

## Northern Ireland Affairs Committee Inquiry: Funding priorities in the 2018-19 Budget: Health – RCPCH Response

### 1. Introduction

The Royal College of Paediatrics and Child Health (RCPCH) has responded to five of the Northern Ireland Affairs Committee pre-set questions of relevance to our membership. These include; i) whether the budget is sufficient to improve levels of performance, ii) the ring-fenced capital assigned to resource, iii) the earmarked confidence and supply funding, iv) short-term funding bringing about long-term transformational change in the HSC and v) whether the HSC workforce model secures value for money.

### 2. Response to Inquiry questions

#### 2.1 Are the funds allocated to the Department of Health in the Northern Ireland Budget (No. 2) Bill sufficient to improve levels of performance across the Health and Social Care (HSC) service in Northern Ireland?

The RCPCH welcomes the 2.6% uplift for Health against the comparable 2017-18 budget but notes with concern that an increase of this level falls short of the amount deemed necessary to maintain existing services by Department of Health officials. Annual increases of 5% to 6% annually are required to keep up with demand, therefore the uplift falls significantly short. In the 2017-18 budget period, the Department of Health relied on in-year allocations of £140m, it follows that the acknowledged budget shortfall will necessitate further in-year allocations, which by their nature are unpredictable, and/or compulsory savings plans to simply maintain current service levels.<sup>1</sup> Moreover, the fact that in-year allocations are non-recurrent is problematic since they cannot be used for long-term funding of ongoing services or initiatives. It therefore appears unlikely that the allocated funds are sufficient to drive forward improvements in performance because no funding allocation is available to develop new services or invest in the *Health and Wellbeing 2026* transformation programme.

The RCPCH acknowledges the difficulty in setting long-term funding plans in light of ongoing political dissolution, however, the need for a long-term funding strategy in-line with the agreed *Health and Wellbeing 2026* 10-year programme is needed if levels of performance are to be improved. The long-term funding commitment announced by the Prime Minister in June 2018 which sets out the first five years of a new 10-year spending settlement averaging out at 3.4% per year from 2018/19 to 2023/24 means that NHS England has the financial security to develop a 10-year plan to improve services.<sup>2</sup> The RCPCH also notes that this central government budget increase will result in additional funding to Northern Ireland through Barnett Consequentials, it is hoped that this will be allocated to health and to address child

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<sup>1</sup> Department of Health Northern Ireland (14 March 2018), Background Briefing on Health Budget Allocation

<sup>2</sup> Prime Minister sets out 5-year NHS funding plan (18 June 2018) <https://www.gov.uk/government/news/prime-minister-sets-out-5-year-nhs-funding-plan>

health priorities in particular considering that the issues facing our children and young people today will create strain on the health and social care system in the future. A clear example highlighted by our *State of Child Health* Report is the fact that approximately 28% of children in Northern Ireland are obese or overweight.<sup>3</sup> Investment in preventative and weight management provision is essential to mitigate the effects of this.

## **2.2 What will be the consequences for the HSC that follow from the decision by the Secretary of State to allow £100m of existing funding ring-fenced for capital to be invested in ongoing public service provision?**

The RCPCH believes that the key issue arising from the reallocation of funds is the fact that the funding is non-recurrent and therefore will need to be found once again for the 2019/20 budget. Non-recurrent funding is generally insufficient to deliver ongoing, long-term service provision and/or initiatives. Additional, one-off funding simply to deliver 'ongoing service provision' while necessary to protect and preserve key services is not optimal and should not set a precedent that results in the relocation of budget lines from capital DEL to resource DEL. Spending and investment on infrastructure is essential if transformation of the health and social care system and genuine service improvement is to be achieved.

The RCPCH takes reassurance in the announcement that the overall capital budget will deliver the flagship projects identified by the previous Executive as well as funding existing contractual commitments<sup>4</sup> because the development of the new Regional Children's Hospital and Maternity Hospital at the Royal Victoria site are crucial to the infants, children, young people and families in Northern Ireland.

## **2.3 Should the UK Government ensure that additional confidence and supply funding earmarked for specific areas is spent on those areas, and if so how?**

Through the financial annex to the Confidence and Supply Agreement, £100 million will be invested to progress health transformation in line with *Health and Wellbeing 2026*, £20 million will be invested in severe deprivation programmes, £10 million in mental health services and £80 million toward health and education pressures. The RCPCH welcomes the additional funding and believes that it should be allocated as intended to assist in delivering the transformation programme and targeted intervention. The RCPCH acknowledges that up to £30m from the £100m for health transformation is earmarked for reforming community and hospital services which will include the implementation of new strategies including paediatric services.<sup>5</sup> The RCPCH believes it is essential that *A Strategy for Paediatric Healthcare Services Provided in Hospitals and in the Community (2016 - 2026)* is implemented in full.

Our *State of Child Health* Report highlights the link between poverty and poor health and asserts that more must be done to reduce the number of children living in poverty and to minimise the impact of deprivation on health outcomes. With approximately 23% of children living in relative poverty in Northern Ireland it is essential that the Department of Health prioritises early intervention and preventative services which could prove difficult when operating within a budget with an acknowledged shortfall. It is axiomatic that the additional £20m to address severe deprivation should be spent as intended.

The RCPCH believes that is imperative that an appropriate apportionment of the funding allocated to mental health in Northern Ireland is targeted towards Child and Adolescent Mental Health Services (CAMHs). Currently 7.8% of Northern Ireland's mental health budget is

<sup>3</sup> RCPCH (2017) State of Child Health Report <https://www.rcpch.ac.uk/resources/state-child-health-report-2017>

<sup>4</sup> Department of Finance Northern Ireland (March 2018) NI Budget 2018-19 announced <https://www.finance-ni.gov.uk/news/ni-budget-2018-19-announced>

<sup>5</sup> Department of Health Northern Ireland (9 May 2018) Health and social care transformation funding announced <https://www.health-ni.gov.uk/news/health-and-social-care-transformation-funding-announced>

allocated to CAMHS, however, the Health and Social Care Board calculates that investment should be 10% hence there is an acknowledged funding gap.<sup>6</sup> Moreover, the RCPCH *State of Child Health* Report highlights that it is estimated that 50% of mental health problems start before the age of 14 and 75% by age 24,<sup>7</sup> it is therefore essential that mental health support is available to those children and young people who need it.

The RCPCH would assert that in order to improve 'health pressures' such as waiting lists, sufficient resource must be available to implement preventative strategies and to reduce the likelihood of co-morbidity factors developing before they become an issue. Our State of Child Health Report sets out the importance of combatting childhood obesity by expanding national measurement programmes to identify those at risk as well as investing in physical activity programmes to promote healthy lifestyles.

#### **2.4 How could funding in the short-term be used to bring about long-term transformational change in the HSC?**

The RCPCH believes that there is somewhat of a dichotomy in seeking to deliver long-term transformational change with short-term funding commitment and asserts that a long-term funding strategy is optimal in delivering transformational change in health and social care to match the 10-year *Health and Wellbeing 2026* programme. Investing in early intervention in the short-term is unlikely to reap long-term improvements and recurrent, secured funding for such initiatives is required. The RCPCH notes that using the earmarked funding for real transformational change could go some way in setting the trajectory. A clear example is to ensure that the requisite proportion of the £30m from the £100m for health transformation funds earmarked for reforming community and hospital services including the implementation of new strategies for key services, is allocated to paediatric services and the full implementation of *A Strategy for Paediatric Healthcare Services Provided in Hospitals and in the Community (2016 - 2026)*.

#### **2.5 Does the current HSC workforce model secure value for money?**

The current workforce model does not appear optimal to deliver service in the current configuration. Recruitment and retention are key concerns impacting the paediatric workforce and the sustainability of service delivery in Northern Ireland. The RCPCH carries out a UK-wide census of paediatricians and child health services every two years. The 2015 Census published in 2017 identified that over half of all workforce pressures cited by trusts related to recruitment, specifically, difficulty recruiting; paediatric non-consultant grade staff, non-training grade staff, nursing staff, allied health professionals and paediatric trainees.

The RCPCH Paediatric Workforce Census also highlighted that 42.9% of responding paediatric inpatient units and 50% of responding neonatal units in Northern Ireland had to close to new admissions due to shortages of nurses and/or doctors.<sup>8</sup> RCPCH *Facing the Future Standards*<sup>9</sup> recommends at least 10 WTE posts per general paediatric rota, in Northern Ireland the average establishment at tier 1 rotas is 9 WTE, tier 2 rotas is 8 WTE, in addition, the vacancy rate reported across tier 1 rotas was 21.3% and 10.5% across tier 2.<sup>10</sup>

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<sup>6</sup> NICCY (2017) Child and Adolescent Mental Health in Northern Ireland; A Scoping Paper <https://www.niccy.org/media/2810/niccy-scoping-paper-mental-health-review-apr-2017.pdf>

<sup>7</sup> RCPCH (2017) State of Child Health Report <https://www.rcpch.ac.uk/resources/state-child-health-report-2017>

<sup>8</sup> RCPCH (2017) Short Report Series: The Paediatric Workforce; Focus on Northern Ireland [https://www.rcpch.ac.uk/sites/default/files/2018-05/2017-12-12census2015\\_focusonnorthernireland\\_recsremoved\\_v0.7.pdf](https://www.rcpch.ac.uk/sites/default/files/2018-05/2017-12-12census2015_focusonnorthernireland_recsremoved_v0.7.pdf)

<sup>9</sup> RCPCH (2015) Facing the Future: Standards for Acute General Paediatric Services <https://www.rcpch.ac.uk/resources/facing-future-standards-acute-general-paediatric-services>

<sup>10</sup> RCPCH (2017) Short Report Series: The Paediatric Workforce; Focus on Northern Ireland [https://www.rcpch.ac.uk/sites/default/files/2018-05/2017-12-12census2015\\_focusonnorthernireland\\_recsremoved\\_v0.7.pdf](https://www.rcpch.ac.uk/sites/default/files/2018-05/2017-12-12census2015_focusonnorthernireland_recsremoved_v0.7.pdf)

Fill rates for paediatrics have been decreasing over recent years in Northern Ireland, our 2015 Workforce Census identified that ST1 fill rates in 2015 were 100%<sup>11</sup> by August 2017 they were recorded to be 92.8%<sup>12</sup> and by August 2018 fill rates were 85.71%. The Northern Ireland Deanery reported that Paediatrics was one of the specialties with the highest vacancy rates.<sup>13</sup> Current service configuration necessitates an extra 30-31 WTE consultants to meet the RCPCH Facing the Future Standards,<sup>14</sup> it is axiomatic that an expansion in paediatric trainee numbers would be required to achieve this.<sup>15</sup>

Staff shortages means that doctors have to work harder to deliver high quality, safe care. The GMC National Training Surveys 2018 identified a significant degree of burnout due to work across both trainees and trainers in Northern Ireland (trainees reporting a high degree of burnout – 20.98%; trainees reporting a low degree of burnout - 37.92%. Trainers reporting a high degree of burnout – 20.43%; trainers reporting a low degree of burnout - 33.66%).<sup>16</sup>

The RCPCH therefore welcomes the publication of the Department's *Health and Social Care Workforce Strategy 2026* and the commitment to improving the balance for HSC staff. In delivering the new workforce strategy and the overall *Health and Wellbeing 2026* programme, the Department for Health must provide for an increase in the number of children's healthcare professionals with the appropriate competencies to work on paediatric rotas.

Moreover, Northern Ireland relies on a significant number of doctors trained outside the UK, particularly those with a primary medical qualification gained in the EU / EEA. The uncertainty surrounding the UK's exit from the EU will likely exasperate the recruitment and retention issues already set out above. It is essential that the Department of Health seek to mitigate the impact of this in delivering the workforce strategy and transformation programme.

### **3 About the RCPCH**

The Royal College of Paediatrics and Child Health (RCPCH) is responsible for training and examining paediatricians, setting professional standards and informing research and policy. RCPCH has over 18,000 members in the UK and internationally with more than 350 in NI. We work to transform child health through knowledge, research and expertise, to improve the health and wellbeing of infants, children and young people across the world.

Our key areas of work include:

- Training, exams and professional development – we are responsible for the postgraduate training of paediatrics in the UK, provide career support and run the membership (MRCPCH) and Diploma of Child Health examinations.
- Improving child health – we aim to improve outcomes through research, standards, quality improvement and policy in the UK and globally. We aim to ensure the voice of children, young people and families in our programmes.

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<sup>11</sup> Ibid

<sup>12</sup> NIMDTA Specialty Training Recruitment 2017 - Competition Ratios <http://www.nimdtg.gov.uk/download/Recruit/spec-recruit/Competition%20Ratios%20-%20August%202017.pdf>

<sup>13</sup> NIMDTA (July 2018) Annual Report and Accounts for the year ended 31 March 2018 <http://www.nimdtg.gov.uk/download/annualreports/NIMDTA%20Annual%20Report%202017-18.pdf>

<sup>14</sup> RCPCH (2015) Facing the Future Standards for Acute General Paediatric Services <https://www.rcpch.ac.uk/resources/facing-future-standards-acute-general-paediatric-services>

<sup>15</sup> RCPCH (2017) Short Report Series: The Paediatric Workforce; Focus on Northern Ireland [https://www.rcpch.ac.uk/sites/default/files/2018-05/2017-12\\_12census2015\\_focusonnorthernireland\\_recsremoved\\_v0.7.pdf](https://www.rcpch.ac.uk/sites/default/files/2018-05/2017-12_12census2015_focusonnorthernireland_recsremoved_v0.7.pdf)

<sup>16</sup> GMC (2018) National training surveys 2018: Initial findings report [https://www.gmc-uk.org/-/media/documents/dc11391-nts-2018-initial-findings-report\\_pdf-75268532.pdf](https://www.gmc-uk.org/-/media/documents/dc11391-nts-2018-initial-findings-report_pdf-75268532.pdf)

- Member services – we support our members with a package of unique benefits. These include access to multidisciplinary educational programmes, including face-to-face courses and e-learning resources.
- News and campaigns – we engage with the media, government, NHS, charities and other stakeholders, working across the UK (Scotland, Wales, Northern Ireland and England).

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