

NORTHERN HEALTH AND SOCIAL SERVICES COUNCIL

Minutes of a meeting of the Northern Health and Social Services Council held at 1.30pm in the Lecture Room, Clotworthy Arts Centre, Antrim on Wednesday 2 February 2005.

PRESENT:

In the Chair: Mr T Creighton

Members: Mrs B Adger Mr J Millar
Mrs M Anderson Mrs R Morrison
Mrs M Baker Mrs C McCambridge
Mr P Boyle Mr M Nolan
Mrs I Johnston Mr I Stevenson

In Attendance: Mr N Graham
Mrs J Erwin
Mr S MacDonnell and Mr I Deboys –
Agenda Item 5

11/05 **APOLOGIES**

Apologies were received from Ms Armstrong, Mrs Beattie, Mrs Drummond, Mrs L Johnston, Professor Kernohan, Mrs Montgomery, Mr Montgomery and Mr T Nicholl. Members asked that their best wishes be extended to Mr Montgomery following his operation.

12/05 **CHAIRMAN'S BUSINESS**

Mr Creighton commented upon his attendance at various meetings and events. These included Board meetings of the Northern Health and Social Services Board, United Hospitals Trust and Homefirst Community Trust and the inaugural Royal College of Nursing Northern Ireland Annual Lecture. He and the Chief Officer had also attended a meeting of the Joint Health and Social Services Councils Working Group and had met with DHSSPS staff to provide an update on NHSSC activity.

13/05 **MINUTES OF THE MEETING HELD ON 2 JANUARY 2005**

The minutes were agreed and signed.

14/05 **MATTERS ARISING FROM MEETING OF 2 JANUARY 2005**

4/05 Visit to Elderly Care Unit, Mid-Ulster Hospital, Magherafelt

A further meeting had been arranged with Trust staff to discuss a number of issues raised by relatives following the visit.

4/05 Terminal Illness

Mrs McCambridge had highlighted the service provided by Marie Curie Cancer Care and had cited one instance where if the services of a Marie Curie Cancer Care nurse had been brought into the home earlier a terminally ill person could have died there rather than in hospital. The matter had been raised with Causeway Trust who had forwarded an extract from their Marie Curie Service Agreement detailing the type of service provided by Marie Curie within the Trust's area. The Trust also confirmed that there would not have been any problem regarding availability of funding for the patient referred to by Mrs McCambridge. It was explained that for cancer palliative care the Trust pays for 50% of the cost of the Marie Curie nurse while Marie Curie pays for the remaining 50%. Mrs McCambridge voiced disappointment that there was such an apparent lack of awareness of the service and cited details of a further case. Mr Graham suggested including this issue on the agenda of the next joint meeting with Causeway Trust. Mrs I Johnston offered to raise it at the next Causeway Trust Board meeting.

4/05 Antrim Hospital – M2 On-Slips

Mrs Adger, on behalf of T Nicholl, thanked staff for obtaining an update on the position with the provision of new motorway on-slips.

9/05 Car Parking Arrangements at Robinson Hospital

Mr Stevenson had drawn attention to inadequate car parking facilities at the Robinson Hospital, Ballymoney and the inconvenience cars were causing parked on the Newal Road. The matter had been raised with Causeway Trust who was not aware of or in receipt of any direct complaints in respect of excessive numbers of cars being parked in the Newal Road. The Trust was, however, aware of the general congestion and pressure on car parking space on the site. As with all public buildings, parking can become an issue and with the increase

and development of facilities, in relation to the Robinson site, the impact of car parking was taken into consideration during the planning of the developments and indeed, was discussed as part of the normal planning process with Roads Service. As such, the Trust has built into the planning, an additional thirty spaces on the complex. It has also identified the potential for a further twenty spaces which it would hope to complete during the current phase of building work. The Trust hopes that the additional fifty spaces would help alleviate car parking problems and assured the Council that it would continue to monitor this matter in the future. Members felt that improved signage would direct people to the car parking spaces at the rear of the Robinson Hospital site.

15/05 **PRESENTATION ON HEALTH AND SOCIAL SERVICES CHALLENGES 2005 – 2007**

Mr Creighton welcomed Mr MacDonnell, Chief Executive and Mr Deboys, Director of Information, Risk and Performance, Northern Health and Social Services Board.

Setting the context Mr MacDonnell referred to the unavailability of any new resources for new service developments in 2005/2006, the lower levels of real growth here compared to the rest of the UK, the Reform, Modernisation and Efficiency Review being undertaken by Professor John Appleby of the Kings Fund and the over-programming by Government from previous budgets.

Mr Deboys explained that a significant amount of next and the following year's funding will be required to implement modernisation plans which include new working arrangements for staff under Agenda for Change and the implementation of the Consultants' Contract and the General Medical Services Contract.

Outlining the cost pressures for 2005/06 Mr Deboys said that the total Trust pressures identified to the Board amounted to £17m, a shortfall of some £10m which will have to be found within existing services. Added to this is £50m for additional service pressures and developments, £11m for schemes funded non-recurrently and the reduction in Trust baselines of £3.2m per year. This amounts to over £70m for which there is no funding other than the recycling of the £21m held on to by the Department.

The focus therefore in 2005/06 and 2006/07 will be on reforming and modernising existing service provision. The priorities will relate to managing demand for hospital services and associated community and primary care and Investing for Health. It is the expectation of the Department that in each Board area there would also be a small number of flagship reforms, that the status quo would be challenged, that waiting lists are reduced, that a culture of change is demonstrated and that there is a visible difference for patients and clients. It is expected that, over time, each Board will receive its capitation share of the regional fund for modernisation and reform.

During a question and answer session Mrs Baker enquired how much the Board was losing by not receiving its capitation share. Mr MacDonnell explained that the Board's share was £9m but it was only getting £2.8m and that the formula was re-run on a three year cycle. He also pointed out that a lot of money was going into the HPSS outside of the capitation funds such as the Reform and Investment initiative.

Mrs Adger felt that the number of elderly people admitted to hospital and the number of delayed discharges could be reduced if the proper community care was in place. In agreement Mr MacDonnell described it as a vicious circle which the Board had to break into and explained that the Board was proposing that the £2.8m capitation transfer be directed to the elderly programme of care.

Mr Deboys described the scene as a whole systems approach. It was about modernising hospitals through modernising community and primary care and already an impression was being made with the introduction of such initiatives as the rapid response scheme. It was about trying to invest in a mixture of rehabilitation teams, domiciliary care packages and so on. However, he pointed out that there would come a point when if the Board is to invest in community services then there will be a need to reduce the amount of services for elderly people in hospital in order to make best use of the current resources and be seen to modernise.

Mrs Morrison called upon the service in the community to be effectively monitored and assessed and cited two instances, one relating to a home help, the other to direct payments, where this had not been the case. Mr Deboys accepted there was a major deficit in domiciliary care services and informed the meeting that Homefirst Community Trust had a plan for

improving such services. He pointed out, however, that if more money was spent on managing a service then less would be available for service delivery.

Mrs Baker drew attention to the unacceptable waiting times for fracture services and enquired what was being done. Mr Deboys accepted that the target introduced in 2002/03 for Northern Ireland was to treat major fracture patients within 48 hours of presentation and that despite some investment in the fracture services over the past 5 years this target has not been achieved. He pointed out, however, that Northern Ireland only had half the number of fracture surgeons required and that the Royal Victoria Hospital was unable to take all fracture patients directly from Southern and Northern Board areas. He indicated that although the Department was well aware of the need for a fracture service at Antrim Hospital it was a question of priorities. He also felt there was a need to look at how Orthopaedic Surgeons were used and in light of the findings of a recent survey felt that even if patients were offered treatment in England many would refuse.

Mrs Baker also drew attention to the DHSSPS Review of Mental Health and Learning Disability and asked if any funding would be available to implement the recommendations. Mr MacDonnell said he understood the Review, chaired by Professor David Bamford, would be completed later this year, however, there was nothing in the budget to implement the recommendations.

In light of the financial situation Mr Creighton enquired about the position with money allocated through Local Health and Social Care Groups. Mr Deboys presumed that funding of their management costs would continue but in terms of a commissioning budget nothing had been identified. The Groups would, however, still have an influence in elderly care services.

Mr Graham referred to the publication of the new draft minimum care standards and sought views on the associated implications particularly in terms of funding and how the market would respond if the standards were unrealistic. Mr MacDonnell referred to the ability of the Health and Personal Social Services Regulation and Improvement Authority (HPSSRIA) to exercise its functions from April 2005 and said the Board would be taking a pragmatic approach.

Mr Creighton thanked Mr MacDonnell and Mr Deboys for the information presented and sympathised with them over the financial difficulties ahead.

16/05 **TO CONSIDER BUSINESS OF COMMITTEE MEETING**

Administration Committee – 6 January 2005

New joint Council information leaflets had been produced and a quantity distributed to each member.

Mr Graham sought interest in participation in a casualty watch within Mid-Ulster Hospital, Magherafelt. Members requested that this be organised mid to late May.

17/05 **VISITING**

Visiting Programme – February

Arrangements were made for visits to Rathmoyle Resource Centre, Ballycastle and Maghera Day Centre. Members voiced disappointment that an alternative date had not yet been arranged for the visit to the Elderly Care Wards at Whiteabbey Hospital.

Visiting Report

Millbrook Resource Centre, Ballymoney

Millbrook Resource Centre opened in September 1992 and is a specialised centre providing a high quality service for people over the age of 19 years and caters for the full range of ability levels.

Reporting on the visit Mrs Morrison said that the impression throughout was one of caring and commitment with total respect for privacy and dignity. As during a previous visit in 1999 it was noted that there was no 'time-out' room for those members resettled from Muckamore Abbey Hospital, Antrim who had challenging/disruptive behaviour and asked for this to again be considered.

Car parking space is limited and Mr Stevenson suggested extending into a field next to the Centre.

In light of the impressive nature of the Centre, Mrs Baker suggested that other managers be encouraged to visit it.

Visiting Response

Carrick One In-patient Addictions Unit, Holywell Hospital

Following a visit in September 2004 a number of issues had been raised. Members welcomed the fact that signage of the ward and its accessibility are being addressed and agreed to accept the offer of a discussion with Homefirst Community Trust's Head of Addiction Services, Mrs Gill Burns.

18/05 UNITED HOSPITALS TRUST'S OPEN VISITING POLICY

Members considered correspondence from United Hospitals Trust in relation to a proposed reduction in visiting hours. Currently United Hospitals Trust operates an Open Visiting Policy for patients. Given the high level of activity, patient throughput and concerns about hospital acquired infections, the Trust has been considering reducing the hours of visiting to 2.00pm to 5.00pm and 7.00pm to 9.00pm. This would enable nursing and medical staff to carry out essential care in the mornings and also it would be easier for support staff to carry out catering and cleaning duties. There would of course be flexibility in this arrangement and if relatives have difficulty visiting during these hours, alternative arrangements could be made with ward staff. United Hospitals Trust undertook a survey of patients during November and December and included in the survey were questions on patient's views on visiting hours. Members hoped that these responses would inform the policy.

Members related their own/family experiences and generally were supportive of the proposals outlined. They considered that flexibility in the arrangements should exist mentioning particularly where people were travelling long distances and relying on public transport.

It is suggested that the issue might be considered on a ward by ward basis and that the survey of patients reflect this. For instance there might be a more open visiting policy on some wards such as children's, elderly, maternity, etc and in others restrictions on who might visit such as the Intensive Care Unit.

The point was made that any new arrangements would need to be communicated well to patients and relatives who will have been used to open visiting in the past.

Mr Graham pointed out that in most wards in Causeway Hospital visiting is restricted to afternoon and evenings only, however, on occasions a patient may be allowed visitors in the morning but only with the prior permission of the ward manager or senior nurse in charge. Generally visiting is not permitted between 12 noon and 2.00pm as this is the patients rest time.

19/05 **TO CONSIDER JOINT COUNCIL/TRUST BOARD MEETINGS**

Members asked staff to make arrangements for the annual joint meetings with Board members of the Northern Health and Social Services Board, Homefirst Community Trust, Causeway Trust and United Hospitals Trust. Members would consider suitable agenda items.

20/05 **REPORTS**

NHSSB Workshop on Primary Care – 9 December 2004

Mr Millar reported on his and Mr Graham's attendance at a workshop to discuss the future of primary care. Following a welcome from Mr Boyd, the then Director of Primary Care with the Northern Health and Social Services Board, Mr Wardrop, Assistant Director Primary Care, DHSSPS had provided an update on Caring for People Beyond Tomorrow – a strategic framework for the development of primary health and social care for individuals, families and communities in Northern Ireland. Delegates were then given a review of outputs from the first workshop held the previous month followed by a presentation by Dr Harper, Director Primary Care (Designate), NHSSB before breaking up into workshops.

Homefirst Community Trust Workshop on Developing a Primary Care Strategy – 21 December 2004

This workshop had been arranged to assist the Trust in the development of its primary care strategy. Mr Millar and Mr Nolan had represented the Council at the workshop and had found the day very thought-provoking. A comprehensive report had been compiled by Mr Millar. A further workshop would be held in late February.

Launch of NHSSB Social Services Directorate Annual Report – 1 April 2003 – 31 March 2004

Several members had attended the launch of the eighth Annual Report at which Mrs Wilmont, Director of Social Services, NHSSB had reflected on the direct changes facing the structure, management and regulation of social services.

21/05 CORRESPONDENCE

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

An additional item of correspondence was an invitation from the Deaf Association of Northern Ireland to the British Deaf Association's Sign Language Conference to be held on 11 March 2005. Mrs McCambridge would attend.

22/05 OTHER BUSINESS

No other business had been tabled.

23/05 DATE OF NEXT MEETING

The next meeting will be held on Wednesday 2 March 2005 in the Carrickfergus Borough Council area.

The meeting closed at 4.08pm.

Chairman

Secretary

Date