

Submission of the Royal College of Nursing Northern Ireland in relation to the draft Budget and Programme for Government

Introduction

- 1 The Royal College of Nursing [RCN] represents nurses and nursing, promotes excellence in practice and shapes health and social care policy. The RCN in Northern Ireland represents registered nurses, nursing students, nursing auxiliaries and health care assistants. Across the United Kingdom, the RCN has over 390,000 members.
- 2 This consultation response represents the collective view of the RCN Northern Ireland membership and has been endorsed by the RCN Northern Ireland Board, the elected body responsible for the governance of the organisation.
- 3 RCN Northern Ireland welcomes the opportunity to comment on the draft budget and Programme for Government 2008-2011, *Building a Better Future*, published for consultation by the Northern Ireland Executive.
- 4 We also welcome the fact that the Northern Ireland Executive is committed to full public consultation upon its proposals. We urge the Executive to maximise the effectiveness of this process by listening carefully to the community in Northern Ireland, to reflect upon the views expressed and to make any necessary adjustments to the draft proposals before finalising and agreeing the definitive Budget and Programme for Government.

- 5 The Programme for Government aspires to create a better future for the people of Northern Ireland through “an innovative and productive economy and a fair society that promotes social inclusion, sustainable communities and personal health and well-being”. RCN Northern Ireland welcomes and endorses this vision.
- 6 We also support the Programme for Government’s contention that “we cannot grow the economy in isolation from determined efforts to transform our society and enhance our environment. Building a strong economy requires a healthy, well-educated population, high quality public services, a commitment to use prosperity to tackle disadvantage and a tolerant, inclusive and stable society.”

Executive Summary

- 7 The key points that RCN Northern Ireland highlights in its response to the draft Budget and Programme for Government are as follows:
- The draft Budget proposals in relation to health and social care services will not meet the current or future needs of the population of Northern Ireland.
 - The draft Budget fails to take account of the higher level of health need and inequality within Northern Ireland.
 - The perception of an inefficient service is flawed and appears to ignore the significant and continued efforts made by frontline health services staff.
 - It is a misleading assumption that efficiency savings generated by the Review of Public Administration, the Comprehensive Spending

Review and bringing forward a decision on the new Health and Social Care Authority would bridge the significant shortfall in funding.

- Efficiency savings must be re-invested in front-line service provision; in the past, this has often not been the case.
- Manifesto commitments made to the people of Northern Ireland by the four main political parties appear now to have been modified or forgotten in the light of the restoration of devolved government.
- The healthy economy envisaged by the draft Programme for Government will not be secured unless it is based upon a healthy and productive workforce and wider society.
- The nurses of Northern Ireland have consistently embraced change, displayed a commitment to modernisation and worked tirelessly to ensure that patients are treated at all times with professional skill and human dignity, often under difficult circumstances.
- The RCN believes that the hallmark of a sustainable community and health service is one that values patients, families and carers as individuals and members of communities, rather than as commodities to be processed as quickly as possible, or assets to be disposed of when no longer economically viable.

Context

- 8 The draft Budget and Programme for Government have been published at a time of unprecedented change for health and social care services in Northern Ireland within the context of the Review of Public Administration and Agenda for Change, both of which have consistently been supported by RCN Northern Ireland but both of which are currently implemented only in part. Within the health and social care community in Northern Ireland, this uncertainty has, in

turn, created a sense of anxiety and concern about the implications of the draft Budget for patient care and for the front line services and staff who deliver that care.

- 9 The argument has been made that the allocation of 48.1% of the total available resources is, or should be, sufficient to meet the health and social care needs of Northern Ireland. The allocation is based upon an assumption that, because expenditure per capita is higher (albeit increasingly less so) than in England (although broadly similar to Wales and considerable lower than in Scotland), it must be sufficient to meet health needs. Secondly, the allocation and associated arrangements presuppose that there are significant inefficiencies inherent to the system which, if addressed, can automatically enable resources to be released in order to be re-invested in other areas. RCN Northern Ireland believes that both of these underlying assumptions are flawed.

- 10 The projected health and social care expenditure will grow by an average 1.1% in real terms in Northern Ireland over the CSR period. This is considerably lower than the 4.3% increase identified as necessary in the short term by John Appleby, with specific reference to Northern Ireland, and the 4.4% recommended by Derek Wanless on a Great Britain basis. Based upon his analysis and the 3.7% annual health funding increase in England, the funding gap currently stands at around £300 million and is predicted to double (at least) over the CSR period. Service provision in Northern Ireland will therefore increasingly fall even further behind the rest of the United Kingdom.

11 This shortfall must be viewed alongside the incontestably higher level of health and social care need in Northern Ireland. Specifically, for example:

- Standardised mortality rates are 2.4% higher in Northern Ireland than in the rest of the United Kingdom.
- People are more likely to incur respiratory disease, die in road traffic accidents and suffer from heart and liver diseases associated with high levels of fat and alcohol consumption.
- The mental health needs of the population of Northern Ireland are higher than in the rest of the United Kingdom, with 10-20% of children and young people suffering depression or some other form of mental health problem.
- Suicide and self-harm rates in deprived areas of Northern Ireland and particularly for young people are amongst the highest in Europe.
- People with a learning disability are statistically more likely to come from deprived areas and the numbers of people with a learning disability are projected to increase over the next fifteen years.
- In deprived areas, the teenage birth rate is 80% higher than in Northern Ireland as a whole and one of the highest in Europe.
- Rates of sexually-transmitted infections and other sexual health problems are increasing in Northern Ireland.
- The annual age-weighted population growth in Northern Ireland during the CSR period is predicted to be 1.45%, which is almost double the equivalent rate in England. The growing health needs of an increasingly elderly population will add significantly to existing demand for health and social care services. This will create additional pressures upon nurses, families and carers.

- 12 The DHSSPS has detailed its inescapable financial pressures, including pay, non-pay costs such as drugs, child protection, the care of children with complex needs, blood safety and renal services. These reflect investments that will improve the health of the Northern Ireland population through enhanced working practices and safer, higher quality services.
- 13 Beyond these inescapable pressures, the financial settlement as detailed in the draft Budget leaves only £16 million in 2008-2009, £32 million in 2009-2010 and £97 million in 2010-2011 for development work. This represents just 24% of the funding sought by the DHSSPS in its pre-Budget bids. The consequence is that development, for which the need is significant and widely acknowledged, in areas such as mental health and learning disability services, long-term conditions management, cancer care, disability and stroke services simply will not happen.
- 14 These areas of impact encompass the most vulnerable and disadvantaged groups in Northern Ireland's society, people who are often without a voice and who therefore rely, through the ballot box, upon those in positions of political power and influence to speak and act on their behalf and in furtherance of their needs.
- 15 It is the view of RCN Northern Ireland that the draft Budget proposals will not meet the current and future health and social care needs of the population of Northern Ireland and that the overall objectives set out in the Programme for Government will accordingly not be achieved.

Efficiency and productivity

- 16 There has been considerable public and political debate about the need for improved productivity and efficiency in health and social care services. While RCN Northern Ireland recognises that inefficiencies and productivity gaps within the health and social care services must be identified, challenged and eliminated, we would urge caution when applying the language of productivity to a service founded upon personal and professional interaction rather than activity and numbers.

- 17 RCN Northern Ireland members are tax payers and citizens of Northern Ireland. We do not believe that money is the sole answer to the problems of the health and social care services. We recognise that there are areas where efficiencies can be made, for example in challenging unacceptable variations in clinical practice. However, the nurses of Northern Ireland have willingly embraced change, displayed a commitment to modernisation and worked tirelessly to ensure that patients are treated at all times with professional skill and human dignity, often under difficult circumstances and in many cases through unpaid overtime beyond their contractual obligations.

- 18 There are many examples of how investment in nursing produces tangible financial benefits to the service. RCN Northern Ireland Nurse of the Year 2006 Gary Doherty led a project to identify and treat at an early stage patients with alcohol dependence at the Mater Hospital in north Belfast. This produced quantifiable benefits in terms of a reduction in the number of admissions for alcohol-related illnesses, the number of bed days saved and the reduced length of stay for patients with alcohol-related illnesses. Secondly, evaluation published recently

by the Western Health and Social Care Trust demonstrates that a new rapid response nursing team has, since September 2007, saved 261 bed days through its skilled interventions. These are just two of numerous possible examples of how nursing is making a significant contribution to improved productivity and efficiency in the health and social services in Northern Ireland.

- 19 Nurses have developed new roles, taken on additional responsibilities and demonstrated consistently that they are productive members of the health care team. As noted above, there is significant evidence to demonstrate the positive impact upon health outcomes that derive from investment in nursing. But, just as importantly, nurses also understand the inestimable value of good patient care; nutrition, a clean hospital, dignity, care, patience, trust and understanding.
- 20 The RCN believes that the hallmark of a sustainable community and health service is one that values patients and families as individuals and members of communities, rather than as commodities to be processed as quickly as possible, or assets to be disposed of when no longer economically viable.

Impact of the Review of Public Administration and Comprehensive Spending Review

- 21 The RPA savings target for health and social care is £53 million, equating to the loss of 1700 posts over the planning period. Around one-quarter of this sum (£13 million) is dependent upon the outcome of the current debate about future commissioning and performance management arrangements, linked to questions about the future of the four Health and Social Services Boards and the new Health and Social

