WORKERS PARTY

Response to the Department of Health, Social Care and Public Safety Draft Budget Proposals 2015/16

01. The DHSSPS draft budget fails to provide any funding or plans for tackling the major health inequalities that currently exist within the many areas of deprivation in Northern Ireland. Nor does it propose any real detailed plans for a whole systems approach the absence of which has resulted in health inequalities persisting at the same level or worse for the previous ten years.

DHSSPS Report NI Health & Social Care Inequalities Monitoring System 4th Bulletin 2012.

02. Health and Social Care services in Northern Ireland are currently faltering under extreme pressures, yet the draft budget follows slavishly the failed policy of privatisation, bed closures, ward, and local facility closures. The draft budget proposals also highlights the continued use of the private finance, model which has been proven to be a drain on the public purse (Auditor General's Report 2014) and provides no added value in delivering quality health outcomes.

03. The proposals also fail to recognise that the health service is the largest employer in many areas affected by health inequalities and that poverty is one of the main causes of deprivation. All of the proposed job losses, privatising of services, and pay restraints, will have a further detrimental effect on the health and well-being of the people within those communities both in terms of income and access to health and social care services. The proposals will also have a direct impact on the local economy given that it is estimated that for every £1 that a public sector worker earns on average 64 pence goes back in to the local economy.

04. The Public Health Strategy NI, Investing for Health NI and the various reviews carried out by Michael Marmot, all make the point that social and economic issues must be addressed if improvements in health standards health inequalities are to be achieved. The Department's proposals are in direct opposition to this executive commitment to improve health inequalities, and conflicts with their priority to stimulate and strengthen the local economy.

05. The Workers Party believes that the health and well-being of the population of Northern Ireland should be a priority and should be free from the political wrangling and dogma that dominates and hampers any discussions on developing a cohesive Health and Social Care strategy that tackles existing inequalities and secures an appropriate level of funding to meet the health and social care needs of our citizens.

06. Much of what is wrong with public health can be put right by adopting a new direction but it requires an open, transparent, and courageous debate on the type of health service that is required to deliver quality health outcomes, and deal with decades of inequalities. That debate must challenge vested interests inside and outside the health and social care services.

07. To enable civic society to be part of any such debate the Department should accept that '*Transforming Your Care'* (TYC) has not contributed to improved health and

social care and has been a costly waste of public funds and should now be halted. TYC is cost rather than clinically driven and has compounded the clinical and funding difficulties that already exist.

08. The fragmentation of our health and social care system is not the answer to the problems that currently exist in meeting the needs of the most vulnerable in our society, and is viewed by many as an accounting device, designed to manage the cuts to the health budget and a vehicle for transferring our care from the NHS to the private sector.

Commissioning

09. We need to move away from the assumption that commissioning is the only way to provide services. In fact the only difference commissioning makes is that it distances Trusts from the core goals of raising health standards and reducing health inequalities. The commissioning system also blurs accountability and gives people a place to hide.

10. It is notable at the moment that there are calls from GPs and others to abolish the commissioning role as it adds no value to raising standards and is draining money from direct patient care. It's estimated that commissioning adds 15% to health costs, Scotland has no health commissioner yet NHS Scotland is tackling health inequalities and focusing on health prevention.

11. The HSCB has increased its staffing by around 10% despite having allowed a number of VERs in 2012. An immediate ban should be placed on the use of management consultants, the use of the private sector, and the increased use of the independent sector for the delivery of domiciliary care, as there is evidence that demonstrates there is a diminished level of care when NHS provision is transferred to the private sector, and it does not represent value for money.

12. We need to meet our health challenges by galvanising the entire system and more fully integrating the health service, including GP teams, social care providers, patients and their carers. We need to develop new skills to support local services and ensure that all health professionals including doctors have the right skills for patients.

13. We must rebuild the capacity for dealing with our waiting lists within the NHS, and ensure that our medical consultants give priority to NHS. Consultants should be given the choice to work for the NHS or in the private sector. The public perception of the current system is that it is major a conflict of interests to work for both. GPs should also cease to be classified as independent contractors and become NHS employees.

14. There should be an increased use of generic drugs, and much tighter monitoring of prescribing habits these measures not only saves money that can be reinvested, but can also prove to be of clinic value to the patient.

15. There needs to be increased investment in health prevention `and cross departmental working on issues such as extending the nutritional school meals pilot to all children, the long term benefits would impact positively on child obesity and would reduce the millions of pounds spent on coronary care and diabetes.

16. There needs to be a systematic approach to caring for the most vulnerable people, especially older people, with a view to managing their long term conditions at home and in the community, thereby reducing the chance of hospitalisation. The fewer people who need to use our hospitals, the more money will be available for

prevention and community care. We must view the health service as a service that is predominantly delivered in local communities rather than in hospitals. We know that 90% of healthcare is delivered in primary care. Yet we still focus the bulk of our attention on the remaining 10%: our emphasis on hospitals does not provide the care that people are likely to need.

Section 75 of the Northern Ireland Act 1998

17. The proposals in the document in relation to privatisation will have a clear adverse impact on women as the services earmarked for the independent sector are staffed predominantly by women and are already low paid.

18. These proposals will ensure they will have a lower rate of pay, worse terms and conditions and create more poverty. The DHSSPS Code of Conduct states that all business should be conducted in a way that is socially responsible, and that health organisations should demonstrate that they are concerned with the wider health and social well-being of the population, including the organisations activities yet we continue to be faced with decisions that impact seriously on our most vulnerable such as the elderly and those with disabilities and children and those with mental health issues.

19. All of these will be affected by receiving diminished services. The only way to alleviate these impacts is to provide these services within the NHS. Pay restraints will also adversely impact on women as the service has large blocks of professions which are predominantly female. The only way to alleviate this is to honour their contractual rights to pay rises. This brief summary of adverse impacts and groups affected is by no means exhaustive.

Good relations and equality of opportunity

20. These proposals will have a clear adverse impact on good relations as trade unions that are covered by political opinion will be forced to take action to defend their members. A number of political parties will also find the proposals unacceptable. The proposals will also affect equality of opportunity in relation to accessing services particularly for older people, those with disabilities and children in rural areas. The way to alleviate this impact is through discussion and agreement with the groups concerned and by working with them in partnership to provide person centred health and social care services.

Human Rights

21. The Department is surely aware that a number of these proposals have the potential to make an already bad situation worse, and that the right to timely health care is a right which will be clearly violated. The Department also continues to offer TYC as the model for delivery of health and social care. It contains proposals for all residential/ nursing care to be delivered by the private sector without any action having been taken to remedy the numerous human rights breaches listed in the 2012 Human Rights Commissions report; these were serious and systemic failures and are continuing.

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