

**MINUTES OF THE EASTERN HEALTH AND SOCIAL SERVICES COUNCIL
MEETING HELD ON THURSDAY 16 OCTOBER 2008 AT 5.30PM
IN THE LAGAN ROOM, THE MOUNT CONFERENCE CENTRE, WOODSTOCK
LINK, BELFAST**

PRESENT: Mr B Compston Mrs R McGrotty
Cllr A Leslie Mr D Meredith
Mr R Marshall Mrs M Muldoon
Mr J McDowell Mr E O'Neill
Mrs P McGrogan Miss M Patterson

Mrs Muldoon was in the Chair

IN ATTENDANCE:

Mr Richard Dixon, Chief Officer
Mrs Helen Mallen, Job-Share Office Manager
Mr William McKee, Chief Executive, Belfast HSC Trust for Minute 63/08
Mrs Denise Stockman, Director of Planning and Redevelopment Services,
Belfast HSC Trust for Minute 63/08

62/08 APOLOGIES were received from Cllr D Curran, Cllr R A Drysdale, Mr C Graham, Mrs S McGarry, Cllr P C Mullaghan and Mr D Spence

**63/08 MR WILLIAM MCKEE, CHIEF EXECUTIVE, BELFAST HSC TRUST
AND MRS DENISE STOCKMAN, DIRECTOR OF PLANNING AND
REDEVELOPMENT SERVICES, BELFAST HSC TRUST**

The Chair welcomed Mr William McKee, Chief Executive and Mrs Denise Stockman, Director of Planning and Redevelopment Services, Belfast HSC Trust, who were attending to present details of the Trusts 'New Directions' consultation paper.

Mr McKee provided an introduction to the 'New Directions' presentation by outlining the background of the Trusts vision and priorities when producing the proposals within the document. The Trust is now 18 months old and Mr McKee explained that while still in the process of appointing staff, the Trust must strive to meet Ministerial targets and continue to deliver the services that had been provided by the legacy Trusts'. The 'New Directions' paper outlines the Trust's proposals on how it can deliver its services in the future with the assets, resources and expertise that it has, in order to meet its priorities for safety, ministerial targets and finance. The Belfast Trust is the largest Trust in the United Kingdom employing 22,000 staff and Mr McKee explained that in the Trust that day there were 18 births, 9 deaths, 35 afternoon theatre sessions, 600 'looked after' children, 600 consultant staff working and £3 million spent.

The Trust is working to obtain an Investors in People award, aiming for June 2009. This involves a lot of work and the Trust must demonstrate how it delivers on:-

- Training and Development Strategies
- Communication Strategy
- User Involvement Strategy
- Community Development Strategy
- Engagement with staff Strategy
- Values and behaviours in the organisation
- The business and purpose of the organisation

The Trust has completed a formal consultation and a document has just been signed off by the Trust Board. This document called ‘ The Belfast Way’ is the Trusts vision document and it will be released next month. It outlines the strategic direction of the organisation, setting out:-

- A consensus statement on the future
- A framework for innovation and improvisation
- An outline of the purpose and business of the organisation

The document takes into account the Trusts corporate objectives which are within the five areas of safety, modernisation, working in partnership, staff and resources

The Trusts values and behaviours are:-

- Respect and dignity
- Professional and corporate accountabilities
- Openness and Trust
- Learning and Development

The proposals in ‘New Directions’ will be the basis of the Trusts bid for funding for years 4 to 10 of the NI Investment Strategy. The Trust wants to make a robust bid for services. Mr McKee explained that although there is £3.3 billion capital funding for the 10 year period:-

- Funding for the first 3 years is committed
 - The Minister has received £6 billion of urgent requests from the five Trusts
 - The Minister has inherited commitments
- With all these commitments, realistically there is approximately only £500 million left for allocation in years 4 to 10.

In making plans for the future, the Belfast Trust has to consider:-

- That there are £2 billion worth of inherited bids from legacy Trusts (although not all will obtain funding)
- £126 million must be saved for 3 year Comprehensive Spending Review (CSR) efficiency savings
- New regimes need to be set out for the future

Mrs Denise Stockman outlined the ‘New Directions’ consultation paper. She commenced by explaining that the paper is a 10 year vision for the Trust. When carrying out the review of services that would result in the production of this consultation document, the Trust had a set of guiding principles as follows:

- Improve health and wellbeing and reducing health inadequacies
- Focus on prevention of illness, early assessment and intervention
- Focus on individual needs and choices with ‘citizen centred planning’ for services
- Provide safe, high quality effective care
- Improve accessibility to all services, promoting equity and diversity
- Localise services where possible, centralise where necessary
- Integrate services through partnership working
- Provide clear directions to service, reducing duplication and improving signposting
- Maximise utilisation of assets.

The ‘New Directions’ document also asks the public to let the Trust know what additional services they would like to see made available in the Wellbeing and Treatment Centres. Mrs Stockman said that there are a number of these Centres in the

Belfast Trust area, providing various services which include GPs', Social Workers, Health Visitors, District Nurses, Physio Services, Dentistry, Child Development Services, Orthopaedic ICATS. The Trust wants to consider what other services can be provided safely in these Health and Wellbeing Centres. The Centres are:-

- Carlisle Centre in North Belfast
- Bradbury Centre in South Belfast
- Holywood Arches in East Belfast
- Grove Centre in North Belfast – This new Health and Wellbeing Centre is a model that combines Belfast Education and Library Board, Belfast City Council and Healthcare facilities.
- Knockbreda Centre is due to open soon in South Belfast

There are seven key questions in The New Directions document which focus on the various key stages of life. Each question is described by service principles and a proposed model of care for the Belfast Trust. Mrs Stockman outlined these as follows:

1. Where do I go if I am having a baby?
 - The principles are about choice, control and continuity of care during labour.
 - The Trust proposes a model of care that is holistic and community based providing a range of services
 - There are currently two units providing inpatient obstetric services. The Trust proposes one obstetric inpatient unit on the Royal Victoria Hospital site.
2. Where do I go if I need to access services for children?
 - The principles include paramouncy of the child's interests, participation of the child and family and working with other agencies
 - There is a vast array of services provided for children such as immunisation, vaccination, regional services in Royal Belfast Hospital for Sick Children.
 - In relation to the proposed model of care the Trust are incorporating a wide range of services for children in a wide variety of places from the child's home, day care centre, health centres right through to the Royal Belfast Hospital for Sick Children who look after acutely ill children in all of NI.
3. Where do I go if I need support or care because of physical or sensory disability?
 - The principles include respect for individuals and their needs, participation in partnership in care, provided with a holistic approach and positive outcomes
 - The Trust will continue to provide a range of specialist rehabilitation services that include spinal cord, brain injury unit, amputee and neurological rehabilitation. It is proposed that these services will be provided in Musgrave Park Hospital and importantly the Trust will promote the person who has a physical or sensory disability to live independently in the community, supported by the Trust, their family and voluntary sector.
4. Where do I go if I need support because I have a learning disability?
 - The principles include ensuring that the service user is in control of his/her life. There should be equity of access and availability of support in the community.
 - The Trust proposes that everyone will experience living in a community setting by 2016, with no-one having their permanent address as Muckamore Abbey Hospital. It is proposed that these services will be provided in the community, with the person supported by the Trust, their family, and the statutory and voluntary sectors.

5. Where do I go if I am an adult and need mental health services or I have an acute mental illness?
 - The principles include the individual being in control of the decisions made about their life. Again there should be equity of access to all services provided by the Trust with focus on community setting.
 - The Trust proposes that the model of care focuses on providing services for mental health within the community. This means having a range of community and day services available, so that people can remain at home for treatment. Only acute episodes would be treated in an inpatient mental health bed.
 - There are currently three sites within the Trust area that provide inpatient mental health services. The Trust proposes that there would be a single inpatient mental health unit.

6. Where do I go if I need acute hospital services?
 - Acute hospital services range from emergency services through to planned elective care and chronic conditions management.
 - In terms of the model of care the Trust proposes that:-
 - emergency services will continue to be provided in three sites but there will be some differentiation between sites.
 - The Royal Hospitals will continue to be a trauma centre and will continue to provide regional acute services, local acute services and will be an emergency surgical centre of the future.
 - The Belfast City Hospital will continue to be a local hospital in terms of the range of acute services that it provides. It will also have protected elective services and be a focus for long term chronic long term conditions such as renal, rheumatology, living with cancer, respiratory
 - The Mater Hospital would also be a local acute hospital with proposed regional ophthalmology service
 - Musgrave Park Hospital would be a specialist rehabilitation site.

7. Where do I go if I need support because I am an older person?
 - The principles are around promoting independence and good health. In relation to long term provision of care the aim would be to maintain older people in their own home/community setting with a quality of life that is supported by the Trust, family, statutory and voluntary sectors. The Trust would want to look at alternate methods of long term care, thus reducing the dependence on residential and nursing care facilities.

The Chair thanked Mr McKee and Mrs Stockman for their presentation and took questions.

Cllr Leslie noted that there are seven or eight well-being centres in the Belfast Trust area, where the North Down and Ards areas that he represents, has none. He asked if resources for these centres are particularly directed at the Belfast area. Mr McKee explained that a Health and Wellbeing Centre costs approximately £8million. He said that the Government aim is that there would be 38 Centres across NI and it just happens that Belfast were first to develop these.

Cllr Leslie said that he would be concerned that a number of the cutbacks proposed under the efficiency savings will affect the most vulnerable, for example mental health and care of the elderly. He also suggested that more could be done in conjunction with the Education Board to reduce the demand on services elsewhere. For instance 40% of

people going through A&E are attending for accidents at home that could be avoided with improved education.

Mr McKee said that if you want to improve peoples lives there must be a change in the nature of society, reducing inequality in some areas and investment in education and lifestyle. He accepts that there are wider society issues and agreed that there needs to be improved inter-Departmental working. In relation to the annual CSR 3% savings on public services, Mr McKee said that these savings must not be made through 'cutbacks'. Some of the savings will come from:-

- running organisations with fewer managers
- buying smarter
- reducing absenteeism
- Looking at how we organise key processes, for example, reducing length of stay by doing pre-assessments at clinics so that we rely on fewer beds.

Mr McKee said that the Belfast Trust would strongly support the implementation of the Bamford Review recommendations for Mental Health and Learning Disability. The Trust is disappointed at the rate of investment that would enable the Trust to move people out of Muckamore Abbey Hospital into a suitable community setting.

In response to a question from Mr Compton regarding the costing of the 'stages of life' described in the 'New Directions' document, Mr McKee said that the proposals had not been costed. The proposals are an 'ideal' of how things should be done and what can be achieved will depend on capital. For example the Trust would not have the capacity to transfer inpatient obstetric services from the Mater Hospital to the Royal Victoria Hospitals site until the new Women's and Children's centre is up and running. The Trust also wants to move elective surgery from Musgrave Park Hospital to Belfast City Hospital but this could not be done until the money is available to replace Withers Unit. Improved facilities would be needed in a number of areas to make a number of the proposals happen. Although it is accepted that not all of the proposals will be possible, the Trust wanted to state the direction it wishes to move in.

Mrs Stockman confirmed that there will be another level of consultation early next year in relation to significant decisions about how the services will be provided in the future. Proposals for services will be examined individually in more depth.

Mr O'Neill said that the proposals made by the Trust sets standards in various areas and asked if the Belfast Trust has consulted with other Trusts in relation to replicating these in other areas or about how these targets may impact on them.

Mr McKee said that the main impact of the Belfast Trust proposals would be on the South Eastern Trust and there have been informal discussions with the Trust. Mr McKee said that he and Mr John Compton, Chief Executive, South Eastern Trust, plan to set up more formal liaison mechanisms to deal with these issues. There is some work underway, for example, work is being done with the EHSSB on some themes, which includes mental health and review of maternity services. There are obviously overlaps on boundary areas that require working with other Trusts and the EHSSB.

Mr O'Neill referred to the proposals for people with a learning difficulty, and the aim for everyone to be living in a community setting by 2016. He asked if the Trust could give assurances that this could happen and how they will avoid coming up against the usual 'community care hurdles' that have been experienced in the past.

Mr McKee said that the Trust set a date of 2016 in order to give the NI Assembly proposals so that the money can be made available over the next seven years to ensure the facilities are in place in the community to have people moved out of Muckamore Abbey Hospital. In the past the EHSSBs efforts to reduce beds in Muckamore Abbey Hospital had not been backed up with additional money. The money must be made available to provide community settings for people with learning disability.

In relation to the question about 'Where to go to access services for children?' Mrs Muldoon asked if consideration could be given as to how services could be provided in school, so that children do not have to be running to a variety of different places.

Mrs Stockman said that the Trust recognises that it is critical to work in partnership with the Education & Library Board, in delivering services for children. The schools can obviously identify children who may need health and social services input. The Well-being and Treatment Centres allow for a number of services under the one roof, that are both local and accessible. The Trust is hoping to develop Child Development Clinics which will provide a multi-disciplinary one-stop shop. She said that although school nursing services exist, from an economic perspective, it would not be possible to have multidisciplinary services provided in individual schools.

Mr McKee said that Mrs Bernie McNally, Director of Social Services, Family and Childcare is responsible for children in the Belfast Trust area. The Trust felt that it was important that one person oversees all children's services. Mrs McNally is building a relationship with Belfast Library Board and will be reaching out to schools.

Mrs Muldoon thanked Mr McKee and Mrs Stockman for their presentation and thanked all the staff present for attending the meeting.

64/08 MINUTES OF LAST MEETING

The minutes of the previous meeting held on 18 September 2008, were agreed as an accurate record subject to one amendment on page 1, Minute 51/08. Mr O'Neill said that he had offered an apology for the meeting in September that had not been recorded. The Minutes were signed by the Chair and witnessed by the Chief Officer.

65/08 MATTERS ARISING FROM MINUTES

(a) Minute 52/08 (b) Downe Hospital

At the last Council Meeting, Mr Compton had said that the opening of the new Downe Hospital was on target and that the Trust was in advanced stages of preparation for the Midwifery Led Unit (MLU). Mr O'Neill asked Council to get an update on the progress with the MLU and confirm whether it will be completed at the same time as the new hospital.

(b) Minute 52/08 (c) Proposals on obstetric services for Lagan Valley Hospital (LVH)

Mr Dixon is to prepare a statement on Council's position on proposals for maternity services in LVH. Mr Dixon said he will do this and state:-

- that Council accepts that LVH is not going to be a general hospital and agrees that the best place for mothers to have children is in a safe place in a fully staffed unit.
- While Council accepts that the inpatient obstetric unit in LVH should close, it should only do so on the basis that there is sufficient capacity in the neighbouring

hospitals to undertake the additional births, and that an option such as a MLU is provided to allow local services for mothers who have no complications during labour.

(c) Minute 55/08 (a) Follow up meeting with Department of Education and Learning (DEL) and Department of Social Development (DSD)

Mr Dixon has not requested another meeting with Mr Reg Empey (DEL), as he has already said that there will be resources for patients being discharged from Muckamore Abbey Hospital. Mr Dixon will request a further appointment with the Minister of Social Development, Mrs Margaret Ritchie, as there are questions regarding where people will go and the money required for resettlement.

(d) Minute 55/08 (d) Bamford Review and Learning Disability Services

A copy of the response to the consultation on the Bamford Review that was made on behalf of the four Councils will be circulated to Members.

(e) Minute 55/08 (f) Minor Ailment Services

Mrs Muldoon and Mr Dixon will be attending the EHSSB Pharmaceutical Services. A decision will be made on a press statement following this meeting.

(f) Minute 55/08 (i) Hospital Acquired Infection

Cllr Leslie had previously asked for statistics on C-difficile. This is still pending. The Regional Quality and Improvement Authority (RQIA) have just published a report on C-Difficile which has prompted an announcement by the Minister for an enquiry.

(g) Minute 57/08 (b) EHSSB Board Meeting – Letter of support on capitation submission

At the last meeting it was agreed that a letter should be sent to the EHSSB supporting their Capitation submission. Mr Dixon said this is still pending.

(h) Minute 60/08 (a) Timings of future Council Meetings

Mr Dixon wishes to confirm with Members if they feel Council Meetings should cease in December 2008 or continue to March 2009 and the timings of any future Council Meetings. A paper will be sent to Members asking for their views on these matters and this will be finalised at the Council Meeting in November 2008.

(i) Minute 60/08 (c) Issues regarding NIAS

An issue regarding patient transport between hospitals for urgent treatment or appointments was raised by Miss Patterson at the last Council Meeting. Mr Dixon will forward a letter to NIAS and this will be copied to Members.

(j) Minute 55/08 (h) Consultation on ‘Review of the roles and tasks of social workers in NI’ by the Northern Ireland Social Care Council (NISCC)

Mr Dixon explained that the response to this consultation paper is due on Friday 17 October. He said that Mrs Patricia McGrogan had drafted a response on behalf of Council and this was circulated at the Meeting for Members approve for submission.

Mrs McGrogan said that in making her response the main points were:-

- Social workers often have a very unclear, undefined role within health and social care services. Social work has always had such a broad generic type of remit, often overlapping with other professionals, it has been difficult to define its role
- The regulatory body for social workers does not have a clear public identity. Who in Northern Ireland, for example, would be aware that the Northern Ireland Social Care

Council has a regulatory responsibility for social workers? Are members of the public and other professional bodies aware of this? One way ahead, would be that the regulatory body have the word “social work” on its nomenclature.

- It is often difficult for the social worker who must work in a changing environment, providing a much more holistic type of working with multi-disciplinary teams whilst promoting the well-being of the individual
- Human Rights legislation, mental health and child protection legislation impacts greatly on the work of the social worker
- The basic qualification for a social worker is a degree and post qualification training is provided
- Some people just out of training can be put straight into child protection cases where structures behind the social worker are not supportive. This raises questions about the experience/training required of front line child protection workers/ mental health workers/criminal justice workers.
- A very diverse workforce is needed for the changing society with human rights at the heart of it all. There must be an appreciation of awareness of the bigger picture and different ethnic backgrounds.
- Technology is always advancing and Social Workers must increasingly have good IT skills
- The patient and client must be at the heart of the profession

Members thanked Mrs McGrogan for her comprehensive response and agreed that this is submitted on behalf of Council.

66/08 INPUT FROM COUNCIL MEMBERS

(a) NI Blood Transfusion Committee Meeting 26 September 2008

Mr Marshall had attended this meeting. He explained that the Committee is large with around 30 members in attendance at the meeting and 10 apologies received. The content of the meeting is often quite technical and he commended Council’s previous Chair, Patricia McMillan, who had attended this meeting as it is very professional and technical orientated.

Mr Marshall referred to a presentation made that day on the results of the Serious Hazards of Transfusion (SHOT) enquiry that examines laboratory errors in transfusion. Results showed a 30% to 40% error rate in transfusion laboratories and Mr Marshall had asked how this related to patients. The Committee had emphasised that the inquiry related to figures for all of the UK and said that there was a low percentage of errors in NI. These errors are recorded throughout the transfusion chain, from sampling, prescribing, laboratory testing, collection of blood from the laboratory and administration to patient.

(b) Report on New Directions

Cllr Leslie referred to the presentation earlier in the meeting and asked Mr Dixon to include questions raised by Members in the Council’s response to the ‘New Directions’ consultation.

On further discussion of the proposals made it was agreed that there had been some critical messages in the presentation in relation to:

- Reconfiguration of A&E Services in Belfast
- Status of Mater Hospital

- Moving Obstetric Services – Impact on LVH obstetric services and new unit being built at Ulster Hospital
- Closure of Mental Health Units with centralisation of inpatient services and additional community services put in place
- Plans for Belfast City Hospital to provide mainly elective surgery with some chronic disease management
- Plans for Musgrave Park Hospital to be rehabilitation centre

Members agreed that some of these are major strategic proposals and there are some principles that Council would like the Trust to uphold if they move forward with their plans. These principles would include:

- Involvement of the public every step of the way with appropriate consultation
- No closure of services until alternatives services available
- Work needed so that the public has as much confidence in community services as acute services

Mr Dixon said that he will draft a response and make this available to Members for comment before submission.

Mrs McGrogan pointed out that the New Directions document does not specify how it will interact with the new Regional Health Authority on these plans.

(c) East Local Commissioning Group Meeting (LCG) 9 October 2008

Mrs McGrotty had attended this meeting. Mr Greg Millar of the GP Unit in the EHSSB had attended the meeting for discussion on prescribing and medicines management. Mrs McGrotty submitted a copy of the paper discussed to be put on the Council correspondence list and Members can request a copy from the office.

Mrs McGrotty confirmed that the minutes of the East LCG meeting held in September 2008 are available from the EHSSC office. At the last Council Meeting under Minute 56/08 (a) she had said that she had met Michelle Tennyson who is looking at best practice for Carepathways in the Board and across the Trusts. Michelle Tennyson has provided a copy of a paper that refers to the Health Minister's Announcement on 9 July 2007, on Waiting Time targets by March 2008 and March 2009.

Mrs McGrotty explained that in October 2007 a network was established to look at best practice. On the 22 January 2008 the network met to discuss preparations for achieving the targets for March 2008 with view to addressing the demand and capacity element of this on a regional basis. The waiting time targets that were to be achieved by March 2008 were met.

The Network then requested that their work have the support of the Service Delivery Unit (SDU) and in March 2008, the SDU formally endorsed the pathway work providing a partnership between SDU, Trusts, Commissioners and DHSSPS. A workshop on the Care Pathway development was held in April 2008 and regional sub-groups consisting of approximately 27 members were set up to take the work forward.

Mrs McGrotty passed a copy of the Paper to Mrs Mallen and asked that it is copied to Members. If Members have any questions they can contact Mrs McGrotty.

(c) EHSSB Board Meeting, 9 October 2008

Mrs Mary Muldoon had attended this meeting on behalf of Mr Cecil Graham. Mrs Muldoon had been looking forward to discussing the Children's Services Plan for 2008/2011 but unfortunately this was deferred.

One paper that was discussed was the Child and Adolescent Mental Health Services (CAMHS) paper. Mrs Muldoon explained that page 41 of the document suggests that one area that social services cannot do anything about is education. Mrs Muldoon said that co-ordination between social services and education is poor for those children who have mental health and mild learning difficulties when they are young. Mrs Muldoon had asked how these services could be co-ordinated and she was told that it is hoped a Co-ordinator will be appointed next year to co-ordinate social services and education, to help children before they get to the stage of suicide or other mental health problems.

67/08 CORRESPONDENCE – PAPER EC12/08

Paper EC12/08 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.

68/08 ANY OTHER BUSINESS

(a) Timing of next meeting

Mr Dixon confirmed that on consultation with Members the time of the next Council Meeting will be held at 5.30pm on 20 November 2008 due to another meeting that the Chair and Chief Officer must attend.

(b) Visit to Parliament Buildings 22 October 2008

Mr Dixon emphasised that the visit to Parliament Building will be to meet Mr Hugh Farran, the Health Committee Clerk, and some members of the main political parties. Mr Meredith had already submitted a question for the day and Mrs Muldoon and Cllr Leslie submitted an additional two questions should there be time for these.

69/08 DATE, TIME AND VENUE OF NEXT MEETING

The next meeting will be held on Thursday 20 November 2008, at 5.30pm in the Lagan Room, Mount Conference Centre, Woodstock Link, Belfast

Signed: _____ Date _____
Chair

Signed: _____ Date: _____
Chief Officer