



**Northern Ireland
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for Health and Social Care

2024 Conference
& Exhibition

Welcome and Opening Address



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Culture – How do We Get It Right?



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The Next Three Years...



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Reconfiguration Framework – Towards a Hospital Network



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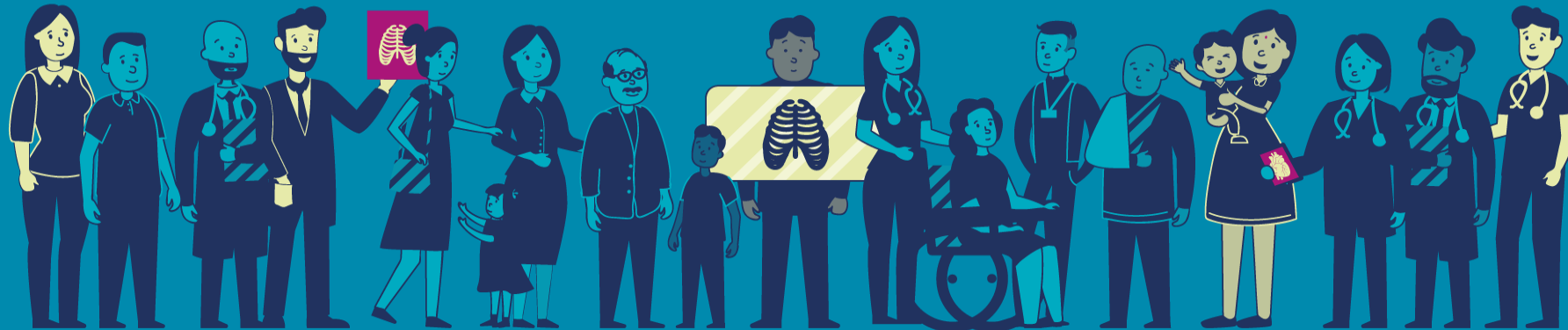
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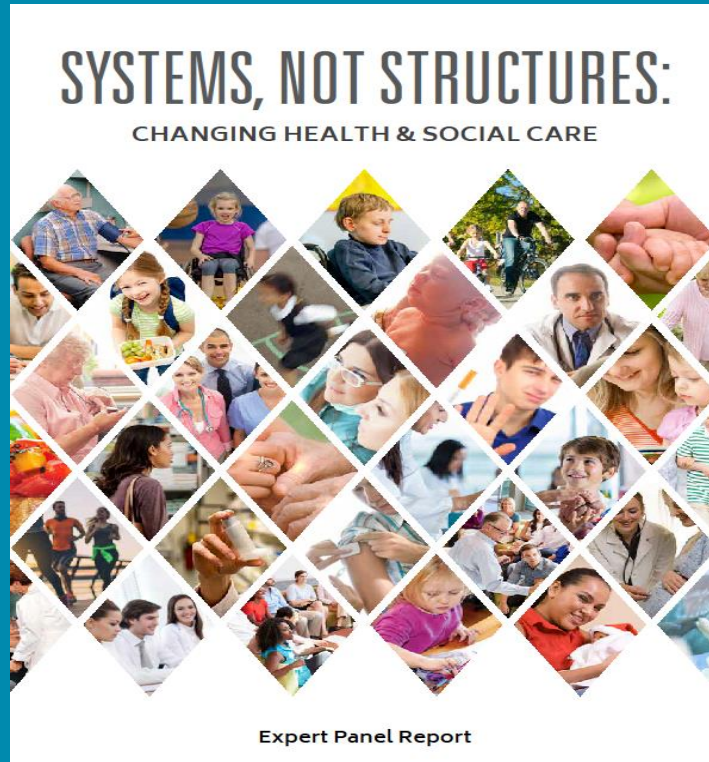
Hospitals – Creating a Network For Better Outcomes

Peter Jakobsen


Director, Health Service Transformation, DoH



Strategic Context



Engagement Phases



Phase 1 - Co-production: Trust Chief Executives, senior managerial and Clinical staff – both Trust and PHA. Task and Finish oversight group with representatives from RCN, BMA, service user. Wider stakeholder engagement on emerging themes and approach.



Phase 2 - Pre-consultation engagement: Targeted groups: Service users and carers, Royal Colleges, Trade Unions.



Phase 3 - Public Consultation: 16 weeks, commenced start of October 2024 and runs until late January 2025.

Purpose of the Document

Explain **why** we need to change.

Explain **What** our hospital network will deliver.

Explain **Where** hospital services are delivered.

Consider **How** we can improve hospital network sustainability.

Explain **How** reconfiguration decisions are taken, indicate **when** decisions might be taken and set the strategic context for future reconfigurations.

Key Concepts

Every acute hospital identified in a particular tier to build to a **NI Hospital Network**.

Core Services for each type of hospital identified, with clear patient flow.

Local service provision where possible and **central** when necessary.

Collaboration and Provider Collaborative approach.

Draft Actions (page 1 of 2)

Consideration of travel and transport support and review of DoH Transport Strategy for HSC services.

Trusts to consider how local hospitals can best and most sustainably meet local population needs.

Consider how HSC Trusts can work in collaboration to maintain core General Hospital services.

Consideration to designate Causeway as an Elective Care centre.

Consideration as to the most sustainable allocation of resources across Area Hospitals to minimise inequities in access to services.

Consideration to moving suitable activity out of Specialist Regional Centres into Area Hospitals.

Draft Actions (page 2 of 2)

Approach to clinical training and allocation of doctor training places.

Programme of speciality specific workforce reviews.

Review regional specialist services and consider how vulnerabilities can be mitigated, for example through strengthening links with GB or ROI colleagues.

Define a suitable level of protected bed base, diagnostic and theatre capacity for regional specialist services.

Explore with Trusts and NICON how provider collaboration might help to support and sustain the Hospital Network .

Consultation Questions – 1 of 2


To what extent do you agree or disagree with the explanation within the framework of why we need to change how our hospitals function?

To what extent do you agree or disagree with the description of the type of Northern Ireland hospitals as presented in the framework that build towards a Hospital Network?

To what extent do you agree or disagree with the 'core services' identified for the different tiers, especially for the area hospitals and 3 general hospitals?

To what extent do you agree or disagree that the proposed actions identified are the correct ones to create a more sustainable hospital network?


Consultation Questions – 2 of 2



To what extent do you agree or disagree that the proposed list of actions in the framework will improve the experience and outcomes for service users in Northern Ireland?



To what extent do you agree or disagree that the framework explains how reconfiguration decisions are taken?



To what extent do you agree or disagree that the framework explains how you will be engaged as part of the decision-making process?

Next Steps



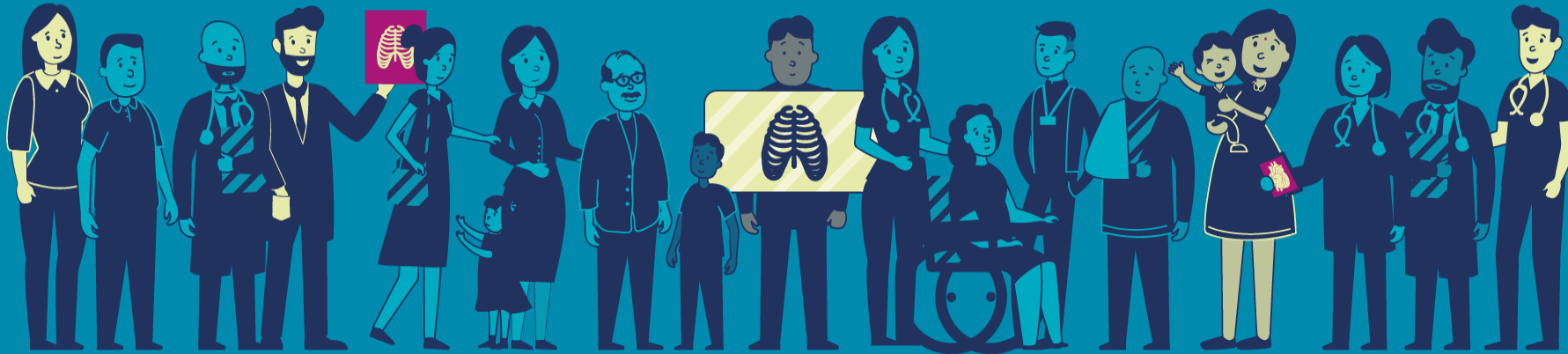
Public Consultation and engagement events October 2024 to January 2025.

Consideration of Consultation feedback and submission to Minister.

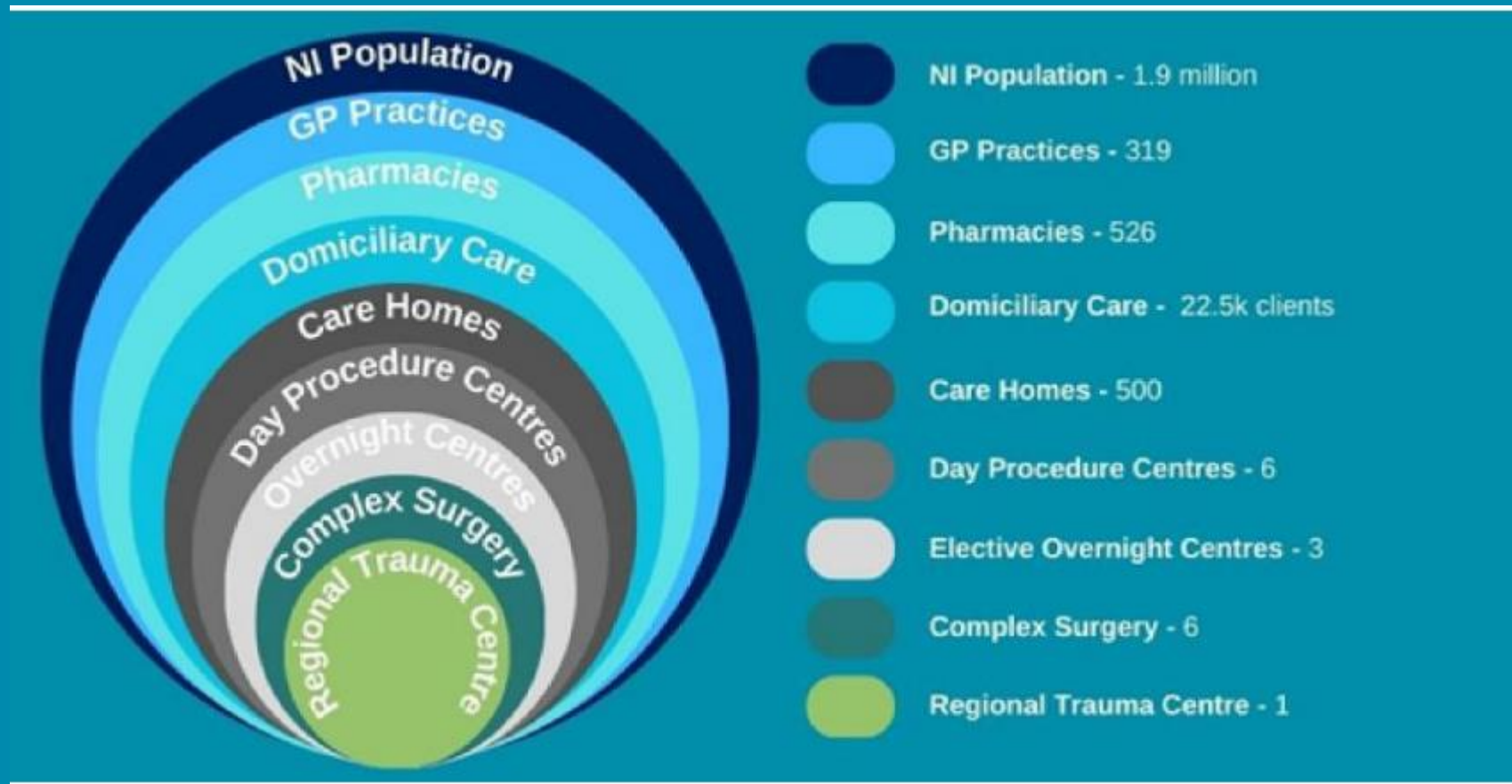
Delivery Issues and Network Examples

Roisin Coulter

Chief Executive, South Eastern Health and Social Care Trust



Health and Social Care in Northern Ireland – New Models



Hospital Network

- **Local Hospitals** - delivering primary, secondary and community services in support of the area and general hospitals.
- **General Hospitals** - delivering defined secondary care services including unscheduled care, geared to a specific, more isolated geographical location. These hospitals also play an important part in the delivery of elective care to the region.
- **Area Hospitals** - delivering a full range of secondary care services, both unscheduled and elective, to the communities within a geographical area currently defined by the distribution of integrated services delivered by our five Health and Social Care Trusts.
- **Regional Centres** - delivering specialist regional inpatient services for the whole population of Northern Ireland.

The Scale of The Problem- Why Reconfiguration?

NI's waiting lists are unacceptable

- 428,858 patients are waiting for a first outpatient appointment with a consultant.
- 188,850 patients are waiting for a critical diagnostic scan
- 115, 929 patients waiting for surgery or treatment including at DPC (Sept 2024 figures) with nearly 50% waiting more than 52 weeks
- General Surgery, Trauma & Orthopaedics, ENT and Urology. The longest surgical waiters are Urology with 6 years & ENT 5.5 years.

Audit Office Waiting List report- Do we really need it?

NI Audit Office Waiting List report shows that between March 2014 and March 2023:

- Waiting lists for first outpatient appointments grew by **216%**
- Lists for inpatient treatment grew by **147%**
- Lists for diagnostic tests rose by **151%**
- **DOH estimate WL plan needs £675 million over next 5 years**
- **On top of this demand NI's health service has £1.4 billion maintenance backlog**

A Workforce Under Pressure- Requirement to lead and to bring along

Northern Trust
@NHSCTrust

Urgent Staff Appeal for Registered Nurses & Nursing Assistants to support Antrim or Causeway Hospital tonight and tomorrow. If you are available to cover any shifts please contact Duty Sister, for Antrim call 028 9442 4000 or for Causeway Hospital call 028 7032 7032.



Belfast Trust @BelfastTrust · Feb 25
Our Children's Emergency Department is currently extremely busy.
Please only attend if your child has a serious medical emergency.
If your child does not need urgent medical attention, consult our Symptom Checker below for expert advice and guidance.
bit.ly/4152EY3



Belfast Trust
@BelfastTrust
Our hospitals remain under extreme pressure.
We are appealing for any registered nurses and HCA currently employed by the Trust who are available to come in and work in the hospital over the next 48 hours to report to patient flow.



B News ▶ Belfast Trust

NI hospitals under 'extreme' pressure as health chiefs issue New Year plea

A number of health trusts have also appealed for available nursing staff to help out

NEWS By [Niall Deeney](#)

10:24, 1 JAN 2024 | UPDATED 11:48, 1 JAN 2024

Bookmark



Comments 57

8:48 AM - Jan 1, 2024 - 12.5K Views

NI Surgical Workforce: Stressed out & Burnt out

UK SURGICAL CENSUS REPORT - NORTHERN IRELAND RESULTS - JANUARY 2024



91%



91% of NI consultant surgeons aged 55-64 plan to retire in the next 4 years.

53%



53% of NI surgical trainees reported a lack of adequate time for training

62%



62% said that access to theatres was a major challenge

66%



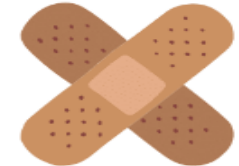
66% said burnout & stress is the main challenge in surgery

53%



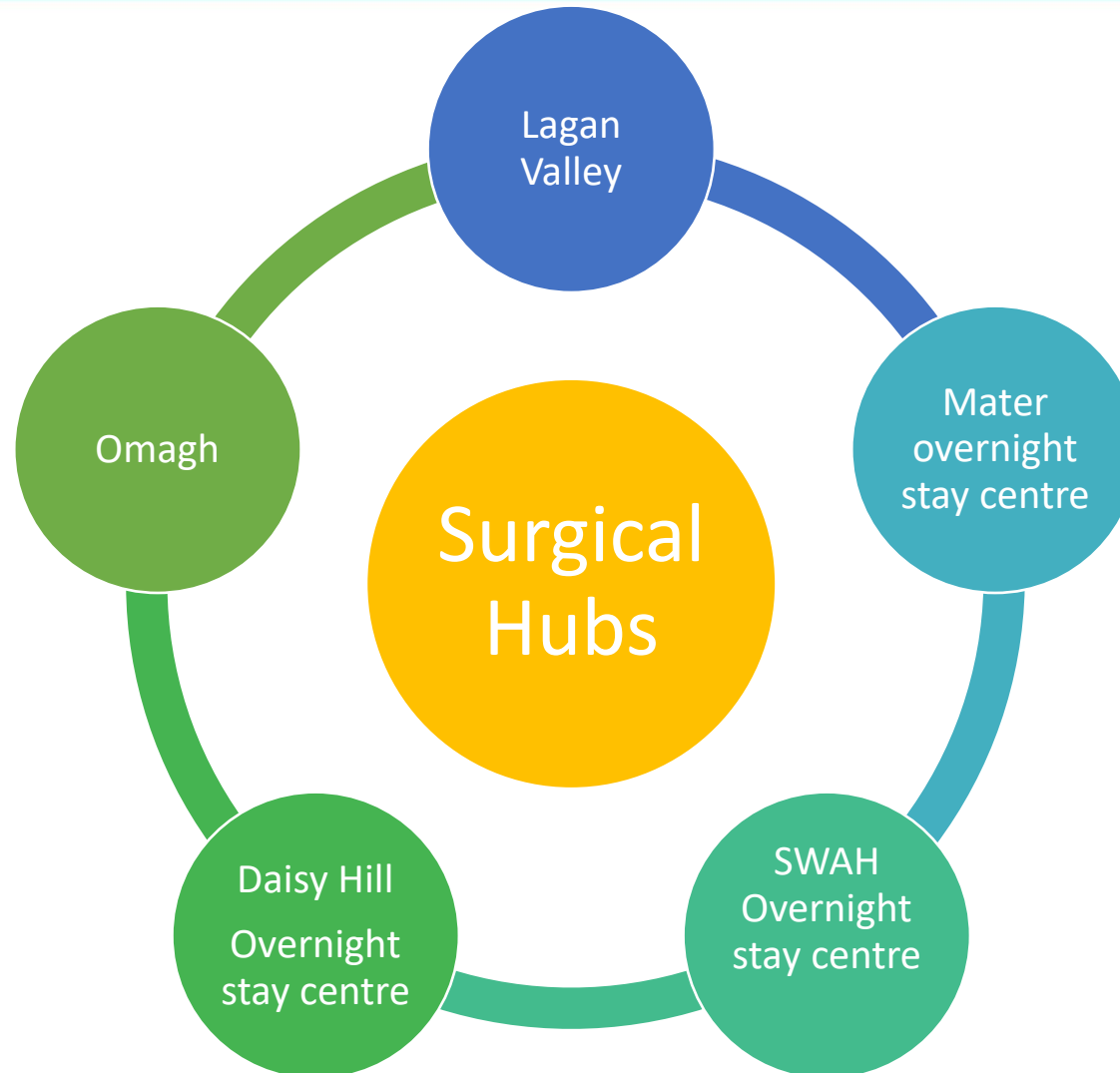
53% of NI surgeons said they considered leaving the workforce in the past year

48%



48% said system challenges were impacting on their ability to deliver work

Green Shoots of Recovery - Surgical Hubs



What would help surgeons get more done?

Job plans & activity - Consultants

[Show filters](#)[Go to contents page](#)

Admin support More beds
Access to theatre/ operating lists
Adequate support staff

What would increase your productivity (Consultants)

Category	%
Access to theatre/operating lists	35.5%
Adequate support staff	29.0%
Admin support	17.7%
More beds	17.7%

TOP 10: What would increase your productivity (Consultants)

- Make it valuable
- Make it count
- Listen to clinicians- feeling of imbalance
- Involve Clinicians / Leaders at the outset
- Groundwork- What do we see? What do we understand?
- Support Clinicians to deliver
- Support Clinicians in the Public Eye



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Prevention – Planting our Docken Leaves!



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Health Inequalities in NI Summary

Dr Joanne McClean, Director of Public Health, Public Health Agency

Overview

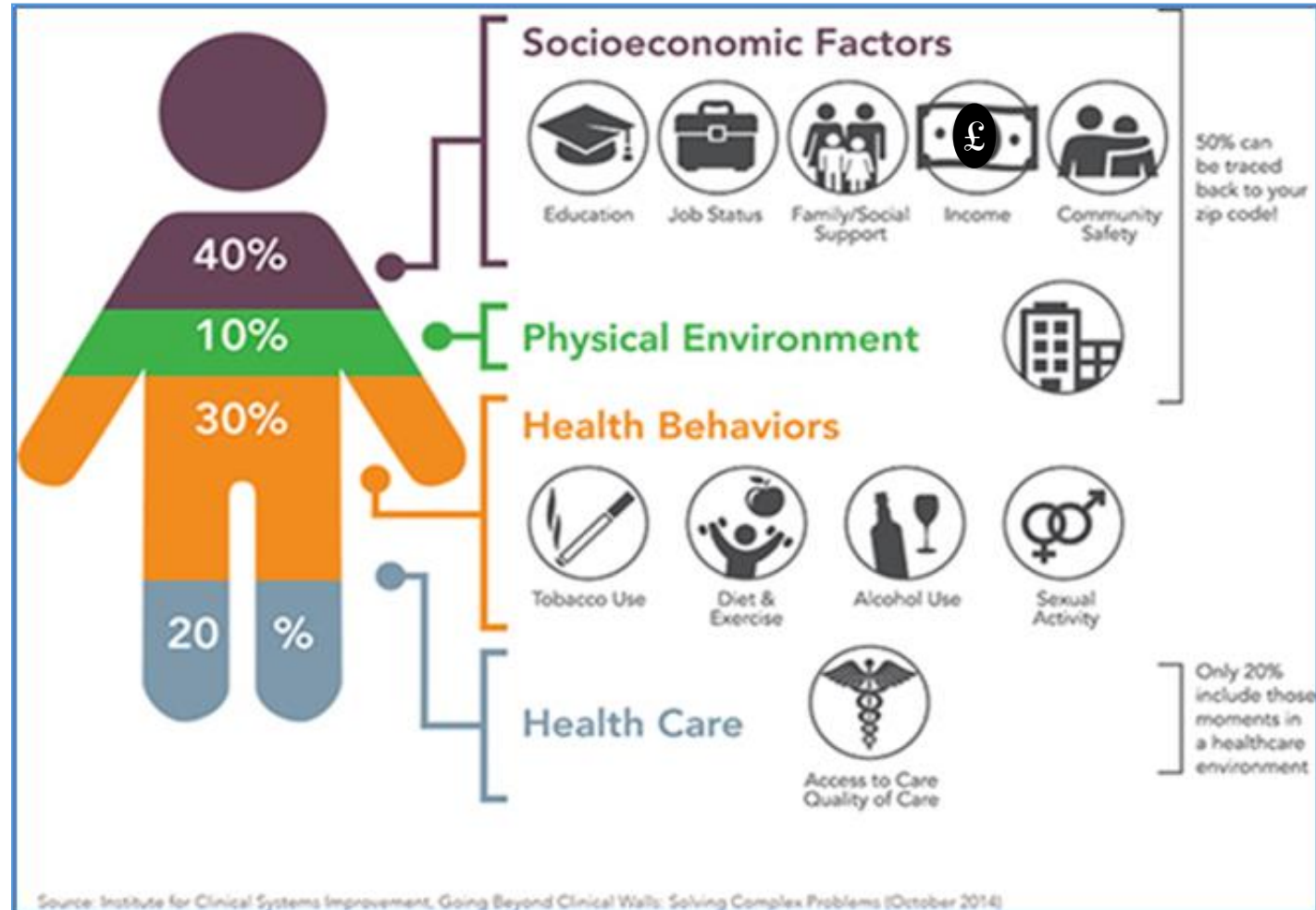
- People first
- Context – what makes us healthy or not
- Key findings
- What it means



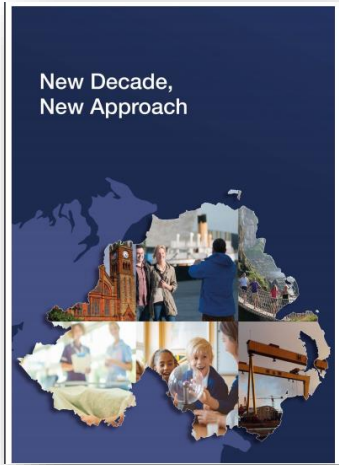
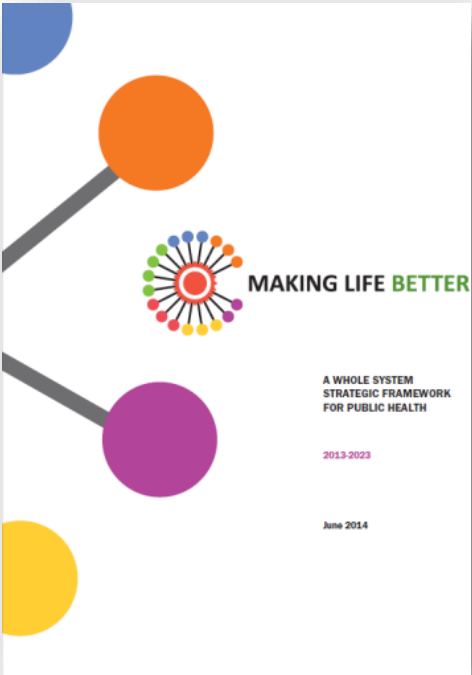


What good does it do to treat people and send them back to the conditions that made them sick?
Sir Michael Marmot, 2017

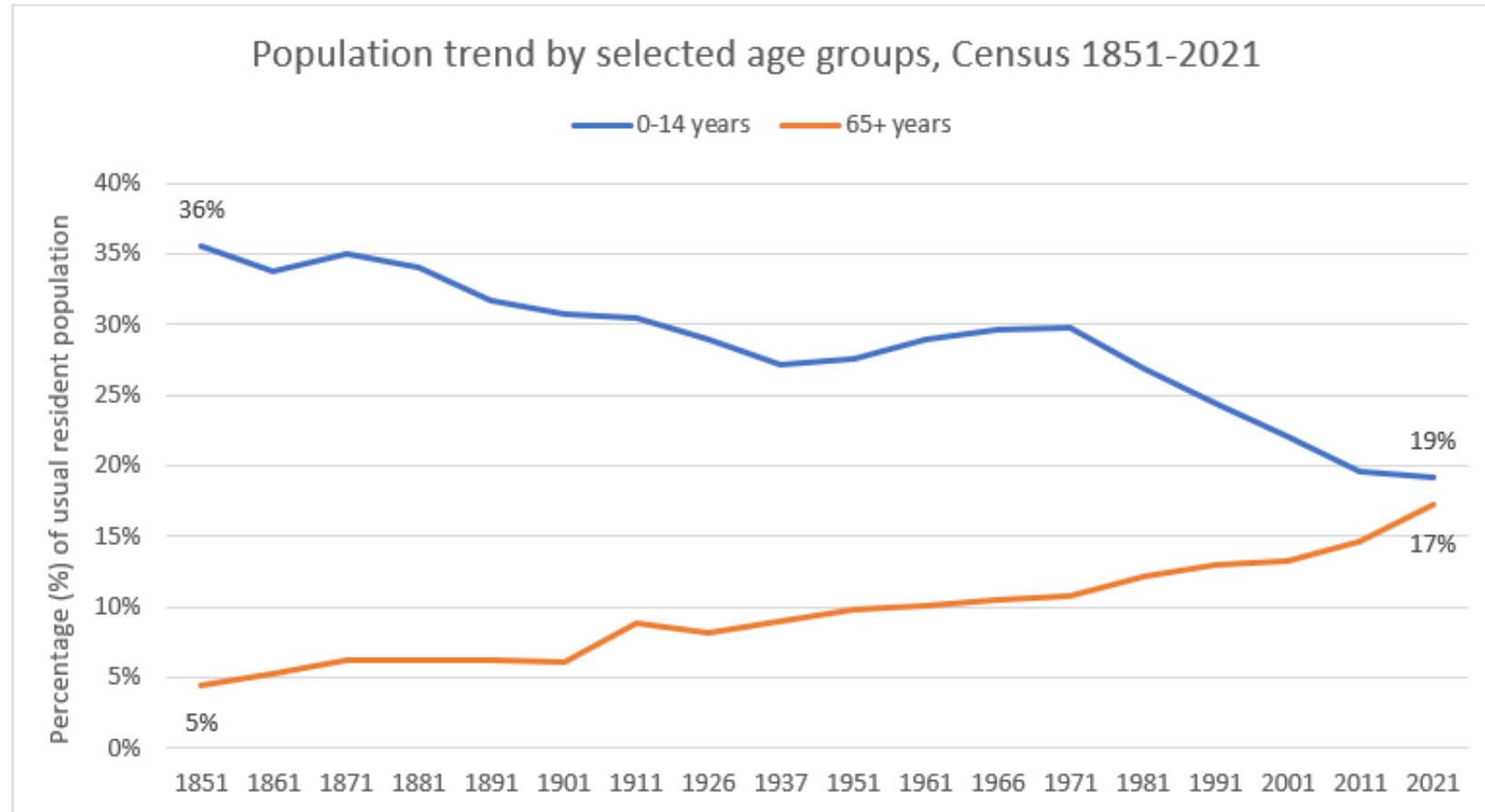
What Determines Health



Strategic Context

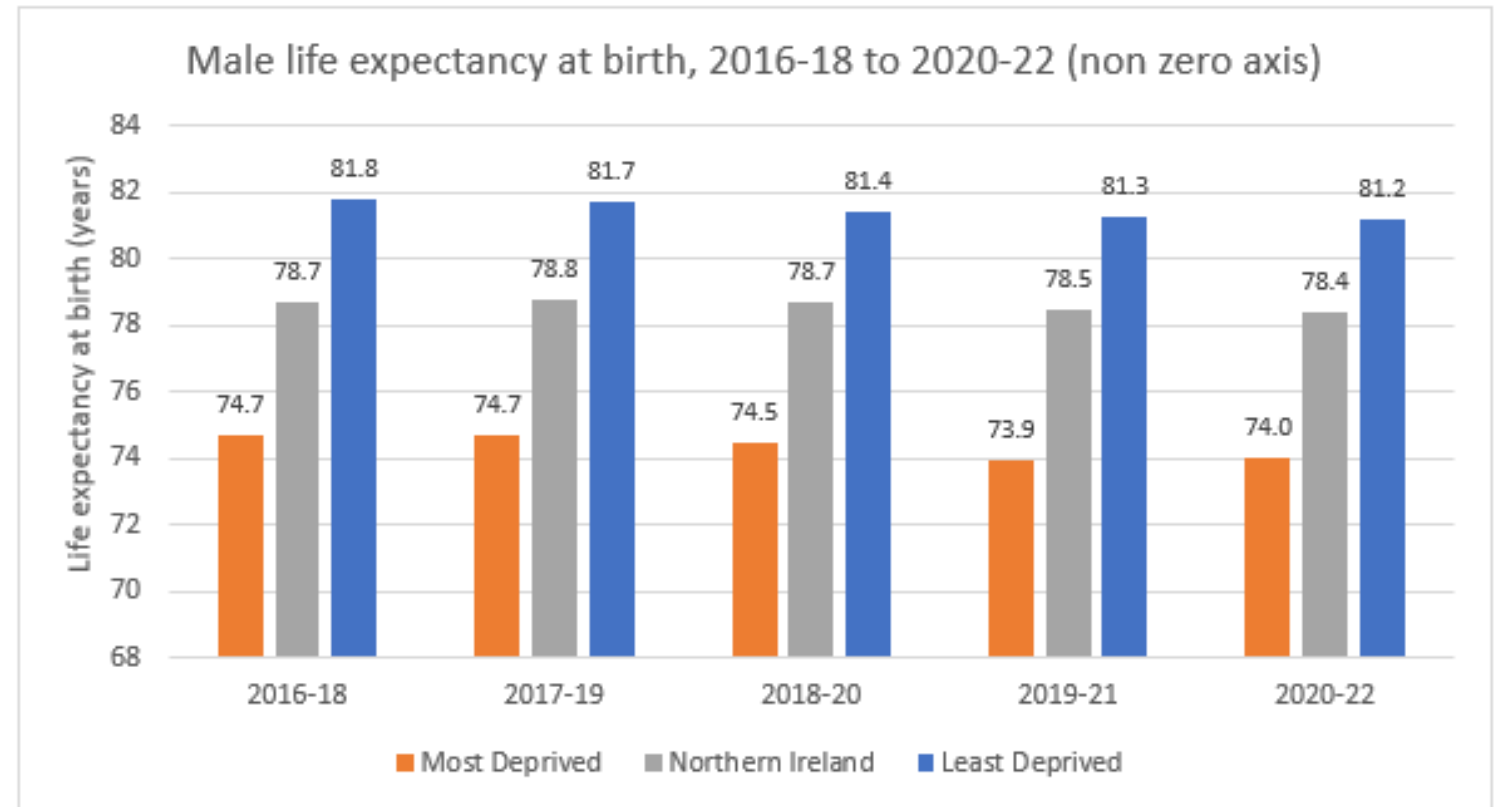


Population 1.9M



Source: NISRA, <https://www.nisra.gov.uk/system/files/statistics/census-2021-ms-a11.xlsx>

Male Life Expectancy in NI



Source: Department of Health, Life Expectancy in Northern Ireland 2020-22

Inequality: a matter of life and death

Compared to the least deprived areas, in the most deprived areas of Northern Ireland:

INFORMATION
ANALYSIS
DIRECTORATE



Health Inequalities

Annual Report 2024

A product of the NI Health and Social Care Inequalities Monitoring System



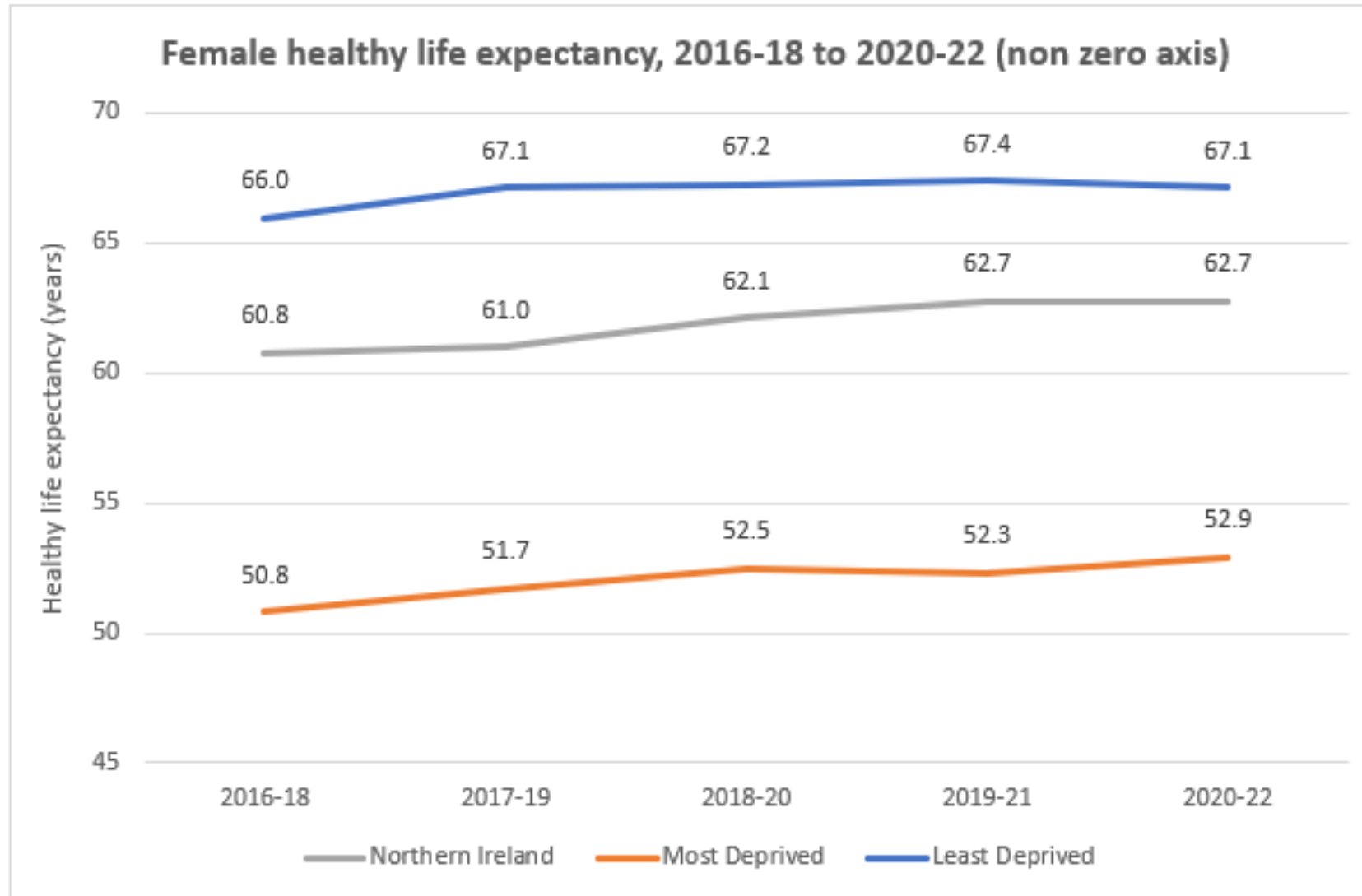
Males die **7.2 years** sooner and experience ill health **12.2 years** earlier*

Females die **4.8 years** sooner and experience ill health **14.2 years** earlier

Rates of premature death are much higher

Preventable mortality has increased and is now **three times** as high

* despite improvements in male healthy life expectancy in deprived areas

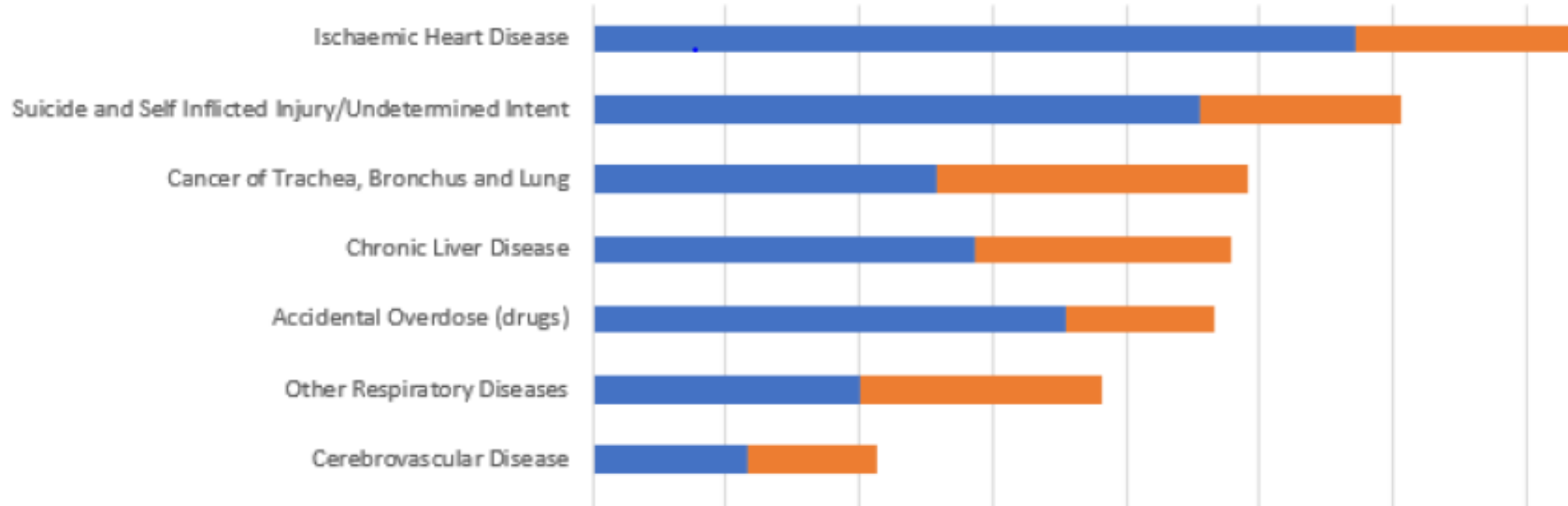


Source: Department of Health, Life Expectancy in Northern Ireland 2020-22

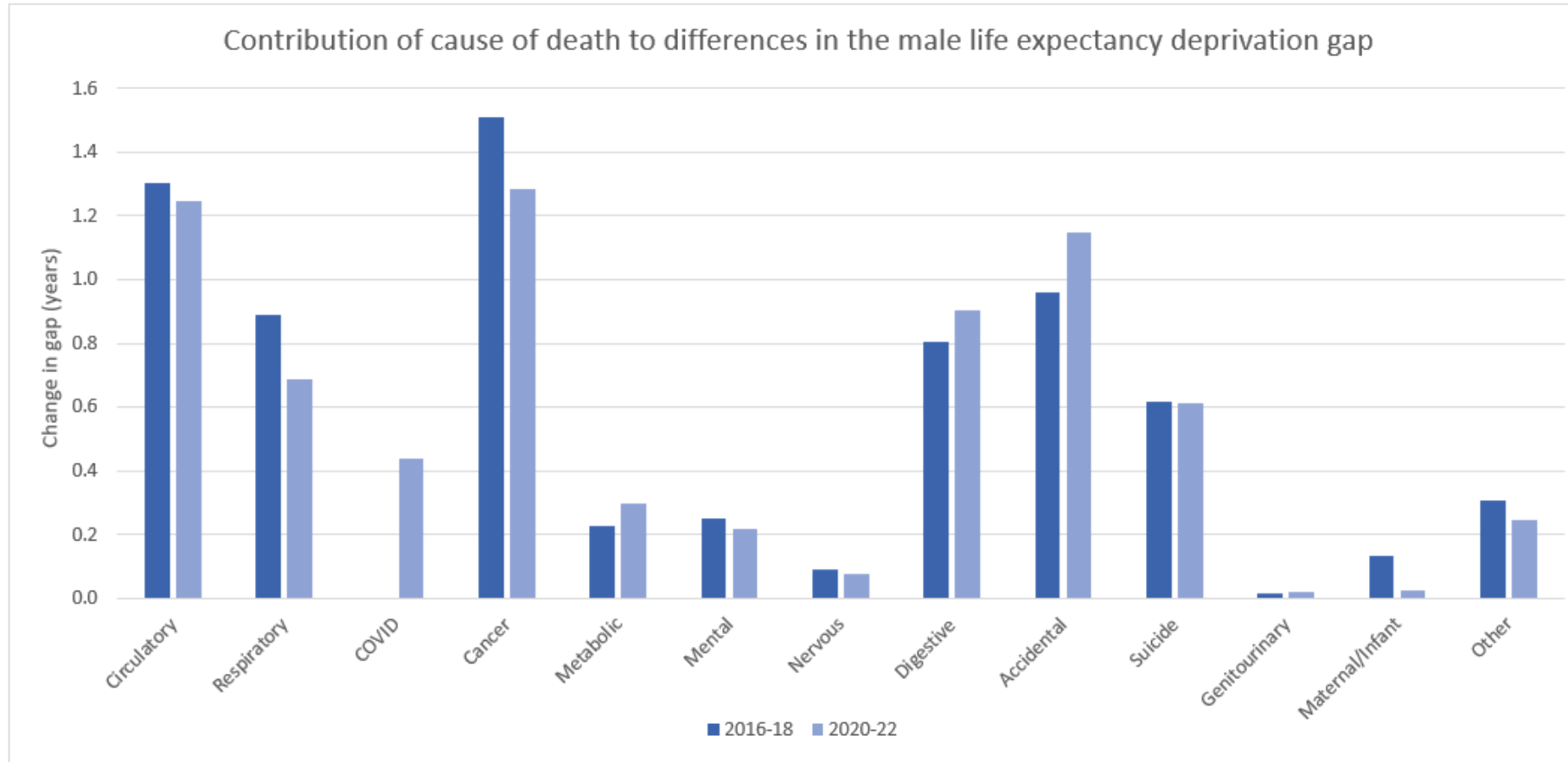
What Causes Premature Deaths Before 75?

Potential years of life lost (PYLL), selected causes of death age 1-74 years, Northern Ireland, 2022

■ Males ■ Females



What Causes the Inequality in Life Expectancy?

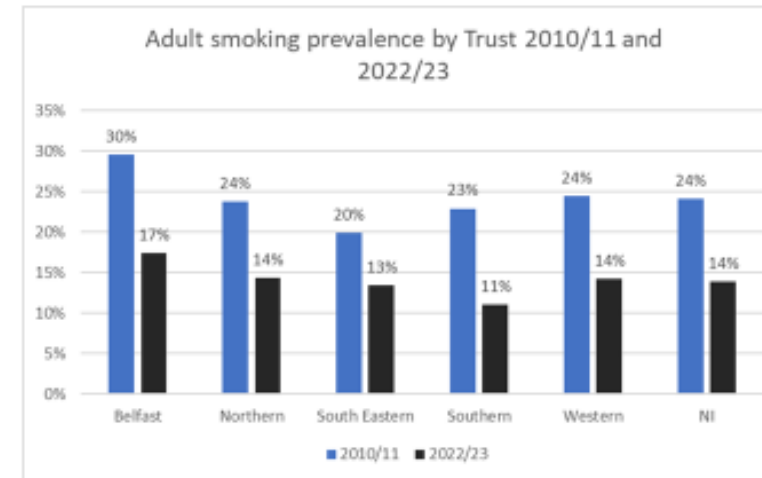


Source: Department of Health, Life Expectancy in Northern Ireland 2020-22

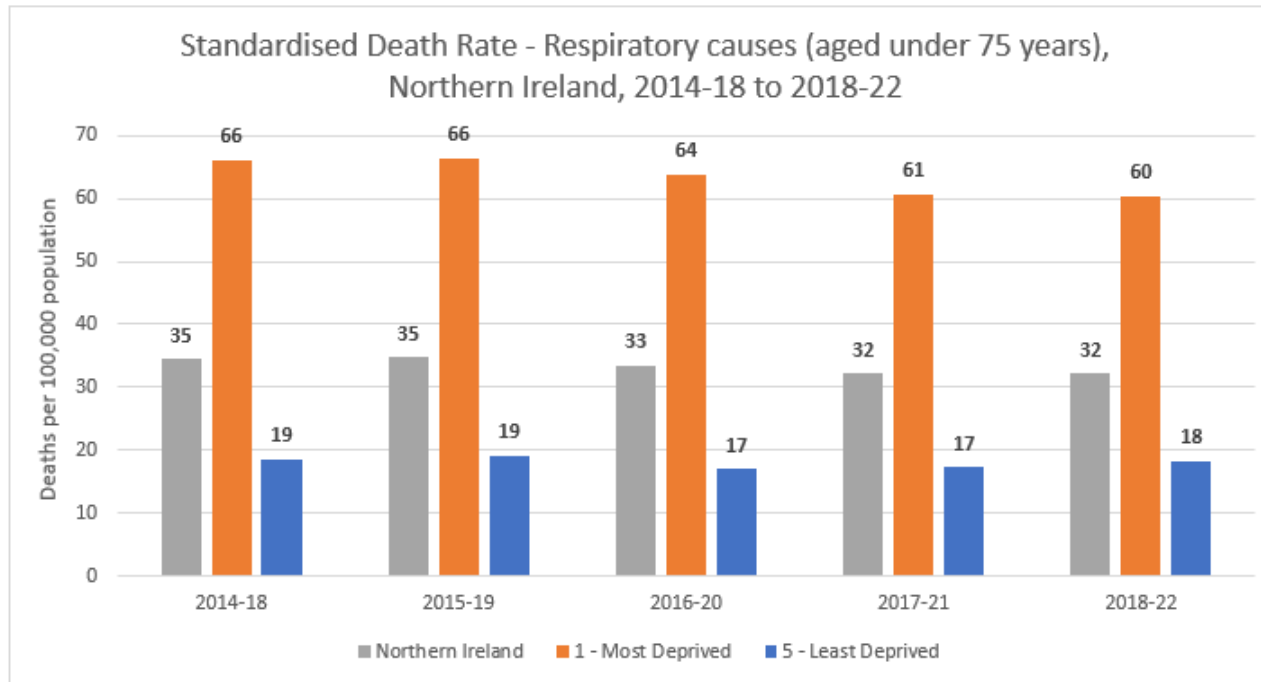
Smoking Still Kills! (2,200 per year)

Prevalence – who smokes cigarettes

- In 2022/23 an estimated 14% of the adult population (age 16 and over) within Northern Ireland currently smoke cigarettes, which equates to approximately 213,000 people. As in previous years, smoking prevalence continues to be greater among males (15%) than that observed in females (12%).¹



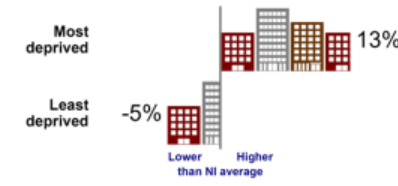
Smoking Still Kills and Causes Cancer



Source: Department of Health, Health inequalities annual report 2024

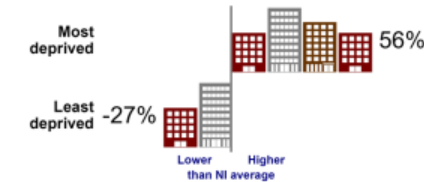
All cancers (excl. NMSC)

Incidence and deprivation (Diagnosed 2017-2021)



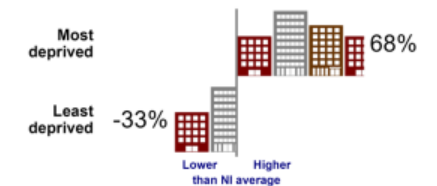
Head and Neck cancer

Incidence and deprivation (Diagnosed 2017-2021)



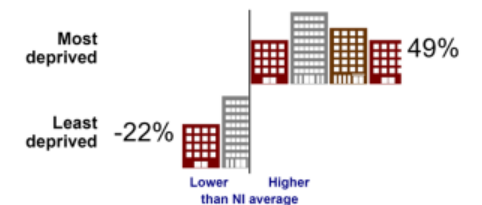
Lung cancer

Incidence and deprivation (Diagnosed 2017-2021)

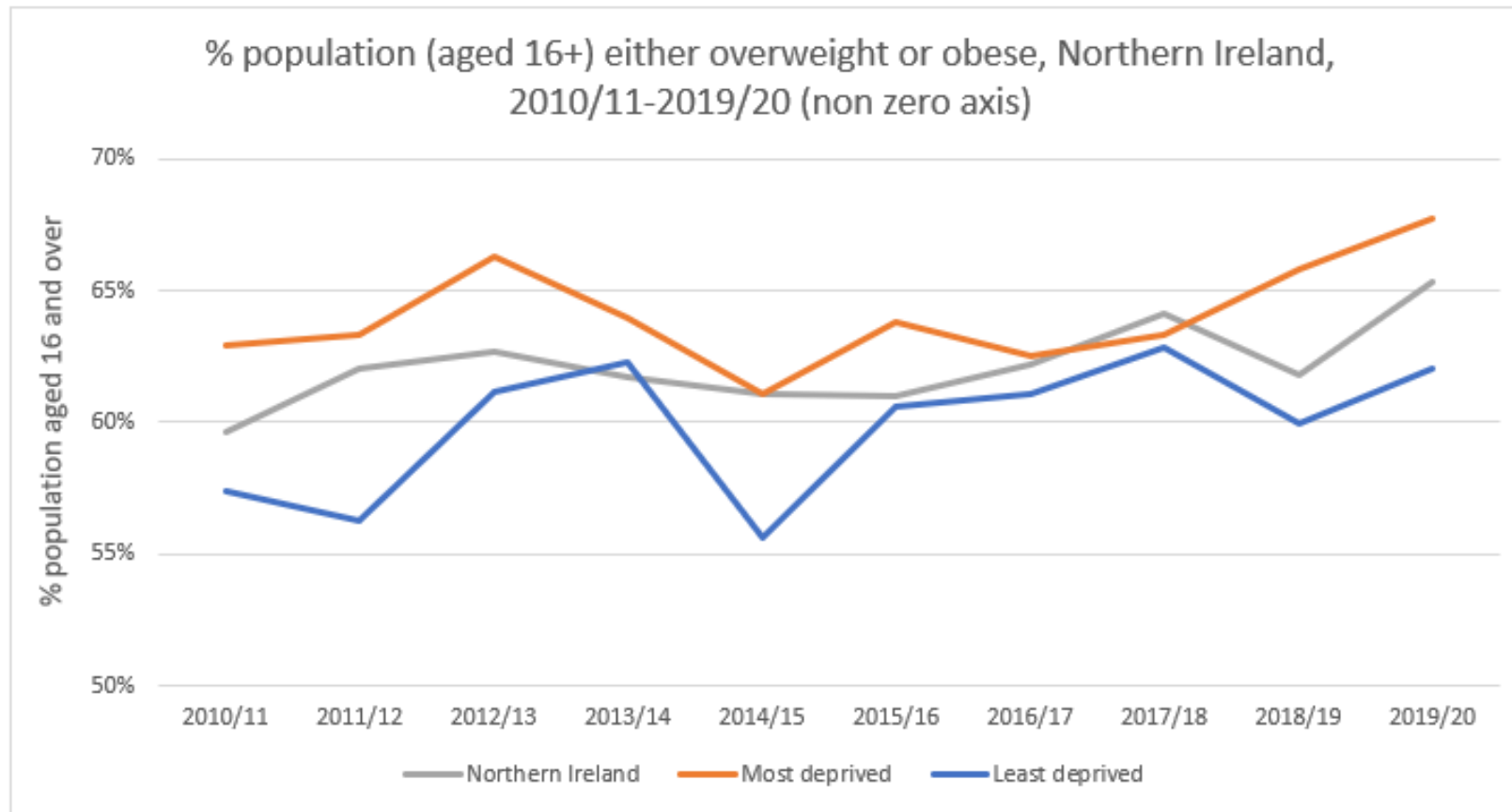


Oral cancer

Incidence and deprivation (Diagnosed 2017-2021)

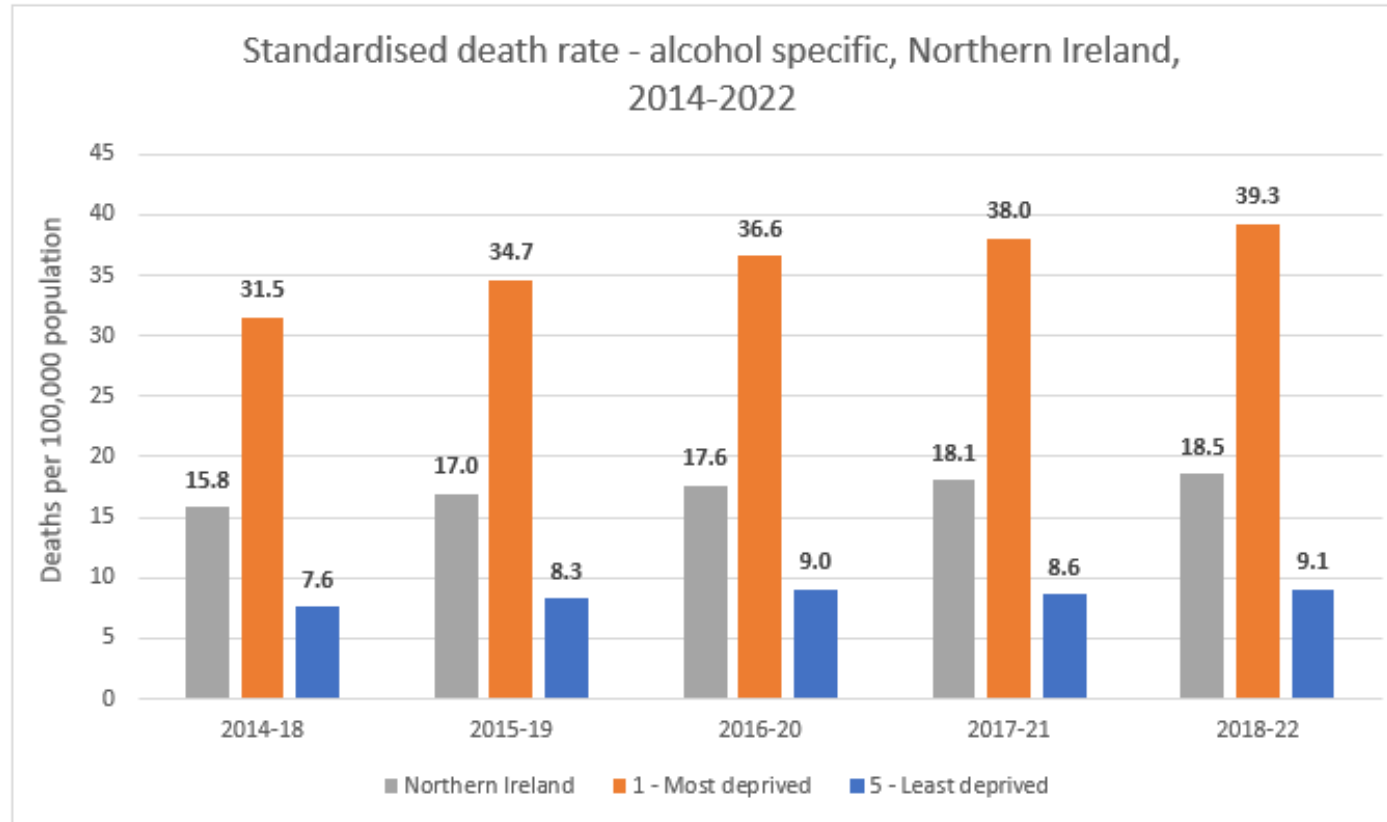


Obesity (Diet and Physical Activity)



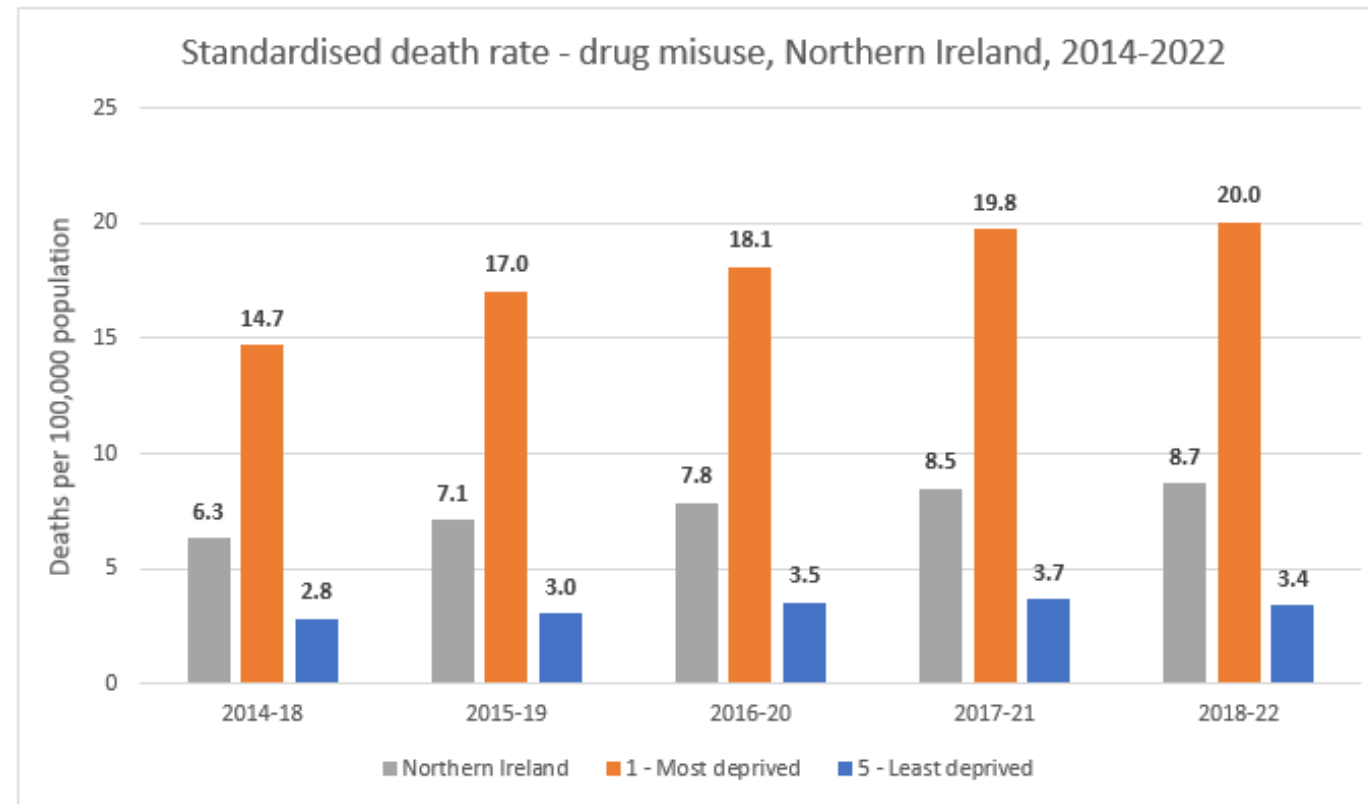
Source: Department of Health, Health Survey Northern Ireland, First results, 2022/23

Alcohol



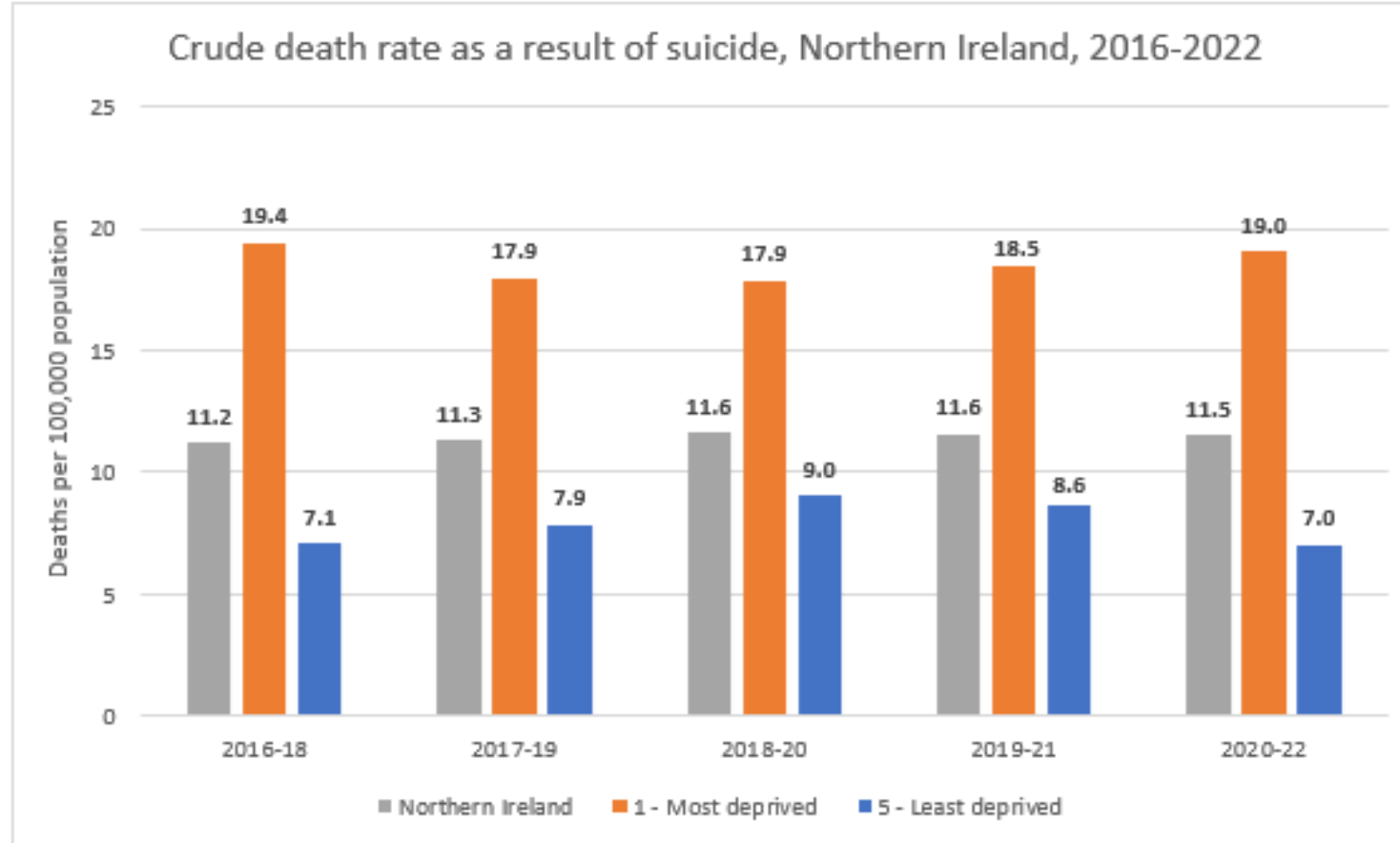
Source: Department of Health, Health inequalities annual report 2024

Drugs



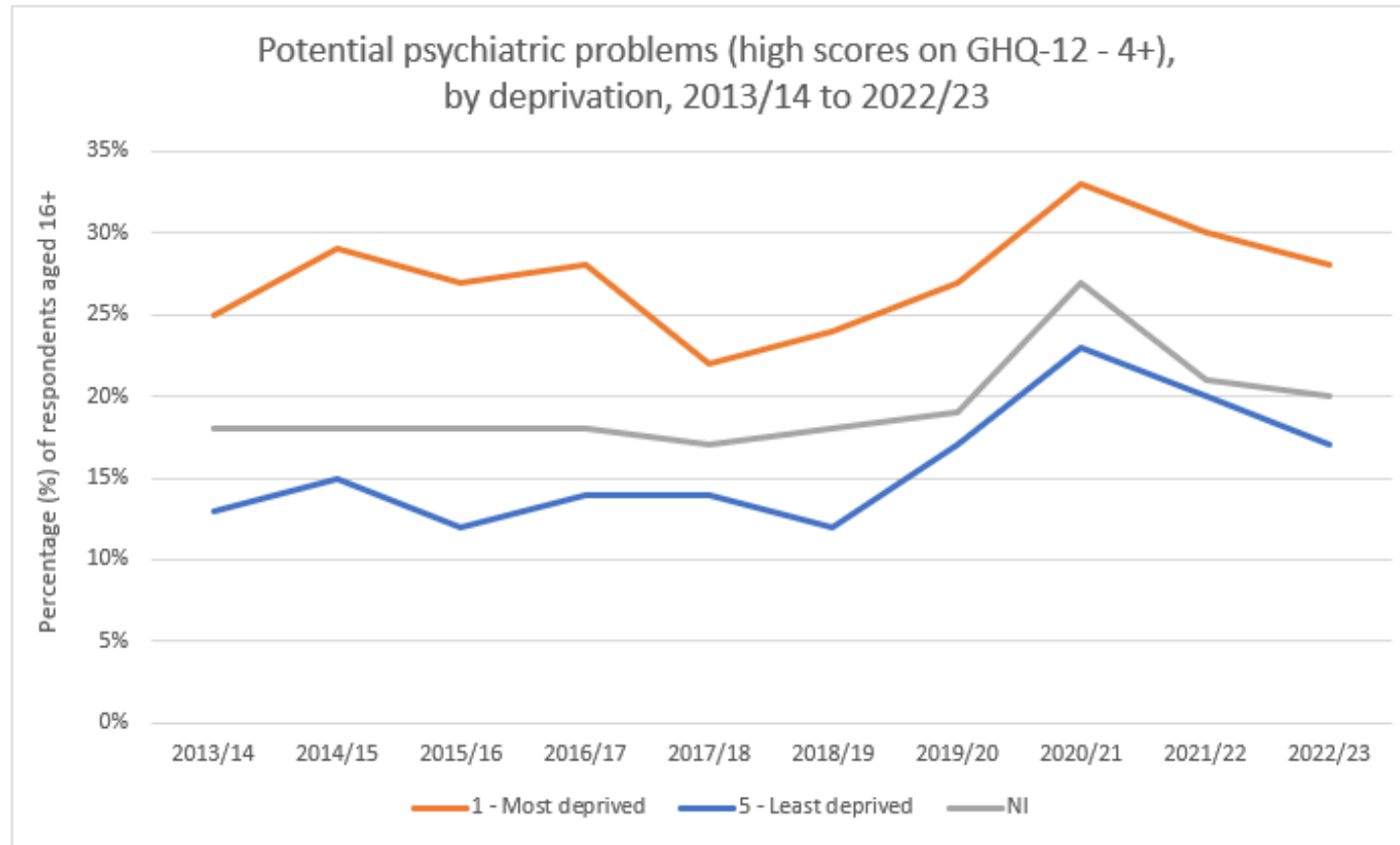
Source: Department of Health, Health inequalities annual report 2024

Suicide



Source: Department of Health, Health inequalities annual report 2024

Mental Health

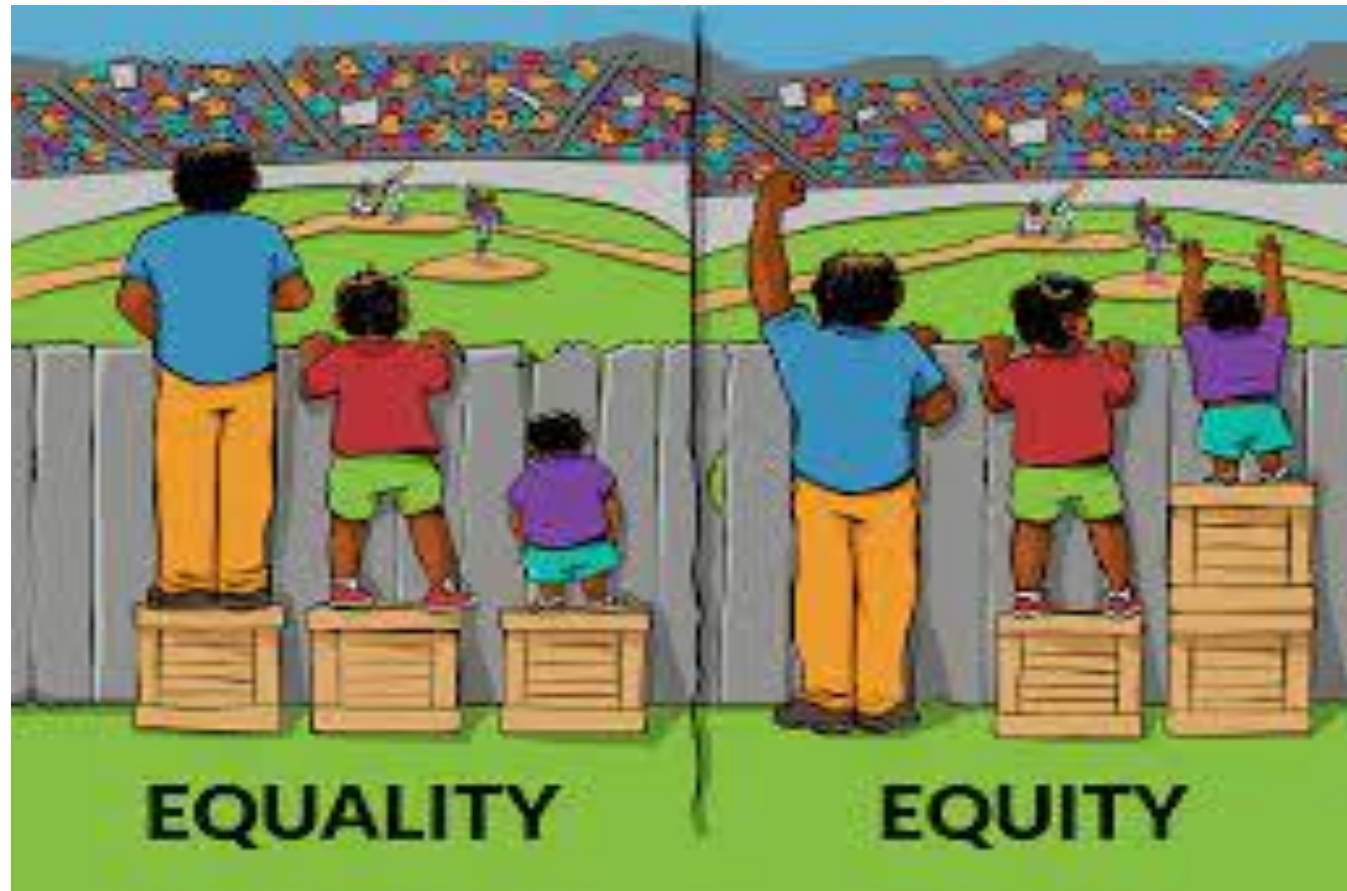


Source: Department of Health, Health survey Northern Ireland: first results 2022/23

Summary

- There is room for improvement in our health
- Deprived communities have worse health and life expectancy
- All the main causes of the inequality are all preventable to significant degree
- Major risk factors
 - Smoking
 - Obesity (diet and physical activity)
 - Alcohol
 - Mental health
- Wider determinants (especially income inequality) hugely important

Health Equity



Live Better

October 2024

Heather Reid



Public Health
Agency

Improving Your Health and Wellbeing

- What is Live Better?
- Why focus on inequalities?
- What has happened so far?
- What will happen next?



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Agency

Improving Your Health and Wellbeing



What is Live Better?



Initiative designed to bring targeted coordinated health support to communities most in need to reduce inequalities



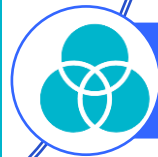
Public Health Agency (PHA) lead on planning, delivery and evaluation



Focus on two geographical areas experiencing overall deprivation

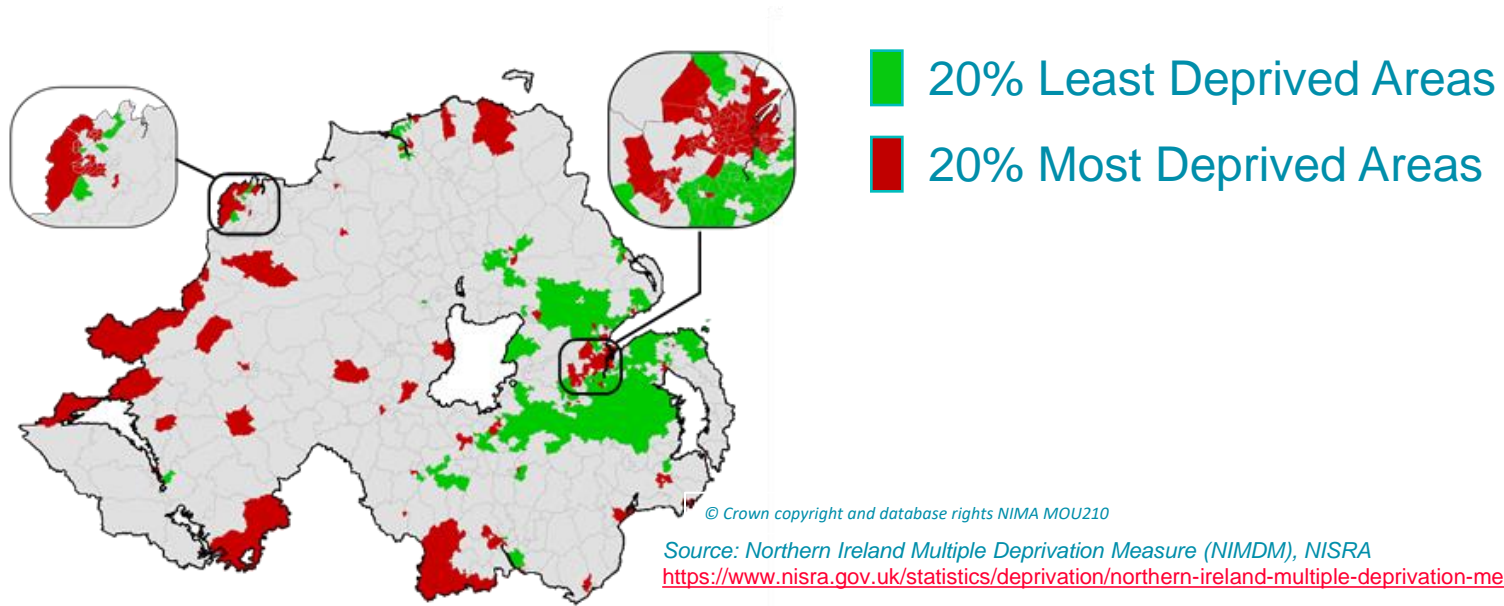


Bring together partners



Three key stakeholder groups: primary care, HSC Trusts, C&V

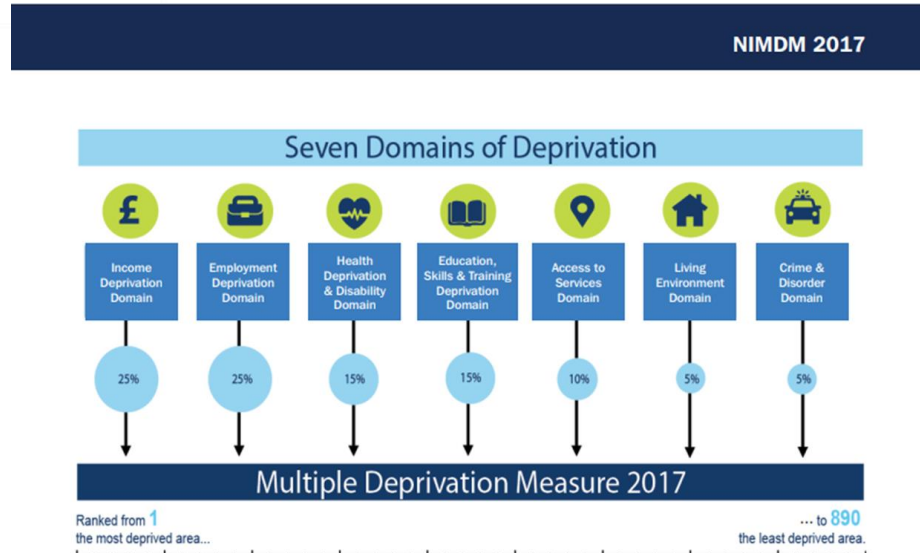
Regional deprivation



NI 1:3
UK 1:5

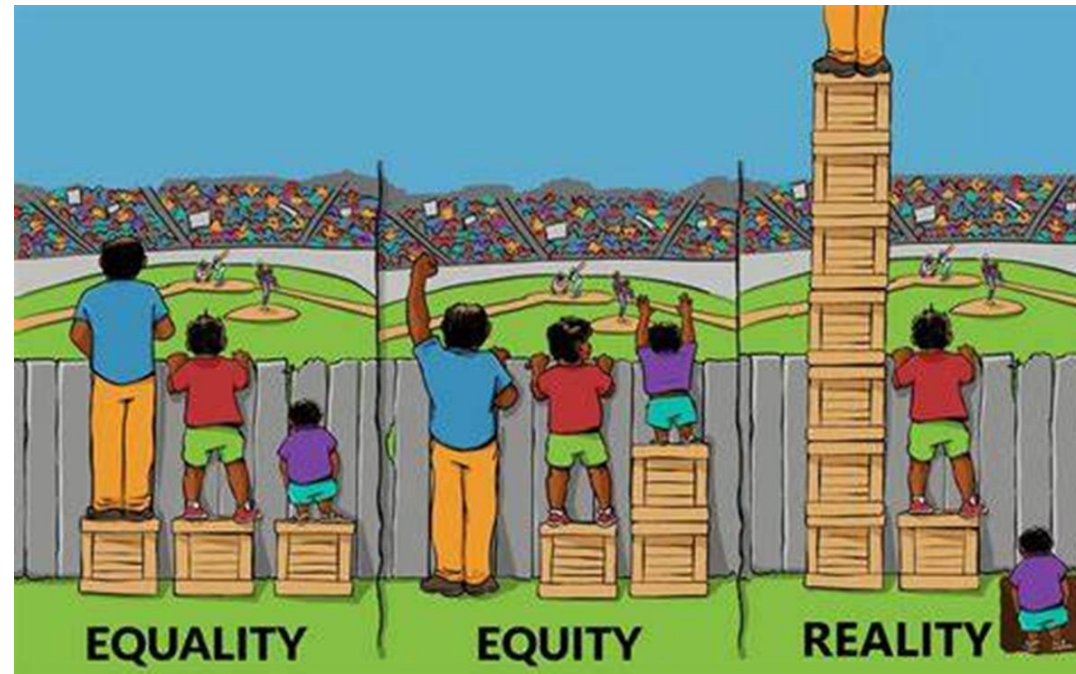


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h and Wellbeing

Why focus on inequalities?

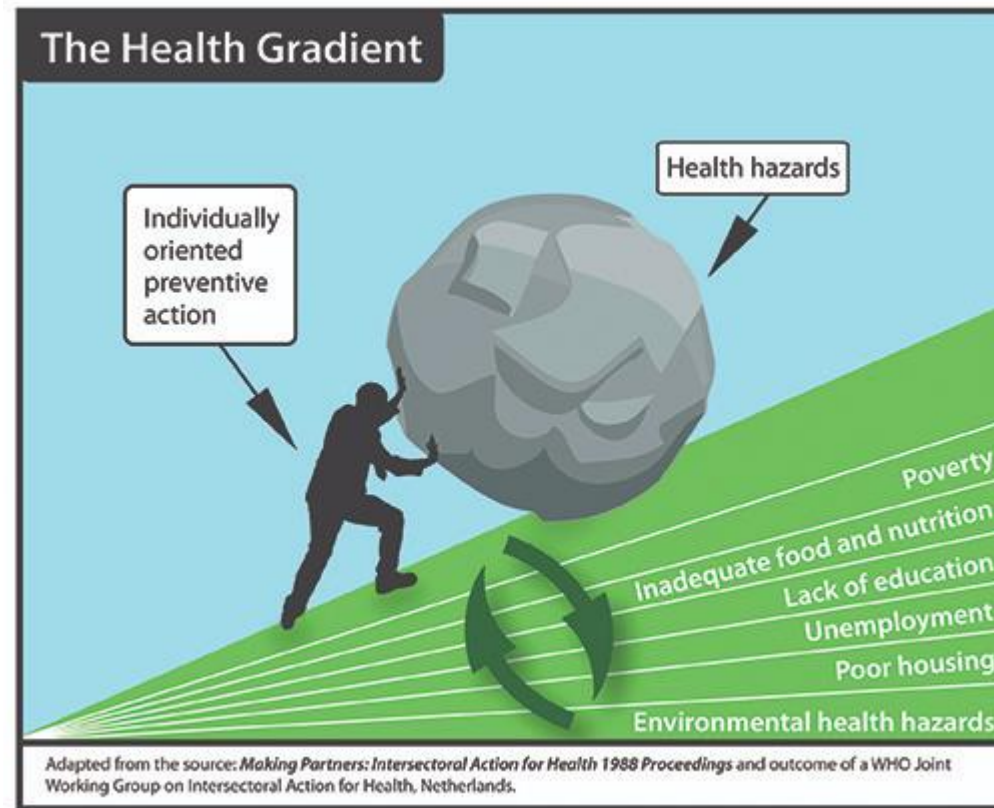


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Improving Your Health and Wellbeing

Health inequity and the social gradient

In countries at all levels of income, health and illness follow a social gradient: the lower the socioeconomic position, the worse the health.



Inequality: a matter of life and death





‘Health and health inequalities tell us a great deal about the good or bad effects of social policies’.

Michael Marmott, 2018



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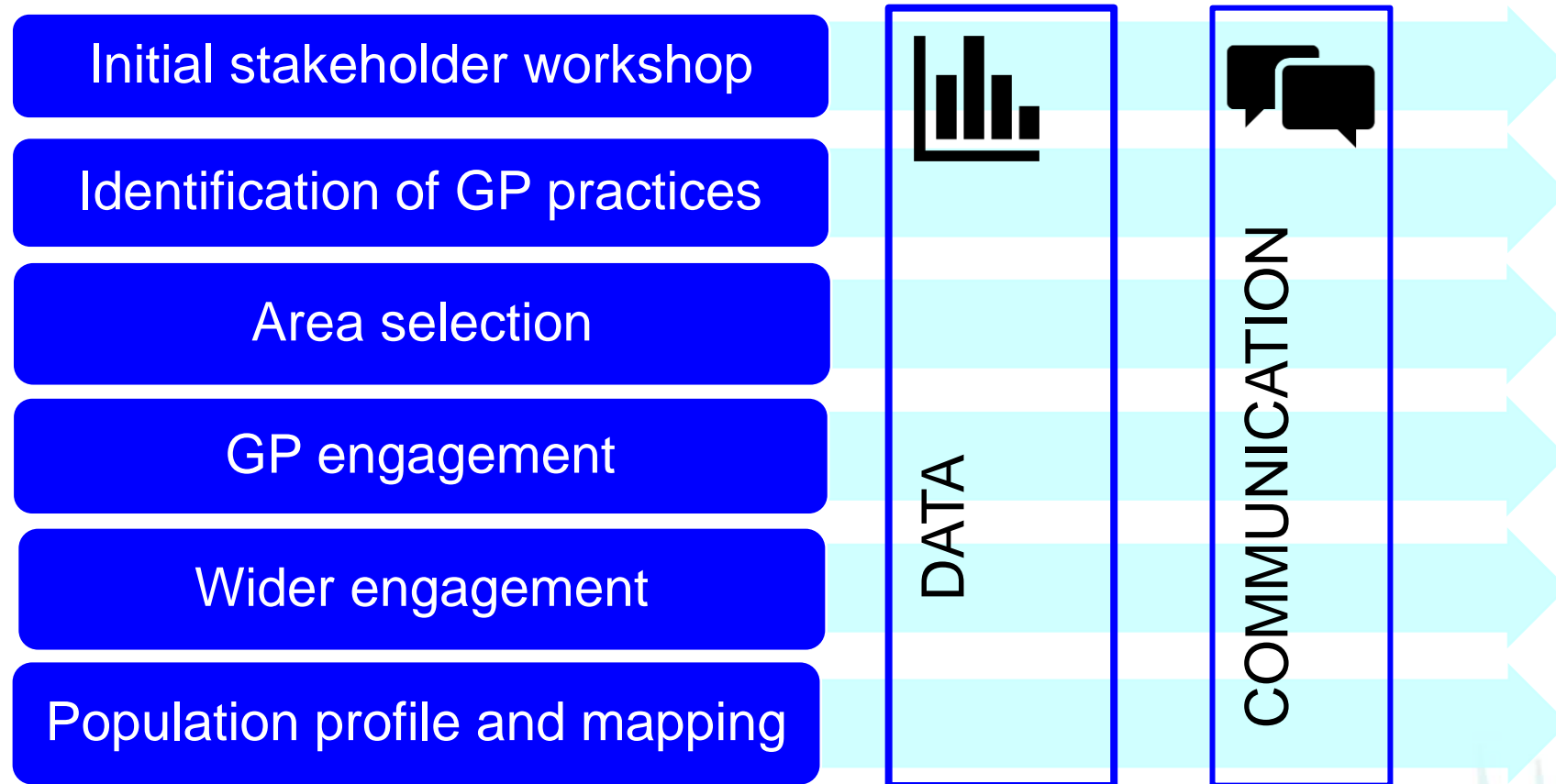
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What has happened so far?



Examples	Service uptake	Health behaviours	Health supports
Session 1: Starting Well (Children, Young People, Families)	Childhood vaccination Developmental review	Nutrition Play opportunities Physical activity Dental care	Early years learning Injury prevention Parenting support Youth groups
Session 2: Living Well (Adult)	BP checks Screening Antenatal care	Nutrition Physical activity Smoking cessation Alcohol use	Mental health support Health literacy Accessing financial support
Session 3: Ageing Well (Older People)	Health checks Shingles vaccination Monitoring long-term conditions	Physical activity Medication safety Oral health	Falls prevention Social connection



What will happen next?

Data collection and analysis

Delivery

Outcome
selection

Local area
engagement

Confirmation
of practices

Monitoring and evaluation



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Community engagement

Empowerment of individuals and communities is absolutely central. Getting the community involved in organising their own destiny has got to be a key part of it.

Michael Marmott



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Thank you





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Grasping the Nettle – Change From the Middle?



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COLLECTIVE IMPACT APPROACH

**COMMON
AGENDA**



**BACKBONE
SUPPORT**



**SHARED
MEASUREMENT**



**CONTINUOUS
COMMUNICATION**



**MUTUALLY
REINFORCING
ACTIVITIES**



WE WANT OUR CHILDREN AND YOUNG PEOPLE TO

THRIVE

RATHCOOLE & MONKSTOWN

SCHOOLS GROUP

Kings Park PS
Hollybank PS
St James PS and Nursery
Whitehouse PS and Nursery
Abbots Cross PS
Abbey Community College
Rathcoole PS and Nursery

IMPACT GROUP

FINANCE GROUP

PARENT CHAMPIONS

EARLY YEARS GROUP

Abbey Sure Start
Abbey All Sorts
Monkstown Nursery
Rathcoole Nursery and Foundation Stage
Whitehouse Nursery
St James Nursery
Abbots Cross Foundation Stage
Newtownabbey Methodist Mission Playgroup
Hollybank Playgroup
Kings Park Foundation Stage

CHURCHES GROUP

COMMUNITY/YOUTH WORKERS GROUP

Listening Ear	Team JVC
Rathcoole CREW	Rathcoole Neighbourhood Renewal
NACN	RATH Community Group
Monkstown Boxing Club	
Monkstown Village Initiatives/SPARK	

DESIGNATED TEACHERS GROUP

Social Services Gateway
Education Authority
CAMHS
Designated Teachers – 7 schools

PROJECT BOARD

Dep Education
Public Health Agency
Controlled Schools Support Council
Dep for Communities
Education Authority
Antrim Newtownabbey Borough Council
NHSCT
Stranmillis University College
Barnardo's
The Executive Office
Department of Justice
Sub-group representatives

THRIVE

COLLABORATIVE INVESTMENT





- Presented By -

Tony Griffiths

Senior Business Intelligence Analyst

WH SCT



Western Health
and Social Care Trust

Optimising Domiciliary Care through Digital Data Analytics

OCT 16 2024

Optimising Domiciliary Care

Digital Data Analytics



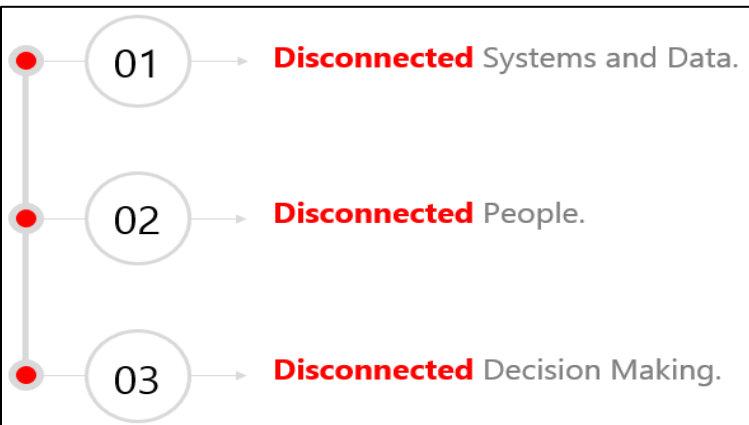
The Problem

- Substantial annual expenditure for WHSCT & requires close monitoring
- Small internal reporting resources but increasing information demand
- Disconnected data landscape



What Did We Do?

- Established core cross function team
- Extensive scoping & deep knowledge of the data
- Developed project aims and plan



Outcomes

- Development of 2 data analytics apps
- Impact on people, quality, safety, and culture



Learning

- Data is important but don't forget the narrative
- Potential for Scale and Spread

ASK HIM Peer Mentor Pilot

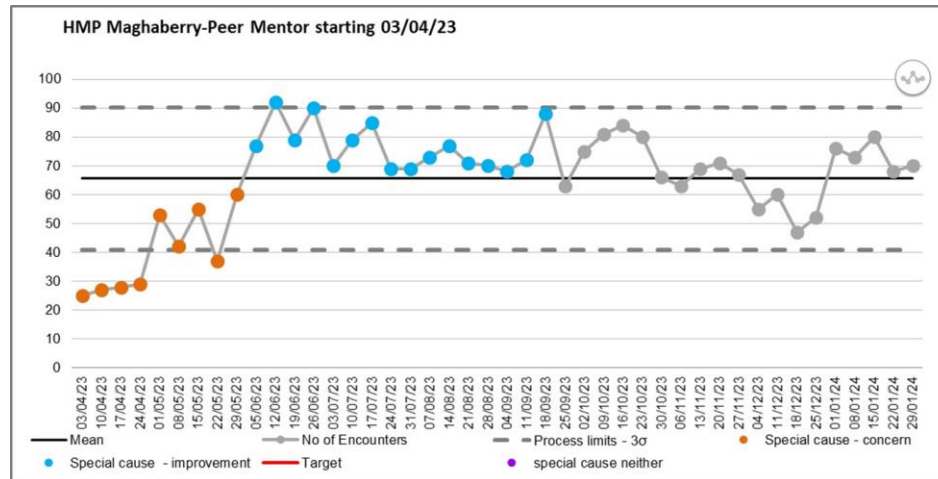
Start with Hello

- Healthcare Navigators
- Connect with People in the first 24 hours of Custody
- Help Navigate Complex Prison Systems
- Signpost to Healthcare services using Referral Pathways
- Directory of Services Co-Designed through PDSA Cycles with Mentors
- Support by Prison Staff



How much did we do?

Number of Mentors- 13
Number of Mentors Completed Training - 28
Number of Locations- 8
Number of Engagements-2885



How well did we do it?

Expanding the number and locations of the peer mentors across the prison has enabled a greater depth of encounter. People are seen when they first enter in Bann then those in prison for the first time have a second engagement session in Donard. As people are dispersed across the site they have the opportunity to encounter peer mentors again as the needs and questions change over time.

Location	Engagements	Follow Ups	First Time in Prison
Bann	203	115	68
Davis	1072	219	366
Donard Hub	1301	37	434
Quoile	55	21	22
Shimna	96	47	29
Gym	64	22	21
CSU	41	33	17
Braid	33	11	15

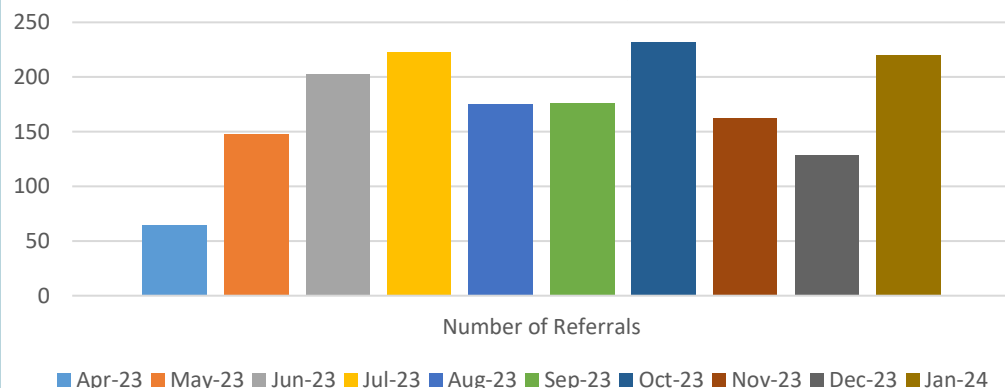
Understanding the specific needs of people who do not have English as a first language has been addressed with the training of 3 peer mentors who speak 6 languages. Induction is an ideal time to support people and peer mentors have a formal role in this.

	Engagements	Referrals	First Time in Prison
Foreign Nationals	209	179	163
Inductions	1234	713	484

Is Anyone Better Off?

The Ask Him Peer Mentors have become an important part of the public Health network across the prison, making important referrals and encouraging agency of people in prisons

Total Number of Referrals from Apr 2023 to Jan 2024



Ask HIM Referrals



Outcomes of Peer Mentor Hub

- Standardised Recruitment of 26 Mentors to date.
- Training Courses –AQA in Peer Mentoring, OCN level 2 in Youth and Community Work.
- Supervision –monthly group sessions for mentors with HiP Psychology Team.
- Mind the Mentor 8 Sessions- Monthly gathering of mentors to connect, share food and relaxation.

Quotes from Mentors

- Being a mentor has stopped me from sliding back to how I used to live as I know I can't help someone unless I help myself also.
- I have learnt skills to approach people in different ways, being sensitive about their personalities and situations.
- I didn't think my experience in prison was a positive thing but I realise I can use my experience to help other peoples experience.

Quotes from People in Custody

- Mentor was great, he knows what it is like to suffer drug withdrawal, he knew what I was going through.
- Mentor has been amazing. I just wouldn't have survived without him. He has been my rock when I needed one.
- There are certain things I wouldn't talk to staff about but he's a prisoner and he knows how things are. He gives you the information you need to know and steers you in the right direction.



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Grasping the Nettle – What are Our Members Thinking?



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& Exhibition

All Change!!! Embracing the Fourth Industrial Revolution – with People at the Centre



Network: NICON24
Password: nicon24RAM!



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#NICON24



People, Productivity, Planet: Being human in a digital world

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We always look for the easy option – even if design points the other way!



Effort drives behaviours



Cognitive effort

the amount of mental energy required to process something.



Time effort

how much time it takes to wait, consume and transact.



Physical effort

how much physical energy it takes to do something



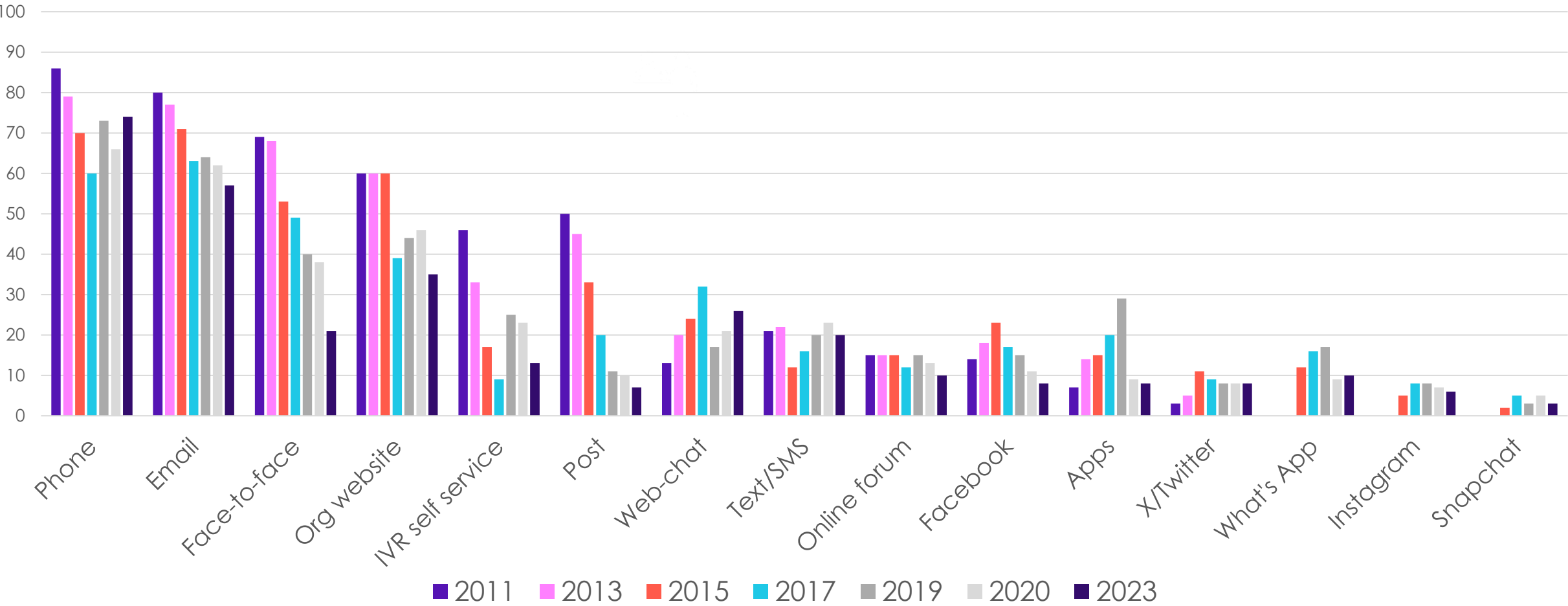
Emotional effort

how much negative versus positive emotional energy is required.

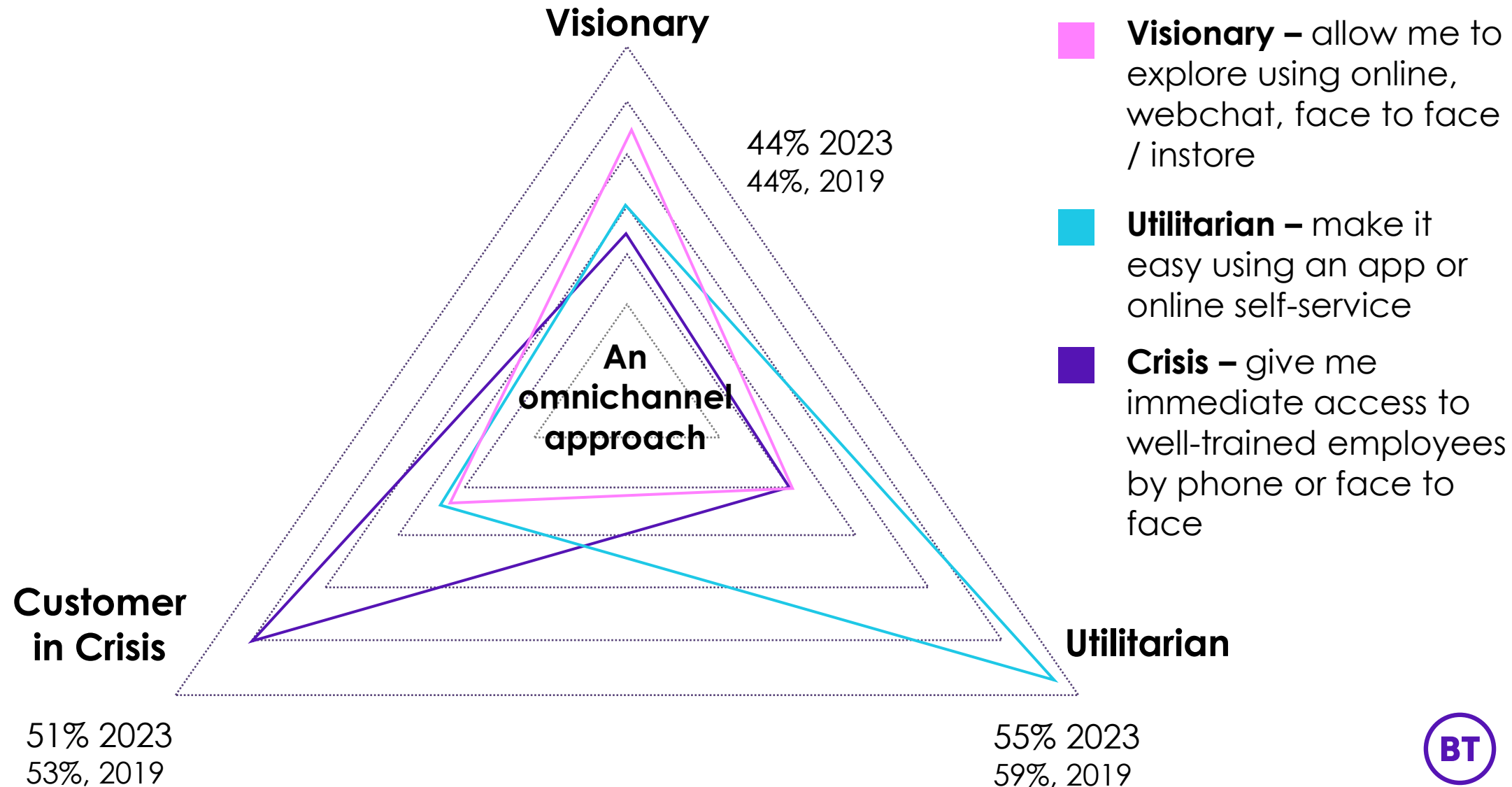
Thanks to Professor Moira Clark, Henley Business School

Omni-channel shifts

Which of these methods of contacting organisations do you use currently? (UK)



Context drives omni-channel behaviours



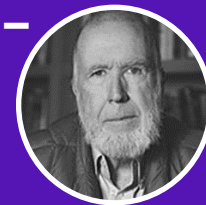
People:

the working week, wellbeing, boundaries and the problem of switching off*

- **Techno-overload** (“too much”): information overload and multi-tasking.
- **Techno-uncertainty** (“too fast”): work and technology changes are too fast to keep up with.
- **Techno-complexity** (“too difficult”): people are finding their technology too complex and intimidating to use.
- **Techno-invasion** (“always-on”): Pressure to be constantly available. Beware the M&M&Ms.
- **Techno-insecurity** (“paranoia”): people feel insecure in their job.

“The problem of the future will not be that we cannot connect –
it will be that we cannot disconnect”

Kevin Kelly, Editor of Wired.



* Source: Tarafdar, M. Tu, Q. Ragu-Nathan, T.S. & Ragu-Nathan, B.S. (2011), Technostress: Crossing Over to the Dark Side, Communications of the ACM, Vol. 54 No. 9, Pages 113-120; Beyond the Office, BT/Cisco/Davies/Hickman, November 2020

Productivity: we don't talk about meetings

video growth, chat culture and the synchronicity challenge

79



Place: has work left the building?



Energy

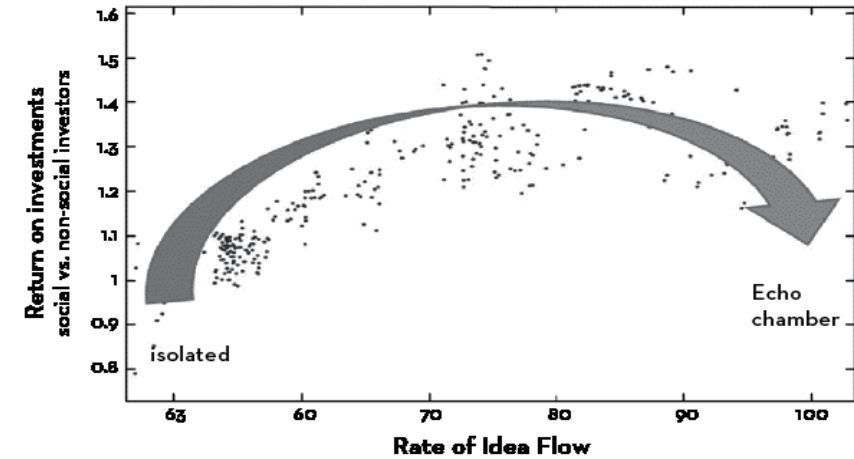
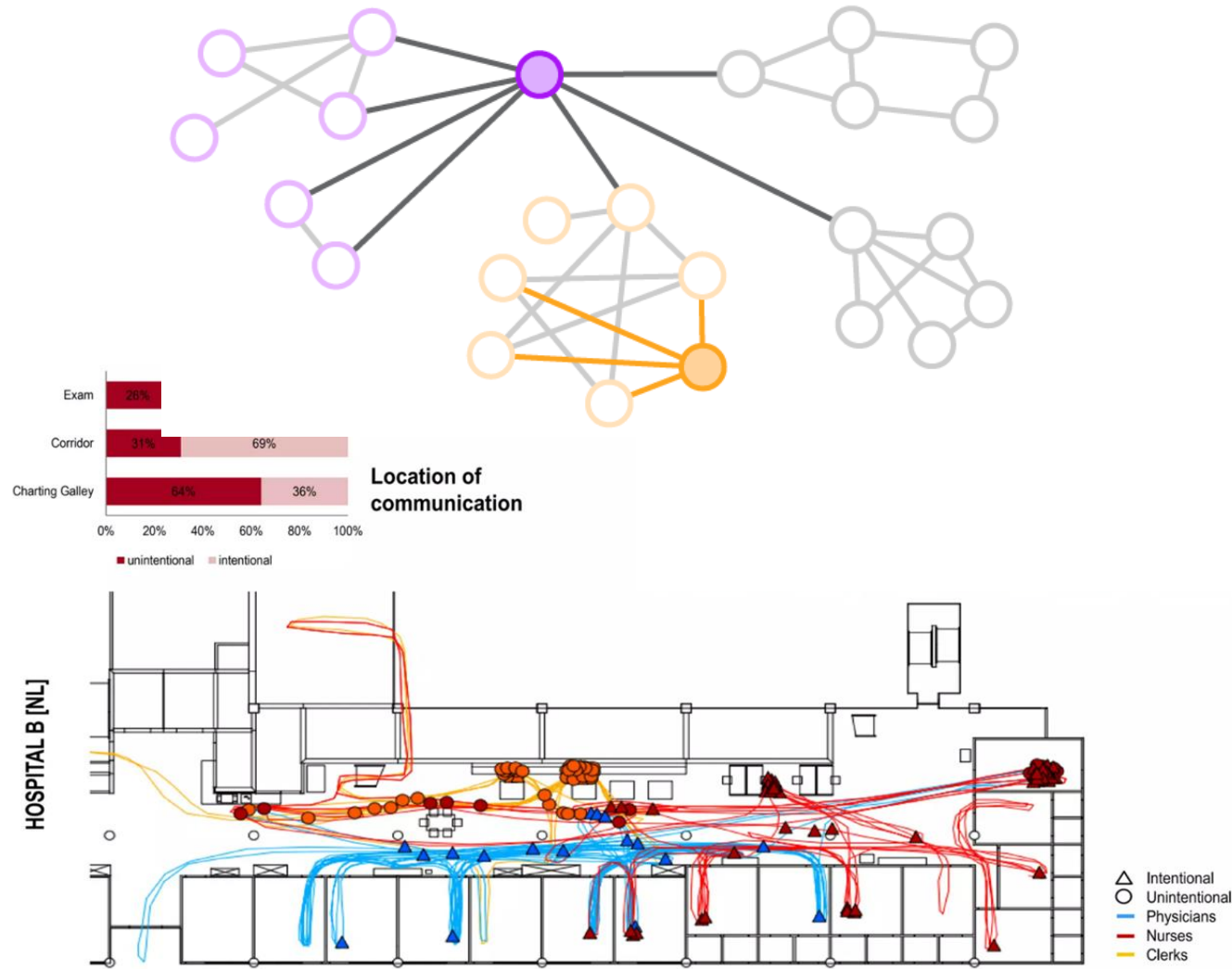
Focus

Co-ordination

Collaboration

Community

Digital footprints: understanding collaboration

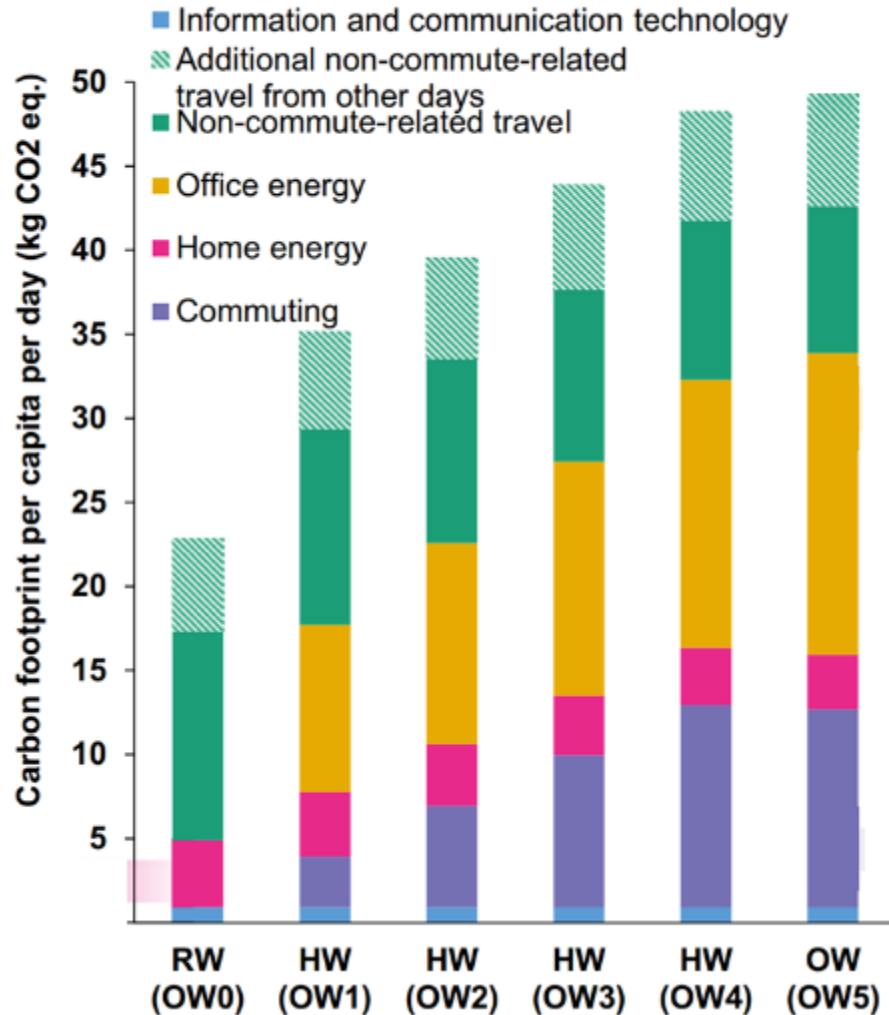


Collaboration: Trader performance vs. idea flow



Physical spaces: friends meet at a few meaningful places, strangers pass randomly

Planet: what are the implications for carbon footprint?



- Employees in the US who worked from home 5 days a week reduced their carbon emissions by 54%, compared with workers in an office 5 days a week.
- 1 day of remote work a week reduced emissions by just 2%.
- Working remotely 2 or 4 days a week reduced emissions by up to 29% compared with 5 days a week office workers*.

*Tao et al (2023), Climate mitigation potentials of teleworking are sensitive to changes in lifestyle and workplace rather than ICT usage, PNAS Brief Report, <https://www.pnas.org/doi/epdf/10.1073/pnas.2304099120>

Video killed the radio star?

67%

Would share their smartphone camera live to enable customer services to help (**68%** in 2020; **67%** in 2019)

44%

Would speak to doctors or other healthcare professionals via video chat (**38%** in 2020; **35%** in 2019)

40%

Would view tutorials on how to install or use a product/service (**35%** in 2020; **34%** in 2019)

38%

Would get advice on how to fix technologies/services (**35%** in 2020; **32%** in 2019)

36%

Would show a mechanic a problem with their vehicle (**29%** in 2020; **31%** in 2019)

35%

Would have a product demonstrated to them (**31%** in 2020; **31%** in 2019)

29%

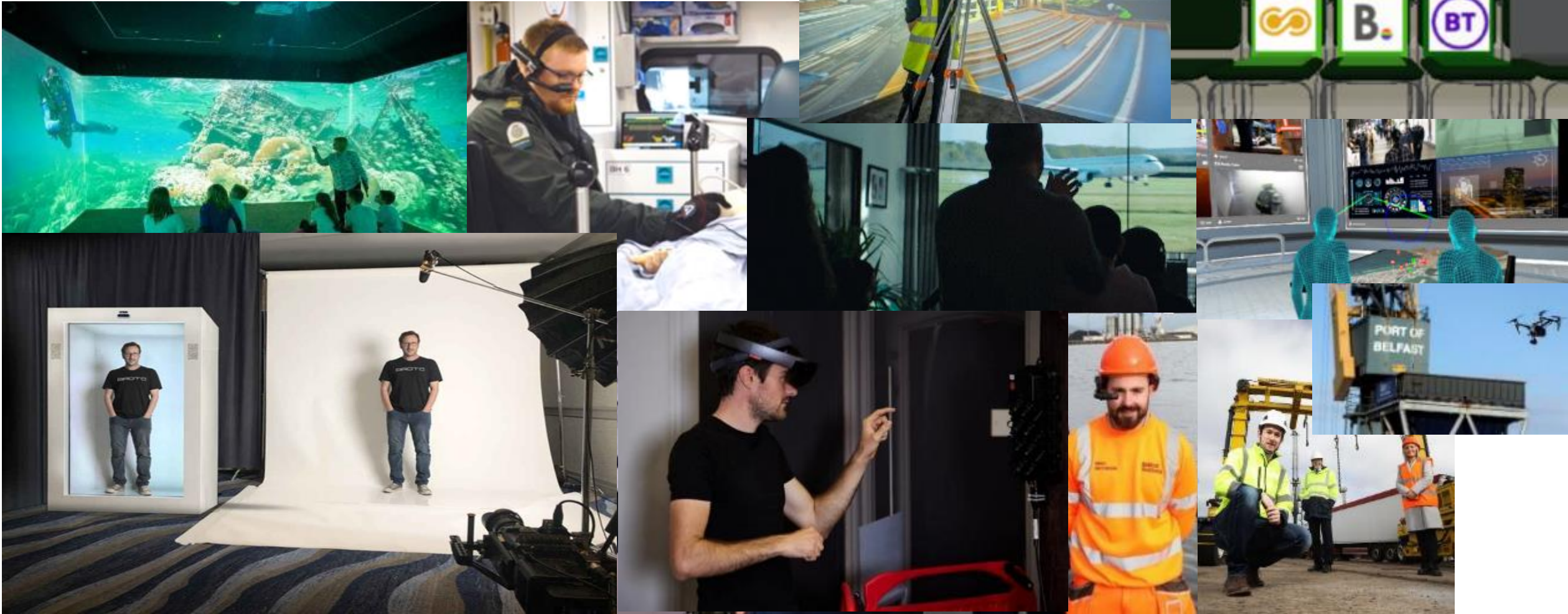
Would discuss a financial services product (**25%** in 2020; **23%** in 2019)

29%

Would discuss where to leave a package or delivery at home or work (**28%** in 2020; **25%** in 2019)

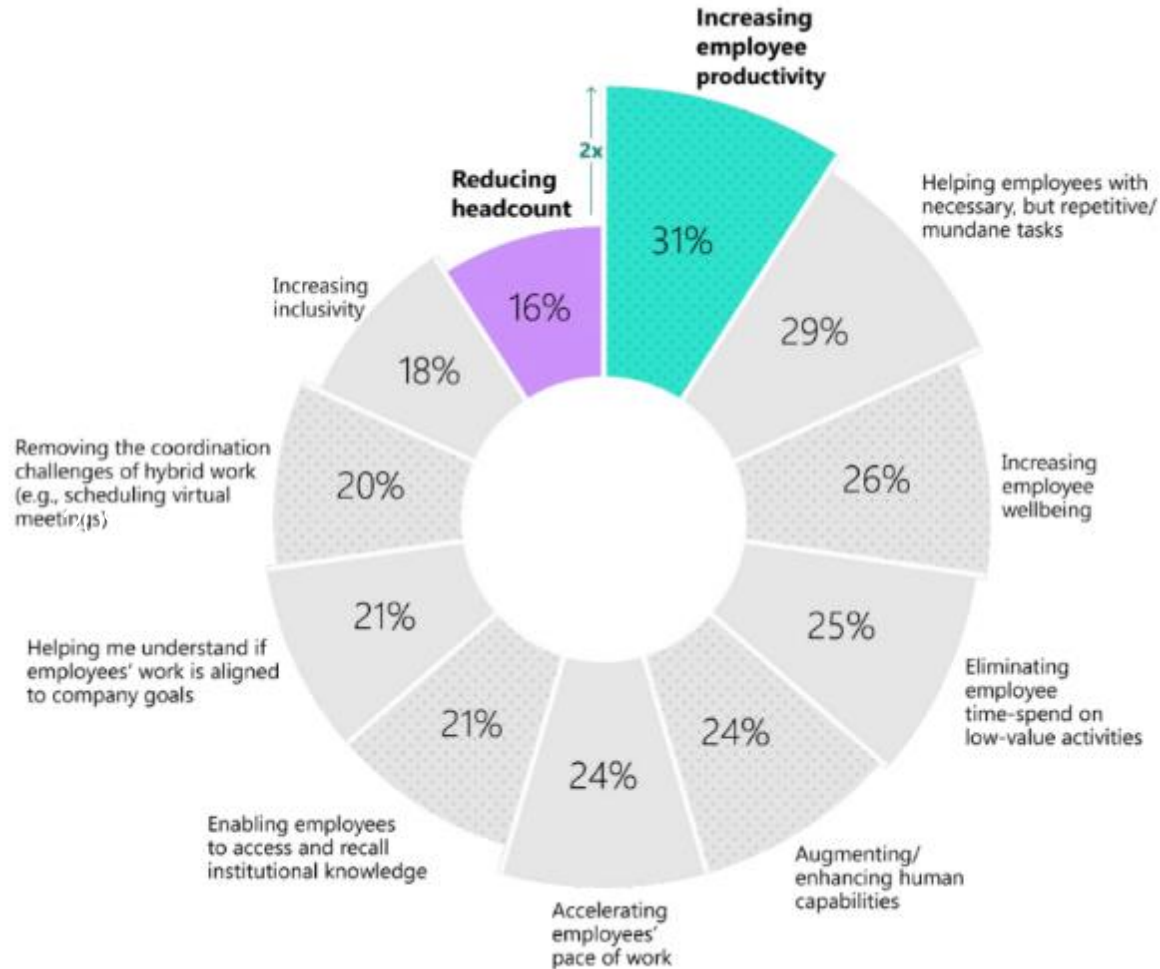
Into the metaverse:

extending collaboration beyond the office



AI and productivity

If the growth of AI in the workplace could lead to the following benefits, which would add the most value to your workplace?*



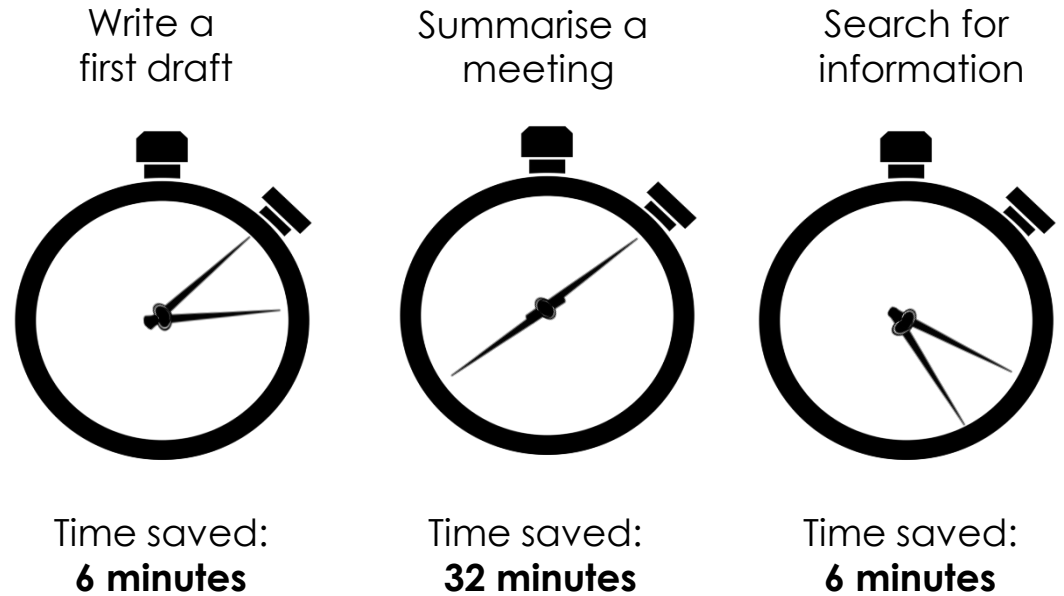
* Will AI Fix Work, Microsoft Work Trend Index Annual Report, 2023

** What Can Copilot's Earliest Users Teach Us About Generative AI at Work?
Microsoft Work Trend report, November 2023

*** Acemoglu, D. (2024), The Simple Macroeconomics of AI, MIT working paper

Productivity: BT

How much time can Generative AI save?*



BT
“The projected gains should raise the annual total productivity growth from 0.49% (2014-2023) to 0.54% (2024-2033)”***

Use Artificial Intelligence to decrease patient & employee effort

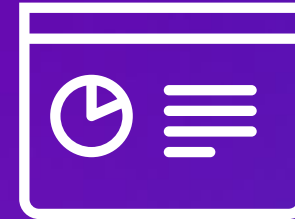
Security & Verification

- Restrict access to locations, drugs and assets
- Secure access to patient data



Employee experience

- Knowledge/diagnostic support (co-bots)
- Recruitment
- Shift/schedule management
- Note summarisation
- Process/ conversation support



Patient/ employee feedback

- Sentiment analysis
- Trend analysis
- Measures
- QA & continuous improvement



The patient journey

Patient support

- Chatbots/intelligent triage
- Quantified patient
- Self-care diagnostic/ guidance (IoT)
- Proactive messaging



Proactive is a strategy not a notification

On what occasions would instant updates from an organisation you deal with be very useful to you?

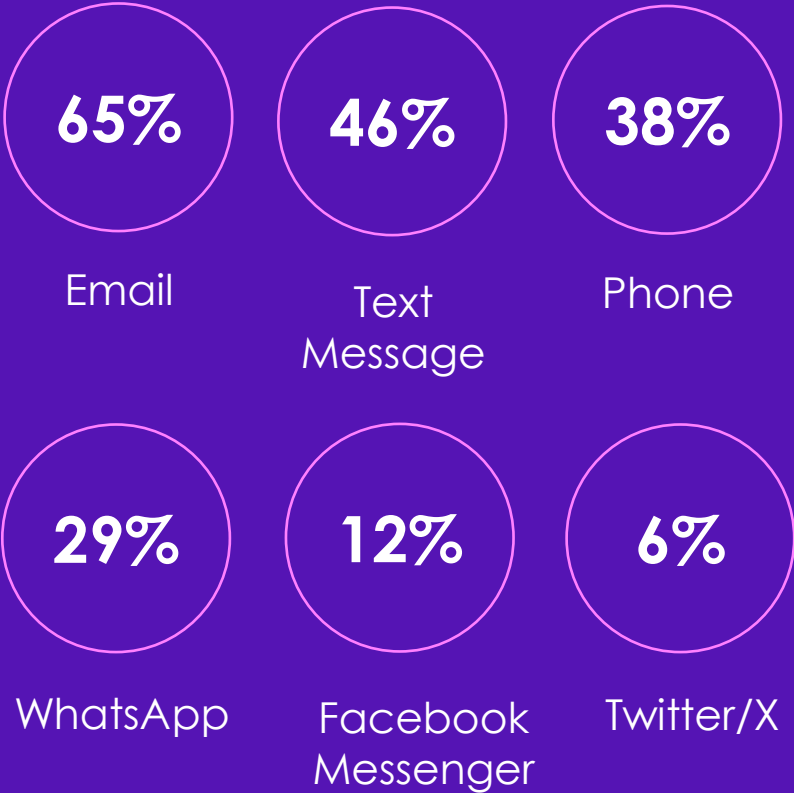
I get the right amount of these notifications

- 1. Parcel delivery notifications
- 2. Appointment reminders
- 3. Bill generation alerts
- 4. Reschedule deliveries or appointments
- 5. A large amount is paid into or out of an account

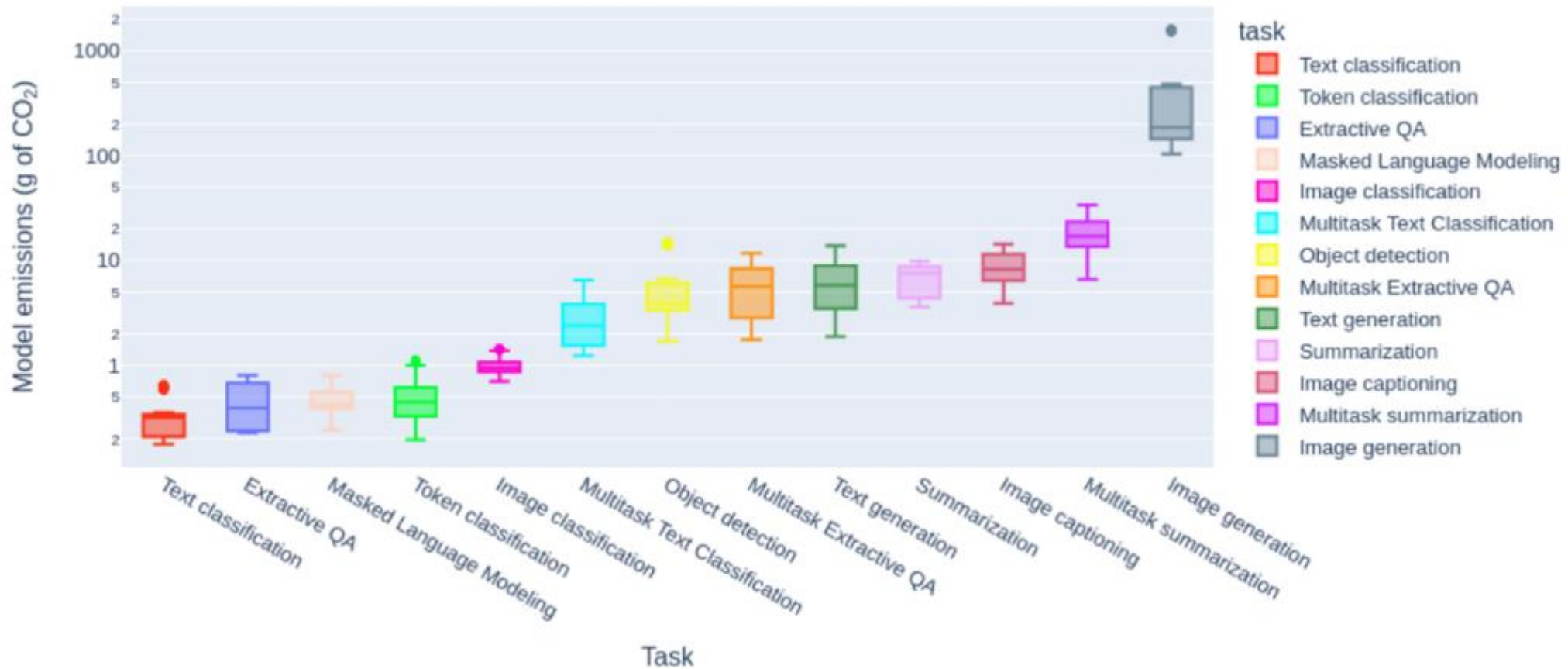
I get too few of these notifications

- 1. There is a problem with my product or service
- 2. They have a better deal available
- 3. Prices for on-going services are changing
- 4. Returns management
- 5. My contract or tie in period is coming to an end

If organisations you deal with become aware of issues or problems (e.g. delays, faults) how would you like them to share that information with you?



AI & the planet: the implications for carbon footprint



AI & people: it's not human vs. machine...

...it's human + machine
(symbiotic AI)

“Computers are incredibly fast, accurate and stupid; humans are incredibly slow, inaccurate and brilliant. Together they are powerful beyond imagination”

Albert Einstein (allegedly)





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Closing of Day One



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Networking Supper Reception



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First, we were Holly and Phil...



this
morning

Then we were Barbie and Ken...



We would love to be Michelle and Obama...



But this year we are Charlie and Alan

