

STATEMENT TO THE ASSEMBLY ON PUBLIC HEALTH PROPOSALS

18 February 2008

Mr Speaker, this year the NHS celebrates its 60th birthday. It was another unionist, William Grant, Minister for Health and Local Government, who introduced the Health Services Bill in Northern Ireland, saying “ the time is ripe for a complete overhaul of our health services and the adoption of a bold new design.”

Mr Speaker, fellow Members, I believe that the time is again ripe for adoption of a bold new design. The major challenges we face in health and social care warrant new thinking and new approaches. My proposals for the reorganisation of Health and Social Care service in Northern Ireland are therefore a bold new design.

On 4 February, I outlined to you my proposals for the reorganisation of health and social care. Today, I am formally launching a 12-week consultation which marks the start of a unique opportunity for the public, their representatives, Health and Social Care staff, patients, clients, carers and all other key stakeholders to have their say.

Let me begin by thanking all those currently working in health and social care in Northern Ireland for their day-to-day dedication. It takes special skills to work in what is often a challenging environment, and a special type of person with strong personal values of caring and compassion for others. My proposals are intended to make it easier for those staff to do their work and through their commitment, expertise and professionalism, bring about real improvements in health for everyone in Northern Ireland.

William Grant was the Minister for Health and Local Government. My proposals are intended to strengthen, renew, and reinvigorate the role of local government in improving the health of their local populations. I am a councillor and an MLA. I hear at first-hand the concerns of my constituents and of colleagues in local Councils and in the Assembly – concerns about healthcare infections like MRSA and C Difficile. The worries of people struggling to care for elderly parents or a child with a disability. Their anxieties about suicide rates, binge drinking, drug misuse and antisocial behaviour. The stress of living in poor housing, with a fear of crime, and perhaps little sense of hope for the future.

Local government is already working with local communities, helping to develop and shape services to achieve a better quality of life for local people. They know the importance of social and economic stability in creating vibrant, thriving and healthy communities. And most importantly, they know the needs of their local populations.

I want to harness the knowledge they've gained in working with local communities and my proposals therefore reflect my desire to see local councils working closely with the new structures and playing a pivotal role in developing plans to improve the public's health.

What do I mean by public health? As William Grant said when he introduced his health Bill in 1947, people "feel they are sharing in a great adventure . . . to serve the health and happiness of all our people." More than 60 years later those words are still apt. For happiness we now talk about well-being.

Public health is therefore what we do as a society to protect and improve the health and well-being of the population. So it is about much more than just treating or caring for people when they are sick. It is about working 'upstream' across a broad agenda to tackle the underlying causes of ill-health, to improve

people's life-skills and therefore life-choices, to prevent disease, add years to life and life to years.

In 1974, only 16 people in Northern Ireland were over 100 when they died. In 2004, it was 69 - we have added years to life. Now let's renew our efforts to add life to years.

And of course, we have seen major improvements in the public's health:

- In 1900, life expectancy at birth was 47 – less than the age of many Members. By 2002, it had increased to 76 for men and 81 for women
- Deaths from TB have decreased from 932 in 1948 to 7 in 2006 – a staggering improvement.

The past 20 years have seen other significant improvements:

- Infant mortality has halved from a rate of 10 in 1984 to 5 in 2004

- Measles used to be commonplace – there were 655 cases in 1984 – now a GP is unlikely to see it during their career with only 52 cases in 2006
- The awful effects of rubella in pregnancy have been virtually eradicated
- Whooping cough has almost disappeared – there were 1244 cases in 1989 and only 28 in 2006.

However, major public health challenges remain – some old challenges like health inequalities and some new challenges relating to people’s lifestyles.

Health inequalities are still rife. It is a fact that people who live in deprived areas, in poor housing, who are unemployed and have lower educational attainment, are more likely to suffer ill health and an earlier death than the rest of the population.

Mr Speaker, it is simply not acceptable that in Northern Ireland today, your life expectancy is determined by where you are born

and where you live. A walk across my own constituency reveals a stark picture of the health inequalities which are endemic in many of our communities.

The facts speak for themselves. In the most deprived areas in my constituency:

- Life expectancy for men is 5 years less than for the area as a whole – for women the gap is over 3 years;
- The teenage birth rate is 36 compared to 11 for the area as a whole;
- The average suicide rate is around 24 deaths per 100,000 population compared to 13 in the constituency as a whole.

The picture is similar in your own constituencies.

The lifestyle challenges are equally stark:

- Around 20% of Primary 1 children and 60% of adults are overweight
- Smoking-related deaths account for around 15% of all deaths in Northern Ireland and smoking rates among

manual workers are still around 33% compared to 25% for Northern Ireland as a whole

- 43% of men and 33% of women binge drink
- Northern Ireland rates of teenage pregnancy are among the highest in Europe
- Suicide rates, particularly among young people, are rising.

But it is not just our lifestyles which are damaging our health and placing heavy demands on the health service. There are other challenges, including the management of chronic conditions like heart disease and stroke, and the need to find new ways to help older people to live full independent lives for as long as possible. I am pleased to say that we are already seeing a shift towards a more health-promoting service, with a greater emphasis on prevention and better management of long-term conditions. The Quality and Outcomes Framework in the new Contract for GPs is a very clear example of that and I congratulate the GPs and all the primary care teams in Northern

Ireland who outperformed all other parts of the UK to achieve the highest levels of good quality care.

These challenges mean that we must be bold in designing our health and social care structures. I want a future, where a child born today, in any part of Northern Ireland, has the same opportunities to:

- Survive their first year of life
- Play in a safe environment
- Make the most of their education and schooling
- Enjoy good mental and physical health
- Form supportive and positive relationships
- Secure satisfying and productive jobs, and
- Live a long, healthy, fulfilled life.

That is why I am proposing to put the public health agenda at the heart of the Health and Social Care system. We will use the yardsticks of improved health and well-being, and reduced health inequalities to measure its success.

Key elements of the proposals I announced on the 4th of

February included:

- **A new multi-professional Regional Health and Social Care Board** to replace the four Health and Social Services Boards.
- **Five Local Commissioning Groups**
- **A smaller, more sharply focussed Department.**
- **A common services organisation** that will provide a range of support functions for the health service.
- **Strengthening the role of Health and Social Services Councils**, with representation from local government.

Today, I want to talk in detail about the elements within those proposals to transform our ability to address the major public health challenges facing us in Northern Ireland.

The key public health elements of my proposals are:

- Public health at the centre of policy and strategy at **Ministerial/ Departmental** level and **across Government** through the **Ministerial Group on Public Health**;
- Better coordination and delivery of public health services on the ground through a new **Regional Public Health Agency**;
- A stronger role for local government in shaping health improvement programmes and in tackling the underlying causes of ill health;
- Robust arrangements to provide public health support to the **Regional Health and Social Care Board** and its **Local Commissioning Groups** in developing their commissioning plans;
- A continued role for **Health and Social Care Trusts** in developing and delivering health improvement and health protection programmes to meet key priorities.

I'd like now to say a more about the Regional Public Health Agency. This new Agency would be an integral part of the Health and Social Care system. It would drive the public health agenda in a way that is not possible under current arrangements.

It would bring together the wide range of existing public health functions, and provide a renewed and sustained focus on achieving key public health goals.

The three key functions I propose for the new Agency are:

Firstly, Health improvement

We need a coordinated and consistent approach to tackling the key public health challenges. The new Agency would therefore build on the work of existing partnerships between health and other sectors to achieve demonstrable improvement in key public health measures. For example, better mental health, lower suicide rates, lower levels of obesity, drug and alcohol misuse, and ultimately, better life chances for all.

Health improvement staff from the new Agency would provide public health support to the new Regional Board and its Local Commissioning Groups as they develop their health improvement commissioning plans.

The Agency would be commissioned directly by me or through the Regional Health and Social Care Board, to provide public health programmes at a regional and/or local level.

The new Agency would work closely with local government, to assist and support councils in their role of improving the health and well-being of local communities. This enhanced support to local councils will be particularly important as they will soon assume a lead role in community planning. To further facilitate links with local government, elected representatives would be appointed to the Board of the new Agency.

To deliver this health improvement agenda, the new Agency would incorporate the functions of the:

- Health Promotion Agency
- The health and wellbeing improvement functions of the existing Health Boards, including Community Development and Investing for Health
- The Health Action Zone functions of Trusts and Boards, and
- The functions of specialist health improvement staff working currently within Trusts.

However, to ensure an appropriate local presence, many health improvement staff from the new Agency would be based locally to enable them to work closely with colleagues in Local Commissioning Groups, Trusts and local government.

The second function is health protection

The statutory health protection functions of the existing Health and Social Services Boards, the Communicable Disease Surveillance Centre, and the Health Care Associated Infection Surveillance Centre, would transfer to a new **Health Protection**

Unit in the Agency. These transfers would ensure that there are clear lines of accountability for surveillance, prevention and control of infection, and emergency planning. Above all, the new Unit would improve the capacity to react quickly. This will be vitally important. The recent outbreak of C difficile and the ongoing need to reduce all healthcare infections, reinforce the importance of being able to respond quickly and effectively. The Health Protection Unit will provide a clear focus and strong, continued leadership in the battle against infection.

The Health Protection Unit would therefore also be an important regional resource, providing expert health protection advice to the Regional Board, Trusts and the Department, on prevention and control of infection, emergency planning, immunisation programmes and other health protection issues.

The Agency's third function is in the provision of public health support to commissioning and policy development.

This is a key role of the Agency, as the public health support to the Board will ensure a strong commissioning function and therefore development of services that are credible to frontline staff, and consistent with good practice. The Consultation paper sets out a range of proposals to ensure that public health support to commissioning is fully embedded in the work of the Board:

- Legislation requiring the Board to seek public health advice on commissioning
- Contracted sessional commitments from public health staff in the new Agency to the Regional Board and its Local Commissioning Groups
- Co-location of public health commissioning staff from the Agency with staff from the Regional Board and its Local Groups
- Representation from the Agency on the Board of the Regional Board.

These measures are designed to ensure that the Regional Board is able to reflect fully the public health agenda in its

commissioning plans so that we achieve our goals for improved health and well-being.

The establishment of the Regional Public Health Agency therefore provides an important new centre of public health expertise, drawing together existing resources to create a focused, coordinated, sustained effort to tackle the challenges I outlined earlier – health inequalities, lifestyle choices, preventing and controlling infection.

Mr Speaker, I have put particular emphasis today on the importance of public health in the new arrangements for health and social care. I have, however, put forward other important proposals for the new structures and these are laid out in more detail in the consultation paper.

Consultation on these proposals starts today. I would encourage all those with an interest in these issues to take part in the consultation. I look forward to hearing as many views as

possible in taking forward these important reforms. I need the knowledge and experience of health and social care staff, patients, carers, local councillors, and the many staff in other sectors who contribute to the public health agenda, to inform the consultation and ultimately contribute to my goal of establishing a world-class health service, fit for the 21st Century.

I have laid out my proposals for the future of health and social care in Northern Ireland. We need now to have the courage to seize this opportunity. To dare to change. To be radical and ambitious in our goals and to lay the foundations for a more healthy, more productive, more confident Northern Ireland.

I commend the proposals and look forward to the debate to follow.