Written Ministerial Statement

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Health, Social Services and Public Safety

Follow-on 2012-15 Bamford Action Plan

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Mr Poots (The Minister of Health, Social Services and Public Safety): Mr Speaker, I am grateful for this opportunity to make a statement to this Assembly on the important matter of the publication of the follow-on 2012-2015 Bamford Action Plan.

Government Commitment to Bamford Principles

I am pleased to lead on the publication of this Action Plan on behalf of the Northern Ireland Executive. The Action Plan reflects the Executive's continuing commitment to the principles underpinning the Bamford Review and, in particular, the further support for those individuals (and their families) living with a learning disability and/or a mental health need. They are valued as equal members of society and have the same right to public services as any other member of our community.

Background

The Bamford Review of mental health and learning disability law, policy and services was commissioned in 2002 by my Department and reported to the Executive in 2007. The Bamford Review envisaged a 10-15 year window to deliver reforms to mental health and learning disability services. The first phase of the response to the Bamford Review, a cross-Departmental 2009-2011 Bamford Action Plan, has recently come to an end.

In May 2012, following agreement by the Executive, my Department published an Evaluation of the 2009-2011 Action Plan, which established that the joint working across Government Departments and the Health and Social Care sector had achieved a great deal, and that 80% of the actions had been delivered. It also highlighted areas where services can still be improved, for example:

- Local level cross-sectoral working;
- A focus on outcomes, rather than outputs;
- The ability to effectively monitor and measure achievement; and
- Better information on the services available, in ways that are accessible to service users and carers.

Work to address these matters has been taken forward through the development of the follow on 2012-2015 Action Plan, which has been based on the lessons learnt from the 2009-2011 Evaluation, as well as consultative workshops, new research and evidence-based practice and the views of service users and their carers.

We are grateful for the ongoing work of the Bamford Monitoring Group. This is a group of expert people whose membership has equal representation from service users, carers and Patient and Client Council members. They, together with statutory, community and voluntary organisations, have commenced specific work on improving cross-sectoral working. As part of that work, two workshops were held in March 2012. What emerged from these workshops are the key service user outcomes which are now appended to the Action Plan. In addition, a new action seeking to improve cross-sectoral working has been added to the follow-on Action Plan.

Other work being actively pursued by Bamford stakeholders is the availability and accessibility of existing information for service users, their carers and families and how this can be improved. This work will be progressed within the 2012-2015 Action Plan. Action Plan.

I now want to turn to the pivotal importance of leadership, cross governmental and interagency working, in the context of the new Bamford

Leadership and Responsibilities

This Interdepartmental Action Plan places leadership and responsibility for continuing delivery of the Bamford Vision on my Department, DEL, DE, DSD, DRD, DCAL, DETI, OFMDFM and DoJ.

It contains 76 actions. These actions represent both ongoing work carried over from the 2009-2011 Action Plan and new actions arising from stakeholder engagements. The actions within Section B of the Plan are presented under the five main Bamford delivery themes:

- Promoting positive health, wellbeing and early intervention;
- Supporting people to lead independent lives;
- Supporting carers and families;
- Providing better services to meet individual needs; and
- Developing structures and a legislative framework

I accept that it is now 10 years since the Bamford Review started its work. Services users, their families and carers and the general public priorities and expectations have changed over that period of time. So too, have services and these continue to evolve in line with changing evidence of effectiveness and new technologies. Issues are emerging now which were not highlighted in the Bamford Review, but nonetheless these also need to be addressed. Such issues and related Actions are contained within this Plan and are set within the broader framework of reform and modernisation, as envisaged by Bamford.

For my own Department, reform and modernisation of health and social care, with a renewed focus on health promotion, early intervention and the provision of services closer to home is part of the proposed Transforming Your Care agenda. The consultation on this reform agenda has just closed but I want to assure you that, as we move forward, I will continue to strive for early intervention, a re-ablement ethos and personalised service provision to enhance the independence of those living with a mental health or learning disability. As we progress, we need to be sure that we are achieving our aims, and doing the right things, right. Therefore, a focus on continued monitoring and evaluation remains important.

Future Evaluation

Through consultation and ongoing engagement with service users and their carers it has become apparent that the future evaluation of this Plan should be centred on the outcomes that matter to service users and families, rather than outputs.

Bamford stakeholders have ensured that the actions within this Plan are as far as possible measurable, outcome-orientated and, most importantly, in line with service user and carer needs and expectations.

The Interdepartmental Senior Officials Group, in association with the Bamford Monitoring Group, will develop a full Evaluation Model based on the themes identified by service users and their carers. It is envisaged that the future evaluation of this Action Plan based on the Model will be taken forward by an independent body.

But resources are always an issue and it would be remiss of me not to highlight these constraints.

Financial Implications

Funding across the entire health and social care system continues to be a significant challenge over the Budget 2011-15 period. Pressures associated with meeting the needs of an aging population and the increasing number of people living with disabilities and long term conditions means that all HSC organisations must look to maintain, improve and develop services within the funding envelope provided to us. Indeed, Transforming Your Care will play an important role in achieving this aim. Notwithstanding this, during this budget period, the additional funding for mental health and learning disability services amounts to £9.2m; (£2.8m for mental health and £6.4m for learning disability). This funding is earmarked to continue the resettlement programme.

This contrasts sharply with the financial outlook at the start of the 2009-2011 Action Plan, when much more significant increases in funding were anticipated. The constraints on resources call for a renewed emphasis on reform, modernisation and redesign of the commissioning and provision of existing services and working collaboratively across government and other agencies. However, delivery of specific Actions will be contingent on further financial analysis, resource availability and prioritisation within respective departments.

Conclusion

In concluding I would wish to reiterate that the Executive remains committed to the promotion of independence and social inclusion for those, in our community, who are living with a mental health or learning disability. The modernisation and improvement of learning disability and mental health services, however, will only be fully realised through the commitment not just of health and social care staff, and an intergovernmental and agency approach, but also through the drive of service users, carers and the voluntary and community sectors.

The follow-on 2012-2015 Action Plan reflects a truly cross-cutting agenda, and therefore we need real involvement across all parts of Government in Northern Ireland. Leadership from responsible Ministers will be of paramount importance in order to deliver the full Bamford Vision for these services.

I believe it is important that Government and those who commission and deliver services continue to be informed and guided by the views of those who use these services in order that we provide the right care, in the right place, at the right time.

Finally, and in closing Mr Speaker, I would like to take this opportunity to thank the many individuals and groups who contributed to the development of the Action Plan and in particularly the Bamford Monitoring Group of the Patient and Client Council for their invaluable assistance.

I commend this follow-on 2012-2015 Bamford Action Plan to the House.