

NEWRY, MOURNE & DOWN DISTRICT COUNCIL

NMC/SC

Minutes of Special Council Meeting held on 28 April 2026 at 6.00pm in Mourne Room, Downshire Civic Centre, Downpatrick

In the Chair: Councillor P Campbell

In attendance in Chamber: Councillor T Andrews Councillor P Byrne
Councillor K Feehan Councillor O Hanlon
Councillor J Jackson Councillor H Reilly

In attendance via Teams: Councillor C Bowsie Councillor W Clarke
Councillor L Devlin Councillor M Larkin
Councillor A Lewis Councillor D Murphy
Councillor K Murphy Councillor S O'Hare
Councillor A Quinn Councillor D Taylor
Councillor J Truesdale Councillor H Young

In attendance in Chamber (Officials): Mrs S Murphy, Director of Sustainability & Environment
Miss S Taggart, Democratic Services Manager
Ms F Branagh, Democratic Services Officer

In attendance via Teams (Officials): Ms S Trainor, Assistant Director Environment

Also in attendance in Chamber:

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

Ms R Coulter, Chief Executive
Ms V Cleland, Interim Director of Primary Care & Older People's Services

Also in attendance via Teams:

SOUTHERN HEALTH AND SOCIAL CARE TRUST

Mr S Spoerry, Chief Executive
Mr B Beattie, Director of Adult Community Services
Ms E Wilson, Director of Planning, Performance & Informatics
Ms M Burke, Chief Operating Officer (Daisy Hill Hospital)

SC/001/2026 APOLOGIES

Apologies were received from Councillors Galbraith, Hearty, Kearns, A King, Lawlor, Magennis, Mathers, McAteer, S Murphy and Tinnelly.

It was noted that due to a roll-out of their Release to Rescue Plans, NIAS personnel were unable to attend the meeting. A further meeting would be arranged with representatives from the NIAS in due course.

SC/002/2026 DECLARATIONS OF INTEREST

Councillors Reilly and Young declared an interest, being members of the Area Integrated Partnership Board for the Southern Trust.

Councillors Campbell and Truesdale declared an interest, being members of the Area Integrated Partnership Board for the South Eastern Trust.

SC/003/2026 SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

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

Mrs Coulter thanked Members for the opportunity to provide an update on health and social care within the South Eastern Trust. She noted the importance of maintaining strong, ongoing partnerships with Councillors, emphasising the value of two-way engagement and long-established working relationships.

Mrs Coulter highlighted the appointment of a new Permanent Secretary for Health and Social Care, expressing confidence in his experience and leadership. She outlined the “reset plan” for health and social care in Northern Ireland, which focused on three main priorities: shifting care from hospitals to community settings, increasing the use of digital technology, and rebalancing resources towards prevention and wellbeing rather than solely treating illness. She explained that efforts were being made to support more care at home, particularly for older people, and to expand digital tools such as electronic health records and the My Care app. She also noted growing interest in the use of artificial intelligence to improve efficiency and outcomes.

Mrs Coulter stressed the importance of partnership working across councils, the community and voluntary sector, and service users, including initiatives such as those addressing cardiovascular disease and the development of a neighbourhood-based model of care. Addressing waiting lists, she reported significant progress in reducing long waits for appointments and procedures, while acknowledging that access to services remained a key challenge. She emphasised the high quality of care provided once patients accessed services and praised staff for their ongoing efforts despite pressures.

Mrs Coulter concluded by outlining the role of the Trust’s hospital network and highlighting positive performance and feedback from urgent care services, noting continued development and strong patient experience.

Ms Cleland detailed that she worked within primary care and older people’s services and outlined the work being undertaken in these areas, described how caseloads were managed and highlighted innovations introduced to support multidisciplinary teams and the development of the neighbourhood model. She noted that staff were being supported to adopt new ways of working to ensure available resources aligned more effectively with demand, referencing the inclusion of hospital-at-home services as part of this approach.

Following the presentation, the Chairperson invited questions and comments from Members.

Comments and questions from Members were as follows:

- The delegation was thanked for their time and for the information provided.

- It was noted at the Health Working Group that public feedback had referenced individuals being placed on two waiting lists. Members asked whether there was capacity to undertake a scoping exercise to determine if any duplication of waiting lists exists.
- The potential scoping of the Downe Hospital for additional treatments was welcomed, and members expressed that the outcome of this exercise would be eagerly anticipated.
- Concerns were raised regarding the complaints process, with members highlighting reports from the public about lengthy delays in receiving responses. The delegation was asked to consider whether improvements could be made in how complaints were processed and addressed.
- While it was acknowledged that some complaints were complex and required additional time to resolve, it was emphasised that complainants are entitled to timely responses. Members noted that although addressing this may divert staff from frontline services, it was important to prevent ongoing issues in future.
- Concerns were also raised about delays between interview, feedback, and commencement of new roles. Members asked what measures could be introduced to reduce this time lag.
- In light of increasing mental health presentations, members asked what steps the Trust was taking to address difficulties in accessing GP appointments and the resulting pressure on emergency departments.
- Members also asked whether there was a timeline for the rollout of the Hospital at Home service across the full Trust area.

The delegation responded as follows:

- It was confirmed that duplication on waiting lists should no longer have occurred, following a period of validation work. Moving forward, the Trust had been moving toward a single waiting list model. For example, the SEHSCT operated within a single waiting list across the North for breast assessment, whereby patients were offered the next available appointment and could choose to accept it or wait for a nearer date.
- In relation to Downe Urgent Care, it was noted that while future training of staff was being considered, this had to be balanced with the best use of public sector funding to ensure delivery of all services. Ms Coulter highlighted increased service demand and cautioned Members that the Trust had to remain realistic in the context of available funding.
- A new complaints process had been introduced in January 2026 and would be shared with Members. Staff training on the new process was ongoing, with a target response time of 20 days. Ms Coulter advised that while the Trust was prioritising timely resolution of the majority of complaints, some cases were highly complex. Consideration also had to be given to the allocation of clinical staff time between complaints handling and direct patient care. She further emphasised that, given the financial climate, resources had to be prioritised to frontline service delivery.
- Recruitment processes were centralised through BSO, with the Trust focusing on anticipating workforce needs in advance. Ms Cleland advised that any specific concerns regarding recruitment in particular areas should be raised with the Trust for investigation.
- It was noted that BSO recruitment times were actively monitored and had reduced from 96 days to 60 days. While this remained a significant timeframe, it represented a substantial improvement.
- Regarding increased presentations of mental health crises in emergency departments, it was highlighted that the strategic focus had to shift toward community-based

support, with greater reliance on community and voluntary sector services to reduce pressures on emergency departments.

- Plans were outlined to support GP services through multi-disciplinary teams, ensuring patients were directed to the most appropriate healthcare professional, thereby reducing pressure on GP appointments.
- It was confirmed that the Hospital at Home service had been rolled out across the entire Trust area. The service was consultant-led and supported by pharmacy and Allied Health Professionals (AHPs). Consideration was also being given to the use of technology to further expand and enhance the service, which was recognised as highly beneficial for patients receiving care in their own homes. It was acknowledged that awareness of the service was not yet widespread among Members, and further efforts would be made to improve communication and visibility.

Councillors Lewis, Truesdale, D Murphy, Devlin and Bowsie left the meeting at 6.29pm, 6.34pm, 6.34pm, 6.35pm and 6.42pm respectively.

**The SEHSCT delegation left the chamber at 6.35pm
The SHSCT delegation joined the meeting at 6.35pm**

SC/004/2026 SOUTHERN HEALTH AND SOCIAL CARE TRUST

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

Mr Spoerry introduced himself and his team, making use of a power point presentation to highlight their key address. (copy appended)

Mr Spoerry outlined that the Trust was progressing a five-year strategy focused on service improvement through collaboration, clearer care pathways, and patient engagement, alongside a strong emphasis on safety, quality and learning. He highlighted a challenging financial position, including budget reductions and further anticipated cuts, noting that savings measures, workforce controls and digital efficiencies were being pursued. He reported significant pressures in emergency departments, driven primarily by increased patient length of stay, and outlined actions to improve flow, discharge and community alternatives.

Ms Wilson reported that elective care investment had reduced long waits, with no patients waiting over four years for specified procedures by year-end. She noted ongoing efforts to sustain improvements through theatre efficiency and diagnostic recovery, alongside constrained capital funding. She confirmed that the Newry Community Treatment and Care Centre remained a priority but was dependent on future funding decisions, with interim alternatives under consideration.

Mr Beattie advised that home care services remained under significant pressure due to workforce shortages, despite ongoing recruitment efforts and a slight reduction in waiting lists. He outlined measures to improve capacity and efficiency, including multidisciplinary working, care package reviews, and enhanced coordination systems. He reported increased use of the "phone first" model, reducing pressure on emergency departments, and noted that GP out-of-hours services had been consolidated to maintain sustainability, with most contacts managed remotely. He added that stroke services followed regional protocols to ensure access to specialist care.

Following the presentation, the Chairperson invited comments and questions from Members.

Comments and questions from Members were as follows:

- The delegation were thanked for their time and the detailed information shared.
- Disappointment and frustration were noted that the NCTCC was the only site that had not yet been delivered, having been delayed from the original 2016 timeline and now proposed for delivery in 2029. Clarification was sought as to whether the NCTCC remained a priority for the Department of Health (DoH) and whether projected costs had increased in light of the ongoing delays to the project's delivery.
- The delegation were asked whether consideration had been given to acquiring part of the Quays Shopping Centre as a possible location for the health club.
- Clarification was sought on whether the delegation considered that the DoH remained committed to delivering the NCTCC, or whether it should be communicated that the project had been deprioritised by the DoH.
- Consideration was sought as to whether any improvements were being made to the Out of Hours service to ensure its effectiveness in reducing unnecessary attendance at Accident and Emergency (A&E), given that a number of attendees did not require emergency care.
- It was noted that fully qualified Physician Associates (PAs), with completed registration exams and GMC numbers, were working in bank and agency roles. Members asked whether this indicated a recruitment issue in relation to these posts within the Trust area.
- An update was requested on the current position and future plans for Kilkeel GP Surgery.

The delegation responded as follows:

- The Department of Health (DoH) still had the NCTCC on its priority list; however, the delegation noted that the priority list remained extensive.
- The projected cost was originally £88m and had increased to approximately £90m.
- A Business Case had been finalised and submitted to the DoH, with all preparations in place to commence procurement once confirmation was received from the DoH.
- The delegation confirmed that the Head of Estates had met with local representatives to discuss the potential use of the Quays Shopping Centre, and that this remained under consideration.
- The delegation advised that while they could not speak on behalf of the DoH, the NCTCC remained on the Department's long priority list.
- Mr Spoerry confirmed that should capital investment become available, there were several priorities requiring attention within Daisy Hill Hospital.
- It was noted that the Out of Hours and integrated neighbourhood services did help to reduce unnecessary hospital attendance; however, it was emphasised that improved health outcomes required cooperation across all public service providers to develop infrastructure supporting extended day services.
- Mr Beattie highlighted the need to improve dialogue with GP services to ensure better integration between local authority and health services, which he considered should be a key focus of the NCTCC.
- The delegation confirmed that there had been a change in job title, with roles now referred to as Physician Assistants rather than Physician Associates.
- It was noted that the Trust employed the largest number of Physician Assistants in line with GMC recommendations and had a Specialist Consultant Supervisor for Physician Assistants. It was confirmed that the Trust was not currently actively recruiting further

Physician Assistants, pending clarification from the DoH regarding the recent job title change and any associated implications for service delivery.

- The Trust was managing Killeel GP Practice, alongside Crossmaglen and Mullaghbawn surgeries, providing logistical support to ensure the ongoing viability of services for the local community. There were no plans to withdraw this support.

Cllrs Jackson, Hanlon, O’Hare and Reilly left the meeting at 7.22pm, 7.22pm, 7.26pm and 7.27pm respectively.

The Chairperson thanked the delegation for their presentation and time.

There being no further business, the meeting concluded at 7.31pm

For adoption at the Council Meeting to be held on Monday 1 June 2026.

Signed:

Chairperson

Director