

# WESTERN HEALTH AND SOCIAL SERVICES COUNCIL

**Minutes of One Hundred and Fifty-sixth meeting of the  
Western Health and Social Services Council  
held in the Faughanvale Community Centre, Unit 11-16,  
Clooney Road, Greysteel, L'Derry  
on Friday 7 September 2007  
at 10.00am**

**Present:** Mr P McGowan (Chairman)  
Mrs V Brown  
Mr J Campbell  
Councillor M H Durkan  
Councillor M Hamilton  
Councillor R Hussey  
Councillor B Johnston

Mr I Maguire  
Mr R McIntyre  
Mr M McIvor  
Mr V McKelvey  
Councillor B Page  
Ms M Trimble

**Apologies:** Mrs S Hogg  
Councillor R Lynch  
Councillor M McColgan

Mr E McGrade  
Mrs F Robson  
Mrs M McKeague

**In Attendance:** Ms M Reilly  
Mrs M Gormley

Mrs K Loughran

**Two members of the public were present.**

## **C039/07 Chairman's Business:**

Mr McGowan welcomed everyone to the meeting and thanked them for their attendance. He thanked the Chairman, Committee and staff of the Faughanvale Centre for allowing the WHSS Council to use their facilities for the meeting.

Rev Blair Chairman of the Faughanvale Community Association on the invitation of Mr McGowan gave a brief background to development of the Centre and explained that it was a cross community venture. He welcomed everyone to the Centre and thanked the WHSS Council for making use of the premises for their meeting.

Mr McGowan thanked Rev Blair and offered him the support of the WHSSC. He said these types of initiatives were at the heart of communities and deserved to be supported.

Mr McGowan informed members that unfortunately WHSSC Member Mrs Frances Robson had had an accident the previous day and was currently in hospital. On behalf of the Council he wished her a speedy recovery.

Mr McGowan congratulated Ms Marilyn Trimble on the birth of her baby daughter.

Mr McGowan said although no formal Council meetings had been held in July and August, members would see from the monthly activity reports that it was nevertheless an extremely busy period.

Mr McGowan said the Health and Social Services Councils' Executive Committee met with the Minister for Health on 6 August 2007. He said this was a useful meeting and it had given the Councils an opportunity to provide Mr McGimpsey with information on the work of the Councils which will help to inform the future work of the Patient Client Council (PCC). Mr McGowan said the Councils' Executive Committee reaffirmed to the Minister the unique and valuable contribution that members of the Health Councils make. The Minister is currently considering the proposals around the PCC and the new Health Authority. Members will be kept up to date with any new developments.

Mr McGowan then went on to say that he welcomed the Minister's statement in July regarding new waiting time targets for Physiotherapy, Occupational Therapy, Speech and Language therapy, Dietetics, Orthoptics and Podiatry. In his statement the Minister said that by March 2008 no one should wait more than 26 weeks from referral to treatment and by March 2009 no patient should wait more than 13 weeks from referral to treatment.

Mr McGowan said members will be delighted to see these targets being met to finally end the scandal of adults and children sometimes waiting years for assessment and treatment.

He said the Council's subgroup set up to monitor waiting times will continue to meet to ensure that the targets are being met.

At this point Mr McGowan informed the members that Ms Reilly and Mr Campbell were leaving the meeting to attend to an urgent matter.

C040/07 **Presentation - New Pharmacy Contract and Prescribing in Primary Care:**

Mr McGowan welcomed Mr Joe Brogan, Director of Pharmaceutical Services, WHSSB to the meeting. Mr McGowan also thanked Mr Brogan for delivering training recently to WHSSC Members who sit on the Pharmacy Practices Committee.

Mr Brogan said he wished to update the WHSS Council on a number of initiatives that have been undertaken in relation to Pharmacy and Prescribing. He said in February 2004 a Strategy called 'Making it Better' was launched by the then Health Minister Ms Angela Smith outlining future plans for community pharmacy. He wanted to give the Council an update on progress in relation to the Strategy. He also wanted to let the Council know about some of the new prescribing initiatives.

Mr Brogan said that the population is expanding and that the number of individuals of pensionable age is set to increase over the next 20 years which has huge implications for the design of the Health Service. He said as patients get older the incidence of chronic diseases such as diabetes, heart disease and COPD will increase. Therefore he said preventative health strategies will play an important part in the Health Service and there needs to be a culture change which empowers people to take responsibility for their own health.

Mr Brogan said across Northern Ireland approximately £400 million is spent on medicines and a huge number of prescription items are issued daily. Therefore there are pressures within the system and part of his job he said is to bring about improvements so that patients can get the best benefit from their medicines with minimal side effects or adverse incidents.

Mr Brogan said 20% of medical negligence claims are as a result of medicines being either mis-prescribed or mis-administered or not being used in the way they were intended. He said this is clearly a growing issue as more medicines are expected to be prescribed to deal with the increase in chronic diseases.

The way forward he said is to improve medicines management. He said that patients need to take responsibility for the medicines they are taking and prescribers, pharmacists and other health care professionals also have a crucial role to play in improving medicines management.

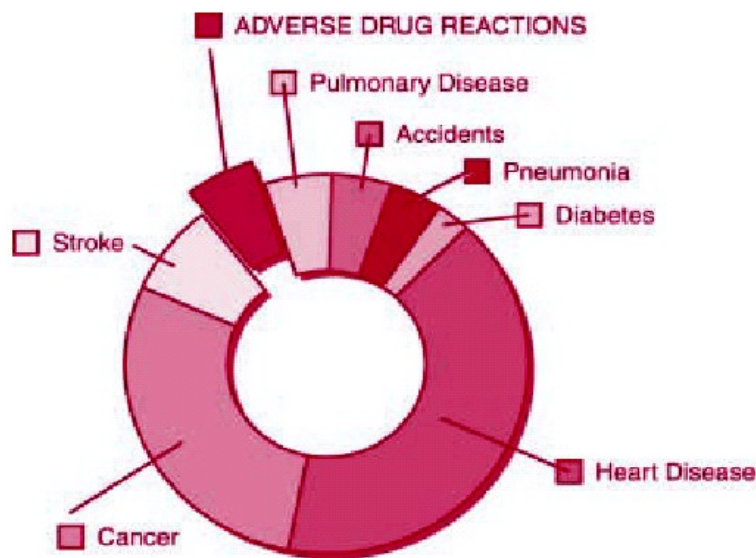
Mr Brogan said Professor Appleby approximately 18-24 months ago looked at how much is spent across the whole health system in Northern Ireland and he identified medicine prescribing as being a

particular pressure.

Mr Brogan said that in 2003 the gross cost per capita in Northern Ireland was higher than in other areas of the UK. However, he said that in Northern Ireland it could be argued that there are specific issues such as higher deprivation, greater morbidity and mortality.

Mr Brogan said that adverse effects of medicines is the fourth leading cause of death and illness after Cancer, Heart Disease and Stroke. He said therefore it is very important to focus on improving medicines management.

### **ADVERSE DRUG REACTIONS ... THE 4TH LEADING CAUSE OF DEATH**



Referring to information contained in the Strategy for Community Pharmacy launched in 2004 Mr Brogan said nearly 10% of the population visit a community pharmacy every day. These include people with diabetes; asthma; hypertension; cancer patients; mental health patients; colostomy patients; pregnant women; older people; parents of children under 5 and carers.

Mr Brogan said Pharmacists see a wide range of patients of whom a high percentage are in the older age group. There are approximately 515 community pharmacies across Northern Ireland, 90 of which are in the Western Board area. He said the average older person in the Western Board area is taking approximately 50 prescription items over a one year period. He said statistics show that older people are more at risk of suffering from untoward effects and need more support to ensure they are taking medicines appropriately. He said if there are support systems in place and regular reviews of their medication then older people will derive improved benefits from their medicines.

### ***Medicines and older people - statistics:***

- Four in 5 people over 75 take at least 1 prescribed medicine, with 36% taking 4 or more medicines (Health Survey for England 1998, Vol 1)
- Concordance rates as low as 50% in older people
- Older people who are taking 4 or more medicines have an increased risk of suffering an adverse reaction to a medicine and being readmitted to hospital as a result (*Pharmaceutical Journal*, 2000; 265:R55; *Gerontology*, 1999; 45:220–226)
- Adverse reactions : 5-17 % of hospital admissions (*Age and Ageing*, 1997; 26:375–382; *British Medical Journal* 1997; 315:1057–1058)

Mr Brogan said the Strategy looked at two board themes – Public Health and Medicines Management – and the WHSS Board has started to work on some of these initiatives.

### ***Supporting Public Health:***

Mr Brogan outlined the role of community pharmacies in Public Health and the Health Promoting Pharmacies concept where pharmacies were asked to run campaigns around specific themes throughout the year. In the WHSS Board area some of these themes were:

- Physical activity
- Care in the sun over the summer
- Flu and immunisation
- Sexual health
- Smoking cessation

Other initiatives include:

- A needle exchange programme running from 2 sites in Derry and 1 site in Enniskillen to deal with the issue of drug abuse.
- Falls prevention – this is a huge issue for older people who are taking a lot of medicines and is one area where reviews of medication can have a positive impact in reducing the risk of falls.
- Health surveillance - many pharmacies run private health surveillance screening initiatives such as diabetes and the challenge is to regularise this through the normal contracted route.

- Medicines waste management - community pharmacies already provide a service for patients to remove unwanted medicines and have run a number of campaigns to encourage patients to get rid of unused medicines and therefore reduce the risk in the home.

Mr Brogan went on to outline another specific initiative - "Building the Community Pharmacy Partnership" programme - which began approximately 4 years ago and has funded approximately one million pounds worth of projects. He said there are a lot of opportunities for local communities and community pharmacies to work together in partnership. Mr Brogan said there were a range of projects being undertaken, for example:

- In Derry the Foyle Haven Association worked with local community pharmacies in engaging with "street drinkers" to help raise their self esteem and give them information about their health and lifestyle in an attempt to improve what is often a chaotic lifestyle.
- In Strabane Pharmacists have worked with Surestart and very young families; looking at their needs in terms of a healthy lifestyle and supporting them through the various challenges that they face.
- In Fermanagh there is a project ongoing where a Pharmacist is working with a Mental Health group looking at for example trying to raise self-esteem, improve lifestyle, and increase physical activity.

### ***Medicines Management:***

Mr Brogan said the role of Pharmacists has changed and they no longer have to make up cocktails of medicines or creams as these are now supplied pre-packed and labelled. He said that Pharmacists are highly skilled individuals who could be involved in reviewing patients and the medicines they are taking. He said with approximately 200 Pharmacists in the community this would be a very valuable resource in terms of medicines management.

Mr Brogan said that Pharmacists could also play a crucial role in dispensing for patients with a chronic condition who require repeat prescriptions. The patient could come directly to the Pharmacist instead of going through the GP receptionist. This would relieve the administrative burden on GP practices and add value as the Pharmacist could engage with patients to find out how they are getting on with the medicine and whether they may be experiencing any adverse effects.

Mr Brogan said research shows that

- for every £1 spent on Pharmacists undertaking medication review a cost saving of £2 will result (*NSF for Older People*).

Mr Brogan referred to the Pharmacist's role in supporting patients around compliance with their medication. He said there are processes already in place whereby Pharmacists will provide tablets in a dispenser to help ensure that patients take the correct medication. This also benefits, where appropriate, carers who help to administer the patient's drugs at home. He said this is being done in a very informal way and the WHSSB would want to regularise and commission the service so that every Pharmacist will take on 30 or 40 patients, look at their compliance needs, review their medicines and give them the compliance tool they need to best meet their needs. He said he is aware that approximately 50% of people with chronic conditions who are prescribed medicines do not take them appropriately and there is a need for better systems to support compliance.

Mr Brogan said GP Practices are being combined in the larger Health and Care Centres and in his view better use could be made of the community pharmacies in the areas where there is no GP surgery. He said the community Pharmacist could run clinics for chronic conditions such as asthma, COPD or diabetes and in that way provide a service that could link back into the GP practices.

Mr Brogan said that the quality of the service will underpin all of this. He said Pharmacy is regulated through the Pharmaceutical Society and there are implications around the recent White Paper on regulations for health care professionals and the Pharmaceutical Society for Northern Ireland. Mr Brogan said they want to build on the quality system that they currently have and there is a bid to have quality standard accreditation for Pharmacy.

Mr Brogan said the Strategy has led to new systems being proposed one of which is the new Pharmacy Contract. Currently pharmacists are paid a fee per item and they dispense whatever is on the patient's prescription. He said under the proposed new contract it is envisaged that each Pharmacy would have a registered population and would get paid for the number of patients on their list. He said he hopes that in time there will be an electronic register and patients will be able to attend whichever pharmacy they wish and they will register according to their choice. He said this system is currently operating in Scotland where they have invested heavily in Information Technology. He said there has been no investment in IT for community Pharmacy in Northern Ireland and this needs to be considered.

Commenting on progress to date, Mr Brogan said they have agreed

service specifications for a whole range of services. However, he said due to time constraints he would not be able to go into detail on all of these. He said interim arrangements have been agreed for a minor ailments service via the community pharmacy. He said that approximately 40% of activity in GP practices involves minor ailments such as coughs and colds most of which could easily be dealt with in a community pharmacy. The aim is to divert that activity away from GP practices and therefore improve access to GPs.

Mr Brogan said that linking into the Strategy is 'Pharmaceutical Clinical Effectiveness' which is a reform and modernisation project being run by the Department. He said there are 8 projects overall, 2 of which are Repeat Dispensing and Minor Ailments.

Mr Brogan said through reform and modernisation they have been tasked with trying to make pharmaceutical efficiency savings of approximately £50 million by the end of March 2008. He said they hoped to save approximately £3 million of this through Generic Prescribing and 28 day dispensing. This involves increasing dispensing for patients being discharged from hospital because hospitals can secure medicines more cheaply.

Mr Brogan said in terms of Generic Prescribing last year the WHSSB rate was 49%; Northern Ireland 51% and the UK 65%. He said the savings, estimated at £2.5 million, were re-invested into patient care.

In conclusion, Mr Brogan said there are major changes planned for the future of community pharmacies. He said they are looking to see how best to utilise the interface community pharmacies have with the public and improve the amount of public health interventions that they can deliver. They also want to deliver better medicines management to improve the safety, efficacy and efficiency of the service. In doing so he said they need to inform and engage with the wider public.

### **Members' questions:**

Mrs Mary Hamilton asked if patients are going to Pharmacists instead of GPs would the Pharmacists expect extra funding?

Mr Brogan said there are funding streams being looked at. He said there is a capacity issue and if Pharmacists are asked to provide more services then remuneration will have to be looked at.

Mr Page enquired if there are plans to get rid of the large amounts of medicines that are out of date?

Mr Brogan said there needs to be a joined up approach between communities and Pharmacies to tackle this problem. He said if they can get the Contract right where Pharmacists are involved in the medication review process and repeat dispensing, this will reduce the potential for the build up of unused medicines. He said at the same time community pharmacies will work in a concerted way with local communities to resolve this problem as there are huge risks where unused medicines are retained in people's homes.

Mr McKelvey said he was startled by the statistics that the fourth highest cause of death was adverse drug reaction. He said he was not aware of this and he asked if there was an education or information system in place to make the public aware of it?

Mr Brogan replied that when it comes to commissioning we miss elements of the commissioning process. I have to hold my hands up and say we probably don't think globally enough about this and about the system. It is about total system thinking.

Mr McGowan said he was also as shocked as Mr McKelvey and in his opinion felt that this was clearly a much bigger issue to do with prescribing governance.

Mr Brogan agreed with the Chairman.

Mrs Brown said that she feels people in rural communities are being disadvantaged because there are no pharmacies in many of these areas. She said she would like to see a pharmacy in every small village so that people can access the services on offer.

Mr Brogan said this is something that needs to be considered within the new contract arrangements. He said in his view the Board needs to be given the power to commission because the present control of entry regulations decisions are based upon a range of other issues which do not necessarily provide the population with what they need. He said many rural areas do have pharmacy provision where there is no GP surgery – for example Kesh and Sixmilecross. He said there is a pharmacy in Ballykelly but the Branch Surgery has now closed there.

Mr McGowan thanked Mr Brogan for his very comprehensive presentation.

#### **C041/07 Presentation - WHSSB's Suicide Prevention Plan 07/08:**

Mr McGowan welcomed Mrs Dorothy Hutchinson WHSSB's Strategic Commissioning Team Lead for Children, Young People and Families, to the WHSS Council meeting.

Mrs Hutchinson thanked the Council for inviting her to update the Council on the Board's Suicide Prevention Plan 2007/08.

Mrs Hutchinson said that her post with the WHSS Board is Strategic Commissioning Team Lead for Children, Young People and Families with a remit for Mental Health and Learning Disability. She said it was within this context that she was given the lead on the Suicide Strategy for the West.

Mrs Hutchinson began by sharing statistics on the number of deaths registered as suicide over the past 7 years. She cautioned that when comparing figures from one year to another quite often a death may be registered in a year after the death (Often the cause of death is not determined as suicide until after an inquest has been held and the inquest may occur well after the time of death). She said another reason that the figures show an overall increase may be due to the fact that suicides are more widely reported now. She drew members' attention to the figure for 2006 which had almost doubled in NI and more than doubled in the Western Board area from the previous year. She said communities and health and social services professionals are very concerned regarding these increases. Mrs Hutchinson said that suicide is a very complex issue and needs a whole systems approach in order to try to understand it and put appropriate services in place.

### **Deaths Registered as Suicide**

<b>Year</b>	<b>NI</b>	<b>WHSSB</b>
2000	185	22
2001	158	22
2002	183	25
2003	144	20
2004	146	26
2005	213	33
2006	291	69

### **Services Available**

Mrs Hutchinson said there are services available provided by both the statutory and voluntary sectors. Part of the campaign in the West has been to try and get information out to the public as to where and how they can access these services. She said in the last year quite a lot of work has been done on this including developing a Mental Health website ([www.mentalhealthwest.com](http://www.mentalhealthwest.com)), awareness campaigns and leaflets. In the statutory sector there is the 24 hr GP service which is the gateway into mental health services. There are Mental Health professionals available out-of-hours until 1.00am and this will soon be a

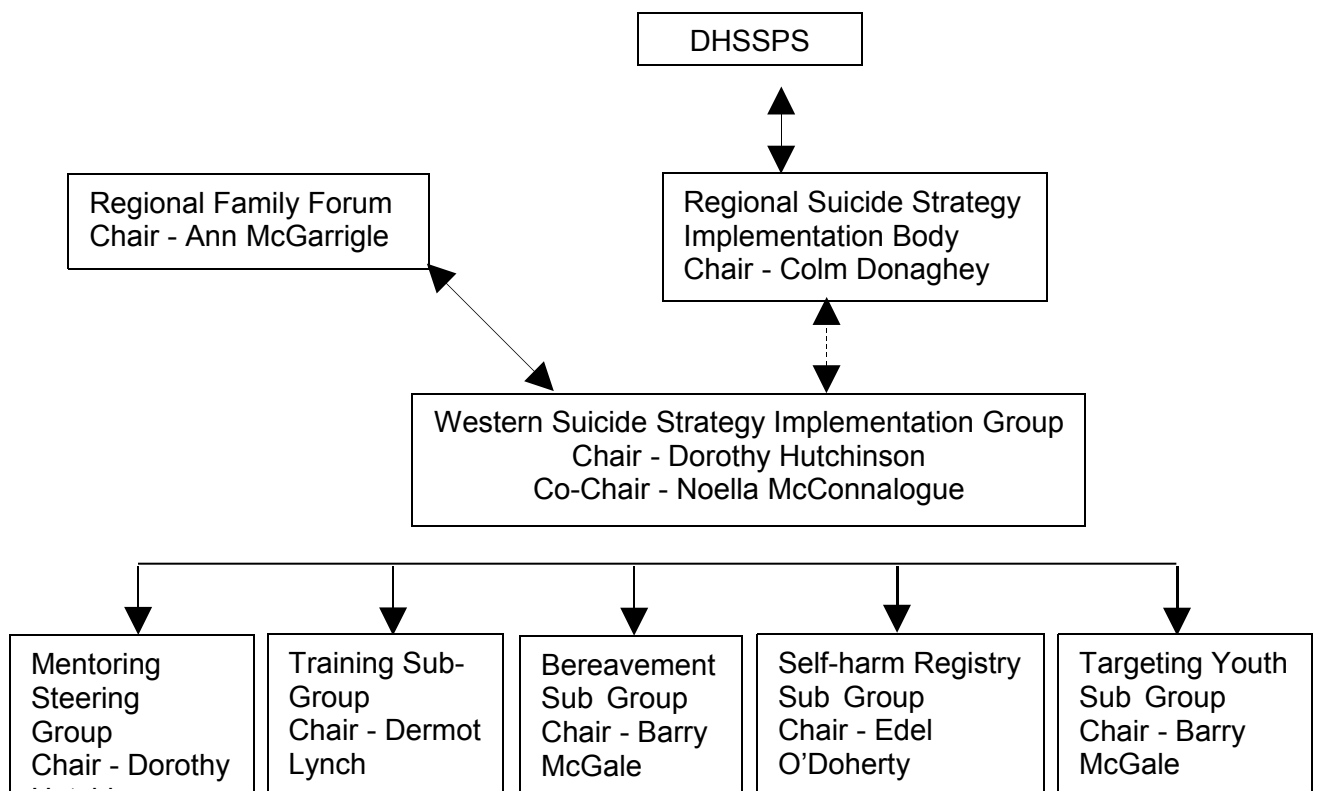
24 hour service.

Mrs Hutchinson referred to the DHSSPS Suicide Prevention Strategy 'Protect Life' 2006-2011. She said the Strategy has links to various other Strategies; for example drugs and alcohol and the association with suicide. She said part of the WHSS Board's Implementation Strategy is to bring all the services together and have a whole systems approach with joined up working between statutory and non statutory sectors. Mrs Hutchinson said they want to de-stigmatise suicide and the Board has been working closely with the media recently in looking at their response to suicide. She said they have held a Workshop to involve the media in the Northern sector and there is one planned for this month in the Southern sector.

With regard to the implementation of best practice and engagement with communities Mrs Hutchinson said she wanted to be very careful to point out that suicide is not just a health and social services issue but an issue for the whole community. It therefore requires a multi disciplinary approach to services; prevention, intervention and postvention including working closely with bereaved families. The Board is mindful of this when considering how to take forward their Implementation Strategy.

Mrs Hutchinson explained the structure (Figure 1) which has been set up in the West to ensure that all stakeholders are involved.

### **WHSSB Suicide Strategy Structure**



## **Figure 1**

She said there is a Regional Suicide Strategy Implementation Body which includes representation from the Western Suicide Strategy Implementation Group (WSSIG). There is also the Regional Family Forum whose Chair, Ann McGarrigle, also sits on the WSSIG.

Mrs Hutchinson said the Western Suicide Strategy Implementation Group was established just over a year ago as a partnership between the voluntary and statutory sectors. Members include 7 representatives from the voluntary sector and 7 from the statutory sector. Mrs Hutchinson said she chairs the group and the Co-chair, Noella McConnalogue, is from the organisation Zest. She said there are also bereaved family members involved in the group. It is a decision making group where the proposals for funding are developed and then taken to the Senior Management Team and various committees in the Board for approval.

Mrs Hutchinson said the 5 sub groups are all populated by people from the Implementation group with other expertise brought in. The 5 sub groups are:

- Mentoring Steering Group - in the West she said they have been asked to lead on the Mentoring Pilot which is a Regional project trying to address some of the issues around self harm.
- Training Sub Group is looking at the wider aspects of training.
- Bereavement Sub Group which is made up of family members to look at what they feel is required specifically for bereaved families.
- Self Harm Registry Sub Group – Mrs Hutchinson said they are piloting a self harm registry in an effort to try and get statistics that will inform them about where to invest to get the best outcomes.
- Targeting Youth Sub Group – this is the most recently formed sub group. It is important to involve them in the decisions that are made about services. She said young people do not engage easily with statutory services but they are trying to bring them together to hear their views on how best to help this happen.

Mrs Hutchinson said the approach to the Strategy is two-fold:

1. A population approach; looking at communities, families, children

and young people, health & social services, workplaces, police & emergency services, churches & religious bodies, media.

2. A targeted approach where the strategy has identified themes of: self-harm; mental illness particularly those who are leaving services; drug & alcohol abuse; young males; those bereaved by suicide; survivors of sexual, physical & emotional abuse; high risk occupations and prisoners. Mrs Hutchinson said to give some examples, statistics show that 40% of the population who took their life by suicide had at some point self-harmed. She said they do not currently have a process to alert health and social services about anyone who takes their life by suicide except for those people who were already known to mental health services. It is intended to have a process in place by next month to have this new information which will allow them to respond early to bereaved families.

Mrs Hutchinson said that the WHSS Board was allocated £135,000 funding last year. When deciding how best to invest the funding the Implementation Group concentrated on 5 strands:

***Strand 1 - Training and Development*** - increasing the capacity, knowledge and awareness of suicide and its effects across agencies.

***Strand 2 - Support for Families Bereaved by Suicide.***

***Strand 3 - Integrated Community Delivery Programme*** – trying to join up aspects of the voluntary and community services to reduce replication and strengthen partnership working.

***Strand 4 - GP Engagement*** - funding has been set aside from within the regionally Health Promotion training budgets to fund a GP representative to attend the training sub group. Mrs Hutchinson said it was important to ensure they had GP engagement within the Group.

***Strand 5 - Targeting Youth.***

Mrs Hutchinson said the proposals have not yet been approved by the Senior Management Team and Board Committees. She said the £138,000 allocated earlier in the year has been increased by a further £120,000 leaving a total of just over a quarter of a million in recurring funds to invest. She said after the first allocation the Board had tendered for a community development programme. She said although a lot of groups had expressed an interest they had not come forward yet with any firm proposals.

In the meantime she said following the recent clusters of suicides more has been learned about the needs of the communities and this has

resulted in changes to the original proposals and re-looking at new areas of investment. Mrs Hutchinson said they have been working with various groups and agencies to look at a system that actually responds to the learning process.

### **Suicide Prevention Investment Summary**

<b>Detail</b>	<b>Total £'000</b>
<b><u>Recurrent Income</u></b>	
2006/07 DHSSPS recurrent allocation	138.00
2007/08 DHSSPS recurrent allocation	120.00
<b>Total recurrent income</b>	<b>258.00</b>
<b><u>Expenditure</u></b>	
Training and Development	25.00
Supporting Families Bereaved by Suicide (Westcare)	10.00
Targeting Youth	10.00
GP Engagement	3.00
Integrated Community Delivery Programme	98.00
Supporting Families Bereaved by Suicide - Trust Initiative	20.00
Mental Health and Debt	10.00
Additional Support for self-harm	45.00
Strategy Liaison Officer (Band 6)	37.00
<b>Total recurrent expenditure</b>	<b>258.00</b>

Mrs Hutchinson said the Board are planning to re-tender for an integrated delivery programme. In February she said they had held a Hope and Healing conference with international and local speakers and it is hoped to repeat the conference next year in Fermanagh and have workshops for those people who have been bereaved to look at various aspects of their needs. This month they have organised an event bringing youth together to see how they can find new ways to communicate with them.

Mrs Hutchinson said a pilot scheme was carried out last year that

looked at helping people to get out of debt as this was identified as one of the factors for people who are suicidal. She said there is additional support for those who self harm and who are identified as particularly vulnerable. She said they want to build up capacity within the statutory services to do follow-ups and psychosocial assessments on people who have self-harmed and attended A&E or have been admitted to a ward. She said they also have a Strategy Liaison officer whose role is to develop and bring all the strategies together. Mrs Hutchinson said the Board have 2 Suicide Awareness Co-ordinators and they are planning to re-model their job roles into Bereavement Liaison officers. She said they are also working on bringing together a community response to suicide clusters. They have had a meeting with Derry City Council and they will be also be liaising with the Southern sector. She said they are looking at how as a community they can respond to what is identified as a suicide cluster as everybody has a part to play in the overall response. She said they are working on an American model where they look at the media, counsellors, members of the public and how they can put a plan in place to respond when a cluster is identified. Mrs Hutchinson said the WHSSB has developed a suicide awareness leaflet 'Concerned about Suicide' which they plan to deliver to every household in the West.

### **Members' questions:**

Mr McGowan thanked Mrs Hutchinson for her very informative presentation.

Mr McGowan asked Mrs Hutchinson whether the Board was involving people who had survived suicide and if they were represented on the group.

Mrs Hutchinson said she did not have that information.

### **Action Point AP: a/09/07**

Mrs Hutchinson to confirm whether the WSSIG have targeted survivor groups to be represented on either the implementation group or sub groups and how many are involved.
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Mr McGowan said the information on the Targeting Youth initiative was of interest. He said that in his experience young people have a fear of engaging with mental health services because they are based on the medical model and very little alternative approaches are considered.

Mrs Hutchinson said they had done quite a bit of work with the Baton Rouge centre from Louisiana which deals with survivors of suicide. She

said there was a speaker from the centre at the Hope and Healing Conference. She said the definition of survivors includes those people who have been affected by a suicide such as family members.

Mrs Hutchinson said suicide is a very complex issue and they need to start thinking differently particularly regarding, the youth, how the media addresses suicide and how each person can respond as part of the community.

She said there is undoubtedly a stigma around Mental Health and young people are reluctant to engage with services. Mrs Hutchinson said the Chair of the Targeting Youth Group had attended a conference recently where the topic of using mobile phones to communicate with young people was discussed.

Mr McGowan said that health agencies have been using mobiles in Co Kerry for the past two or three years and it has been hugely successful.

Mr Ross Hussey read the WHSSB 'Concerned about Suicide' leaflet which Mrs Hutchinson had circulated and said he had a major concern. He felt that if the leaflet was received by a household where someone had taken their own life family members might blame themselves for not recognising some of the signs outlined in the leaflet.

Mr Hussey went on to say that he had been a District Councillor for over 2 years and the issue of suicide is regularly discussed but he feels nothing is done about it.

Referring to the targeted approach Mr Hussey said he agreed that young people should be targeted; however, he said ex-servicemen and the RUC had been left out. As the troubles are now supposedly over he said anyone who participated whether they be in the army, police or in a terrorist grouping should be included as they are all high risk groups. He said there are probably befriender schemes within all of these groups and they need to be included.

Mr Hussey said that Omagh has had a major problem with suicides recently. He referred to the double suicide in the Gortin Glens and the fact that the people concerned were alleged to have made contact through the internet. He said the Western Suicide Strategy Implementation Group did not come to Omagh to meet with the District Council. He commented that perhaps the reason why the Implementation Group had met Derry City Council was because Derry has a larger population. He said he has major concerns about the Strategy and asked Mrs Hutchinson to seriously consider not sending the WHSSB leaflet out because of the concerns he raised.

Mrs Hutchinson told Mr Hussey that the Implementation Group does look at high risk occupations and are aware of research regarding some of the professions that he had referred to. She also said that dentists are included as one of the high risk occupations.

She said they identify the issues through research and evidence that is available locally and internationally to respond to the requirements and needs of the communities who have been affected by suicide. She said they had met with Derry City Council at the beginning of the summer and they are intending to meet with the other Councils to try and get an approach for a community plan. She said Derry City Council had approached them and they took the opportunity to try and move things forward by using a partnership approach.

Mr Hussey said he would not want to see the Implementation plan going into a file and put on a shelf. There had been a plan in Sperrin Lakeland Trust and representatives from Omagh District Council were on the Suicide Committee but the Committee never met.

Mrs Hutchinson said the Committee Mr Hussey referred to was Sperrin Lakeland fora and Foyle fora and she had brought them together last May. She said it was from these groups that they formulated the Western Suicide Implementation Group. A number of people including Councillors from those groups are on the Implementation Group.

Mrs Brown said she had read recently about a young girl who had gone to a hospital, was refused admission and subsequently took her own life. She said if someone goes to the hospital looking for help there should be a system in place to either admit them or ensure that they are given appropriate support.

Mrs Brown said there are a high number of suicides in the Fermanagh area and she has a concern about the lack of information for people in rural areas. She said the Board needs to get out more to the communities and to involve schools because some young people are leaving school with low self esteem, no job prospects and poor skills.

Mrs Hutchinson said they have a representative from education on the Implementation Group and someone who is leading on the suicide actions within education feeding back into the group.

Mrs Brown said her concern is that they may be feeding back into the Implementation Group but the information is not being fed out to the community.

Mr McIntyre referred to the Co-ordinators changing their role to Bereavement Liaison officers and said he would be very worried about

this change. He said he is aware that the bereaved need to be supported but feels that the emphasis should be on suicide prevention.

Mr McIntyre said he agreed with Mr McGowan that it is very important that people who have survived suicide should be included on the Implementation Group. He said he had worked as a Samaritan for a number of years and he learnt more from listening to those who had attempted suicide than from anything he had read in books about suicide.

Mrs Hutchinson agreed that it is important to hear the voice of these people and she said there may well be people who have survived suicide on the Groups. With reference to the change in role of the Liaison officers, Mrs Hutchinson said they had found that increasingly their work was moving towards responding to the bereaved. She said those who are bereaved become vulnerable. This means that the Liaison officers are then moving into prevention work. She said this evidence and the need to respond to the needs of the community was the rationale behind changing the role of the Liaison officers.

Mr Page said the high number of suicides among young people recently in the Derry area is shocking. He said he welcomes the Liaison officers going to the families and said the communities would welcome leaflets through their doors which tell them the signs to watch out for and where they can go to get appropriate support.

Mr McKelvey said he appreciates that suicide is a very emotional issue and he feels the Board are doing everything they can. However he said he feels there is an imbalance in the structure that has been set out. He referred to the local action plan with Strand 2 Support for Families Bereaved by Suicide. He said he feels there needs to be the same emphasis on prevention. Mr McKelvey said there was no mention in the presentation of representation from the churches and he feels that they need to be included.

Rev Blair said that a number of issues had been highlighted such as transgeneration and the legacy of the troubles and to some extent they are being addressed. He said he welcomed the liaison with the Education Board but good mental health he said starts in the home and in primary schools and he would like to see some funding directed at that aspect to try to deal with the issue at grassroots level.

Mrs Hamilton agreed with Mrs Brown regarding the need to involve schools but also to ensure that parents are involved. She said many parents are out working nowadays and do not have the same amount of time to listen to the children who may be finding it hard to cope.

Mrs Hutchinson agreed that early intervention will produce better outcomes. She said it is well known that a sense of well-being, a sense of belonging, of attachment and of ensuring that young people have good self esteem and coping mechanisms will help to improve and sustain good mental health.

With regard to the WHSS Board's suicide awareness leaflet Mrs Hutchinson said the Board would not want in any way to add to the distress of a family bereaved by suicide. However she said if the leaflet gives people a tool to respond if they do pick up a sign now or in the future from someone who is close to them then it would have been worthwhile. She said she recognises that there are a lot of issues for people who have lost someone and who are trying to deal with that loss. However, she said it should not prevent the Board from trying to stop the next suicide from happening. She said she does not for one moment think they have all the answers but they are trying to get those people whom Mr McGowan referred to earlier involved in their groups. She said they are looking at evidence and trying to see where they can put their resources to best effect.

Mr McGowan congratulated Mrs Hutchinson on her work and acknowledged that she has a very difficult job to do. He offered her the support of the WHSS Council.

**C042/07 Minutes of WHSSC Liaison Meeting with WHSC Trust - 4 June 2007:**

The Minutes of the WHSSC Liaison meeting with WHSC Trust held on 4 June 2007 were adopted on the proposal of Mr Michael McIvor and seconded by Mr Victor McKelvey.

**C043/07 Minutes of Previous WHSSC Meeting - 15 June 2007:**

The Minutes of the previous WHSSC meeting held on 15 June 2007 were adopted on the proposal of Mr Victor McKelvey and seconded by Mrs Valerie Brown.

**C044/07 Matters Arising from Previous Meetings:**

Members were provided with a written update on Action Points.

**WHSSC Meeting - 21/5/07:**

**Action Point AP: b/05/07 – Copy of Speech and Language Therapy waiting figures to be requested for the Southern sector and sent to all WHSSC Members.**

Copy of figures as of 30<sup>th</sup> May 2007 were received and included in members' packs.

**Action Point AP: h/05/07 – Chief Officer to check with the WHSS Board on the possible closure of Ballykelly surgery.**

Mrs Gormley reported that Ms Reilly had met with Mr Eugene Gallagher, Head of Primary Care Services and Family Practitioner Services Unit WHSSB and he confirmed that the Ballykelly Branch Surgery had not closed. He said a community survey had been carried out and there had been a very low response to it. The Board are now looking at alternative means of engaging with the local community.

Mr McIvor pointed out that Mr Joe Brogan had mentioned during his Presentation earlier that the Ballykelly Branch Surgery was closed. He asked if WHSSC could contact the Board and find out if it is in fact closed.

**Action Point: AP b/09/07**

WHSSC to contact WHSSB to establish whether Ballykelly Branch Surgery has closed.
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**WHSSC/WHSC Trust Liaison Meeting - 4/6/07:**

**Action Point AP: a/06/07 - Mrs Way to clarify to WHSSC the number of Caesarean sections carried out in the Erne Hospital in 2005/06.**

Mrs Way reported that 296 Caesarean sections were carried out in 2005/06.

**Action Point AP: c/06/07 - Mrs Way to provide WHSSC with a copy of the Trust's letter to the Department regarding pathology/laboratory services.**

A copy of the Trust's letter to the Department regarding pathology/laboratory services was received and copied to Members.

**Action Point AP: d/06/07 - Mrs Way to provide WHSSC with information regarding Neonatal services at present and in the new hospital and in Altnagelvin.**

Mrs Way provided the following written information:

“The neonatal unit in the Erne Hospital has 6 beds. I gather these are all funded as special care cots (i.e. not high dependency or intensive care). We would try to keep all babies born after 30 weeks gestation, transferring in utero those who go into labour prior to this. Babies born unavoidably in the Erne either before 30 weeks or who need intensive care are stabilised and then transferred to an available neonatal cot. This can be anywhere in Northern Ireland or even Dublin.

If we feel a child will require only short term intensive care we will provide it here rather than transferring out. (We will also keep patients who require CPAP which is by definition intensive care). The main rationale for transfer is the fact that we do not have on call middle grade cover. If we have a ventilated neonate in the NICU a consultant has to be on site at all times (24 hrs a day).

The Neonatal Services available in Altnagelvin Hospital are:

3 Level 1 Cots (ICU).

1 cot funded by HSE North West Area (Letterkenny Hospital) for admissions of babies/in utero transfers under 30 weeks gestation.

6 Level II Cots (High Dependency).

9 Level III Cots (Special Care).

Outpatient and Day Case follow up as necessary”.

**Other Issues the WHSC Trust agreed to respond to in writing:**

**Stradreagh:**

**WHSSC Trust briefing on the closure of the swimming pool facilities at Stradreagh?**

Mr Trevor Millar, Director of Adult, Mental Health and Disability Services, WHSCT reported that at the time when Stradreagh had a large number of residents, Friends of Stradreagh contributed to building

a swimming pool. When the number of residents decreased the pool was not fully utilised but the maintenance costs remained the same. When designing Lakeview (replacement for Stradreagh) discussions took place about whether to include a swimming pool. The decision was taken that it would not be cost effective as the majority of clients now live in the community and have access to communal swimming pools.

For those clients who require therapeutic sessions it was decided to commission sessions from Foyleview School which has a purpose built swimming pool. When Stradreagh closed the equipment was given to Foyleview. It was agreed therefore that the Trust could use the facilities free of charge but that they would have to provide Trust staff.

Mr Millar said the demand is not great as the majority of clients now use communal facilities and he is not aware of anyone who is being disadvantaged by not getting access to the service they need. In the past there were more long stay individuals in Stradreagh who could not use communal facilities.

He says he knows of 2-3 clients in Maybrook who require some form of therapy and they are taken by bus to the local swimming pool. This is working well but they could probably do with more therapy. He says they are trying to commission one session with Foyleview on a regular basis and he thinks they would probably have enough clients for this.

New regulations mean that there should always be two physiotherapists in the hydro pool and there have been problems with a shortage of physiotherapists which the Trust is trying to address this year.

### **Strabane Health & Care Centre**

**What is the reason for the delay in the outreaching of certain hospital services, such as radiology, to key Health and Care Centres in the Western Health and Social Services Council Area?**

**What timeframe is envisaged for the extension of such services to the Riverside Health Practice in Strabane and what steps are being taken to ensure that this long awaited development becomes a reality?**

The Trust had said that this question was not for them to answer because the Strabane Health and Care Centre is part of Traunch 2 and may not be in place for up to 10 years.

However, the Council remains keen to know what the Trust is going to put in place during the interim, especially in relation to diagnostics e.g. maternity services in Strabane which does not have radiology to carry

out ultrasounds. The issue will be raised again with both the Trust and the Board.

### **Speech and Language Therapy in Foyle Area:**

**What steps are being taken to augment Speech and Language Therapy provision in the Foyle Trust area and what specific provision is envisaged to tackle the waiting lists in the Strabane District Council Area?**

### **Paediatric Occupational Therapy:**

**The WHSSC has been monitoring OT waiting times and receive waiting list information on a monthly basis from the Trust. It was our understanding that the figures included Paediatric OT waiting times; however this is now under question given that the monthly information indicated that no-one was waiting more than 6 months and we now know that parents are reporting that their children may have to wait up to 24 months.**

**We would like to see the figures for waiting lists and times for Paediatric OT for the old Foyle Trust area.**

The Council received the following figures on 18 July 2007 from the Western Board's Information Department:

### **Northern Sector Paediatric OT Waiting List - 30<sup>th</sup> June 2007**

<b>Waiting Times</b>	<b>No. Waiting Assessment</b>
0-3 mths	36
3-6 mths	53
6-9 mths	28
9-12 mths	27
12 mths+	41
<b>Total</b>	<b>185</b>

<b>Waiting Times</b>	<b>No. Waiting Treatment</b>
15 mths	27
18 mths	32
24 mths	32
<b>Total</b>	<b>91</b>

Referrals received = 10

The Council are concerned that there are children waiting up to 2 years for treatment and the Chairman proposed that the Waiting List

Monitoring Group arrange a meeting to look at this issue.

**Action Point: AP c/09/07**

Chief Officer to organise a meeting with Mrs Margaret Kelly regarding Councils Waiting List Monitoring Group in order to look at the issue of Paediatric OT and Speech & Language Therapy waiting times.

**Orthopaedics/Orthotics:**

**Explanation of the new arrangements for Fermanagh patients who previously were seen by the Musgrave team and how they now access Orthotics?**

Mrs Way responded by saying that patients will continue to access Orthotics at the Erne Clinic. The exception to this are those children who have remained with a Greenpark consultant which means they will have to travel to Belfast for their Orthotics. This is at the request of Greenpark who have declined the Western Trust's offer to continue to use the Erne Clinic. The Greenpark Consultants have stated that they prefer a registered nurse at the clinic, however, Mrs Way added Altnagelvin Consultants have never required this.

**Action Point: AP d/09/07**

The Council will look into this issue further.

**Relationships with the WHSSC:**

**What arrangements are being advanced to ensure a good working relationship (including advance notice of Press Releases etc) with the WHSSC?**

A meeting has been arranged with Mr Oliver Kelly, newly appointed Communications Officer WHSC Trust and the Chief Officer to progress relationships with the WHSSC in relation to communication activities within the Trust.

The Business Support Manager reported that communication between the Council and the WHSC Trust had improved with the Council now receiving copies of all press statements and having opportunities for briefings on public interest issues.

**WHSSC Meeting - 15/6/07:**

**Action Point AP: a(i)/06/07 – Minutes of WHSSC/WHST Liaison meeting held on 4 June to be tabled at next Council meeting.**

The Minutes of the WHSSC/WHST Liaison meeting held on 4 June 2007 for approval at WHSSC meeting on 7 September 2007 were sent to members.

**Action Point AP: b(i)/06/07 – Chief Officer when writing to Department in relation to deficit inherited by the new WHSC Trust to include Mr Sutherland's proposal (to emphasise that the deficit should not impinge on the delivery of services in the future).**

Mrs Gormley reported that the Chief Officer has not written to the Department yet as she is waiting to hear from the Trust about the outcome of the Independent Review of Sperrin Lakeland Trust's reported financial position and the reasons for their end of year deficit.

**Action Point: AP e/09/07**

Chief Officer to provide members with copy of letter to the Department.
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**Action Point AP: c(i)06/07 – Chief Officer to request a response from Mrs Way Chief Executive and Mrs Kelly Director of Acute Services, WHSC Trust to Miss Kate Law's article in the Ulster Herald**

This issue was addressed with Mrs Way and Mrs Kelly at a meeting held to update members on the Review of Services at Tyrone County Hospital. The Trust reported that it is unsafe to perform tonsillectomies on children as a daycase at Tyrone County Hospital. The decision was taken to move this activity to Altnagelvin. Mrs Way said that as the accountable officer she could not allow tonsillectomies to be carried out at Tyrone County Hospital when she has been told it is not safe to do so. Mrs Way told the Council that of the 130 children waiting for tonsillectomies 70 of them are from the Republic of Ireland as the former Sperrin Lakeland Trust had a contract arrangement with Cavan/Monaghan.

**Action Point AP: d(i)/06/07 – Ms Reilly to check delay in reports from the Mobile Screening Unit**

The WHSSC Business Support Manager checked regarding delays in

providing reports from the Mobile Screening Unit and was advised that there is no backlog of reports. Reports are normally sent to the patient's GP within 3 weeks. The WHSSC was invited to provide the individual patients information and the Unit would follow it up. However the patient concerned confirmed that she had now received her report (seven weeks after screening) and did not wish to take the issue further.

**C045/07 Report on Visit to Northland Road Ambulance Station:**

Mr Michael Mclvor reported that he, Mr Billy Page and Ms Maggie Reilly had visited the Ambulance Control Centre at Altnagelvin and the Northland Road Ambulance Station. He said they were warmly received and welcomed by the staff there. Mr Mclvor said their main interest was seeing what the situation was at the Northland Road Station which is shared with the Fire and Rescue Service. There is one ambulance based at the Northland Road site permanently. He said there is now an ambulance presence on the Westbank of the City where 80% of the people live. He said this was very important and was something that they had reinforced and would like to see it built upon. He said they would like to see a station fully equipped and located there. Mr Mclvor said there was an issue about location but NIAS are actively looking at this issue which is very positive.

**C046/07 Unannounced Bugwatch Survey:**

Mr McGowan said the WHSSC are planning to carry out an unannounced Bugwatch Survey in both the Erne and Tyrone County Hospitals during October 2007. He said a preparation day for this would be held on 18 September 2007 in Hilltop.

Mrs Gormley said a number of members had already put their names forward and the Survey would be carried out on a day during the week commencing 15 October 2007. Members will be contacted with details of the preparation day.

**Action Point: AP f/09/07**

WHSSC members to be notified of the details for the Bugwatch Survey preparation day.
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**C047/07 Members' Issues:**

Mr Billy Page said he wished to make the WHSSC aware of the removal of Autism Services from Foyleview Special School in Derry to Omagh. He said it had been reported in the media today and the

School had only been notified of it yesterday that the service has now been removed to Omagh. He said this affects approximately 700 people. He said this was right across all schools in the area. The service was established in 1999 and has 3 staff. Mr Page said there was no consultation with the parents regarding the removal of the service and they have not been officially told about it.

**Action Point: AP g/09/07**

WHSSC to follow this issue up.
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**C048/07 Update on Review of Services at Tyrone County Hospital:**

Mrs Gormley reported Mrs Way Chief Executive WHSCT and Mrs Kelly Director of Acute Services WHSCT attended a meeting at WHSSC Offices, Hilltop, on 29/8/07 to update members on the Review of Services at Tyrone County Hospital. Mrs Way informed members that the important message to come out of the Review was that acute medical inpatient services would remain for up to 2 years. However, Mrs Way did say that this is predicated on the Trust being able to recruit and retain doctors with the right skill mix. If they are unable to do this then the Trust may move to the DBS model earlier than planned. Mrs Way said the Trust are optimistic that with the merger of the three Trusts into the new Western Trust they will be able to recruit the necessary staff and they are encouraged by the number of applications received recently for medical posts.

**Cancer Access Target Steering Group:**

The WHSC Trust has set up a Cancer Access Target Steering Group. The Chief Officer has asked Mrs Gormley to sit on this group which will meet on the first Monday of every month.

**WHSS Council website:**

Mrs Gormley reported that a significant amount of work has been carried out to improve the Council's Website and she would encourage members to view the website ([www.whssc.org](http://www.whssc.org)).

**Review of Workload:**

Mr McGowan informed members that the WHSS Council has a huge amount of work ongoing and he would be asking for members' support to carry the work forward. He proposed that a small business sub committee be formed to look at the workload and plan for what will likely be the Council's last six months' work.

Mr McGowan said himself and the Chief Officer would explore this further and report back to the members.

C049/07 **Member Training:**

***Freedom of Information Training/Data Protection Act:***

Mr Victor McKelvey gave a brief overview of the Freedom of Information training that took place on 29 June 2007 at Hilltop. He said the training had been very informative and worthwhile.

Mrs Gormley said that all members had now attended training on Freedom of Information/DPA awareness.

***Pharmacy Practices Committee Training:***

Mrs Valerie Brown provided feedback on the training delivered to the WHSS Council members who sit on the Pharmacy Practices Committee (PPC) which took place on 6 July 2007 in Hilltop. Mr Joe Brogan Director of Pharmaceutical Services, WHSSB facilitated the training. Mrs Brown said the members of the PPC welcomed the training and found it to be very worthwhile.

C050/07 **Monthly Activity Reports - June/July/August 2007:**

The Monthly Activity reports were tabled. Mrs Gormley asked members to contact the WHSSC offices if they have any queries about the reports.

C051/07 **Any Other Business:**

Mrs Gormley informed members that Derry City Council had written to the Department to seek approval for a Derry City Councillor to replace Councillor Seana Hume. Councillor Hume had recently resigned from Derry City Council and therefore was no longer eligible to sit on the WHSS Council.

Mr McGowan drew to Members' attention a notice from Age Concern NI regarding Age Awareness Week (1 - 5 October 2007).

Mr Michael McIvor who had initiated contact with the Faughanvale Community Centre said he wished on behalf of the WHSS Council to thank Mena Moore, Rev Blair, Mary Watson and all the staff of the Centre for their warm welcome and hospitality.

Mr McGowan concurred and extended his own thanks.

C052/07 **Date, time and place of next Council Meeting:**

Mr McGowan said there would not be a meeting of the Council in October as a joint Council Forum has been arranged for the 25 October 2007 in the Seagoe Hotel, Portadown. He asked that as many members as possible attend this event.

Mrs Gormley also informed members that the December meeting will be held on Friday 7<sup>th</sup> followed by Christmas Dinner in Kelly's Inn, Garvaghey, Ballygawley.

The next WHSS Council meeting will be held on:

Date: Friday 2 November 2007  
Time: 10.00am  
Place: The Training Room  
Strabane District Council Offices  
47 Derry Road  
Strabane  
Co Tyrone

**The meeting ended at 12.55pm**