

The Health Committee

KEY:

A: Anne-Marie
C: Colm Gildernew

A: OK, everybody, welcome to our session today, where we're going to meet Chair of the Health Committee, Colm Gildernew, who has kindly given up his time today. Colm is an MLA representing Sinn Féin and Fermanagh and South Tyrone. So, Colm, thank you very much for coming along here today to talk about the Health Committee.

C: No problem. Good morning. And I'm delighted to do that. And I always enjoy these engagements that the Education Service put on. And I think there are a very important part of our work. So, no problem at all.

A: Thank you very much. And we're going to move on to questions. And at this point, I would like to say huge thanks to the teachers and indeed the pupils for putting their thoughts together and for sending us send questions. We've questions from Queens University School of Nursing and Midwifery and Sacred Heart, Newry and from Lismore Comprehensive, who went to a lot of trouble. So, we're going to work these questions in to our talk here this morning to Colm. So Colm, I going to start off with a general question here. Could you describe the work of the Health Committee and in particular your role as Chairperson?

C: Yeah, well, the Health Committee's role is to... it's a statutory committee which has a statutory duty to scrutinise the Department of Health. There also are other elements to that in terms of advisory role. And the committee has the power to have its own inquiries, to bring forward legislation. And the committee has the power to compel people and documents that they that they wish to speak to at any given time. So my own role as Chair is to work with the Clerk in terms of convening meetings, in terms of the subject material, that the committee are looking at, arranging those meetings and then and there would be a significant amount of time involved in the Health Committee given, given the very serious nature of a lot of issues within health in any case.

And then we were very quickly presented with the need to deal with the COVID pandemic. So in terms of chairing the meetings my role is to sort of chair the meeting in an orderly way, to give members the opportunity to put questions and queries and comments to department officials, to the minister, to other bodies that are involved in health, like the Public Health Agency and the HSCB, the Health and Social Care Board, the Health Trusts, and then just to ensure that that work of scrutiny and advice is facilitated and is carried out.

A: Thank you. And could you highlight for us the big issues that the committee has dealt with over the last year?

C: Well, the committee had taken at the very start of the of the mandate, the committee had taken a decision that we would focus on health inequalities, on adult social care and waiting lists were a concern even at that stage. And mental health was a big focus. We had initially made those decisions and we were conscious that things were developing across the world on the other side of the world, in China, in terms of this virus that was out there at that time, largely unknown as to whether it would spread to here or whether it would be as dangerous as

it appeared to be when we were looking to China. The Health Committee...The Assembly came back on the 11th January and the first case of Covid-19 hit Italy on the 27th, which was the first major European outbreak on the 27th. So within a very short number of days. All of the other things we had spoken about remained important, but we were all of a sudden dealing with a very, very dangerous pandemic. And that became the major focus of the committee for a large period of time and still remains a large, a large focus, unfortunately.

A: So basically, Covid and the Coronavirus had a big impact on your work, you would say, over the last year.

C: Yes, massive impact on our work, massive impact on our workload and a massive impact in terms of dealing with the with the challenges that are presented, playing our part in terms of the advisory role and in terms of a huge amount of legislation was coming forward in terms of public health emergency legislation that needed to be scrutinised by the committee, and it also made our work more difficult in that we ourselves were no longer able to meet in person when the restrictions came in.

So we had to start trying to do things remotely, using new technology like Zoom and Microsoft teams and things like that. And that made the work of the committee, I would say, harder to do. And there were some advantages in terms of we were able to bring people in from Hong Kong and various places around the world. But it did leave things more difficult in terms of dealing day to day with the issues that we were facing.

A: OK, very interesting. Thank you. We're going to touch on specific health issues and indeed and the Covid-19 pandemic. And after a few questions about the kind of machinery and the mechanics around the committee, so a teacher has asked, does the committee work effectively across party lines, would you say?

C: And I think we do, actually. I think it's one of the major achievements of the committee. We have six parties on our committee and we often refer to the five party executive and the difficulties that presents. Our committee has all of those five parties, plus an additional party. So there are six parties across nine members. There are six parties in our committee. We have, I believe, worked very well on a collective basis. We have brought forward an inquiry into care homes and the impact Covid had care homes.

We've also brought forward several motions to the Assembly in terms of in terms of mental health and we're working on one currently on carers. And the vast majority, absolute vast majority of our decisions have been made by agreement amongst all of us and supported by all of the committee and well over 99 percent. We've only had had to debate along the lines of a vote on very rare occasions. And even when that happened, committee members accepted the decision of the vote and moved forward together.

So the committee has cooperated very, very effectively in terms of even how we question ministers and officials, when they come before us. Members will cooperate with each other to try to get the answers or to try to get some developments along the lines of what the committee think would be useful.

A: OK, thanks. And you touched on as part of the workload you've had over the last year, legislation that's come by your way and regulations for scrutiny. Can you just comment on legislation? As we know, committees can introduce their own legislation. Where you stand on

the initiation of legislation and the role of the committee when it comes to committee stage of legislation?

C: Yeah, well, I think I think had it not been for Covid I think we probably would have been committee that would have been, would've liked to have brought forward legislation. There are a number of very, very key focuses within the committee around health workforce and safe staffing and organ donation has been a major, major issue that we have tried to put a focus on. And we have also we've also taken a particular interest in carers.

So I think I think we're not for the fact that that is a short mandate given we had basically a two year or two and a half year run into the into the into the next election. And also then with Covid, I think covid really pushed the potential for legislation of our, own off the table at that period of time. However, we are currently very actively engaged in several pieces of legislation which have come from the department. We're expecting several others to come both from the department and from private members bills. And those have a fairly detailed workload in themselves in terms of the taking of evidence and applying the scrutiny to each of those bills to the committee are very actively engaged in the legislative process as we speak.

A: OK, and looking now to the Health Minister in the Health Department, can you give examples of recommendations that have been made by the committee and that have been taken on board by the Minister and his department?

C: Yeah, well, I suppose the biggest single evidence of that is the the enquiry that the committee had into the impact of covid-19 on care homes. The committee made a series of recommendations. 54 recommendations across 11 separate areas. And those were all accepted by the department except for two, which had basically been overtaken. Those were around testing and basically the testing policy had, or the testing availability had overtaken. So we made a number of recommendations around discharge policies, around workforce and how we support the workforce, how we support the homes.

C: So that was that was a significant, significant area that the department has responded positively to what the committee has asked of it. But there are also two other things that that come to mind very readily, one of those in relation to emergency legislation on mental health and on some of the timeframes around when reviews will be carried out with people who were detained as a result of their mental health difficulties. The department had brought forward emergency legislation in respect of that, and the committee explored and scrutinised the department's thinking around all of that.

And we made the case that that legislation had become no longer necessary. The department were seeking to extend the legislation, but on discussions and sessions with the committee they decided to bring those to an end and go back to the normal settings that had been in place pre-Covid. And similarly in relation to children's social care and vulnerable children and young people. The department had also brought in emergency legislation to reduce the number and the frequency of reviews.

We felt that was a particularly vulnerable group of people and that they needed the protection that already had existed and that they would be particularly vulnerable to any alteration of the review period. And again, the department agreed, following engagement with the committee, the department agreed to bring that emergency legislation to an end sooner than they would have otherwise done.

A: Some great examples there Colm, thank you. Colm, in terms of the committee system itself and you're Chair of the Health Committee. In an ideal world, what reforms would you like to see to the committee system to make it more effective?

C: Well, I think that access to the minister and senior officials, I think, is key to to that engagement. We do understand that Covid-19 has impacted the work of everyone, including and maybe particularly the Minister of Health on the Department of Health. However, I think that a more frequent engagement with those with those senior officials would be beneficial both for committees and scrutiny and for and indeed for the department, because I think the advisory role of the department and the advisory role the committee can play is that they bring in a lot of experience from members across a range of parties.

So they do bring that cross-party element to it. They also bring a constituency focus because they're hearing on the ground what the difficulties are in particular. So I think I think that more frequent engagement with the department would be, I think I think something that will be very useful.

A: OK, thank you. And then on to the specifics in and around health and some questions to do with that. What would the committee view in terms of older people getting access to food and fluids while under hospital care?

C: Well, that's a significant issue, and it's an issue that as part of my own training as a social worker I did become aware of that as an issue. It's not something the committee specifically has taken evidence on. But I would I would believe that the committee were that to be a concern. The committee would want to be taking a look at it. And in cases like that if someone has a specific concern, I would always encourage people to write to the committee, write to the committee formally. That allows committee members, then to raise it, to discuss it, to potentially explore it with the department and even to put in place specific session.

And should the issue be seriously serious enough. But in general, the committee would believe that all people who are being cared for, including and maybe especially older people in vulnerable settings, need to be looked after particularly well, and that we do need to see, I suppose advocacy for people. And I would I would be very supportive that, you know, everyone within hospital settings would be aware of that issue and will be alert and watching for any issues that might arise.

A: OK, thank you. I'm looking now to our health service and the staff that work in our health service. Has the committee looked at anything to do with workforce shortage, retention of of staff and also monitoring the standard of care delivered by agency staff across the health care system.?

C: Yeah, workforce has been a particular concern for the committee, I have to say. We've spoken on several occasions, both with the Minister and with the Chief Nursing Officer, Charlotte McArdle, and with a whole range of representative bodies such as the Royal College of Nursing, the unions and Royal College of GPs and BMA on a frequent basis. We are very concerned. We are very aware of the fact that we have a huge amount of vacancies already within the system, over 5000 posts actively being recruited for within health and social care here in the North.

That has been exacerbated by the massive pressure that was put on entire structures and staff and especially the frontline staff, as a result of COVID. In the early days the impact of PPE and the committee worked very actively with the Minister to try to secure additional PPE for staff,

but also in terms of the trauma that's involved with dealing with COVID and the extra shifts, people having to go and work in places where they maybe, we're not as familiar with. So we would have significant concerns around staff.

And I suppose our concerns started out as being recruitment and the need to recruit staff. But we're also hugely now concerned about the retention of staff, given the pressures that they're under, given that these pressures are inclined to increase and the psychological trauma. So the committee have asked the department to do everything they can to support the current workforce, to recruit effectively into the work, the work areas that are needed. And we have indicated to the department that that is an issue that we will continue to keep on our radar.

We also are encouraging the department to bring forward the safe staffing legislation that was promised as part of the agreement with nurses, which brought the strike, which had been in place just prior to the Assembly being reformed. And so we have asked that that safe staffing legislation be made a priority.

A: OK, thank you Colm. And as well as Covid-19 being a headline issue this year. Of course, Brexit and the protocol have been headline issues as well. And we've had a question about the impact of Brexit and the protocol on medical devices and medication. Is this something that the committee has looked into?

C: Yes, we have done several sessions, and I have to say, even since I came into the Assembly before the assembly was reformed and I have been dealing with the Chief Pharmaceutical Officer in relation to concerns about medicine post even the whole Brexit, withdrawal from the European Union. It is an issue of some concern. We have met now on multiple occasions with Cathy Herrison, who's the Chief Pharmaceutical Officer. We have reflected our concerns that any pressure in terms of medicines or medical devices as a result of Brexit would be of massive concern because they our market depends on a lot of what's known as generic medicines.

And these are medicines which are at the lower end of the value scale. And there is a concern that as a result of Brexit, it would become less attractive to companies to supply those medicines. Also, the medicines could take longer to get here. So the committee, there are there are different views within the committee and at times in terms of whether that's because of the protocol or because of Brexit. And there was a vote in the Assembly recently whereby the Assembly voted that that Brexit was really a concern in relation to this.

But the key message for us as a committee would be that whatever the problems are, they have to be dealt with. We have to deal with the specific issues as they arise between the European Union and the British government. To ensure that medicines and medical devices continue to arrive here in the volumes and in the times that are needed to give people the care they need.

A: Thank you very much. Moving on now to vaccines. We've had a range of questions on vaccines. For example, why is there only one vaccine? Will children under the age of 18 get a vaccine? Will it make travelling more complicated? And would the committee see there being any sanctions for people who refuse the vaccine? So any comments to make about the vaccine? Colm.

C: I think the vaccine has been a tremendous success and one of the key successes of the Department of Health throughout this whole time and, you know, there has been a really,

really good roll out of the vaccine from the Department of Health and the frontline staff. Right from Patricia Donnelly, who's spearheading that up front. There's been a massive effort and a very successful and effective effort in relation to that. The vaccine does play a significant role, and the committee has also brought forward legislation around the other areas of find, test, trace isolate and support, which is the other part of the Covid-19 defence system, if you like.

And we're keen that that continues to be built up in a way. There are actually more than one vaccine at this at this at this stage, there's certainly AstraZeneca and Pfizer and there is there is I think we're very close or maybe we are already at the stage where there's a Moderna vaccine being implemented. And I think. international travel is complicated as a result of Covid. There's no getting around that. The vaccine does probably introduce some complications in that you have to be vaccinated to enter certain countries.

But it also it also is a way to make travel more widely available as more and more people get vaccinated. So I think that's something that's hugely important. I also think it's hugely important that we see a fair and even rollout of the vaccine right across the world. I don't think this should be a case where rich countries can simply buy up huge amounts of vaccine and leave parts of the world at risk, because if anyone is at risk, we're all at risk in terms of a virus spreading.

The final question is in relation to sanctions. We haven't discussed sanctions in the committee. And my own view is that I think that that should be a voluntary process. And I think we should certainly encourage everyone to take up the vaccine. But I don't, I would be uncomfortable with the sanctions that would disproportionately impact the less well-off or people. And there are many people out there who, for various reasons, cannot have avail of a vaccine so that also needs to be considered.

And then lastly, on the vaccine issue, there are, to my knowledge, no plans at this stage to vaccinate children. And I think that testing is still ongoing in relation to the vaccines. But at this point in time, there are no plans in place for now to vaccinate children.

A: OK, I'm staying on the theme of Covid-19. We've had the Indian (Delta) variant and indeed other variants. Is this something that the committee is keeping an eye on and getting information on?

C: Yes, very much so. And we would be very concerned about it. And that Indian variant, which is now referred to as of recent days as the Delta variant, is of huge concern, both from the point of view of it being more transmissible. And also there may be, it may, the vaccine may not be as effective against it as it is against other variants. We raised that yesterday with department officials who are responsible for bringing forward the emergency legislation, and they have assured us that they are considering the impact of that Delta variant in terms of its presence in England at the minute, which is quite, quite strong.

It's now the dominant strain in England. And also monitoring the spread of that variant here, here in the north or across the island of Ireland. With us being so interconnected, north and south, we have to work together to make sure that we find test, trace, isolate and support every variant of Covid, but particularly these dangerous variants that have emerged as a result of Covid being allowed to circulate in the population and change and alter as it goes along. Which a virus will do if given the opportunity.

A: Yeah. And again, staying on this theme we've had a question around mask wearing. And when will the committee, when does the committee envisage us being able to stop wearing masks?

C: Well, the committee always when we are when we are scrutinising officials, we will always ask, you know, what the latest situation is. What the latest evidence is? We also individually all keep an eye on developments in relation to all of these all of these issues. What we have found is that countries that previously had experienced SARS and MERS as a result of their research discovered that masks can be very effective at preventing or at least slowing the spread of respiratory diseases. So diseases that are spread through breathing and droplets from the mouth and nose and into the mouth and nose and the masks prevent or certainly assist in the spreading on of disease.

I think that has been demonstrated in real terms here in terms of the reduction of the spread of Covid-19 at times here in the north. So that's an issue that we want to keep under scrutiny at all times. We never, we never want to see a situation where these emergency powers are extended a single day beyond when they're necessary. But I think as long as we are still struggling to get on top of Covid and we are thankfully seeing better numbers at the moment, what we are it we are aware there are significant problems out there as well.

So the committee will keep all of these things under review, as do the department as does the executive. And our role is to scrutinise that those decisions are being made appropriately, effectively and in a timely way, both in terms of putting restrictions in place and also removing them.

A: OK, thank you. We'll move on now to something else that affects a lot of people. The effects of dementia. Is this something that the committee has looked at? How will the effects of dementia be dealt with?

C: Yeah, dementia is a huge and growing concern, I have to say, and we have taken evidence from the Alzheimer's Society and people like that in relation to how we can better support people with dementia. The committee are also very keen that we would see adult social care improved and dementia services would improve. And we are fully supportive of research that that is ongoing into trying to tackle the spread of the development of Alzheimer's. And we're also I think it's not something the committee has a particular had a particularly extended session on.

But I think there are things that can be done in terms of how we design and this is my own my own experience from being a social worker in an older person team, seeing how we design services and even buildings can all help in terms of reducing the suffering that dementia can bring. But dementia is an area of huge concern for all of our society. And as people live longer and that's very, very much a welcome thing, we then need to think about the quality of life that people are living and to see how we improve that.

And dementia is something that it doesn't only affect older people. We know very many younger people can get it as well, but it is certainly something that impacts a lot of older people. So I think, therefore, we need to try to do all we can to address that.

A: Thank you very much. We're on to our final question here. And we're going to end indeed with another huge issue, and that's the huge area of mental health. And a question has been asked, will there be a focus, more of a focus on mental health, general wellbeing and awareness?

C: Yes, on this and this is a massive, massive issue. I have to say. Two weeks ago was Mental Health Week and the committee decided to put an entire focus across that week on mental health. We had the Minister in and we had several of the mental health, the community, voluntary sector organisations. We had some of the medical organisations in relation to that. But very importantly and most significantly, from my point of view, we had a range of young people in and the committee has done this several times during the time that this committee has been in existence.

We've brought in young people to ask them directly what the impact is on them and what they see as some of the solutions. So that has been that has been very informative for the committee in terms of letting us know the problems that exist out there. The committee have, as a result of that, brought a motion to the Assembly calling for better support for mental health. And my own colleague, Órlaithí Flynn, yesterday at the committee raised this issue again with department officials in relation to the budget process.

And there was confirmation that there will be additional spend on mental health services. We need to see that that additional spend being maintained. We need to see more mental health beds. We need to see more support out in the community in terms of talking therapies and social prescribing. But and access to people via their GPs also need that support because there are huge pressures as well. So I think there's a range of things that we can and should be doing and must be doing in relation to mental health, and that we need to do that.

We need to ensure that people get the help they need when they need it, because if you have a mental health crisis being put on a waiting list for weeks and weeks and weeks is not good enough. You need help there and then when the crisis is unfolding. So it's a key, a key concern for the committee, something we've returned to on several occasions, we brought a motion to the Assembly and we will continue to scrutinise and to advise the department in relation to how that can be improved.

A: Colm, thank you very, very much indeed for answering all the questions. I would also like to extend my sincere thanks to the teachers and the pupils who sent in a fantastic range of questions focussing on the role of the committee, how the committee works, and specific health issues which are a wide range. So Colm on behalf of the Education Service and the pupils and the teachers. Thank you very much for answering all of the questions here today.

C: Thank-you