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23 March 2005  
JK/JK

Dear Sir/Madam

A healthier future: a twenty year vision for health and wellbeing in  
Northern Ireland 2005-2025

I enclose the response of the Royal College of Nursing Northern Ireland in respect of the above consultation. I hope that you and your colleagues will find this helpful.

Yours sincerely

Dr John Knape  
Public Affairs Adviser

Enclosure: Response of the Royal College of Nursing Northern Ireland

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**Response of RCN Northern Ireland to a DHSSPS consultation on A Healthier Future:  
A Twenty Year Vision For Health and Wellbeing in Northern Ireland 2005-2025**

**Background**

- 1 The Royal College of Nursing [RCN] represents nurses and nursing, promotes excellence in practice and shapes health policy. The RCN in Northern Ireland represents around 12,500 nurses, midwives, health visitors, health care assistants and nursing students. Across the United Kingdom, we have around 375,000 registered nurse, nursing student and health care assistant members.

**Introductory remarks**

- 2 RCN Northern Ireland welcomes the publication of this draft regional strategy. We believe that it will make a substantial contribution to the enhancement of health and social services for the people of Northern Ireland. The RCN views the strategy as a means to secure consensus over the broad direction of travel for the health and social services over the next two decades. Our responses to the specific consultation questions are framed in accordance with this view and set out below. The DHSSPS may wish to consider, once the strategy is finalised, whether or not it needs to be supplemented with a more prescriptive and detailed delivery strategy along the lines of the NHS Plan for England. The RCN believes that it should be. We are pleased to note that many of the suggestions made in our original submission to the Review Team have been incorporated within the draft strategy and we hope that the observations made below will prove equally helpful.

**Does the vision adequately describe the health and social services that will meet our future needs and aspirations? (Question 1)**

- 3 In general terms, yes. With any strategy as ambitious and comprehensive as this document, it is always possible to suggest further points for inclusion or to question individual assertions but the broad thrust of the vision is entirely appropriate, particularly in respect of its emphasis upon health promotion, disease prevention and chronic condition management.
- 4 Whilst the strategy sets a number of specific targets, these are not matched with accompanying accountabilities. This undermines the potential effectiveness of the strategy. Northern Ireland's health and social services must secure accountability for performance at a senior level if service provision is to improve in the direction envisaged by this strategy. Whilst the establishment of the new HPSS Regulation and Improvement Authority will make the process of standard-setting and quality improvement more transparent, it will not in itself transform individual accountability and governance arrangements within the service. Each key action

within the draft regional strategy should be accompanied by a clear indication of who will be accountable for achieving it. More specifically, the DHSSPS needs to indicate the means by which management will be held to account for delivering the strategy and what action will be taken to address under-performance. This would greatly enhance public confidence in the commitment of the DHSSPS to making substantive and durable improvements to health and social care in Northern Ireland.

- 5 The RCN welcomes the recognition (paragraph 2.33) that the primary challenge for the DHSSPS over the next decade will be the recruitment and retention of staff. Considering the large number of unfilled vacancies within the HPSS at the moment, it is clear that an expanding and improving service will encounter major difficulties in recruiting the right numbers of appropriately-qualified health and social care professionals to meet patient and client need. The HPSS is still suffering from the reduction in the number of pre-registration nursing education places incurred during the 1990s, although we acknowledge the progress made by the DHSSPS to date in redressing this. There are no easy answers to these issues but the objectives set out on page 104 will make a substantial contribution and the RCN looks forward to continuing to work closely with the DHSSPS and others in this respect.
- 6 Whilst the RCN endorses and welcomes the shift towards inter-professional collaboration in health and social care, we do not believe that this should lead inexorably towards a generic workforce. The patients and clients of the future will need to be able to access both the generic and discrete specialist skills and expertise of a wide range of health and social care professionals and other staff, working together and focused exclusively upon meeting patient and client needs. We reject the notion of the generic health and social care worker outlined on page 35 and further developed on pages 84-88. The DHSSPS should, instead, concentrate upon addressing the training, recruitment, development and retention of the right numbers of appropriately-qualified, trained and skilled health and social care professionals that will be required to meet future patient and client needs. The RCN's views on these matters are articulated in our publication *The future nurse: the RCN vision*, a copy of which is appended with this submission.

**Do you agree that it is appropriate to focus on [the five themes] and are there any others that should be addressed by the regional strategy? (Question 2)**

- 7 These five themes broadly encompass the various challenges that confront the health and social services in Northern Ireland and the RCN supports, in general terms, the categorisation adopted by the DHSSPS.

***A Healthier Future* identifies 16 future policy directions. Do you believe these are the right policy directions to achieve the vision set out in this document? (Question 3)**

- 8 The RCN concurs in general terms with the majority of these policy directions. However, it would assist the reader if these were listed together at some point, as well as being distributed throughout the text. Policy direction five, whilst undoubtedly well-intentioned, is worded in a potentially antagonistic manner. We suggest that it should be amended to reflect the need to encourage and promote,

rather than somehow impose, inter-professional and inter-organisational collaboration in the interests of patients and clients. The DHSSPS needs to think through very clearly the implications of policy direction 7 and to reflect upon whether “immediate access to services based in their communities ... across all dimensions and across all areas” is ever a realistic aspiration in any society.

- 9 The RCN particularly welcomes policy direction 11 and fully endorses the need to ensure that the HPSS is seen as an employer of choice in order to promote the recruitment and retention of health care professionals. The measures set out at paragraphs 6.15-6.23 will help to address this need but the RCN would also advocate the importance of facilitating the career development of health and social care professionals. Northern Ireland has the worst record of any United Kingdom country in promoting the career development of nurses and this must change if the aspiration for the HPSS to become a model employer is to be met.
- 10 As outlined at paragraph 4 above, the RCN believes that the promotion of a statutory duty of quality for HPSS management must be accompanied by an incisive and transparent individual accountability for service performance.

***A Healthier Future* identifies a number of key actions and outcomes. Do you believe that these are the right actions and outcomes to achieve the vision set out in the document? (Question 4)**

- 11 Again, in general terms, the RCN would support the thrust of most of these key actions and outcomes, albeit with a number of qualifications. As with the policy directions, it would be helpful if these key actions and outcomes were listed together at some point, as well as being distributed throughout the text. The aspiration regarding the health and social services as a focus for investment (page 27) appears, in fact, to have nothing at all to do with investing in the HPSS. Promoting technological innovation within Northern Ireland is admirable if it is managed in such a way that outcomes are harnessed primarily to the needs of the HPSS. If, on the other hand, the consequence of such a policy is that public money will be used to support research that will primarily benefit commercial companies and their shareholders, the RCN would question the appropriateness of this. It certainly seems a strange ambition to list as the first key action in the strategy.
- 12 The RCN notes the key action point relating to chronic condition management (page 50) and the commitment to establishing seven major service-wide chronic condition management programmes by 2008. We would, however, urge the DHSSPS to develop these objectives within the context of an HPSS plan, steered by an executive group, and for the chronic condition management programmes to be delivered within a Northern Ireland-wide framework. This framework must address the associated clinical, human resource and development standards in order to provide a safe and effective service for patients.
- 13 The RCN welcomes the desire on the part of the DHSSPS to work more closely with other government departments to promote the new strategy for children and young people (page 73). The RCN believes that such cross-departmental collaboration should extend beyond the current framework of the new strategy and

should encompass, for example, enhancing the numbers and scope of practice of school nurses in Northern Ireland, such that they are able to provide a point of entry to the wider health and social care system for all children and young people.

- 14 With respect to the notion of the integrated common learning framework outlined on page 85, the DHSSPS has neither the expertise nor the requisite statutory authority to develop “mutual codes of conduct and ethics across the workforce” and to reform pre-registration and post-registration professional education in the manner envisaged. This action point should be replaced by a commitment to work with statutory regulatory bodies, higher education institutions and professional organisations to promote inter-professional collaboration and shared learning.

#### **A legislative ban on smoking in all enclosed public places and workplaces (Question 5)**

- 15 The RCN unequivocally supports option (c) within the consultation document. The scientific evidence relating to the impact of passive smoking and the attendant arguments in favour of curtailing exposure to it are by now well-established and the RCN does not propose to cite these in any detail in this response. As the DHSSPS is aware, the RCN has been at the forefront of the extensive campaign to seek the widest possible popular support for option (c). We commend the DHSSPS for giving the people of Northern Ireland the opportunity to express their views and we are confident that the response will be a firm endorsement of a comprehensive legislative ban on smoking in the workplace and enclosed public spaces.
- 16 We understand and support the need for the DHSSPS to build popular consensus for a workplace smoking ban and accept that an open public consultation is the most appropriate and effective means to do this. However, in the unlikely event of the responses to the consultation being inconclusive, we would urge the DHSSPS to declare its support for option (c) and implement it accordingly. The role of the DHSSPS in this respect should be to promote the option that will most effectively protect the health of the people of Northern Ireland, rather than to adopt the role of neutral arbiter between the various shades of opinion.
- 17 Options (a) and (c) are not, of course, mutually exclusive. Indeed, the introduction of a workplace smoking ban will augment, rather than eliminate, the need for smoking cessation services to be appropriately resourced. Nurses already take the lead in delivering these services across Northern Ireland and the RCN believes that they can, if supported, continue to help reduce tobacco consumption in line with existing DHSSPS targets for smoking cessation.

#### **Are the proposals for taking forward the strategy adequate?**

- 18 Again, accepting that this strategy is designed to set a general direction of travel rather than define operational detail, the RCN is generally supportive of the objectives published in section 8. However, we have serious misgivings over the requirements for annual 2.5% (minimum) efficiency savings noted on page 106. The RCN entirely supports the need to run the HPSS efficiently and to eliminate

waste and fraud. However, the assumption that savings of this magnitude can readily be made without damaging service provision is flawed. At the time of drafting this report, there is a range of evidence to indicate the negative impact upon patient and client care that is being exerted by the current pressure to reduce costs. The training and development of health care professionals is also being drastically curtailed and this can only be detrimental to the future of health and social care delivery in Northern Ireland. The RCN believes that this requirement is unrealistic and will undermine the capacity of the system to deliver the types of improvements to the scope and quality of services that the strategy seeks to promote.

- 19 In the experience of the RCN, whenever health boards and trusts are required to make efficiency savings, they simply cut a particular activity or series of activities, such as in-service training or the use of agency staff. These are not efficiency savings; they are cuts. The DHSSPS needs to remind HSS bodies that efficiency savings involve delivering the same range and scope of services but in a more cost-effective manner, rather than simply curtailing essential activity.

#### **Are the equality issues adequately addressed?**

- 20 Yes, although clearly they will need to be monitored and reviewed over time as the strategy is delivered. The types of equality issues now confronting the HPSS in particular and Northern Ireland in general are very different from those of twenty years ago and could well be substantially different again in a further twenty years time. The RCN is particularly pleased to note (page 87) the commitment of the DHSSPS to promoting diversity, tackling racism and requiring ethical standards of international recruitment. Again, we would be pleased to continue to work with the DHSSPS and others in order to address this agenda.

#### **Conclusion**

- 21 The RCN welcomes the publication of the draft regional strategy and congratulates the DHSSPS upon its partnership approach to the development of the proposals. We hope that the suggestions and comments made above will help to strengthen the scope and effectiveness of the strategy. The RCN would also wish to be able to continue working with the DHSSPS and others in helping to realise the strategy. These observations are made in pursuit of the RCN's commitment to the development of a strategy for health and social care that enhances the quality of life for all the people of Northern Ireland.

#### **Further information**

- 22 For further information about the work of the RCN in support of nurses and patient services in Northern Ireland, please contact Dr John Knape (Public Affairs Adviser) at [john.knape.rcn.org.uk](mailto:john.knape.rcn.org.uk) or by telephone on 028 90 668 236.

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