

WRITTEN MINISTERIAL STATEMENT:

NORTHERN IRELAND OFFICE

REVIEW OF PUBLIC ADMINISTRATION, FUTURE HEALTH AND SOCIAL CARE STRUCTURES

The Parliamentary Under Secretary of State for Northern Ireland (Shaun Woodward): I am today announcing my plans for future health and social care structures in Northern Ireland. The Secretary of State for Northern Ireland's announcement on the Review of Public Administration in Northern Ireland sets out the background to the Review, reflects on the consultation process and sets out the key changes for public administration in Northern Ireland.

The current organisation of health and social services in Northern Ireland is too cumbersome, too bureaucratic and hugely inefficient. It produces inequalities and unacceptable delays for treatment.

I have already begun a rapid programme of reform and modernisation. By March 2006 people will wait no more than 12 months for in-patient and day case operations and from March 2006 the targets for replacement hips and knees will be no more than 9 months, for cardiac surgery no more than six months and for cataracts no more than 6 months. I am also driving a £2.2 billion investment programme across the health and social services with developments at all major hospital sites and across the primary and community sector.

The next step is to put in place structures, which are patient-led, patient-centred and patient responsive and which will free resources for investment in front line health and social services.

I will replace the four Health and Social Services Boards and create a new statutory Strategic Health and Social Services Authority which will be responsible for performance managing the health and social services, ensuring that services are accessible, responsive, high quality and efficient.

Some of the functions currently exercised by the Department of Health Social Services and Public Safety will transfer to the new Authority. The Department's primary function will be to set policy and targets and it will be a significantly smaller, more tightly focused body.

Seven primary care-led Local Commissioning Groups will be established, patterned on the proposed areas of the seven new District Councils. Acting as local offices of the Strategic Health and Social Services Authority, the Local Commissioning Groups will work in conjunction with local primary care practitioners and the Authority to commission services from Trusts. These commissioning arrangements will be developed in consultation with primary care professionals and could evolve to primary care-led commissioning arrangements along the lines of proposals currently under development in England.

Five new integrated Health and Social Services Trusts will replace 18 of the 19 existing Trusts bringing the total number of Trusts to 6, including the Northern Ireland Ambulance Service, which will continue to provide a regional ambulance service. As a result of having a greater critical mass these Trusts will create and develop new linkages between hospital and community-based services.

I will replace the 4 Health and Social Care Councils with a powerful single Patient and Client Council which will engage with people and communities to promote health and wellbeing, and ensure that services are responsive and patient-centred and that decisions reflect public priorities.

I also intend to incorporate the Health Promotion Agency into the new Strategic Health and Social Services Authority and the Regional Medical Physics Agency into one of the new Trusts, thus reducing the number of regional service delivery bodies to three. The remaining regional service delivery bodies will be the Central Services Agency, the Guardian Ad Litem Agency and the Blood Transfusion Agency.

I am content for now that there is a case for retaining in their present form the remaining smaller NDPBs which did not fall within the remit of the Review of Public Administration but I expect them to work closely with other health and social services organisations to reduce their management costs.

I will sympathetically consider the case for locating the new Strategic Health and Social Services Authority and the new Patient and Client Council outside the Belfast area.

These new structures will be put in place as quickly as possible. With immediate effect groups will be identified to lead the development of the new Trusts which will require subordinate legislation and which will become fully operational by 1 April 2007. Over the coming months we will develop our model of a Strategic

Health and Social Services Authority, which will require primary legislation, and the new primary care commissioning arrangements. This will be done in consultation with health officials, doctors, pharmacists, social workers, dentists, nurses and other health and social services professionals with a view to having these formally in place by 1 April 2008.

We will also explore ways in which we can devolve commissioning power to local primary care-led groups in advance of the Strategic Health and Social Services Authority and the Local Commissioning Groups being established.

The speed of this reorganisation will understandably give rise to concerns among people working in health and social care services and indeed in my Department. I am however committed to ensuring that every reasonable effort is made to avoid compulsory redundancies while at the same time taking into account the legal rights of staff in the context of fundamental change to terms and conditions of employment and work location.

I am satisfied that implementation of these proposals will ensure that the health and social services in Northern Ireland become genuinely patient centred and more accessible. They will also be more effective and efficient with a greater proportion of expenditure devoted to front line service delivery and development.

