

152/2 MINUTES OF THE PREVIOUS MEETING

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

152/3 MATTERS ARISING

1 Banbridge SEC

Mrs Cunningham reviewed recent developments in relation to Banbridge SEC and learning disability day services in the Southern Area. She suggested that the SHSSC needed to taken a broader look at services across the whole area so that the Council could take a strategic view. Given the changes currently happening in the HPSS structures, she suggested that this should be prepared for April 2007 when the new Southern Trust would take over responsibility for these services. The correspondence should request a statement from the Trust regarding the development of services across the Southern area (in particular how physical environments such as Banbridge SEC would be improved within a set timescale) and how the Trust was engaging service users and their carers in the development of services.

Mrs McRoberts agreed this was an excellent proposal as their as so much confusion in the community with regard to the learning disability.

Mr McFadden expressed his dissatisfaction with the whole situation and said that the people of Banbridge were confused about the situation. Mrs Harris said 3 months was a long time in terms of project planning.

It was agreed to accept the proposal to write to the Chief Executive of the Southern Trust by April.

2 151/7 Dental Strategy

Mrs Cunningham referred members to a letter from Mr Paul Goggins, in response to her letter of 14 December 2006.

The letter explained that the Department had overall responsibility for the provision of health service dentistry by GDPs but each Board was responsible for arrangements for such services in its own area. Current arrangements did not

permit Boards to compel practitioners to provide general dental services as GDPs were independent contractors and could choose to provide general dental services or private dentistry or a mixture of both. Mr Goggins said the Department was fully committed to securing a robust and accessible health service dental service and the overarching aim was to secure a contract that provides this. He said a range of meetings were being held with representatives of the profession to put in place interim arrangements to avoid a drift from health service dentistry until the new contract is in place.

The letter was noted.

At the request of Mr Curran it was agreed to write to the Southern Board and ask what steps were being taken to resolve the issue of practices which operate in facilities that don't have disabled access.

3 New Developments

In response to Mrs Harris' point about all the new developments and appointments which were taking place, it was agreed to include this as a standing item on the agenda, so that members could be kept updated.

152/4 CHAIRMAN'S BUSINESS

1 District Council Health Service Groups

The Chairman informed members that a letter had been received from Craigavon Borough Council confirming that the matter would be given consideration at its next Public Services Liaison Committee. It was agreed to await the outcome of the meeting.

152/5 CHIEF OFFICER'S REPORT

Mrs Cunningham reported on the following:

1 Rural Medicine Workshop. This took place on 10 January in Glenavon House Hotel, Cookstown and was well attended by members from the Southern area. The 4 HSSCs collaborated with the DHSSPS to facilitate this workshop, exploring issues around the provision of emergency care to areas not in the immediate vicinity of an acute hospital. Mrs

Cunningham said this was an important piece of work and is likely to be an ongoing priority for the HSSCs.

2 HPSS Consultation Workshop. Members will have received the programme for the workshop on 25 January in Cookstown. It is hoped that there will be a good attendance at the event which would provide an opportunity to debate the proposed new procedure and shape the HSSCs' joint response to the consultation. The HSSCs will be following the event with a number of consultation events for community groups. These will also be reflected in our response.

3 PCC Up-date. The Chief Officers have met with Dr Bernie Stuart, the new DHSSPS lead for the PCC. She has indicated that she would wish to involve the HSSCs in the implementation phase of the PCC and has asked to meet regularly with the COs and the Executive Committee. We have been asked to prepare a breakdown of how our time resources are allocated across the main priority areas. It is the intention to fully represent the contribution made by the voluntary effort of members within this. A breakdown in relation to complaints, staff resources and member input has been tabled for information.

With regard to staff resources Mrs Cunningham explained that the Office Manager's administration work load had increased considerably since the clerical officer had left her post in November. Members expressed their appreciation to the Office Manager in coping with the additional work. However, they felt it was important that assistance was provided and suggested a temporary clerical officer should be appointed as soon as possible.

Mrs Cunningham said she was concerned about the transfer of staff from the Southern Board to the PCC and was seeking legal advice as she felt that some people may well be disadvantaged.

4 Kilkeel OoH Review. Mrs Cunningham informed the Council that she had been contacted by the person leading the mediation process to ask if the SHSSC would participate in managing the selection process of a local 'panel' to represent public opinion at the review. She said it was her understanding that there would be a nomination and election process with the

SHSSC in a 'returning officer' role. She confirmed that the SHSSC would be happy to assist in any possible way.

Mr Burns asked if it would be possible to get confirmation from the Southern Board as to whether or not the GPs had met with the Mediation Network.

5 RPA Consultation. We understand that the consultation on the primary legislation regarding the Authority and the PCC has been released. The 4 HSSCs will be engaging with local communities with regard to the proposed changes. We hope that this will be a joint exercise with the DHSSPS.

6 Managed Clinical Network Unscheduled Care. Mrs Cunningham said she had represented the SHSSC on the initial Project Team with the aim of representing the public interest and promoting a service user centred approach. The aim of the Network is to encourage closer working between the various disciplines and to ensure a smoother interface between the various Out of Hours/emergency services. Dr Seamus O'Reilly, one of the Network's clinical leads will be attending the next Council meeting to up-date members on progress now that it has been formally launched.

We have now been approached to nominate a member to the formal MCN Board. The nominee should be someone able to take decisions on behalf of our organisation. Mrs Cunningham said she was happy to continue as the SHSSC's nominee but felt that it was necessary to clarify the role of the board members in order to ensure that there was no conflict of interest.

The nomination was agreed.

7 Major Trauma Services in NI. Mrs Cunningham informed members that the DHSSPS were consulting on their proposals, 'Improving Major Trauma Services'. She said she would prepare a draft response and circulate to members for comment prior to submitting it.

8 Trauma & Orthopaedic Services at CAH. Mrs Cunningham reported that a decision was due to be taken by the DHSSPS in relation to investment in T&O services. It was

member, Mr John McArdle had contacted her with concerns about Daisy Hill Hospital and in particular the reduction of the service from a 24 hour to a 12 hour service.

The Chairman said she would support Mr McArdle's views on this issue as Daisy Hill was an acute hospital covering a large area and it was not satisfactory to reduce the service to 12 hours per day.

Mr Donaghey asked if, through RPA, there would be more centralising of services generally. He felt that if this was the case then it is something that we should be keeping a watchful eye on. Mrs Cunningham said this would be a key issue for the Council during the next year.

It was agreed to prepare a response taking on board members' views.

Mr Curran left the meeting at 12.10 pm

**152/8 UPDATE ON THE DEVELOPMENT AND ROLE OF THE
SOUTHERN HSS TRUST (Presented at 10.30 am)**

The Chairman thanked Mr Colm Donaghy, Chief Executive Designate of the Southern HSS Trust, for taking time out of his busy schedule to update the Council on the development and role of the New Trust.

Mr Donaghy thanked the Council and said he was delighted to attend the meeting. Currently he was involved in doing a number of road shows to provide people with information on how the New Trust could make a difference for patients and clients. He said that although the Trust was still in the process of getting established, it was currently responsible for the delivery of health and social services.

In outlining the key themes he said the New Trust must ensure that the patients/clients are kept at the centre, there must be a whole system focus, the Trust must ensure that it continues to perform and improve access for patients/clients, and there must be professional leadership.

The Southern Trust will employ 12,000 staff serving a population of 324,000, with an income of £450m.

Mr Donaghy explained that the RPA came about because people believed there had to be a better way to deliver services to the patient and client, that there had to be better quality and access to services. Services should be more efficient and provide better value for money, and there had to be systematic reform not just within the health service but across the public sector organisations in Northern Ireland.

Within the health and social services system reform, patients and clients must be at the centre, there must be clear lines of accountability, a reduction in bureaucracy, professional leadership, better integration, partnership working and system focus.

Progress to date includes the formation of a joint committee of the HSSA made up of the 4 Boards' Chief Executives and chaired by the new Chief Executive of the HSSA. Commissioning is the responsibility of the joint Committee and no longer rested with the Boards. The five new Trusts will be established by April 2007, and 7 Local Commissioning Groups will also be established in April 2007 as part of the HSS Authority. There will also be more locality based Community Commissioning groups established in April 2007.

In relation to the new Trust, Mr Donaghy outlined the principles against which the organisation would be set:

- health and social care systems;
- a programme of care approach working in networks;
- integration;
- optimise team/corporate working;
- service delivery focus/professional development
- how as opposed to what. (Making decisions about how services will be delivered rather than what services will be delivered will be the Commissioners remit).

Appointments to date in the Southern Trust include the Chief Executive and Chairman, a Project Manager, and a PA who is seconded. All directors with the exception of Medical Director have been appointed, Head of Communications has also been

appointed. Non-Executives and Board secretary will be appointed during January. Completion of the new Trust structures will be completed by January 2008.

In managing the transition, he said communication was an important factor and in order to keep staff updated the Trust released its first newsletter in December 2006. A Southern Transition group had been formed and workstreams established. Preparation for 1 April had to be prioritised as policies and ways of working are different across the 4 existing Trusts, and these had to be harmonised. Mr Donaghy said the Human Resources Framework had not yet been agreed and was not satisfactory but he hoped that this would be resolved shortly. However, staff must remain focused on managing the services.

The next steps for the Southern Trust was to move to temporary headquarters at the College of Nursing facility at Craigavon Area Hospital, establish a Senior Executive Team/Trust Board, consider the third and fourth level tier of the structure, have a communications strategy, engage with the workforce, and ensure professional development is taken forward.

Mr Donaghy concluded by saying that success factors for the Trust would be that staff enjoy working in the Trust, that there will be improved and better access to care for patients and clients, and that there would be a better whole system working across the organisations.

Mr Donaghy responded to a number of questions from members.

In particular, he said he recognised the difficulty and timescale in relation to the Council and the PCC and assured members that the new Trust would want to draw on the expertise of the existing Council and would continue to engage with it during the transition period.

The Chairman thanked Mr Donaghy and wished him well in the huge task ahead of him.

152/9

SHSSC RESPONSES TO CONSULTATIONS

SHSSC 07/03

- **Measures to Facilitate the Provision of GP Out of Hours Services on a Cross Border basis.**

Ms Haughey welcomed the Council's response and said the people of Keady and Middletown area would benefit from service and it was important to push ahead with it.

Mrs McMahon suggested that point 5 of the response should read, "*The proposal to exempt.....*" rather than using the word *exclude*.

Mr Burns said he would be concerned if there were financial implications for a patient from the North using the Out of Hours in the South, since people in the South pay for their treatment.

Mr Savage said that if an accident happened on the Border he felt that in an emergency situation that both medical groups should work together.

Whilst the initiative was welcomed by members, it was felt that a lot of issues had to be sorted out. The response was noted.

- **Counselling Services**

Mrs Cunningham said the Council welcomed the development of standards for this important area of work and looked forward to their adoption at an early stage. The response was noted.

152/10

PRESS RELEASE TOPIC

It was agreed that the press release should be based on the consultation about the PCC and the Health and Social Services Authority.

152/11

REPORT BACK FROM MEETINGS

1 SHSSB Meeting – 9 January 2007

Mrs Harris said she represented the Council at the Southern Board's January meeting and there was a very good presentation on Child Protection by a member of staff. She

wondered if the person could be asked to make the presentation to the Council at some stage.

2 Car Parking at Craigavon Area Hospital

Mrs Harris asked the Council to write to CAHGT for an update on the situation regarding car parking.

3 Primary Care Governance Task Group

Mrs McMahon reported that she attended a meeting of the group on Thursday last in Armagh but was very disappointed that an agenda or papers were not sent out in advance of the meeting. She said she was invited to comment on the Council's GMS Report but declined since she was not aware it was an item of agenda and was not prepared.

Items of discussion included the difficulty facing Minority Ethnic Groups in registering with GP practices in some areas, Training in child protection, depression awareness training, and learning disability training.

152/12 TRUSTS' BUSINESS

1 Armagh & Dungannon HSS Trust

Minutes of Trust Board meeting held on 1 November 2006 and agenda for 10 January 2007

2 Craigavon & Banbridge Comm HSS Trust

Minutes of Trust Board meeting held on 6 November 2006

3 Craigavon Area Hospital Group Trust

Minutes of Trust Board meeting held on 21 November 2006 and agenda for 19 December 2006

4 Newry & Mourne HSS Trust

Minutes of Trust Board meeting held on 21 November 2006

152/13 FOR INFORMATION

- 1 SHSSB – Minutes of meeting held on 12 December 2006

152/14 ANY OTHER BUSINESS

1 C/B HSST – OT Waiting Lists

The Chairman referred members to item 1703/06 of the C/B Trust Board minutes regarding the waiting list for OT services. She said she was astonished that the figures for the quarter ending 30 September 2006 showed a substantial number of people (698) awaiting an assessment. Of particular concern was the fact that 43% of these were waiting more than 6 months.

It was agreed to write to the Trust and request an update on the current situation.

2 N/M HSST – Cedar Grove Children’s Home, Newry

Mr Murray said he noted in the Trust’s minutes of 21 November 2006 the presentation of the annual report on the Cedar Grove home. He made particular reference to the paragraph stating that the current resident population were the most troubled group that staff had to manage since the home opened and their had been a number of untoward incidents and violence against staff.

Mr Murray said the members of the Council who had visited the facility some time ago had expressed a number of concerns.

3 Waiting List Reduction

Mrs Harris highlighted an example where a person had to wait 27 months to see a consultant in rheumatology only to be told that he/she suffered from arthritis and would have to wait until it got worse. It was agreed to consider the waiting list during the sub group meeting in the afternoon.

4 Eating Disorder

Mr Burns raised concerns about the lack of facilities in Northern Ireland for counselling people with eating disorders. He said this was a growing problem and the Department needs to take note.

Mrs McRoberts said she would be interested in finding out what the increase in numbers was.

It was agreed to write to the DHSSPS for further information.

5 GP Lay Assessor Visits

Mr Murray questioned why the Southern Board members were doing 8 – 10 visits, while Council members were only undertaking 2 – 3 visits.

152/15 DATE OF NEXT MEETING

Tuesday 20 February 2007 at 10.00 am.

Signed: _____ **Date:** _____