

NORTHERN HEALTH AND SOCIAL SERVICES COUNCIL

Minutes of a meeting of the Northern Health and Social Services Council held at 1.30pm in Antrim Enterprise Agency on Wednesday 7 January 2004.

PRESENT:

In the Chair: Mr T Creighton

Members:

Mrs B Adger	Mr J Millar
Mrs M Anderson	Mrs J Montgomery
Mrs M Bigger	Mr R Montgomery
Mr P Boyle	Mrs R Morrison
Mrs J Drummond	Mrs C McCambridge
Mrs D Hamill	Mr S Nicholl
Mr N Hamilton	Mr T Nicholl
Mrs I Johnston	Mr M Nolan
Prof G Kernohan	Mr I Stevenson

In Attendance: Mr N Graham
Mrs J Erwin
Ms S McElhinney (Agenda Item 8)
Mrs B Given, Rathenraw Community Development and Health Project
Mrs R Simpson and Mrs S Ewing, Homefirst Community Trust (Agenda Items 5 and 6)

Mr Creighton introduced Mrs Betty Given, Community Development Officer for Rathenraw Community Development and Health Project and invited her to tell members about local health and social care issues.

Working in both Rathenraw and Stiles Housing Estates in Antrim, Mrs Given's work involves supporting the development of both communities in relation to peoples health and wellbeing. She said that local people feel fortunate in having Antrim and Holywell Hospitals nearby as they value the services both provide and the opportunities for employment.

Mrs Given stated that a recent innovation of great benefit to the local community is the provision of mental health services for children and young people. However, she pointed out some gaps in the service stressing the need for families to be able to access services before reaching crisis point and calling for support for those families with a child in psychiatric care particularly in coping with the situation and in dealing with the stigma surrounding mental illness. She also suggested there was a need to address the subject of mental health within schools.

Mrs Given highlighted the remoteness of the estates from Antrim town centre and she commented upon the distance to travel for GP services despite people from the estates being the most frequent users. Delays were often experienced in getting appointments and in some cases people felt they were being inappropriately referred on to Antrim Hospital Accident and Emergency Department. Access to mental health services must be referred through the GP and often referrals are made to other professions, making it a lengthy drawn out process. Local people did, however, welcome the introduction of various clinics, run by Practice Nurses, and have suggested the inclusion of photographs in patient medical notes transferring between Practice Nurses and GPs.

Mrs Given called for the public to be given clearer explanations in relation to the current problems within health and social services. When people are told there are no beds in a hospital, this must be fully explained. She also gave an example of when teenage girls have specific health concerns, magazines often direct them to seek advice from their local GP, but this can be confusing when they cannot get an immediate appointment. When there is publicity about a health risk people often get mixed messages from the media, there needs to be a co-ordinated approach with less demand on GP services. Perhaps the establishment of a community based information service, offering advice and reassurance should be considered.

Quoting a small area which makes a big difference she commended Homefirst Community Trust on the font size used for its correspondence.

Mrs Anderson enquired about counselling services in schools. Mrs Given advised that such services were limited in local secondary schools, however, there was strong family support in place in a local primary school.

Mr Creighton enquired about improvements on the estates and Mrs Given referred to the establishment, through the Housing Executive, of the Creating Common Ground Project. Mr Creighton then thanked Mrs Given for her detailed account of local health and social services issues and wished her well with her work.

1/04 **APOLOGIES**

Apologies were received from Ms Armstrong, Mrs Baker, Mrs Beattie, Mrs L Johnston and Professor McKenna.

2/04 **CHAIRMAN'S BUSINESS**

Mr Creighton welcomed everyone to the meeting and

referred to his attendance at meetings of the Northern Health and Social Services Board and Homefirst Community Trust. He had also attended a meeting with the President and Chief Executive of The General Dental Council.

He asked members to note that arrangements had been made to meet the management team of Dalriada Doctor on Call on Tuesday 3 February at 3.30pm. Mrs Barkley, Assistant Director Family Practitioner Unit, NHSSB would also be in attendance.

3/04 **MINUTES OF THE MEETING HELD ON 3 DECEMBER 2003**

The minutes were agreed and signed.

4/04 **MATTERS ARISING FROM MEETING OF 3 DECEMBER 2003**

(i) 113/03 Meeting re: Review of Mental Health

Staff had, to date, been unable to contact the Review Team. Members would be advised of the date once agreed.

5/04 **VISITING**

Visiting Programme - January

Arrangements were made for visits to Hugomont Children's Respite Unit, Ballymena and Broadway Workshop, Newtownabbey.

Visiting Response

George Sloan Centre, Ballymena

Members had visited the Centre in October 2003 and raised concerns about the standard of the building and some health and safety issues. Mrs Simpson, Director Social Care and Disability, Homefirst Community Trust took the opportunity to provide feedback. She confirmed that the Trust was well aware of the problems and difficulties in continuing to provide a service from this 27 year old building. She pointed out that the Centre is one of ninety Trust facilities for which Homefirst has

an annual capital budget of £1.5m. To address this the Trust is producing an Estates Strategy for the next five years which will be underpinned by a risk assessment of each facility. Consideration has been given to pressures across all directorates and facilities and George Sloan Centre is a competing priority. The Trust is, however, taking immediate action on a number of the issues raised.

Mrs Simpson assured members that a risk assessment was routinely carried out at the Centre and that each new client would have an individual risk assessment. She also assured members that there was always adequate staff on duty to look after the clients. Agency staff, with the necessary training, would be employed in the event of a staff shortfall. She pointed out, however, that there were no nationally agreed staffing levels within day care. Due to the increasing dependency of clients with learning disabilities in day care the nature of staff training will undoubtedly have to change. There is no nursing provision in the Centre, however, there is access to the Community Nurses if required and some of the clients would have a named Community Nurse.

Mrs Simpson confirmed that Centre staff were compliant with the Trust policy on waste disposal.

Mrs Simpson advised the meeting that Centre staff had been encouraged and reassured by the time taken by the Visiting Team to commend the service provided to clients.

A written response would be forwarded to the Council.

6/04 **PRESENTATION ON CHILLED MEALS SERVICE**

Mrs Simpson, accompanied by Mrs Ewing, Principal Officer, with responsibility for domiciliary care services within Homefirst Community Trust, provided details on the rolling out of the chilled meals delivery service across the Trust.

Members were reminded why it had been necessary to review the domiciliary meals service within the Trust. In the past the vast majority of meals were being provided in the clients' own home by home helps or produced in a number of residential units and delivered by home helps. However, these arrangements did not meet with food hygiene/safety legislation.

Mrs Simpson cited the recruitment and retention of home help staff as the most significant problem. She recognised that for some home helps their contracts are not attractive and confirmed that discussions are ongoing with staff and Unions to make improvements. Staff are leaving and the Trust is failing to recruit new staff into the home help service due to competition from other employers such as large supermarket chains. The Trust needs to make best and most appropriate use of those home helps it employs. Home helps need to provide an intensive domiciliary care service by attending to the clients' personal care needs rather than preparing meals.

Mrs Simpson pointed out, however, that while it is no longer appropriate for home helps to be involved in preparing meals, if someone needs assistance heating their meal or with feeding this will still be provided. To date, the majority of those in receipt of the new chilled meals service have retained their home help.

Mrs Simpson went on to share details of a recent audit on the new chilled meals service. While some early teething problems had been identified and would be addressed, generally people were satisfied with the choice, quality and value of meals and delivery arrangements. A telephone survey had also been conducted.

Mrs Adger voiced concern that drivers of delivery vans did not undergo pre-employment checks. Mrs Simpson explained that pre-employment checking is reliant on the co-operation of the Police Service of Northern Ireland and that van drivers are not one of the designated categories to be checked. The Trust must rely on its recruitment procedures.

Mrs Drummond commended the introduction of the new chilled meals service. She enquired if there was any financial assistance available for the purchase of a microwave and if it was essential for clients to be re-assessed if they decided to change how often they received a meal. Mrs Simpson suggested exploring the possibility of grants through the Social Security Agency, however, pointed out that meals could be heated in a conventional oven. She explained that the Trust would re-assess clients not just to ascertain why a change had come about but due to the financial commitment.

Professor Kernohan highlighted the importance of home helps to clients and enquired about the process used to determine

whether or not home help assistance was required with the heating of the meal or with feeding. Mrs Simpson explained that this decision would be taken on the basis of a professional assessment.

Mr Nicholl enquired about people who required home help support but had refused a meal. Mrs Simpson explained that the telephone survey had targeted those people who had refused the service and reasons given had included meal being prepared by family member or meal being purchased from another source. Mrs Simpson recognised that it was often difficult for elderly people to cope with change but called for clients to stay with the chilled meals service and to give it a chance. People need to get used to the menu and to become familiar with their likes and dislikes.

Mr Montgomery drew attention to a particular case where a person was refused a meal because their particular diet was not catered for. Mrs Simpson confirmed that a range of diets were catered for, however, further discussions on this issue were taking place.

Mr Graham referred to the uncertainty of delivery times. Mrs Simpson was not aware of any problems in urban areas but recognised that there were problems in rural areas. Once in a routine the driver would be doing a regular run and clients would become familiar with the delivery time.

At Mrs Drummond's request, Mrs Simpson said she would be happy to keep the Council updated.

7/04 **FROM PEOPLE TO PARENTS – A PUBLIC CONSULTATION DOCUMENT ON THE FUTURE OF FERTILITY SERVICES IN NI AND DRAFT EQUALITY IMPACT ASSESSMENT**

A Working Group had met on 19 December 2003 to consider the documents. A draft response had since been prepared and would be considered and agreed by the Working Group and submitted on behalf of the Council.

8/04 **ARRANGEMENTS FOR CASUALTY WATCH**

Ms McElhinney reminded participating members of the rota and dates of training sessions for the 24 hour Casualty Watch to take place in Causeway Hospital commencing 9.00am on Friday 16 January 2004.

REPORTS FROM:**Northern Antenatal Infection Screening Co-ordinating Group**

Mrs Bigger commented upon her attendance at a recent meeting of this Group when correspondence had been tabled from the DHSSPS concerning a change to the vaccines available to protect women of child-bearing age and health care workers from rubella infection. Once existing stocks are exhausted, those who need to be protected against rubella will be offered the combined measles-mumps-rubella (MMR) vaccine because the Department is unable to secure supplies of licensed single rubella vaccine. All the current manufacturers with UK Marketing Authorisations for rubella vaccine were invited to bid and none responded. The Department understands from the manufacturers that demand for single rubella vaccine has declined around the world as a result of the use of MMR vaccine for non-immune women of childbearing age.

The independent expert advisory Committee, the Joint Committee on Vaccination and Immunisation (JCVI), provided advice to the Department on rubella vaccination. It recognised the success of the policy in the UK and concluded that women of child-bearing age who are unprotected against rubella should continue to be offered a rubella-containing vaccine and advised that MMR was a suitable alternative to single rubella vaccine for this purpose. In light of this advice the Department will supply MMR to protect women of child-bearing age and health care workers against rubella infection.

Mrs Bigger highlighted the devastating impact on the unborn child of a maternal rubella infection and raised a number of issues in relation to the withdrawal of the single rubella vaccine. She felt this was an area that should be given further consideration by the Council. Members of the Administration Committee would discuss how best to deal with it.

Mrs Bigger advised members that she had recently accepted a Prescribing Advisor post with the NHSSB and would be resigning from the Council. Mr Creighton wished her every success in her new post.

Launch of NHSSB Director of Public Health's Annual Report 2002

Members in attendance commented upon the number of presentations, which in some instances had been quite repetitive and noted the absence of a presentation by the Director of Public Health. They voiced disappointment that no time had been allocated for questions.

10/04 **CORRESPONDENCE**

The Chairman referred to the correspondence list circulated with the agenda.

The content of DHSSPS Circular HSS(SC) 7/03 Developing Better Services: Implementation Structures would be followed through with the Northern Health and Social Services Board and any involvement of NHSSC clarified.

At the February council meeting further consideration would be given to the DHSSPS consultation document - Five Year Sexual Health Promotion Strategy and Action Plan.

Mr Graham referred to several additional items of correspondence:

- Invitation from Homefirst Community Trust to nominate a representative on to an Interface Group in the Newtownabbey/Carrickfergus area to consider ways in which to improve the quality of patient's admission and discharge to and from Whiteabbey Hospital. Mr Nolan put his name forward.
- NI Human Rights Commission publication Connecting Mental Health and Human Rights.
- NHSSB Colorectal Cancer Report (Aug 2003) – consultation on draft report – the Chief Officer agreed to submit comments.
- Invitation from NHSSB to nominate a lead and back-up representative to the Clinical and Social Care Governance Forum. Members would request copies of the minutes instead.
- NHSSB 2002 Report of Director of Public Health.

- Invitation to launch of NHSSB Social Services Directorate Annual Report 1 April 2002 – 31 March 2003 – Mrs Adger, Mrs Bigger, Mr T Nicholl and Mr Creighton to attend.

11/04 **OTHER BUSINESS**

No other business had been tabled.

12/04 **DATE OF NEXT MEETING**

The next meeting will be held on Wednesday 4 February 2004 in the Coleraine Borough Council area.

The meeting closed at 4.37pm.

Chairman

Secretary

Date