

PROPOSALS FOR HEALTH AND SOCIAL CARE REFORM

Thank you all for coming here today to hear my conclusions following the consultation on the *Proposals for Health and Social Care Reform*.

I understand that this is an unsettling time for you and your staff. This is an important time for us all and I am thankful for your support as we move forward to create a better service for all the people we serve.

Whenever I outlined my proposals for reform, I was clear that I wanted to consult as widely as possible, it was vital that people throughout Northern Ireland had their say. I am very grateful that so many individuals and organisations took the time to attend workshops and meetings and over 200 responses were received. I was particularly impressed by the quality and detail of these responses which have been extremely helpful in informing my final decisions.

I am proceeding with the broad organisational framework that I proposed in February and therefore intend to establish a Regional Health & Social Care Board, a Regional Agency for Public Health & Social Well-being, a Regional Support Services Organisation and a Patient and Client Council. The Department will also be much smaller and more focused.

I will take you through my decisions shortly but I will just take a minute to outline some of the key themes coming out of the consultation.

Social Care

The consultation indicated substantial support for the enhanced focus on public health and improved partnership with local government and other public sector bodies particularly in addressing existing health inequalities. However, we received considerable feedback that there was insufficient recognition of the social care dimension to health and well-being.

I have therefore ensured that in considering the detail of the new structures such as the membership of Local Commissioning Groups, top management structures of the new organisations, engagement with the voluntary and community sectors – and even the names of the new bodies – that social care is fully embedded into the entire health agenda.

Roles, Responsibilities and Accountabilities

While there was almost unanimous support for the enhanced focus on public health and well-being, some of the consultation responses questioned the need for a separate Agency and the potential for duplication with the Regional Board. I have considered these views carefully but remain firmly of the belief that we need a renewed and energised focus on public health and well-being and that a dedicated agency is the best way to achieve this.

The consultation has also confirmed the need for clarity on the roles, responsibilities and accountabilities of the new bodies and

the Department. In particular, respondents highlighted the relationship between the proposed Regional Board and the Agency, and between the Regional Board and the Local Commissioning Groups. However, there were also comments relating to relationships with other bodies such as local government and voluntary and community organisations.

I said at the outset of the consultation that one of my key principles was to ensure that services must be efficient, with waste and duplication eliminated and that all the supporting activities must be focussed on maximising benefits to patients, clients and carers. I firmly believe that there needs to be complete clarity of roles and functions at all levels and I will therefore ensure that these arrangements will be specified in an overarching Framework Document.

I will also ensure that the top management structures of the new bodies are lean and avoid unnecessary duplication, sharing resources, expertise and accommodation where it is appropriate to

do so. Much has been said in the consultation responses about the make up of the Boards of the new organisations particularly in terms of professional leadership. It is vitally important that these Boards are fit for purpose and I therefore wish to take a little more time to consider these further.

However I do plan to proceed as quickly as possible to begin the process for the appointment of designate Chairs of the Boards of each of the main organisations, so that work can begin on establishing them in an orderly fashion from April 2009 - obviously any such appointments would be subject to confirmation until Royal Assent to the Bill is received. In turn, that would allow the newly appointed Chairs to play their part in selecting chief officers for the new organisations.

Democratisation

You will be aware of my intention to ensure local government representation in the Regional Agency for Public Health and Social Well-being, Local Commissioning Groups and the Patient

and Client Council. This proposal was well supported however there were issues raised regarding the role of local government representatives and also how they would be appointed to the new organisations. Similar considerations are underway in other Departments and I wish to take account of these and engage with the NI Local Government Association before reaching final decisions.

Engagement

Many of the responses were from the voluntary and community sector and a series of five workshops were organised with them as part of the consultation process. One of their clear messages is the need for clarity on how they, local communities and service users, can genuinely engage at all levels within the health and social care system.

I am very clear on the important role and contribution that this sector has to health and social care and I recognise the need to ensure that the system must have very strong links with service

users, local communities and voluntary and community sector groups, at all levels. The provisions in the Bill for enhanced local government representation are important safeguards in this respect. However, in response to these concerns, I have also decided that there will be dedicated responsibility for the voluntary and community sector at boardroom level within the new Regional Board and Agency.

Equality

In relation to the Equality Impact Assessment, a number of comments were received in response to the specific questions highlighted in the consultation response questionnaire. Again, a number of workshops also took place as part of the consultation process, where the equality implications of the proposals were specifically discussed and I have carefully considered the responses in reaching my final decisions. In addition, further screening will be carried out as appropriate on issues such as location.

Impact on staff

You will be aware that, in the course of the consultation I attended a number of workshops with staff, and I found this exercise extremely helpful. Much of the feedback echoed that from other respondents, however staff and their trade union representatives clearly have specific concerns such as the timescale for change, recruitment issues, impact on terms and conditions, job security and location. I listened carefully to these points and was able give some reassurance that

- there would be no increase to the previously agreed savings of £53m and associated reduction of 1,700 posts by 2011;
- every effort would be made to avoid the need for compulsory redundancies;
- a human resources framework and other policies would be in place that would underpin these changes; and
- I anticipate that both the new Regional Board and Regional Agency will have a significant local presence irrespective of the location of any headquarters function.

I will now highlight some of the issues regarding the individual organisations themselves.

Regional HSC Board

In the responses to the consultation a strong case has been made by Health and Social Care bodies, staff and GPs for a significant element of the Family Practitioner Services, currently located in the four Boards, to transfer to the new Regional Board. I have agreed that those elements relating to commissioning, performance management and service delivery will transfer to the Regional Board and those relating to finance and probity to the Regional Support Services Organisation.

In addition those elements of Directorate of Information Systems involved in the planning, commissioning and performance management of ICT will also be located in the Regional Board.

Further detailed work will now be undertaken, however I expect this will be accommodated within the total staffing numbers anticipated in the consultation document.

As regards the membership of the Local Commissioning Groups, a number of proposals for additional representation have been received and in recognition of these, I have therefore decided that the membership should be:

- 4 General Medical Practitioners,
- 1 pharmacist,
- 1 dentist,
- 4 elected local representatives,
- 2 social care professionals,
- 1 nurse,
- 1 public health medicine professional,
- 1 Allied Health Professional, and
- 2 Health & Social Care related voluntary sector representatives.

A Regional Board representative will be in attendance at all meetings of the Local Commissioning Groups. I have also determined that the Chairs of the Local Commissioning Groups

will be in attendance at all Board meetings of the new Regional Board.

Concerns were also raised as to how Local Commissioning Groups will engage with the wider range of primary care practitioners, service users, communities and the voluntary and community sector groups in the planning and development of local services for their areas. I fully appreciate that this is a key element of the role of the Local Commissioning Groups and is essential to their success. I have not been prescriptive but have left the door open to proposals from the new bodies as to how this can best be delivered in a way that genuinely secures the effective engagement of key stakeholders and represents value for money.

A considerable number of responses highlighted that the Local Commissioning Groups should be aligned with local government and other public sector bodies. The five Local Commissioning Groups as currently set out in my consultation proposals offer full coterminosity with existing local government structures and will be

coterminous with the Trusts and the proposed local offices of the Patient and Client Council. I will however, give this matter further consideration when the local government boundaries are finalised.

For the moment the existing statutory responsibility on Boards to develop Children's Services Plans will become the responsibility of the new Regional Board. As part of the legislation required for the establishment of the new Safeguarding Board possibly in 2009, I will also consider proposals that will strengthen and build upon the Children's Services Planning process.

Regional Agency for Public Health & Social Well-being

I intend that the new Agency will incorporate and build on the current role of the Health Promotion Agency to provide better coordination and delivery of interventions to protect and improve health and well-being for all of the people of Northern Ireland.

I have already indicated the need to have social care fully embedded into the entire health agenda and to make that point in

a very public way I have decided to rename the new body the 'Regional Agency for Public Health and Social Well-Being'.

I was also very interested in the views expressed on the nature of the Agency's relationship with local government particularly in relation to community planning. I have therefore asked officials to engage with colleagues in local government and the DOE to explore potential pilots to take this agenda forward in 2009/10 in line with the transitional arrangements proposed in respect of local government reconfiguration.

A significant number of comments were also received in relation to the proposal to incorporate Health and Social Care Trust specialist health improvement functions into the Agency. Having considered these views, I acknowledge concerns that existing good work in local communities should be sustained and have decided that only Health Action Zone staff from Trusts will transfer to the Agency and that community development staff and all other health improvement staff in Trusts will not be affected. I have however

also asked that the legislation include an additional statutory duty on Trusts in relation to the 'improvement of health and social well-being'.

Regional Support Services Organisation

A number of the consultation responses sought assurance that the governance arrangements for the new organisation would ensure accountability to its clients within the Health and Social Care system and thus promote the necessary value for money and quality of service. The Bill which I introduced into the Assembly last week will require the new organisation to put in place arrangements to this end which will be approved by the Department.

In addition to those functions already agreed as shared services I can confirm that the following functions will now form part of the Regional Support Services Organisation:

- Office of Research Ethics Committees,

- Corporate Services and Counter Fraud Unit from the Central Services Agency;
- those elements of Family Practitioner Services not transferring to the Regional Board;
- those elements of Directorate of Information Systems involved in the delivery of ICT;
- Internal Audit from Health and Social Care Boards and Trusts; and
- a number of Departmental staff in other functions such as Superannuation Branch.

Agencies

While a very small number of responses indicated that some of the agencies should be brought together and housed within a separate section of the Regional Support Services Organisation or indeed within the Regional Board, I can confirm that

- the NI Practice and Educational Council, NI Medical and Dental Training Agency, NI Guardian Ad Litem Agency and NI Social Care Council will remain unchanged;

- the NI Regional Medical Physics Agency will be merged with the Belfast HSC Trust;
- the Central Services Agency will be dissolved and the majority of its functions transferred to the Regional Support Services Organisation; and
- I am currently giving further consideration to the position of the NI Blood Transfusion Service.

Mental Health Commission

A number of responses were received in relation to the proposed merger of the Mental Health Commission with the Regulation and Quality Improvement Authority. I have given careful consideration to these points but remain of the view that the regulatory functions in respect of mental health, and the protection of some of the most vulnerable in society, can be taken forward more effectively as part of a multi-sectoral Regulation and Quality Improvement Authority that has the resources and infrastructure to ensure that quality improvements are achieved.

I will however ensure that any concerns raised during the consultation are addressed within the arrangements for the merger. I also believe that the forthcoming Bill to replace the 1986 Mental Health Order gives us a better opportunity and adequate time to implement any changes to the existing functions that may be required.

Patient & Client Council

In relation to the Health and Social Services Councils, the great majority of responses were in favour of the option to establish a single, independent, regional body along the lines previously suggested for the proposed Patient and Client Council, with five committees operating within the same geographical areas as the five integrated Trusts and I have decided to proceed on this basis. The membership of the Patient and Client Council, its committees and other details will now be worked up and addressed where necessary through subordinate legislation.

Department

The proposal to establish a smaller and re-focussed Department was supported in the responses to the consultation. A small number of issues were raised in relation to the identification of staff transferring to the new organisations that I would wish to clarify as follows:

- Strategic Finance, Human Resources and Information and Analysis functions will be retained within the Department;
- I have already confirmed that a number of Departmental staff in other functions such as Directorate of Information Systems and Superannuation Branch will also transfer to the new organisations; and
- As indicated in the consultation document, Health Estates will remain within the Department.

Conclusion

The primary legislation which I have introduced into the Assembly provides for the establishment of the new organisations, however much of the detail will be set out in subordinate legislation thereby

giving me a greater degree of flexibility to fine tune arrangements without further recourse to primary legislation. This subordinate legislation will also will be subjected to the full scrutiny of the Assembly.

Later today, there will be a debate on the second stage of the Health and Social Care (Reform) Bill in the Assembly. Once this stage has been completed the recruitment process for the senior personnel for these new bodies may commence, a process which will involve discussions with staff and trade union representatives.

While we continue to face a considerable challenge in the months ahead, I believe that these proposals can be completed in time for the new organisations to be set up from 1 April 2009. This of course would also depend on the cooperation and goodwill of all those concerned, particularly those of you here today. I would again like to take this opportunity to extend my thanks for the hard work and dedication of staff particularly during this challenging period.

Thank you all for listening and I am happy to take some questions before I head off for the second stage debate in the Assembly later this morning.