

**MINUTES OF THE EASTERN HEALTH AND SOCIAL SERVICES COUNCIL  
MEETING HELD ON THURSDAY 15 JANUARY 2009 AT 5.30PM  
IN THE LAGAN ROOM , THE MOUNT CONFERENCE CENTRE,  
WOODSTOCK LINK, BELFAST**

**PRESENT:** Mr B Compston  
Cllr D Curran  
Mr C Graham  
Mrs E Hamilton  
Cllr A Leslie  
Mr J McDowell  
Mrs S McGarry

Mrs P McGrogan  
Mrs R McGrotty  
Mr D Meredith  
Mrs M Muldoon  
Cllr P C Mullaghan  
Miss M Patterson  
Mr D Spence

Mr Graham was in the Chair

**IN ATTENDANCE:**

Mr Richard Dixon, Chief Officer  
Mrs Helen Mallen, Job-Share Office Manager  
Dr Paula Kilbane, Chief Executive, Eastern Health and Social Services Board,  
(EHSSB) for Minute 02/09

**01/09 APOLOGIES** were received from Cllr R A Drysdale, Mr R Marshall and Mr E O'Neill.

**02/09 DR PAULA KILBANE, CHIEF EXECUTIVE, EASTERN HEALTH AND SOCIAL SERVICES BOARD**

Mr Graham welcomed Dr Kilbane to the meeting and wished everyone a Happy New Year. Dr Kilbane provided details of some of the issues discussed at the EHSSBoard Meeting held earlier that day, as follows:

- (a) South Eastern Trust proposals for modernisation  
Representatives of the Trust attended the Board Meeting and there was lengthy discussion around where individuals will be in the process of re-shaping services. Some of the Board Members had expressed concern about older people in residential homes being unsettled by plans to move them.

Whilst recognising that the Boards Strategy for Older People had shown that people want other options for long term care, other than residential and nursing home care, it will be difficult to identify where money can be saved for reinvestment to develop the alternatives that people want.

- (b) Review of Public Administration (RPA)  
The latest appointments in the RPA process were discussed. The Chief Executives of the new organisations have been announced.

Dr Kilbane confirmed that permanent staff in the EHSSB have been issued with a first letter with information on voluntary redundancy/retirement. The framework for Level 3 structures has not yet been agreed. It is expected that there will not be a lot of progress until Directors are appointed in the new organisations. Dr Kilbane said that

the Board is trying to maintain staff moral and staff expertise as we approach the transitional stage.

(c) Capitation Formula

Dr Kilbane had met with the Minister in relation to capitation prior to Christmas. She had sought to put forward the argument that the formula did not sufficiently recognise the vulnerability of the deprived populations in the Eastern Board.

A letter from the Permanent Secretary dated 12<sup>th</sup> January was received. Dr Kilbane shared the letter with the Council and stated that it had been discussed in the public section of the Board Meeting. It reiterated that the formula would stand, and that the Minister expected that new development funds would be invested in the areas indicated to achieve targets. The Minister asked the Board to consider how the non-recurrent support provided by the Department (£10M) and the related funds provided by the Eastern Board could best be used to facilitate the capitation reduction. He also emphasised that the Board and the Trusts need to maximise the use of the entire baseline/budget available rather than focus on the reduction element. The Board must thus prepare a financial plan which accommodates a recurrent capitation funding reduction of at least £17.5 million in 2008/2009 2009/2010.

Dr Kilbane believes that the Departmental letter has been helpful in its guidance in affording flexibility to use the Board's entire baseline funding which was not previously available. The Board is hopeful that this will allow the preparation of a financial plan and a HWIP which would accommodate the 2009/2010 situation and offer guidance for 2010/2011 however this will ultimately be a matter for consideration by the new Regional Board and its Local Commissioning Groups. Therefore for 2009/2010 the financial plan would seek to set aside temporary non-recurrent funding of £7.5 million to supplement the £10million available by the Department in order to avoid potential detriment to existing services. This is intended to give the new Regional Board, together with the affected Belfast and South Eastern Local Commissioning Groups, time to consider the Eastern Board's proposals to accommodate the full £26 million recurrent funding reduction, make any changes it thinks necessary and implement its plans.

Mr Graham said that the EHSSC is still awaiting a response to the letter forwarded to the Minister for Health, raising Councils concerns on how proposed changes to the weighted capitation formula could impact on people living in the EHSSB area.

Cllr Leslie commented that the Board meeting seemed to focus on the financial elements. Dr Kilbane emphasised that whilst the Board must manage services within financial constraints, there is as much emphasis given at the Board Meeting to the care and quality of services being delivered.

In relation to the closure of residential homes, Mr Graham said that this is not only happening in the EHSSB area. He said that while people want to live at home as long as they can we also have to remember that for some people who live alone it can lead to loneliness and depression. He said that as the current economic climate leads to more people becoming unemployed, we can expect to see more demand on mental health services, as one of the characteristics of long-term unemployment is depression.

Dr Kilbane said that one of the benefits of residential homes can be the company, but people expect better facilities now. An example of people having independence whilst providing a network of support and removing the social isolation is the supported

living schemes. Obviously as peoples needs change and they become increasingly dependent, they can move through the different stages of supported living schemes. The EHSSB would therefore support colleagues in housing as they develop these types of alternative living.

### **03/09 APPOINTMENTS TO NEW HPSS ORGANISATIONS**

Mr Graham said that the names of the Chairs and Chief Executives for the new organisations have now been confirmed. The Public Appointments Unit has now advertised for applicants for non-executive directors' posts in the:-

- Regional Health and Social Care Board
- Regional Agency for Public Health and Social Well-being
- Regional Business Services Organisation
- Patient Client Council

The non-executive directors of the Patient Client Council will include five lay members, a trade union member, 5 local government representatives and 5 voluntary and community members.

Mrs McGrogan commented that the interval from advertising to closing date for applications was very short. Mr Graham said that the timescales for ensuring everything is in place for 1 April 2009 means that the period for shortlisting, interviewing and appointing has been very tight.

### **04/09 COMPLAINTS ADVOCACY DISCUSSION**

It had been agreed that the paper presented at the Council Meeting in December, by Mr Raymond Newman, Senior Manager, EHSSC, would be discussed further at the Council Meeting today. A copy of the paper had been circulated to Members prior to the meeting and the Chair invited comments and proposals on the way forward.

Mr Meredith said that the paper had prompted a lot of thought and unfortunately everyone can identify with some of the situations outlined in the paper. He said that the health system often focuses too much on the cost of care instead of remembering that people are at the centre of the service.

Mr Compston said that one of the areas the paper had highlighted was the fact that everyone receiving community services should have a careplan that has been drawn up by Social Services based on their assessment needs. If people had a copy of their careplan the client and their family would be clear about the care they should be receiving and they could show this to the carers coming in so that they could be clear about what care they should be providing.

Mr Dixon agreed that the two areas highlighted from Mr Newman's paper were:

- The need for more awareness and input for clients in relation to their careplan
- The need for more compassion and emphasis on the person at the centre of the service

As most people look to the nurse for compassion during their care, Mr Dixon had met with Mrs Mary Hinds, Director of the Royal College of Nursing (RCN) NI to discuss this further. Mrs Hinds had provided information on a campaign that the RCN has recently launched called 'Dignity'. It is about the profession itself rediscovering its compassion, kindness and care.

The Chief Nursing Officer (CNO), Mr Martin Bradley, has recently published a document on standards for 'Improving the Patient and Client Experience'. These standards were developed by the CNO in collaboration with the RCN and the NI Practice and Education Council (NIPEC) and focus on respect, attitude, behaviour, communication and privacy.

Mr Dixon said that there are people there looking at this area and taking strategic actions. He suggested that Council should find out more about this, add the Council's voice to these proposals and make a recommendation to the Patient Client Council that this is an area that they should focus on when they commences on 1 April 2009.

Mrs Hamilton said that she, Mrs McGrotty and Mrs McGrogan had attended an event held by the RCN in September 2008, looking at the patient experience of being a client of Windsor Avenue in relation to respect, dignity, communication, behaviour and accountability. All the Members who provided input to this piece of work felt that Mrs Hinds had encouraged and welcomed their views.

Mr Dixon said that the pressure of meeting service targets can have an impact on the 'customer care' aspect as they can impact on the time the professional has to spend with a patient, for example, a General Practitioner is paid to see a patient for ten minutes. The targets can distort and make it difficult to deliver a service.

Cllr Mullaghan attends the Mater Community Forum meetings and suggested that these small community groups could have valuable input into the respect and dignity campaign. He said that this should definitely be an area for the PCC to champion.

Mr Spence said that whilst it is quite sad that the RCN must remind staff to be more humane. He said he recognises that nursing staff are stretched and are increasingly asked to do more and more, often with less time and resources. He said that the amount of money that is spent on agency staff shows that there are not the sufficient resources to run the service.

Mr Graham said that Council does acknowledge that there is a lot of good work being done. Compassion and dignity is included in professional training but pressures on services sometimes impacts on the 'human element' of care which is more difficult to monitor and performance manage.

Mrs McGrogan highlighted that there have been some major decisions for social services as a result of some high profile cases in the past. As changes often impact across a number of departments there needs to be improved cross departmental working if changes are to be effective.

Mr Dixon said that the DHSSPS is taking this agenda on board, with the release of the standards from the Chief Nursing Officer and the support of the RCN's Dignity Campaign. Council Members agreed that the Chief Officer should obtain more information on these initiatives and invite Mr Martin Bradley, Chief Nursing Officer, to attend the Council Meeting in February to discuss this further. The Council will then be in a position to prepare a paper that can be passed on to the PCC outlining areas that they may wish to focus on in the future.

As the paper presented by Mr Newman last month had highlighted some problems with care planning in the community, Mr Dixon suggested that Council may wish to

make a positive suggestion to the Chief Medical Officer (CMO) that the Regulation and Quality Improvement Authority should be asked to carry out a review of the standards of care planning in the community in order to improve confidence in services provided to people in their own homes. Council Members agreed that a letter should be sent to the CMO and copied to the Minister for Health and the Health Committee at the DHSSPS. Mr Dixon will discuss dissemination of the paper with Mr Newman.

#### **05/09 CONSULTATION RESPONSE, SOUTH EASTERN TRUST PROPOSALS FOR SERVICE DEVELOPMENT AND EFFICIENCY**

The Chief Officer had prepared a draft response to a number of consultation documents issued by the South Eastern Trust in relation to proposals for providing local services for local people, which include:

- Reform of statutory residential provision for older people with proposals of closure of three residential homes in Bangor, Ballynahinch and Newtownards.
- Reshape of the Ards Minor Injuries Unit. Proposed reduction from 7 day a week service to 5 day a week service
- Transfer of obstetric services from Lagan Valley Hospital (LVH)
- The future of mental health services in the area. It has been proposed that of the remaining 55 mental health inpatients in the Trust area, 50% with lifelong specialty care will move to Knockbracken, 45% will move into a 25 place hostel in Downpatrick and the remaining 5% of patients will be resettled into the community.

Mr Dixon explained that he had Chaired two public consultation meetings that week in Ballynahinch and Bangor. These had been arranged by the South Eastern Trust in relation to the proposals to close three residential homes. At the two public meetings there had been strong objection from residents, relatives and local representatives to the proposals for closure. Mr Dixon said that the Council would want assurances about the alternatives for residents and involvement of residents and relatives at every stage of the process if these closures are to proceed.

In relation to the LVH obstetric services, the draft response states that Council accepts that if the Trust cannot sustain a safe service locally they should be looking at alternatives. However, the Trust must be able to give assurances that other nearby hospitals have the capacity to take the extra deliveries.

Members were asked to review the paper and contact Mr Dixon as soon as possible with any suggestions or comments in relation to the response that must be submitted by 12 February 2009. The draft response suggests that whilst the EHSSC agrees with the strategic direction the Trust is proposing, it feels that the proposals do not give sufficient detail on the replacement services that will be put into communities to replace the residential homes, mental health services and whether there is extra capacity in other Trusts to take on the deliveries from LVH.

Mr Graham said that an objective overview of the strategic direction of the Trust must be taken. He said that although people want to see alternatives to residential homes it must be remembered that some people who live alone in the community can feel isolated. Moving people out of a home that they are used to living in can also cause upset and confusion, as people have developed a sense of community with other residents and staff.

Cllr Mullaghan agreed that although people want to be independent and live in their own home as long as possible, there are some people who want to live with other people in order to feel safe, secure and have social interaction. Mr Graham said that there is a drive to create more supported housing schemes that offer independence and security. Mrs Muldoon said that she accepts that older people in the future will want more alternatives but she wonders where all these new facilities will be built.

Cllr Leslie agreed with other Members that a number of people choose to go into residential homes because they get care, social interaction and security. On glancing over the draft response Cllr Leslie said that he could not agree with some of it, in particular Council giving support to the overall strategic direction in which the Trust proposes the closure of homes and reduction in the minor injuries service in Ards Hospital. Cllr Leslie said that people go into homes because they need care and in the absence of appropriate alternatives he could not support the closure of Ravara House in Bangor.

Mr Dixon accepted that there is strong objection to the closure of residential homes in the Trust area. He stressed that the draft response is saying that Council accepts the principle of the closure of these facilities for the reinvestment into community services. However, whilst accepting that change is necessary the Trust has not said what it is going to provide as an alternative and the Trust therefore needs to make commitments to the current residents.

Mr Dixon will amend the draft, stressing that in the absence of satisfactory alternative proposals we cannot support the current proposals. The residential homes should not close unless we can be assured that the care of the current residents will be of at least the current standard and in accordance with their needs and the needs of the future population.

The Chief Officer stressed that the South Eastern Trust must save £37 million, but it will be spending £43 million will be spent on reform and modernisation of services. This is a national Ministerial initiative and the problems arise because the reform comes first, where the savings must be made, before the modernisation and alternatives can be made.

On discussion it was accepted that there is greater emphasis on community services for the future but Miss Patterson said that there will always be a percentage of people who will need care in a residential home setting because of age and illness and the location and distance of where this is available for people will be important.

Mr Dixon said that there will be residential provision remaining, not provided by the Trust, but by the independent sector where it is required. Services for people with dementia or for people who require intensive nursing care are not affected by these proposals.

Mr Dixon asked any Members with questions or comments on the response to contact him. Mr Dixon will amend the draft based on some of the comments and liaise with the Chair prior to submission of the response on 12 February 2009.

## **06/09 MINUTES OF THE LAST MEETING**

The minutes of the previous meeting held on 15<sup>th</sup> December 2008, were agreed as an accurate record subject to the following amendments:

Page 1 – Item 79/08. Mrs McGarry said that she had given apologies for the meeting that were not recorded. Apologies to be added for Mrs McGarry.

Page 5 – Item 83/08 (b). This paragraph is headed ‘Anti-microbiotic Committee Meeting.

This should read ‘Antimicrobial Resistant Action Plan Working Group’

The minutes were signed by the Chair and witnessed by the Chief Officer.

## **07/09 MATTERS ARISING FROM MINUTES**

(a) Minute 82/08 (c) Minor Ailment Service

Mr Dixon confirmed that this service has now been restored as of 1 January 2009.

(b) Minute 74/08 (d) Follow up meeting with Department of Social Development (DSD)

This had been proposed at a previous meeting, in order to discuss the money required for the Resettlement Programme with Minister Ritchie. Mr Dixon suggested that with the Council coming to an end this could be an item that would be of interest for follow up by the Patient Client Council (PCC). Mr Graham said that this issue spans across a number of government departments such as education, housing and employment. Members agreed that this should be put forward to the PCC.

(c) Minute 74/08 (j) Issues regarding NIAS

A draft response to the Ambulance Service Consultation had been circulated to Members on 5<sup>th</sup> January 2009. The consultation proposes the replacement of some emergency ambulances with rapid response vehicles. Whilst the public may be alarmed at the thought of not getting a response from an emergency ambulance the consultation paper suggests that there are a substantial number of callouts where an emergency ambulance is not required. The proposal would be that by using rapid response vehicles, the ambulance service could provide a quicker response to the people who need the emergency ambulance and ensure effective use of the blue light vehicles and crews.

Cllr Curran said that the public's interpretation of what these proposed changes will mean is important and it needs to be stressed that the NIAS is trying to ensure that the emergency vehicles are used appropriately and effectively. There needs to be more education and promotion of this to ensure that people can see the benefits of the proposed changes to the service.

Mr Graham said that he is always concerned when an organisation reduces their training budget to make savings and this is one of the proposals the Trust has made. Members agreed that this is a point in the consultation response that Council would want to strengthen.

Mr Dixon will make a few amendments to the draft response based on this discussion, prior to submission by 12 February 2009.

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

### **(a) Antimicrobial Resistant Action Plan Working Group**

Mrs Hamilton had attended a meeting of this Group and will submit a report to the office. She explained that this committee was established by the Chief Medical Officer to devise an action plan. Key areas have been devised for an Action Plan for 2009 to 2011 which include antimicrobial stewardship, surveillance and public engagement.

Mrs Hamilton said that she has found this particularly interesting and has been amazed by the multidisciplinary and varied membership of the group which encompasses a great deal of expertise. Work is being done on regional guidance that has been launched and there is currently a re-run of the antibiotic campaign.

### **(b) Belfast Local Commissioning Group (LCG), 18 December 2009**

Mr Meredith had attended this meeting and reported that this was an interesting meeting and that the LCG is now developing strategies.

### **(c) Launch of Seniors Information book**

Cllr Mullaghan reported that Belfast Healthy Cities has launched an excellent information book for the elderly. It has been developed by Belfast Healthy Cities in partnership with other organisations and older people from across the city and provides useful contact information. This is also part of a Belfast City Council initiative.

The book can be referenced on line at <http://www.belfastcity.gov.uk/seniorsinfo/>

### **(d) East Local Commission Group (LCG) 15 January 2009**

Mrs McGrotty attended this meeting. A number of papers were tabled at the meeting including a paper from the Modernisation and Improvement Board on Stakeholder Engagement. This paper can be referenced on the DHSSPS website at

<http://www.dhsspsni.gov.uk/index/hss/rpa-home.htm>

## **09/09 CHAIR'S REPORT**

### **(a) New Years Honour List**

Mr Graham reported that Mr Tom Creighton, Chair of the NHSSC, received an MBE in the New Years Honours List. Mr Graham has written to Mr Creighton expressing congratulations on behalf of the EHSSC.

### **(b) Joint Council Forum 26th and 27<sup>th</sup> February 2009**

Mr Graham confirmed that the Chairs' had met with Dr Andrew McCormick, Permanent Secretary, to discuss the programme for the final joint council forum to be held in February. The programme for the event will be circulated to Members.

## **10/09 CHIEF OFFICER'S REPORT**

The consultation responses that the Chief Officer has been working on were discussed earlier in the meeting and the Chief Officer had nothing further to report at this stage.

## **11/09 CORRESPONDENCE – PAPER EC 01/09**

Mrs Mallen explained to Members that the Correspondence paper circulated with the January papers had been the paper produced for the December meeting. The correct

paper, Paper EC01/09, was circulated at the meeting and was taken as read, with no additional items discussed. Members were advised to telephone the office as soon as possible if they were interested in requesting any of the documents itemised.

## 12/09 ANY OTHER BUSINESS

(a) Purchase of equipment from voluntary funds

Mr Graham said that he had been approached by a person who had been involved in organising a charity event to raise money to purchase two items of equipment for one of the Trusts. The money was passed to the Trust who are saying that as the equipment costs over £2,000 it must go through the procurement and tendering process.

Members said that they recognise there is strategic guidance for the use of public money, however, these were voluntary funds donated to the Trust and should not have to be treated in the same way. It was agreed that Mr Dixon should write to the Trust requesting their procedures on the purchase of equipment using voluntary funds.

(b) Funding for Patient Participation Groups (PPG)

Mrs McGrotty enquired if Council is aware of any funding available for patient participation groups. She said that the PPG, on which she serves as Secretary, has recently arranged the purchase of a centrifuge for the practice enabling the preservation of patient blood samples overnight.

Mr Dixon said he is not aware of funding for PPGs and it is likely that any support required for the PPG would come from within the practice.

(c) Medical Negligence Claims

Mr Spence asked if Council could enquire with the EHSSB how medical negligence claims will be dealt with during the transitional stage from EHSSB to the Regional Health and Social Care Board. Mr Spence said he would be concerned that medical negligence claims is too important an issue to be delayed and it would be unfair to patients to delay the process further. Mr Graham said that this is an important issue and suggested that this be passed onto the PCC to take forward on 1 April 2009.

## 13/09 DATE, TIME AND VENUE OF NEXT MEETING

The next meeting will be held on Thursday 19 February 2009, at 5.30pm in the Lagan Room, Mount Conference Centre, Woodstock Link, Belfast

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

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