

ORAL STATEMENT TO THE ASSEMBLY BY HEALTH MINISTER ROBIN SWANN – TUESDAY 9 JUNE 2020 – REBUILDING HEALTH AND SOCIAL CARE SERVICES – STRATEGIC FRAMEWORK (CHECK AGAINST DELIVERY)

Introduction

Mr Speaker, thank you for the opportunity to update the House on my approach to the rebuilding of Health and Social Care Services.

COVID-19 has wreaked havoc on our community, our way of life and on how our Health and Social Care services are delivered. Things will not be the same again and we now need to carefully navigate the next phase of dealing with this terrible virus.

By complying with social distancing and other restrictions – measures which only 4 months ago would have sounded so far-fetched that no one would have ever envisaged - the people of Northern Ireland have been instrumental in dramatically reducing the rate of infection.

Sadly however, as of yesterday, 537 of our fellow citizens have passed away after testing positive for Covid-19. No matter how long the pandemic continues we must never forget that behind every figure was a person who was loved and who now is sorely missed.

And with so many families having experienced that grief, we all have an obligation to minimise the rate of infection and future loss of life. My sincere condolences go out to the families and loved ones of those who have tragically passed away.

The actions we took to control the virus meant that we had sufficient health service capacity to cope with the additional pressures exerted by COVID-19.

Our nurses, doctors, paramedics, other allied health professionals, pharmacists, care workers, primary care and other front line health and social care workers have bravely and tirelessly put themselves at risk to save the lives of others. Amongst them were also those who volunteered to return to work or temporarily leave training to provide much help and support. I cannot thank our workers enough for that. I know that I can rely upon continued commitment from all staff, as we begin the task of rebuilding Health and Social Care services as soon as possible.

With this being Carers Week, it is also incumbent on us all to acknowledge the absolutely essential work of all our carers. Whilst carers have always been key pillars of the local HSC system, this pandemic has further highlighted their sheer contribution to families and throughout the UK. Many new carers have come forward to look after friends or relatives who are elderly, sick or disabled. As Minister I want to thank them wholeheartedly for everything that they have done, and continue to do.

I appreciate that the efforts of our staff and carers however have taken their toll. We must put their welfare, along with patient safety, at the heart of our efforts to rebuild services.

COVID-19 has presented our Health and Social Care system with its biggest challenge since inception. And that is in the context of the huge strategic challenges facing us prior to COVID-19 – all of which are well known - as highlighted in the Bengoa Review and the 'Delivering Together' agenda.

These strategic challenges have not gone away. We need to continue to tackle issues such as the impact of an ageing population; increasing demand; long and growing waiting lists; workforce pressures; the emergence of new and more expensive treatments; and ongoing budget constraints.

The terrible events that have occurred in recent months, the loss of loved ones suffered by many families and the restrictions on our daily lives and access to employment and public services, has only heightened my commitment to use the resources of my Department to deliver better health and life outcomes for all our people.

My Department's budgetary position continues to be hugely challenging. There have been significant additional funding requirements in our response to the unprecedented challenges of Covid-19; the Department has secured additional funding from the Executive to respond to Covid-19 and continues to liaise with the Department of Finance to secure further required funding. Rebuilding health and social care services, whilst simultaneously dealing with the ongoing Covid-19 pandemic, will require additional Resource funding.

Let me be clear – as serious as the immediate impact of covid-19 was and still is – I equally remain just as concerned about the detrimental impact it has had on the delivery a wide range of crucially important health care activity.

Throughout the pandemic the HSC has continued to provide high priority and urgent services such as emergency care and many cancer treatments. However, despite that, a terrible consequence of the pandemic is that for some people conditions will have gone undetected, or untreated, longer than they otherwise would have. Many of us in this House have bitter experience through friends, families and colleagues of what a cruel disease cancer is and how it thrives in a vacuum. And no one is more concerned about the impact of delays than our exceptional cancer clinicians themselves. That is why we all want to see as many of the full services resumed as quickly as possible.

I am acutely aware that Covid-19 is not the only thing seriously impacting on the health of the local population. For some time now I've also been extremely concerned about the reduced numbers of people presenting to primary or secondary care with serious symptoms. Covid-19 has changed all our lives, but it hasn't stopped people experiencing chest pains or other unexplained signs. That is why my Department, along with the Trusts, individual hospitals, GP practices and staff groups have consistently been urging people not to put off medical intervention if, for whatever, they suspect they may require it. That is a message I want to absolutely want to send out again today.

I also worry about the impact of the pandemic and the lockdown on mental health, especially for the most vulnerable citizens in our society. That's what makes our recently published Mental Health Action Plan even more important.

Mr Speaker, we have now reached the position where we must remain vigilant and plan for further outbreaks of the virus while starting the work to rebuild the delivery of health and social care services. I would now like to highlight key aspects of the Strategic Framework for rebuilding services that I am publishing today.

I will cover the impact assessment that my Department has completed. I will highlight some of the innovations that have emerged in recent months. I will also set out my strategic approach to rebuilding health and social care services as soon as possible.

Finally, I will update the House on a new governance approach, to provide the direction and oversight needed to deliver all of this at pace.

Impact Assessment

As the pandemic took hold, it was necessary to protect all of the highest priority health and social care services and create capacity to treat COVID-19 patients. This meant that as resources were re-directed, some health and social care services had to unfortunately and unavoidably be curtailed. Whilst this was the right thing to do, the consequence was that some health and social care services were adversely impacted.

Most adult screening programmes were paused from the second week of March 2020. This was needed to ensure not only that adequate healthcare and laboratory resources could be redirected to the pandemic

response but also to reduce the risk of infection by ensuring appropriate social distancing to safeguard patients.

However it's also important to note that some screening services have continued. These include higher risk breast screening, diabetic eye screening for pregnant women, newborn blood spot screening, newborn hearing screening, antenatal infections screening in pregnancy and 'smear' tests for non-routine cervical screening. Breast assessment and colposcopy follow up clinics also continue to be held, where possible.

Elective care activity also had to be reduced during the pandemic, as our medical staff was redeployed to treat COVID-19 patients. As I've said before – those waiting lists were unacceptable before Covid-19 and they are even more horrendous now. For instance, outpatient activity is down between 40 per cent and 55 per cent; and inpatient activity by between 34 per cent and 67 per cent - both compared to the similar period last year.

COVID-19 continues to have a significant impact on adult social care which remains in the surge period of the pandemic. The impact on social care is evident in the presence of COVID-19 among care home residents and staff. A recent survey of providers indicates that 19 per cent of those who responded were caring for a resident who had tested positive. A slightly higher proportion - 23 per cent of providers - had employees who had tested positive.

As I have already highlighted, I am very concerned about the impact of COVID-19 on mental health. Early anecdotal evidence suggests that there are a larger number of mental health presentations previously not known to mental health services. These may well be linked with the effects of a reduction of face-to-face contacts and stress related to the pandemic.

Important projects and programmes being delivered across the Department have also been affected. For example, only two of my Department's New Decade, New Approach priorities are now on target for delivery. Work on the other commitments will continue but unfortunately will be behind schedule.

Emerging research indicates that population health is, on balance, likely to be negatively affected by the wider impacts of COVID-19. And perhaps the greatest concern is that the most disadvantaged in our society are likely to be worst affected. We need to carefully monitor the impacts on population health and consider ways in which we can address them, especially for our most vulnerable citizens.

Clearly COVID-19 has impacted extensively across all health and social care services, projects and programmes. There is much more detail on these impacts in the Strategic Framework and in particular in the appendixes published alongside it. So I will now leave the impact assessment and turn to the important issue of service innovations next.

Service Innovations

I recognise that it may be difficult to find any positives in the situation that we find ourselves in. But we must recognise that the emergency response across primary, community and secondary care services have involved innovative new service delivery approaches.

Our health and social care providers have adopted the use of technology like never before. Virtual clinics and telephone triage are now widely embedded within both primary and secondary care services.

We cannot go back to the way we delivered services before COVID-19. There is now an opportunity to mainstream these recent innovations, as normal services are resumed. And I am determined that we take that opportunity. We also need to factor into our plans the ongoing Encompass programme – which is designed to facilitate greater digitalisation of our services.

Of course, we must recognise that use of technology will not be appropriate in all circumstances and we must continue to offer face-to-face services where that makes sense for patients and staff alike.

We must also not forget the extensive transformation programme, which had gathered pace prior to the pandemic. This will also inform the rebuilding of health and social care services.

Our primary and secondary care providers have also stepped up to collaborate in ways not previously seen. This is best exemplified in the eleven COVID-19 Centres established as a response to the crisis. We must now build on these experiences to further encourage that collaboration.

Mr Speaker, I can confirm to the House that innovation, transformation and collaboration will be at the very heart of my approach to rebuilding health and social care services.

Strategic Approach

My plans for rebuilding health and social care will be integral to the overall strategic approach to recovery which the Executive will take forward.

I will work closely with my Executive colleagues to ensure that the societal, economic and health and well-being impacts of the pandemic are addressed across Government to ensure that the interests of all our citizens are secured.

I will now turn to the strategic approach that we will adopt to rebuild health and social care services as soon as possible.

This will involve the development of service incremental plans in three month cycles. I do not consider it feasible to attempt to plan beyond this three month horizon, given the high degree of uncertainty we currently face about potential further surges of the virus. Of course, this will be kept under review and I will adopt a flexible approach to the rebuilding effort.

Service providers, including our Health and Social Care Trusts, will therefore be required to develop successive three month service plans. These plans will detail how they will increase capacity to resume normal service provision as quickly as possible.

It will be critically important that the plans are developed in a systematic and consistent way. We will therefore involve the wide range of existing managerial clinical networks, project boards, task and finish groups and any other suitable vehicles in the development of service specific plans for their respective areas. This will ensure an integrated and coordinated regional approach.

I recognise the importance of engaging with civic society and stakeholders in the rebuilding of HSC services. My Department will therefore use its existing consultative structure to ensure that we take account of the views of external stakeholders.

A key aspect of this work will be a review of existing patient pathways, in light of the constraints and issues that COVID-19 presents. The first three month plans will cover July, August and September. Further plans will be developed thereafter in three month steps.

I will ask Trusts and other service providers to develop these incremental plans through taking account of the constraints imposed by COVID-19; recent service innovations; opportunities associated with the transformation programme; and digital innovation such as the Encompass programme.

The incremental service improvement plans will identify further funding requirements which I will bring forward to the Executive in the weeks and months ahead.

I recognise that it will take time to develop the first 3 month plans and immediate action is essential.

Our Trusts have therefore developed individual service delivery plans for the month of June. These plans will be published today by the Trusts and I would urge Members to review them to see the specific services that are being recommenced in their own areas.

The Trusts have made a number of key commitments, which I very much welcome. These include the ongoing emphasis on high priority cancer services, and other urgent conditions. In addition, during June Trusts are increasing scheduled day case and diagnostics, including endoscopy, or determining the extent to which that will be possible in the near future. The individual Trust plans, also published today, provide more detail on the immediate actions that they are taking.

I would reassure Members that I have long made it known to my officials that when services across the Trusts could be turned on before then, I want to see them turned on. This was not the time to be getting caught up in process, especially as I remain acutely conscious that everyday our health service is not operating at full capacity, the longer and the harder it will be to repair the damage that has – and still is - being done.

Mr Speaker my overarching approach to rebuilding services as quickly as possible involves a strategic, regional approach. My immediate priority is to support services where further delay would seriously risk conditions worsening for patients. We need to deliver at pace and I will now say more about how I intend to do just that.

Governance

The scale of the challenge confronting the health and social care system is daunting. We need to maximise service activity within the context of managing the ongoing COVID-19 situation. At the same time, we need to: embed innovation and transformation; incorporate the Encompass digital programme; prioritise services; develop contingencies; and plan for the future.

Given the complexity and scale of these challenges, it is more important than ever that our health and social care system is given clear direction; and that decisions are taken quickly in a fluid and changing environment.

To facilitate that, I have established a new Management Board for Rebuilding HSC Services. This Management Board will give clear direction to the Health and Social Care Board; the Public Health Agency; the Health and Social Care Trusts; and the Business Services Organisation.

This Management Board will broadly consist of senior departmental officials, Trust Chief Executives and senior officials from our other key arms-length bodies.

The Management Board will be advised by a group of expert advisors. These expert advisors will be invited to provide input and advice to inform Management Board deliberations as and when required. I envisage that this arrangement will facilitate input from - and engagement with - a significant range of key stakeholders.

These new governance arrangements will be facilitated through changes to the existing Framework Document, which sets out the roles and responsibilities of all Health and Social Care bodies. The revised governance arrangements will be reviewed on a six monthly basis but my intention is to have them in place for at least two years.

The rebuilding of services will not happen overnight and will require a response that is both agile and adaptable to ensure the system can respond to further potential COVID-19 surges.

As I have said before, my priority is to ensure that the services provided by health and social care are safe and effective. I have no doubt that some will have wanted to see more outcomes and targets in the framework. This will be fully addressed in the 3 monthly rebuilding plans that my Department will publish from July onwards.

Above all we will need to increase the available capacity within health and social care services to address the backlogs that have increased since the start of the emergency. That will require new recurrent investment alongside ensuring that the innovation that has emerged during the emergency finds its way into policy making.

Above all, I want to see that there is an acceptance and a willingness across the system to entertain new ideas and to accept change in the delivery of health and social care services.

Conclusion

I am in no doubt that we are confronted with a huge challenge. We must as a system try to rebuild services as quickly as possible; manage the ongoing COVID-19 pandemic; embed innovation and transformation; and plan for the future – all at the same time.

Above all, my wish is no different from the Members in this chamber and in the wider community. That is, that through good government, sound financial investment and partnership working we will rebuild our health and social care services.

I commit all the various parts of Health and Social Care to this task. I will bring to bear all the leadership and encouragement that I can offer as we move through what will be a period of considerable testing and change for health and social care.

I commend the Rebuilding Health and Social Care Services Strategic Framework to the House.