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**THESE MINUTES ARE EMBARGOED UNTIL  
FRIDAY 6 MARCH 2009 AT 1.00PM**

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**WESTERN HEALTH AND SOCIAL SERVICES COUNCIL**

**Minutes of One Hundred and Sixty-sixth meeting of the  
Western Health and Social Services Council  
held on Friday 5 December 2008  
in the Alexander Suite, City Hotel,  
Queens Quay, Derry  
at 10.00am**

**Western Health and Social Services Council**

**Present:** Mrs F Robson (Chair) Mrs S Hogg  
Mrs V Brown Mr P McGowan  
Mr J Campbell Mr M McIvor  
Councillor M Carten Mr V McKelvey  
Councillor M H Durkan Councillor B Page  
Councillor G Foley Ms M Trimble  
Councillor M Hamilton

**Apologies:** Councillor R Hussey Councillor M McColgan  
Councillor B Johnston Mr E McGrade  
Councillor R Lynch Mr R McIntyre  
Mr I Maguire Mrs M McKeague

**Western Health and Social Services Board**

**Present:** Professor D Burke, Chief Executive  
Mr M Gormley, Head of Consumer Services

**Apologies:** Ms K Meehan, Chair

**In**

**Attendance:** Ms M Reilly Mrs M Gormley  
Mrs K Loughran Miss S Forbes  
Mrs M McGarvey

**1 Member of the Press was in attendance**

## **Chair's Business:**

Mrs Robson welcomed everyone to the 166<sup>th</sup> meeting of the Western Health and Social Services Council and thanked them for their attendance especially in the poor weather conditions. She said it is a sign of their commitment to the service that the Council provides to the public. It also demonstrates their dedication particularly at this difficult time when there is a great deal of concern around the Comprehensive Spending Review (CSR) and the imminent transition to the new Patient Client Council (PCC) on 1 April 2009.

Mrs Robson also welcomed the member of the Press.

Mrs Robson said a number of members from the WHSS Council along with Councillors from Omagh, Fermanagh and Strabane District Councils had met the previous evening to discuss issues of common concern in the Southern sector of the Western Trust area. She said this item had been added to the agenda.

Mrs Hogg pointed out that although she had heard it mentioned previously she was not aware the meeting with the three Councils was taking place the previous evening. She said she would not like people to think she was not interested in attending particularly when Fermanagh Council was involved.

Mr McKelvey said he also was not aware of the meeting.

Mrs Gormley said it was her understanding that all members had been contacted with regard to their interest and availability for the proposed meeting and it was only those members who said they would be able to attend who were sent further details.

Mr Carten said he had not received a letter but he was aware of the meeting as he had received a telephone call from the office. He had intended to go to the meeting but unfortunately on the night was unable to be present.

Mr Foley and Mr Page said they had received letters, e mails and phone calls about the meeting.

Ms Reilly said she would investigate the system of communication as three members had indicated they were not aware the meeting was taking place.

### **Action Point AP: a/12/08**

Chief Officer to investigate system of communication regarding meeting between WHSSC and District Councils and report back to members.
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Mrs Robson on behalf of the WHSS Council members congratulated member

Ms Ruth Lynch on the birth of a baby girl.

### **Minutes of Previous WHSS Council Meeting:**

The Minutes of the previous WHSS Council meeting held on 14 November 2008 were adopted on the proposal of Mr Joe Campbell and seconded by Mr Victor McKelvey.

### **Matters Arising from Previous Meetings:**

Ms Reilly said there were no action points from the previous meeting however a number of queries from the liaison meeting with the Trust had arisen e.g. the opening times in the Community Stores and the Trust's update on the implementation of the Mental Health Reviews. She said the Council is awaiting a written response from the Trust.

### **Meeting with Fermanagh/Omagh/Strabane District Councils – 4/12/08:**

Ms Reilly said it had been proposed at a previous meeting that the WHSS Council would invite the three District Councils within the Southern sector of the Western Trust i.e. Fermanagh, Omagh and Strabane to a meeting. The purpose of the meeting was to explore the issues of common concern with regard to health services within the Southern sector. She said the meeting was timely in that one of the biggest concerns currently is about the Trust's Comprehensive Spending Review (CSR). She said the proposals that are on the table will affect what are regarded as the most vulnerable groups within our society i.e. the elderly, children and people with disabilities. She said uniquely the four bodies present at the joint meeting were of one voice. There was a profound concern she said about the potential to close residential homes, children's homes and the possible removal of services from those with learning disabilities.

Ms Reilly said it was proposed in the first instance that the three District Councils present, together with the WHSS Council, would write a letter to the Health Minister which would be copied to MPs, MLAs, Health Committee, the WHSC Trust and the WHSS Board saying that they will not tolerate or accept these types of cuts. She said it would be the first time that the WHSS Council would formally be associated with working with the three District Councils in an effort not to have the cuts taken forward.

Mrs Robson said there was a deep concern about the lack of openness and integrity of the Trust whilst they are taking forward this process of consultation. Many of the Councillors she said felt that it was not a process of consultation but that the decisions had already been taken. She said she shared their concerns and WHSS Council had evidence of a lack of openness at a recent meeting with the Trust.

Ms Reilly said at the meeting with the District Councils there was profound disappointment at what the Trust was calling engagement. The Trust met with some of the District Councils and other stakeholders and Councillors reported that they had a plethora of information presented to them but they were given no opportunity to challenge it, to look for the finer detail or to hear what alternative proposals the Trust had.

Ms Reilly said the Trust's consultation exercise is about an Equality Impact Assessment on the proposals but it is not asking people to say whether they agree or disagree with the actual proposals. It is about whether they feel that any of the Section 75 groupings i.e. people of different gender, race, political beliefs, religion or age might be more adversely affected than any other group. This she said is an entirely different consultation exercise than a consultation on the policy itself. She said she believes that the public have been allowed to believe that it is a consultation about the policy when in fact it is not. Ms Reilly said it is acknowledged by everyone that the requirement for the Trust to make £36 million of savings has been imposed upon it. She said it is totally inappropriate and unfair that as a new Trust it should have that level of savings imposed on it especially when it is trying to re-organise following the merger of the three legacy Trusts and having to maintain services which historically have been poorly administered and resourced. Those present at the meeting felt that it was very wrong that the Trust was being forced to make these savings but it was doubly wrong for the Trust to then target the most vulnerable members of our society in order to make their savings.

Mr McGowan agreed with the Chief Officer's review of the meeting with the three District Councils. He said it was a very powerful meeting where the four bodies had come together to meet under a common banner.

Mr McGowan said there is a very real concern that services in the Southern sector of the Trust are slipping away. He said people are being starved of the services that are required and he believes that they are being left completely abandoned within the Western part of NI. He said he feels there is a deliberate attempt to strip away the basic services that are needed for health particularly within the Southern sector of the WHSC Trust and the CSR proposals are another way of being able to justify cutting services. Mr McGowan said he has no confidence in the WHSC Trust.

Mrs Robson said WHSSC member Mr Ignatius Maguire had raised a very good point the previous evening when he reminded everyone that this is a three year process. He said we are only in the first year and the Trust has said that the proposals for years two and three will be even more controversial.

Mr Page said he would want to ensure that the Equality Impact Assessment also looks at how people in the North West are affected because they have

always been disadvantaged when it comes to funding issues. He said he is also concerned that the efficiency savings will particularly affect the elderly, the young, the disadvantaged and those with special needs.

Mr Campbell said the District Councils shared the WHSS Council members' dissatisfaction with the presentation they had from the WHSC Trust. The District Councillors also felt that they were not given proper answers. He said the one issue that unites everyone is that the most vulnerable members of society are being targeted. Mr Campbell said he believes it is also very important to involve the other two District Councils – Derry and Limavady – so that all the Councils in the area together with the Health Council could have a united voice.

Ms Reilly said there is a feeling that the new Trust has missed an opportunity to work closely with and keep faith with its own community. The community does not want cuts which affect the most disadvantaged and marginalised groups. Mr Maguire pointed out that the Trust could then have gone to the Minister with the power of the community behind it and said we cannot make these cuts and therefore cannot achieve the £36 million savings required. They could argue that it may be possible to realise approximately £24 million but are unable to find the extra millions otherwise they have to target the most vulnerable.

Mr McGowan said when the WHSC Trust came into being the message it was putting forward was that the new strategy was to re-build faith within the community. Mr McGowan said he believes it has failed to do this and has totally disregarded the views of the ordinary people that it serves. He said people are not being afforded their basic health requirements in the area that they live. He said there is no accountability within the WHSC Trust and that is the basic problem.

Mrs Robson said Health Trusts throughout Northern Ireland have been given a message from the Government that they must make savings and the Chief Executives of these Trusts should go to the Minister with a united front and say they cannot do this as it is affecting the most vulnerable in society.

Mr Campbell said he felt the WHSS Council had been treated with total disdain by the WHSC Trust at their recent liaison meeting. The Council had the courtesy to provide the Trust with questions in advance of the meeting to give them time to prepare and they could not answer these questions when they came to the meeting. He said they were asked a very simple question i.e. what services are currently available at Tyrone County Hospital and are these likely to stay? The Trust he said told the WHSS Council that the situation was so complex that they could not give an answer. Mr Campbell said he honestly did not know what that meant. He referred also to the recent proposal by the Trust to remove the rewards system from people with learning disabilities. The Minister intervened and this proposal was turned down but now the Trust is

proposing to close a Day Centre or reduce staff.

Mrs Robson agreed with Mr Campbell and said that seemed to be the general feeling from the liaison meeting.

Mr Campbell said he would like the message to be conveyed to the Trust's Chief Executive about how the WHSS Council members felt they had been treated at the liaison meeting.

Mr Foley said Strabane District Council had received a 45 minute presentation from the WHSC Trust. The presentation was overloaded he said and the Councillors felt they could not ask any questions because the Trust would say that it is under review or under consultation. He said they were getting no answers but the Trust would come back to them when it is all over saying they did consult with them. Mr Foley said it is up to the Councillors to do something about it. They would not be doing their job properly if they don't he said.

Ms Reilly said at the meeting the previous evening it was unanimously agreed that a letter should go forward to the Minister from the four bodies present. She asked members whether they would support that proposal? She said there was a suggestion that the other two District Councils in the Western area would share similar concerns about the CSR proposals and Councillors from Fermanagh, Omagh and Strabane agreed to talk to their colleagues in Derry City Council and Limavady Borough Council to find out if they would also wish to sign the letter. If Derry City and Limavady Borough Councils agree the letter will be co-signed by the WHSS Council and the five Councils; otherwise it will be signed by the three District Councils represented at the meeting. Ms Reilly said she was asked to draft a letter which would be shared with the Chief Executive forum of the District Councils and they will be able to make amendments to it. Members agreed to the proposal that the WHSS Council co-sign the letter to the Minister.

Mr Carten said Limavady Borough Council expected to receive the Trust's presentation this coming week.

Mr McKelvey said he felt there was frustration by all concerned and this was obviously because the budget was not right. He said he was not at the meeting with the District Councillors but wanted to make sure that the equality issue under Section 75 is dealt with i.e. that it is cross community. He expected there would be absolute support and those who spoke for the Councils were speaking from right across the board with a united view. He said if there was any breakdown of that he would not be in agreement. Everyone he said needs to make sure that they are talking absolutely and totally from a united front. He referred to a report he had read in a local newspaper about Strabane District Council representatives having met with representatives from the WHSC Trust regarding the closure of an old people's home called Greenfield and the paper

was quoting the type of language that was used. Mr McKelvey said he is concerned at the suggestion that lies are being told. He said Mrs Way WHSC Trust Chief Executive had said at the liaison meeting with the WHSS Council that she was being honest and he said he can understand the position she is in. She has been given a directive and she is right when she says no decisions have yet been taken. The proposals are being put on the table about what they may do and what they probably had to do in order to secure the £36 million savings. Mr McKelvey said he believed Mrs Way was telling the WHSS Council what she was told and what she had to do. Mr McKelvey said he felt that emotive language should not be used. The basic problem is that there is not enough money to provide the service and we do not want those who are disadvantaged to suffer in any way. He said the letter should not use emotive language but should put it directly to the Minister that this is wrong and the Trust cannot do without the £36 million.

Ms Reilly said Mr McKelvey's point about a united front was picked up on at the meeting. She said WHSS Council had agreed with the three District Councils that if the proposal was adopted at today's meeting WHSS Council would co-sign the letter but only if it was a united approach. Ms Reilly said there was some sympathy for a body that is legally charged to do the Minister's bidding i.e. to produce £36 million savings. The disappointment was the resounding feeling from everyone present that the Trust had not kept faith with those in their community who could have supported them to say very strongly that services cannot be cut from the vulnerable.

Mr McGowan added that when Mrs Way took up office in the WHSC Trust as Chair of the WHSS Council he offered her whatever support she required to try and drive services in a better direction in the West. She did not take up that offer he said. Mr McGowan said he honestly believes that the Trust have let down this community right across the Western sector. He said all we ever hear about is what they are taking away but the reasons are not transparent.

Mrs Robson said the WHSS Council has to question the Trust's integrity. She said Mrs Way had spoken to the Council at the liaison meeting on the Friday and she told us no decisions had been taken in relation to which children's homes were proposed to close. On the Monday morning Mrs Robson said the Press had contacted her to ask what her comments were on the closure of the children's homes and they were able to name the two homes concerned.

Mrs Robson said Mr John Doherty Director of Children's Services, WHSC Trust had already met with the people in the homes on the previous Wednesday, that's two days before the liaison meeting with the Council.

Mr McKelvey asked if it was not true to say that the Trust had said it was a possibility or a probability that the homes would close rather than saying that they were closing. He said he had read this in a newspaper report. He said

Mrs Way was telling the truth when she said a final decision had not yet been made.

Ms Reilly said that Mrs Way had said at the meeting on the Friday that the Trust had not decided which two homes they would be proposing to close so the Council took that at face value. Ms Reilly said it was clear that two days prior to the liaison meeting Mr Doherty had already engaged with one of the homes that it was proposing to close. She said to be fair when she challenged Mr Doherty he stated that it was possible and highly probable that Mrs Way did not in fact know which homes at that stage were involved.

Mrs Robson said she found it hard to believe that Mrs Way did not know such an important piece of information as ultimately she is the accountable officer.

Mr McKelvey said we all need to work together on behalf of the community to make sure that we get the best possible resources and services. He said we have to win this argument, we cannot have disagreements and we must ensure that there is equality of treatment for everybody not just in the Western area but for the whole Province.

Mr Durkan said he supported Mr McKelvey's comments regarding the need for unity not just among the District Councils but between the WHSS Council and the Trust. However he said it is difficult to sympathise with the Trust because of their management of this issue. These problems are being faced by every Trust and he said he would like to know how other Trusts are managing these same issues.

Mr Foley said the Trust gave a presentation to Strabane District Council but the Council has asked them to return in January as there was insufficient time for questions.

Mr McKelvey said it is obvious there are weakness and inadequacies in the presentation. He suggested it might be a good thing if the Councils were to get together as a group and ask exactly what the Trust is proposing for the Western area.

Mrs Hamilton said she had a concern that the Trust is not strong enough to say they cannot deliver the services if they have to make these cuts.

Mr Page said the whole Equality Impact Assessment and how it has impacted on the budget has to be challenged right across the board.

Mrs Brown commented that the Trust did not show much empathy when they went into the residential homes. She said she was told that the staff and residents were not allowed to ask any questions. She said the staff anger is transferred to the residents because she had met a resident recently and she

was very upset about everything that is going on. Mrs Brown said the resident is also worried how the manager and staff of the home are going to cope paying their mortgage etc if they lost their jobs.

Mrs Robson said the proposed closure of the residential homes is causing major stress throughout the community.

Mrs Hogg said she believes what we are seeing here is strength in local representation and WHSS Council members also to a degree are representing local feelings. She said she agrees with Mr McKelvey in that it is very important that we take a factual approach and do not use emotive language. She suggested that this is not just a Western problem but it is right across the board and she believes there would be even greater strength if there could be communication with the other 21 Councils and everybody joined up together. Mrs Hogg said she thought Mrs Way at the liaison meeting went through the motions; she came to the Council, she talked, she did not relate to us. Mrs Hogg said that the CSR proposals are a very big issue at a crucial point in the life of Stormont and she feels it is something that needs to be tackled now.

Mr McGowan said that some of the people in the residential homes have had to sell their own homes to pay for their care and their home is now going to be taken away from them.

Mr Carten said he would endorse what Mr McGowan had said about people in their home. He said it was a disgrace that somebody should have to sell their house to pay for their care. He said he would also support the suggestion that the 26 Councils should be involved and that there should be a representative from every Council at a meeting.

Mrs Robson proposed and Mr McGowan seconded the proposal that WHSS Council sign up to either a three Council or a five Council letter to the Minister.

Mrs Hogg suggested that it is taken further and get as many Councils as possible on board across the Province as she believed this is not just an issue for the West.

Ms Reilly said she will go back to the three Councils that were present and let them know that WHSS Council had agreed to co-sign the letter.

Mrs Hogg said somebody is going to have to give leadership and it would be very good if it came from the West.

**Action Point AP: b/12/08**

Chief Officer to contact 3 District Councils to let them know that WHSS Council will co-sign letter to Minister.
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### **Update on Patient Client Council (PCC):**

Ms Reilly said it had been expected that at this stage the Minister would have announced the Chairs for each of the new bodies but for various reasons that announcement has been delayed. The paper on the final stage of the Health Care Reform Bill has gone through with some amendments. Ms Reilly said all the work that is going on behind the scenes in order to implement the changes is on schedule and the new organisations will be legally set up on 1 April 2009.

Ms Reilly explained that the PCC will be made up of a Board of Non-executive Directors. Of the four organisations that are being set up under this second phase of the Review of Public Administration (RPA), the Patient Client Council (PCC), the Regional Health and Social Care Board (RHSCB), the Regional Health Promotion Agency (RHPA) and the Regional Business Support Organisation (RBSO) the PCC is the smallest organisation which is no surprise. However the PCC will have the largest Board. It will have a 17 member Board which as well as being the Governance body of the organisation is also there to be representational and representative. Ms Reilly said the 17 person body will have a lay Chair, five people drawn from District Councils, City Councils or Borough Councils and they will go through the Public Appointments system; five will be lay persons who will apply to the Public Appointments Unit to sit on this Board and five will come from a community/voluntary sector background. They will not be representing the community sector but they will bring that understanding to the table and there will be one representative from the Trade Unions. It is expected that the Chief Executive of the PCC will not be a member of the Board but they will attend meetings. The Non-Executive Board will be the decision making body. At a local level it is expected there will be teams in each of the Trust areas meaning there will be an additional office in Belfast. There are five Trust areas so Belfast currently will more or less split in two. It is expected that there will be a locality manager for each office staffed by someone who deals with complaints and advocacy, someone who deals with public engagement and administrative support. There will be local advisory committees and whether these are standing committees or ad hoc committees has yet to be decided.

### **Update on Accountability meeting with Department:**

Ms Reilly said she had attended an accountability meeting a few weeks ago with the Department. She said WHSS Council have their Work Programme completed and on time and have actually exceeded some of the targets that had been set.

Ms Reilly said the workload in relation to complaints support and advocacy has grown; the November figures are very high with a marked increase in level two complaints.

### **Joint Council Event:**

Ms Reilly said members had received a draft programme for the joint Council Event. It will be held on the 26/27 February 2009 in the Slieve Donard Hotel, Newcastle, Co Down.

### **Member representation on Committees/Groups:**

Ms Reilly said some members sit on a number of committees and groups representing the Council such as the Pharmacy Practices Committee or National Appeals Panel. She said since the WHSS Council will no longer exist from 31 March 2009 she is required to prepare to stand members down from these committees. She said a letter will be sent to the Chair of each Committee to inform them that members of the Council will be withdrawing from the various committees. Members who sit on various committees will also receive a letter to confirm this.

### **Action Point AP: c/12/08**

Chief Officer to inform Chairs of Committees that members of the Council will be withdrawing from 31 March 2009.

Ms Reilly said the Western Health and Social Services Council could not have done their work without the commitment of all of the members who represent the public and patient interest on all of these committees. She said there is a high number of WHSS Council members who commit to these meetings on a regular basis across a number of areas such as children's services, disability services and pharmacy and our work as a Council could not have been done without that commitment. She said she wished to recognise that and acknowledge it as we bring the organisation to a close.

Mrs Brown asked if members could continue to sit on committees as a voluntary member?

Ms Reilly explained that when members were withdrawn as representatives of the Council then it was entirely between them as citizens and the organisation if they wished to sit on these committees as lay representatives.

Mr McGowan asked for clarification that the advocacy work that already exists within the WHSS Council will be handed over to the new PCC. He asked if steps had been taken to ensure that none of this work will be lost in the process of moving from WHSS Council to the new PCC. He said the officers of the organisation are currently working strenuously on a number of cases and he would hate to think that somewhere along the line some of these cases would fall by the wayside in the process of transferring to the new organisation.

Ms Reilly said the legislation that sets up the PCC has as one of its statutory functions complaints support and advocacy. She said the four Councils have made transition arrangements to ensure the transfer of work that we are currently doing with clients and communities. She said under the TUPE arrangements staff within the Council will automatically transfer over on the 1 April 2009 to the new PCC.

Mr McGowan asked that the Council issue a statement to the press near the dissolution date saying that all of the work that is ongoing at present by this Council will be handed over to the new PCC.

Ms Reilly said there would be a governance arrangement in place that the clients with whom we are currently working right up to the 31 March 2009 will be told of the transfer into the new PCC and that they will continue to receive complaints and advocacy support.

### **Any Other Business:**

#### ***Visit to Erne Health Centre:***

Mrs Gormley said as far back as 2006 Ruth Lynch had raised a number of issues with the Erne Health Centre. On 14 October 2008 as part of the current Work Programme members Valerie Brown, Ruth Lynch and herself carried out a visit to the Health Centre to follow up on some of those issues which had been originally raised and to interview some of the patients regarding their experience of using the Health Centre.

Some of the issues that Ms Lynch had raised originally were: that patients could not get a cup of tea or drink of water anywhere in the Health Centre; there were no public telephones so there was nowhere for someone to make a call after they had attended the doctor; there were problems about access in relation to people with a disability and there were concerns around safety in relation to the access from the footpath across to the Health Centre.

Mrs Gormley drew members' attention to the report on the visit included in their packs. She said the major issue is about disability access. There are no automatic doors externally to get into the building or internally inside the building. The report has been sent to Mr Eugene Gallagher, Head of Family Practitioner Services in the WHSS Board for his comments.

#### ***Ms Reilly's thanks to staff:***

Ms Reilly said she wished to acknowledge the work of her staff throughout the year and without exception all have exceeded their duties and their contract.

They have been the face and voice of the Council on a daily basis.

Ms Reilly reminded members that as staff and employees all have gone through a very difficult time in not knowing what the position will be on 1 April 2009. The staff she said have been absolutely exceptional and it has been her privilege to work with them and it is her hope to continue to work together in the new PCC.

Mrs Robson said she would also like to add her thanks on members' behalf to the staff. She said they have always been very helpful and she knows that they are dedicated to their work and it is a privilege to work with that kind of team. Mrs Robson said she would like to thank the Chief Officer who has been dedicated to working at a high level of commitment. Mrs Robson said Ms Reilly had a deep concern about the work of the Council and how we are seen in the eyes of the public and has pushed for recognition of the Council at all levels within the Boards and the Trusts. She said it is not an enviable task and she would like to thank her on behalf of Council members for that dedication and also the other members of the team as she could not do her work if they were not there.

Mrs Robson said she wished to thank all the members. She said they do the job because they care. The Council she said is a mixed bunch of people with lots of different views on issues but the thing that ties them together is that they are working on behalf of the local community. She said she was privileged to be part of this team and wished everyone a very happy Christmas.

Mr Page, Mr McGowan, Mrs Hamilton, Mr Carten and Mr McKelvey also thanked the Chief Officer and her staff for all their work over the past number of years.

Mr McGowan said it should always be remembered that every member of this Council was here in a voluntary capacity. All of the other statutory organisations were funded to do this work and we as Council members never were but did the work because we believed we could make a difference.

Ms Reilly on behalf of the Council wished Ms Sorcha Forbes and Ms Marilyn Trimble well as their pregnancies progressed.

Mrs Robson thanked Mr Page for the gifts he gave to members prior to the meeting.

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## **Liaison Meeting with Western Health and Social Services Board (WHSSB)**

### **Mrs Robson's welcome to WHSSB Officers:**

Mrs Robson welcomed Professor Dominic Burke, Chief Executive WHSSB and Mr Michael Gormley, Head of Consumer Services WHSSB to the meeting. She said it would be the Council's last liaison meeting with the Board.

### **Professor D Burke's Comments:**

Professor Burke thanked Mrs Robson and the Council for inviting himself and Mr Gormley to the meeting.

### **Presentation:**

#### **Review of Public Administration (RPA) The Future of Commissioning:**

Professor Burke said we have been talking about RPA since the 22 November 2005 and on the 1 April 2009 we are getting to the day that we have all been planning for. He said he would share with the Council what is as yet an unfinished bit of business but as a result of the legislation being passed there is now some sense of the organisations that we will be working towards.

In the past he said he has used the term 'tipping point', meaning the point where the momentum will shift to the new arrangements. He said we have most definitely now reached that point in the re-organisation of commissioning structures.

He said he would update the Council on the plan for managing the transition but with particular reference to inputs from the WHSSB staff. He said he would also look at the impact of those changes on commissioning most notably the future for the Local Commissioning Groups (LCGs) within the context of the Regional Health and Social Care Board because that is the structure that will be responsible for commissioning services into the future.

**OVERALL PROJECT STRUCTURE**

MINISTER

MODERNISATION & IMPROVEMENT PROGRAMME BOARD (MIPB)  
CHAired BY DR A. MCCORMICK, PERMANENT SECRETARY

PROGRAMME  
MANAGEMENT  
OFFICE

PROGRAMME  
DIRECTOR  
MR B MITCHELL

SYSTEMS DESIGN PROJECT BOARD  
SRO: DR A. MCCORMICK, PERMANENT SECRETARY

Implementation  
Projects

REGIONAL AGENCY  
FOR PUBLIC HEALTH  
& SOCIAL  
WELLBEING  
SRO: DR M MCBRIDE

REGIONAL HEALTH  
AND SOCIAL CARE  
BOARD  
SRO: DR A MCCORMICK

REGIONAL SUPPORT  
SERVICES  
ORGANISATION  
SRO: S DONAGHY

PATIENT & CLIENT  
COUNCIL  
SRO: B MITCHELL

Support  
Projects

INFORMATION / ICT  
SRO: H MULLAN

PLANNING &  
FINANCE  
SRO: D HILL

COMMUNICATION  
SRO: L BROWN

SERVICE  
FRAMEWORKS  
SRO: DR M MCBRIDE

HUMAN RESOURCES  
SRO: D BINGHAM

LEGISLATION  
SRO: B MITCHELL

## HSC IMPLEMENTATION PROJECTS

Regional Health & Social Care Board SRO: Dr AMcCormick	Regional Agency For Public Health & Social Wellbeing SRO: Dr M McBride	Regional Business Services Organisation SRO: S Donaghy	Patient & Client Council SRO: B Mitchell
<p><u>Workstreams / Leads</u></p> <p>Commissioning – Ann Lynch</p> <p>Finance – Julie Thompson</p> <p>Performance Management &amp; Service Improvement – Michael Bloomfield</p> <p>Establishment – Eugene Gallagher</p>	<p><u>Workstreams / Leads</u></p> <p>Health Protection – Brian Smyth</p> <p>Health Improvement – Anne Marie Telford</p> <p>Professional Issues – Martin Bradley</p> <p>Commissioning (including Screening) – Janet Lyttle</p> <p>Establishment – Ed McClean</p>	<p><u>Workstreams / Leads</u></p> <p>Accommodation</p> <p>Systems Procurement Implementation</p> <p>Information Management &amp; Technology</p> <p>Estates</p> <p>Establishment – Peter Harvey</p>	<p><u>Workstreams / Leads</u></p> <p>Organisation Structure</p> <p>Operation</p> <p>Location</p> <p>Establishment – Stella Cunningham</p>

Each of the above workstreams are supported by a number of working groups. In relation to the Establishment workstreams, the following working groups have been set up to support the establishment of the 4 new organisations. In addition the Leads for ICT, HR and Communications also link with the Establishment Leads.

### **Corporate Services Michael Gormley Chair**

Helena Doherty WHSSB  
 Stephen Adams EHSSB  
 Carol Reynolds NHSSB  
 Caroline Cullen SHSSB  
 Rosemary Taylor East LCG

### **Governance Stephen Adams Chair**

Michael Gormley WHSSB  
 Ann Madill SHSSB  
 Sam Snodden SHSSB  
 George McGuigan/Jackie Burns NHSSB  
 John McGrath Belfast LCG

## **RPA Workstreams**

- MIPB – Chairwoman
- RHSCB – E Gallagher on main group and Establishment Lead, RHSCB
- RBSO – Peter McLaughlin
- RAPHSW – Brendan Bonner
- HR – Ann McConnell/Michael Gormley/Helena Doherty
- ICT – Liam Hegarty
- Commissioning Sub Group – Dorothy Hutchinson
- Communication – Michael Gormley
- Corporate Identity – Michael Gormley

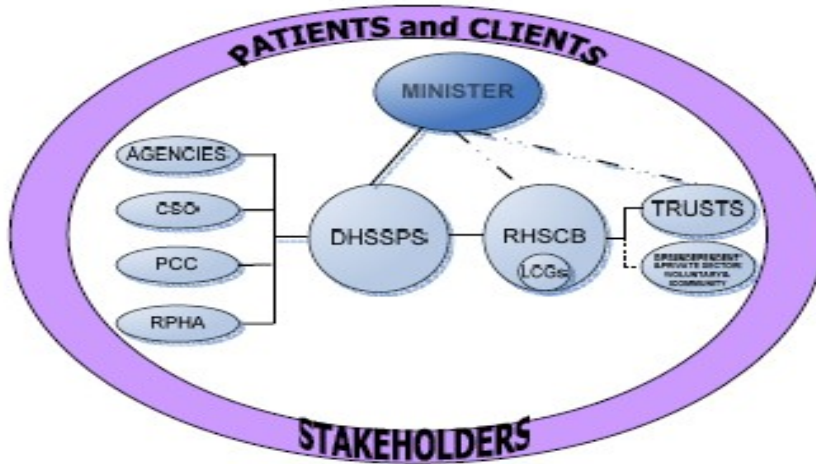
## **Key Documents**

- Framework for Commissioning of Regional Services
- LCG Operating Framework
- Stakeholder Involvement
- Reconfiguration of LCGs

## **Progress to Date**

- Chairs of the Phase 2 organisations (to be announced)
- Chief Executive interviews scheduled (PCC 16 Dec, RHSCB 18 Dec, RAPHSW, 19 Dec, RBSO 22 Dec)
- Tier 2 (Director level) posts have been advertised (closing date 19 Dec)
- Tier 3 proposals expected to be issued in the near future
- Health and Social Care (Reform) Bill 2008 completed consideration stage in Assembly

## Structure - RPA



## Reasons for changing the HPSS Structure

- A more effective and responsive service for patients, clients and communities
- Freeing up resources for front-line services
- We can all sign-up to this vision but the change must be carefully thought through and sensitively implemented
- We also need to deliver on the existing work programme whilst managing the change process

## Principles

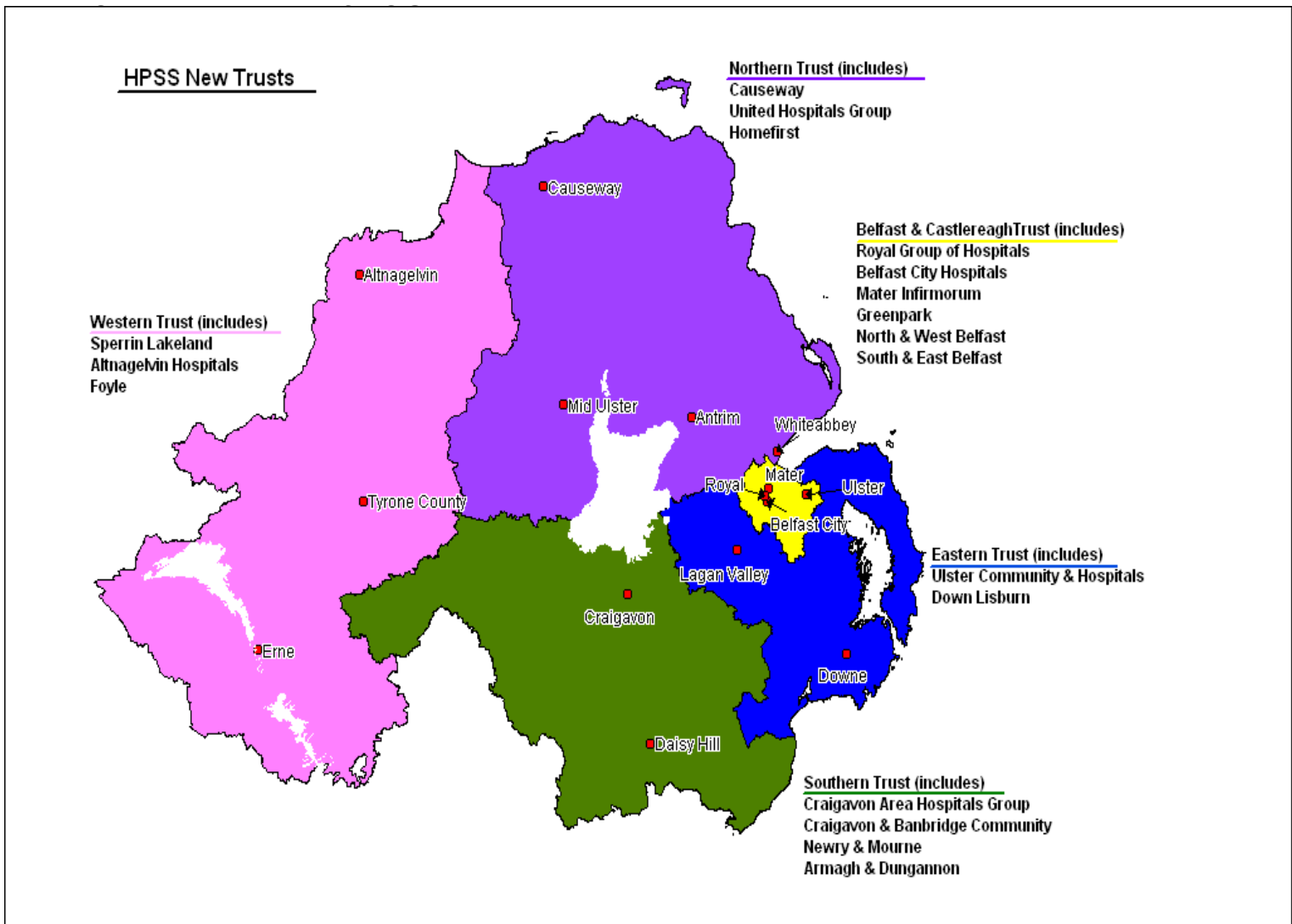
- Service to be needs led
- Drive for efficiency (with savings targets), elimination of waste and duplication and value for money
- Service which is forward looking and innovative
- Providers which deliver on services commissioned, adhere to priorities and continuously improve performance
- Patient/clients given a voice and be listened to with dignity, respect, equality

and fairness

- Drive for improved quality without compromise

## Expected Benefits for Patients and Clients

- Improved services and outcomes
- Simplified and clear structures
- More direct accountability
- Reduced bureaucracy
- Patient and client centred service
- Improved intersectoral working (community planning)
- Local responsiveness (including patient/client involvement)
- More effective and targeted use of resources linked to holistic needs assessment



## **Symbiotic relationship between RHSCB and RAPHSW**

- Needs Assessment,
- Service Planning
- Commissioning
- Stakeholder Involvement
- Community Planning

## **Membership of LCGs**

- Four General Medical Practitioners
- One Pharmacist
- One Dentist
- Four Local Elected Representatives
- Two Health and Social Care related voluntary sector representatives
- Five employees of HSC
  - ~ Two Social Care Professionals
  - ~ One Nurse
  - ~ One Public Health Medicine Professional
  - ~ One Allied Health Professional

## **Reconfiguring LCGs**

- Write to all current LCG members advising them of the decision to reduce LCGs from 7 to 5
- Write to those members whose position will no longer be required

(Optometrists and lay people)

- Seek clarification from eligible members who wish their name/s to go forward for the 5 reconfigured LCGs
- Where possible, fill the posts on a read-across basis from the old to the new model
- where there are more expressions of interest than places, there will be an internal selection process
- The public appointment Unit will carry out a mapping exercise, mapping members across to the new structures in accordance with responses received
- Public Appointments Unit will arrange to the agreed selection process to be put in place with the existing members to fill posts
- Where there are vacancies, these will form part of the selection process
- HSC voluntary representatives will be appointed through Public Appointments competition
- Locally elected representatives will be appointed through a process agreed with NILGA

### **Transitional Arrangements**

- Existing Boards to continue to lead on the HWIP for 2009/10, involving existing LCGs
- Joint Committee to co-ordinate the regional aspects of the HWIP process and also work with the Permanent Secretary to ensure a smooth transition
- Where changes are proposed to the Board's HWIPs, these changes will be referred back to the respective Boards
- When appointed, the Chief Executives Designate of the Board and Agency will join the Joint Committee

### **Challenges**

- Maintaining existing services whilst managing the transition
- Dealing with complex HR issues
- Matching the (reducing) capacity to the work to be done
- Seeking to maintain staff morale

### **Member Discussion:**

#### ***Mrs Robson:***

Mrs Robson thanked Professor Burke for his very comprehensive presentation. She said for her own part she welcomed the fact that the new measures and the new structures will mean a more effective response to patient and client needs. She hoped that the new structures will free up resources for frontline services and said she looks forward to more direct accountability and better stakeholder engagement, the target being in the final analysis that improved services will be available to all.

#### ***Mr McGowan:***

Mr McGowan thanked Professor Burke for the presentation and said unfortunately he was probably one of the people who would be cynical. He said he felt it was a case of *deja vu*. Mr McGowan said he still does not see any real opportunity for service user involvement even within LCGs. The concept he said is grand and he could not argue with it but he cannot see how it is actually going to work. He said he would like to know how these changes are going to make any difference to the well-being and the involvement of people who use services. He said he was particularly biased towards people in Mental Health and cannot see how these people are going to be part of this process.

Professor Burke said he believes there is a new world coming. He agreed that the rhetoric is good but it is the reality we need to be looking to. He said a new paper has been written that requires that stakeholders be involved at every stage of the process which up until now has not happened. Professor Burke said Bamford set out what he feels are exceptionally good principles and should be underpinned for the delivery of service. He agreed that we haven't yet made the right use of nor ensured the involvement of patients who have a much clearer understanding of the services. The other aspect Professor Burke said is to some extent the decision by the Minister to ensure that there is local representation in the form of elected representatives on the LCGs and the other Boards. He said he believes we are going to have that voice clearly articulated as happens here in this Council.

#### ***Mr Page:***

Mr Page thanked Professor Burke for his presentation and said he agreed with Mr McGowan's comments. He said he would also like to thank Mr Gormley for all the help he has given him over the years especially when he phoned him regarding issues in Derry.

Mr Gormley said around the whole issue of services he felt there is always going to be a tension and a challenge with any large bureaucracy in trying to secure a voice for the patient, client and service user. He said he had some grounds for optimism in that first of all there would be a very strong identity for the PCC. He said he welcomes the fact that there is scope for representation by elected representatives and people from the voluntary and community sector in the decision making bodies such as LCGs. He added that for the first time they are not just asked to experiment with service user engagement but have actually set standards for engaging with service users.

***Mrs Robson:***

Mrs Robson said she would be quite happy to see District Councillors representing the users because these are people who are very much at the frontline in the community and they know what is going on. They are in contact with people on a daily basis and they are also in contact with people like the Boards and Trusts.

***Mrs Hogg:***

Mrs Hogg said she had experience of Councillors on Education issues as well as Health and she felt they needed to have Councillors who have a genuine interest in whatever the topic is, time to do it properly, time to come to meetings and stay to the end of the meeting and to read their papers before they come. She said it does need to be people with commitment and she believes that is where they may be losing out when doing away with lay people. She feels any lay person who sits on a committee is there for a very good reason, has a commitment, time and a specific interest.

***Mr McKelvey:***

Mr McKelvey said we need to make sure there is proper dispersal of resources across the Province and we do not live in the old world where the more rates you pay the better service you get.

Professor Burke said Mr McKelvey had made an important point because there has been debate around the location of the support units whether there should be four or three. He said it is important that you have people with the appropriate skill, competency and seniority working in a local organisation.

Mr Gormley said Professor Burke did not do himself justice in relation to the work that is ongoing because this morning he and others were involved in a meeting in setting the health and well-being investment plan for next year. This means that on 31 March 2009 there will be a very specific and very detailed plan based on our ongoing continuous needs assessment and our committees in their final meetings during the months of January, February and into March will have a real focus now on ensuring there is as smooth as possible a transition into the new arrangements. The position with regard to the use of capitation as a formula for ensuring there is equity in balancing of resources will be carried through into the new arrangements and the locally based LCGs.

***Mrs Hogg:***

Mrs Hogg said we are moving into a brave new world but she did not see any mention of Health and Education working together. She said it is absolutely critical because so many of the things that we deal with are also dealt with in Education. There are so many things e.g. child protection and autism that are shared responsibilities and she believes that is something that needs to be taken on board in a very real and practical way in the future.

Professor Burke said he agreed and with regards to autism he said they are working with their Education colleagues to look at issues such as the multi-disciplinary team. He said as members would be aware the new Education and Skills Authority (ESA) is slowly moving towards implementation. As part of the structure for Social Services and children's services planning there will be a co-chaired Regional Board where the Chair will be the Director of Social Care from within the Regional Health and Social Care Board and the ESA Director of Children. The Safeguarding Board for NI will also have education input at the highest level which will also take account of not only child protection but all issues to do with child safety and the whole question of safeguarding.

***Ms Reilly:***

Ms Reilly informed Professor Burke and Mr Gormley that the WHSS Council and Fermanagh, Omagh and Strabane Councils had met the previous evening. In relation to personal and public involvement and community engagement she said the new Trusts are larger and more powerful and it has to be said they have had a two year run on their own while all the other re-organisation was going on. She said in the discussions that took place at the meeting last night and the issues raised there was a concern that the Trusts have become very powerful and therefore less accountable to those in the community. She said everyone has some sympathy with the Trust for the very difficult situation it finds itself in. Ms Reilly said there is also a concern that the new LCGs who will be charged with doing a lot of what the Boards are currently doing would have the strength in purpose, design and authority to hold Trusts to account and to ensure that the most marginalised do not lose out when cuts have to be made.

Professor Burke said Trusts have been in existence for about two years and because of the delay in re-structuring the other organisations clearly they have had the opportunity to grow and develop. However he said there has been some good work done and he gave examples of where there have been improvements. He said there is now a Western Autism group and it is made up of the Trust, the Board and the parents with Education also involved and they are the people who are driving this agenda forward. There is a GP liaison forum established within the Western Trust made up of GPs from right across the West and the local people from the Derry area but to be rolled out to reflect the southern half of the Trust to ensure appropriate liaison between people and GPs, the acute sector and the community sector. Professor Burke said there had been a lot of debate around acute services in Omagh and everyone will be aware of the Ministerial statements regarding the future. He said there is now an established steering group involving the District Council which is a very important development. The LCGs have to represent the population of the West. Professor Burke said when the Trust came into being two years ago it had first of all to attempt to bring together the culture of the three legacy Trusts. It then had to identify huge deficits and deal with them and maybe in year three he would expect it to become a much more effective organisation within its community. He said it has to take time to settle down and he would be quite optimistic because the one big issue is that the public is not going to accept a Trust that is disengaged.

**Mrs Robson's closing remarks:**

Mrs Robson thanked Professor Burke and Mr Gormley for their attendance and presentation.

**Date, Time and Venue for Next meeting:**

Ms Reilly said there would be no WHSS Council meeting in January. The joint event will take place on 26 and 27 February and the formal final meeting of the Council will take place on Friday 6 March 2009.

**The meeting ended at 1.15pm**

Signed: \_\_\_\_\_

Chair

Date: \_\_\_\_\_