

SOUTHERN HEALTH & SOCIAL SERVICES COUNCIL

Minutes of the One hundred and Thirty–sixth Meeting held in Quaker Buildings, Lurgan on Tuesday 15 March 2005 at 10.00 am

136/1 PRESENT: Mrs Lynne Cairns, Chairman
 Mr Sydney Anderson
 Mr Norman Badger
 Mr Patrick Brannigan
 Mrs Mary Ferris
 Mrs Nazy Harris
 Mr Clive Henning
 Mr Peter Kearns
 Mr Peter Murray
 Mr John McArdle
 Mr Jim McCart

IN ATTENDANCE: Mrs Stella Cunningham, Chief Officer
 Mrs Nancy Downard, Office Manager

APOLOGIES: Mrs Annie Burrell
 Mrs Pat Mallon
 Mr Brendan Montague
 Mr Wilfred McFadden
 Mr Charles Rollston
 Mr David Simpson
 Mrs Eileen Wright

136/2 MINUTES OF THE PREVIOUS MEETING

Minutes of the previous meeting, which were circulated, were agreed and signed.

136/3 MATTERS ARISING

135/10.1 Newry & Mourne HSS Trust

The Chief Officer informed members that the Chief Executive of the Trust has been in contact with the Council regarding the feedback from the Newry & Mourne Trust Board meeting. He said he wished to clarify that a general discussion took

place at the meeting about the deficit of £600,000 but no decision had been taken about support for specific groups.

135/11.2 Spectacles

The Chief Officer reported that she had spoken to Dr Telford, the Southern Board's Director of Public Health about the high costs of spectacles. Dr Telford had agreed to raise the issue with the Ophthalmic adviser and to keep the Council informed.

135/11.1 Capitation Funding

Mr McArdle expressed concern that the minutes of the Board meeting on 8 February 2005 did not make reference to the discussion on the situation regarding capitation. He requested that a letter be sent to the Southern Board in relation to the situation.

ENT Waiting List at Daisy Hill Hospital

It was agreed to contact the Newry & Mourne HSS Trust for an update on the situation.

Waiting Times

Mr Anderson pointed out that the SHSSB had bought up to 1,000 operations from healthcare providers in other areas as part of the management of waiting lists. He suggested that the Council should monitor this situation given that funding is likely to be more difficult in the next financial year.

136/4 CHAIRMAN'S BUSINESS

1 N/M HSS Trust – SEC Centre

The Chairman read a letter from Mr Flynn, the Newry & Mourne Trust's Director of Social Services. His letter thanked the Council and its members for their help and support in relation to the business case for a new SEC and hoped that it would influence the Department in making a decision in favour of funding replacement centres.

Members agreed that progress of the business case should be monitored, including location of the new service and disposal, if any, of existing Trust sites.

2 MRI Waiting List at Craigavon Area Hospital

The Chairman referred members to the MRI Patient referrals for the month of February, which she had requested. She said she was alarmed that 119 patients were waiting for brain scans and that 10 of them had been waiting 6 months. This area has among the longest waiting times with the largest number of patients waiting. Patients with problems such as brain tumours should not have to wait even a month. Early diagnosis and treatment is crucial but is often hampered by the delay in getting a scan.

Members felt that there were a number of important issues in relation to scanning and providing tests, including unused capacity at weekends. The knock on effect of delays for a scan was also noted - patients requiring a scan had sometimes to wait for several days and as a result were blocking beds.

The Council has asked that a letter be sent to the Board expressing concern at the waiting times for brain scans and the causes of delay. It was also suggested that a press release should be issued.

3 Southern Area Hospice Services

The Chairman read a letter from the Southern Area Hospice Service thanking the Council for the donation of £300 in lieu of Christmas cards.

4 Priorities to be shared with political parties

The Chairman drew members' attention to a number of priorities which the Council wished to share with political parties to encourage them to incorporate them into their manifestos for the May elections. Approval has been sought from the DHSSPS.

The priorities include:

- Ensure that the local voice of people who use health and social services is protected in the Review of Public Administration.
- Continue to focus on the situation locally regarding waiting lists and trolley waits in light of the uncertainty of the financial situation next year.

- Promote an increased role for community based preventative services and day case treatments rather than increased numbers of acute beds.
- Seek a more 'joined-up' approach at Departmental level with clear targets and shared pots of funding to ensure that at regional and area level there is greater accountability.
- Urge that resources be focused on front line services including support staff, to ensure that the maximum benefit to patients and clients is gained from existing and any additional investment.

Members congratulated the Chair and Chief Officer on highlighting these issues and agreed to circulate the priorities to all political parties in the Southern area, including Independent parties. It was suggested that it might be useful to issue a press release to ensure widespread distribution.

5 Infection Control Regional Strategy

The Chief Officer reported that the 4 Councils had been asked by the DHSSPS to take part in a pre-consultation event as part of the development of the regional strategy. There was good representation from all Councils at the meeting. Feedback indicated that it was an excellent event. The Councils have agreed to undertake a bug watch survey as part of the consultation on the new strategy. A follow up workshop for Council members will be hosted by the Healthcare Acquired Infection Surveillance Centre.

6 Cleanliness in Hospitals

The Chairman informed members that the Health Estates has been asked by the DHSSPS to take forward the development of a regional strategy to improve environmental cleanliness in HPSS Trust Facilities. It is proposed to form a Cleanliness Reference Group and an invitation has been extended to the Councils to nominate a single representative to represent the collective views of all Councils.

Commitment to the group will be approximately one meeting per month for a 3-month period, starting with a development workshop and hopefully ending in April to allow consultation with the service at the end of April.

Mr Murray expressed an interest and was nominated as the representative for all Councils.

136/5 CHIEF OFFICER'S REPORT

1 Staffing update

The Chief Officer reported that interviews had taken place for the Community Participation Worker and an offer had been made. The starting date has not been finalised. With regard to the Research and Monitoring post no appointment has been made. It has been decided not to re-advertise but other options may be considered. Karen McCoy, Research Officer is due back in August.

2 Infection Control Strategy

Following the successful consultation event on Infection Control Strategy, and further discussion with the strategy group, it was suggested that the Council should write to the Board regarding performance monitoring of Trusts in HAI.

3 HPSSRIA

Although HPSSRIA comes into force on 1 April no formal arrangements are in place. There is no clarity about what the lay input into the inspection process will be. It was agreed to write to the Chief Executive of HPSSRIA for further information.

4 Disruption at Children's Home

The Chief Officer reported that the Council had received an informal approach about disruption caused to residents adjacent to a children's home and she sought members' advice on how to take the issue forward.

Following discussion members felt that the information held by the Council should be passed on to the Trust.

4 Waiting Lists/Trolley Waits

Given the Council's concern regarding waiting lists/trolley waits, the Chair and Chief Officer raised the issue at the Southern Board meeting. The Board advised that the CAH lists were due to delayed discharges in Armagh & Dungannon. It was also indicated that if there are financial stringencies next year it will not be able to keep lists down by

paying for treatment elsewhere. It was agreed to monitor the situation carefully and possibly consider a casualty watch at peak times in January 2006.

36/6

**A HEALTHIER FUTURE – A TWENTY YEAR VISION FOR
HEALTH AND WELLBEING IN NORTHERN IRELAND
2005 – 2025** **SHSSC 05/05**

The Chief Officer referred members to the Council's response to the consultative document, 'A Healthier Future – A Twenty Year Vision for Health and Wellbeing in Northern Ireland 2005 – 2025.

She said the consultative paper was a very general document and the summary document was not difficult to cross reference to the full report.

The Council has responded to a number of specific points but if members wished to include any further comments they should inform the office within the next few days as the deadline for the response is 25 March 2005.

Further comments to be included:

- ◆ Summary document not very helpful
- ◆ Document is visionary and aspirational rather than offering clarity about medium term targets.
- ◆ In the Southern area an assessment of need and costing exercise needs to be conducted to determine future development of CAHGT and a timetable for putting in place the required services.
- ◆ The last point of the response should include a sentence to impress that investment must be managed to ensure value for money.

It was agreed to amend the Council's response to take on board members' comments prior to submitting it to the Regional Strategy Team.

136/7

ACTION TO BE TAKEN ON SMOKING BAN PROPOSAL

The Chief Officer said smoke free public places and workplaces was also part of the DHSSPS strategy for a healthier future. The strategy proposed three options for

issues in relation to the how the new structure should look but that more discussions were necessary. It was hoped that by the end of March with the launch of the further consultation on the Review of Public Administration there would be a clearer steer on the future for Health Councils.

The next meeting of the Group will be chaired by Mrs Cairns.

136/10 FEEDBACK ON GMS LAY ASSESSOR VISITS
SHSSC 05/07

The Chief Officer reported that an evaluation meeting was held on 28 February with some of the members who had undertaken visits to GP Practices. They shared their experiences and contrasted the quality of information provided by the practices being assessed.

Mrs Wright provided a template of the process which she thought might be helpful to her colleagues. Members queried how the process could be undertaken to ensure that the visits did not become tokenistic. Concern was expressed that the training was inadequate and had not clarified exactly the role of the lay assessor or to what extent they could challenge the practices. Mr Henning expressed appreciation to Mrs Wright for producing the template.

With regard to the visiting allowance for lay assessors, the Chief Officer confirmed that the letter had been sent to Mr Eddie Ritson, the Board's Director of Primary Care, but no response had been received. However, just before the discussion ended a response was received by fax and was read to the members. On hearing the content of the letter members requested an early meeting with Mr Ritson. They expressed the view that if the Board wanted to continue with this system then it would have to recompense lay assessors adequately. It was agreed that a sub group comprising Mrs Ferris, Mr McCart, Mr Badger and the Chief Officer would take the issue up with Mr Ritson when a meeting has been arranged. Members would be kept informed.

136/11 DENTAL VISIT REPORTS

The Chairman informed members that a number of visits have been made to community dental services within the Board's area. Reports have been completed and members were asked to approve these prior to being sent to the facilities.

Mr McCart said he was particularly impressed at the standard of community dental services which are being provided. He said that until he started the visits he was unaware that such a service existed.

Reports on the following visits were approved, subject to a minor amendment to the Banbridge report.

Mullinure Dental Clinic

Banbridge Dental Clinic – Paragraph 'What was found out' – 9th line, *venerable to be changed to vulnerable*

Newtownhamilton Dental Clinic

Dungannon Dental Clinic

Brownlow Dental Clinic

Reports will now be sent to the facilities for comment.

136/12 TRUSTS' BUSINESS

Armagh & Dungannon HSS Trust

Minutes of Trust Board meeting held on 12 January and agenda for meeting on 2 March 05

Craigavon & Banbridge Comm HSS Trust

Minutes of Trust Board meeting held on 7 February and agenda for meeting on 7 March 05

Craigavon Area Hospital Group Trust

Minutes of Trust Board meeting held on 15 February and agenda for 22 March 2005

136/13 FOR INFORMATION

SHSSB – Minutes of meeting held on 8 February 2005
Southern Area Childcare Partnership – Early Years News – Spring/Summer 2005

Chief Nursing Officer News – February 2005
Equality in Action – Annual Update for the Southern Area

136/14 ANY OTHER BUSINESS

1 New Members

Mr Anderson asked if there was any possibility of new members being appointed to the Council. It was agreed to contact the Public Appointments Unit.

2 CAHGT

Mrs Harris reported from the CAHGT Trust Board meeting in relation to patients waiting in cubicles for long periods, trolley waits, and the new discharge lounge.

3 Car Parking at DHH

Mr McArdle said that car parking at DHH was out of control and something had to be done as the situation was causing great distress to patients with appointments at the hospital. It was agreed to write to the Newry & Mourne HSS Trust.

4 Launch of Report and visit to Newry Hospice

Mr Kearns congratulated the Chairman, Chief Officer and Karen McCoy, Research Officer on the very well presented research project launched recently at the Southern Area Hospice. He said it would help promote the work of the Council. Mr Murray concurred with the sentiments.

4 Tribunals for DLA, Incapacity Benefits

Mr McArdle raised an anomaly in the DLA tribunal system. It transpired that MLAs receive expenses for assisting people with tribunals for DLA, and incapacity benefits while other lay people do not receive anything. He said he would often spend 2 – 3 hours, on a voluntary basis, helping someone complete forms. He commented that lay people are unwilling to get involved because of this difference in treatment. He requested that the Council raise this matter with the appropriate agency.

136/15 DATE OF NEXT MEETING

Tuesday 19 April 2005 at 10.00 am

Signed: _____ Date: _____