

NEWRY MOURNE & DOWN DISTRICT COUNCIL

**Minutes of Special Council Meeting held on
Monday 26 October 2021 at 2.00pm remotely via Microsoft Teams**

Chairperson: Councillor O Hanlon

In attendance:

Councillor T Andrews	Councillor P Brown
Councillor P Byrne	Councillor C Casey
Councillor D Curran	Councillor C Enright
Councillor A Finnegan	Councillor A Lewis
Councillor L McEvoy	Councillor K McKeivitt
Councillor R Mulgrew	Councillor B Ó Muirí
Councillor K Owen	Councillor G Sharvin
Councillor D Taylor	Councillor J Trainor

Officials in attendance: Mr M Lipsett, Director of Active & Healthy Communities
Mr E Devlin, Assistant Director Health & Wellbeing
Miss S Taggart, Democratic Services Manager (Acting)
Mrs L Cummins, Democratic Services Officer

Also in attendance:

South Eastern Health and Social Care Trust
Ms R Coulter, Chief Executive
Mr D Robinson, Director of Hospital Services
Mr D Brannigan, Assistant Director, Mental Health Services
Ms J Loughrey, Head of Communications

Southern Health and Social Care Trust
Mr S Devlin, Chief Executive
Mrs A Magwood, Director of Performance, Planning & Information

SC/026/2021: APOLOGIES / CHAIRPERSONS REMARKS

In the absence of the Chairperson Councillor Mason, and the Vice Chairperson Councillor Magennis it was proposed by Councillor Andrews and seconded by Councillor Trainor that Councillor Hanlon assume the Chair.

The Chairperson, welcomed everyone to the Special Council Meeting, thanking the representatives from the South Eastern Trust and Southern Trust for taking time out from their busy schedule to attend.

Apologies were received from Councillors Magennis, Mason, Savage and Walker and the Chief Executive Mrs M Ward.

SC/027/2021: DECLARATIONS OF INTEREST

There were no declarations of interest.

**SC/028/2021: RESPONSE FROM SOUTH EASTERN & SOCIAL
CARE TRUST**

Mrs Coulter thanked members for messages of support and encouragement since she had taken up the post of Chief Executive, confirming her commitment to the post and to building a genuine partnership going forward between the Trust and Council.

Mrs Coulter, Mr Robinson and Mr Brannigan provided an overview to members on where the Trust was in relation to the pressures caused by the Pandemic, pressures faced through the extremely challenging coming winter period with a special focus on Mental Health.

Members asked the following questions:

- How would the Trust pick and choose which services to close, in the event that it would have to happen?
- Was there a timeframe on the rollout of the Covid booster jab?
- Was it okay to have a booster jab that was a different brand than the vaccination?
- Was the increased wait on referrals, particularly in the Community Occupational Therapy Services, was this due to staffing levels and caseloads and was there a plan to try and address this in the short/long term?
- Was there any capacity to extend the hours of service for the Urgent Care Centre or the nurse lead Minor Injury Unit in Downpatrick to relieve some of the pressures at the Ulster Hospital A&E?
- The launch of Wellness Network was a fantastic project especially in terms of peer mentoring.
- Concern was raised that 12 beds did not seem a lot in the Shimna Addictions Unit to cover the area as a region, was there plans to expand on this?
- Was there a timeframe in terms of the Perinatal Mental Health?
- Members paid thanks to all the staff for the for all their hardwork throughout the pandemic and challenges yet to come.

The delegation responded to the queries as follows:

- Mrs Coulter confirmed that the possible closure of services referred to was across the whole of Northern Ireland and not in the Downe Hospital specifically and would be a temporary closure maybe of certain services due to the added pressure of the Pandemic.
- More information to follow on booster programme in the next few weeks – GP's and pharmacies would be administering the majority of the programme. The Trust were vaccinating all care homes and staff and were ahead of schedule in comparison to other Trusts.
- It was fine to have a different booster brand than original vaccination. Some research had shown that the level of immunity could actually be higher by having a different booster drug than the initial vaccination.

- Mrs Coulter would revert to Councillor Trainor on waiting times on referrals in the Community Occupational Therapy Services.
- Capacity pressure can sometimes be at 107%, those pressures were often not from Minor Injuries, they were from those patients that were really sick on trolleys and in desperate need of a bed to receive proper medical treatment.
- No plans at the minute to increase hours in Urgent Care Centre or the nurse lead Minor Injury Unit in Downpatrick due to lack of staff, it would be something could work towards in future if there was an increase in staff.
- Staffing problems right across the UK, looking at new programme called 'Position Associates' and more advanced Nurse Practitioners to complement the staffing challenges, planned meeting in the Down area on 18 November 2021 with over 100 GP's to maximise referrals in the system.
- There were no plans to expand on 12 beds in Shimna Addictions Unit as the service was predominantly community based and those 12 beds were for those who present with most medical risk or require in-patient care. There was a waiting list at present arising from the effects of Covid, however that was not the norm. There were 2 other units in the West and Northern Trust also providing an inpatient service.
- Perinatal Mental Health service would be commencing very soon, a small number of staff had been appointed on a temporary basis and currently going through a substantive recruitment exercise and developing protocols and systems to ensure a safe service is provided.
- Encourage members to support and promote the Wellness Recovery Network with further information to follow on this.

SC/029/2021: RESPONSE FROM SOUTHERN TRUST

Mr Devlin provided an update on the current position in relation to the serious adverse incident's which happened last year with regards Covid outbreak at Daisyhill and Craigavon Hospital. The draft Independent report was now with the families affected and hoped to share the response of the consultations with members at the next meeting. Mr Devlin also confirmed that the Public Inquiry had been announced into Urology and members may have residents who had concerns about their own care or loved ones care and best way to raise those concerns is through the Trust or interact directly with the Public Inquiry.

Mr Devlin went onto to provide an overview to members on Strategy Development for the next 3-5 years and the direction the Trust was going including Daisyhill Hospital. Highlighting that a lot of the thinking hadn't happened as the last 18 months had been totally Covid focused.

Mrs Magwood updated members on the Winter Plan for October 2021 – March 2022 and how Covid demands and normal winter pressures are likely to impact on services.

Members asked the following questions:

- Was there the possibility of revisiting full face to face appointment s with GP's?

- What was the future for the new planned Community Treatment Centre in Newry with GP's not being onboard?
- Members highlighted the lack of communication and unacceptable waiting times patients are having to wait in the Emergency Department.
- Could a more detailed update be provided to included statistics on the numbers of postponed medical procedures as previously requested and in terms of the 62 day target and the Daisyhill Theatres.
- Increase in the amount of children being referred to Emergency Department by GP's for the likes of common cold etc.
- What guarantees was there that the discharge of older people into a temporary residential care setting until a care package put in place would follow through and not turn into a more long-term situation?
- Had the 'Phone First' made a difference in the amount of people turning up to Emergency Departments?
- Concerns raised at the amount of staff leaving the service and going into banking as they can pick and choose better paid shifts, this was going to lead to further problems for the service. How many staff had left the service during the pandemic and re-joined as agency and what affect had this on the budget?
- What effect had unvaccinated people presenting at hospital had on the planning for Winter pressures?
- Concerns raised on the 200 bed shortage, what capacity was the Southern Trust working under?

The delegation responded to the queries as follows:

- Mr Devlin as members to make contact with him directly with details of any individual complaints regarding unacceptable waiting times etc in the Emergency Department so he could investigate further.
- Trust does not run GP's. Council could engage with the British Medical Association or Commissioner of Services regarding the recommencement of face to face services.
- There had been an increase in people referred to the Emergency Department by their GP, however the vast majority of these people are genuinely sick and needed to be seen. The level of sickness had been really high this year in particular.
- GP's had confirmed that they would not be joining the new Community Treatment Centre building, however the space earmarked for GP's is now being looked at how it could be best utilised. It will still be Primary and Community based services.
- There was a direct link between Covid and the number of postponed operations in relation to Cancer as staff had to be redeployed to ICU. Theatre slots had started to open up again as ICU is down to 30% which is allowing the urgent time critical slots across the whole of NI to be filled.
- There had been huge growth in the amount of children attending Emergency Departments.
- Older people going into Intermediate Care are physically and psychologically in a safer place than in an acute hospital setting, more work was needed to be done to promote and make people aware of the reasons why. This did not affect their place in the queue for Domiciliary Care.
- Piece of work being done across all 5 Trusts to see how and what should be done to enhance ability and keep hold of staff and reduce the need for agency.

- Still early days with the 'Phone First' model and future evaluation was to be carried out before any further rollout. It had helped to create a safe place for people to attend by streaming Minor Injuries and improve the flow of patients. Directory of Services had been updated to enable a better interface with GP's to direct patients on an alternative pathway for some of the services.
- There was clear evidence that vaccination reduces the chance of people being hospitalised. High 80% of people in hospital beds with Covid are unvaccinated. There is a large number of challenges to be balanced and the uncertainty on the impact in other areas including capacity and demand is going to be the hardest to predict.
- Mr Devlin agreed to come back to members with numbers of staff who had left or re-joined as agency etc. Currently working on a more attractive recruitment and retention strategy to improve and rebuild the workforce.
- When everything was put together there was a capacity gap of 200 beds in the Southern Trust largely made up of the amount of people waiting on trolleys to be admitted to a bed.

Following a request from Councillor Byrne, that was approved by all Members, the Trust agreed to attend a special meeting of the Southern Health Forum, to be arranged as soon as possible in order to update members on the exact figures of postponed medical procedures; the Trust's position on the 62 day target and the context around the process; and to provide an update on the progress of Daisyhill Theatres.

The Chairperson clarified that all members would be invited to attend the planned meeting with the Southern Health Forum and the Trust would revert to Council in the interim with key messages and bullet points to be expanded on in the meeting.

The meeting concluded at 16.11pm.

For adoption at the Council Meeting to be held on Monday 06 December 2021.

Signed: Councillor O Hanlon

Signed: Mr M Lipsett