



NI HEALTH & SOCIAL SERVICES COUNCILS

Report

of

Joint Conference on

'Moving Towards a Patient Client Council'

Held in

Radisson Roe Hotel, Limavady

on

Tuesday and Wednesday 24 and 25 January 2006

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NI HEALTH AND SOCIAL SERVICES COUNCILS

CONFERENCE REPORT

Foreword

The Minister's announcement in November 2005 on the new HPSS structures presented a welcome challenge to the four Health & Social Services Councils (HSSCs). The proposal to replace Health & Social Services Councils with a 'powerful single health and social care user's body', the Patient Client Council (PCC) offered us an opportunity to share our experience on being the voice of service users within health and social care and to inform the design of future structures.

'Moving Towards a Patient Client Council' provides a record of a four Council event that set out to explore our experience to date and consider what the best model for the Patient Client Council might be. It brought together almost 80 representatives from the four HSSCs to reach a consensus about the regional and local requirements of the proposed new body. The outcomes of that discussion are included in this document.

The conference agreed that the four Councils will use this report to promote a debate about all aspects of the PCC's remit and structure. In order to facilitate this, we will widely circulate this document as part of our consultation on the new structures. We will seek to ensure that any feedback we receive will inform the thinking and debate within the DHSSPS Project Team developing the legislative base for the PCC.

If you would like to hear more about the HSSCs' work or would like to discuss the emerging Patient Client Council, please contact your local HSSC - details are at the back of this report.

Finally, the HSSCs believe that the move to a Patient Client Council offers an important opportunity to provide person centred services. We intend to work to achieve that goal and hope that you will work with us.

Lynne Cairns



Chairman
SHSSC

Tom Creighton



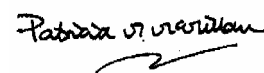
Chairman
NHSSC

Paddy McGowan



Chairman
WHSSC

Patricia McMillan



Chairman
EHSSC

1. REVIEW OF PUBLIC ADMINISTRATION PROPOSALS (RPA)

On 22 November 2005 the Secretary of State outlined plans for the reorganisation of public administration in N.I. Shaun Woodward, Minister for Health Social Services and Public Safety, subsequently announced proposals for health and social services. The section relevant to Councils indicated the following:

- The four Health and Social Services Councils will be replaced by a powerful single health and social care user's body. This will be called a Patient and Client Council (PCC).
- The PCC will have a critically important role in engaging with the patient, the client and communities:
 - in promoting their health and well-being;
 - in getting the best from the service; and
 - in providing effective advocacy when the service is not doing what it should be to meet patients' just needs and demands.

Although it will have a regional remit, it will also have a strong emphasis on representing individual patients and local communities.

2. HSS COUNCILS' ANNUAL CONFERENCE

A conference was scheduled to take place on 24 & 25 January 2006 to discuss these proposals and plan a course of action for the future. The participants of the conference would be Council members and staff and a combination of background materials, speakers and workshops was planned to stimulate and facilitate discussion.

3. CONFERENCE PROGRAMME

A brief history of the Health and Social Services Councils was presented and the 4 Council response to the RPA consultation was reviewed as an introduction to the day. David Finnegan then presented an overview of the outcome of RPA decisions. Noel McCann who talked about health and social services decisions, new structures, timescales for reorganisation and some initial

thoughts on the new Patient and Client Council (PCC) followed this. He stated that 14 Project Teams would be established to take forward these proposals. A PCC Project Team will develop the role of the PCC, engage with stakeholders and clarify the legislative approach. Information on this including membership on the team will be issued shortly.

A panel discussion, which included the views of a service user, voluntary sector organisation representative, and a Health and Social Services Board Chief Executive, set the scene for the afternoon workshops. In the workshops participants were asked to consider a number of scenarios, which described examples of assistance that individuals and communities may ask of the PCC. They looked at 3 PCC models and using suggested evaluation criteria scored the models in terms of how these would meet the needs.

4. WORKSHOP OUTCOMES

There was some difficulty with the task of looking at models as members felt that they were unclear what the functions of the PCC would be. However, clearly the preferred model was one with a regional office and a local presence coterminous with the proposed 7 Local Commissioning Groups. In addition the following issues were highlighted.

- Aim and Mission Statement
A clear aim for the PCC must be determined with its role clarified and functions specified.
- Independence
The PCC must be independent from all other health and social services organisations in order to maintain public confidence. Accountability is important but must be two way both to the public and also to the Minister/Government.
- Legislation
No model will work if the legislation is not correct. Legal advice will be necessary as the legislation is prepared.

- Local Presence
A local presence is required to allow for one to one contact. The use of technology can assist accessibility but does not eliminate the need for personal contact.
- Partnership Approach
Services provided by the PCC should compliment existing services provided by voluntary or public sector organisations. There should be neither overlap nor duplication and networking is vital. The voluntary sector must be represented at all levels of the PCC and where possible a one stop shop approach should be provided.
- Make Up of PCC
The new PCC needs enthusiastic people who are committed to the concept. The current recruitment process and public appointments procedure does not reach all sections of the community.
- Public Awareness
The level of public awareness of the existing Health and Social Services Councils is very low. The new PCC must have an increased profile and communication and marketing will be vital.
- Resources
Adequate resources will be required if the PCC is to fulfill its mandate.

5. NEXT STEPS

Participants agreed the following as the way forward:

- ❖ Departmental PCC Project Team
Strong input from all 4 Health and Social Services Councils should be requested. Representatives should also have deputies appointed to ensure a 4 Council presence at all meetings.

- ❖ Conference Report
A conference report will be prepared and circulated to all members, staff, Trusts, Boards and the Department of Health Social Services and Public Safety.

- ❖ HSS Council Executive
The Executive Committee will operate in a shadow form to the PCC Project Team. Mechanisms will be developed to ensure that feedback to and input from members is accommodated. A process of inclusive public consultation will form a major part of any deliberations.

- ❖ Setting Priorities
Departmental timescales for taking forward the PCC proposals will be very tight. It has been suggested that the required legislation must be prepared by June 2006. It was agreed that this work is a priority and consideration must be given as to how this will be achieved. The current schedule of Council Meetings will be revised to permit meetings with a single item agenda. These items will be determined by the Executive Committee and will be scheduled to keep pace with the work of the PCC Project Team. Some meetings will be open to all 4 Council's members.

CONFERENCE EVALUATION

Conference Title: **Joint Conference on 'Moving Towards a Patient Client Council'**
 Conference Date: 24 and 25 January 2006
 Venue: Radisson Roe Hotel, Limavady

Please indicate which Council you represent:	13	11	5	5
	NHSSC	SHSSC	EHSSC	WHSSC

4 did not indicate a Council

On the Graded Scales, please circle ONE answer you feel most appropriate for each statement

1. Conference Aims

Did you understand the aims of the Conference?

6 (56%) Completely	5 (25%)	4 (17%)	3(2%)	2 (0%)	1 (0%) Not at all
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1 person did not answer this question

2. Conference Content

a. What was the level of subject treatment?

6 (24%) Just right	5 (49%)	4 (24%)	3 (3%)	2 (0%)	1 (0%) Too advanced
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b. Were the subjects relevant?

6 (32%) Very relevant	5 (51%)	4 (14%)	3 (3%)	2 (0%)	1 (0%) Not relevant
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3. Conference Length

What was your opinion of the length of the Conference?

6 (46%) Just right	5 (30%)	4 (11%)	3 (5%)	2 (0%)	1 (8%) Too long/ too short
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4. Overall assessment of Conference

What is your overall assessment of the conference?

6 (28%) Excellent	5 (44%)	4 (22%)	3(6%)	2 (0%)	1 (0%) Poor
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1 person did not answer this question

5. Did you feel the venue and accommodation for the conference were suitable?

6 (76%) Very suitable	5 (22%)	4 (3%)	3 (0%)	2 (0%)	1 (0%) Not suitable
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Additional Comments Question 5 totals more than 100% due to rounding

Please return the completed form to the Chief Officer following the conference

PROGRAMME

Day One: Tuesday 24 January 2006

- | | |
|----------------|--|
| 10.30 am | Tea / Coffee |
| 11.00 am | Registration – Danny Boy Suite |
| 11.15 am | Welcome/Introduction
<i>Paddy McGowan, Chair, WHSSC</i> |
| 11.20 am | A short History of the Health & Social Services Councils
<i>Noel Graham and Richard Dixon</i> |
| 11.35 am | An Overview of the Outcome of RPA
<i>David Finnegan, RPA</i> |
| 12.05 pm | Patient Client Council model within the new HPSS
Structure - <i>Noel McCann, DHSSPS</i> |
| 12.30 pm | Question/Answer session |
| 12.45 pm | Preparation for Panel Discussion and Workshop
<i>Stella Cunningham and Maggie Reilly</i> |
| 1.00 pm | Lunch |
| 2.00 pm | Panel Chair - <i>Lynne Cairns, Chair, SHSSC</i>
Primary Care Perspective - <i>RCGP Representative</i>
Statutory Perspective - <i>Colm Donaghy, Chief Executive, SHSSB</i>
Community Perspective – <i>Rural Community Network Rep</i>
Service User Perspective – <i>Jim Walsh, Mental Health</i>
Question and Answer Session |
| 3.00 pm | Tea/Coffee available in workshops |
| 3.15 – 5.00 pm | Workshop – Advantages and Disadvantages of Models |
| 5.00 pm | Check into Hotel |
| 8.00 pm | Dinner and Musical Entertainment |

PROGRAMME

Day Two: Wednesday 25 January 2006

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|------------------|--|
| 9.30 am | Workshop Outcomes: Councils' Consensus |
| 10.30 – 11.00 am | Coffee |
| 11.00 am | Plenary session – Agreeing outcomes and next steps |
| 12.15 pm | Closing Remarks
<i>Chair - Tom Creighton, NHSSC</i> |
| 12.30 pm | Lunch |

LIST OF PARTICIPANTS

Name	Status	Organisation
Adger Beth	Member	NHSSC
Anderson Maureen	Member	NHSSC
Badger Norman	Member	SHSSC
Brown Jim	Member	NHSSC
Burrell Annie	Member	SHSSC
Cairns Lynne	Chairman	SHSSC
Carten Michael	Member	WHSSC
Compston Brian	Member	EHSSC
Creighton Tom	Chairman	NHSSC
Cunningham Stella*	Chief Officer	Staff - SHSSC
Dixon Richard	Chief Officer	Staff - EHSSC
Donaghy Colm	Chief Executive	SHSSB
Downard Nancy	Office Manager	Staff - SHSSC
Drysdale Andrew	Member	EHSSC
Erwin Jacqui	Office Manager	Staff - NHSSC
Finnegan David	RPA	
Gormley Maureen	Business Manager	Staff - WHSSC
Graham Cecil	Member	EHSSC
Graham Jane	Consultant	
Graham Noel	Chief Officer	Staff - NHSSC
Hamilton Elizabeth	Member	EHSSC
Hamilton Mary	Member	WHSSC
Harris Nazy	Member	SHSSC
Harrison Debbie	Clerical Officer	Staff - SHSSC
Hart Colette	Complaints Officer	Staff - SHSSC
Henderson Michael	Member	EHSSC
Henning Clive	Member	SHSSC
Hogg Sue	Member	WHSSC
Hume Seana	Member	WHSSC
Hussey Ross	Member	WHSSC
Johnston Bert	Member	WHSSC
Johnston Irene	Member	NHSSC
Johnston Liz	Member	NHSSC
Jordan Patricia	Project Officer	Staff - SHSSC

Kearns Peter	Member	SHSSC
Kernohan Prof George	Member	NHSSC
Leslie Alan	Member	EHSSC
Loughran Kitty	Personal Secretary	Staff -WHSSC
Lynch Ruth	Member	WHSSC
Maguire Ignatius	Member	WHSSC
McAlister Briege	Personal Secretary	Staff - NHSSC
McCambridge Catherine	Member	NHSSC
McCann Noel	DHSSPS	
McCart Jim	Member	SHSSC
McClelland Sam	Member	NHSSC
McFadden Wilfred	Member	SHSSC
McGowan Paddy	Chairman	WHSSC
McGrotty Rosemary	Member	EHSSC
McGuigan Caroline	Community Participation Officer	Staff - SHSSC
McIntyre Roley	Member	WHSSC
McIvor Michael	Member	WHSSC
McKelvey Victor	Member	WHSSC
McMahon Florence	Member	SHSSC
McNeill Jackie	Complaints Officer	NHSSC
Meredith Desmond	Member	EHSSC
Montgomery Janet	Member	NHSSC
Morrison Rae	Member	NHSSC
Muldoon Mary	Member	EHSSC
Murphy Kieran	Member	SHSSC
Murray Peter	Member	SHSSC
Nicholl Tommy	Member	NHSSC
Nolan Mark	Member	NHSSC
O'Neill Eamonn	Member	EHSSC
Page Billy	Member	WHSSC
Patterson Muriel	Member	EHSSC
Preston Lorna	Office Manager	Staff - WHSSC
Reilly Maggie	Chief Officer	Staff - WHSSC
Robson Frances	Member	WHSSC
Savage George	Member	SHSSC
Simpson Ryan	Information Officer	Staff - EHSSC
Sutherland Danny	Member	WHSSC
Swain Kate	Member	NHSSC

Trimble Marilyn	Member	WHSSC
Walsh Jim	Mental Health Alliance	
Weir Philip	Member	SHSSC
Wilson Andy	Member	NHSSC
Wright Eileen	Member	SHSSC

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**Western Health and Social Services
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For more information

