

Four Nation Ministerial teleconference: parity of support between infected blood support schemes

Wednesday 10th July 2019, 10.15-11.00, MacMillan Room, Portcullis House

Attendees:

England

Jackie Doyle-Price MP (*Minister for Mental Health, Inequalities and Suicide Prevention*)
Ginny Belson
Georgina Johnson
Beth Eaton

Wales

Julie Morgan AM (*Deputy Minister for Health and Social Services*)
Catherine Cody

Scotland

Joe FitzPatrick MSP (*Minister for Public Health, Sport and Wellbeing*)
Sam Baker
Ellie Clark

Northern Ireland (NI)

Richard Pengelly (*DoH Permanent Secretary*)
Sue Gray (*DoF Permanent Secretary*)
Lesley Heaney

Discussion:

Jackie Doyle-Price provided some opening context to the discussion:

- The Infected Blood Inquiry (IBI) is now underway, and the Government has already received representations from the Chair, Secretariat and campaigners about changes they would like to see to achieve greater parity between infected blood support schemes.
- The Minister apologised to her counterparts in Scotland, Wales and Northern Ireland that she had been unable to give advance notice of the uplift in English scheme payments announced at the end of April.
- Going forward, the Minister would like to adopt a spirit of cooperation between the four nations, looking at options to achieve parity, whilst honouring their integrity as separate, devolved schemes. As part of this, she emphasised that no one nation, and indeed no one beneficiary group, should be disadvantaged by future changes.

Julie Morgan set out Wales' position:

- The Minister explained that the Welsh Government had heard strong views from their infected and affected campaigners since the England uplift announcement, with calls for Wales to match these levels of financial support. This would cost around £3m.
- The Minister went on to explain that the scheme in Wales is determined by the resources currently available, and that as such, they do not feel it is possible to find an additional £3m within their existing health budgets.

Joe FitzPatrick set out Scotland's position:

- The Minister explained that Scotland has not experienced the same feedback from campaigners as in Wales following the uplift in England. He explained that this may in part be due to Scotland having recently made improvements to its own scheme in autumn

last year. These changes were the result of a clinically-led review led by Professor David Goldberg, the approach to which was generally well received by stakeholders.

- Sam Baker elaborated that this review had focussed on those infected with hepatitis C (Hep C) and had considered both the physical and mental health impact on individuals. The review took around 9 months and resulted in clinicians defining three categories for support, and beneficiaries being able to self assess within these categories, with guidance and support available to assist in this. Interviews were conducted with those affected as part of the process.

Sue Gray (SG) set out Northern Ireland's position:

- SG explained that she was joining the call in two respective roles: that of Cabinet Office sponsor to the IBI, and as the Permanent Secretary of NI's Department of Finance.
- Speaking in her NI role, SG explained that the announcement of the recent English uplift in payments has caused considerable distress among Northern Ireland beneficiaries and campaigners.
- SG emphasised that NI are in a similar position to Wales; unable to find the additional funding necessary to match English payments (approx. £1m) from within their own health budgets.

In the wider discussion on parity, the following points were made:

Principles of parity

- There was **general agreement** that each nation should give one another due warning of any changes they plan to make in future, to give others enough time to consider the implications for their own scheme. Here, **Joe FitzPatrick (JF)** raised that Scotland will soon be introducing CPI linking under their scheme.
- **JF** emphasised that moving forward, it was important to consider the four schemes in their entirety, not just in relation to specific beneficiary groups. JF also emphasised that nobody must be made worse off in any move towards greater parity.
- **Jackie Doyle-Price (JD-P)** said that she felt the four nations need to agree some shared principles for moving forward first – and that a conversation about funding can then take place around these.
- **Richard Pengelly (RP)** said that the issue of what we mean by parity appears to need further examination, noting that parity of support does not necessarily mean equal financial payments across all four nations. **JD-P** agreed with this, querying how we best describe the 'value' of the non-monetary support provided across the four schemes.
- There was **general discussion** of how best to contextualise the holistic support provided under the four schemes, given that this has arisen under devolution in response to particular needs in each nation. Here, **Julie Morgan (JM)** gave the example of the psychological support that is available in Wales, which beneficiaries can access simply by ticking a box on a form.

Funding

- **JF** said he felt there was a case for future funding to come from outside health budgets, suggesting that the Treasury (HMT) could provide a central funding allocation, which, with Barnett consequential applied, could then be used by each administration to make scheme improvements. He expressed that he did not feel a consultation could be considered until each nation has a sense from HMT of whether any additional money might be available; consulting on proposals without knowing if they could be funded was not the right thing for the beneficiary community.

- **JF** added that at present, Scotland does not have as definite an idea as Wales or NI as to what they would spend additional funding on; this is something they would need to discuss with Scottish stakeholders in more detail.
- On Wales and NI's request for central HMT funding for immediate payment uplifts, **JD-P** responded that it was helpful to understand the strength of feeling on this particular matter. She did explain that she had already had robust conversations with HMT about the recent uplift to the English scheme, and that the English Department of Health and Social Care had found funding for the uplift within their existing health budgets. **JD-P** said that she was willing to communicate Wales and NI's position to the centre at Westminster.

In discussing next steps following this meeting, the following points were made:

- **JM** raised that not all campaigners would welcome the idea of another consultation, having been consulted on so much over the years. **JD-P** agreed that constant consultations can leave beneficiaries feeling less empowered, so any such step would need very careful consideration. Here, **RP** came back to Scotland's recent analysis process, as an interesting model for engaging stakeholders without a formal consultation. **JF** said they would be happy to share more details on the review.
- **Ginny Belson (GB)** added that in the longer term, more work might be done to ensure that the Inquiry are fully appraised of how the different schemes have evolved to date and the role of devolution in delivering different schemes to meet the specific needs of their beneficiaries. There was **general discussion** about the fact that campaigners would be seeking an update on any actions from this Ministerial meeting. **JD-P** confirmed that she would write a letter to the centre of Westminster Government summarising today's conversation and the spirit in which the four nations have agreed to move forward.
- The following key messages were agreed upon:
 - The four nations are committed to achieving parity of support; careful and further consideration must be given to what is meant by this, in acknowledgement that it does go beyond financial payments alone;
 - As part of the above, the integrity of schemes developed under devolution must be respected – in recognition that the four schemes have evolved to address the particular needs of their beneficiary communities, in dialogue with those communities.
 - In moving forward with this, no beneficiary of any country's scheme will be made worse off financially, nor in terms of financial support.

Summary of actions:

- **Sam Baker** to share further detail on the Scotland review led by Professor Goldberg (both on process and outcomes)
- **Jackie Doyle-Price** to write to the centre of Westminster Government updating them on today's discussion (this letter will be shared in advance with all Ministers).
- **All Ministers** to reconvene in the autumn (Jackie Doyle-Price's private office to lead on finding a date for this meeting) – agenda for this meeting will in part be informed through Jackie Doyle-Price's dialogue with the centre, but should also build on the principles that have been agreed in today's meeting.