trust expects to have a deficit and Miss McMillan, who had been at the Belfast Trust Board Meeting today, said they anticipate being 0.3% out on the DHSSPS target which equates to approximately £3 million.

Dr Kilbane said that the Belfast Trust also has recurrent underlying debts, and in year non-recurrent money is often used to off-set these. In terms of the planning for cash-releasing efficiencies the Trust has to take this into account.

Mr Marshall asked about the cost of Agenda for Change (AFC) and the setting up of Local Commissioning Groups (LCGs).

Dr Kilbane confirmed that the £53 million that is to be saved under RPA is from administration and management jobs. She confirmed that the Commissioning Associations have not been set up with the postponement of RPA.

The LCGs have been set up and are working to establish themselves in their first year. The Chairs' from the LCGs in the EHSSB area meet and work with the EHSSB in making decisions on what services they would like to see commissioned. The EHSSB are advising the LCGs to meet with the existing commissioning organisations in preparation for them taking on this role. Although the LCGs are up and running, there is a rethink into the number of LCGs in comparison with the number of local Councils, with a possibility that each LCG could cover more than one local Council area.

Miss McMillan said that a survey carried out by the NHSSC showed that the LCG Chairs get £205 per day and LCG members get £156 per day.

Dr Kilbane explained that since the Minister decided to review RPA decisions no further staffing positions have been filled and people appointed to the proposed Health Authority in a designate role have not been stood down out of their positions. She said that the EHSSB is finding it extremely difficult to function and that there are currently 60 vacancies with quite a number at Director level. The EHSSB use vacancy control management to review each vacancy to see if the post needs temporary cover or cover by a fixed term contract.

Dr Kilbane does not know how advanced the AFC process is in the Trusts. She said there is low-level completion in the Board as quite a number of the posts require individual evaluation. It is unlikely that the 20% assimilation target will be met by the end of March.

In response to a comment from Mr Marshall regarding retaining staff in this time of uncertainty, Dr Kilbane said that a number of staff already appointed in a designate capacity to the Health Authority, or who are in post in an RPA affected organisation, are opting to seek employment elsewhere which is resulting in a loss of valuable knowledge and skills. In response to a question from Cllr Mrs Campbell, Dr Kilbane confirmed that Dr Janet Lyttle has been appointed as the Acting Director of Public Health.

Cllr Mrs Campbell and Cllr Henderson stressed that we cannot lose sight of the focus of RPA, which is to deliver the best patient care. Cllr Henderson said that a worrying issue would be that low staff morale in this time of uncertainty could affect patient care. Dr Kilbane is not sure what staff morale is like in the Trusts during this period. Whilst the new Trusts have been up and running since April 2007, they are still trying to sort out work issues from the legacy Trusts while trying to make savings. There is obviously a lot of movement within the new Trusts.

The EHSSB has retained a lot of information that the new organisations will rely on for planning and delivery of services. The Board is a pilot site for an Electronics Records Management System that will help to ensure that this information and knowledge is not lost.

In response to a question from Cllr Henderson, Dr Kilbane said that whilst the EHSSB is moving towards closure, they still currently have the commissioning role and therefore have the power to impose sanctions on service providers by withholding money where agreed services are not delivered. The Trusts are financially accountable directly to the DHSSPS and are accountable for some of their targets to the Service

Delivery Unit (SDU). This will be the mechanism for measuring how targets relate to patient care.

Mr Graham said patients, whether they live in urban or rural areas, want a 'seamless' service. At a time when the health service has not had a particularly good press and people are afraid to go into hospital because of infections, Mr Graham asked how the uplift in GP and consultant contracts dictates into greater productivity. He stressed that with such a high number of vacancies, it must be recognised that the momentum that continues, can rapidly erode as staff become more demoralised.

Miss McMillan thanked Dr Kilbane for attending the meeting. She said staffing issues and morale of staff is also an issue for the EHSSC. It is a difficult time for all those working in and using the services but Miss McMillan stressed that it remains a priority that the voice of people using some of the 'Cinderella' services, such as mental health and learning disabilities, are represented.

#### **04/08 MINUTES OF LAST MEETING**

The minutes of the previous meeting held on Thursday 13<sup>th</sup> December 2007, were agreed as an accurate record, signed by the Chair and witnessed by the Chief Officer.

#### **05/08 MATTERS ARISING FROM MINUTES**

The Chief Officer updated Members on the following:

(a) Minute 110/07 (e) Comprehensive Spending Review (CSR)

A copy of the Council's response to the CSR consultation was circulated to all Members. The response clearly laid out Council's views and we now await the decisions. An article 'Assembly Watchdog supports appeal for more health funds' was circulated at the meeting, as this was interesting in terms of responses, and shows that the Health Committee has acknowledged that more money is needed. On discussion, Members agreed that although more investment may be needed, more needs to be done with the money available.

Mr Graham asked if we could invite the Chair of the Health Committee to a future Council Meeting to share the thoughts of the Health Committee.

Miss McMillan said that having attended the Board Meetings of the South Eastern and Belfast Trusts, it is clear that there is tremendous pressure on the Trusts from the DHSSPS as they approach the end of the first year in existence. The SDU has, and will continue to have, a major role to play in the work of the Trusts.

Mr Compston said that the public want to see good service delivery fit for purpose and suggested that Council let the public know what their response to CSR was. On discussion a number of members said they are concerned that as the Trusts forge ahead under RPA arrangements, the public become indifferent to the role of the Council as it moves towards change.

Mr Dixon said that there are specific issues for Council to focus on in the coming months. In relation to the complaints Council assist with and general feedback on services, he said that he sees no evidence that people are experiencing a poorer service and in some key areas people are experiencing a better service, for example, trolley waits, which is an area that demonstrates how improved management rather than

more money can make a big impact. He said that the public do not tend to worry about what structures are in place as long as they are getting a good service. Council can see the potential for damage of failure to put in place robust management arrangements and can see problems that could arise if the budget is approved and further radical changes and savings are required.

On discussion, Mr Dixon agreed with members that Council need to ask some key questions about what the public are getting from the GP contract, the Consultant contract and Agenda for Change.

Mr O'Neill said that he was concerned to hear that the EHSSB currently have 60 vacancies. He said that with current political wrangling nothing would be settled on RPA until the budget is decided. He suggested that once the decision is made on the budget, Council must lobby the Health Committee and ask to be heard on how decisions impact on the public and to hear Council's concerns.

On discussion Members agreed that Council should await the announcement from the Minister and the budgetary announcement before inviting Iris Robinson, Chair of the Health Committee, to attend a future Council Meeting to meet Members and discuss concerns. Council will also request a private session with the Health Committee to voice their concerns.

Mr Dixon said that a priority for Council is to assert itself among the structures, ensuring that the Minister for Health, DHSSPS, EHSSB, Trusts and Political Parties know about the work of the Council and that everyone recognises the value of patient and public involvement.

(b) Minute 113/07 (a) BMA Article on health service in NI

At the last meeting Mr Compston had highlighted an Article in the Belfast Telegraph by Dr Brian Patterson entitled "NHS is not a Rolls Royce Service, we have failed the MOT". As some Members had not received a copy of this the article will be re-issued.

(c) Minute 113/07 (b) 'Can Gerry Robinson fix the NHS'

A viewing of this Programme was held for Members on 14 January 2008. Notes on the programme and discussion from the screening will be circulated to Members.

**06/08 FEEDBACK ON COUNCIL REPRESENTATION TO HEALTH COMMITTEE RE: MUCKAMORE ABBEY HOSPITAL (MAH)**

Mr Cecil Graham, Miss Muriel Patterson and Mr Richard Dixon had addressed the Health Committee on Thursday 13 December 2007. Mr Graham said that they had been very well received. There will be formal notes on the presentation made. When reading the text that has been sent out Mr Graham said that Council was well represented. He said that Council must keep the spotlight on MAH and in particular on the initiatives to have people transferred into the community.

Mr Graham had just obtained a copy of the Mansell Report, which is a 2007 revised edition of 'Services for people with learning disability and challenging behaviour or mental health needs' specific to England and Wales. This Report outlines the hidden cost of failing to deliver local services. Mr Graham said that one of the strong points made to the Health Committee was that all comparable hospitals to MAH in England, Scotland and Wales are closed, except one, which is in the process of closing.

It was agreed that the Council office would provide all members with a copy of the Mansell Report.

Mr Graham has also been asked to contact Miss Dot Kirby at the BBC to discuss Council's representation on this matter.

## **07/08 NI AMBULANCE SERVICE CATEGORY 'C' CALLS**

Mr Dixon asked Members to consider what action should be taken as a result of Council's visit to the NIAS in December. This action can be added to Council's Work Programme for 2008/2009. There are clear proposals to change arrangements for Category 'C' calls. Since the visit there has been a further proposal made by the NIAS to review non-urgent patient transport. The NIAS are attempting to look assertively at their protocols, which state that only patients who have a 'clinical' need will get ambulance transport. They no longer see a 'social' need as an acceptable reason for ambulance transport. This could affect people who cannot afford taxis or who have no bus service nearby. This will be seen as a radical change by some sections of the public and Council may want to explore how patients are informed about this suggested change and the impact any such change may have.

In response to a question from Mrs McGarry, Mr Dixon confirmed that there are no intentions to abolish the Volunteer Driver Services. It is likely that more patients would be directed to this form of transport and other community transport schemes.

Mr Meredith said he would have concerns about withdrawing ambulance transport for people who use it if they are unable to afford transport because of low income or when awaiting a decision on benefits. Miss McMillan said that whilst ambulance transport is not necessarily required, Council would want more information on what the interim safe alternative to this service would be.

Mrs McGarry explained that there is a 'volunteer drivers' scheme operating in Western Board. Miss McMillan said it would be an advantage to have a standardised alternative service across the province that does not compromise patient safety.

Miss McMillan suggested that Council hold a workshop to discuss these issues as well as how Council supports the 'Message in a Bottle' initiative which was also raised at the visit. It was agreed that the Council Meeting in April will be replaced with a Workshop to discuss Ambulance Service issues and possibly GP Services or Value for Money.

## **09/08 INPUT FROM COUNCIL MEMBERS**

- (a) NI Cancer Registry, 20 November 2007  
Miss Patterson attended this meeting, which is a largely scientific meeting with clinical reports on current research projects. There are attendance issues at this meeting as it is difficult to find dates to suit everyone, but the Registry meetings in Scotland and Republic of Ireland seem to face similar issues. The Minister for Health has responded positively to invitation to visit the Registry and this will provide an opportunity to discuss the need for a legislative framework for the Cancer Registry.
- (b) Cervical Screening Co-ordinating Group, 29 November 2007

The last meeting of this group was held in March 2007. A number of issues discussed included:

- all cervical screening is now liquid based and all GP practices have been trained in this procedure
- the waiting time for results of cervical screening is 4 to 6 weeks due to staff shortages. Approximately 100 samples have had to be sent to Cambridge.
- the uptake for screening is 72% and there are areas of low uptake. One of these areas is the travelling population
- there are a number of health promotion activities underway which include a DVD for those with a learning disability, on breast and cervical screening produced by Action Cancer
- Discussion on patient cards which contain screening results

Miss McMillan said that at the Belfast Trust Board Meeting that morning the health and well being of the travelling community was discussed and it was alarming to hear that in recent years no member of this community had reached 60 years of age. Cllr Campbell said that Lisburn City Council has recently nominated her to sit on a group relating to the travelling community. This will focus on a number of issues including health and accommodation.

(c) Good Morning .....Scheme

Cllr Cathal Mullaghan said that he has been involved with the 'Good Morning Belfast' Scheme in North and West Belfast, which is rapidly spreading across Belfast and Northern Ireland. This is an invaluable service for vulnerable people who rely on a telephone call each morning for contact and support.

## **10/08 CHAIR'S BUSINESS PAPER EC 01/08**

The Chair updated members on some of the meetings she had attended as follows:  
a) HSSC Executive Committee Meeting, 19 December 2007

There was a DHSSPS paper presented at the meeting on whether there is a need for a Patient Client Council (PCC) or whether the existing Councils can be re-enforced. Linda Devlin, Ivan McMaster, Maura O'Brien and Craig Allen from the DHSSPS attended the Executive Meeting. One point raised was that the Minister wished to offer Councils a further opportunity to look at the PCC concept and the previous models, with a view to taking this forward separately. There has been a lot of work done on this by Councils over the last 4 years.

Mr McMaster had assured the Executive that the Minister is in favour of a body to represent patients but that he is not sure if one large regional body can suitably represent patients from all over the province.

Mr Dixon reiterated to Members that they have been asked to hold the 27 February 2008 for a joint Council workshop. It is intended that if the Minister does not make an announcement by that date, Councils will meet to discuss the response to the paper received from the DHSSPS. If there is an announcement on the way forward for Councils there may not need to be a response.

(b) Ulster Cancer Foundation Reception, 9 January 2008

This event focused on the health issues of smoking. At a previous conference a number of years ago entitled 'Breathless in Belfast', concern was raised about the number of 13-17 year old girls smoking. There are still concerns about this group but

surprisingly where there was a link between smoking and deprivation, it has been found that there is an increasing trend of 'yuppie' girls smoking as this appears to be the 'trendy' thing to do.

There is a debate at the moment about changing the age to buy tobacco and they would have a 25 year vision to make NI the first completely tobacco free country in Europe. Miss McMillan said that the most startling fact delivered at the event was that if 1000 people in a school smoked, 1 would be murdered, 6 would die in a road traffic accident and 500 would die due to a smoking related illness.

(c) South Eastern Health and Social Care Trust Board Meeting, 16 January 2008

There were a number of particular local issues discussed which included:-

- Recurrent and non-recurrent funding tied in with AFC and junior doctor funding. The Trust are breaking even in this financial year.
- Different pressures which don't just relate to staffing, but issues for care in the community such as the cost of heating/lighting/power in huge organisations.
- Issues with targets – in particular with targets for fractures as the trends appear to fluctuate. The Trust is in discussion with the SDU regarding this.
- New extra theatre slot in the Downe Hospital for hand trauma
- CSR – The Trust is expected to make Year 1 savings of £10.2 million, Year 2 savings of £22.5 million and Year 3 savings of £36.8 million. The Trust is therefore talking about 'reshaping' services rather than 'reducing' services in order to make these savings. One of the suggestions is that the Minor Injuries Unit in Ards is closed and that inpatient obstetric services would transfer from Lagan Valley Hospital. The timescales for these proposals have not been discussed yet.
- Specialist dementia care was discussed
- Trust Fraud Policy was discussed and approved by the Board

(d) Belfast Health and Social Care Trust Board Meeting, 17 January 2008

There were a number of issues discussed which included:-

- Performance Report
- Report of the Director of Social Work on Corporate Parenting, Residential Childcare Services, Child Protection and Adoption Services.
- Financial Report
- Report from Director of Human Resources on Disability Action Plan
- Reports on Family and Childcare which tied in with adoption reports
- Discussion on the reduction of complaints
- There are causes for concern in meeting targets in some areas, in particular urology and orthopaedics. There are severe problems with mental health targets. The Trust may not meet the target that has been set for resettlement of 9 people from MAH. They expect that by March at least 7 people will have spent at least 1 night in their potential new home. The Trust estimates that it takes an average of 6 months to achieve resettlement and accepts that radical changes are needed.

## **11/08 UNSCHEDULED CARE UPDATE**

In the last 3 months the Chief Officer has accompanied representatives from the SDU to have direct engagement with patients on the new targets for admission and discharge to hospital. An interim report on the 20 meetings held to date will be provided to Members next week, outlining who has been met and how it has been done. Mr Dixon commended the SDU in undertaking this engagement and said that they appear to be delighted with the engagement to date.

## **12/08 REPORT FROM CHIEF OFFICER**

(a) Council Work Programme Update to December 2007

The Chief Officer explained that the purpose of the Activity Report is to outline the work that Members and staff have undertaken up to December 2007. The Activity Report for the last nine months will be posted out to members. Mr Dixon urged Members to review the report to recognise the track record of activity, achievement and influence in the most trying of circumstances for Members and staff.

(b) Cardiovascular Service Framework

Mr Dixon was asked to sit on the Cardiovascular Service Framework Project Board. He confirmed that he has just received the draft Cardiovascular Service Framework. He explained that Service Frameworks are how all services in NI will be defined, outlining what the service should be doing, including its priorities and structure.

In addition to this Council organised two seminars to identify what representatives feel should be included in all frameworks in relation to patient involvement. As a result of the work carried out there is the potential for two standards to be included in these frameworks on patient and public involvement and communication. If the drafts are accepted these will be part of all frameworks. This will mean that the EHSSC will have been influential in placing patient and public involvement and communication with patients at the heart of service planning as core standards to be delivered

## **13/08 CORRESPONDENCE – PAPER EC02/08**

Paper EC02/08 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.

## **14/08 STAFFING AT EHSSC**

The Chair explained that Miss Jennifer Dow, Personal Secretary to the Chief Officer is currently off on sick leave. Mr Raymond Newman, Senior Manager, has recently undergone surgery and Council wish to extend their best wishes to him. Miss Karia Orr has just commenced work at the Council on a temporary basis in the role of Information Analyst. With so many changes Miss McMillan said that temporary staff may not know all the Members and asked for their patience on contacting the office.

## **15/08 DATE, TIME AND VENUE OF NEXT MEETING**

The meeting in February will be replaced with a visit to Orchardville Society facilities. The next meeting will be held on Thursday 13<sup>th</sup> March 2008 at 5.30pm in the Link Room, The Mount Conference Centre, Woodstock Link, Belfast.

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

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