

Health and Social Care Three Year Plan

Mr Speaker, thank you for the opportunity to make a statement today on the publication of the Health and Social Care Three Year Plan.

When Professor Bengoa visited Northern Ireland in October, I was clear that I intended to publish a plan setting out my ambitions until the end of this Mandate. The publication today of the strategic Three Year Plan does exactly that.

I recognise that our health and social care system continues to be under severe pressure and with the onset of winter, the coming weeks and months are not going to be easy. Despite this challenging context, I believe it is important to look ahead to the next few years.

We continue to face many interconnected challenges, which have been widely rehearsed, not least during the Bengoa event in October. Our waiting lists are simply unacceptable and we continue to experience high and persistent levels of health inequalities.

I have been clear on many occasions that it is for everyone, including my Department, the health and social care system, the Executive and the wider public sector to support people to stay well and live healthy lives. That is because our population's health is to a large degree impacted by factors such as housing, education, employment and the broader socio-economic environment. Of course, behaviours and health and social care interventions also play a part but these issues need a robust cross government approach.

Before I go into the detail of the Three Year Plan, I would like to acknowledge the fantastic effort and commitment of our staff. They really are our health and social care service. Without the excellent care they provide on a daily basis, we would not have a service at all, nor could we bring about the changes we need to improve services for all our benefit.

That is why I have remained fully and absolutely committed to resolving the pay award for this year. Stabilisation is one of the key pillars of my Three Year Plan and central to that will be ensuring that staff are properly recognised and rewarded for the great work they do. There will remain a major focus on the recruitment and retention of our staff.

I can also advise the Assembly that I will be meeting with unions later today as part of the ongoing work to secure pay settlements for 2024/25. I go into those discussions committed to Stabilisation, committed to fair and equal pay – which I hope remains the policy position of the Executive moving forward - and committed to getting a good deal over the line.

With progress on this important issue, I turn to the detail of the Plan itself. The Plan is structured around commitments in the three key areas of stabilisation, reform and delivery.

With the incredibly challenging budget position, stabilisation is invariably a strong immediate focus, not least in minimising the impacts of the £200 million plus of savings that had to be delivered this year. As I have already mentioned, a critical plank of the stabilisation agenda will be to continue to deliver the pay awards that our health and social care staff deserve. And that extends to those staff working within the independent adult social care sector. My ambition in this regard is to make that sector a Real Living Wage sector. I am determined not to be found wanting in that regard, especially due to the importance it has on our impact to successfully recruit and retain sufficient levels of staff.

Progress on the reform agenda continues. Despite the pandemic and the difficult budgetary environment, we have made tangible progress across multiple areas. There is, of course, much more to do and the Plan published today sets out my reform ambitions. It is important to be clear that reform is not a silver bullet that will solve everything. It is, however, what is needed to give our staff and the public hope that there is a bright future for our health and social care service.

I am determined to support people to live healthier lives and to tackle health inequalities. That is why I intend to:

- Embed the Live Better initiative into our mainstream way of working;
- bring forward a new Obesity Strategic Framework;
- implement the NI provisions in the Tobacco and Vapes Bill; and
- bring forward proposals for Minimum Unit Pricing for Alcohol.

Subject to funding, I also intend to put in place a new lung screening programme and an expanded bowel screening programme.

A lot has been said about the 'shift left', that is, to provide services closer to people's homes. A number of measures in the Three Year Plan will support this 'shift':

- Firstly, By April 2025 I will publish a plan for the completion of the Multi-Disciplinary Team model across all areas of Northern Ireland. Subject to additional funding being secured, we will be much closer to that objective by April 2027. By that point, phased implementation will be underway with anticipated investment of £19 million to expand the model to a further 5 new GP Federation areas with a combined population of 670,000 people. That will mean that approximately 50% of the population will be covered, compared to around 30% now. The rest will follow as a priority.
- Secondly, again subject to funding, I am keen to invest a further £15 million in our community and GP pharmacy services as well as an additional £17 million in our mental health services to support greater integration with the voluntary and community sector.
- Thirdly, I am also planning to implement new models for delivery of home (domiciliary) care services, learning disability services and children's social care services, as well as a regionally consistent contract for care home placements within this Mandate, as far as funding allows.
- Finally, I want to see reform of dental services progressing over the coming years.

In terms of our hospital services, I have already launched a public consultation on a new network approach and I look forward to seeing the outcome of that consultation next year.

Good progress has already been made on implementation of the Elective Care Framework, with the roll out of elective care centres and rapid diagnostic centres.

Whilst the Day Procedure Centres and Elective Overnight Stay Centres have had a positive impact on waiting times, as a result of our wholly intolerable waiting times position it's essential that we drive through further improvements in productivity levels to maximise the numbers of patients being cared for.

The Department has been driving forward targeted measures to ensure that Trusts are delivering 100% of all commissioned sessions

and that efficiency and productivity across the elective care centres is maximised.

The most recent published statistical information, as of 30 September 2024, for inpatient or day case treatment waiting lists, across Northern, Southern and Western Trusts shows there has been an 20% - or 12,115 - decrease in numbers waiting since the same month last year.

Taking into account the data available for Belfast and South Eastern Health Trusts, this represents a decrease of 5.5% in the numbers waiting since the same month last year.

But whilst there are some areas of improvement, I am mindful that overall our waiting times position remains unacceptable. There are still far too many people, waiting for far too long for outpatient assessment for instance.

As I have already said, reform is necessary but not sufficient to address the many deep-seated issues impacting on our health and social care services. In addition to significant additional funding, we need a relentless focus on performance and productivity. To that end, I have challenged the Health and Social Care Trusts to deliver 46,000 additional outpatient assessments and 11,000 additional treatments annually by 2027.

One in two of us will receive a cancer diagnosis in our lifetime. That is the harsh reality we are currently facing. Cancer services currently cannot meet this level of need, and the Cancer Strategy clearly outlines the need to transform the way we deliver cancer services for people throughout our community.

We must deliver new and innovative ways of preventing cancer, supporting early diagnosis and delivering better care for cancer patients.

Over the past two years we have seen good progress on the delivery of a wide range of key cancer strategy actions.

Key examples of progress to date include the development of services to provide genomic testing for cancer patients; investment in the oncology/haematology implementation plan and work to review patient pathways. We have also established minimum standards for Adolescent and Young Adult cancer services.

The Rapid Diagnosis Centre model will ensure quicker access to red-flag services and will increase the survival chances of these patients.

I have also commissioned strategic reviews on Breast Cancer and Radiotherapy Services in Northern Ireland. These reviews will inform how these services should be delivered in the future, allowing equity of access for all patients across the region.

The actions identified in the next phase of cancer strategy implementation for the period 2025-2028, provide a real opportunity to deliver positive change and service outcomes that everyone expects and deserves.

This along with the actions emerging from the strategic service reviews will provide the basis for cancer service transformation.

I am confident that this will provide a more sustainable approach for the future delivery of cancer services and ensure that the early detection and treatment of cancer is at the core of our future response.

The implementation of the Encompass programme should help to enable these improvements in productivity. I am determined that the Health and Social Care system maximise the benefits that can be had from digital reform. This will include making full use of the rich data that will be available to us.

I also anticipate reform of both neurology and stroke services, the outcome of which will be subject to consultation and funding availability.

There is also a need to reform pathology services and I intend to have in place a single management structure for all pathology and blood transfusion services. I also hope to deliver a regional Imaging Academy to increase the supply of suitably trained clinicians.

I will also continue with the very important implementation of the Urgent and Emergency Care Review.

Similarly, I will also move ahead with strategic initiatives on quality and safety. This will include bringing forward a consultation on replacing the current Serious Adverse Incident process early in the New Year. And today, I'm pleased to be launching a new 14 week consultation – slightly extended to take in account the Christmas break - on a new Being Open Framework and on the issue of Duty of

Candour in Northern Ireland. I am determined to advance proposals for an organisational duty of candour as well as considering proposals for an individual duty of candour in the coming months.

Being open and honest is critical to safe and effective health care. We want to create a culture in which our health service staff feel safe, supported and empowered to speak up when things go wrong, in the certainty that their concerns will be listened to and acted upon.

We want to create a culture where the public can have confidence that if mistakes are made, they will be informed quickly and accurately about what has happened.

The Being Open Framework seeks to put in place the necessary support and systems required to enable and nurture a truly open culture and help to prevent patient harm.

Mr Speaker, I would encourage the public to get involved and have their say.

Mr Speaker, I believe that the Three Year Plan is realistic and ambitious. Of course, the pace of progress will depend on future budget settlements and indeed on successful partnership working across the Executive. I believe that if we all work together, we can meaningfully improve population health, support people to live healthy lives and provide the conditions for our health and social care system to thrive.

I commend the Three Year Plan to the Assembly.