



NORTHERN IRELAND CONFEDERATION
FOR HEALTH AND SOCIAL CARE



Building on progress

Rising to the challenge

NICON Election Briefing

Areas for Action for Health and Social
Care in Northern Ireland 2011-2015



Building on Progress - Rising to the Challenge

Areas for Action for Health and Social Care in Northern Ireland 2011 - 2015

INTRODUCTION

The Northern Ireland 2011 assembly elections present an important opportunity to consider how we address the greatest financial challenge in a generation. We must face these issues with honesty and realism. Led by our elected representatives, supported by our professionals and working with the public we must make bold choices, to address the health, social care and wellbeing challenges, which are right for our citizens now and their children to come.

In this paper we seek to raise awareness and understanding, generate wider debate, and promote the pursuit of practical solutions to ensure an affordable, sustainable healthcare system of which we can all be proud.

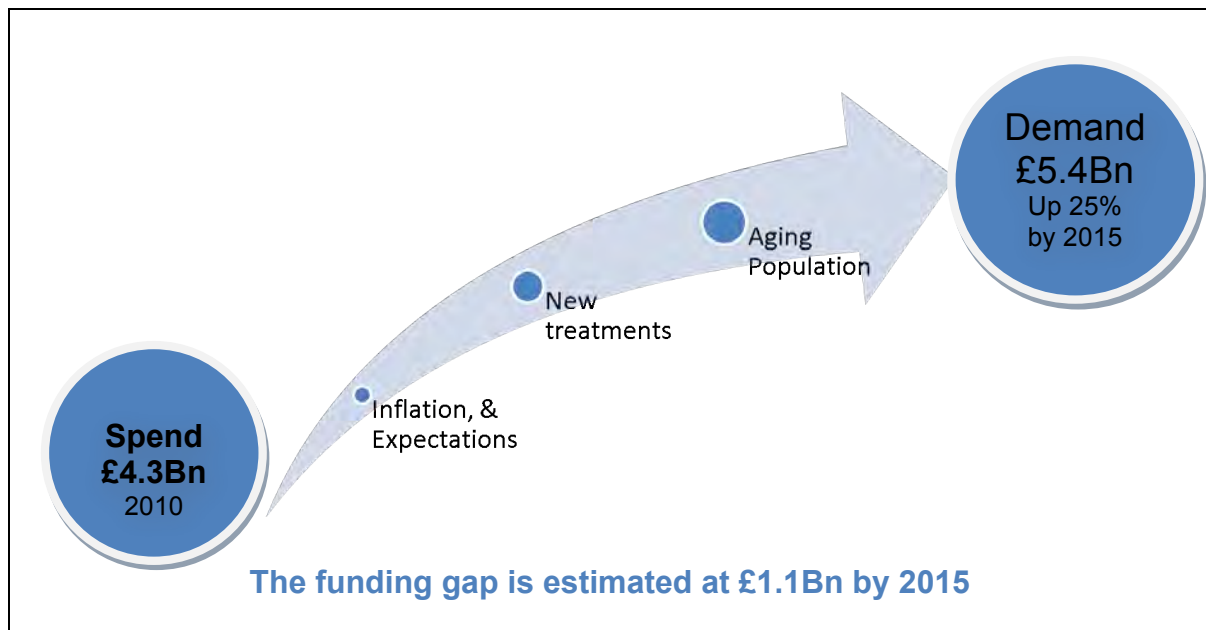
Moving forward we are building on significant progress. Our population is healthier than it has ever been and specifically in the last four years we have;

- **People now live considerably longer, 76 for males and 81 for females**
- **Increased investment in health and social care by £16% from £3.6Bn to £4.3Bn, a 5% increase in real terms**
- **Dealt with a 20% higher level of demand**
- **Secured the best cancer survival rates in the UK**
- **Significantly reduced the time people wait for treatment and care**
- **Improved ambulance response times to 999 calls by 30%**
- **Dealt with swine flu – the first pandemic in 40 years**
- **Provided an extra 500 social workers**
- **Implemented the RPA, reducing management costs to on average 3.2% (Below the 3.6%UK average)**
- **Delivered efficiencies in excess of 9% across delivery bodies (£344M recurrent savings)**

We cannot rest on these achievements. We continue to face significant health inequalities and many people still suffer from conditions which can be easily prevented. Furthermore the need for services continues to grow at an unprecedented pace as our population grows and ages, expectations rise and we find new ways to treat people.

Experts estimate that the demand for resources, if we continue with our existing model of care, will rise by 25% in just four years from £4.3Bn now to £5.4Bn¹. Figure 1 demonstrates the scale of the challenge.

Figure 1. The Scale of the challenge



To address the challenge ahead we make 17 key recommendations, which are summarised below.

Recommendations for Action

Keeping people well and addressing health inequalities

1. The public health agenda must be prioritised
2. Investment should be targeted on supporting the most vulnerable
3. Citizens should be able to access information easily

Improving operational efficiency

4. Continued systematic focus on driving efficiency
5. Develop a balanced performance management framework to deliver agreed national outcomes while allowing local flexibility

Best practice approach to hospital care

6. Focus on keeping people out of hospital
7. Drive change in the design and delivery of our hospital care system

Embracing new thinking

8. Develop projects which encourage and support greater innovation
9. Focus on innovations which are already proven and that yield the most benefit
- greater collaboration, income generation, use of social enterprise and partnerships with the private sector

Health and Wellbeing- A responsibility for all

10. The development of a Programme for Government, where health and well being targets are included in every departmental business plan
11. The development of a model which supports a joined up approach at local level
12. The development of a new social contract with citizens

Strong leadership and driving well informed public debate

13. Build consensus around a strategic approach, which is evidence based and focused on better outcomes for citizens.
14. Government should focus on national strategy and ensure a focus on delivery at local level
15. Leaders at political, clinical and managerial levels must work together
16. Public engagement processes must be enhanced

The Future in Mind

17. We must be honest with citizens about the scale of the challenge ahead and begin a public debate about how we can best meet the needs of future generations

We acknowledge that there is nothing new about these recommendations. What will be radical however will be the scale of focused and concerted action necessary to take significant strides forward in each of these areas to meet the challenge.

In the remainder of this report we set out more detail on the scale of the challenge, progress to date and what we believe needs to be done to address the health and social care issues facing our communities. Additionally, for information the key health and social care statistics in Northern Ireland are set out in Annex A.

THE SCALE OF THE CHALLENGE

The need for services is estimated to grow by around 6% per year; but the challenges ahead are about more than money.

Increasing demand for Services

By 2015 it is estimated there will be;

- 23,000 extra hospital admissions
- 48,000 extra outpatient appointments
- 550,00 extra domiciliary care hours
- 8,000 extra nursing home weeks
- 57,000 extra meals on wheels
- 40,000 extra 999 ambulance responses

Demographic Increases

It is estimated that our need for Health and Social Care funding will increase by around 1.3% per annum. We have the fastest growing elderly population in the UK and our population continues to grow. Happily our citizens now live much longer with a better quality of life, but the cost of services for our older citizens can be significant especially when people suffer from multiple conditions.

Keeping Pace with Emerging Best Practice and Rising Expectations

Best practice in health care provision is developing all the time. There are new technologies, new care pathways, new partnerships, new drugs and new levels of regulation. Our population will rightly expect that we in N Ireland will have as much access to these improvements as in the case in the rest of the UK. This is estimated to add a further 2.5% on to the budget on an annual basis.

Not just a financial challenge

If we continue to focus merely on the need to make financial ends meet, we will have missed an opportunity..we must to continue to modernise and reform health care systems.

Dr Michael McBride, Chief Medical Officer Annual Report 2009, DHSSPS,

Unhealthy Behaviour

We are facing are serious health inequalities and many people suffer easily preventable illnesses. For example we are facing high levels of domestic abuse, an obesity epidemic, 24% of our population still smoke and it is estimated that around 10,000 people are admitted to hospital in relation to alcohol abuse each year. Furthermore deaths from drug related issues and suicide continue to increase, as do the number of children in care. We can reduce social misery and reduce our costs if these issues can be tackled more effectively.

Historic Underfunding

The health and social care need in Northern Ireland is currently estimated at around 17% higher than that in England. This need is associated with issues such as higher levels of unemployment and long term illness. Despite this, the Health and Social Care Services are now funded at a slightly lower level than in England.

The Resultant Financial Challenge

For the first time since devolution, resources for HSC are likely not to be increased to meet the increasing need and inflation, estimated at around 6% per year. This is a unique situation, as generally resources have been increased to meet the need. This will mean that while pressure from the public to deliver new services is likely continue, there will be no added capacity. It will be important to manage public expectations in this new context.

We currently spend £4.3Bn per annum on Health and Social Care. To just stay still we would need in the region of £5.4 Bn. The funding gap therefore by 2015 is estimated to be in the region of £1.1 Bn based on the existing model of care.

Faced with this challenge, the status quo is not an option. We all see the need for change. The focus must be on agreeing the policy direction and driving change.

BUILDING ON PROGRESS

In tackling the challenges ahead we must build on the progress we have made to date.

Our population is the healthiest it has ever been

Our population has never been healthier! Our mortality rates reached a record low in 2010 and we are now more often surviving illness and living longer; with a much greater quality of life. Men live on average to 76 and women to around 81ⁱⁱ years. This gives us something to celebrate but no grounds for complacency as we tackle the modern needs of our communities.

Resources have continued to increase

We are currently spending, 42% of the N Ireland revenue budget (£4.3Bn per annum), on our Health and Social Care system; this represents about £10M every day. Resources for HSC have continued to increase year on year for the last four years and are up 16% since 2006. Additionally through efficiencies we have saved an additional 9%, £344M recurrent savings each year, which can be redirected back into front line services.

Progress in the last 4 years

Kept pace with rising demandⁱⁱⁱ

- 13,000 more elective operations
- 19,000 more A&E admissions
- 70,000 more first outpatient appointments
- 33% increase in child protection referrals

Improved

- Improved cancer survival rates
- Reduced hospital related infections by 45% from 2004
- Reduced waiting times
- Implemented the RPA and delivered 9% efficiencies
- Introduced Smoking Legislation

A Committed and Highly Trained Workforce

In Northern Ireland around 65,000^{iv} people, (10% of the Northern Ireland workforce), work in our Health and Social Care (HSC) organisations. These highly trained and committed people provide excellent professional care, manage complex services and balance competing needs every day. We owe much to our staff; doctors, nurses, social workers, other allied health professionals, managers and the myriad of support staff who daily embrace change to deliver our important health and social care services.

An Already Integrated System

Northern Ireland also has an integrated health and social care system, something which the other areas in the UK are looking towards. This gives us greater capacity to maximise on the cost and service benefits of integration, keeping people out of hospital, when they can be cared for in their own home.

Improving Access and Services

HSC has made important strides forward in the last few years to move with the changing face of health and social care need and expectations. For example we have improved access to care, providing more services such as care for chronic conditions and have provided more preventive services such as the introduction of screening for bowel cancer as well as reduced waiting times.

Patient and user involvement

In line with emerging best practice the HSC is changing how it involves patients, services users and the public in decision making, giving us a much stronger targeted approach. For example the People's Priorities, a document detailing the views of our citizens helped shape the HSC Business Plan in 2009/10, and every day our staff use information gained from service users to help shape services.

Much more efficient

We have also become much more efficient. In Northern Ireland the HSC has implemented the Review of Public Administration, taking out over £50M per year administrative costs, which have been redirected into front line services. Our productivity is significantly improved and we bench mark well against our colleagues in other regions. For example our management costs in Northern Ireland average at about 3.2%; lower than in the average 3.6% in the rest of the UK.

RECOMMENDATIONS FOR ACTION

The challenges are at strategic, structural, operational and personal levels and we must act on each of these levels. The issues for politicians, in partnership with HSC leaders to lead change cannot be understated. This is a time for hard choices and effective action. The table below summarises the progress to build on and sets out some of the hard questions to address to meet the challenges ahead.

Figure 2. Building on Progress – Rising to the Challenge

Building on Progress Some answers?	QUALITY AND SAFETY PARAMOUNT	Rise to the Challenge Key Questions?
<ul style="list-style-type: none"> • Apply emerging best practice models • Drive Efficiency • Drive Health and Well Being • Engage with patients, service users and the public 		<ul style="list-style-type: none"> • Increase Funding? • Reduce or stop some services? • Charge for some services? • Do some things differently? • People taking more responsibility for their own health?

We do not underestimate the scale of the task ahead. It will take ingenuity, new relationships, capacity to make hard decisions, all with the central focus remaining on safety and the needs of patients, clients and the public.

The 17 recommendations for action set out below under outline where the NI Confederation for Health and Social Care believes action should be focused.

Keeping people well and addressing inequalities

It is widely recognised that keeping people well for longer not only ensures a better quality of life for our citizens, but reduces the cost of Health and Social Care to

taxpayers. A variety of expert reports over the last few years suggest the future of our health and social care system is dependent on;

- dealing with the most significant causes of ill health
- people taking more action to manage their own health and well being
- addressing the underlying causes of poor health.

The Cost of Alcohol Abuse in Northern Ireland

The annual cost of alcohol misuse to the health service is estimated to be £122M...
...with a further cost of £48M for social care

The impact on individuals and families is incalculable

The focus on public health, promoting health and well being, early intervention and prevention services therefore must be continued and protected as budget pressures become apparent.

1. Promoting the public health agenda must be prioritised and be an integral part of acute care

Access to care

People need to be aware of and have confidence in the quality of community health and social care services and alternative services provided by other organisations, if we are to avoid over-reliance on our most specialised and expensive services. There is much more that can be done to ensure people can access the services they need, improving their quality of life and providing the right care at the right time. Investment should be targeted on supporting good access to care on those population groups that do not access services appropriately.

2. Investment should be targeted on the most vulnerable

Empowering people to take control of their own health and wellbeing

Evidence indicates that people can better look after themselves when they have greater access to information. Understanding what services are available, having the knowledge about when and how to use them, and improving wider 'health literacy' are important for prevention services. For example the NHS in England have introduced NHS Choices, a web site giving people a whole range of information and a 111 telephone number to support people access information about a whole range of services. Many organisations can however have a role in informing and supporting people.

Government has the opportunity to develop policies which encourage and support people take responsibility for their own health. These kinds of policies can and should be pursued more rigorously. Additionally wider society has a role and this is dealt with later in the report.

3. Citizens should be able to access information more easily

Improving Operational Efficiency

Building on existing initiatives

HSC leaders are committed to continually improving services and efficiency. There have been many significant initiatives over the last few years and we continue to work on projects such as;

- reducing management costs
- purchasing and procurement
- streamline care and better use of staff time and equipment
- greater use of shared services
- absence management and reduced reliance on agency staff
- greater use of preventative approaches
- better use of community services
- use of continuous improvement approaches

We need to continue to work in these areas but also increase our focus on the following issues;

- remove delays and duplication by improving care pathways
- reduce complexity in patient transfers between staff
- stop ineffective or outdated practices
- ensure the most cost-effective prescribing practice
- redesign the way that community teams work
- use patient and service user experience information to improve services

4. There needs to be a continued systematic focus on driving efficiency

Balanced Performance Management

Driving operational efficiency must be supported by an appropriate performance management regime. Over recent years there has been an increasing use of Northern Ireland wide targets. While politicians and the public^v alike, value such targets as they provide transparency and accountability, top down targets also can have the perverse effect of skewing services and statistics. In some cases they can lead to a poorer patient experience and clinical outcomes through a narrow focus on easily measured targets, rather than more meaningful, holistic measures of performance.

HSC leaders therefore feel that a balanced approach, which have both national targets and locally agreed performance frameworks are helpful. These can create effective drivers for change while supporting local flexibility, accountability and decision making to drive the service improvement to best meet the needs of local communities.

5. Develop balanced performance management framework that addresses the need to deliver agreed national outcomes while allowing local flexibility and accountability

Best Practice Approach to Hospital Care

Best Practice in the provision of hospital care

Modern developments such as the emergence of new technologies, medical and surgical innovations, drug therapies and treatment programmes allow us to keep people out of hospital so that they can be cared for at or close to home. Hospital care can now be confined to the short episodes in our lives where a range of specialist and complex care is needed. These developments are impacting on how hospital care is being delivered right across Europe.

To keep pace with modern practice and to ensure our hospital services are safe and sustainable and well integrated with robust community care services we must ensure we have the right system of care in place. It has been acknowledged for over a decade that the current system of provision is now outdated and gives rise to a range of issues;

- Costly model of care
- Inadequate capacity to provide quality care
 - Reduced levels of specialist treatment
 - Reduced capacity to provide training and experience for staff
 - Reduced capacity to deliver against modern clinical standards
- Unavailability of clinical staff to provide cover at a variety of locations

Because of the overwhelming clinical case in support of change, we need to focus on two issues; avoiding unnecessary admissions to hospital and modifying how our hospitals deliver care. To deliver effective change we need to take account of the following;

- empower and give clinicians the technical advice and support to care for people in the community
- meaningful involvement of clinicians, patients, service users and the public
- developing an infrastructure of preventative social care services
- building confidence in new services, especially care in the community
- altering the role and services offered by a number of hospitals to support greater specialism and a greater focus on non-specialist local services.
- rethinking the way parts of care in the community operate, for example developing more input from hospital specialists in care in the community,
- transforming urgent and emergency care to reduce inappropriate and unnecessary hospital attendance and admissions
- shifting the focus of services into the community and towards prevention

- using mental health expertise to reduce costs in the acute sector and the criminal justice system
- greater cross border working and use of wider hospital networks
- ensuring that the flow of funds supports these changes.

Best practice dictates that safe quality care is paramount, but it should be local where possible, and centralised where necessary

Mairead McAlinden, CEx Southern Health and Social Care trust

Additionally to support change there must be an underpinning robust set of principles; these could include;

- A strong evidence base for change
- Robust engagement with communities to ensure full public debate and excellent access to information
- A solutions orientated, partnership based approach to resolving change issues
- Robust change management process

We need to work with the public and their representatives to agree the optimal future hospital arrangements based upon their safety, sustainability and accessibility. This requires engagement in a partnership with elected representatives, professionals and the public to drive these changes.

6. Provide a focus on keeping people out of hospital by supporting new and existing and health and social care services in the community.

7. Drive change in the design and delivery of our hospital care system.

The NI Confederation would suggest that urgent action is taken in this area. The existing model of care is costly and undermines the capacity of professionals to provide the best care. Additionally this is the single most important action which will deliver savings and improve the quality care.

Embracing new thinking

A Culture which supports Innovation

In these challenging times there is an opportunity to embrace new thinking and develop a culture which is more supportive of innovation, which allows HSC leaders to take measured risks to achieve improved care. HSC leaders offer these following points as examples to be explored. There may be other ideas and we would welcome a wider debate going forward.

- **Income generation – Charging, Advertising and Sponsorship**

There are opportunities to find additional sources of revenue which will help protect our essential services; for example people already pay for optical and dental services, and in other regions charges for domiciliary care, prescriptions and visits to GPs are already in place. We feel that the public are would also highlight that there are opportunities for local business to advertise or to sponsor services. These ideas, while culturally different, are worth considering within an ethical framework, as we tackle the challenges ahead.

- **Innovative use of social enterprises and partnership with the private sector**

In a constrained financial environment it is inevitable that choices will have to be made about what the health and social services can provide. As the HSC is forced to focus on the agreed 'essential' services' there must be new ways found to deliver the 'desirable' services needed by communities.

There are already many examples of the voluntary and community sector and business providing health and social care services. There are many avenues which we already use, many of which are not exploited as widely as they could be. These models of provision, which can sometimes be considered as controversial, are worthy of further consideration particularly where services can be delivered at the same or better quality and where they provide savings. Some opportunities include;

- Social care provision
- Asset provision and maintenance
- Transport
- Back office facilities
- Public engagement
- Health care villages

There may also be further opportunities to collaborate and partner with other public sector providers. For example, rural transport initiatives could also be used to take people to their health care appointments.

Other Opportunities

There are many opportunities for embracing new thinking. Several of these are listed below;

- **Primary Care Partnerships**

Already Primary Care Partnerships within each Local Commissioning Group area are being explored as pathfinder projects. These GP led partnerships, include all providers of services in a locality, such as; Trusts, community pharmacists, other contractors, voluntary organisations and users. These pathfinder projects will seek to re-design patient pathways to reduce demand for secondary care across defined programmes as well as actively manage the prescribing budget. This system-wide change has potential to improve quality and reduce costs.

- Incentives and strengthened local decision making

Many organisations operate in a regulatory, target driven, top down environment which limits innovation. The current trend is towards greater local flexibility and less specification. Approaches being used elsewhere include for example retained savings, earned local flexibility, and reduced inspection regimes. These approaches are tapping into local energy and expertise, and are delivering useful results. We believe more use of this approach could be explored in Northern Ireland.

- Greater emphasis on early years services

There is now an increasing body of evidence to show that services targeted in the early years of life will help develop and protect our children many years into the future. We must therefore begin to consider how budgets and services can be redesigned to provide our children with the skills they need to protect them in later life. This makes good sense in terms of both quality of life and economics.

To support the development of a more innovative culture we would make two recommendations.

8. Support projects which encourage greater innovation

Initiatives to support innovation could include the development of an innovation fund, identification of innovation champions, partnering arrangements with other regions or with academia.

9. Focus on innovations which are already proven and that yield the most benefit - greater collaboration, income generation, use of social enterprise and partnerships with the private sector

Health and Social Wellbeing – A responsibility of all

Health and wellbeing must be everyone's business

The Northern Ireland Public Service, like many bureaucracies, suffers from a silo approach. What is needed is a much greater “whole systems” or partnership approach.

If we are to continue to improve our health and social care, we will need to develop a culture where health becomes everyone's business. There is strong evidence which shows that Employment, Education, Housing, the Environment, Transport, Social and Rural Development all have significant impact on health and wellbeing. Therefore the HSC cannot tackle this task alone, but we can become champions to seek wider involvement. We believe there are opportunities for action in three areas.

A joined up Programme for Government

Every government department has a contribution to make to health, social care and wellbeing of the population. We believe every government department should be tasked to work proactively with the DHSSPS to agree shared objectives and improved outcomes for citizens. While we acknowledge there are several initiatives which seek to promote a more joined up approach, for example the Investing for Health Strategy, we believe there is potential for developing stronger, more widely

owned planning and delivery mechanisms. Therefore we believe it is essential that the Programme for Government supports this approach by placing targets and performance measures in the Public Service Agreements.

10. The Development of a Programme for Government, where health and well being targets are included in every departmental business plan

Action at Local Level

HSC leaders would seek to work with political leaders to develop initiatives which build much more integrated approaches at local level. We would point to initiatives such as Community Planning, County Development Boards, the Place Agenda, and Single Outcome Agreements¹, all of which are improving services and reducing cost in neighbouring regions. These initiatives can be underpinned by more integrated performance management systems, where organisations are encouraged and supported to deliver on commonly agreed outcomes.

We believe that there are opportunities to build on these policy ideas to design a suitable model to support joined up action at local level in Northern Ireland.

11. The development of a model, such as community planning, which supports a joined up approach at local level

A New Social Contract

HSC leaders believe that there is now an opportunity for a new debate to emerge with citizens. It is unsustainable for government to provide every service requested by citizens. Politicians have the opportunity to develop a new relationship, implicit or explicit, where there is clear agreement about what can and cannot be delivered. This concept, building on the theme of the 'big society', offers wider opportunities to engage many other sectors in contributing to better health and well being.

12. The development of a new social contract with citizens

Strong Leadership and Informed Public Debate

Making Decisions- Strategic, Collective and Evidence Based

To deliver the changes outlined above will take real leadership at every level, but specifically at a political level. Many of the decisions, while essential to provide the best services for our citizens, have the potential to be misunderstood or unpopular.

¹ Community Planning is an initiative used in the rest of GB, where the Local Authority leads a process, in consultation with the public and in partnership with other service providers to deliver more integrated services at local level. County Development Boards are similar to community planning and are the initiative used in the Republic of Ireland. The Scottish Parliament has recently built on their Community Planning processes to create Single Outcome Agreements in each local authority area which are agreed with government. The Single Outcome Agreement sets out the shared priorities for the area and gives a level of flexibility for local service providers to deliver and be measured on the jointly agreed outcomes.

Our newly devolved administration must rise to this challenge. We need political leadership which can provide a solution based focus on the health and wellbeing of our population. The NI Confederation believes that politicians must use the evidence, much of which is already available, to build consensus on the way forward and urgently drive change.

13. Politicians must seek to build a consensus around a strategic approach, which is evidence based and focused on better outcomes for citizens.

To achieve strategic change, experience from other small nations would indicate that government must focus on the regional perspective and allow local delivery bodies to drive change at local level.

Driving Strategic Change

Leading change in the care structures is a pressing political challenge across the UK. Taking a strategic approach however is particularly difficult in small nations where there is limited separation between the government and the locality.

It will therefore take courage and political skill to communicate the problems and the solutions, and to build enough consensus and trust to deliver the change needed.

Ducking the strategic challenge cannot be an option if N Ireland is to provide services which benchmark with those in the rest of the UK.

Nigel Edwards, Acting Chief executive NHS Confederation, Belfast Dec 2010

14. Government should focus on national strategy and ensure a focus on delivery at local level

A Collective Approach

We believe that when everyone has a greater level of shared understanding about the complexities of running and funding the health and social provision and developing practical solutions, we stand a better chance of agreeing common ground on where we need to go forward. We must therefore build on the significant level of consensus there already is around the recommendations in this report.

15. Leaders at political, clinical and managerial levels must work together to build consensus on the way forward and to deliver change

Enhanced Public Engagement

We believe that to underpin and support decision making there needs to be a greater focus on effective engagement processes. These processes must be two-way; where there are opportunities to debate, feedback, manage expectations and communicate outcomes. This approach should strengthen the focus on safety and quality and the needs of users, provide an opportunity to explore solutions on a

collective basis and ultimately provide greater assurance that the agreed way forward is 'right' for our communities.

The Patient and Public Involvement initiative which is currently used is a useful programme, but there are opportunities for more active and creative ways to engage with citizens. There are many innovative models which are beginning to be used already; electronic communication, membership models and citizens juries etc. There may also be opportunities to develop engagement systems which cut across all public services, potentially within the community planning processes planned by councils.

16. Public engagement processes should be enhanced - there are some models which could be further explored.

The Future in Mind

The Bevan principles that have underpinned Health and Social Care since 1948 are well recognised;

- tax-funded and free at the point of delivery
- easy and equitable access to services, and
- responsive to the needs of the most vulnerable in our society.

The immediate problems are challenging and politicians and HSC leaders must focus on these in the short term; - but they must also hold in mind the challenges for the longer term and begin to develop ways to also address these.

The cost of Health and Social Care currently represents around 42% of the N Ireland budget. With demand increasing at around 6% per year, due to an ageing population, greater need for more sophisticated drugs and treatments and inflation, the resources required will continue to grow as a proportion of our budget. This is not a sustainable proposition and therefore we need to develop new ways of thinking and planning for our health and social care needs.

We raise these issues as we approach the 2011 elections to encourage our politicians and the public to engage in genuine debate, to ensure we are prepared to deal with these issues. HSC leaders stand ready to support and contribute to this debate going forward.

17. We must be honest with citizens about the scale of the challenge ahead and begin a public debate about how we can best meet the needs of future generations.

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Demographics

- There are estimated to be **1.77 M** people in N Ireland
- Life expectancy for women is **81.2** years, and for men **76.3** years
- There were **25,746 babies** born in N Ireland in 2008
- There were **14,907 deaths** in 2008; (3,971 cancer and 2,847 heart disease)
- In 2008, **9,485** people over the age of 65 lived in residential accommodation
- By 2020, the number of people over 75, is estimated to rise by **40%**
- **We now have the lowest mortality rate we have ever experienced** 8.1 deaths per 1000 population

Public Health

- In 08/09 **9,619** people were admitted to acute hospitals related to **alcohol** abuse.
- Alcohol is a contributory factor in over **60%** of cases of deliberate **self harm**
- The average age at which pupils were offered **drugs** was **12.9 years**
- In 2008/09 **24%** of people were **smokers** – this figure was 29% in 1997
- The number of **melanoma** skin cancers has increased from 80 cases in 1984 to **233** Cases in 2008
- **1 in 14** people over the age of 65 have a form of **dementia** (1/6 for the over 80s)
- **800,000 Swine** flu leaflets were distributed
- At any one time **1 in 5 adults** has a mental health condition
- Nearly **60%** of adults are **overweight**, 24% of which are obese
- The rate of Chlamydia infection has risen by **30%** in the last 5 years

Social Care

- Appleby reported that social care spend on Children's Services is **30% underfunded** compared to similar services in England.
- The number of **social workers** employed in Trusts **increased by 500** between 2005 and 2010.
- There has been a **33% increase in referrals to children's services** between 2004 and 2009.
- At 31 March 2009 there were **2488 children on the child protection register** - **an increase of 76%** compared to March 2004.
- At any one time **10,000 children live in poverty**, 40,000 children live in a family where there is a substance misuse problem; at least **11,000** children live with **domestic violence** on a daily basis.
- NI has the fastest growing elderly population.
- In 30 years we will have the **highest numbers** of people aged between **50 and 80** in the UK.

- Currently **over 65** population represents **15% of the population**.
- People aged 75+ required **5 times more support** and for 85+ they require **14 times more**.
- There are **16,000 suffering with dementia** - a figure which is expected to double in 7 years time.
 - There are **180,000 carers** in Northern Ireland
 - **One in six** people suffer from **mental illness** at any one time.
 - There are an estimated **16,000** people living with **learning disability**.

Services and treatments

- **1653 Children and Young** people were looked after by the HSC in 2009
- In 2009 **235,559 hours of domiciliary care** were provided – **an 6% increase** on 2008 figures
- There were **600,000** inpatient and day cases admissions to **hospitals** in 2009/10
- **35Million prescriptions** were dispensed in the community in 2009/10 at a cost of **£400M**
- Over **1.5Million patients** were seen at a consultant led service within hospitals in 2009/10
- There were **120,000** ambulance responses to emergency 999 calls in 09/10 – more than **70%** were responded to within 8 minutes across N Ireland
- Clostridium Difficile infections are **down by 54%** in the last three years
- **334.000** people were vaccinated against swine flu – **580** people were hospitalised in 2009/10

Resourcing

- The number of staff employed by HSC in 2008 is in the region of **65,000** – this figure is up 26% from 53,000 in 1999. There are another 10,000 who provide HSC related services
- The current budget for health and social care is **£4.3Billion**, £3.3Bn for health and £946M for social care.
- In N Ireland **need** was in the region of **17% higher** than the UK. (10% for Health and 35% for Social Care) This represented a funding gap of £600 Million in 2009/10
- Need increases by each year by **1.3%** as the population ages and a further **2.5%** to provide new treatments and meet technological advances

Further Information

An Introduction to the NI Confederation for Health and Social Care

The NI Confederation for Health and Social Care (NICON) is a membership body for the range of bodies that make up the Health and Social Care family. It is part of the wider NHS Confederation that represents the NHS organisations in England and Wales.

Our ambition is a health and social care system that delivers first class services and improved health for all.

We work with our members to be a driving force for positive change by; influencing policy, supporting leaders, networking, communication, sharing best practice, and promoting excellence in employment issues.

All our work is underpinned by four core values;

- member driven
- putting patients, service users and the public first
- providing challenge
- creating dialogue and consensus

For more information you can see our website www.nhsconfed.org or contact the office on 028 90 644 811 or email heather.moorhead@niconfedhss.org

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References

ⁱ The Financial information in the report is based on DHSSPS evidence to the Health and Social Services, September 17, 2010 and the HSCB and PHA Commissioning Plan 2010/11

ⁱⁱ NISRA Mortality Statistics, Press Notice, March 2009

^{iv} NIHSC Workforce Census March 2008

^v Patient Client Council – The people Priorities, November 2010

Further Reading

NHS Confederation (2009), Leading innovation

NHS Confederation (09), Dealing with the downturn: the greatest ever leadership challenge for the NHS?

NHS Confederation (10), The heart of the matter: patient and public engagement in today's NHS

NHS Confederation and the BMA (10) – Clinical responses to the downturn

Download at www.nhsconfed.org/publications or www.dhsspsni.gov