
**THESE MINUTES ARE EMBARGOED UNTIL
THURSDAY 7 DECEMBER 2006 AT 5.00PM**

WESTERN HEALTH AND SOCIAL SERVICES COUNCIL

**Minutes of One Hundred and Fifty first meeting of the
Western Health and Social Services Council
held in Boardroom, Strabane Enterprise Centre
Orchard Road, Strabane, Co Tyrone
on Thursday 5 October 2006
at 2.00pm**

Present: Mr P McGowan (Chair)
Mrs V Brown
Councillor M Carten
Councillor M Durkan
Councillor G Foley
Councillor M Hamilton
Mrs S Hogg
Councillor S Hume
Councillor R Hussey
Councillor R Lynch
Mr I Maguire
Councillor M McColgan
Mr M McIvor
Mr V McKelvey
Ms M Trimble

Apologies: Mr J Campbell
Mr E McGrade
Mr R McIntyre
Ms M McKeague
Ms F Robson

In Attendance: Ms M Reilly
Mrs M Gormley
Mrs L Preston
Mrs K Loughran

1 Press journalist in attendance

C112/06 Chairman's Business:

Mr McGowan welcomed everyone to the 151st meeting of the Western Health and Social Services Council. He welcomed Omagh District Councillor Martin McColgan to his first meeting. Mr McColgan replaced Councillor Sharon O'Brien who had resigned as a member of the WHSS Council.

Mr McGowan expressed good wishes on behalf of the WHSS Council to Councillor Mark Durkan on his return to the Council after his recent accident.

Mr McGowan on behalf of the WHSS Council conveyed sympathy to Mr Raymond Rogan former Chairman of the Council on the recent death of his wife Margaret.

It was agreed to send a letter of condolences to Mr Rogan and his family from the WHSS Council.

Action Point AP: a/10/06

Chief Officer to send a letter of condolences to Mr Rogan and his family.

C113/06 **Presentation - Sperrin Lakeland Trust's Learning and Disability Services:**

Mr McGowan introduced Mr Kieran Downey, Community Services Manager, Learning and Disability Services and invited him to make his presentation.

Members were issued with a handout of the presentation slides.

Mr Downey said the Health and Disability Programme was six years old. He said the Trust's philosophy for the Programme was:

To provide a range of quality, accessible services that nurtures choice; maximises independence; fosters the rights of all clients in a flexible and sensitive manner and respects the privacy and dignity of the unique needs of each individual.

Mr Downey summarised the profile within the Health and Disability Programme:

- 150 wte – staff (Social Workers, Community Nurses, Day Care, Managers, Administrative staff, Home Helps and Care Assistants).
- £15 million – budget.

Mr Downey explained the service was divided into two main Programmes of Care (POC) i.e. POC 6: Learning Disability and POC 7: Physical and Sensory Disability and Ill Health.

Mr Downey said over the past six years a range of awards had been won for the quality of the services provided. He said five Charter Marks were awarded for Day Care services, Learning

Disability and Physical Disability. Two Social Care Excellence Awards had been awarded internally to Social Work teams for Fostering arrangements for children with Learning Disabilities.

Mr Downey outlined the key themes of the Programmes for Learning Disability, Sensory Disability, Chronic Ill Health and Children with Disabilities as follows:

Learning Disability:

- “Cradle to grave” service;
- Increased dependency due to better medicine;
- High Prevalence rates in Sperrin Lakeland;
- Longstay resettlements – reduced from 44 to 12 currently;
- Respite/Carer Support;
- Day Care and Accommodation Reviews ongoing;
- Innovative and Integrative – Person centred;
- Supporting People.

Physical and Sensory Disability:

- Children and Adults (<65);
- Increased complexity/dependence;
- Community Rehabilitation to complement brain injury developments;
- Home Care Support Services;
- Recruitment of Carers;
- Hearing Therapy;
- Floating/Peripatetic Support.

Chronic Ill Health:

- Increased complexities/high dependency;
- Increase in cancer, diabetes and other chronic diseases;
- High costs – duration;
- Alcohol related illness - 40% of caseload;
- Partnerships;
- Link services/Professions;
- Health and Disability Booklet.

Children with Disabilities:

- Residential Respite Services (Planning permission – Dromore);
- Host Care;
- Complex Health Care Project (Altnagelvin)
- “Proposed” – Multi Disciplinary Teams;
- Transitions – New Investment;
- Direct Payments/Carer Supports;
- New Structures – Way Forward;
- Autism.

Mr Downey summarised the on-going Project Developments within the Programme:

- Developing Better Services (DBS) (includes replacement of Omagh Centre);
- Primary and Community Care Infrastructure (PCCI) - includes Residential Respite for Adults with complex needs at Strabane and Replacement of Lackaghboy;
- Intensive Specialist Unit (Coolnagard development – longstay resettlement);
- Autism Spectrum Disorder – Strategy;
- Integrated Service Delivery for Adults with Physical Disability/Chronic Ill Health – pilot stage;
- Integrated Service Delivery for Children with Disabilities – project management stage;
- Supporting People Projects (5 year plan);
- Day Opportunities Review (2006-2013);
- Behavioural Support;
- Rapid Response/Intermediate Care;
- Carers’ Strategy.

Mr Downey said the Trust provides respite care and support to families. He said the Trust also provides day care facilities for clients in a stimulating and educational environment.

Mr Downey said they now have a brain injury team within the Trust for people with an acquired brain injury and there is an increasing

demand for the service.

Continuing he said there is a shortage of home helps and carers in the Trust area. He said less people are applying to become home helps/carers. He said among other things wages and conditions of service need to be addressed in order to attract new recruits into this service.

Mr Downey informed members that the Trust have employed a fully qualified Hearing Therapist.

Mr McGowan thanked Mr Downey for his presentation and invited members to raise any questions.

Mr Hussey said he was pleased to hear that the Coolnagard project was continuing. He asked Mr Downey if the issue of the erection of a boundary fence had been resolved?

Mr Downey said the fence was still part of the ongoing discussions and debate. He said the Trust would take on board the views of the multi disciplinary team and professionals who are involved in the project. He said it is not seen as a major issue but assured Mr Hussey that the views and concerns of the residents, and others will be considered. He said if the Trust get through the planning stage they will meet the residents and go through the plans with them in order to reach compromises where possible.

Mr Hussey reiterated Mr Downey's comments regarding recruitment of carers. He said he was pleased that the Trust was looking into this issue.

Mr Downey said the Trust is currently engaged in wide ranging discussions about how they can resolve the problem of recruitment. He said the commissioning of carers was significant and vital to the Trust. The difficulties he said are exacerbated by the geography of the Trust with carers having to travel long distances in rural areas to get from one client to another. He said they may also have to travel late at night and are generally low paid. Mr Downey said that all carers will soon have to be registered with the Northern Ireland Social Care Council (NISCC).

Mr Downey said the Trust would hope to be able to make the job more attractive, provide better opportunities and have a career structure.

Mr Hussey said that when carers have to be registered with the NISCC it is likely that an assessment will be carried out. He said

this could be used and developed as a career at the level of a HND or NVQ. He suggested that Sperrin Lakeland Trust could be the first Trust to consider this.

Mr McKelvey asked Mr Downey if there was a deficiency of carers at the present time?

Mr Downey said the deficit was low i.e in single figures. He said this was through good management and being able to access carers through external agencies and existing carers working additional hours. He said this was an issue that required to be addressed in terms of a longer term strategy. The situation he said was not critical at present but the Trust need to put pro-active plans in place to prevent a crisis developing over the next five years.

Ms Hume referred to the issue of people with Down's Syndrome now living longer and therefore they may go on to suffer from dementia. She said Foyle Trust have no facilities for these clients when they require care for dementia. She said people in their late 40s and early 50s are being placed in nursing homes. Ms Hume said nursing home staff are not trained to deal with the various health problems associated with Down's Syndrome.

Ms Hume asked Mr Downey if Sperrin Lakeland Trust had plans for a special unit for people with Down's Syndrome? She said the problem is increasing in Foyle Trust and they have no contingency plans in place to cope with the demand.

Mr Downey said Sperrin Lakeland Trust have no specialist facilities for people with Down's Syndrome who have early dementia. He said they use the regular respite and Learning Disability facilities.

Mr Downey said Sperrin Lakeland Trust had recently brought in an expert from Scotland to train staff on dementia and Learning Disability. He said she has been over on several occasions to work with staff because the Trust recognise that it is a significant issue and is continuing to grow.

Miss Hume said with the changes in the Review of Public Administration it is something the bigger Trusts would need to put on their agenda.

Mr Downey said numbers were not big enough for Sperrin Lakeland and Foyle Trust to have two separate facilities.

Mrs Hogg thanked Mr Downey for a very interesting presentation. She said she agreed with Mr Hussey on the issue of carers and the

idea of making it a more attractive career opportunity would certainly be a way forward.

Mrs Hogg said it was excellent that the new investment in transitions was being explored. She said any investment was worthwhile because everyone has a contribution to make to society.

Mr McGowan asked Mr Downey what the uptake for Direct Payments was in his Programme of Care?

Mr Downey said the Trust has a Direct Payments Steering Group which he chairs.

He said there were 51 recurring Direct Payments within the Trust. There were also approximately 30 one-off payments.

Mr McGowan said 51 seemed to be a small number for the size of Sperrin Lakeland Trust. He asked if there was any way in which the system could be made easier for people to access?

Mr Downey said Priorities for Action had set a target for Direct Payments which Sperrin Lakeland Trust have exceeded. He said there are currently 500 Direct Payment recipients in Northern Ireland involving £1 million of care.

Mr Downey said there were difficulties in promoting Direct Payments to professional staff and to families. He said that although families would like to be able to use Direct Payments and be in control of their own care they are anxious about having to become employers. This means they may have to deal with issues such as insurance, and income tax returns.

Ms Reilly said she had met recently with Mr Downey to discuss the issue of Direct Payments. The two main issues which arose were staff not promoting the scheme as strongly as they might and people having a worry about becoming employers.

Ms Reilly said she knew of an organisation in Enniskillen that provides support for Direct Payments recipients. She said it was a non profit making organisation and provided a basic book keeping service for clients.

She asked Mr Downey if the Trust would consider contracting this type of organisation to actively support potential Direct Payments recipients?

Mr Downey said Sperrin Lakeland Trust distribute the organisation's leaflets to service users. He said the Trust had examined this issue previously and in relation to fair competition it was difficult to contract with any one organisation.

Mr Downey said the Trust would be asking Social Work staff to inform families who are apprehensive about Direct Payments that they can put them in touch with organisations that provide this type of service.

Mr McGowan felt this would be a very worthwhile and strategic partnership for the Trust and for the community who are using the service.

He said the Trust should promote Direct Payments as much as possible. He said the WHSS Council should continue to monitor the uptake of Direct Payments and how the Trust are encouraging people to make use of them.

Action Point: AP b/10/06

WHSS Council to continue to monitor the issue of Direct Payments.

Mrs Hamilton asked Mr Downey why the number of children needing care had increased, what contributes to it and how it can be addressed?

Mr Downey said a contributory factor is better medicine especially in terms of children with disabilities. He said there is improved care, home conditions, incomes, and diagnosis and assessment. He said more children are surviving now than ever before therefore putting a pressure on the system.

Mr McGowan thanked Mr Downey for his presentation and for taking time to answer members' questions.

C114/06 Minutes of Previous Meeting:

The Minutes of the previous meeting held on 7 September 2006 were adopted on the proposal of Mr Ross Hussey and seconded by Mr Michael McIvor.

C115/06 Matters Arising from Previous Meeting - 7 September 2006:

Breast Services:

Ms Reilly referred to the previous meeting and the discussion with Dr McConnell, WHSS Board Director of Health Care on the concerns the WHSS Council had in relation to the two week and four week waiting times. Dr McConnell in responding to Ms Reilly's question at the previous meeting had been very clear that the two week target was a political target rather than a clinical one.

Ms Reilly said she had e-mailed the Department to ask what their position was on the issue. She said the Department's response was very clear that the two week target was a clinical target. She said the Department had also recognised the impact of undue stress on patients with a potential diagnosis of cancer. The Department indicated that the earlier a cancer is detected the better the outcome.

Ms Reilly asked for a proposal from members that she forward the e-mail she had received from the Department to the WHSS Board. She said she would ask the Board to respond formally and inform the WHSS Council as to which target they are working to.

Mrs Hogg proposed that the Chief Officer forward the e-mail to the WHSS Board. Mr McKelvey seconded the proposal.

Mr Hussey said he sensed that Dr McConnell was saying it did not really matter if patients had to wait for an additional two weeks. He felt this was a very flippant remark. Mr Hussey said longer waiting times are unacceptable for anyone who fears they may have cancer.

Ms Reilly said it was important to keep monitoring the waiting times as the figures for the previous month had shown 7% were waiting beyond four weeks.

Ms Lynch asked if the the WHSS Council were pursuing the issue of the 7% figure that was beyond four weeks?

Ms Reilly confirmed the WHSS Council were pursuing the issue of the number of women waiting beyond four weeks and questioning how far beyond the four weeks they had to wait.

Action Point: AP c/10/06

Chief Officer to forward e-mail from the Department to WHSS Board regarding waiting times for Breast Services.
--

Response to Action Points a/09/06 - i/09/06

Action Points a/09/06 and b/09/06: Access to Independent Review.

Mrs Maureen Gormley, Business Support Manager represented the WHSS Council at the Western Area Complaints Forum on 20 September 2006 and raised the issue of access to Independent Review. She said the response was the same as that given by WHSS Board officers at the Liaison meeting between the WHSS Council and the Board on 7 September 2006.

Mrs Gormley said herself and Ms Reilly have agreed to attend a meeting at the WHSS Board to discuss the issue further. She said that where there are cases that the WHSS Council feel strongly should have been granted Independent Review, these will be discussed separately with Mr Michael Gormley, WHSS Board Head of Consumer Services.

Ms Reilly gave Members a brief explanation of the Independent Review Process which she said is a very important part of the complaints process.

Ms Reilly said that the WHSS Council were spending a considerable amount of time working with complainants preparing them for Independent Review.

During the period 1 April 2005 – 31 March 2006 61 requests were made to the WHSSB for Independent Review and none had been granted. In the same period in the preceding year there had been 24 requests with 3 being granted.

Action Points c- f: Awaiting response from WHSS Board.

Ms Reilly reported that no response had yet been received from the Board in relation to:-

Action Point c/09/06: WHSSB to report to WHSSC re Funding to Altnagelvin for breast services.

Action Point d/09/06: WHSSB to report to WHSSC re IVF Services.

Action Point e/09/06: WHSSB to keep WHSSC informed of developments in relation to Shared Care for Children with Cancer.

Action Point f/09/06: WHSSB to report to WHSSC re OT Waiting Lists.

Ms Lynch said she felt that the WHSSB Board should have been able to respond to these issues quite quickly and four weeks was adequate time in order for them to do so.

Mr McGowan said it was unsatisfactory that the WHSSB Board had not responded to the questions raised at the Liaison meeting over four weeks ago.

Ms Reilly said she would write to Professor Burke to register the WHSS Council's disappointment at the Board's lack of urgency in responding to issues raised at the Liaison meeting.

Action Point: AP d/10/06

Chief Officer to write to WHSSB Acting Chief Executive to register the WHSS Council's disappointment regarding the lack of urgency in responding to issues raised.
--

Action Point g/09/06: WHSSC to monitor OT Waiting Lists through Waiting List Sub-Group.

In relation to OT waiting lists Ms Lynch said that the problem is not the numbers waiting but the length of time clients have to wait.

She said the priority list in Fermanagh is down to six months and acknowledged that this was good news. However, she said there is a waiting time of over 2 years on the routine waiting list and there is a possibility that some of these clients may now have become priority cases.

Ms Lynch referred to her question in September with regard to the employment of Technical Instructors and said the answer should be simple in that they were either employed or were not employed.

Ms Reilly informed those who attend the Waiting List Monitoring Group that the next meeting will be held on 26th October 2006 at Hilltop and she thanked members who give of their time to sit on these groups.

Action Point h/09/06: Domiciliary Care/Oncology Nurse at Tyrone County Hospital/Oral Surgery Clinics.

The WHSS Council raised the three issues of Domiciliary Care, Oncology Nurse at Tyrone County Hospital and Oral Surgery Clinics with the WHSS Board. The Council is waiting for a response from the Board on the first two issues.

Mr Hussey indicated that the WHSS Board have known about the issue of the oncology nurse at Tyrone County Hospital since April.

Oral Surgery Clinics

Mrs Gormley read a letter from Mrs Elaine Way Chief Executive Altnagelvin HSS Trust in response to the issue of Oral Surgery Clinics:

The Trust had hoped to fill the two vacant Consultant posts and it had been their hope to provide a full outpatient and day case service at outreach hospital sites in Sperrin Lakeland Trust, Causeway Trust and Letterkenny and Sligo. All elective and emergency inpatients would be provided at Altnagelvin. However In the letter Mrs Way said Altnagelvin had been unable to retain the full complement of Consultants and they are now relying on the support of colleagues in Belfast to maintain a safe on-call emergency rota as the current situation has become unsustainable for a two person Consultant team. She said the Trust were in discussions with Sperrin Lakeland Trust and the WHSS Board on the most appropriate service delivery locations.

Mr Hussey said Altnagelvin cannot cope with everything and trying to do so leaves them full to capacity. He said that the people in the Omagh and Fermanagh areas cannot be disregarded.

Mr Hussey pointed out that when discussing Shared Care for Children with Cancer at the Liaison meeting with the WHSS Board on 7 September it was stated that patients from the Western Board area could not go to Letterkenny because there was no cross-border registration between the General Medical Council and the Irish Medical Council. He asked why were the WHSS Council now being told that Consultants from Altnagelvin can work in Letterkenny?

Mr Hussey asked why pressure cannot be put on the Department for the two Medical Councils to agree to cross-border registration?

Mr McGowan said he agreed with Mr Hussey's comments that

Altnagelvin was full to capacity. He said there needs to be a major re-think of how services are going to be provided within the Western Board area. He said Altnagelvin cannot be relied on to provide all services.

Mrs Way has indicated that she will keep the Council apprised of any new developments.

Action Point i/09/06: WHSSB to report to WHSSC re current position at Renal Unit in Tyrone County Hospital.

WHSS Council are waiting on a response from the WHSS Board.

Ms Hume said she had a concern about Altnagelvin's Renal Unit. She said specialist nurses for the unit in Altnagelvin are based in Omagh. She claimed a number of the nurses in the Renal Unit in Altnagelvin are not trained to deal with serious problems arising from kidney failure. Ms Hume described an issue relating to a patient who had been moved from Altnagelvin to Omagh. She agreed to provide further details of this to WHSS Council staff.

C116/06 Presentation - Western Investing for Health Partnership:

Mr McGowan welcomed Joni Millar from Western Investing for Health (WIFH) and Julie McGinty from the Health Action Zone (HAZ).

Ms Millar thanked the Council for the invitation to make the presentation to the Council on the Western Investing for Health Partnership.

Members were issued with a handout of the presentation slides.

Ms Millar gave a brief background on the IFH and HAZ Partnership. She said HAZ was a government initiative targeting areas of health inequality by taking a partnership approach. The IFH Strategy was developed by the NI Assembly. She said there was a shift in public health policy i.e. from treatment to prevention.

She said the overarching aims of IFH at NI level were (1) to improve the health status of all the people and (2) to reduce inequalities in health.

Ms Millar outlined the IFH key target areas as follows:

- Poverty

- Skills and Attitudes
- Emotional Well-being
- Healthy Environment
- Neighbourhoods
- Reduce Accidents
- Healthier Choices

Western IFH have a vision of "Happier, Healthier, Longer Lives for All" and their mission is "To inspire and lead people to work together for positive living".

Ms Millar explained that there are four Themes within the Partnership. These are Early Years, Teenage Transition, Adult and Later Years.

She said the focus of the Early Years Subgroup is to support children and families experiencing poverty and disadvantage.

The work under this theme will support initiatives that allow children and families to develop in a safe, caring environment. Much of this work will be aligned with the WIFH/HAZ priority of combating poverty. She said within this broad theme certain needs and groups for example those of children with disabilities will be considered.

The Priorities for the Early Years Subgroup for 2005 - 2007 are Physical Activity / Obesity and Family Support.

The Early Years Sub-group is developing a programme which will demonstrate strategic impact in relation to Investing for Health.

The programme will improve accessibility of integrated play for rural and disabled children and their families through working in partnership to provide training for trainers. As a second phase it will develop 2 rural demonstration sites; one in each Trust area.

Physical Activity/Obesity: review of leisure, recreation, afterschool, diversionary and summer activities for toddlers and primary school children.

Family Support: Family Support Network in Sperrin Lakeland Trust area.

Ms Millar said the focus of the Teenage Transition Subgroup is in

supporting and developing children as they move into the teenage years.

She said this is a critical time in most people's lives. It is a time when individuals make significant decisions that will impact on their future lives and thereby their future well-being. The emphasis in the development of this theme is to encourage young people to gain and develop a sense of citizenship, confidence and self-esteem enabling healthier choices to be made.

The priorities for the Teenage Transition Subgroup are accident prevention, youth engagement, lifeskills and physical activity.

Ms Millar said the Adulthood Sub-group is embarking on a Health Impact Assessment of the West Tyrone Area Plan. This programme she said will demonstrate how Investing for Health can influence the creation of public policy prior to implementation.

The Priorities for the Adulthood Subgroup for 2005 - 2007 are stress and emotional wellbeing in the workplace, alcohol abuse and suicide.

Ms Millar said the Later Years Subgroup reflects the importance and needs of the older and elderly community within the Western Board Area.

She said this theme complements and supports the work of the Western Health Action Zone and a range of statutory, voluntary and community organisations. The inclusion of the theme recognises the particular problems facing the elderly population including rural isolation, social exclusion, fuel and food poverty, safety and security and accessing services and accommodation.

The priorities for the Later Years Subgroup for 2005 - 2007 are transport and community safety.

Ms Millar said the Partnership included members from a number of various organisations. These are:

- Community and Voluntary Sector 29%
- WHSS Council 7%
- Private Sector 7%
- Local Strategy Partnership/Healthy Living Centres 10%
- Health and Social Services 17%

- District Councils 17%
- Other Statutory 13%

She said the Strategic roles of IFH are:

- Influencer
- Agenda Setter
- Lead
- Funder

Ms McGinty explained that she works for HAZ which is seen as the operational part of the Investing for Health Partnership.

She said HAZ aims:

- To reduce inequality in health status in particular groups:
 - ~ Families
 - ~ Older People

This is achieved using a community development/partnership approach.

She gave a brief description of the Challenging Consumerism Project which came about because debt is a major problem in the west. One local survey revealed that 70% of families reported some form of debt. Lone parents are most at risk of incurring debt.

Ms McGinty said there were 153,530 Households in NI in Fuel Poverty. As a result the Project produced a Report titled 'Warming the West'. Training was provided on Fuel Poverty and a Northern Ireland Fuel Poverty Advisory Group set up.

Activities within HAZ include:

- Four age related sub groups;
- Corporate Activity;
- Cultural Awareness Activity.

Ms McGinty listed statistics for the four sub-groups:

Early Years:

- 1
- 27% P1 Girls Overweight/Obese
 - 17% P1 Boys Overweight/Obese

70 deaths and 70,000 A&E attendances from Home Accidents

In Early Years the priority is for physical activity i.e.

Increasing access to play areas for disabled children.

Develop outdoor areas of play e.g. areas of woodland/conservation areas/walks/accessible to people with disabilities.

Inserting Playground markings. This she said increases physical activity thus reducing bullying.

Teenage Transition:

- 906 School Suspensions/12 Expelled.
- 1,294 Referrals to Youth Division.

The Life Start Programme tackles this issue and young people are referred through a variety of different agencies. The young people do a life skills programme with the Fire Service.

Adulthood:

- 1• 9% on treatment for Emotional Problems
- 2• 33% are smokers
- 3• 22% of Males & 15% Females drink above average levels
- 4• 47% lack Social Support

Later Years:

- 1• 11% Live Alone
 - 2• 29% are receiving Attendance Allowance
 - 3• 25% are in receipt of Disability Living Allowance
 - 4• 43% Deaths occur due to Circulatory System problems; 22% are Cancer related
- 26% Exercise at or above recommended levels

Cultural Awareness Activities:

- Strabane Migrant Workers Forum
- Caring for Difference
- BCPP
- Interpreting Services
- Omagh Travellers Support group

Ms Reilly said the WHSS Council had been involved in the IFH Partnership since its inception. She said she wished to congratulate IFH and HAZ for the work they have done. She said they have been very innovative and the partnership was very deserving of the WHSS Council's support.

Mr McGowan thanked Ms Millar and Ms McGinty and said that Ms Hume (Later Years Sub Group) and Mrs Hogg (Early Years Sub Group) will keep the WHSS Council up to date with developments.

Mr Norman Donald and Mrs Mary O'Neill - Parents - Speech and Language Therapy

Mr McGowan introduced Mr Norman Donald and Mrs Mary O'Neill who had requested speaking rights to highlight the issue of the lack of provision of speech and language therapy for children within the Strabane area of the WHSS Board.

Mr Donald provided members with a detailed background to the issue which he said illustrated his experience of how the service has deteriorated and how he had raised his concerns since October 2001 with Foyle Trust and the WHSS Board about the level of service provision.

Mr Donald said in response to a complaint the Chief Executive of Foyle Trust at that time Mrs Elaine Way said that the recruitment and retention of Speech Therapists was an ongoing problem. Mrs Way said in an attempt to address the problem the Trust had reviewed their policies regarding recruitment, retention, workforce planning and student placements. As a result of the Review she said some of the recommendations had already been put in place, including interviewing students who were due to graduate, but that the impact of this initiative would not be felt until July/August 2002. He said he was reassured that the shortage of speech and language therapists was an issue which the Trust was continuing to address.

Mr Donald said despite the reassurances given in Mrs Way's letter of 14th March 2002, waiting lists have actually gone up instead of coming down. He said this was still the position in April 2005.

He said he had raised the issue again, this time at a WHSS Board meeting in April 2005. Despite a response at the time from Professor Dominic Burke, Director of Social Care, promises were

made which Mr Donald felt had not materialised.

Mr Donald made a formal complaint to the WHSS Board in September 2005 and received a response from the then Chief Executive Mr Steven Lindsay. He assured Mr Donald that there was an increasing demand for the service but that efforts were being made to provide the most effective service within the resources available to them.

Mr Donald said the Northern Ireland Commissioner for Children and Young People (NICCY) organised a Conference in Cookstown on 30th March 2006. It was entitled 'Shaping the Future of Meeting Children's Language and Learning Needs'.

It discussed a Review that NICCY had produced by surveying Trusts and others who provided speech and language therapy within Northern Ireland. The Review found that over one third of all children in NI requiring speech and language therapy were from the WHSS Board area. Mr Donald said the situation was particularly appalling within the WHSS Board area where over half of all children and young people requiring assessment and treatment are not able to access the required services. It was outlined in the review that in the South and East Belfast Trust the waiting time for therapy was five weeks whilst in Foyle Trust it was 15 months and in Sperrin Lakeland Trust almost 15 months.

Mr Donald provided members with information about his own family's circumstances.

Mr Donald said he discovered that an early intervention programme was on offer through schools but only for year one and two pupils. This he said was too late to benefit his child. He found this particularly disappointing after the promises made to him by Professor Burke in Spring 2005.

Mr Donald said he was invited along with other parents to a meeting of Derry City Council on 19 September 2006 which was specially convened to discuss speech and language needs. He said health professionals portrayed a model of excellence in dealing with the problem. However he said parents did not get a chance to seek clarification on a number of issues which came to light during the meeting. Mr Donald paid tribute to the Councillors who were present and who voiced their concerns to the officials about the unsatisfactory service provided within the Board.

Mr Donald said the Board's website states that the primary purpose

of the Board is to improve health and well-being for all the people of the Western Board area. In doing this they will address inequalities and work to create an environment in which all stakeholders can contribute. Mr Donald said in his opinion they fall far short of this statement.

Mr Donald said parents from within the District Council areas of Fermanagh, Omagh, Strabane and Derry have tried all available avenues to get much needed improvement in speech and language services for their children. Mr Donald said on behalf of all the parents they would very much appreciate any support or advice from the WHSS Council.

Mrs O'Neill, who sits on the Regional Task Force set up by the Department of Health to review speech and language therapy provision within Northern Ireland, said that over 2000 children who require speech and language therapy are in the WHSS Board area. She said over half of these children waiting on treatments may have to wait up to 14-20 months.

Mrs O'Neill said she has been campaigning for three years for more speech and language therapy for the North West but it is not happening. She said the waiting lists continue to increase and there are no therapists on the ground.

Mrs O'Neill said that in May 2005 the parents were told by Foyle Trust that an additional 18 therapists would be required to meet the current demand. The Trust had planned to advertise two posts; however she said the Board did not fund these posts.

After campaigning she said the Board provided the finance to employ three full time and three part-time technical assistants in Foyle Trust and five full time technical assistants in Sperrin Lakeland Trust. Unfortunately she said this goes nowhere near to meeting the current demand. She said there are 235 pupils in special needs schools and of these 30 children see a speech and language therapist. She said it is an appalling situation. Mrs O'Neill said that under Section 75 of the NI Act, Foyle Trust are required to carry out its functions with due regard to promoting equality of opportunity irrespective of age, gender and disability. She said a child in main stream education was more likely to see a speech and language therapist than if they attended a special school. Main stream schools use the term 'maximising the child's potential' and therefore have access to a speech and language therapist. Mrs O'Neill said from her point of view a child at a special school has every right to the same access as a child at a

mainstream school.

Mrs O'Neill said the NICCY Report 2004 highlighted that the WHSS Board area had the worst incidence of lack of Speech and Language Therapy and they categorised this as a 'Postcode Lottery'. In 2005 NICCY found that the figures were worse than ever. The NICCY Report recommended that the Government set up a Regional Task Force to look at the whole issue of speech and language therapy within Northern Ireland. Mrs O'Neill is a member of this Task Force.

Mrs O'Neill said the first meeting was held two weeks ago at which she asked if funding would be made available for the implementation of any recommendations that are made? She said she was told, 'they assume so'. She said she sat for three hours at the meeting and she was very disappointed and felt that it was going to be a talking shop with lots of hard work for parents and those involved but no real outcome.

She said what the parents want in the WHSS Board area is consistency with regard to the waiting lists. She asked if someone in Dungannon and Armagh can see a speech and language therapist within six weeks why does it take fourteen months in the WHSS Board area? The parents she said want funding made available on an equal basis across the four Boards. She asked why Foyle Trust have the least spending on Learning Disability and Speech and Language Therapy for the past six years compared to anywhere else in NI? She said there is no specialist in the WHSS Board area for Autism.

Mrs O'Neill said that the parents were working closely with Derry City Council through Councillors Hume and Durkan.

Ms Hume said Derry City Council had passed a motion to hold the Board and the Trust to account. She said she would make it available on request to members who are District Councillors.

Mr Durkan said the Trust had made a presentation to Derry City Council but he felt that the statistics obscured the reality of the situation for parents and children.

Mrs Hamilton said that Speech Therapists had no incentive to apply for a job in the WHSS Board area as they get better paid if they are employed in Belfast.

Mrs O'Neill said she was told that Agenda for Change should bring

about a change to this as salaries would be equal regardless of where the therapist is based. She said when the parents approached the Union Amicus they were told a Speech and Language Therapist with five years' experience is likely to earn approximately £8,000 more in Belfast.

Ms Reilly said the WHSS Council were involved in highlighting the issues of the lack of speech and language services for children with autism. She said they had supported meetings between the Board, Sperrin Lakeland Trust and parents of children with autism. She said this had given the parents an opportunity to speak directly to the Trust and Board officers and to have their voice heard.

Ms Reilly said it had been claimed that there was a lack of speech and language therapists available to the Trust. However, the parents had countered this indicating that they were aware of a number of therapists available locally. As a result of this the Council had asked if the Board or Trust would have been prepared to recompense parents in the event that they employed these therapists? This could have been seen as an interim measure until such times as the Board funded additional therapists. Regrettably the Trust had indicated that this was not an option.

Mrs O'Neill said the parents had also asked for this but were told it was not possible.

Mr McKelvey said he was aggrieved and embarrassed as he had acted on behalf of Mr Donald in June 2005. He said he documented the issues raised to Professor Burke through the offices of the WHSS Council. He said it was disgraceful that no Therapist had visited the school last year.

Mrs O'Neill said that at a meeting with Professor Burke and representatives of three Political Parties she was told the Board were in the process of going out to tender for up to twelve Therapists. Mrs O'Neill said a year and a half later at another meeting she asked who was responsible for deciding how many Therapists were needed? She said Professor Burke acknowledged that he was responsible. She asked how many Therapists were going to be recruited and he told her there would be none.

Mr Michael Carten agreed with Mr McKelvey's earlier comments that the situation was a disgrace. He felt it would be beneficial for the WHSS Council and the District Councils to write to the Minister highlighting the situation.

Ms Reilly summarised by saying that there were a number of areas where the parents felt the Council could support them:

- ascertaining whether the recommendations of the Task Force would be implemented?
- what resources will be available to do this and when will they become available?
- to highlight all of the issues to the Minister
- to meet with the parents to discuss the best means of the WHSS Council supporting them

Ms Reilly suggested that she would wait to take any further action until after the meeting with the parents.

Action Point: AP e/10/06

Ms Reilly to arrange a meeting with Mr Donald and Mrs O'Neill.
--

Mr McGowan thanked Mr Donald and Mrs O'Neill for coming along and sharing their concerns with the WHSS Council. He said the Council will support them in any way they can.

C117/06 Chief Officer's Report:

The HSS Councils' Executive Committee have had an initial meeting with Mr David Sissling Chief Executive of the Regional Health Authority.

On 13 September 2006 there was a meeting of the Autism Working Group which was attended by the Chief Executive and Officers of Sperrin Lakeland Trust. Minutes are available from the WHSS Council office.

On 19 September 2006 the final meeting of Sperrin Lakeland Risk and Governance Review Committee was held. Ms Reilly said all Reports are now in the public domain. The next stage she said is the implementation of the recommendations. This will be monitored by the Department. She said WHSS Council will continue to keep a watching brief.

Ms Reilly informed members that work with the Department on User Involvement is continuing and she will keep members updated.

Ms Reilly said she had been invited to speak at a Conference run

by the Institute of Health Records and Information Management. She said there were representatives from Scotland, England Wales and Northern Ireland. She said it was a very useful Conference and gave her an opportunity to speak about the role of the Health Councils.

She said the WHSS Council was currently involved in quite a number of complaints. She said the Council were continuing to monitor issues around Child Protection, Mental Health and Children with Disabilities Services.

Ms Reilly said she met with the WHSS Board Director of Dental Health on 4 October 2006.

Ms Reilly said that Mrs Gormley was involved in two particular projects at the moment. These are (1) Joint Complaints Forum involving complaints officers from the four Health Councils and (2) Review of Access to Advocacy Services for Elderly People in Care Homes.

Ms Reilly said she met with a Senior Social Worker in Sperrin Lakeland Trust on Developing Integrated Children's Teams. She will attend meetings of their Quality Assurance Group.

C118/06 Patient Client Council: Workshop 2 November 2006:

The Workshop scheduled for 2 November 2006 has been changed to 30th November 2006 in the Rosspark Hotel, Kells, Co Antrim. This will allow all members of the four Health Councils to receive a briefing from the Department officials.

C119/06 Members' Issues:

Ms Lynch raised the issue of elderly patients who suffered hip fractures having to wait in the Erne Hospital for a week before being transferred to Altnagelvin to be operated on. She said there was a period when there had been an arrangement with Sligo hospital to do some of this work but it seems to have ceased. She said she was unable to get a satisfactory answer as to why this had happened.

Ms Lynch asked if the WHSS Council could get clarity on this issue?

Ms Reilly said she had recently contacted both the WHSS Board and Altnagelvin Trust regarding this. The WHSS Board had

acknowledged receipt of the WHSS Council's questions but as yet there was no response from Altnagelvin. She had raised the following questions:

- Is the Board monitoring the number of patients waiting longer than 48 hours for transfer to Altnagelvin?
- What are the statistics/trends on this for the last 12 months?
- Is there a capacity issue within the Board area and what, if anything, is the Board doing about this?
- Was the lack of trauma and orthopaedic beds due to Altnagelvin's service level agreement with Causeway Trust?
- What is the impact on emergency or elective admissions to the Erne if beds were being used for patients awaiting transfer to Altnagelvin?
- Were these delays having an adverse impact on the patient's condition or causing other health concerns?

Ms Reilly said the Council has a concern that if elderly people suffer a fall or trauma and break a hip the risk of developing other conditions such as chest infections, pneumonia, deep vein thrombosis etc. is increased. She said they suffer pain, fear and distress the longer they are waiting for surgery.

Ms Reilly said she will report the response from the WHSS Board and Trust to members at the next meeting.

Action Point: AP f/10/06

Chief Officer to report Board/Trust response to members

C120/06 Any Other Business:

None

C121/06 Date, time and place of next Council Meeting:

Date: Thursday 7 December 2006
Time: 2.00pm
Place: Silverbirch Hotel, Omagh

Co Tyrone

The meeting ended at 5.25pm