

## SOUTHERN HEALTH & SOCIAL SERVICES COUNCIL

Minutes of the One Hundred and Sixty-Third Meeting held in  
Quaker Buildings, Lurgan on Tuesday 17 June 2008 at 10.00 am

- 163/1      PRESENT :**
- Mrs Eileen Wright, Chairman
  - Mr Norman Badger
  - Mr Lawrence Donaghey
  - Ms Sharon Haughey
  - Mr Peter Kearns
  - Mr Peter Murray
  - Mr Jim McCart
  - Mr Wilfred McFadden
  - Mrs Florence McMahon
  - Mr George Savage
  - Mr Kenneth Twyble
- IN ATTENDANCE:**
- Manager      Mrs Nancy Downard, Office
- SHSCT      Ms Colette Hart, Complaints Officer  
Dr Gillian Rankin, Director of Older  
People and Primary Care,  
[Agenda item 5]
- [Agenda      Mr Francis Rice, Director Mental  
Children      Health and Learning Disability  
Services      [Agenda item 5]
- Mr Lindsay Stead, Assistant Director  
                 of Acute Services, SHSCT  
                 item 5]
- Mr Brian Dornan, Director of  
                 and Young People's  
                 [Agenda item 5]
- APOLOGIES:**
- Officer,      Mrs Joy Youart, Director of Acute  
                 Services, SHSCT
- Mrs Stella Cunningham, Chief  
                 Mr William Burns
- Mrs Annie Burrell
- Mr John Feehan
- Mrs Mary Ferris
- Mrs Nazy Harris

Mr Clive Henning  
Mrs Sylvia McRoberts

**163/2 MINUTES OF THE PREVIOUS MEETING**

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

**163/3 MATTERS ARISING**

1 SECs

The Chairman referred members to the minutes of the meeting between Council members and Mr Rice and Mr McMurray from the Southern Trust. She said it was a positive meeting. Procedures were in place and being followed through by the Trust. However, resources still had to be identified.

Mr Murray expressed some concern regarding the number of children attending the Newry SEC. A visit to both Banbridge and Newry SECs was suggested.

2 League of Friends

In response to Mr Twyble's enquiry about the League of Friends, the Chairman said she had received some information and understood that the service was established in Antrim Hospital when it opened in 1974. She agreed to contact the secretary of the Group for more detailed information. Mr Twyble suggested running a pilot scheme.

3 162/11.1 Casualty Watch

Mr Savage referred to Mr Donaghey's report back from Casualty Watch in which he referred to a Porter at Craigavon Area Hospital who had the ability to speak in 5 languages. Mr Savage said it was good to know that his translation service was being used. Mr Donaghey said he understood that he was doing this as a goodwill gesture and was not receiving any payment for it. Staff had indicated that when the Porter was on duty there was less hassle as he was able assist with the language problems.

4 Kilkeel Out of Hours

At the request of Mr McCart it was agreed to follow up on the success of the Out of Hours service in the Mourne area.

5 Board/Trust

Mr McCart said he was somewhat confused regarding the role of the two bodies – the Southern Board and the Southern Trust and asked if there was a clear cut responsibility for both. The Chairman said the Minister would be making decisions in the near future but the Southern Board would continue in its present form until April 2009. The Trust has already been established.

**163/4 CHAIRMAN'S BUSINESS**

1 Invitation

No one was available to attend the TADA Rural Support network's 10 Year anniversary, AGM and a gala evening of music and entertainment in the Chesnutt Lodge, Moira on 26 June at 7.00 pm.

**163/5 SOUTHERN HEALTH & SOCIAL CARE TRUST LIAISON PANEL**

The Chairman welcomed the Southern Trust's Liaison panel - Dr Gillian Rankin, Director of Older People and Primary Care; Mr Francis Rice, Director Mental Health, Learning Disability; Mr Lindsay Stead, Assistant Director of Acute Services; Mr Brian Dornan, Director of Children and Young People's Services.

**Dr Rankin** recalled her visit to the Council in November 2007 when she shared an overview of a range of developments taking place. One of the issues of concern in November was the future provision of respite care for inpatient services in Lurgan Hospital. She said the Trust was following the Southern Board's Strategy 2002 – 2007 and putting in place the last piece of the strategy to ensure that older vulnerable people had respite in a community setting, as a hospital setting was no longer appropriate. She reported that the process had moved very smoothly, following talks with the families and patients. All the patients have moved to new respite facilities in Donaghcloney, Portadown or Craigavon. Age Concern is providing advocacy services for the next 6 months.

Two new services will be developed using the funding from closure of the ward at Lurgan Hospital. The services which include a one stop assessment clinic and a community stroke rehab team should be up and running by the autumn.

Dr Rankin reported that due to the ongoing concerns regarding infection control, the Trust was taking action as a result of a report by RQIA on C Diff and a separate report which the Trust commissioned. The space between the beds in Lurgan Hospital will be increased and an annex to ward 4 will be opened. This will be managed as part of the existing wards - there will be no extra beds but additional nurses and domestics will be employed. There are plans for major refurbishment at the hospital in terms of creating some single rooms but that will not happen in the short term.

Mr Twyble said this was good news for the people of Lurgan and should be highlighted.

One other thing which was discussed with families regarding respite was the ongoing concern of the standard of nursing in care homes. As a result the Trust is working with nursing homes in Newry, Craigavon & Banbridge, and Armagh and Dungannon areas to identify areas of work that need to be improved. Referral information between nursing homes and A&E is an initial area of work.

In November another area of concern was access to physiotherapy, occupational therapy, podiatry and all AHP services. The target set by the Department of Health was to reduce the waiting list to 26 weeks by March 2008 and she was happy to report that this target was reached in February 2008. The new access standard is 13 weeks and this will have to be achieved by March 2009. Current waiting time is 20 weeks and she was confident the Trust would make the 13 week standard. Some people are waiting longer than they should for podiatry reviews and the Trust is addressing this.

Dr Rankin spoke of the housing needs of older people when they become frail and develop a degree of dementia. Although the Trust continues to support people at home there is a lack of choice when people want or need to move from their existing home to a place that is adapted and equipped for their needs. Sheltered accommodation has been very successful but we still need more grouping of suitably designed houses where there is security for people. The Trust has been advertising an open day to invite property dealers along to look at areas of projected

population growth in order to engage their interest in creating suitable housing choices for older people.

**Mr Francis Rice** said his responsibility was Mental Health, Learning Disability as well as Director of Nursing.

He indicated that the main drivers at present were primarily around targets, the Bamford Review and RPA. He said mental health services did have targets of 13 weeks to be achieved by 1 April 2008 - the only exception being psychology services i.e. to be achieved by 1 April 2009. All areas in terms of outpatients, mental health community etc had reached their targets. In the SHSCT the waiting time for psychology is 5 months and regionally it is 1 year.

As a result of the Bamford Review, the Trust has chosen to carry out a complete review of mental health services – hospital, community, specialist services etc. A Project Manager had been appointed and a Project Board established and a number of work strands were being taken forward.

The Trust is aiming for a single point of access to mental health services for assessment and treatment. People will be directed to one of 3 teams – Acute mental health problems, rehabilitation, and specialist services eg eating disorders, forensic, and addiction service.

The new Bluestone Unit at Craigavon Area Hospital site which opened recently is an excellent unit in terms of facilities for patients and clients and staff and the Trust is delighted with its success. Resources are centred there and people in the community can avail of them. The official opening is likely to be in autumn 2008.

A resettlement Project Board has been established to develop schemes for people with a learning disability. Patients still in Longstone are those with complex needs. They may require services that differ from those developed so far. Developers are being asked to look at supported housing schemes and discussions are taking place between the Directorate, the DHSSPS and DSD on the matter.

With regard to Physical and sensory disability, Mr Rice said a project was running to modernise the way services are being delivered. A multi-disciplinary approach is being used to look at what is required in terms of community care, day care and hospital care.

In response to the Chairman, Mr Rice said there was no news from the Department in relation to the SECs. The Trust has been asked to review and submit their long term spending plans.

Ms Haughey expressed concern about the lack of services for young people between the age of 12 and 16, particularly young men who may be more challenging. She said there were no local services and they had been failed by Social Services and the Education Department – they were too young for adult services and too old for children’s services. Mr Rice reassured her that a group had been established with stakeholders from the Trust, Board and Education to look at ‘transitional planning’ for young people from the age of 14 years. He said it was about developing a ‘whole system’ approach across directorates. Once the work strands were teased out the Trust would be in a better position to provide timescales for change.

Mr Doran advised that this issue was a priority for the Southern Board, and it was working closely with the Trust.

In response to Mr Donaghey’s question with regard to the need to provide more places for mental health patients, Mr Rice said there was a drive to reduce places as most patients are saying that they would rather be cared for at home. Mr Donaghey asked what happens if those with mental health problems who are being looked after at home, pose a risk to those around them.

Mr Rice reported that the Trust had 38 staff in the home treatment and Crisis Response teams. He advised that patients can be admitted for assessment, however, they must meet the criteria set down in legislation. In deciding on a course of action practitioners will consider all the circumstances, including whether the family felt able to cope with the patient at home.

**Mr Lindsay Stead**, Assistant Director of Acute Services said he was deputising for Mrs Joy Youart, Director of Acute Services and offered her apologies.

Mr Stead reported that within acute services in 2007/2008 the Trust had met all its targets with the exception of fractures as Trauma and Orthopaedics was a recently established service, this was understandable. As a result patients were now getting a better service and more timely access to services across the Trust. This year the 4 hour target in A&E is site specific rather than across the Trust (95%). This is a real challenge for CAH as it is the busiest A&E dept in Northern Ireland. DHH is meeting its target.

In relation to car parking developments, Mr Stead reported that car parking facilities had increased significantly, 157 new spaces available with the Bluestone Mental Health facility, parks were being better utilised, and there was an increased surveillance on inappropriate parking.

With reference to Renal Services, Mr Stead informed the Council that the 22 bed unit at Daisy Hill Hospital would increase to 30 in the new financial year, supported by a capital investment of £1.2m.

The Trust is considering ways to improve A&E facilities at Daisy Hill Hospital as they are inadequate in relation to privacy, safety, and flow of patients from A&E to the wards.

Dermatology – A workshop was held on 31 March to consult with patients and users of the service. As a result a User Forum has been established and will meet again on 23 June. Mr Stead said he looked forward to patients helping to shape and implement the service.

Mr Stead confirmed that the theatres at CAH are being refurbished and re-equipped as they are viewed as an important facility and required to be modernised.

Maternity at CAH – Mr Stead referred to recent press coverage and the impact of changes at Lagan Valley, were likely to have. Upgrading is taking place in terms of admissions and the

assessment unit at maternity, and the two delivery suites are also being upgraded.

The new Catheterisation Laboratory used to treat people with cardiac diseases will be officially opened on 18 June.

He concluded by saying that the Trust had submitted a revised 10 year Capital Plan to the DHSSPS outlining the resources needed for service developments and the future was bright and encouraging for patients, users, carers and the general public in relation to the ongoing development of services at CAH.

**Mr Brian Dornan**, Director of Children and Young People's Services said the Trust was committed to delivering safe, quality care services that are responsive to the people who use them. He said the Trust's aim was to promote and develop new approaches to meeting needs, and improving effectiveness and efficiency. The Children Services directorate is a complete directorate covering community services for children, child and adolescence mental health services, community paediatric services, disability services, and acute services. It is committed to work towards the achievement of the Trust's purpose and values against the backdrop of contributing to the achievement of six outcomes set out in the Government's strategy. These are:

- Healthy
- Enjoying, learning and achieving
- Living in safety and with stability
- Experiencing economic and environmental wellbeing
- Contributing positively to community and society
- Living in a society which respects their rights.

The Southern Trust has a significant role in achieving a number of these outcomes but it require a number of agencies to work together. Many of these are outside health and social services and education.

Mr Dornan said an important issue in the Directorate was that the child population in the Southern area has been rapidly growing over the past 6 years and the children are beginning to make their way into the school system. However, the devolved Administration has an interest in children and there is a

considerable capitation shift to the Southern Board and Trusts. In providing services for children and young people and their families, the Directorate believes in a person centred approach; a whole child model; supporting parents, families and communities in meeting the needs; ensuring effective safeguarding; the benefit of permanence in care; working in partnership with other agencies and stakeholders to promote wellbeing; achieving best practice standards; and advocating for the needs and interests of children and their families.

Because the Directorate believes in these it will review and continue to improve its models of service, learning from best practice, to improve access, intervention, and treatment and care. It will:

- Provide services that prevent children entering the care system.
- Extend Outreach services
- Increase the number of foster carers
- Develop the range of family support and early years
- Review and modernise health visiting, school nursing and AHP services
- Review, develop and reform paediatric services
- Extend community children's nursing to a 7 day service
- Improve services for children with disabilities and their families.
- Progress the development of a children's home in Newry for children with disabilities.
- Continue to develop the ACE team.
- Develop dental service
- Develop the range of Child and Adolescent Mental Health Services
- Develop and improve the Out of Hours Social Work
- Reduce the time children have to wait for assessment and treatment.

Mr Dornan said that as a result of these developments, some things would change, for example, the number of children cared for in children's homes would reduce, services would increasingly be co-located where possible, and efficiency will be increased by reviewing and reconfiguring teams to reduce management and administrative costs. The Trust will develop

ways of bringing services to children and families so that children will only be taken into care, as a last option.

Mr Savage raised the issue of children with cerebral palsy and asked who was responsible for their support. Mr Dornan said it was the Trust's responsibility to ensure that the children are getting the services they need. A group is being set up of representatives from the Southern Board, Southern Education and the Trust to work together. Mr Savage referred to an incident when a mother from an area outside the Southern Board came to him to ask if there was any assistance available. Mr Dornan said he would be happy to discuss the specific case with Mr Savage to see if there is anything that could be done.

Mr Dornan responded to questions from members in relation to the overlap in the roles of the Education Board and the Trust, the number of children in care, the children's home in Newry, and Autistic services in Middletown.

Mr Twyble, on behalf of the Council, expressed a vote of thanks to each of the panel members for their comprehensive reports and for their frankness in responding to members' questions.

## **163/6 CHIEF OFFICER'S REPORT**

The Chairman drew members' attention to the Chief Officer's monthly report and asked if there were any questions.

### **Trust Business**

- 1 Car Parking - Some additional car parking at CAH is now available. The Trust is exploring the potential to make a charge for some car parking at acute hospitals.

Ms Haughey said that the Minister had recommended that cancer patients and their families, and patients with other illnesses would get free car parking at hospitals. She said it was left with the Trust to implement this and she wanted to make sure it was rolled out in the Southern area. She sought clarification on what other illnesses would be included. It was agreed to write to the Trust for clarification on other illnesses that would be incorporated.

Ms Haughey referred to the NHS dental situation and used it as an example where money had been made available to employ a number of NHS dentists, but the Southern Board has not moved on the situation.

- 2 The re-design of dermatology services proposals was approved by the Trust Board.
- 3 Performance against access targets - only 3 targets were not fully met by the Trust. Most notably this included the Fracture Service target of at least 75% of patients waiting no longer than 48 hours for inpatient fracture treatment. This is a newly established service which the Trust is still bringing to full capacity.
- 4 A further unmet target in the Southern Area is the NIAS target requiring them to meet the response time for Category A targets in 70% of cases. On a regional basis they reached a 68% but in the Southern Area this was only 58%. Although this is an improvement on 41% at March 2007 it leaves the Southern Area short of the target. The SHSSB are taking this matter up with NIAS. I suggest that we invite NIAS to a future meeting.

Mrs McMahon expressed concern that the NIAS was 12% short on its response time in the Southern Area and was worried about the implications this would have on the patients who required the service. It was agreed to await the NIAS presentation at a future meeting.

- 5 RQIA has completed 3 inspections on the Trust in recent months including an independent report on C Diff, an unannounced hygiene inspection report and a clinical & social care governance review.
- 6 Patient & Client Experience Committee - the Trust has invited me to join this group. It will provide a forum for taking forward issues such as the Casualty Watch report.

### **Progress against SHSSC Action Plan**

- 1 Five workshops were held for community groups re the RPA proposals for the Patient Client Council. One further event

is planned. Three 'roadshow' events have taken place - a health fair with BRAN and two Facts 'n' Fun events aimed at families.

- 2 Consultation responses from the community on RPA were included in the overall HSSC response document and were also submitted in full to the DHSSPS PCC 'team'.
- 3 Consultation with other stakeholders also included members of the Assembly Health Committee, Banbridge District Council Health Committee, NILGA, SHSCT, SHSSB and the LCG.
- 4 Media interest included good coverage for the dental campaign and the appointment of the new Chairman. Media interviews included:
  - Participation on Talkback on visiting time policy - 15 April
  - Interview with City Beat on ambulance response time - 15Apr
  - Interview with Press Association on ambulance response times - 15 April.
- 5 A Bugwatch event is being planned for the autumn.
- 6 A survey of patients' experience of hospital food is underway.
- 7 The report on adults with a disability in acute hospitals is nearing completion and should be launched in the autumn.
- 8 The Executive Committee met with representatives of the DHSSPS to discuss dental services. The DHSSPS proposes to tender for additional dental services to meet the demand in areas with a shortage. They believe that this (along with some salaried dentists) will provide an interim measure to relieve the situation until the dental contract can be agreed. The meeting was generally felt to be very positive.
- 9 The four HSSCs' audit of advocacy services for older people in care homes has been completed and will circulated to all interested groups. The steering group has

decided to continue to meet to promote action on the report recommendations.

- 10 The Service Delivery Unit at the DHSSPS (responsible for setting and monitoring performance against targets) has asked the HSSCs to work with them in identifying public/service user priorities for forthcoming PfA targets. The Chief Officers are currently preparing a methodology to take this forward.

### **Other Issues:**

- 1 It is proposed that the next Joint Forum should take the format of a visit to Stormont to include a briefing on the work of the Assembly and in particular the Health Committee. Further details will be available in due course.
- 2 Mr Sheelin McKeagney, Chair of the Local Commissioning Group has been invited to the September meeting. This will provide an opportunity for him to meet members and gain an insight as to how we conduct our business. It is hoped that he will also give us a brief up-date on the LCGs role.
- 3 It has been agreed with the SHSSB that our joint meeting should be held on 21 October. This should be an information sharing event looking forward to the new arrangements. Obviously we can raise other issues if we wish to.
- 4 HPSS Complaints Review - This has been a very slow process that is currently nearing completion. The current suggestion is that the second stage of the process 'the independent review stage' should be done away with. This would leave a strengthened 'local resolution' stage and an appeal to the Ombudsman. The HSSCs are feeding into the process through an external reference group chaired by the DHSSPS. A member of the public has contacted all four HSSCs asking us to withdraw from the external reference group until there is complainant representation on that group. This person has made a presentation to the EHSSC. The Chief Officers have agreed that the EHSSC should act as a contact point for the four HSSCs with this person and that we should maintain our representation on the external

reference group in our role as representative of the public interest. The Chief Officers have met with DHSSPS officers to raise our concerns about the proposals and be up-dated on the review. They brought us up to date on the decision to agree standards for complaints resolution and steps to improve access to conciliation as part of the complaints process. This meeting went some way in reassuring us that the new procedure will be robust. The COs will continue to closely monitor developments.

**163/7 REVIEW OF PUBLIC ADMINISTRATION (RPA)**

The Chairman drew members' attention to the HSSCs' response to Consultation on Proposals for HSC Reform.

The paper was noted.

**163/8 REVIEW OF ACCESS TO ADVOCACY SERVICES FOR OLDER PEOPLE IN CARE HOMES IN NORTHERN IRELAND**

The Chairman referred members to the report entitled, 'Review of Access to Advocacy Services for Older People in Care Homes in Northern Ireland'. She said the report had been produced by the 4 HSS Councils and RQIA and had been launched on 9 June. It would be circulated to all Care Homes and interested groups. Members noted the report.

**163/9 FEEDBACK FROM MEETINGS**

**1 Bluestone Unit – CAH**

Members congratulated the Chairman on the excellent report on her visit to the open day at the Bluestone Unit – CAH.

**2 Launch of Life Channel**

Since Mr Henning or Mrs Burrell was not available for a report it was agreed to include it on the next agenda.

**3 Regional Out of Hours**

The Chairman reported that she and the Chief Officer met with the Project leader to discuss the proposals for the structure of the new Regional Service. These have been submitted to the Minister for approval. Members would be kept updated.

**163/10 PRESS RELEASE TOPIC**

Development of services in the Southern Trust.

**163/11 FOR INFORMATION**

- 1 SHSSB – Minutes of Board Meeting held on 8 April 2008
- 2 SHSSB – Minutes of Board Meeting held on 13 May 2008
- 3 SHSCT – Minutes of Board Meeting held on 19 March 2008
- 4 SHSCT – Minutes of Board Meeting held on 29 April 2008
- 5 SHSCT – Trust Performance against Targets.

**163/12 ANY OTHER BUSINESS**

1 Accountability Meeting

The Chairman informed members that she had attended an accountability meeting with the Chief Officer and DHSSPS officials and there was some indication that there may be an announcement by the Minister prior to the summer holidays. In the event of this, it may be necessary to call another meeting of the Council but members would be kept informed.

**163/13 DATE OF NEXT MEETING**

Tuesday 16 September 2008 at 10.00 am in Quaker Buildings

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