



Belfast Health and
Social Care Trust

New Directions

A conversation on the future delivery of
health and social care services in Belfast

Response to Consultation Process and the way forward

November 2008

Contents

	Page No
Acknowledgement	3
Section 1: Overview of New Directions Document	4
Section 2: Consultation Process	6
Section 3: Summary of Responses Received and Consequent Trust Actions	10
Section 4: Recommendations and Next Steps	21
Appendix 1: Details of written responses	24

Acknowledgement

Belfast Health and Social Care Trust extends its thanks to the many individuals and organisations who provided a written response to the New Directions document and / or who attended a consultation meeting.

Section 1 Overview of New Directions Document

New Directions is the first overview of the strategic direction for services for the Belfast Trust. The ideas within the paper represent an initial direction of travel for the way services will be provided in the future. It is important to note that each key proposal for change will be consulted upon further – to whatever extent is necessary, in keeping with the Trust’s commitment to consult with staff, service users and the public at large.

The approach to reviewing and reorganising the services of the Trust has been guided by some general principles:

- Improve health and wellbeing and reduce health inequalities;
- Focus on prevention of illness, early assessment and intervention;
- Focus on individual needs and choices;
- Provide safe, high quality, effective care;
- Improve accessibility to services – promote equity and welcome diversity;
- Localise where possible, centralise where necessary;
- Integrate services (through partnership working);
- Provide clear directions to services, reducing fragmented and frustrating services; and
- Maximise utilisation of assets.

New Directions guided the reader through the complex range of Trust services by asking questions that follow the stages of life when a person may need to access Health and Social Care Services from Belfast Trust. The questions were as follows:

- How do I get access to Community Health and Social Care Services and be informed about the services that are available to me?
- Where do I go if I am having a baby?
- Where do I go if I need to access services for children?
- Where do I go if I need support or care because of my physical or sensory disability?
- Where do I go if I need support because I have a learning disability?
- Where do I go if I am an adult and need mental health services or I have an acute mental illness?
- Where do I go if I need acute hospital services (that is, emergency services, planned care and long term chronic condition management)?
- Where do I go if I need support because I am an older person?

For each of these stages of life the Trust described the principles guiding how services are provided and described the model of care favoured by the Trust. We then asked that the following questions were considered:

- Do you agree with the principles outlined?
- Do you have any suggested additions to these principles?
- Do you agree with the Trust's favoured model of care?

The Trust has now completed a consultation on the initial direction of travel for future service provision.

This paper provides information on the responses received to the questions above.

Section 2 The Consultation Process

New Directions was the beginning of a conversation between Belfast Trust and the citizens we serve on how we should deliver services in a faster, more flexible, less bureaucratic and more effective way.

The consultation period began on 29 August and closed on 7 November 2008.

Details of consultations undertaken are as follows:

2.1 Pre consultation

The Trust embarked on a pre-consultation exercise in order to consult with a wide range of interested parties about the content of the New Directions document:

- 20 May 08 at the launch of *Involving You: a framework for community development and user involvement* a presentation was delivered on *New Directions* to 200 representatives from community groups, carers, charities, patient advocates, and voluntary organisations;
- August 08, the Chief Executive and the Director of Planning and Redevelopment met with a wide range of political parties and Members of the Legislative Assembly;
- August 08 the Chief Executive and the Director of Planning and Redevelopment met with media key representatives; and
- 5 August 08, the Chief Executive and Director of Planning and Redevelopment presented to the Trust Advisory panel. This group is made up of service users, carers, patient, community, voluntary and statutory representatives.

2.2 Formal consultation

- New Directions paper was presented to the Trust Board at a public meeting on 28 August 08. The formal consultation process ran from 29 August – 7 November 08; and
- New Directions was sent to 2509 service users and key stakeholders ensuring that the Trust consulted as widely as possible. A breakdown of the stakeholders is outlined in Table 1 overleaf.

Table 1: Numbers of Consultation Documents Distributed, by key service user and stakeholder group

Grouping	Number in Group
Belfast Trust Non-Executives	7
Belfast Trust Staff	250
Chairperson of Belfast Trust Medical Staff	5
Chief Executives and Chairpersons of other Trusts and Boards	9
Community database	1440
Castlereagh Borough Council Members	23
Belfast City Council Members	52
NI Assembly Members	107
DHSSPS Senior Staff	17
GP practices – NI*	293
GPs North and West Belfast*	44
GPs South and East Belfast*	44
Local Commissioning Groups	6
Partnership Boards	5
Patient and Client Councils	5
Staffside	29
Service Group additional stakeholders Specialist Services Head & Skeletal Mental Health Medical Director	168
Miscellaneous	5
Total	2509

* - New Directions was sent to practice managers for distribution to GPs in their practice

- A Belfast Trust press release announced the formal consultation process on 2 September 2008;
- Articles on New Directions appeared on the Trust intranet (2 September 2008) and the internet dated (3 September 2008);
- Articles outlining the content of the document were published in the Belfast Telegraph, Irish News and News Letter on 3 September 2008;
- The Chief Executive was interviewed on Good Morning Ulster and the Stephen Nolan Show on 3 September 2008. He also was interviewed on UTV that evening.

The Chief Executive and/or Director of Planning and Redevelopment presented New Directions at a range of public events during September, October and November as outlined in Table 2 below. Most sessions lasted approximately 2 hours.

Table 2: Presentations

Organisations	Number attending Meeting (approximately)
Belfast Trust Carers Forum	23
Black and Minority Ethnic Forum	5
Disability Action	2
East Belfast Community Development Agency	16
East Belfast Partnership Board	13
Eastern Health and Social Services Council	10
Engage with Age	59
GP Briefing – North and West	110
GP Briefing – South and East	65
Long Term Conditions Alliance	25
Mater Medical Staff Committee	20
North Belfast Partnership Board	16
Shankill Partnership Board	9
South Belfast Partnership Board	15
VSB/ North and West Older People Fora	42
West Belfast Partnership Board	39

In total 70 written responses to the document were received from users, carers, Trust staff, voluntary groups, charities, partnership organisations, statutory bodies and other interested stakeholders. Further details of those who provided a written response can be found in Table 3 below and also in Appendix 1.

Table 3: Written responses

Sector	Numbers of Responses Received
Individuals	3
Staff Side	2
Partnership Boards	2
Statutory Organisations	5
Staff	12
Voluntary, Community, Charitable and Independent Organisations	17
Neurology	26
Others	3

Section 3 Summary of responses received and consequent Trust actions

This section of the document addresses the feedback the Trust received in relation to the specific questions asked regarding guiding principles, service specific questions and models of care. The responses are summarised to reflect the views and themes of the comments received.

It is important to note that many of the responses contained questions or comments that related to specific changes for individual services. The purpose of the New Directions document was to consult on the initial direction of travel for the way services will be provided in the future. It would never have been possible for the Trust to cover specific service changes in this document, given the vast array of services provided by the Trust.

The Trust is committed to further consultation and engagement on key proposals for change (as a separate exercise) – to whatever extent necessary, in keeping with the Trust’s commitment to consult with staff, service users and the public at large.

3.1 Question 1 - Guiding Principles

3.1.1 The Trust is seeking your views on the principles outlined to guide the modernisation and reform of services across Belfast. Do you have any comments or suggested additions to the general principles outlined?

There was overall agreement with the guiding principles. There were a number of specific points which we will take forward as a consequence of the consultation.

The Trust recognises that **carers** form an integral part of our service. This will be reflected and formally acknowledged within New Directions.

A guiding principle in New Directions is **a focus on individual needs and choices**. This encompasses all aspects of care to ensure a holistic approach to service provision. Inherent to this approach is the provision of psycho-social care.

All services the Trust provides are developed and delivered on an evidence based approach.

There was absolute support for the Trust to address **health inequalities** and to use its resources in a targeted manner to achieve this goal. It was also acknowledged that the wider determinants of health such as employment status, family support and educational attainment are crucial factors in striving to reduce health inequalities.

There was support for the Trust to continue to actively engage with patients, clients, users and carers and communities with regard to service provision. We are committed to developing and strengthening **partnerships**. The Trust also recognises that greater realisation of Trust objectives and aims, improved use of resources and better health and wellbeing for communities will be achieved through partnership working.

3.2 Question 3 - Community Health and Social Care Services

How do I get access to Community Health and Social Care Services and be informed about services that are available to me?

3.2.1 Do you agree with the Trust's strategy to 'localise where possible and centralise where necessary'?

There was general consensus with the statement that the Trust should localise services where possible and centralise where necessary. The Trust will ensure that hospital services will not be destabilised and expertise lost through decentralisation.

Services will be provided locally where the standard of service can be assured and will centralise its services where it will raise the quality of provision.

3.2.2 Do you believe the range of services offered at Wellbeing and Treatment Centres is appropriate?

There was no disagreement with the current range of services offered. It was felt that the current network of Wellbeing and Treatment centres gives practical expression to the refocusing of services away from the acute hospital sector in favour of care provision that is based within, shaped by and responsive to local communities across Belfast.

3.2.3 Do you think other services could be offered in the Wellbeing and Treatment Centres?

It was felt that the Trust could be more ambitious in its vision for the centres.

There is the further possibility to include walk in clinics, minor injury units, nurse-led clinics, carers' clinics, counselling services, community psychiatric services, diagnostic services and outpatient services.

3.3 Question 4 - Where do I go if I am having a baby?

3.3.1 Do you agree with the principles outlined?

There was general agreement with the principles. The challenge for the Trust to ensure that women continue to have the right to choose how and where to give birth.

3.3.2 Should additional principles be established?

There was no specific feedback to include any additional principles.

3.3.3 Do you agree with the Trust's favoured model of care?

There was no significant opposition to the Trust's favoured model of care, to provide a holistic, community based model of maternity care which incorporates a wide range of services in a variety of settings including women's own homes, Wellbeing and Treatment Centres, a midwife led unit and a single inpatient obstetric unit.

As a key proposal for change, the creation of a single inpatient obstetric unit and the creation of a midwife led unit will be the subject of separate and ongoing consultation and engagement with stakeholders.

It was noted that for the model of care to be realised, significant investment will need to be made to facilitate the new Women's and Children's Hospitals, which will allow service reconfiguration to take place.

The Trust will continue to work with stakeholders to explore the options for delivering obstetric services in a variety of delivery models to ascertain the most appropriate solution for the future.

3.4 Question 5 - Where do I go if I need to access services for children?

3.4.1 Do you agree with the principles outlined?

There was agreement with the principles regarding services for children.

3.4.2 Should additional principles be established?

Child protection and welfare is a general theme central to all of the principles governing children's services. It was suggested that consideration should be given to explicitly stating the Trusts responsibility regarding child welfare, safeguarding and child protection.

3.4.3 Do you agree with the Trust's favoured model of care?

There was agreement with the Trust's favoured model of care which incorporates a wide range of services to children in a variety of child focused settings including the child's own home, day care /family facilities, health centres, children's homes and acute inpatient centres. We are committed to providing high quality assessment and treatment and intervention across the continuum of care including prevention,

health promotion, family support, highly specialised treatment and proportionate statutory intervention.

3.4.4 Any other comments:

Consideration should be given to putting in place robust arrangements in order to ensure that the transition from child to adult service provision is appropriate to meet the needs of the individual child or adolescent.

3.5 Question 6 - Where do I go if I need support or care because of my physical or sensory disability?

3.5.1 Do you agree with the principles outlined?

There was general agreement with the principles outlined.

3.5.2 Should additional principles be established?

The Trust recognises that **carers** form an integral part of our service. This will be reflected and formally acknowledged in New Directions.

3.5.3 Do you agree with the Trust's favoured model of care?

There was overall agreement with the Trust model of care that continues to provide a range of specialist rehabilitation services on a single site, Musgrave Park Hospital. This will include acquired brain injury rehabilitation, spinal cord injury rehabilitation, amputee rehabilitation and post fracture rehabilitation for older people.

Patients requiring non urgent but essential admission for expert multi-disciplinary assessment of neurological disorders, deterioration in neurological status and subsequent decline in functional ability will be co located with the specialist rehabilitation services.

There was general support for the transfer of neurology services from Forster Green to Musgrave Park Hospital.

3.5.4 Any other comments:

A number of comments were received relating to operational issues in the delivery of neurological rehabilitation services. These focussed on the delay in transferring services from Forster Green to Musgrave Park Hospital. Also, the continued need for appropriate and sufficient respite care was highlighted, as too was the importance of neuropalliative care. The Trust is committed to engaging on an ongoing basis with representatives of neurological charities, organisations, service users, their carers and families.

While specialist rehabilitation services will be provided on the Musgrave Park site it is not the intention that this should be to the detriment of essential rehabilitation services in acute hospital and community settings.

3.6 Question 7 - Where do I go if I need support because I have a learning disability?

3.6.1 Do you agree with the principles outlined?

There was general agreement with the principles proposed relating to learning disability service provision.

Further clarification regarding the principle 'Service users should be in control of their lives' was sought. The Trust recognises that some service users may need support to make decisions. This support can be sought from a wide range of sources, families, carers and professionals. Depending on a person's capacity the level of control they will have over their life will differ.

3.6.2 Should additional principles be established?

The Trust recognises that carers form an integral part of our service. This will be reflected and formally acknowledged in New Directions.

We recognise that people with a learning disability and their carers should be fully involved in the planning, development and delivery of their own health and social care services. The services will be planned, implemented and evaluated in partnership with people with learning disability and their carers.

3.6.3 Do you agree with the Trust's favoured model of care?

There was agreement with the model of care that supports people with a learning disability to enjoy and live full lives in their local communities through provision of a range of family, voluntary and statutory support services.

Muckamore Abbey Hospital will continue to provide inpatient assessment and treatment services but after 2016 it should not be a home for life for people with a learning disability. Providing there is betterment in their care, people should experience community living.

A number of comments were received regarding the timescales for resettlement of people with a learning disability from Muckamore Abbey Hospital. The Minister has previously stated an intended date of 2013 for completion of resettlement. The Trust is highly supportive of working towards this date but recognises that given the current rate of resettlement and financial allocations it may not be possible to resettle all the people from Muckamore Abbey Hospital before 2016.

3.7 Question 8 - Where do I go if I am an adult and need mental health services or I have an acute mental illness?

3.7.1 Do you agree with the principles outlined?

No specific comments were received.

3.7.2 Do you have any suggested additions to these principles?

The Trust recognises that carers form an integral part of our service. This will be reflected and formally acknowledged in New Directions.

3.7.3 Do you agree with the proposed model of care?

There was agreement with the model of care that provides more community based services such as day treatment services and crisis beds in the community. Services will be provided locally in the community. Admissions to acute inpatient mental health beds will be reduced because of early intervention and continuity of treatment and care in the community.

3.7.4 Other Comments

Concern was expressed with regard to signposting the mental health services of the Belfast Trust, in particular how to access services. Comments were also received on the potential location of a future single inpatient unit. This will be addressed in a future business case.

3.8 Question 9 - Where do I go if I need an acute hospital service (that is emergency services, planned care and long term chronic condition management)?

3.8.1 Do you agree with the principles outlined above?

There was general agreement on the principles outlined.

3.8.2 Do you have any suggested additions to these principles?

There were no suggested additions to these principles.

3.8.3 Do you agree with the Trust's favoured model of care?

The Trust recognises that more detail is required in relation to this model of care.

The aim of the New Directions document was to present an initial direction of travel for the way services would be provided in the future. It would not have been possible to address each individual service provided by the Trust, given the vast range of services provided. However, the Trust is committed to engage further upon each key

proposal for change – to whatever extent is necessary, in keeping with our commitment to consult with staff, service users and the public at large.

As reconfiguration of services is planned the Trust will ensure that the effect of individual specialty changes is considered in light of the potential impact this might have on the functional integrity and overall functioning of the whole hospital / institution.

3.9 Question 10 - Where do I go if I need support because I am an older person?

3.9.1 Do you agree with the principles outlined above?

There was general agreement to the principles outlined for older person services.

3.9.2 Do you have any suggested additions to these principles?

The Trust recognises that **carers** form an integral part of our service. This will be reflected and formally acknowledged within New Directions.

Some concerns were raised that the principles applied to older people's services could be interpreted as being prejudicial. The Trust will reflect more explicitly in New Directions that older persons should have equity of access to all services provided by the Trust.

3.9.3 Do you agree with the Trust's favoured model of care?

There was support for the Trust's favoured model of care which is that older people should be maintained in their own homes, supported by a network of care services that enable them to maintain their quality of life.

Some comments were received requesting clarity on what the Trust meant by 'Acute hospital care should only be accessed for assessed need and no long term decisions regarding an older persons future care should be made in that setting'. The Trust believes that acute hospital care should only be accessed in the acute phase of an illness and appropriate service provision, for example, intermediate care, step-down and rehabilitation services should be utilised as appropriate through the various stages of the patient journey. No one will be denied access to acute care where their illness requires this care.

Some clarity was requested regarding the statement that key decisions regarding older persons' future care should be taken in the most appropriate environment at the right time. Experience has shown that the most appropriate environment is not an acute setting but rather in alternative intermediate care settings.

3.10 Main themes from responses

In addition to the responses that related to the specific questions asked by the Trust, a number of other themes emerged from the conversations at the consultation meetings and the written responses. The Trust has sought to summarise the issues relating to these themes in the paragraphs below and to respond to the issues.

3.10.1 Efficiency savings

Many responses (both written and through the round of consultation meetings) expressed concern at the current financial challenges facing the Trust in the current period of the Comprehensive Spending Review. In particular, people were concerned that the efficiency targets would result in a reduction in the quantity and quality of service provision.

The Trust regards its programme of organisational reform – which focuses on how best we use our resources, performance improvement and effective service delivery – as complementary to the New Directions document. The MORE programme – Maximising Outcomes Resources and Efficiencies aims to have the right care, delivered by the right person in the right place. The Trust acknowledges that a more accurate picture of the overall future impact of reform and restructuring upon health and social care services in Belfast will be drawn by reading New Directions alongside the MORE programme.

The intent of the Trust was to provide a first overview of the strategic direction for services in the New Directions document. Each key proposal for change will be consulted upon further – to whatever extent is necessary, in keeping with the Trust’s commitment to consult with staff, service users and the public at large. The challenge for the Trust is to ensure that this first conversation on future service delivery develops into a robust and challenging dialogue as specific proposals are worked through.

3.10.2 Regional services

A number of consultees felt that the Trust should have provided greater clarity on the distinction between those local services provided by the Belfast Health and Social Care Trust for the people of Belfast and those provided within the Trust area on a regional basis.

The Trust will ensure that each specific proposal for change will address the issue of distinguishing between regionally and locally provided services and how this distinction will impact upon future patterns of service delivery.

3.10.3 Reference to specific conditions and specific services

Throughout the consultation process many respondees raised issues that pertained to specific services, diseases and conditions. It was felt that the Trust had not always provided sufficient detail relating to the condition and the associated pathway. Many of the comments received related to operational matters.

The aim of the New Directions document was to present an initial direction of travel for the way services would be provided in the future. It would not have been possible to address each individual service provided by the Trust, given the vast range of services provided. However, the Trust is committed to engage further upon each key proposal for change – to whatever extent is necessary, in keeping with the Trust’s commitment to consult with staff, service users and the public at large.

Where operational issues were raised (for example, neurological services, stroke services, and home help services) the relevant service group will receive the comments and they will follow up with the person / organisation who made the comments.

3.10.4 Reorganisation of services

A number of comments were received highlighting that reconfiguration of services must not be based solely on financial pressures but must be clinically-led and evidence-based.

The Trust’s business is to provide health and social care that is safe, high quality, cost effective, timely and responsive. It is our belief that the service changes proposed or the direction of travel suggested in New Directions is specifically designed to provide services of a similar or better quality, but which are sustainable as we move into the future. We will ensure that any of our discussions regarding services reconfiguration consider the effect on the functional integrity of individual institutions / hospitals as a whole. It will also ensure that detailed service reconfiguration proposals take account of the potential impact on education and training needs of clinical staff.

3.10.5 Carers

Many carers met with the Trust representatives throughout the course of the consultation process. We acknowledge and recognise the contribution of carers (of all ages) and families in providing care to our patients and clients.

Across the wide range of services provided by the Trust, we will:

- Respect the individuality of service users and carers;

- Involve service users and their carers fully in service development and evaluation;
- Target and improve support to carers.

The Trust has supported the development of a cross-programme carers forum.

We will continue to work collaboratively with the Carers Working Group. The overall aim of this group is to have a voice for carers and to make an impact for carers through awareness raising.

3.10.6 Signposting services

Throughout the consultation process it was noted that the Trust needed to carefully signpost the services it offers. We have a responsibility to ensure that sufficient communication takes place to inform users, carers and other stakeholders of the care pathways available for services and specific conditions.

In addition to Trust services, it is also recognised that the Trust needs to provide signposts to the services of the voluntary, community and statutory sector organisations (recognising that these services must also be of a high standard and effective if the Trust is to direct patients / clients towards them).

3.10.7 Encompassing the totality of the patient / client pathway

A number of consultees highlighted the importance of the psychosocial aspects of care, particularly for those with physical illness. The Trust agrees that in order to provide truly holistic care to service users, psychosocial care is an important component of the patient client journey.

The Trust recognises the importance of respite care as part of the patient / client pathway.

We also acknowledge that end of life care and palliative care provision is an important cross-cutting aspect of the wide range of services provided by the Trust.

3.10.8 Health and Social Care inequalities and partnership working

A common theme emerging from the Consultation written responses and conversation was the importance of tackling health and social care inequalities. In particular, the core purpose of the Trust – “to improve health and wellbeing and to reduce inequalities in health” – found resonance with the Partnership Boards across Belfast.

It was generally acknowledged that health and social care on its own can influence only about one third of the factors that affect people's health and wellbeing. Other factors that influence wellbeing include education, employment, income, housing and where you live, as well as other social and economic factors.

The Partnership Boards universally have a strong commitment to tackling health and social wellbeing inequality. They and many other organisations expressed their desire to encourage the Trust to use its planning and financial resources to tackle health and social care inequalities.

Through partnership working, there could be greater realisation of the Trust's objectives, improved use of resources and better health and social wellbeing for communities.

Many of the Trust's mainstream services are directed to those with the greatest or most acute health and social care needs. In addition, the Trust through its Health Improvement, Community Development and Health and Inequalities will continue to target geographical communities and communities of interest where there are significant health and social inequalities. The Trust will also continue to play a leading role in the Health Action Zone whose purpose is to address health inequalities through cross-sectoral working.

The issue of Neighbourhood Renewal Partnerships was mentioned frequently during the consultation process. The Trust has been working closely with Eastern Health and Social Services Board, Belfast Health Action Zone, Department of Health Social Service and Public Safety (DHSSPS) and Department of Social Development (DSD) to develop a response to the Belfast Neighbourhood Renewal Action Plans. We propose to meet collectively with the Area Partnership Boards and DSD to discuss the response to the Action Plans.

Finally, as one of the largest employers in Northern Ireland, the Trust plays a major role in the provision of jobs in local communities. Respondee highlighted that the Trust can make a significant contribution to health and social wellbeing by providing opportunities for employment at a range of levels. Investment by the Trust in entry levels jobs with training and development to encourage career progression was specifically mentioned. We will continue to be involved in a number of Employability Initiatives.

3.11 Other issues – The Mater Hospital

The Trust has received detailed comments on the New Directions document from the Trustees of the Mater Hospital. We confirm that in our ongoing meetings of the Joint Consultative Committee with the Mater Trustees we will address the issues raised in relation to any changes to services.

Section 4 Recommendations and next steps

The following section summarises the key recommendations and next steps to be taken by the Trust with regard to the New Directions document.

4.1 General recommendations and next steps

4.1.1 The ideas presented in New Directions represented an initial direction of travel for the way services will be provided in the future in the Belfast Trust area. The Trust has indicated that it will consult on each key proposal for change to whatever extent is necessary, in keeping with our commitment to engage with staff, service users and the public at large.

The Trust has already begun its work on key proposals for change – an Equality Impact Assessment of our response to the Assembly’s Comprehensive Spending Review 2008-2011 (through the MORE Programme).

It is proposed that the Trust will, in the near future, consult in detail upon its plans for mental health services and for unscheduled care (including A&E Services).

4.1.2 The wide ranging written responses to the New Directions document provide a richness of views on the way the services of the Belfast Trust should be provided in the future. These detailed responses will be shared with the various service planning fora that exist across the Trust and also with the Service Groups responsible for delivering the services to citizens. The planning fora and Service Groups will be asked to consider these responses as they proceed with the more detailed service planning issues. Service Groups will also be requested to respond to the detailed questions relating to operational matters that were raised in some written responses.

4.1.3 A revised version of the New Directions document will be produced to address the key issues outlined previously in Section 3 of this Report.

4.1.4 It is proposed that the New Directions document is reviewed regularly. In the intervening period we will be responsive to the issues that may arise which could impact on the strategic direction for services. It is important that the strategic planning of services is fluid and responsive to changing circumstances. The Trust will ensure that the ongoing discussion and dialogue with regard to service changes is sustained.

4.2 Specific recommendations and next steps

- The role of carers and families in the provision of services will be acknowledged in the revised New Directions document.

- The guiding principle “focus on individual needs and choices” will be amended to reflect the holistic approach (incorporating psychosocial care) to service provision that is required.
- The Trust will ensure that when it examines which services could be provided in Wellbeing and Treatment Centres it will bear in mind the potential to destabilise services that are centrally provided and to lose expertise as a result of decentralisation.
- The Trust will continue to work with key stakeholders to explore the options for delivering obstetric services to assure at the most appropriate solution for the future.
- The Trust will consider the amendment of wording around the service principles on children’s services to make clear our responsibility regarding child welfare, safeguarding and child protection.
- The Trust will ensure that robust arrangements are put in place to ensure that the transition from child to adult services provision is appropriate to meet the needs of the individual child or adolescent.
- The Trust will engage on an ongoing basis with representatives of neurological charities, organisations, service users, their carers and families.
- The Trust will seek to address how it signposts its mental health services and will consult on the plans for inpatient mental health services.
- The Trust will provide greater detail and clarity with regard to acute service changes as it proceeds to work through detailed service plans for the future.
- The Trust will clarify the wording used in the future models of care for older people.
- The Trust will ensure that each specific proposal for service change will distinguish between regionally and locally provided services.
- The Trust will ensure that any of its discussions regarding service reconfiguration considers the effect on the functional integrity of individual institutions / hospitals. Also, the Trust will take account of the potential impact of service change on education and training needs of clinical staff.

- The Trust will carefully signpost the services it provides.
- The Trust will work in partnership to provide signposts to the complementary services of the voluntary, community and statutory sector organisations
- The Trust will continue to work in partnership with communities, voluntary and statutory organisations to tackle inequalities in health.

4.3 Acknowledgement

Belfast Health and Social Care Trust wish to thank the many individuals and organisations who responded to the New Directions document.

Appendix 1: Details of Written Submissions

Individuals

- Mr D Todd
- Mr & Mrs H McNally
- Mrs M Boyd

Staff Side

- UNISON
- RCN

Partnership Boards

- North Belfast Partnership Board
- West Belfast Partnership Board

Statutory Organisations

- Belfast City Council Core Improvement Team
- Dr M P Kilbane, Chief Executive, Eastern Health and Social Services Board
- Eastern Health and Social Services Council
- (CCMS) The Council for Catholic Maintained Schools
- Northern Ireland Housing Executive

Staff

- Ms G Silvestri, Consultant Ophthalmic Surgeon/Reader, QUB
- Ms S Cushman, Young Carers Co-ordinator, BHSCT
- Professor B Atkinson, Senior Physician, Regional Centre for Endocrinology & Diabetes, BHSCT
- Dr N Jackson, Clinical Director, BHSCT
- Dr P McGarry, BHSCT
- Miss E McLoone, Consultant Ophthalmic Surgeon, BHSCT
- Mr Glenn Cartmill, Team Leader, MS Nursing, BHSCT
- Ms P Anketell, Orthoptist, BHSCT
- Mr M Gormley, MD FRCP, BHSCT
- Mater Hospital Medical Staff Committee
- Dr GV McDonnell, Consultant Neurologist, BHSCT

Others

- Dr J McClune, GP, Belfast
- Mr J Turk, BHSCT (Carers Strategy Steering Group)
- Royal Jubilee Maternity Services Antenatal Care Committee

Voluntary, Community, Charitable and Independent Organisations

- Age Concern
- Belfast City Hospital Association of Friends
- Blackstaff Community Development Association
- Chest Heart and Stroke
- CACDP (Council for the Advancement of Communication with Deaf)
- Controlling Trustees of the Mater Hospital YP Fund
- Four Seasons Health Care
- Mater Hospital Community Forum
- A long term carer
- NSPCC
- NI Cancer Fund for Children
- NICVA (Northern Ireland Council for Voluntary Action)
- Parkinson Disease Society
- RNID
- RVH Liver Support Group
- Trustees of the Mater Hospital
- New Life Counselling

Neurology

- Dr J Craig, Consultant Neurologist, BHSC
- Ms M Magee, Care manager, Physical Health & Disability, BHSC
- David Eakin, BHSC
- Miss A Law, Supt. Physiotherapist, BHSC
- Mrs A Milligan, South East Trust's Community Acquired Brain Injury Team
- Mc Kennedy and Ms M Coome
- Mrs J Warren, Respite Co-ordinator, BHSC
- Specialist Practitioner, MS Nursing
- Ms EP Gordon, NI Director, MS Society, NI
- Mr D Hill, Sufferer of advanced MS)
- Mrs M Kerr(wife and full time carer of a Huntington's Disease sufferer)
- Mr E Walsh, Development Officer, Huntington's Disease Association NI)
- Mr P McKay, Huntington's Disease Family Support Group)
- Ms A Dick, MND Care Network Co-ordinator
- Ms H McQuigg
- Mrs I McClintock
- Mr T Byrne
- Ms M McKeown
- Mr W Ruth
- Mr & Mrs D Livingstone
- Mr B McElwee
- Mr T Mathewson
- Ms S Rosbotham
- Dr TFG Esmonde, Consultant Neurologist, Antrim Area Hospital
- Dr WJH McIvor