

**BUSINESS PROGRAMME 2003 - 2004**  
**NORTHERN HEALTH AND SOCIAL SERVICES COUNCIL**

**PROGRAMME OF WORK 2003/2004**

**1. INTRODUCTION**

The Northern Health and Social Services Council (NHSSC) is a statutory body representing the interests of local people in health and social services provided within ten local Council areas. These are, Antrim, Ballymena, Ballymoney, Carrickfergus, Coleraine, Cookstown, Larne, Magherafelt, Moyle and Newtownabbey. The main purpose of the NHSSC is to influence the nature of health and social services provision on behalf of local people.

**Core services provided by the NHSSC:**

- To inform, advise and support individuals and user groups within the community.
- Fulfil statutory duties, which includes access to information, consultation, statutory meetings with the Health and Social Services Board, visits to facilities and the production of an Annual Review.
- To monitor the delivery of services and identify and promote the satisfaction of unmet need.
- To promote good practice, including the development of and access to good health and social care.
- To liaise with the other three Health and Social Services Councils to identify issues of common concern and to take such action as is necessary.

**2. PROGRAMME OF WORK**

NHSSC has a duty under paragraph 15 (2) of the Health and Social Services Councils Regulations (Northern Ireland) 1991 to draw up (in conjunction with the Northern Board) a programme of work that the Council proposes to undertake each year.

In doing this the Council must operate within its allocated budget. For 2003/2004 this amounts to £192,000 which is an increase of 5.7% on the previous year.

### 3. INFORM, ADVISE, SUPPORT INDIVIDUALS AND GROUPS

#### 3.1 Raising Awareness

In past years the Council has endeavoured to increase awareness of its existence and role by a range of local initiatives. Whilst the longer term structures for the management and delivery of health and social services is the subject of further consultation Council strongly believes in the need for the retention of local consumer representation. Until future structures and the nature of the organisations through which this will be delivered is clear Council's view is that promotion of its role and function should continue at a strong level.

In the current year Council will build upon its programme of initiatives aimed at increasing local awareness.

- **Literature** – Health and Social Services facilities will be encouraged to review their information displays particularly in relation to NHSSC and invited to request material to keep these well stocked and up to date. Further supplies of 'Your Guide To' Leaflets will be made available to Libraries, local community offices, CAB offices, primary care locations, etc.

Targeted distribution of research survey reports and summaries will continue.

- **Website** – The Council website ([www.nhssc.org](http://www.nhssc.org)) will undergo some change. It is the intention to review the style and format, make it more user friendly for people with disabilities and particularly explore with young people styles and content. We will also explore with the site designer how we might build upon its success and further increase the number of hits.
- **Wallet Cards** – The supply of wallet cards to local Trusts will continue so that people accessing services through first appointment will receive information on the support available through NHSSC.
- **Advertising** – One of the most popular ways in which people contact us is as a result of the large advert in the telephone directory and through adverts in yellow pages. We will continue this approach with the other Councils and consumer organisations in the current year.

The Council will also be promoted through advertising on local library carrier bags. Supplies will be distributed by NEELB to library branches

in the area for issue to borrowers with their library books. Promotion will continue while stocks (100,000) are available.

Locally we intend to explore some methods of widespread advertising over a short term. Examples include bus advertising and 'Ads on the Move'.

- **Exhibitions and Information Days** – Last year staff participated in setting up stands at popular sites in 9 towns within the area. It is not intended to repeat this to the same extent but a staffed stand will be available for local events particularly where there is a HPSS theme and where information would be available for hard to reach groups.
- **Community Development** – The Council has been building up its database of community groups and will explore how it can interact more effectively with them. The invitation to meet and discuss local issues at the start of each Council meeting will continue and Council will use local community facilities where appropriate and available.
- **Media releases** – These are tailored according to subject interest and location. There are 23 local papers in addition to television, radio, community magazines and the talking newspaper network. All will be included in the circulation together with DHSSPS, Northern Board, local Trusts and Local Health and Social Care Groups.
- **Health and Social Care Staff** – It is important that staff within the service are aware of the Council and its function. Contributions will continue to staff magazines and NHSSC staff will have input into local Trust staff training programmes. Visits to facilities by members and discussion with staff about their service also strengthens awareness as does participation in committees, working parties, quality award panels, etc. The Council will also invite from time to time senior managers to meet and discuss their service with Council members.

Monitoring of enquiries and contacts with the office will be strengthened to show us how people became aware of the Council.

### **3.2 Advice and Support**

The Council has a duty to provide information, advice and support to people on aspects of health and social care. In 2002/2003 it was noticed that while there was a reduction in those phoning or calling into the office there was a greater increase in people using our website for information. Slightly fewer people sought assistance with their complaint.

A review of Council's information services will seek to define the appropriate information function of the Councils and will examine the resources required to maintain a quality service.

### **3.3 Complaints**

The Council will maintain its particular role in assisting people through both the HPSS Complaints Procedure and the Children Order Complaints Procedure and contributing to the monitoring of the effectiveness of these schemes.

The report of the research on HPSS Children's Complaints Systems (through Queens University, Belfast) will be distributed early in 2003. This report recommends that each Health and Social Services Council should appoint/designate one of their officers to work specifically with children and young people in the HPSS, to liaise with the non-statutory organisations doing likewise, and to liaise with and advise the Children's Commissioner on HPSS complaints. This raises the need for additional resources to implement this recommendation.

The Council will continue to provide support and advice to people on the operation of the HPSS Complaints Procedures. It will provide support to complainants through both the local resolution and independent review processes and will raise issues arising from complaints with relevant service providers.

The Complaints Officer will participate in staff training within each local Trust on complaints handling and the rights of the individual. She will continue to represent the Council on the Northern Area Forum on complaints handling and good practice.

The Council will also participate in and promote any review of local complaints systems.

In relation to information and complaints links will be maintained with other bodies such as General Medical Council, General Dental Council, Royal College of Nursing, Northern Ireland Practice and Education Council for Nursing and Midwifery, Northern Ireland Social Care Council, Health Professions Council, Law Centre, Citizens Advice Bureaux, Ombudsman's Office, etc.

## **4. FULFILLING OUR STATUTORY DUTIES**

### **4.1 Equality and Human Rights**

The Council will continue to promote equality of opportunity and good relations in relation to its functions, powers and duties relating to Northern Ireland.

The Council will continue to work closely with the Board and Trusts through the joint Northern Area Best Practice Forum.

Council made a substantial commitment to the Good Practice Review within the Northern area and will continue this work in the current year.

The Chief Officer will work closely with the Equality Commission and other organisations on issues relevant to meeting the Council's obligation under Section 75 and prepare progress reports as required.

The Chief Officer will keep members informed of progress in complying with the statutory duties by making clear the Council's obligations and reporting on a quarterly basis.

The arrangement with Northern Board for advice, support and training for members and staff in equality and human rights will continue through the Board's Equality Assurance Manager.

### **4.2 Targeting Social Need**

In relation to New Targeting Social Need Action Plan the Council will hold meetings in community settings where possible and local people will be invited to attend and discuss health and social care issues. Last year Council met in Bellaghy, Galgorm, Glengormley, Cookstown, Ballymoney, Cushendun, Broughshane, Garvagh, Toomebridge and Carrickfergus.

### **4.3 Risk Management**

The Chief Officer on behalf of the Council is involved with Board and Trust officers in identifying areas of risk within health and personal social services. A Register of Risks together with their likelihood and impact will be drawn up by the Chief Officer for the Council together with a treatment schedule and plan.

The Council will have an assessment of the premises done to detect any presence of asbestos and if appropriate prepare a register for use by those engaging in future maintenance work.

#### **4.4 Investing for Health**

The Council will continue to participate in the Northern Investing for Health Partnership and contribute to the Health Improvement Plan.

The Council has a role in contributing to the development of Health and Wellbeing Investment Plan (HWIPs) and monitoring outcomes. Council should report on the outcomes of HWIPs and promote greater participation and involvement by local communities. Councils have raised the need for additional resources to carry out this work and will have further discussion with the Department to resolve this within the Investing for Health strategy.

#### **4.5 Disability Discrimination Act**

A review of the premises occupied by the Council will be carried out by an independent assessor in order to identify what reasonable adjustments are required by to comply with the Disability Discrimination legislation. The Council will discuss the findings with Northern Board and liaise with the Department in relation to renewal of lease which expires in November.

#### **4.6 Freedom of Information**

During the year the Council will produce a Publication Scheme to comply with Freedom of Information requirements and submit this for approval of the Information Commissioner. The Scheme will be agreed by Council and published to show the classes of information we hold, how to access the information and whether there is a charge.

#### **4.7 Policy Development and Representation**

The Council will endeavour to respond to consultation documents from within (and outside) health and personal social services in Northern Ireland. Where possible there will be joint working with other Councils on this. The Council will give priority to those which affect Northern area and will particularly respond to those which promote change or substantial variation in service provision by putting forward the user perspective.

There has been increasing demand upon Councils to provide public input into steering groups and working parties looking at future strategies, service reviews, policies, guidelines, etc. Where possible work of a regional nature will be shared with other Councils in order to meet the demand.

#### **4.8 Local Health and Social Care Groups**

Council is interested in the work of Local Health and Social Care Groups and has established contact through chairs and lay members. Methods of communication and relationships will be further developed throughout the year.

#### **4.9 Membership**

The filling of member vacancies, the methods used and the need for some form of financial reimbursement are issues which have been brought to the attention of the Department. In order to fulfil its role it is important that the Council has the appropriate resources.

#### **4.10 Visiting and Reporting**

Members of the Council carried out 17 facility visits last year and reported on each. A further programme of visits will be scheduled in the current year.

#### **4.11 Maintaining Links**

Liaison will be maintained with Trusts outside Northern area particularly where a regional service is provided. Council will also liaise with community and voluntary organisations, local Medical and Dental Committees, Dalriada Doctor on Call, etc.

#### **4.12 Codes of Conduct and Openness**

The Council will operate within the Code of Conduct for Health and Social Services Councils Members and the HPSS Code of Practice on Openness.

### **5. MONITORING SERVICE DELIVERY AND IDENTIFYING UNMET NEED**

#### **5.1 Representation at Regional and Local Level**

Where possible and according to the resources at the Council's disposal we will try to meet requests for representation at regional level, Board and Trust level. The value of providing a user or lay perspective is recognised and enables Council to influence policy and strategy which affect future service delivery. Two recent examples include nomination by Council to NHSSB Local Advisory Group and for the new GP Appraisal System and to the Investigative Panel for the Detection, Prevention and Management of Underperformance in General Practice.

The Council will also review its input and representation (currently over 30 Committees, Working parties, Groups) particularly where membership changes and according to our own programme of work, priorities and pressures.

## **5.2 Visiting Programme**

The Visiting Programme mentioned earlier provides an opportunity to discuss services with staff and hear from users their experiences and satisfaction levels with the services they receive. The reports are shared with Trusts and feedback encouraged.

## **5.3 Complaints Monitoring**

Complaints Monitoring will continue for those complaints brought to the attention of the Council together with the reports produced by the Board and Trusts.

## **5.4 Research Programme**

The Research Programme started last year will continue. The vacancy of the Research Officer post will be advertised and filled as soon as possible. Following appointment the Chief Officer will discuss further areas of research the Council would wish to undertake.

- The Cervical Screening project will be completed and a report produced for circulation and publication.
- The report on HPSS Children's Complaints Systems in Northern Ireland will be distributed early in the year.
- The report of the 24 hour Casualty Watch will be finalised soon and a further survey carried out within the year.

## **5.5 Ethnic Minority Steering Group**

An ethnic minority steering group has been established with all participants as equal partners. Further work will be done in relation to their difficulties in accessing information in suitable formats about available services.

## **5.6 User Forum**

The Council has joined with the Board in planning to establish a User Forum of 500 people from the area who's views will be sought on a variety of issues affecting health and social services.

## **5.7 Charter Mark Input**

In the past those making application for Charter Mark have approached the Council to provide an independent report on their services. Without knowing the demand in the current year Council will endeavour to meet requests. This service is useful in creating awareness among staff about the Council and providing Council with greater understanding of service provision.

## **5.8 Northern Board and Trust Board Meetings**

The Council will continue to be represented at meetings of Northern Board and the three local Trusts. Meetings of Trust Boards providing regional services will be attended on occasions. Trust Board papers will continue to be received and read by Council.

## **5.9 Annual Public Meetings**

Annual public meetings of Trusts in our area which take place in September will be attended by members where possible.

# **6. EFFICIENT AND EFFECTIVE USE OF RESOURCES**

## **6.1 Council Expenditure**

The Chief Officer will be responsible for the management of Council's budget and expenditure through compliance with financial guidelines. Regular reports will be provided to the Administration Committee.

## **6.2 Staffing**

Staff will provide support to the Chairman and members in regard to Council meetings, committee meetings, information requests, enquiries, site visits, business correspondence and invitations to conferences, seminars, launches, etc.

Staff will be responsible for ensuring that every aspect of Council business is conducted in an efficient, competent and cost effective manner.

Personal callers, telephone callers, text phone callers and correspondence by letter, fax or e-mail will be dealt with promptly and courteously.

Council activity will, where possible, be maintained during prolonged planned periods of staff absence.

There is a need for resources to strengthen Council staffing in order to provide a service to children and young people, to provide effective liaison with community organisations and to fulfil our role in Investing for Health. This will be examined in more detail and raised with the Department.

### **6.3 Training**

Training for staff and members as identified will be addressed. Health and Safety training will be provided for staff and CPR Training will be offered to both staff and members.

## **7. ASSOCIATION OF HEALTH AND SOCIAL SERVICES COUNCILS**

The Association comprises the Chairmen and Chief Officers of each of the four HSS Councils. It has been recognised that the Association needs staff support in its own right and could take on a central role on behalf of Councils. The matter has been raised with the Permanent Secretary and will be discussed further within the Association.

The Association will continue to meet as before with rotation of Chair and venue and will scrutinise the performance of each Council in relation to its Equality Scheme and will consider issues which jointly affect all Councils. Normally the Association will meet with the Minister on an annual basis. It will also maintain liaison with the General Medical Services Committee of the British Medical Association and the Royal College of General Practitioners and have a meeting with representatives during the year.

- - - - - ○ - - - - -