

NEWRY, MOURNE & DOWN DISTRICT COUNCIL

NMD/SC/

Minutes of Special Council Meeting held on Monday 30 October 2017 at 6pm in the Mourne Room, Downshire Civic Centre, Downpatrick

In the Chair: Councillor R Mulgrew – 6pm-6.09pm
Councillor W Clarke – 6.09pm-8.38pm

In attendance: **(Councillors)**

Councillor T Andrews	Councillor P Brown
Councillor D Taylor	Councillor P Byrne
Councillor C Casey	Councillor G Craig
Councillor C Enright	Councillor H Harvey
Councillor M Larkin	Councillor K Loughran
Councillor J Macauley	Councillor D McAteer
Councillor O McMahon	Councillor M Murnin
Councillor B Quinn	Councillor M Ruane
Councillor M Savage	Councillor J Trainor
Councillor B Walker	Councillor J Tinnelly
Councillor D Curran	Councillor B O'Muirí
Councillor G Stokes	

(Officials)

Mr L Hannaway, Chief Executive
Mr J McBride, Assistant Director, Community Planning & Performance
Ms S Taggart, Democratic Services Officer
Ms P McKeever, Democratic Services Officer

Also in attendance: Mr F Rice, CEO, Southern Health & Social Care Trust
Mr S Devlin, CEO, Northern Ireland Ambulance Service
Mr S McGoran, Director of Hospital Services, South Eastern Health & Social Care Trust
Ms G Maguire, Assistant Director of Specialist Child Health & Disability, Southern Health & Social Care Trust
Ms A Magwood, Director of Performance and Reform, Southern Health & Social Care Trust
Mr E McClean, Director of Operations, Public Health Agency
Mr J White, Assistant Director for Promoting Health & Wellbeing, South Eastern Health & Social Care Trust

SC/28/2017 APOLOGIES AND CHAIRPERSON'S REMARKS

Apologies were received from Councillors Bailie, Burgess, Carr, Devlin, Fitzpatrick, Hanna, Harte and Murnin.

The Chairperson welcomed the representatives from South Eastern Health and Social Care Trust, Southern Health and Social Care Trust and N.I. Ambulance Service to the meeting. She advised she had a prior engagement due to Halloween and would ask the Vice-Chairman, Councillor Clarke to assume the Chair at this stage.

COUNCILLOR MULGEW LEFT THE MEETING AT THIS STAGE – 6.09PM

COUNCILLOR CLARKE ASSUMED THE CHAIR – 6.09PM

The Chairperson advised that all presentations would be heard first with an opportunity for Members to ask questions of any of the delegation at the end.

SC/29/2017 PRESENTATION ON COMMUNITY PLANNING PRIORITIES FOR HEALTH & WELLBEING

Mr McBride delivered the presentation on Community Planning Priorities for Health and Well Being (copy attached). He highlighted the progress so far completed by the thematic working group and the action plan that would explore opportunities for co-design and joint delivery of health interventions as well as local community capacity building.

SC/30/2017 PRESENTATIONS FROM SOUTH EASTERN HEALTH & SOCIAL CARE TRUST, SOUTHERN HEALTH & SOCIAL CARE TRUST AND NI AMBULANCE SERVICE

The South Eastern Health and Social Care Trust, the Southern Health and Social Care Trust and N.I. Ambulance Service then delivered their presentations all of which included the responses to issues raised at Working Group Meeting which was held on 6 October 2017 They advised that a written response would be issued in relation to the issues raised in the papers which accompanied the meeting. (copy of questions and responses attached).

COUNCILLORS TRAINOR, BURNS AND ENRIGHT LEFT THE MEETING DURING THE ABOVE DISCUSSIONS

SC/31/2017 QUESTION AND ANSWER SESSION

Following the presentations the points below were raised and responses given:

- The health of vulnerable people, particularly in deprived and rural areas needs to be considered.
- The lack of adequate broadband provision across the district, particularly in remote areas, is a concern with regard to online GP surgeries.
- Supporting Mental Health and Emotional Well Being is extremely important and although more patients with mental health issues are being supported, more needs to

be done.

- Councillors to be kept up to date on developments at Downe Hospital.
- There are more patients being seen in the Downe Hospital than previously albeit there are fewer in- patient admissions.
- With regard to recruiting specialised medical staff at the Ulster Hospital, every effort will be made to ensure that these personnel will also work at the Lagan Valley and Downe Hospitals.
- The Ulster Hospital has excellent patient 'turn around' times, however the availability of beds is more of a challenge.
- A collaborative approach is needed with regard to first responders within the community, to include fire station staff as well as, in border areas using ambulances from Republic of Ireland. In respect of further roll out, Council advised the pilot project in Lurgan Fire station has been withdrawn by the Fire Brigades Union. A Memorandum of Understanding with ROI is currently being looked at which would ensure that the nearest ambulance would be the first responder. Although this won't solve all problems, research is underway which would look at strategically placed hubs so that rural areas were not at a disadvantage.
- Childrens' services are fully supported within schools, they are currently working and training teachers with regard to children with allergies, epilepsy and diabetes. Additionally, Childrens' Services work closely with leisure centre staff in ensuring that children with special needs are included in their summer schemes.
- There are currently no plans for any changes to Slieve Roe Care Home in Kilkeel
- A Dementia awareness programme is to be rolled out with staff being trained in all aspects of dementia care. The issue of 3rd party top ups is set by care homes, not the Trust and is enshrined in legislation.
- Daisy Hill Hospital has experienced difficulties in recent years in recruiting senior staff, they are currently out to recruit. The Pathfinder Project has recognised the need to maximise the potential of cross border working.
- Breast Care Services have historically encountered staffing difficulties across the region and vacancies are currently impacting on the Southern Trust performance however all other Trusts are now working collaboratively with the Southern Trust to ensure that women who need to be seen are seen. Some will be required to have their initial assessment/ screening outside of their area, with option to revert back to their local area for any further care needed. The ministerial target is for urgent referrals to be seen in 14 days with every effort being made to ensure this does not exceed 21 days.
- It is within consultants contracts to see patients privately.

- The transport plan for the Community Treatment Centre has been received from the Developer, and a planning decision on this will be made in early 2018 in relation to reserved matters.
- The emphasis, moving forward is to focus more on education with regard to health, well-being and disease prevention.
- The N.I.Ambulance Service has recently recruited new staff, all of which will receive full training.
- Ambulatory care is in operation in areas in the UK and this has proved very successful, Trusts are continuing to develop ambulatory care models however to offer this service in the district at scale and pace would take 2 – 3 years to complete as issues such as workforce, training and adapting suitable buildings would have to be put in place.

COUNCILLORS BROWN, REILLY, MACAULEY AND CURRAN LEFT THE CHAMBER DURING THE ABOVE DISCUSSIONS.

The Chairperson thanked the delegation for their attendance and the informative presentations they gave. He stated that by working together and building better relationships through community planning would ensure better health for the whole community.

There being no further business, the meeting concluded at 8.38pm.

For adoption at Meeting of Newry, Mourne and Down District Council to be held on Monday 4 December 2017.

Signed:

Chairperson

Chief Executive

30.10.17

Community Planning: Health & Wellbeing Priorities

Liam Hannaway, Chief Executive

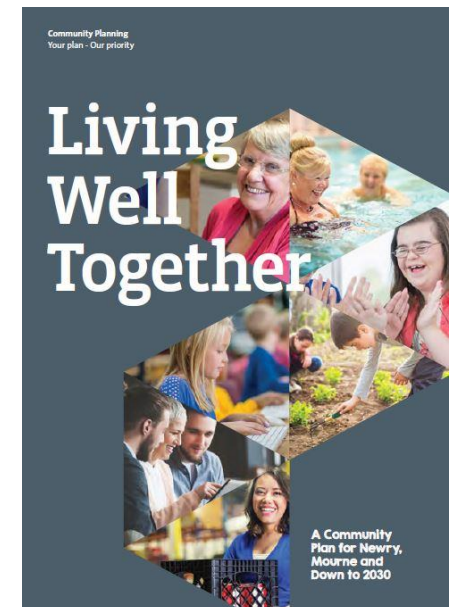
Ag freastal ar an Dún agus Ard Mhacha Theas
Serving Down and South Armagh



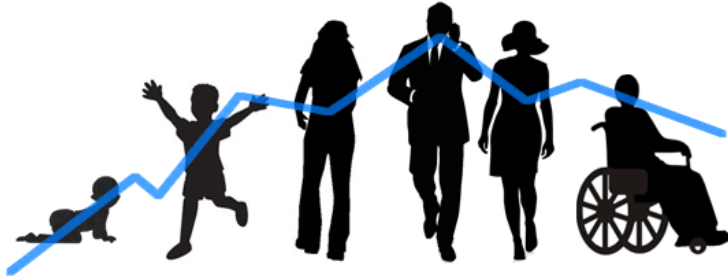
Comhairle Ceantair
**an Iúir, Mhúrn
agus an Dúin**
**Newry, Mourne
and Down**
District Council

Outline

1. The key health & wellbeing issues for NMD
2. Community Plan - primary outcomes & indicators
3. Priority areas & supporting actions
4. Look forward

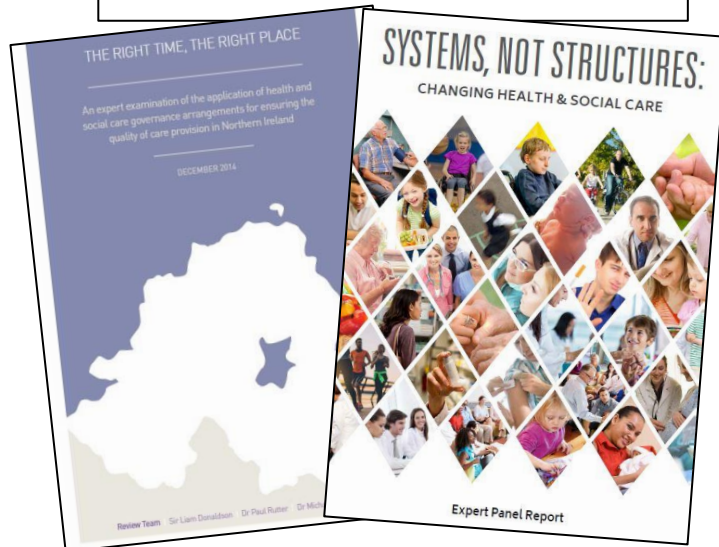


Health & Wellbeing Issues for NMD



Transforming Your Care

A Review of Health and Social Care in Northern Ireland



SAVE
OUR
HOSPITALS



Primary outcomes & indicators

All people in Newry,
Mourne and Down get a
good start in life and
fulfil their potential

...enjoy good health and
wellbeing

Priority areas & supporting actions

Early
Years

Family
Support

Mental &
Emotional
Wellbeing

Physical
Activity

Supported
Healthier
Living

Emergency
Response

Look forward

- Implementation of initial 2-year delivery plans
- Exploring opportunities for the co-design & joint delivery of health interventions
- Exploring opportunities for local community capacity building around the health & wellbeing issues
- Focus on changing behaviours

Thematic Group: Health and Wellbeing					
Priority Area	Rationale (Why is this a priority?)	Key Activities	Partners	Measures	Relevant Indicator(s)
Early Years	<p>The lack of access to pre-school and nursery places was a prominent issue during our engagement process. Crillyave had the highest number of nursery and pre-school pupils in 2015 with 275 with Slieve Gullion and The Mourne numbering the lowest with 175 in each District Electoral Area (DEA). Between 2013 and 2015 there have been no changes in the number of nursery and pre-school pupils in the district.</p> <p>In 2014 the district had a dental registration of 28.7% for 0-5 year olds which was below the NI average of 29.3%.</p> <p>Dental registrations in children are an indicator of general good health and wellbeing. 2010-2014 saw dental registrations increase year on year for 3-5 year olds and while there was a slight decrease in registrations for the 0-2 age group between 2012 and 2013 this again increased in 2014.</p>	<ul style="list-style-type: none"> Promoting equality of access to parenting programmes and organisations for all parents. Identify gaps in early years' provision through existing partnerships. Explore the potential for alternative models of provision and identify barriers to uptake (such as connectivity) in identified areas. Increase access to Early Years support and pre-school places through improved signposting. Advocate for the improved provision of funded pre-school places within the district. Promote dental registrations for those children under 5 years of age. Promote the role of the 'family support hubs' across the district. Support improved literacy, within early years 	<p>Education Authority (EA)</p> <p>Community/Voluntary Sector (CVS)</p> <p>South Eastern Health and Social Care Trust (SEHSCT)</p> <p>Southern Health and Social Care Trust (SHSCT)</p> <p>Public Health Agency (PHA)</p> <p>Department for Communities (DfC)</p> <p>Libraries NI</p>	<p>Level of nursery and pre-school places data</p> <p>Dental registrations (0-4)</p> <p>Birth weight rates</p> <p>Parenting programmes data</p> <p>Live Births data</p>	<ul style="list-style-type: none"> ✓ Level of Early Years Support ✓ Level of Health Status ✓ Level of Connectivity ✓ Level of Life Long Learning

Questions





Health Service Consultation Arrangements - Newry, Mourne and Down District Council

Special Council Meeting - 30 October 2017

Elected Members/Community Issues and Questions

Trust Response

Q1. The Council expressed concern regarding delays in the implementation of Enhanced Care at Home in the Down part of the Trust area. The programme enables older people to be treated at home thus both minimising disruption and stress to patients and families and indeed significant cost savings for the health service.

The Council would like to receive clarity regarding the reasons behind the delay in implementation and confirmation of the estimated date of implementation. If the delays have been due to difficulties due to the HR recruitment function, what plans have the Trust to address this?

The recruitment process for the rollout of ECAH in Down & Lisburn commenced in February 2017 as soon as funding was confirmed. Due to regional & national nursing shortages, we have experienced significant difficulties recruiting into the nursing posts (which is the largest profession in the ECAH service). We have recently filled a number of nursing posts & these staff will be starting over the next month, in the interim we continue to do all in our power to expedite the recruitment process & subsequent training requirements for ECAH staff. We plan to use IHI methodology with the implementation process commencing with 2 GP practices by end of November 2017 before spreading wider across the Down locality in early 2018.

Q2. We would like to have information on any proposals the Trust has for utilising new technology to increase and improve care in the home?

The Trust has been using Telecare to support service users through a range of technology to promote independence and will continue to explore innovation and improved options as they come available.

Q3. The Council would be interested to receive an update regarding the proposal to provide an MRI scanner at the Downe.

The Trust remains committed to developing assessment and diagnostic services at the Downe Hospital. Given the current capacity and demand it would be an ambition to expand the MRI modality in particular. The process for expansion of MRI requires

Commissioner support and submission of a full business case. An MRI system has significant capital and revenue requirements, and the Trust is currently collating information to inform an outline business case. When the associated costs, both capital and revenue are available, the Outline Business Case will be completed for submission and consideration by the Health and Social Care Board.

Elected Members/Community Issues and Questions

Trust Response

Q4. Concern has been expressed regarding domiciliary care in our District. In particular, delays in commencing packages have led to patients being unnecessarily retained in hospital with consequent additional stress for patients and families, along with additional costs to the health sector. The Council is concerned regarding the Trust's reliance on Private Sector providers for care packages. In particular, the low wages and lack of travel expenses, paid by many private providers leads to difficulties in recruitment and retention of staff. We would also be concerned that this may be leading to inequities of provision between urban and rural patients.

We would seek clarification regarding the following issues:

- What is the Trust doing to recruit in house domiciliary care staff?*
- What steps does the Trust take to monitor private sector domiciliary care contracts on speed of implementation, quality of care, equality of accessibility for patients and on the terms and conditions of staff?*
- How is the Trust ensuring that the allocation and implementation of domiciliary care packages are being rural proofed?*
- Is there the capacity to make domiciliary care packages flexible to meet the needs of family carers? For example it may suit both the patient and family needs better to have one 1 hour visit daily rather than four of 15 minutes.*
- What resources does the Trust have available to train, facilitate and support family carers.*

Regarding the recruitment of In house domiciliary care staff, the Trust has been actively recruiting and has recently held three open days across the Trust localities. The response was very positive and the Trust will be moving forward with the recruitment process to get new staff in post as soon as possible. All requests for domiciliary care are managed by the domiciliary referral hub where speed of uptake and implementation are monitored. Quality of care is audited by a range of methods, including complaints, both formal and informal, incident reporting and regular audits undertaken by the Trust Contracts Dept. All packages of care are monitored and reviewed by the Trust Key Worker, including seeking feed back from the service user in relation to their experience of the quality of care they receive. The Trust does not have employer responsibility for the terms and conditions of staff employed within the Independent Sector. In respect to care packages being rural proofed, the Trust is currently engaged with local Providers to explore the allocation of domiciliary care based on zoning. The provision of domiciliary care is based on each individual's assessed need, and as such the care package will be arranged according to the needs of the service user and carer. The Trust is promoting self directed support as the first option to service users and carers so that they can choose how they address assessed care needs. The Trust is in the process of further developing training and support options to meet the needs of family carers.

Q5. We would be interested to have clarification regarding provision for and access to emergency Mental Health Services, in particular, for those with suicidal ideation. In addition, we would like information regarding the Trust's efforts to address what appears to be a recent spike in suicide in our area. The Council feels there needs to be a dedicated 24/7 Safe Place to which the police can bring those in danger of suicide. We would suggest that the 2 acute psychiatric wards in the Downe would be suitable for such a purpose.

Now that it has been determined that the Ulster Hospital cannot accommodate Critical Mental Health Services, the Council would strongly urge that these services are brought back to the Downe.

There is an increased suicide rate within the Trust's geographical area although it must be stressed that, for the Down District area of the Trust, the increase is very marginal in comparison to similar time periods for this last three years. The increase within the total Trust area mirrors the general increase in Northern Ireland, which now has the highest rate of suicide in the UK. The Trust is involved in a number of regional and local initiatives – such as Zero Suicide and the Protect Life Strategy which are specifically aimed at reducing suicide.

The Trust has an established arrangement with the PSNI and the PHA whereby the Trust is notified of all suicides within its area and maintains contact with these agencies and others to continually assess any potential connections between deaths. If a potential connection is identified or there are other potential factors relevant to a local area the Trust will initiate a Community Response Plan (CRP). A number of CRP's have been called within the Trust boundary over this last couple of years. In general these entail working with local communities to support those most at risk. The Trust has a self-harm strategy which has led to a reduction of self-harming incidents in some people at high risk – though it is still early days for this. The Trust also organises a range of mental health promotion initiatives which are available to local communities and include training initiatives such as ASIST, Mental Health First Aid and Safe TALK which are all geared towards supporting people at risk. The Trust meets bi monthly with its "Community of Interest" which is a partnership between community, voluntary and statutory partners.

Nevertheless, suicide is such a complex, societal, issue that only by working in collaboration with all agencies are we, as a society, likely to have an impact. The ongoing rise of suicide remains one of Northern Ireland's most challenging Healthcare issues as well as an unimaginable tragedy for those individuals, families and communities affected.

The Trust provides a 24 hour service for those in mental health

crisis. We have 3 assessment centres which are open 365 days per year from 9am to 8 pm and will see emergency patients within two hours following referral from a GP or medical services. The Trust has an emergency "Mental Health At Night" service from 8pm to 8am which tends to be based mainly around ED in the Ulster Hospital. This is backed up by an emergency out of hours social work service. The Trust has 3 Home Treatment Teams which are available 7 days per week from 9am to 8 pm and which offer an alternative to inpatient care for those who would prefer this where it is safe to do so. Generally response to emergencies may include: inpatient admission; home treatment; CB4YL; follow up by the local mental health team the next day; or referral to a voluntary agency. Within the last 18 months the Trust has also developed a specialised self-harm service with the voluntary sector which is known as SHIP and which offers up to 6 sessions of low level psychological intervention to people who self harm.

The HSCB , PHA and Trusts are currently reviewing the evidence again around the effectiveness of low level "Safe Zones" for those who present in crisis. Such potential solutions carry real difficulties, however e.g. who would make the decision whether to use such a unit for a vulnerable person instead of assessment and treatment within official "places of safety" which tend to be Hospital Emergency Departments? We consider it essential that the majority of people who present in crisis need clinical assessment by a trained practitioner. Most patients who present in crisis are not suicidal, but are struggling to cope and seeking help; sending these patients to such a "Safe Zone" would be inappropriate. Others will already have self-harmed and will need medical attention – such as toxicology screening in case of an overdose – and admission to a medical ward, or are so mentally unwell that they will need psychiatric inpatient care.

If established, it cannot be guaranteed that such units will indeed keep people who are in crisis or suicidal truly safe.

The Trust continues to pursue its preferred option to develop a

"Mental Health Inpatient "Centre Of Excellence" at the Ulster Hospital site which is entirely consistent with all relevant mental health policy and strategic documents.

Elected Members/Community Issues and Questions

Trust Response

Q6. We believe each Trust has implemented its own separate digital patient management system and the South Eastern Trust has almost completed the rollout of its system. We would seek clarification with regard to if this system can interface with the platforms adopted by all the other trusts, if not, why is this the case and are there plans to rectify this deficit?

"Each Trust in Northern Ireland operates hundreds of digital patient Systems which allow Health Care Professionals to record and maintain Health & Care records. The vast majority of these are common operating across all of Health & Social Care. The Northern Ireland Electronic Care Record (NIECR) is a digital system providing a composite record comprising details from Acute, Community, Mental Health & Primary Care. The digital system referred to in the question is a patient based digital noting and task management system. It allows hospital based health care professionals to manage and record a digital patient record from admission to discharge. The relevant information which is required to be shared with other HSC practitioners is interfaced to the NIECR.

A recent programme of work has been initiated across the HSC to replace many of the digital patient management systems refried to earlier. This programme is called "Encompass". The programme vision is for an electronic health and care record-in-common for every citizen in Northern Ireland and for all health and social care professionals by 2025.

Q7. We understand that there was a significant drop in the number of outpatient hospital appointments during July 2017 and would like informaiton regarding the reasons for this fall in service.

The Trust books fewer outpatient appointments in July to allow for Bank Holidays and planned staff summer leave, a similar situation occurs around the Easter and Christmas periods and across all Trusts.

Elected Members/Community Issues and Questions

Q8. We would seek information regarding success rates of Smoking Cessation Services in the area and would suggest the Trust come together with other providers to discuss means of improving services.

Trust Response

"SET are commissioned to deliver a stop smoking service in our three hospitals .
In 16/17 325 service users enrolled in the service with a quit rate of between 62%-67% at 4 weeks
Stop Smoking Services are delivered to service users and staff by 1:1 or group sessions.
Stop smoking clinics are also provided in Downpatrick Midwifery Led Unit
The stop smoking coordinator attends the cardiac and respiratory rehab clinics monthly to promote the stop smoking service , carry out Carbon Monoxide testing and to give 1:1 support to those who wish to quit
Brief Intervention training (BIT) is delivered to staff in Down Hospital. All Sure Start Staff are trained in BIT and this training is also delivered to community partners if asked for.

No Smoking Day – the SET provide materials and resources to community , voluntary and statutory agencies in the area. Events in SERC , Asda and Sure Start are carried out in partnership to promote no smoking day .

The PHA commission GP's , Pharmacy and Cancer Focus to deliver services in the community

In January 2018 the SET will lead on the roll out of the Smoke Free Homes initiative in the Down area, this is in partnership with community, voluntary and statutory services and is aimed at reducing smoking in the home and thus protecting family members especially young children from the dangers of second hand smoke.

"

Elected Members/Community Issues and Questions**Trust Response**

Q9. The vital Good Morning Down service has had no clarification regarding funding for the upcoming six months and we would ask that the Trust confirm funding as a matter of extreme urgency.

The Trust was not in a position to confirm funding for the remaining 6 months for all its community services contracts, including the Good Morning Down service, until the public consultation in relation to the savings plan was concluded. The Trust will be writing to all providers in the coming days, to confirm that the contract values for the remainder of the financial year will continue at the current level of funding until 31 March 2018, when they will be reviewed as per the normal process.

Q10. The Council would be most interested to learn what additional services the Trust are considering bringing to the Downe hospital in the medium to long term.

" The financial shortfall within Health and Social Care has been well documented with initial estimates suggesting a further £430 million will be required in 2018/19 and £670 million in 2019/20, just to maintain existing services. Consequently, future service development/expansion of services over the coming years is likely to be minimal. In addition, 'Health and Wellbeing 20126: Delivering Together' signals the need to 're-organise how we do things' and therefore future service planning will need to be informed by strategic decisions for the service across the region. The absence of an Executive has created a delay in progressing this agenda and this makes it even more difficult to plan for future service development. Priorities for service development for the Downe Hospital include:

- Expansion of Ophthalmology service as part of the regional reorganisation of the service
- Future integration of the Frail Elderly Rapid Assessment service and Enhanced Care at Home.
- Further development of Rapid Access Chest Pain service
- Pursuing opportunities to expand daycase, outpatient and diagnostic capacity, including MRI

Q11. Major concerns have been expressed regarding ambulance response times in the District. Particular reference was made to the delays caused by slow handover at Emergency Departments and the consequent periods of time where there is no ambulance cover. The Council would like to know what the Trust are doing to improve handover times and assist NIAS to get ambulances back into service as soon as possible.

As demand for emergency care continues to exceed capacity, particularly at the Ulster Hospital, the ability to maintain timely access becomes increasingly challenging. This can result in increased handover times for ambulance crews. Within the South Eastern Trust the main focus of our work centres on admission prevention, maximising our capacity and increasing capacity (there is a fundamental capacity shortfall at the Ulster Hospital). The Trust is also building a new, purpose build Emergency Department which will have a dedicated 'handover room' with the appropriate physical space and staffing to ensure timely handover of patients. Ahead of this winter the Trust is working with NIAS to make improvements in handovers and this work includes the appointment of a second HALO (Hospital Ambulance Liaison Officer) to cover the 7 day period and an interim solution to create a 'handover room'.

Chair
Roberta Brownlee

Chief Executive (Interim)
Francis Rice

Our ref: FR/ew

3 November 2017

Mr Liam Hannaway
Chief Executive
Newry, Mourne and Down District Council
Monaghan Row
Newry
Co Down BT35 8DJ

Dear Liam

HEALTH SERVICE CONSULTATION ARRANGEMENTS

Further to our recent attendance at the Special Council Meeting on Monday 30th October, please find below as agreed at the meeting a written response to the issues and questions raised in your letter of 18 October.

1. The Council would wish to know the numbers of Agency nursing staff employed in the hospitals in the Southern Area.

The Trust has the equivalent of approximately 27 whole time equivalent (wte) qualified nurses and 13 wte nursing support staff employed across all our hospital sites. A detailed breakdown by site as at 27 October 2017 is included at Table 1 below:

Table 1 : Hospital site		Qualified Nurses¹	Nursing Support²
Craigavon Area	No. of Shifts	4,007	1,439
	No. of Hours	36,829.8	13,596.75
	Approx. WTE	21.83	8.06
Daisy Hill	No. of Shifts	630	551
	No. of Hours	6,031.5	5,610.76
	Approx. WTE	3.57	3.32
Lurgan	No. of Shifts	272	169
	No. of Hours	2,337.09	1,427
	Approx. WTE	1.38	0.85
South Tyrone	No. of Shifts	11	71
	No. of Hours	88.5	606.5
	Approx. WTE	0.05	0.36

¹ 'Qualified Nurses' refers to workers at Band 5 or above in all branches of Nursing (including Midwifery)

² 'Nursing Support' refers to workers at Bands 2 and 3

2. We would also like information regarding the numbers of nursing staff members who have been relocated from Daisy Hill to Craigavon in the last 5 years? Has this led to a shortage of permanent staff at Daisy Hill?

The Trust is responsible for providing services to people across all areas within the Southern Trust. Staff on some occasions may be asked to work across all our hospital sites to ensure safety and quality of our services. Permanent relocations/transfers from one hospital site to another are generally at the request of the individual for a move. The Trust does try to facilitate requests for transfers where possible. In general, such requests are more likely from Craigavon to Daisy Hill site and not the other way around.

With respect to nursing shortages, this is a regional issue with nursing vacancies across all Trust areas. Vacant posts are supplemented with Bank/agency staff as outlined in response to question 1/Table 1 above.

Over the past 4 years the numbers of nurses both qualified and unqualified employed at Daisy Hill Hospital as increased as follows:

As At 31 March	Qualified Nursing WTE	Unqualified WTE
2014	417	122
2015	447	127
2016	485	135
2017	490	149

3. We would seek clarification with regard to progress on the Trust's proposed Critical Care at Home Scheme and would like to have an overview of plans and timescales for the project.

The Trust is progressing with full implementation of our **Acute Care at Home** service and plans are for implementation by early 2018 across all of the Southern area. Success of this new way of working has been dependent on recruitment of appropriate staffing. The timescales and pace will continue to be determined by the staffing model to ensure roll out is safe and effective.

4. Could you let us have information on any proposals the Trust has for utilising new technology to increase and improve care in the home.

In line with the NI e-Health Strategy, the Trust has plans in place to continue to utilise new technology to improve our services to the local community and to support our staff.

Some examples include:

- **Telecare:** The Southern Trust has clients currently utilising telecare services in their own homes. This includes for example a range of devices in the client's home such as falls pendants, flood, smoke/carbon monoxide, bed, door sensors etc.
- **Telehealth:** There has been a regional contract in place for the provision of Telehealth and Telecare services in Northern Ireland from 2012. The Regional Telemonitoring Northern Ireland (RTNI) contract is in the final stages and as we move to the procurement of a new service framework, work has commenced with the Department of Health on scoping out a new model of service delivery for telehealth.
- **Video conferencing/virtual clinics:** The Trust has piloted video conferencing technologies with patients in their own homes.

This delivers the care interaction between the healthcare professional and the patient in the comfort of their own home. The pilot was run with patients impacted by stroke and also Parkinson's. The Trust will continue to explore opportunities for increasing the use of video conferencing and virtual clinics where it is safe and effective to do so.

- **Community Information System:** The Trust is in the process of implementing the 'Paris' electronic patient information system. This will record information for patients/clients receiving community care and mental health services within the Southern area. As part of this project, staff are issued with electronic devices to access and record information when they are visiting clients in their own home. This enables access to the most up to date records and facilitates immediate recording at the point of care resulting in more efficient care delivery. **A key enabler to roll out of mobile working is the availability of broadband coverage across the Southern Area.** The Trust welcomes ongoing support from NM&D council to influence improved broadband coverage particularly in hard to reach areas within the Councils catchment area.

Further condition specific examples include:

- **Diabetes Management:** The Trust currently has the highest number of children with insulin dependent diabetes (over 120 children and young people) on insulin 'pumps' within the community. This improves longer term outcomes as blood sugars are better controlled. The Trust also has individuals on continuous glucose monitoring (CGM) to reduce risk of hypoglycemic episodes.
- **Physiotherapy services** keeping children well at home through provision of 'cough assist' machines.
- **Continence Team** using bladder scanners to support diagnosis and care planning in locality based clinics across the Trust.
- **Children's services teams** are using simulation mannequins to train and support parents in learning how to deal with emergency situations including CPR. These resources have also been used to provide training and update sessions to GPs working in primary care, improving care in the community setting.
- **Acute paediatric services** are currently exploring opportunities for use of social media models such as 'skype' for 'follow up' allergy/asthma patients to avoid unnecessary journeys to hospital.

5. Concerns expressed regarding delays in provision of care packages for Older People and in particular patients with mental illness and also insufficient supply of supported housing to meet the needs of this group.

The Trust can confirm at time of responding there are currently 5 Older People & Primary Care (OPPC) clients waiting on whole or part care packages and 4 Mental Health clients waiting on whole or part care packages. There are no clients known to the Trust Mental Health team in the NM&D locality that are waiting on a care package.

There are no outstanding care packages for any client in Bluestone however, 20 individuals within the Bluestone Unit have had admissions in excess of 6 months. The reason for extended admission is unique to each patient however there are several factors including lack of access to appropriate supporting living arrangements. The Trust has made the HSCB aware of these challenges and has in place mechanisms for multidisciplinary review of individual continuing care needs and the Trust continues to work closely with Residential and Nursing home providers to arrange bespoke packages for individuals with complex needs where possible.

6. With the level of dementia increasing, we believe there is currently insufficient nursing expertise available to meet the needs in the community including nursing homes. Clarification sought with regard to what plans the Trust has to improve care at a strategic level.

Nursing Homes for older people with dementia are staffed by Registered Nurses. In addition, there are nurses employed who have psychiatric training. The Care Home Standards set by the Department of Health detail the expected standards relating to dementia care which are monitored by the Regulation and Quality Improvement Authority, RQIA.

The Trust has access to 615 Nursing Beds for people with Dementia and 132 Residential Beds. There is system in place whereby each individual has an annual review to ensure the placement is meeting their care need. The Trusts Care Home Support Team monitors the care of all Trust placed residents and provides clinical support and advice as appropriate.

In addition, the Trust Memory Services provide specialist clinical assessment and support for older people in care homes and will arrange for Consultant assessment where necessary.

With respect to plans to improve care at a strategic level, the Trust has been actively involved in the regional Improving Dementia Services in NI Working Group part of this includes the future care arrangements around living well with Dementia. This group is aware of pressures throughout the services in relation to recruiting nursing staff and has a specific workforce planning group looking at recruitment and retention of staff.

The Trust also has a strategic group led by the Director of Mental Health and Disability to oversee the implementation of the regional Dementia Strategy. This group has plans to strengthen the clinical support and response to the residents who need timely access to specialist services.

7. Clarification regarding the levels of support the Trust provides for family carers, particularly those who support patients with mental health illnesses.

The Trust continues to strive to increase the number of carers' assessments offered and provides access to a range of flexible, innovative and age appropriate respite and short breaks options in the community. The Trust also continues to promote 'Self Directed Support', cash grant support to carers. From March to September this year 80 individual cash grants have been allocated. The Trust also has a 2 bed respite facility due to open in Aldergrove House in Newry.

In addition, the Trust contracts with other providers such as 'Action for Children' to provide support for young carers in our area as well as CAUSE to provide carer advocacy.

8. The Council is concerned regarding the Trust's reliance on Private Sector providers for care packages. In particular, the low wages and lack of travel expenses paid by many private providers leads to difficulties in recruitment and retention of staff. Concerns this is leading to inequities between urban and rural patients.

Social Care recruitment nationally is proving challenging due to changes in socio economic and ageing population. The Trust has been actively recruiting trust employed care workers on a monthly basis over the past 2 years; however the Trust is finding it difficult in the N&M locality to recruit.

This is most likely due to increased competition from the retail and commercial job sector. The Trust is in the process of engaging with the local college to advertise a recruitment campaign to the Trust domiciliary care service. This has included using posters across the Trust area and by word of mouth. The Trust has also used our Facebook and Twitter page to recruit.

In respect of independent domiciliary care agencies, the Trust has robust processes in place to monitor the quality of care provided. All clients have a named keyworker contact and clients/families are encouraged to report any concerns if performance/quality of care is regarded as poor.

All Domiciliary Care Agencies are regulated and inspected by the Regulation and Quality Improvement Authority (RQIA) and require a minimum annual inspection to give assurance that Department of Health (DOH) minimum standards are met. In addition, the Trust meets with all its agencies once per annum or more often if performance concerns arise. Keyworkers are required to do a minimum of one annual review in client homes.

The relationship between the Trust and Agencies is governed by the regional Domiciliary Care Contract. The Trust also has a safeguarding team who screen any referrals made to them in relation to poor care quality. The Trust has an incident management system that key workers are required to use. A quarterly Independent Sector Governance group also meets to share learning, review incidents, contract compliance and any other concerns.

With respect to rural/urban clients, all 'needs' are assessed and care packages are agreed in line with eligible needs. Rural issues are considered within this assessment. All Independent Domiciliary Care Agencies are treated fairly in regards to the allocation of work through the Trust's Central Care Bureau. Training is provided to carers including manual handling, wellbeing programmes and carer assessments are offered as well as individual person centred training to support families with children with disabilities and complex needs.

- 9. On how many occasions over the last 12 months has Kilkeel Out of Hours GP facility been closed? In addition, have there been occasions when both Kilkeel and Newry facilities been unavailable?**

It is important to note that GP Out of Hours (OOH) is a service for primary care urgent conditions that cannot wait until the patient's own GP Surgery is next open. The service is provided across all of the Southern Trust and never closed in the OOHs period. In line with shortages in GP services in hours, the Trust's out of hours service experiences workforce challenges .

Over the 12 month period (25.10.16 – 24.10.17) 173 shifts out of 475 available shifts in Kilkeel location (normal shift is 3 hours) were closed. During this period there were 4 occasions when both Kilkeel and Newry were unavailable at the same time for appointments. However, it should be noted that everyone contacting the service, irrespective of time or where they live, will always receive a call back (triage) from a clinician and patients will always receive a home visit, if it is deemed necessary.

If an appointment is required patients will always be offered an appointment at their nearest alternative base. Appointments can also be accommodated in other Trust GP OOHs facilities if necessary, including Castleblaney, if this is more convenient for the patient.

- 10. With regard to the Health Centre in Crossmaglen, what action is the Trust taking to ensure equal access to the Treatment Room for patients from each of the 2 GP practices?**

The Southern Trust is commissioned via the Integrated Care Department of the Health & Social Care Board, to provide Treatment Room Services across a number of GP Practices. Therefore, the decisions in relation to the level of service to be provided are the responsibility of the Integrated Care Department, rather than the responsibility of the Trust.

- 11. Concern that the new digital system to manage risk does not allow for discharge handover between the Trusts therefore increased demand in the Southern area. What challenges do the Trust foresee this will create and how does it propose to meet these?**

The HSCB are keen that those who reside in the Southern Trust area receive their care within their own Trust area.

Representatives from the South Eastern and Southern Trust and the Health and Social Care Board (HSCB) are due to meet to agree the process for this transition. In preparation for this transition the Trust has asked the Mental Health Forum to develop a satellite forum group in the Kilkeel area to facilitate collaboration with service users in the Kilkeel area in advance of the transition.

12. We believe each Trust has implemented its own separate digital patient management system. Clarification with regard to if this system can interface with platforms adopted by all the other Trusts, if not , why is this the case and are there plans to rectify this deficit?

The Southern Trust is one of 3 Trusts using the community information system and electronic patient record called PARIS.

Under the regional e-health strategy plans are well developed for a 'once for NI' single health and care record. The 'Encompass project' is being led by the e-health directorate in the HSCB and will ultimately replace current systems.

13. The Council would like an update on waiting times for consultant diagnosis in the areas of Dementia and Autism and an explanation of the reasons for these times.

The Ministerial target for access to dementia services is 9 weeks. At the end of September, the Trust had 20 people waiting more than 9 weeks. The main reason for this relates to gaps in the consultant psychiatry workforce. The Trust is expecting to see an improvement in this position following a recent recruitment exercise that has secured additional staff (not yet in post).

With respect to Autism (ASD) services, all children under the age of 12 years are referred to Community Paediatrics and a clinical decision is made whether to refer for ASD assessment. All children once referred to the ASD Service commence their assessment within a 13 week period.

The commencement of the assessment is carried out by a clinician with a high level of knowledge and expertise in the area of ASD and they initially complete a developmental history.

Young people who are over 12 years of age have their ASD assessment completed within Child and Adolescent Mental Health Services (CAMHS) at this time. All of these young people are seen within a 9 week period. Based on clinical need and the consideration of differential diagnosis the pathway for a child/young person can take up to 24 weeks.

- 14. A recently retired GP in the Rostrevor area has identified a gap in provision regarding end of life care at home and has set up a social programme to address this gap. We would be interested to learn the Trust has had any involvement with this or similar schemes and if there are plans to assist in the future?**

The Trust is currently in the process of discussing with representatives from the recently established "Life and Times" group, how best the services to be provided by this group could complement the already extensive range of end of life services provided by the Trust.

- 15. Ongoing concern in the area regarding the future of Daisy Hill. Welcome the Pathfinder group led by Dr Telford. Request for Dr Telford and the Trust to provide updates from the group on a regular basis.**

The Trust can confirm that monthly updates are available for all members and the general public on the Southern Trust website.

Yours sincerely



FRANCIS RICE
CHIEF EXECUTIVE (INTERIM)