

# Written Ministerial Statement

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## Department of Health

### UPDATE ON REBUILDING, REFORM AND BUDGET

*Published at 2:30 pm on Tuesday 5 July 2022*

**Mr Swann (The Minister of Health):** I wanted to provide Members with a summary of the important health service initiatives that have been announced in recent weeks.

I believe a clear direction of travel has now been established for the vital task of rebuilding and transforming services.

My sincere hope is that devolved Government will be an enabler and champion of change, rather than an impediment.

I can assure Members that our health and social care staff are more than up for the challenge of rebuilding.

We know what needs to be done in key areas including general surgery, orthopaedics, workforce and overall waiting list reduction. The design plan I have announced for the future shape of hospital services will bring different pieces of the overall jigsaw together and demonstrate that better times for health and social care are achievable.

However, I also have to place on record my deep concerns about escalating budgetary pressures and uncertainties.

We are now into the second quarter of 2022/23 without a budget in place.

Notwithstanding the scale of the challenges, I am determined to press ahead with the reconstruction and transformation of our health service to the best of my ability.

As I have underlined repeatedly, we now have essential building blocks in place for this long-term rebuilding task, including strategies on elective care, cancer service and mental health.

Recently announced initiatives show that progress can be achieved, providing the necessary funding support and collective determination are in place.

These have included my decision to commission a design plan mapping out the future shape of hospital services across Northern Ireland.

This will spell out what a reorganised hospital and supporting primary care network can look like and where key services would be provided. The plan will be published in the autumn for consultation. Other initiatives in recent weeks have included:

\* On 30/6/22, I published the Review of General Surgery in Northern Ireland. It sets out standards that hospitals will be required to meet to continue providing emergency and elective general surgery. These standards will help inform the design plan.

The Review of General Surgery offers a new future for this specialty, which will involve reform of the current pattern of services to provide better, safer and more consistent care for patients. Changes will include the creation of Elective Overnight Stay Centres, providing planned procedures for high volume, intermediate complexity cases where at least one night in hospital is required. The Mater Hospital in Belfast is earmarked as the first of these new centres.

\* On 20/6/22, I announced important initiatives to improve stroke care and rebuild orthopaedic surgery provision in Northern Ireland.

These included an Action Plan for stroke services, with timescales for improvements in key areas including a seven day assessment service for Transient Ischemic Attacks (“mini strokes”), a 24/7 Thrombectomy service, the roll out of Early Supported Discharge to all Trusts and the development of community-based services for stroke survivors.

Initiatives in Orthopaedics include Elective Hubs at Musgrave Park in Belfast Trust, Southern Trusts and Western Trusts. These Hubs will provide a regional core for orthopaedic services to reduce waiting lists and will include ring-fenced staff and beds.

\* On 15/6/22, I published a series of actions that will be taken forward over the next three years to help address workforce challenges.

The newly published action plan is the second instalment under the Department’s long term Health and Social Care Workforce Strategy 2026.

\* On 25/05/22, I announced Omagh Hospital as Northern Ireland’s second regional Day Procedure Centre. The first is Lagan Valley Hospital.

The Omagh announcement was part of a series of initiatives on waiting lists, including recurrent investment of over £16m per year on boosting in-house health service capacity to treat patients. I was also able to confirm £46m for additional waiting list activity for the first six months of 2022/23. This allocation was made at risk in light of the budgetary situation.

This funding for the start of 2022/23 involves creating additional in-house health service capacity over and above normal day to day work, as well as paying independent sector providers to assess and treat patients who are on waiting lists.

Members will be all too aware that much more needs to be done to fix our health service.

The serious problems we are facing have built up over many years and have been significantly exacerbated by the COVID-19 pandemic.

In my considered view, it is hard to imagine a worse possible time to deprive our health service of budgetary certainty across the short, medium and long term.

This situation threatens to seriously delay, if not thwart, the progress we need to make.

It is difficult to envisage what it would be like to run a household budget without any certainty on income levels. Everyday decisions on expenditure would be shrouded in doubt, concern and insecurity.

Consider then that we are condemning a £7 billion a year health and social care system to similar circumstances.

Not long ago, patients and staff in Northern Ireland had the promise of a multi-year budget, with the potential for longer term planning and sustained investment. As things stand at present, we have no budget at all.

Prolonging this state of affairs would be tantamount to sabotaging the rebuilding of our health service. Currently, every decision I make on approving additional expenditure is being taken at risk.

As I have previously warned Members, our financial situation will undoubtedly be constrained whatever the final budget settlement. We will not be able to do everything we want.

I have to prepare for the eventuality that funding pressures in health will become increasingly significant as this financial year progresses.

Different budgetary projections are available to my Department as it seeks to manage the current situation. These include the draft 2022/23 Budget issued by the Finance Minister, but never approved by an Executive, and the baseline budget based on allocations for last year.

Under all the projections, we are currently forecasting an overspend for the year.

Indeed, based on current spending, we will have spent roughly 60% of our baseline by the end of the second quarter of 2022/23.

That is not sustainable and, inescapably, there will be difficult decisions for me or my successor in the coming months. Failure to make these decisions would also have serious consequences.

To cite a current example, I have only been able to confirm a limited extension of the Republic of Ireland Reimbursement Scheme, involving an additional £5m. Funding is not available for a further extension of this Scheme when the £5m is spent.

I continue to be lobbied by Members to further increase funding across a wide range of vitally important health and social care services. My inability to meet these demands is not due to any unwillingness on my behalf. Not only do I not have unlimited funds, I do not even have a confirmed budget.

Members have a right and indeed a responsibility to press Ministers on behalf of their constituents. At the same, public debate on public expenditure must not be conducted in a collective state of denial. In the absence of the Assembly, I am facilitating update meetings with MLAs from across the chamber. The meetings to date have covered: health and social care transformation, current budgetary pressures, the Covid-19 pandemic, the Review of General Surgery and digital transformation in health care.

I would like to thank Members who have attended for their constructive and realistic engagement, and particularly for their acknowledgement that change is needed.