

**WELCOME AND OPENING ADDRESS: THE REGIONAL HEALTH
AND SOCIAL SERVICES STRATEGY CONFERENCE**

**DRAFT SPEECH: MINISTER OF HEALTH AND SOCIAL SERVICES
NTL STUDIO WATERFRONT HALL 30TH OF JUNE**

Good morning ladies and gentlemen. I am delighted to welcome and join you here today.

Although I have been in Northern Ireland for some time I have only recently assumed responsibility for the Department of Health, Social Services and Public Safety. So I see today as my first opportunity to meet you all – the people who have been, and continue to be, responsible for providing sustained leadership to the health and social services here. Let me take this opportunity to thank you, all of your teams and all of those people who provide care in partnership with you.

Today's event is part of the process for the development of a New Regional Strategy for Health and Wellbeing in Northern Ireland. It is about looking towards the future and we all know that looking too far ahead can be a frightening experience, especially when at the same time we look back to a past in which some of today's problems didn't

exist. I am sure we can all think back to a time when waiting lists didn't exist, when doctors, nurses and other health professionals felt less pressurised and more valued and when your GP had more time to talk, to get to know you and your family.

Well I don't have to remind you that, for many people, those golden days are gone. Now it seems impossible to think about health and social services without picturing staff battling against the odds to keep the service running. Waiting lists, violence against a whole range of staff and ageing buildings and equipment create powerful images. And sometimes powerful images are a good thing. They make us take action, they give us a purpose and they make us find solutions. But at other times they conspire against the very change which is needed. They demotivate, they distract and they detract.

When that happens, it is important to take off the rose-tinted spectacles and take an objective look at where we have really been and where we are going.

Let's remember that in the good old days people with a learning disability or mental health illness were segregated in large remote asylums. Let's remember that many older people were left in crowded, long stay hospital wards. Let's remember that child abuse often went

unacknowledged. Let's remember that twenty years ago life expectancies for both men and women were much shorter than they are today.

The reality is that in many respects, many things are a lot better now than they were in the good old days. Community care means that thousands of people routinely receive the care they need in their own homes or in residential homes allowing them to live in, and contribute to, their local community. It doesn't necessarily grab headlines, it isn't easy to film, but it happens.

Compared with the past more of the most vulnerable members of our society are receiving the support, the care and the protection they need, enabling them to lead fuller and more independent lives.

Advances in medicine and treatments mean that more people are surviving to adulthood and living longer. Polio and smallpox are no longer the causes of death and disability for children that they were only a few generations ago. People are living longer because of improvements in the treatment, management and care of many chronic illnesses – improvements implemented by you and your predecessors and by people working with you across the health and social services.

Major advances in the prevention, diagnosis and treatment of heart disease and cancer now mean that thousands of people have the opportunity to lead full and active lives that would have been denied to them in the past.

All of this is a record of achievement to be proud of. It's a record of achievement that **you** should be proud of.

In taking forward the regional strategy, we have surveyed public opinion and found that three quarters of the public are either satisfied or very satisfied with the service they receive from the health and social services. Taken with the finding that the majority of the public had used the service in the last year, this represents a positive context within which we can move forward.

And yet there is so much more that we can do. Waiting times remain unacceptably long, even though they have begun to improve. Survival rates for some cancers are less than they could be and every day we read, hear and see accounts of the tremendous pressures facing health and social services staff as they struggle to meet growing demands and needs.

It is true that prosperity and an improved standard of living have brought improvements in life expectancy both directly and through changes in attitudes. For example, fewer people are smoking than twenty years ago and drink-driving is no longer an acceptable behaviour.

But the fact remains that some people are still marginalised in our society and, for them, the experience of life can be very different.

Poverty, inequality, violence and social exclusion have become more entrenched at a time when the economic prospects for Northern Ireland continue to grow. And we know that these factors contribute to poor health and wellbeing through poor housing, hopelessness, poor diet, drug and alcohol related harm and a range of other problems.

You may be relieved to know that I am going to leave the rose-tinted past and look to a brighter future – but don't expect me to go easy on you. In the coming years we will face many new challenges which will test health and social services as never before.

The first and possibly most significant single challenge over the coming decades has to be demographic change. The “baby boomer” generation is reaching retirement age, and looks set to have a longer retirement than any previous generation. By 2023 nearly a third of a million people will be of pensionable age in Northern Ireland.

What this means for health and social services will depend on how people live their lives in the years leading up to retirement age, and indeed how active they remain after retirement age. But there can be no doubt that with the ageing population will come a growth in diseases such as cancer and heart disease as well as a growth in other chronic conditions. All of this will inevitably result in increased demand for health and social care services.

A second major challenge that we will face will be caused by the very success of developments in medical care and treatment. Significant breakthroughs are anticipated in almost every aspect of health science. These breakthroughs will open up possibilities to treat where currently we can only care. And these treatments will come with a price tag attached to them - a price tag which our experience to date suggests will be substantial. Our challenge will be to sustain and enhance existing services while making sure we embrace new developments.

A third major challenge we face will be to enable people to change those behaviours that we know will negatively affect their health and wellbeing. Although smoking levels overall are reducing we know that in certain sections of the population they remain stubbornly high. We are becoming more obese and sedentary. Alcohol and illicit drug abuse are

increasing. All of these factors have the potential to increase demand in the coming years.

If we are to provide the health and social services that the people of Northern Ireland need and deserve we have to start planning now. This is why my Department has been engaged over the past six months in developing a new Regional Strategy for health and social services in Northern Ireland. The new strategy will

- set out a vision for health and social services for the next twenty years
- identify key priorities for investment
- and include short, medium and long-term objectives

The Regional Strategy is unashamedly long term in its ambitions. It is a cliché but there genuinely are no magic wands in health and social care, here or anywhere in the world. Indeed it can be argued that twenty years is the minimum period for which we should be planning if we are ever to get beyond the fire fighting that characterises so much of the delivery of services today.

The time taken from deciding that a new hospital is needed to the first patient being admitted can be as long as ten years. New health and

social care professionals cannot be recruited and trained overnight. The benefits from programmes aimed at changing people's diet and lifestyle can take decades to impact on the demand for health care.

If the new Regional Strategy is to succeed it must be based firmly on a set of values endorsed by the public and informed by the most up to date advice from experts, professionals and all of those people currently involved in delivering health and social care. That is why we have been involved in one of the most extensive consultation exercises that the Department has ever undertaken. We have met and received submissions from individual members of the public, patients and clients, community groups and voluntary organisations. From staff from throughout Health and Social Services. From Boards, Trusts and Health and Social Service Councils and from various trade unions, professional organisations and Royal Colleges.

So what impact will all this consultation have on the new Regional Strategy?

Well firstly people have told us that for too long the debate has focussed on the state of our health and social services and not on the state of the health and wellbeing of the people of Northern Ireland. The new Regional Strategy will build on the Investing for Health programme. We

must persuade people to take responsibility for their own health, and help them to make healthy choices and we must find ways of intervening earlier before illnesses become acute.

Consultees have urged us to work closely across Departments and agencies to ensure that we work together to promote health and wellbeing and to tackle the inequalities in health and wellbeing which remain a feature of our society.

Secondly the strategy must signal a new era in the relationship between the people who use health and social services and the people who deliver them. For a whole range of reasons the era of deference is over, and the notion that the professional always knows best no longer fits with modern public expectations. We need to recognise the skill, expertise and knowledge that many people, often develop about their illnesses, especially those with chronic conditions

Not only do we need to recognise this expertise, but we must make sure that the system is sensitised to it. We must provide treatment and care in ways which are sensitive to individual needs and which are based on partnership.

However the necessary change in relationships is not just between individuals. It must also be between organisations and the communities they serve. Already I have been impressed by innovative examples of partnerships involving communities and health and social services working together - examples such as the Health Action Zones and Community Pharmacies. The challenge that faces us now, as Nye Bevan once put it, is how to universalise the best. Those of us who are responsible for providing health and social care must learn from best practice. We must work as equal partners along with communities to help and support them so that they can achieve their full potential for health and wellbeing and help us to design responsive and integrated systems of care.

The third contribution of the new Regional Strategy will be what it means for the people who work for us. Health and social care is a people business – it is founded on personal interaction and professional judgement. Recently we have made much progress in workforce planning. For example we have increased the annual intake of student nurses from 480 to 750 in the last 2 years. But getting the numbers right is only one part of the equation.

If we are to meet the challenges of the next twenty years we must find new ways of empowering people in the services to reach their full

potential. Divisions between professions and across organisations cannot be allowed to disrupt the delivery of care and treatment. Professional hierarchies and working practices which prevent the delivery of patient centred care must be examined carefully and where necessary changes must happen. The health and social care worker of the future will have a range of skills and we will have to make sure that the people with the right skills are doing the right jobs.

We know that people have high levels of confidence in staff across the health and social services, but they have to be sure that the services they receive are of a high quality and are the safest they can be. New legislation has opened the way for the creation of a new independent body that will drive quality and regulate providers of health and social care. Work is also underway to develop a full range of standards. These standards will mean that individuals will know what they can expect from their services and the performance of providers can be measured against them. The New Regional Strategy will continue to build on this important work of improving quality and driving up standards.

So, can a glossy document create change? Well, for those natural sceptics amongst us the answer must be no. But the New Regional Strategy will be much, much more than a glossy document. The fact is, the Strategy already exists to a greater or lesser extent in the minds of

people across the Service – it exists in the minds of most of you sitting here today. The messages coming through loud and clear from you to the Department have common themes running through them. I can assure you that we will make every effort to listen to those themes, to build those themes into a strategy of consensus and to make sure that those themes become reality over the years to come.

Over the summer many of you will be directly involved in drawing up the strategy – many of you will also be involved in a quality assurance role as the strategy nears development. This strategy represents your opportunity to create a vehicle for real change, for real reform and for real modernisation.

Today I am sure that you will hear many presentations, which will stimulate your imagination, concentrate your thoughts and perhaps even inspire you in the task ahead. I know that we are all grateful that our distinguished speakers have given of their time and their expertise today to share their thoughts and experiences. I also know that we can count on some lively discussion and debate in the hours ahead. But, more importantly, I know that each and every one of you will over the weeks, the months and the years to come, provide the leadership and energy to sustain the Service, to develop the Service and to make the new vision of the Service a reality so that people can continue to see

improvements every day. Can I wish you all the best in this endeavour and say how much I look forward to working with you.

Thank you.