Written Ministerial Statement

The content of this ministerial statement is as received at the time from the Minister. It has not been subject to the official reporting (Hansard) process.

Health, Social Services and Public Safety

Update of Oral Statement on 14 October 2014

Published at 11.30 am on Thursday 30 October 2014.

Further to my Oral Statement of 14 October on the October Monitoring Round and my recent attendance at the Health Committee, I would like to update the House in relation to a number of important financial matters affecting my Department in 2014/15.

Firstly, as I have previously advised the House, I very much welcome the £80m which has been made available to my Department in 2014/15 through the June and October Monitoring Rounds. However, given the scale of the challenge I face, even with this additional funding there will still be consequences for the provision of health and social care services. It will simply not be possible to maintain current levels of service provision in the absence of all the required funding.

In terms of the deployment of the £80m additional allocation, this will focus on the provision of front line services. However, while I have decided that the additional funding will permit £14 million of investment in elective care, this is much less than the full extent of the pressure and thus the current restrictions on the use of the independent sector will have to continue.

Support will be provided to unscheduled care and patient flow, with the aim of reducing the number of breaches in Emergency Department waiting time standards, including through the challenging winter period. Some £31m will be devoted to protecting unscheduled care, investing in domiciliary care and addressing the implications of Trust contingency plan proposals. As I signalled in my Oral Statement of 14 October, I have decided to provide support so that NICE drugs and treatments can continue to be provided, to invest in the Altnagelvin radiotherapy centre during 2014/15, so that it can open as intended in 2016 and to support the cath labs in Altnagelvin so that they can continue to provide a vital service, 24/7 as planned. Together these specialist services will benefit by some £8m. Further support will be provided to the voluntary and community sector and the Family Fund along with other regional commitments which will receive some £8.5m. Some £8m has also been directed at funding TYC transitional costs in 2014/15, allowing the Integrated Care Partnerships to make further progress and ensure that there is a greater equity in reformed services across Northern Ireland. Finally I intend to make allocations of £4m to support increased nurse staffing levels to maintain safety and quality on acute wards, £3m to meet some of the increased demand in childrens' services, £2m to resettle mental health and learning disability clients and £1.5m to provide some support to vital public health initiatives.

Since my Oral Statement, I have considered the range of competing pressures and priorities across health and social care. In doing so, my clear focus has been to ensure that the services we provide are safe and effective, while seeking to achieve financial balance for the Department, as is required of all Ministers.

To achieve these twin aims, in addition to the £170m of savings required in 2014/15, the Trusts will also need to implement a range of contingency proposals. Some of these proposals will inevitably cause concern in local areas. However, each Trust has provided assurances that their services will remain safe, with appropriate staffing levels in place. Such proposals, including the temporary closure of some minor injuries units, closure of some beds and amalgamation of wards and outpatient clinics, will be implemented on the understanding that alternative arrangements are put in place to maintain safety and mitigate the impact on patient flow. Elective care treatments will be focused on urgent procedures, assessed by clinicians in priority order, and potentially provided on different sites in order to reduce locum and agency spend. Domiciliary care and aids and adaptations will be provided in order to best manage

risks and meet the highest priority needs within the resources available. I expect the full engagement of the Trusts in their local areas so that the public is fully aware of any changes that will impact on them and should Trusts propose to make any significant service changes permanent, those proposals must be subject to consultation, as appropriate.

The extent of the pressure on my budget means that I have had also to impose further cuts in other areas including a 2.5% cut to my other Arms Length Bodies, my own Department's administration costs and to pharmacy spend. I have decided to follow the lead of the Finance Minister and exercise a degree of restraint over pay, given the financial challenges and the need to prioritise front line service provision. Subject to the necessary approvals, staff will therefore receive either the incremental progression they are entitled to or a 1% non consolidated pay award if they are at the top of the pay scale. Consultation processes will also commence shortly which could mean that higher and lower clinical excellence awards will not be made for 2012/13 and 2013/14.

Given the significant financial challenges, I have had to make difficult choices in both allocating resources and determining the measures needed to secure break even. These decisions reflect what is achievable in maintaining safety and minimising costs between now and the end of the financial year. These financial challenges will continue in 2015/16, and our planning for that requires urgent Executive agreement to a draft Budget, including how Welfare Reform cost pressures will be addressed. It is vital that health and social care receives the necessary funding to meet the needs of the local population.