From: Sara Hollowell

Date: 14 October 1999

To: Patricia McAuley

cc: Secretary
Mr Radcliffe
Mr Hill
Mr Simpson
Mr Baker
Mr O'Neill
Dr Smith
Mr Owens

BRIEFING ON KEY ISSUES FOR THE SECRETARY OF STATE

1. Your minute of 13 October requested more detailed briefing for the Secretary of State on key issues facing the Department.

2. Attached are the detailed briefs as requested and I would advise that areas previously addressed in The New Public Health Agenda are now set out as individual briefs.

- Acute Hospitals Strategy for Northern Ireland
- Fit for the Future – A New Approach
- Welfare Reform
- *"Investing for Health"*.
- *"Smoking Kills"*.
- Food Standards.
- *"Children First"*.
- Disability Discrimination.

3. I trust the material provided is appropriate, but should you require anything further, please do not hesitate to contact me.

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ACUTE HOSPITALS STRATEGY FOR NORTHERN IRELAND

Background

1. The acute hospital service in Northern Ireland needs to be modernised. At present, there are 17 acute hospitals in the province. With a population of 1.6 million, acute hospitals here serve populations of between 60,000 and 250,000. Hospitals elsewhere in the UK serve much larger populations. For example, district general hospitals in England typically serve populations of between 250,000 and 300,000. With expert staff more widely dispersed in Northern Ireland than elsewhere in the UK, the viability of some smaller hospitals has been coming under increasing strain in recent years.

2. In November 1998, the Department published *"Putting It Right - the Case for Change in Northern Ireland's Hospital Service"*. That paper was aimed at assisting the new Northern Ireland Assembly in its consideration of the issues facing hospital services. It outlined the problems currently facing services and set out a vision for their future. Problems outlined included:

   - small hospitals with doctors on call for up to 104 hours a week and 24-hour services often propped up by trainees;

   - more than half of Accident and Emergency Departments in Northern Ireland lacking the expert staff and back-up support necessary to treat serious injuries or illnesses; and

   - small maternity units not delivering sufficient numbers of babies to justify employing paediatricians to deal with emergencies;

- increased specialisation leading to a shortage of general surgeons, who provide surgical services at smaller hospitals.

3. *Putting it Right* provided the vision for a modern and effective hospital service in the future, which would guarantee equally high quality of care to everyone in Northern Ireland. It highlighted the need for early decisions on the future pattern of hospital services and warned that services were in danger of collapse in some areas if action was not taken. It described a network of care, with a greater emphasis on the role of primary care, with services provided by local, area and regional hospitals which would work together through managed clinical networks to share expertise and knowledge:

- **Local hospitals** would provide an extended range of outpatient and day clinics, including day surgery and minor injuries services
- **Area hospitals** would provide a wide range of acute services, including a full A&E service
- **Regional hospitals** would provide patients with specialist services, such as coronary bypass and kidney transplantation.

4. All four Health and Social Services Boards have reviewed acute hospital services in recent years, the most recent being the Western Board, which submitted its recommendations last month. In the meantime, the strain on smaller hospitals has continued to grow. In July 1999, for example, following a crisis in staffing at the South Tyrone Hospital, Mr McFall decided that A&E services and emergency surgery cases at South Tyrone should transfer temporarily to Craigavon Area Hospital.

5. In the absence of an Assembly Executive, Mr Howarth has accepted that decisions on acute hospitals cannot be postponed indefinitely and that the future of small hospitals in particular needs to be resolved as soon as possible. This is particularly the case in the south-west of Northern Ireland. There, the Western Health and Social Services Board has recommended the building of a new hospital on a greenfield site as a replacement for the Erne in Enniskillen and the Tyrone County in Omagh, which treated many of the victims of the bomb attack in August last year. An early decision on this emotive issue will need to be taken to prevent continuing uncertainty.

6. Against this background, therefore, the Minister decided that a strategy document should be published as soon as possible. It will draw on the Board acute reviews and take an overview of the Northern Ireland position overall. It will outline the Government's policy for the future development of Northern Ireland's hospital service and will be issued for a period of public consultation, which is likely to last for about four months.

7. Work on the strategy document is under way and it is intended that it will be issued in December. Final decisions on the future of hospitals will need to be taken in the spring of 2000.

FIT FOR THE FUTURE – A NEW APPROACH

1. In December 1997 the Government published White Papers on its plans to modernise the NHS in England, Scotland and Wales. Northern Ireland's unique structure of **integrated** health and personal social services (HPSS) meant that the models proposed in Great Britain would not have been readily applicable here. There was also a debate about whether Northern Ireland had too many separate HPSS bodies. For these reasons a consultation paper - *Fit for the Future* - was published in April 1998 inviting views on the future of Northern Ireland's HPSS.

2. The consultation ended on 30 September 1998. In the meantime, the Northern Ireland Assembly had been set up. Under devolution, health and social services will be "transferred" matters. The Minister decided that decisions on changes to HPSS structures, and the associated legislation, should be left to the Assembly.

3. Devolution was delayed, but the Minister maintained momentum by publishing *Fit for the Future: A New Approach* in March 1999, setting out his vision for the future of the HPSS in the light of the consultation exercise. He decided that final decisions on change should still be left to an Assembly, which at that stage was expected imminently.

4. The paper proposed radical changes to HPSS structures:
   - abolishing GP Fundholding (which is national policy);
   - abolishing the 4 Health and Social Services Boards;
   - creating new arrangements for commissioning health and social services. These envisage primary care professionals working together in Primary Care Co-operatives to commission health and social care

new Health and Social Care Partnerships, which would replace the 4 existing Boards;

- halving the number of HSS Trusts from 18 to 9;
- merging the 4 Health and Social Services Councils;
- introducing new HPSS planning arrangements built on the concept of "Health and Well-being Improvement Programmes".

5. The paper also committed the Government to developing policy in a number of areas to improve the quality of services. This work is in hand.

6. The absence of devolution has delayed decisions on the organisational changes. Even the first step, abolishing fundholding, will require primary legislation (via an Order-in-Council at Westminster). Since the creation of the Assembly there has been a general moratorium on primary legislation on "transferred" matters (except in unavoidable cases).

7. The delay since March has created uncertainty in the HPSS. Officials consider it important that strategic direction is given to the Service as soon as possible. Ministers will wish to decide what action is appropriate in the light of the political situation.

8. If devolution occurs quickly, then responsibility for decisions on the HPSS will pass to an Assembly. If there is no immediate prospect of devolution, Ministers will wish to consider whether to press ahead with implementing the proposals in *Fit for the Future: A New Approach.*

9. A key issue is how far and how fast to move ahead. The proposals in the

of fundholding; creation of Primary Care Co-operatives; rationalisation of Trusts; merging of Councils; and introduction of Health and Well-being Improvement Programmes. Starting now, this package is achievable by April 2002. There is large measure of support for these proposals. Phase 2 would involve abolishing Boards and replacing them with the new Health and Social Care Partnerships. This is more complex and potentially controversial. The decision to implement Phase 2 may depend on the success of the Primary Care Co-operatives in taking on their new commissioning role. Ministers will wish to consider whether to commit immediately to Phases 1 and 2, or only to Phase 1, adopting a wait and see approach before committing to Phase 2.

10. The need for primary legislation to effect many of the changes imposes a constraint. Any draft Order-in-Council on a "transferred" matter, which had not yet received Royal Assent at the time of devolution, would not proceed. The devolved Administration would have to decide whether to proceed with the legislation as a Bill of the Assembly. The normal Order-in-Council procedure takes 12-15 months (this can be shortened in certain circumstances). Ministers will have to take into account the possibility that devolution could occur before legislation to effect their policy proposals was enacted. A devolved Assembly might subsequently take a different view on the proposals for change, thus resulting in nugatory work and upheaval in the Service.

11. DHSS officials are preparing for the Minister's consideration of the options for and possible terms of an announcement on the future organisation of the HPSS to be made once the outcome of the Mitchell Review is known.