



Quaker Buildings, High Street, Lurgan, BT66 8BB  
Tel: (028) 3834 9900. Fax: (028) 3834 9858  
Minicom: (028) 3834 6488 www.shsscouncil.net Email: admin.shssc@dnet.co.uk  
Chief Officer: Mrs Delia van der Lenden

16 October 2002

Mrs Mairead McAlinden  
Acting Director of Planning and Performance Management  
Southern Health and Social Services Board  
Tower Hill  
ARMAGH  
BT61 9DR

Dear Mrs McAlinden

**STRATEGIC VISION FOR HEALTH AND SOCIAL CARE FOR OLDER PEOPLE 2002-2007**

Thank you for your letter of 16 August 2002 inviting comments on the Board's Strategic Vision for Health and Social Care for Older People 2002-2007. The Council welcomes the consultation document which is clear, concise, easy to understand and available in alternative formats.

**Approach:**

The Council supports the inclusive process that the Board adopted in developing this Strategic Vision and is pleased to have facilitated the Planning Day Conference which was held in The Market Place Theatre, Armagh in July 2001 and the subsequent development of the Stakeholder Advisory Group. The day long conference which was facilitated by Brendan

McCormack, Professor of Nursing, University of Ulster was attended by a large number of users, carers and their representatives throughout the Southern Board's area. The conference sought views on the current provision of services and the key themes which emerged were taken into account in the development of the Board's plan and are reflected in the consultation document.

The subsequent establishment of the Stakeholder Advisory Group ensured that the views of service users, carers, community and voluntary sector agencies and care providers were reflected in the development of all aspects of the strategic vision and agreed proposals. The group met 4 times during the course of the development of the plan and at each meeting had the opportunity to ask questions and provide feedback on the issues to be addressed. The final consultation document reflects and addresses the issues and concerns raised by the Group during the course of these meetings.

### **General Issues:**

One issue which the Stakeholder Advisory Group raised from the outset was the inclusion of dementia services. While dementia services have not been included in the Review, the document outlines that they will be addressed in Phase 2. While the Council is satisfied with this arrangement, the preferred option would have been for all the services to have been reviewed holistically. One of the key messages from the Stakeholder Conference was that *"...it does not make sense to separate out these services from 'physical care' services. Participants want the SHSSB to know that they are dissatisfied with this decision and that it goes against principles of empowerment and holistic care."* Allowing for this point, the document covers all relevant aspects of services for older people.

The focus of the review was on maintaining older people in their own homes and the document places emphasis on prevention and rehabilitation. The Council supports this emphasis because it was recommended by the Stakeholder Conference that the SHSSB adopt this as a key criterion in service developments. Participants highlighted that older people want to

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remain in their homes for as long as possible and they want services to be truly focused on keeping them at home or in a home of their choice.

### **Community Services:**

The Council supports the recommendation that a single point of access to information about services should be developed in each Trust. The views of potential users of this information in relation to where is the best location would be most valuable for the Board to consider. However the Council suggests that the following considerations are taken into account. A person's own GP surgery is probably the most accessible venue for information about services however the consultation report recommends a single point of access per Trust area therefore a GP surgery which the person does not attend may not be accessible. In terms of the other two suggested locations - Trust Headquarters and the Citizen's Advice Bureau - it is important that whatever point is chosen that there is sufficient information and publicity surrounding it to ensure that people are aware that;

- a) there is such an information source and
- b) how to access it.

The Council agrees that there should be improved rehabilitation services for older people. This issue was highlighted by participants at the Stakeholder Conference. As well as improved designated rehabilitation services the need for an overarching rehabilitation strategy that underpins all service delivery was also referred to.

The Council has recently conducted a study examining the views of older people of the service they received at Mullinure Day Unit<sup>1</sup>. Overall participants expressed positive views of the quality of care received. The majority were able to outline how they had benefited from the therapeutic care they received. This included being able to manage better, increased physical ability, independence, confidence and feelings of control and reduced pain. However participants also felt they benefited significantly from the social interaction with other patients and from the activities they engaged in. They identified the benefits of the social aspect as; having an

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<sup>1</sup> SHSSC (October 2002) Mullinure Day Unit – The Views of Users.

opportunity for socialising, distraction from their illness or pain, having an opportunity for mental stimulation and improved mood. Therefore the

Council recommends that the Board's definition of rehabilitation should take a broad approach and include social and psychological aspects.

The Council supports the recommendation that the Board continues to develop intermediate care arrangements in each Trust area. The direction of the development of these services should be informed by the outcome of the Board's evaluation of step-down schemes currently operating with the Board's area.

### **Hospital services:**

The Council agrees that acute geriatric medicine, acute stroke/acute rehabilitation and acute orthopaedic rehabilitation/acute rehabilitation for older people should be delivered on an acute hospital site. Continuing care and respite care for older people should no longer be provided in hospital and should in future be commissioned from appropriate community settings. This may facilitate care being provided closer to a patient's own home as well as freeing up much needed capacity within the acute hospital sector. Transferring the commissioning of respite care from hospital to community settings can be conducted without having an obvious detrimental impact on patients who receive it. However this is not so for patients currently receiving continuing care in an acute hospital. The Council recommends that the commissioning of hospital-based continuing care is phased out so that current patients are not disrupted by the change.

Non-acute hospitals such as South Tyrone Hospital, Mullinure Hospital and Lurgan Hospital are suited to focus on non-acute rehabilitation and the prevention of admission into acute hospitals. The Council agrees that services on non-acute hospital sites should be either nurse led or GP led or a mix of both types of care and that they should have close links with consultant services.

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**Equality:**

The Council recognises the Board's acknowledgement of the potential impact on younger people and people whose first language is not English and that these matters will be addressed in the implementation phase.

**Implementation Plan:**

The Council welcomes the inclusion of the Implementation Plan for Year 1 along with specified time-scales. The implementation plan should be subject to regular review and the Stakeholders Advisory Group (or similar group) could play a useful role in this.

In summary, the Council supports the approach adopted by the Board in the development of the Strategic Vision for Health and Social Care Services for Older People 2002-2007. The establishment of the Stakeholder Advisory Group to work alongside the Project Board is a model of good practice and sets a precedent for user involvement in the development of strategic plans for service delivery. The approach adopted permitted for the involvement of users and carers at an early stage therefore their views have been incorporated into the Strategic Vision and the end result is a strategy which the Council is happy to support.

Yours sincerely



Delia van der Lenden  
Chief Officer

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