

**NEWRY, MOURNE & DOWN DISTRICT COUNCIL**

**NMD/SC/**

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**Minutes of Special Council Meeting held on Monday 30 April 2018 at 6.00pm in  
the Mourne Room, Downshire Civic Centre, Downpatrick**

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**In the Chair:** Councillor R Mulgrew

**In attendance:**

**(Councillors)**

Councillor T Andrews	Councillor R Burgess
Councillor P Byrne	Councillor M Carr
Councillor C Casey	Councillor G Craig
Councillor D Curran	Councillor C Enright
Councillor G Fitzpatrick	Councillor G Hanna
Councillor H Harvey	Councillor T Hearty
Councillor R Howell	Councillor D Hyland
Councillor M Larkin	Councillor K Loughran
Councillor J Macauley	Councillor D McAteer
Councillor O McMahon	Councillor A McMurray
Councillor M Murnin	Councillor B Ó Muirí
Councillor B Quinn	Councillor M Ruane
Councillor M Savage	Councillor G Sharvin
Councillor D Taylor	Councillor JJ Tinnelly
Councillor J Trainor	Councillor B Walker

**(Officials)**

Mr L Hannaway, Chief Executive  
Mrs E McParland, Democratic Services Manager  
Ms S Taggart, Democratic Services Officer

**Also in attendance:**

Ms B McCrory, CAWT  
Ms C McPeake, CAWT  
Ms R Coulter, South Eastern Health & Social Care Trust  
Mr S Devlin, Southern Health & Social Care Trust  
Ms M McClements, Southern Health & Social Care Trust  
Ms R McNamara, Northern Ireland Ambulance Service

**SC/013/2018**

**APOLOGIES AND CHAIRPERSON'S REMARKS**

Apologies were received from Councillors Bailie, Brown, Clarke, Devlin, Harte, Kimmins, Reilly and Stokes.

**SC/014/2018**

**DECLARATIONS OF INTEREST**

There were no declarations of Interest

The Chairperson welcomed the delegation to the meeting and invited them to make their presentation.

Ms McPeake thanked the Chairperson for the invitation to attend the meeting and gave some background to the work of CAWT, the impact and reach of services they provide and outlined the 5 successful project applications they had made to EU Interreg VA to be delivered by June 2022. (copy of the presentation attached to these minutes).

Members asked the following questions:

- Given that drug abuse was a major problem for some communities in Northern Ireland, were there any plans to establish a drug rehabilitation centre?
- Would there be a potential for a recovery clinic to be located within the South Armagh area?
- There used to be a joined-up approach whereby people from South Armagh could access the out-of-hours doctor in Castleblaney, had this process stopped, and, if not, it was not very well advertised?
- Did the organisation have enough resources to complete the work undertaken?
- Would the rapid response vehicle work within the South Armagh area or have they a clearly defined area within which they must work?
- Would the community paramedics project be working with Dundalk hospital or would it be totally separate?
- What would the impact of Brexit be on the programme?

The delegation responded to the queries as follows:

- There were no plans to establish a rehabilitation facility and it would be something the statutory agencies would need to address.
- The project board was investigating areas within which to place the recovery college. The findings so far would be that they work much better as a hub within a further education college to limit the stigma that people may feel when entering mental health facilities.
- There were cross border initiatives in the ENT Department between Cavan/Monaghan and Craigavon/Newry hospitals which were still on-going. Consultants also cross the border for outpatient clinics and some patients travel from Republic of Ireland for more complex surgeries.
- Detailed business cases had to be submitted to EU Commission therefore confident that there were adequate resources in place to complete the outlined programmes.
- There were 2 highly trained paramedics based in Monaghan as part of the community paramedics project. The organisation worked with NIAS and National Ambulance Service in order to find the most suitable location for the rapid response vehicle. They can work in the South Armagh area however their main area would be Monaghan. There was cross-border funding for the scheme therefore they would be expected to go to South Armagh when required.

- Falls were one of the top 10 reasons for ambulance call-outs and the rapid response would assess a person in their home and stay with them until they were content they could be left. They work to very prescribed guidelines and would endeavour to return to the patients if they felt they were deteriorating.
- The UK Exchequer had underwritten the programme until 2022, beyond that no one could really say what would happen.

The Chairperson thanked the delegation for their presentation.

**COUNCILLOR ENRIGHT LEFT THE MEETING DURING THE ABOVE DISCUSSION – 6.24PM**

**SC/016/2018            PRESENTATION FROM SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST**

The Chairperson welcomed Ms Coulter to the meeting and invited her to make her presentation.

Ms Coulter thanked the Chairperson for the invitation stating the format seemed to be operating very well. She advised a key area for the Trust was the supply and confidence arrangements and £100m had been secured for health and social care transformation this year with a further £100m for next year. She highlighted the priorities as being services reconfiguration; ACE and signs of safety for looked after children; and how to improve domiciliary care services. She stated there was an additional £30m for elective care which should go some way to addressing the waiting lists.

Ms Coulter outlined the pressures faced by the Trust, in particular at the Downe Hospital with the pending retirement of one of the long term consultant physicians. She advised they were continuing to try to recruit consultants for the Downe Hospital and although the model was extremely stretched, it was networked with the Ulster Hospital. She stated the Downe was the South Eastern site for ophthalmology with a desire to increase day case work within the Downe as capacity existed for this.

Members asked the following questions:

- How far would £200m go across healthcare throughout the whole of Northern Ireland?
- Regional centres of excellence were outlined within the Bengoa report, was the Downshire, as an historic centre of excellence for mental health, being considered for this?
- Had the Trust been working with transport providers such as Translink to provide public transport between Downpatrick and Dundonald?
- A business case and scoping exercise on the provision of MRI services had been carried out but didn't seem to have progressed any further, was there any update?
- There was a slight increase in the lack of performance within 12 hours, what plans were in place to tackle this increase?
- The Trust worked in partnership with Four Seasons to provide nursing homes, was there a good uptake on these and how were admissions carried out?

- Some organisations within the Downpatrick area were providing self-harm intervention initiatives to the local community however were not receiving contracts from the Trust to carry out this work, how can they access these contracts?

Ms Coulter responded to the queries as follows:

- The Trusts were appreciative of receiving any funding in order to take forward the next stage of transformation but there were challenges as to what the priorities were, how the funding was being directed and whether it was possible to expend all of the funding within the timeframe.
- Each of the five Trusts within Northern Ireland was to have a single mental health inpatient unit and the current direction of travel for South Eastern Trust was to house this at the Ulster Hospital due to the acute nature of the hospital. The emphasis was on building capacity within communities and supporting people who no longer needed to live within institutions.
- Communications had been on-going for many years with regard to transport between Downpatrick and Dundonald, however nothing had come of these communications. It was difficult to articulate the need and volume of people to access the service. To alleviate the need to travel, 20 visiting consultants come to the Downe Hospital each week to see patients.
- The Health and Social Care Board had not allowed the Downe to have MRI, however this was something that could be kept under review.
- The 12 hour target had slipped due to the increasing pressures on in-patient bed capacity which was maximised within the Downe. More alternatives to hospital admission and better ambulatory care were possible methods of reducing these pressures.
- Would revert back to the Member regarding the Four Seasons nursing home provision.
- Organisations who wish to can contact the Trust's Contracts Manager for guidance on the self-care intervention programme.

The Chairperson thanked Ms Coulter for her presentation.

**Councillor Hearty left the meeting during the above discussions – 6.58pm**

**Councillors Taylor, Craig and Hanna left the meeting at this stage – 7.06pm**

**SC/017/2018**

**PRESENTATION FROM SOUTHERN HEALTH AND SOCIAL CARE BOARD**

The Chairperson welcomed Ms McNamara to the meeting and invited her to make her presentation.

Mr Devlin stated that although £200m across the sector did not seem a lot, it was very welcome and can drive reform in ambulatory and mental health. He stated the issue of transport was perfect for the Community Planning agenda with all relevant agencies investigating collective ways to do the best for the public.

Members asked the following questions:

- According to some reports the CT scanner at Daisy Hill Hospital was at a critical stage in its lifespan, were there any funds in place to replace if necessary?
- What plans were in place for a roll out of the acute care at home scheme to rural areas in South Armagh?
- What had happened to the All-Ireland Centre for Autism?
- How big a problem was nursing shortages due to discrepancies in pay and what type of challenge would Brexit have on the nursing staff?
- Were there any plans in place to make domiciliary care packages more attractive in order to retain staff?
- Why were the target thresholds so low within the Southern Health Trust?
- Would more flexible recruitment for nurses encourage more to apply for jobs within the Trust?

**Councillor Macauley left the meeting during the above discussions – 7.34pm**

The delegation responded to the queries as follows:

- The scanner was 7 years old and getting towards the end of its useful life, however it would be part of the capital replacement programme and could be replaced to ensure equipment was working as well as possible.
- The roll out in rural areas had been slower due to the inability for medical cover to staff the scheme and having to build confidence within primary care colleagues on the merits of the scheme.
- Would revert to the Member on the issues of the All-Ireland Centre for Autism.
- There was a shortage of 1500 nurses in Northern Ireland which equated to 10% of the workforce. Pay discrepancies and Brexit were likely to prove huge challenges to the recruitment and retention of nurses, however the Trust was working closely with RCN on the matter. Will revert to Council with nursing figures within Southern Health Trust area.
- There was on-going recruitment to try to attract staff into domiciliary care and it was an issue that was being worked upon across Northern Ireland.
- The targets were set by Department of Health and performance within elective care and waiting lists can be affected by capacity and demand. The demand had increased, however the capacity had not. The additional £30m for elective care should go some way to assisting however it was not likely to bring the 13 week target as set out.
- The Trust was trying to learn from experiences of nurses within, or who had left, the service and work/life balances were being put in place. A recruitment fair was held recently in Newry and the Trust was very successful in recruiting nurses.

The Chairperson thanked the delegation for their presentation.

The Chairperson welcomed Ms McNamara to the meeting and invited her to make her presentation.

Ms McNamara advised comprehensive answers to the submitted questions would be forwarded by the NIAS Information Department as soon as possible. She outlined the different types of categories assigned to calls into the Ambulance Service advising that category A i.e. life-threatening calls should be responded to within 8 minutes; category B calls which were potentially life-threatening within 24 minutes and category C urgent usually between 1-4 hours depending on the condition of the patient.

Ms McNamara stated that these targets were not being met with only 35.6% of category A calls being responded to within the 8 minute target. Modernisation was currently being investigated and money had been allocated to the Ambulance Service to increase the workforce and put a new response model into the control room. She advised, however, the lead time for training new paramedics was 3 years therefore it would not solve the immediate difficulties being faced.

Members asked the following questions:

- There had been a huge decrease in response times from previous years, this would indicate the service was having difficulties and money needed to be ringfenced for ambulatory care. Ambulances that were travelling to Dundonald were being used to assist in the Belfast Trust area thereby leaving shortages within the South Eastern Trust area, was anything being put in place to try to alleviate these issues?
- Within the rural area, the issue was not the category of the call as all calls within the South Armagh area were likely to be category C due to how far away all of the ambulances were stationed. Why was the hub for the rapid response vehicle placed in Monaghan, so close to an existing hospital?
- The rural community was being disadvantaged and the EU funding should be used to get closer to border communities, the hub should be placed equally between the two hospitals. NIAS need to take cognisance of the rural community and ensure adequate ambulance provision was put in place.
- If the 24/7 A&E was reinstated at Downe Hospital, ambulances would stay within their own area and would be available for the local community.
- How many of the additional workforce would be placed within the South Eastern Trust area? How many agency staff were being relied upon with the service?
- How many vehicles were currently off the road and being maintained?
- Was there any rough guide as to the response times with South Eastern Trust area?

Ms McNamara and Mr Devlin responded to the queries as follows:

- Classification of calls would mean that around 30% of the current call load was classified as category A calls, with an ambulance picking a patient up and bringing to hospital. Once a paramedic finished a call and made themselves available they

would automatically be assigned the next category A call which may be in the Belfast area. The problem exists in that only around 6-7% of the calls would be actual life-threatening and a new model which would be put in place would ensure that this was dealt with and free up the resource for genuinely life-threatening instances.

- Recruitment had begun, however it would take 3 years to train a paramedic. Although crews automatically respond to category A calls, the control room would actively move vacant crews to bridge the gap.
- Didn't create a hub for paramedics, NIAS modelled where a centre and hub should be as part of the process with Department of Health – this was an on-going process and not connected to CAWT's earlier presentation. NIAS must ensure sufficient ambulatory care for those in NI including additional hubs where required to ensure ambulances can reach patients within the response times.
- Many years ago there were deployment points within some local fire stations which assisted accessing the rural area. The issue now was one of demand and the volume of calls being responded to.
- Undertake to speak to CEO of NIAS to explore possibility of ambulances travelling across the border and revert back to the Member.
- South Eastern Trust would get a cut of the additional jobs as they would be split among the 5 Trust areas. There were no frontline agency staff however there was a bank staff list with full flexible working arrangements in place for staff.
- There were 2 24hour ambulances in Downpatrick with 2 spare vehicles and a car in Downpatrick from 8am until midnight; a resource in Newcastle 24/7 and one in Ballynahinch 24/7. All three stations work closely together and each station had a spare vehicle for breakdowns or availability during changeover times.
- Would revert back to the Member on the response times within South Eastern Trust area.

Ms Coulter advised it was not the view of the South Eastern Trust that the A&E would be reinstated to 24/7 at the Downe Hospital as the current model was safer and more sustainable.

The Chairperson thanked the delegation for their presentation.

**Councillors Hyland, McAteer, Tinnelly, Savage, Burgess and Walker left the meeting during the above discussions – 7.38pm, 7.40pm, 7.42pm, 7.46pm, 8pm and 8.05pm respectively.**

The Chairperson thanked all Members for their attendance at the meeting and advised the next meeting of this format would take place on 22<sup>nd</sup> October 2018 and encouraged any Member with specific issues to feed these through to the working groups which were likely to take place in early September. She also highlighted an event she was hosting regarding Organ Donation on Friday 18<sup>th</sup> May 2018 in Newry Town Hall.

**There being no further business, the meeting concluded at 8.12pm.**

For confirmation at Meeting of Newry, Mourne and Down District Council to be held on Monday 4 June 2018.

**Signed:**

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**Chairperson**

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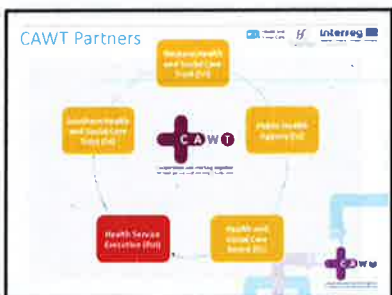
**Chief Executive**





CAWT Presentation to Newry, Mourne & Down District Council  
30 April 2018

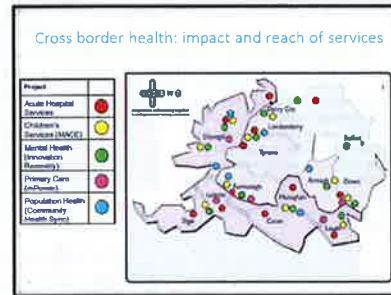
Bernie McCrory, CAWT Chief Officer  
Carmel McPeake, CAWT Finance Manager



### New Work Programme - EU INTERREG VA

5 successful project applications to Health and Social care theme  
€30 million approx.  
To be delivered by June 2022

Acute Hospital Services "Carerpath Services, Citizens and Communities"	Mental Health "Innovative Recovery Subsector"	Children's Services "Multiple Adverse Childhood Experiences (MACE)"	Primary Care & Older People "Scottish Healthier 'InPower'"	Population Health "Community Health Sync 'Walk-System'"
€8,810,775.20	€7,614,750.66	€3,010,240.18	€8,708,617.82	€3,010,370.75



### Acute Hospital Services Project

To create innovative cross border approaches to the assessment and treatment of patients which incorporate new technologies and patient pathways and enable optimal utilisation of human, financial and physical resources across all three jurisdictions. This will result in an increase in patients treated for specific specialties and the development of community paramedic hubs.

### INTERREG VA Acute Project - Deliverables

- 3 cross-border frameworks for scheduled and unscheduled care activities
- 13,000 Patients benefitting from scheduled and unscheduled care streams (including utilisation of e-Health e.g. patient records and support services)
- 334 staff trained in e-Health applications and data security
- Framework 1: Reform and modernisation of the management of unscheduled care
- Framework 2: Reform and modernisation of patient services and supporting diagnostic activities
- Framework 3: Reform, modernisation and digitalisation of inpatient and ambulatory services and a range of surgical specialties including vascular (urology / gynaecology)

### Acute Project locations

Paramedic	Area 1 (ROI), HSE Fuircrana/Candonagh Area 2 (ROI), HSE Monaghan Area 3 (NI, Castleberg) Area 4 (Scotland, Argyle)
Geriatrician Led Service A&E Reform	HSE Sligo/South Fermanagh CAWT partners
Clinical Decision Unit Cardiac Investigations Urology Vascular Dermatology Cross cutting theme	SHCCT (may capture Rep of the patients) HSE Sligo/South Fermanagh HSE Letterkenny & WHSCT HSE Letterkenny & WHSCT Eligible area Scotland, 5 NI Trusts, HSE Cross border interoperability of patient records

**Innovation Recovery Project**

To establish a cross border hub-and-spoke Mental Health Recovery College network to support people recovering from episodes of mental ill-health.

(based upon on Advanced Recovery Ireland and Implementing Recovery through Organisational Change (ImROC) models)

INTERREG VA Innovation Recovery Project - Deliverables

- 1 new cross border hub and spoke Recovery College network
- 23.5 staff recruited to support project including 10 people with lived experience of mental illness
- 1 Virtual Recovery College co-designed and co-produced by people with lived experience of mental illness
- 7 cross border community based recovery college hubs (including CAJ, New, Limerick, North and South) to support learning and delivery
- 6,000 people supported in progressing individual Recovery Learning Plans
- 172 health professionals from statutory/voluntary community sector trained in recovery orientated methods such as coaching

**iRecovery Project locations**

- Area 1 West  
Derry, Letterkenny, Strabane and West Donegal
- Area 2 South  
Cavan/Monaghan, Sligo, Leitrim and Fermanagh
- Area 3 East  
Dundalk, Belfast City, Armagh, Newry, Louth

**Multiple Adverse Childhood Experiences (MACE) – Breaking the Cycle Project**

To transform the lives and opportunities of vulnerable children/families within the border area who are most at risk from multiple adversities in their lives, by identifying, intervening early and providing nurturing and support within their own homes and communities and build strong self sustaining resilient communities.

INTERREG VA MACE Project - Deliverables

- 2 new border area frameworks for early interventions to benefit vulnerable families to be developed and implemented
- 1 Adversity Matrix (AM) developed for the identification and assessment of families most at risk of MACE
- 1 Risk Stratification Tool developed to identify the appropriate targeted intervention for families that have been identified via the Adversity Matrix
- 5 cross border community networks of excellence will be created
- 3,155 vulnerable families in receipt of an intervention
- 100 staff trained

**MACE Project locations**

1. Derry / Letterkenny
2. Strabane & Omagh / West Donegal
3. Fermanagh / Sligo & Leitrim
4. Portadown & Armagh / Monaghan & Cavan
5. Banbridge & Newry / Dundalk & Drogheda

**mPower**  
Healthy & Connected Communities

**AIM**

- Enable older people to live well, safely and independently in their own homes
- Support Reduction in unnecessary presentation to primary care
- Empower more people to self-manage their health and care in the community, through the use of social prescribing and ehealth interventions

INTERREG VA mPower Project - Deliverables

- 1 shared framework for the identification, assessment and referral of those identified as 'at risk' (particularly those at risk of social isolation or exclusion)
- 2,500 eItems supported to self manage their health and well being more effectively in the community
- 4,500 people making of eHealth interventions to support independent living

**mPower Project Locations**

1. WISCF – South Fermanagh
2. SHCC – Craig Steer
3. HSE (CHO 1) – Finn Valley / Leitrim / Carrickmacross
4. HSE (CHO 8) – Drogheda
5. Dumfries and Galloway
6. Ayrshire and Arran
7. Western Isles

### CoH Sync Project

Establishment of 8 health and Well-being Hubs in identified geographical areas targeting people most at risk of poor health and who generally make less use of health improvement services and are unlikely to act on their own to make sustainable changes to their lifestyle. The focus is on early intervention and prevention by reducing the impact of key risk factors in the development of Long Term Conditions.



### INTERREG V A CoH Sync Project Deliverables

- 8 new cross-border area interventions to support positive health and wellbeing and the prevention of ill health developed (8 Hubs)
- 10,000 beneficiaries supported to achieve positive health and well-being and the prevention of ill health
- 80 Health Facilities Involved
- Greater connectivity between areas of existing health services through digital connectivity
- A 6th thematic area of focus will seek to increase health literacy

### CoH Sync Project locations

**Republic of Ireland**  
 Letterkenny/North Donegal  
 Ballyshannon/South Donegal  
 Co Cavan/Co Monaghan

**Northern Ireland**  
 Derry/Strabane  
 Enniskillen/West Fermanagh  
 Armagh/Dungannon

**Scotland**  
 Dumfries, Dumfries and Galloway  
 Stranraer, Dumfries and Galloway

### CAWT – the Future

- Ensure EU projects are successfully implemented
- Evaluate and embed EU funded services, where appropriate, in core mainstream activities
- Assist with removing / reducing barriers to the cross border mobility of patients and professionals
- Play a positive and problem-solving role in relation to post Brexit related issues
- Actively pursuing collaborative strategic alliances
- Continue to engage with policy makers and other key stakeholders
- Engage in planning for any future EU funding
- CAWT Strategic Plan

[www.cawt.com](http://www.cawt.com)

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[www.youtube.com/cawtpartnership/](https://www.youtube.com/cawtpartnership/)

Links to Project:  
[www.cawt.com/facile](http://www.cawt.com/facile)  
[www.cawt.com/mare](http://www.cawt.com/mare)  
[www.cawt.com/reqistry](http://www.cawt.com/reqistry)  
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