



Response from Northern Ireland Hospice Care to the Draft Programme for Government and Draft Budget 2008-2011

In common with many service providers from the voluntary sector Northern Ireland Hospice Care (NIHC) welcomes a number of measures proposed in the Draft Programme for Government (PFG), such as the introduction of a Charity Commission for Northern Ireland and a commitment to improved partnership with the voluntary sector in the delivery of public services.

We are disappointed however at the continued absence of any explicit reference to End of Life Care (EOLC), which is an area that the UK government has at long last acknowledged to be a priority for health and social care, with the imminent publication of a national EOLC strategy to direct future policy and resource allocation.

For 25 years the voluntary hospice movement has worked tirelessly and in partnership with the statutory authorities to develop high quality palliative care for adults and children to ease the suffering of those with life-limiting and life-threatening illness, and support their carers and families through the most difficult of times. There is a growing recognition that the same skills and expertise developed in cancer care could do much to improve the final days of many other vulnerable groups in our communities – those with chronic and debilitating illnesses for example, who in their last hours all too often fail to receive the care, dignity and respect one would expect of a civilised society. Our aim is to see high quality palliative care available to all ages, across all relevant conditions and in all appropriate care settings.

The PFG goes some way to addressing the known care needs of some of these groups and their carers, but in common with the 'Healthier Future' strategy that underpins current local Health and Social care policy, it stops short of acknowledging the imperative of improving the standard and quality of care afforded to these same groups and their carers in their final days. Nor does it recognise the emerging needs of young people with life-threatening illnesses, many of whom are now surviving well beyond childhood into early adulthood.

We would therefore urge the Executive to look again at what is happening elsewhere in the UK with regard to End of Life Care and to resolve to keep pace with these developments.

On the Draft Budget 2008-2011 we were concerned to find that, in real terms, funding of Health and Social Care in Northern Ireland will rise by only 3.4% over the three years to 2011, whereas the comparable funding in England will rise by some 11.6%. We understand that the Department of Health, Social Services and Public Safety has estimated the gap to be of the order of £300m, or taking into account the greater need in N.I. that was confirmed by the Appleby report, a shortfall of £600m, or 14% of the total Health allocation.

With the best will in the world we cannot hope to recover this deficit, with the result that on issues such as EOLC and in other areas of identified need we will always lag behind, with citizens here being forced to accept a lower standard of care than will be available elsewhere.

As a direct consequence of the current Draft Budget we understand that plans to further develop end of life palliative care services in Northern Ireland are amongst a range of proposals that the Department of Health, Social Services and Public Safety claim they are unable to take forward. We regard this as untenable given the firm commitment to EOLC being shown by other UK administrations.

We would also harbour concerns at the lack of provision that remains to address shifts in the demand for services that are being driven by demographic changes, or the needs of emerging groups. Equally as worrying is that fact that of the £800m the Department is able to commit to existing and new service initiatives over the budget period almost half is dependent on efficiency savings that have yet to be identified.

It is our view that the Executive must re-examine its priorities and consider again the long term impact of limiting the growth in funding for Health and Social Care to a level below that available to the NHS, particularly in advance of realising real efficiency savings from the planned restructuring of local services.

Faced with an under-funded Health service, voluntary sector providers can only look forward to a widening gap between existing and emerging need in the community and their ability to address it. As it stands the Draft Budget offers no reassurance that they will not be the first to suffer as cuts in funding follow any inability on the part of the statutory services to deliver projected efficiency savings.

The voluntary sector as a whole has made an enormous contribution to the development and delivery of health and social care, leveraging in much needed voluntary funds to underpin the lack of public investment.

If the Executive are truly committed to a partnership that values this contribution and seeks to build on it, they need to remove such fears and at the same time make explicit their vision for a “vibrant and sustainable” sector by investing in capacity building on both sides, and set clear targets that will deliver real benefits for all the citizens of Northern Ireland.

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