

SOUTHERN HEALTH & SOCIAL SERVICES COUNCIL

Key Outcomes of SHSSC Action Plan for 2006/07

	Objective	Key Outcomes
1.	To increase visibility & accessibility to public	
1.1	Engage the public in the Council's role and activities	<p>a) Communities engaged in aspects of the work programme PCC stakeholder engagement, HPSS Complaints Procedure consultation, User Involvement Standards, HPSS Reform Order.</p> <p>b) Community Information Programme delivered to 6 groups. Programme to be evaluated and revised to meet needs of post-RPA structures.</p>
1.2	Media Strategy	<p>a) Member satisfaction expressed at higher level of coverage.</p> <p>b) Monthly press release schedule maintained.</p> <p>c) Contacts re-established as part of PCC stakeholder engagement.</p> <p>c) Wide range of opportunities and media utilised.</p>
1.3	Increased accessibility of public	<p>a) Public attendance at all 3 out and about Council meetings</p> <p>b) 300+ people attended public meeting in Kilkeel re GP OoH</p> <p>c) Roadshows held prior to out and about Council meetings.</p> <p>d) User centred approach to project work including public meetings on HPSS Complaints, focus groups and follow up workshops re GMS research, etc.</p>
2.	Monitor HPSS Services	
2.1	Enter & Inspect Facilities	<p>a) Follow up to Casualty Watch and planning for Bugwatch</p> <p>b) GMS Lay Assessor Visits</p> <p>c) Input into Cleanliness Audits</p> <p>d) Visit to NIAS</p>

2.2	Project Investigation	<ul style="list-style-type: none"> a) GMS report completed and launched b) Assessment of advocacy services for older people in residential care - research phase completed. c) Maintained watching brief on waiting list position.
2.3	Monitor Complaints	<ul style="list-style-type: none"> a) Co-ordinated approach through four Council Forum included a response to HPSS Complaints Process consultation.
3.	Advise of HPSS policies, strategies and operation.	
3.1	Act As Advocate for Use Involvement.	<ul style="list-style-type: none"> a) User Involvement taken forward through 4 Council working b) Input at regional level to Infection Control, Guidelines on Termination of Pregnancy, Rural Medicine, Patient Experience, etc. c) Influence local developments through input into DBS, User involvement strategies in the MCNs. d) Member input in Suicide Prevention Strategy, Trust Boards, Infection Control, Avian Flu, GP governance and a number of one-off conferences. e) Partnership with Clinical Support Team and mental health service users to develop a 'Let's Talk' on mental health services.
3.2	Represent public interest in response to consultations.	<ul style="list-style-type: none"> a) Active engagement of members and public in consultation responses including counselling standards, GP OoH cross border, HPSS Complaints. b) Membership of Independent Inquiry Panel in relation to Madeline and Lauren O'Neill c) Agreed prioritisation through COs and HSSC Executive.

3.3	Maintain appropriate representation on committees	<ul style="list-style-type: none"> a) Co-ordinated approach via four Councils b) Greater participation of members c) Limited strategy for move away from 'proxy patients'
4.	Provide Complaints Assistance	
4.1	Maintain current services	<ul style="list-style-type: none"> a) 84 complaints supported with signposting and basic information/advice also provided.
5	Strategy for HSSCs	
5.	Three year plan	<ul style="list-style-type: none"> a) Extended on an annual basis at local and regional level.
5.2	Develop Joint Council Activities	<ul style="list-style-type: none"> a) Co-ordinated 4 Council input into DHSSPS PCC Project Team b) SHSSC Exit Timeline agreed to support transition period c) 4 Council workshops on SDU, HPSS Complaints, PCC, etc. d) 4 Council Forum agreed to support co-ordinated working in the transition period.
6.	Fulfil Organisational Requirements	
6.	Deliver on all requirements	<ul style="list-style-type: none"> a) Equality Scheme reviewed. b) Equality review meeting for members and staff with agreed plan of action members c) Ensure members and staff briefed on RPA changes and implications d) Regular staff briefings and training in relation to structural changes e) Exemption applied for re Disability Plan f) Training for members on migrant worker issues.