



One Voice – Time for Change



Policy Priorities for
Health and Social Care
in Northern Ireland

An Election Briefing for the
5 May 2016 Northern Ireland
Assembly Elections

We have **one overriding strategic priority**



Agree an action plan to implement *Transforming Your Care* and the Donaldson report within the first three months of a new government, detailing:

- a blueprint for reconfiguration of services
- timescales and responsibilities
- an underpinning transformation fund.

This must be supported by strong collective political leadership and stability to allow leaders to focus attention on implementation.

We invite everyone to join the debate and support this important strategic change. We can have a world class health and social care service if everyone plays a part.

The challenges we face and our strategic priorities

Need

A step change in joint working across central and local government and with social partners to work more collectively together to deliver on the priorities in *Making Life Better*, ensuring people stay fit and well for longer.

- **Prevention and early intervention** agreed as a key programme for government priority
- Use the new local authority role of **community planning** to address health inequalities and support people to keep well

Design

The design of our services needs to be fit for the future. The current system does not provide value for money or the best care possible.

- **Use evidence of what works** to inform design choices and shape how services are reconfigured
- Agree a simplified and **effective commissioning** model focused on outcomes

Workforce

Urgent attention to seek to address workforce issues.

- Agree a **2025 vision** and action plan to invest in a workforce fit for the way we will provide services in the future
- **Empower and enable staff** to deliver change and improvement, learning from the best

Finance

There must be a stable underpinning funding base to support change.

- Provide a ringfenced **transformation budget** and a **stable four-year funding** agreement to support implementation of transformation
- Support a wider **public debate on future funding** models to ensure we can provide a standard of care which is affordable and sustainable as need continues to increase

Culture

Cultural change is a long journey. We must begin with a high-profile programme of work to signal the development of a new culture and better ways of working.

- Support **better system working** in a **high trust environment** which focuses on outcomes and whole-system collaboration across the HSC and with partners
- Support the creation of a **new relationship** with the public, finding new ways to support people taking more ownership of their own wellbeing

Technology

There are significant opportunities to harness new technology to improve wellbeing and transform care.

- Provide **investment in new technology and innovation** to drive and support change and improve outcomes
- Ensure a greater focus on identifying **proven technologies** and provide the system with **space and time** to implement change to new systems

Leadership

Change will not happen without strong and effective leadership.

- **Strong collective political leadership** and stability to allow leaders to focus attention on implementation
- A renewed focus on **empowered leadership at every level** – focusing on the delivery of better health and social care outcomes

Policy priorities

A Northern Ireland Assembly Election Briefing 2016

This document represents the views of senior leaders from over 50 health and social care organisations. It sets out a sustainable vision for the future of health and social care in Northern Ireland and details the areas where we need action from the political parties, the electorate and our partners. This is our call for action and contribution to inform the public debate as we approach the Northern Ireland Assembly elections planned for May 2016.

Our one key message is that we need immediate action to implement wide-ranging strategic change. This change is urgent if we are to provide the citizens of Northern Ireland with world class health and social care outcomes both now and in the future.

Introduction

Nations across the developed world are seeking to transform how they deliver health and social care services to fit a modern context. Populations are ageing, resources are constrained, technology is advancing and patient expectations continue to rise. To help achieve real strategic change, last year the NHS Confederation brought together a broad coalition of health and social care leaders to launch *The 2015 Challenge Declaration*.¹ This declaration describes the major challenges that must be addressed at pace, to ensure our health and social care systems remain sustainable and deliver the best care possible to citizens now and for generations to come. It was used as a basis to build cross-party political consensus ahead of the 2015 general election.

The key themes in *The 2015 Challenge Declaration* echo the key policy documents in Northern Ireland; *Transforming Your Care*² and *Making Life Better*³ and align with the recommendations in the Donaldson report, *The Right Place – The Right Time*⁴ published in January 2015. These evidence-based documents set out the strategic change agenda.

Building on this work NICON (Northern Ireland Confederation for Health and Social Care), as the body representing statutory health and social care organisations, came together with a wide range of our partners in an unprecedented way, to press for urgent action. Our document takes a strategic cross-system view and sits alongside the election briefings from many other organisations who are reflecting their own sector priorities.

Our collective aspiration is that we provide world class health and social services in Northern Ireland. We can improve the health of the population, enhance citizen experience, and at the same time reduce the per capita cost of care. International experience shows this is possible.⁵ This document sets out a powerful consensus of our vision and how to deliver health and social care for the future.

We trust that political parties, our partners and the public find this briefing helpful.

Section 1: Our vision of the future

We have made excellent progress in healthcare over the last few decades, with life expectancy rising year on year. However, in common with the rest of the developed world, services that have supported our communities to date are becoming outmoded and unsustainable. This is due in large part to the need to serve an older population and many more people living for longer with complex health and care needs. Learning from best practice in other nations and building on the foundation of an already integrated system, over the last number of years we have developed a strongly agreed vision for how services could be delivered in Northern Ireland.

Our collective vision

Our vision is articulated in key reports; *Transforming Your Care*, the Donaldson report, *The Right Place – The Right Time* and *Making Life Better*. This compelling vision is summed up in the diagram below.



In this vision of the future there will be:

- an **all-party and public consensus** on the shape of our renewed services
- **whole of government** prioritisation of health and social care in all policies
- **people and communities** leading on staying well, supported by professionals
- services **designed around individual needs**
- much greater **use of technology** at every level
- a **workforce which works differently** in different places and with different teams
- **agreed budgets and sources of funding** to provide world class care
- **safety and quality** designed in, assured by regulators **focused on improvement**
- we will **measure the right things** and focus on continually improving outcomes

- organisations will work together in a **high trust environment**
- **patient experience** will be improved and the **per capita cost** of care will be reduced
- **population outcomes** will be world class.

To deliver on this ambitious vision in a modern society, there is a long journey of change ahead. We must face up to our choices urgently; either to prioritise strategic action to create new models of care or to remain with a familiar but outdated model of care.

We will fail our citizens if we prevaricate. We must choose between holding on to the old system we know, or make the tough choices to meet the challenge to create a renewed system, which will deliver the best care in our modern society.

This is our collective choice as a society – everyone has a role to play.

The existing system of care is now outdated. If we do not make the tough choices, this is what we can expect:

- **Making cuts**, reducing services and over-stretching staff
- **Increasing waiting times** for some services and at A&E departments
- **Using our limited resources unwisely**, spending inefficiently and not providing the best essential care and treatment
- **Allowing health inequalities and preventable illness to not only persist, but increase** losing up to eight years of life⁶ for those in deprived communities
- **More children growing up with poor health** reducing quality of life and compounding the pressure on an already stretched system
- **Failing our growing older** population, leaving them isolated and lonely
- **Falling behind in providing innovation**, new medicines and treatments
- **Wasting** our valuable time and energy on unproductive argument and debate – not on definitive action.

There has been much debate in our communities and in the media about the sustainability of our health and social care services. Our members and partners believe that if we face up to these tough choices, our precious health and social care services can remain true to the founding principles of the NHS and can remain free at the point of use and sustainable for generations to come.

Section 2: Key health and social care challenges and our policy priorities to shape change

We believe there are seven key challenges faced by our health and social care services. The diagram below summarises each challenge. Further detail, together with our policy asks, are set out below.



1 The need challenge

Need continues to rise. We must maintain people's wellbeing and prevent ill health for as long as possible. Services must meet the needs of an ageing population and the growing number of people living with complex needs and long-term conditions.

Largely due to the success of our health and social care system, Northern Ireland will face a dramatic demographic change over the next decade and beyond. Estimates indicate that by 2026 for the first time, we will have more over 65s than under 16s. The number of people aged over 65⁷ will increase by 25 per cent in the next ten years and those aged 85 and over will rise by nearly 50 per cent. This will increasingly shape our societal needs. Living longer is to be greatly celebrated, however, it can also result in significant pressure on services, as people live for many years with chronic conditions and more complex needs. Making the right policy choices now will shape how these demographic realities can be managed in the future.

Additionally every year new medicines and treatments become available. To embrace these developments and ensure our citizens are well looked after we will need to add around 2 per cent on our overall budget every year to keep pace.

As well as these realities, Northern Ireland is facing some of the highest rates of chronic illness in the UK, with approximately one fifth of our population suffering from a long-term illness.⁸ Unsurprisingly, after years of conflict, we have a 25 per cent higher overall rate of mental illness than England.⁹ One in five adults have a mental health condition at any one time. Obesity continues to rise; 20 per cent of children are overweight by the time they reach primary school, storing up problems for the years ahead and estimated to cost around £100 million a year for direct healthcare.¹⁰ Twenty four per cent of adults still smoke – higher than any other UK nation¹¹ and misuse of alcohol costs our society £900 million every year.¹² Furthermore, the negative health effects of poverty will be exacerbated in the general economic downturn.¹³ Many of these issues can be addressed or reduced if we have the right policy and practice in place.



“Need is rising inexorably – it is wonderful that people are living longer but we will need to invest in and reshape our services to cope.”

Valerie Watts,
Chief Executive, HSCB

Need

Policy priorities to reduce demand and respond to increasing need

A step change in joint working across central and local government to work more collectively to deliver on the priorities in *Making Life Better*, ensuring people stay well for longer.

- **Prevention and early intervention** agreed as a key programme for government priority:
 - prioritise reduction of inequalities and poverty
 - engage the entire workforce in prevention
 - focus on maternal and child health, obesity, smoking, alcohol misuse and mental health
- Use the new local authority role of **community planning** as a central driver to deliver real change in communities

2 The design challenge

Our services are not designed for a modern context. We need to redesign services to better meet people's changing needs. This will mean empowering people, providing more care closer to home, centralising some services, a strategic approach to prevention and early intervention and improving mental health.

Numerous studies and reports over the last decade have set out how we can redesign our health and social care services to create new, modern and 24/7 systems that are fit for purpose. These ideas are largely set out in *Transforming Your Care*¹⁴ and reflect emerging practice in other parts of the world. We must continually look at innovative models of care, which prioritise safety and quality. Key to this will be delivering more care outside hospital settings, so that patients get the best possible care, in the right place and at the right time. Increasingly, we should see caring for people in their own homes and communities as the default. Certain services will need to be centralised to enhance outcomes. Others will need to be streamlined in order to cut duplication, reduce variation and support citizens to take more responsibility for their own health and wellbeing.

Building on *Making Life Better, A Whole System Framework for Public Health*¹⁵ we must also invest much more in public health and addressing social and employment inequalities right across all public services. We need to nurture healthier communities and families. We must ensure that children get the best start in life, invest in the prevention of ill health and keep people well for longer. This will help prevent an accumulation of health problems throughout life and improve people's health outcomes. While the public are accustomed to and highly value our existing services, we need to make the case for better care and engage citizens in a conversation around the choices which we need to take in the future to transform care.



"We must invest time, money and services in different ways – keeping our focus always on better outcomes."

Dr Tony Stevens,
Chief Executive, NHSCT

Design

Policy priorities to shape the design of our services in the future

The design of our services needs to be fit for the future. The current system does not provide value for money or the best care possible.

- **Use evidence** of what works to inform design choices and shape how services are reconfigured:
 - citizens should be supported to **take care of themselves** in their own communities, where possible
 - services should be **centred around patients** and communities and be much more integrated and easily accessible for service users
 - some services should be centralised where outcomes can be improved
- Agree a simplified and **effective commissioning** model focused on outcomes
- A continued focus on **quality**, and designing safer systems of care

3 The workforce challenge

We have not yet adequately planned and enabled our staff to work in new ways. We need to grow learning organisations, with the right number of people in the right place, developing roles and skills to provide compassionate, multidisciplinary, coordinated care, in partnership with people and communities.

The fundamental underpinning of our workforce must be the right values. The workforce will need to provide high quality compassionate care which respects people as individuals.

Redesigning our workforce to meet increased patient and client demand must be a priority. The workforce will need to work in different ways if we are to successfully engage people in the design and delivery of their service. This will be true right across the health, social care, community and voluntary sectors, where staff will need to be enabled to work with new partners to shape services around citizens. We need staff to be supported to become advocates of the positive change that delivers better outcomes for individuals and their communities.

The system will need a workforce that can respond to service demand across seven days, often working in community and home settings. Staff and patients will also need to harness new technologies, help grow recovery and peer support models, focus on prevention and early intervention and person/family centred models of care. This will require more engaged service users, more shared decision making and self-management of care.

Additionally, we already have shortages of staff within several workforce groupings, for example GPs, nursing and some speciality services. These shortages can be costly to deal with and also can compromise care. We will need to increase the numbers that we train and recruit and seek opportunities to develop staff capability and capacity, to retrain staff and take on new, more flexible and generic roles. To this end and given the long lead in times for training, we will need to have robust workforce planning arrangements to ensure the system can support the recruitment and retention of a flexible workforce, underpinned by fair pay reward packages.



“Supporting our workforce to deliver new models of care must be a priority.”

Colum Conway,
Chief Executive, NI Social
Care Council

Workforce

Policy priorities to ensure we have the right size and skill mix of staff working in new ways to fit the new design of services

Urgent attention to seek to address workforce issues given the long-term planning needed to address these issues.

- Agree a **2025 vision** and action plan to invest in a workforce fit for the way we will provide services in the future:
 - investment in recruitment and education to ensure we have the right numbers of people with appropriate skills to work in different settings
 - a greater focus to reduce using bank and locum staff
 - greater focus on reducing sickness, keeping the workforce well and ensuring the health and social care provide attractive and fair places to work
- **Empower and enable staff** to deliver change and improvement, learning from the best

4 The financial challenge

We must recognise the financial pressures on all parts of the system. This will mean squeezing value from every penny of public money spent on health and social care. It will also mean being open and honest in the debate on the future levels and sources of funding – new funding solutions will be required.

The cost of providing health and social care continues to rise on a global scale. In Northern Ireland it is accepted that there needs to be around a 6 per cent increase¹⁶ in funding per annum to cover the cost of the increasing range of treatments, the increased number and age of those who we care for and general inflation. Already we spend around £4.6 billion¹⁷ per year on services – almost half of the public sector budget.

While it is important to acknowledge the enormous achievements made through significant efficiency savings across the system – nearly £560 million in the last three years – efficiencies alone will not address the shortfall. For example, the budget increase for 2015/16 of £150 million for health and social care represents around a 3 per cent increase and, while welcome, will not relieve all the pressures experienced by the health and social care system in Northern Ireland. Underfunding will prevent us from investing in any new service developments in 2015/16.

Within the United Kingdom, Northern Ireland has the lowest levels of payments and charging.¹⁸ A wider debate about funding must be a priority if we wish to ensure we can deliver services which are on a par with the best in the world.

Dealing with this unprecedented challenge will require strategic action across the whole of society to reduce costs, manage demand and increase income. We urgently need a much greater level of informed public debate on how we as a society address these important choices together.

This debate is urgent if we are to avoid short-term decision-making, which will ultimately make it harder to deliver the kind of strategic change we need to see.



“Costs are rising by around 5-6 per cent per year; unprecedented action is required to ensure we retain a sustainable health and social care service.”

Colm McKenna,
Chair, SEHSCT

Finance

Policy priorities to address our financial pressures

There must be a stable underpinning funding base to support change and to provide world class care.

- provide a ringfenced **transformation budget** and a **stable four-year funding** agreement to support implementation of transformation
- support a wider **public debate on future funding** models to ensure we can provide a standard of care which is sustainable as need continues to increase
- ensure **health and social care retains any additional funding** made available to Northern Ireland through any NHS funding uplift
- continue to **improve and innovate to drive efficiency**:
 - prioritise quality, service improvement and innovation to find efficient ways of working, making the best use of resources, the workforce and technology.
 - make the tough choices to **invest differently** in people, buildings, equipment technology and in both secondary and primary care

5 The culture challenge

We need a fundamental shift in culture to implement the level of change required. Openness, collaboration, engaged and empowered patients and staff, innovation, shared risk takers, will need to be the hall marks of the way we work in the future.

While we have many highly trained, compassionate and committed professionals and supportive partners, a new culture is needed to support new ways of working.

There are many elements to this change in culture. The new culture must be more collaborative, engaging and empowering. It must focus on improving quality and safety –getting it right first time. We need to fully embrace innovation and be prepared to take or share risks to allow us to change. Leaders must move to a new culture of decisiveness, bravery and unrelenting focus on implementation to bring about the changes we need to deliver the best outcomes for our citizens.

As we seek to change, we need to be more open and transparent, and engage equally with citizens and staff, to tap into their capacity to innovate and improve care. Much greater engagement¹⁹ will also improve patient and practitioner knowledge and experience while reducing cost through greater self-care and more effective use of resources.

To support this new culture, we will need proportionate independent regulation which focuses on improvement and provides assurance to the public. Boundaries between professions and organisations must be broken down to create a new focus on what works best for our citizens, closest to where they live. We also must embrace more proactive partnership working to shape services around our citizens and communities. Working with partners in government, local government and the community and voluntary sector will be essential to shape services for the future. To deliver this level of change we need a consensus with the public, politicians and system leaders to ensure we can make progress.



“Culture change is required at many levels in our system.”

Maureen Edmondson,
Chair, Patient Client Council

Culture

Policy priorities to support a change in how we work

Cultural change is a long journey. We must begin with a few high-profile initiatives to set out better ways of working and the creation of a new culture.

- Support **better system working** in a **high trust environment** which focuses on outcomes and whole-system collaboration across the HSC and with partners
- Support the creation of a **new relationship** with the public, finding new ways to support people to take more ownership of their own wellbeing
- Develop our **performance reporting** and targets to focus on outcomes
- **Lead an honest debate** about what services the HSC can and cannot provide
- Agree mechanisms which support politicians and leaders to make **tough choices** and **embrace change** based on evidence of what delivers better outcomes

6 The technology challenge

We must use technology to transform the delivery of care to make it safer and more efficient, and to enable people to access information and advice to stay well. We need to embrace innovation to improve quality, citizen experiences and population outcomes.

Technology can play a key role in improving care. It can support staff to have the right information first time to make better decisions and to provide safer, faster care. It can support staff in different settings and citizens to share care plans so that individuals in need of care experience a 'joined-up' service, and that patients and carers have the information they need to be involved in keeping well and accessing the right care in the right place.

Technology can help avoid the need for service users having to travel for care. Technologies such as telephones, email, apps, interactive video, digital imaging and healthcare monitoring devices make it possible for clinicians to monitor, diagnose and treat patients without having to be with them physically. We will also have the opportunity to use all the information and data we have much more effectively to inform how we innovate, improve care and make effective decisions.

These new technologies offer a great opportunity to increase dramatically the efficiency of the healthcare.

In Northern Ireland we have begun to embrace innovation and technology and have already introduced groundbreaking use of electronic care records for every individual in our society. We must build on this solid foundation and invest further to support our patients, public and staff to transform how citizens are cared for.

Doing this well has the added potential to grow our local economy and support a healthy society.



"Learning from other industries, we have the opportunity to use technology to completely revolutionise care. Not only can it empower citizens and support clinicians to provide better care, it can help us all to redesign how care is delivered."

Sean Donaghy, Director,
eHealth and External
Collaboration

Technology

Policy priorities

There are significant opportunities to harness new technology to improve wellbeing and transform care.

- Provide **investment in new technology and innovation** to drive and support change and improve outcomes
- Ensure a greater focus on identifying **proven technologies** and provide the system with **space and time** to implement change to new systems



Health and social care services do not yet benefit from the use of technology as much as other sectors, such as banking or travel. Further investment is needed to transform how we can provide and improve care.

7 The leadership challenge

Strong leadership to deliver this kind of change will be needed at every level. Leaders will need to think and act differently. A much more collective approach will be needed which focuses on outcomes and keeping people well for longer. We will all need bravery and resolve to make the significant changes necessary to meet the challenges ahead.

As set out in the Donaldson report, *The Right Place – The Right Time*²⁰, health and social care leaders have a key role to lead the transformation of our services to design and implement new ways of working. More than ever before the challenge will be to work with patients, carers and staff to empower them to be partners in prevention and care. This will take vision, resolve and brave leadership.

The challenges, however, cannot be faced by health and social care leaders alone. Over 80 per cent of our overall health and wellbeing is influenced by services outside the NHS²¹ for example housing, employment, community involvement and environment. The health and social care sector therefore needs to work more proactively with the public and partners in the wider public sector, the voluntary and community sector and with business better support people to keep well and where appropriate better manage their own conditions. Politicians, clinicians, patients and communities must all play their part in building consensus and supporting the necessary changes at pace.

The opportunity of the community planning powers conferred to the new councils in April 2015²² should be embraced as a way to support change, but must not be an excuse for delay. We must work more widely across government to ensure our population's health and wellbeing is a priority for every sector.



"The challenges ahead cannot be faced by the health service alone – leadership will be needed from every sector."

Kate Fleck, Director,
Arthritis Care, CO3

Leadership

Policy priorities to support the right kind of leadership

Change will not happen without strong and effective leadership.

- **Strong collective political leadership** and stability to allow leaders to focus attention on implementation
- A renewed focus on empowered **leadership at every level** – focusing on the delivery of better health and social care outcomes
- Investment in creating the **right environment** where change becomes possible, where staff, politicians, patients and the public can be involved in shaping and supporting change, recognising we will all need to make difficult choices

Section 3: Our commitment and call to action

If we are to be successful in delivering this scale of change described, everyone in our society must play a part. Here we set out our commitment as health and social care leaders and a call to action to invite every individual and sector to play a role.

Our commitment as health and social care leaders

- ✓ To put quality and compassion at the forefront of all we do
- ✓ To provide honest and open leadership – focusing on the evidence of what works
- ✓ To seek to build a collaborative approach with partners focusing on best outcomes for citizens

Political parties and politicians

- ✓ Build all-party consensus on the strategic way forward – health and social care must not be a political football
- ✓ Prioritise implementation of the transformation agenda in health and social care services
- ✓ Lead a wider evidence-based public debate to agree the way forward for Northern Ireland
- ✓ Ensure health and social care priorities are reflected right across the programme for government
- ✓ Provide a stable funding base for health and social care services for the future underpinned with ringfenced transition funding to facilitate change

Citizens, patients and service users

- ✓ Enter into the public debate about how your services can be shaped, focusing on what will deliver the best outcomes – draw on the evidence of what works
- ✓ Supported by professionals, take ownership and responsibility where you can to keep yourself, your family and your community well

Voluntary community sector

- ✓ Provide challenge and innovative health and wellbeing solutions
- ✓ Help shape services and new ways of working strategically and locally

Public sector partners and local government

- ✓ Ensure health, social care and reducing inequalities is proactively reflected in all key policies
- ✓ Use the opportunities presented in community planning to shape services around communities – explore new ways to provide early interventions and reduce poverty and inequality

Employers

- ✓ Support workplace health and wellbeing schemes – they work on every level for your organisation
- ✓ Take an active role in your local community contributing to good health outcomes

Media and key influencers

- ✓ Support the development of an informed public debate
- ✓ Celebrate success as well as highlighting failures

Annex I: Health & Social Care in Northern Ireland

– An overview

Health and Social Care (HSC) is the group of services which plan and deliver all aspects of health and personal social services in Northern Ireland.

Services in Northern Ireland are delivered through an integrated system of 17 statutory organisations that work together and with hundreds of local organisations to plan, deliver and monitor our services.

Policy and legislation

The Minister for Health, Social Services and Public Safety (DHSSPS), working with his department, sets the policy and the legislative framework and accounts for expenditure and performance through the Northern Ireland Assembly.

Planning and delivery

The Health and Social Care Board, supported by five local commissioning groups together with the Public Health Agency, commission and plan health and social care services from a range of organisations best placed to deliver for the 1.8 million people living in Northern Ireland. This includes:

- five HSC delivery trusts (Belfast, Northern, Southern, South Eastern and Western) which manage and administer health and social care services in the community as well as in health centres, residential homes, and hospitals
- the NI Ambulance Service HSC Trust which assists people in emergencies and increasingly, when appropriate, treat people where they are
- family practitioner services which are delivered by independent contractors providing local services in primary care – GPs, dentists, opticians and pharmacists
- the independent and not-for-profit sectors which provides a range of services including nursing homes, residential homes, respite and domiciliary care as well as many preventative and support services.

Support

Another nine organisations provide a wide range of support including frontline services, patient representation, regulation, back office services and education.

- Business Services Organisation (BSO)
- NI Blood Transfusion Service (NIBTS)
- NI Guardian Ad Litem Agency (NIGALA)
- NI Medical and Dental Training Agency (NIMDTA)
- NI Practice and Education Council for Nursing and Midwifery (NIPEC)
- NI Safeguarding Board (NISB)
- NI Social Care Council (NISCC)
- Patient and Client Council (PCC)
- Regulation and Quality Improvement Authority (RQIA)

The statutory sector employ around 65,000 people and spend over £4.6 billion every year. This is nearly half of Northern Ireland's block grant, representing around £12.5 million every single day. The box below sets out what services are provided on a typical day.

Within Northern Ireland on a typical day

- 1,000 people are transported by ambulance
- 2,400 children are looked after in some form of care
- 5,000 people are in hospital beds
- 12,000 people are receiving a nursing home or residential care package
- 24,000 people are receiving a care package in their home
- 28,000 people see a family doctor or practice nurse
- 84,000 people are prescribed medication
- 1,000s of local people receiving help and support from charities and community groups in their own localities.

Annex II: The organisations who have contributed to the development of this briefing

Election briefing partners		
HSC bodies	Charities	Representative bodies
Health and Social Care Board (including the five Local Commissioning Groups)	Action Mental Health	Association British Pharmaceutical Industry
Public Health Agency	Age NI	CO3
The Business Services Organisation	Alzheimer's Society	Chartered Society Physiotherapy
Northern HSC Trust	Arthritis Care	College of Occupational Therapists
Belfast HSC Trust	Asthma NI	Healthcare Financial Management Association
Southern HSC Trust	Diabetes UK	Institute of Healthcare Management NI
South Eastern HSC Trust	NI Association for Mental Health	Long Term Conditions Alliance NI
Belfast HSC Trust	Northern Ireland Chest Heart Stroke	National Association of Primary Care
NI Ambulance Trust	Macmillan	NI Healthcare Leadership Forum
NI Blood Transfusion Service	Marie Curie	NI Local Government Association
NI Guardian Ad Litem Agency	Mencap	Royal College of GPs NI
NI Medical and Dental Training Agency	Pain Alliance NI	Royal College Nursing NI
NI Practice& Education Council for Nursing & Midwifery	Positive Futures	Royal College Paediatrics and Child Health
NI Safeguarding Board	Positive Life	Royal College of Speech and Language Therapists
NI Social Care Council	Bryson Group	
Patient and Client Council		
Regulation and Quality Improvement Authority		

References

1. NHS Confederation (2014) *The 2015 Challenge Declaration*.
2. DHSSPSNI (2011) *Transforming Your Care*.
3. DHSSPS *Making Life Better, A Whole System Framework for Public Health 2013-2015*.
4. DHSSPSNI (2015) *The Donaldson report: The Right Place – The Right Time*.
5. Institute of Healthcare Improvement *Triple Aim – Best Care for the Whole Population at the Lowest Cost*.
6. DHSSPSNI (2015) *Health Inequalities NI Life Expectancy Decomposition*.
7. NI Statistics & Research Agency (NISRA) (2013) *Northern Ireland Population Projections*.
8. Institute of Public Health (2010) *Making Chronic Conditions Count*.
9. Mental Health Foundation (2010) *Economic Burden of Mental Illness*.
10. Safefood (2011) *The Cost of Overweight and Obesity on the Island of Ireland*.
11. Action on Smoking and Health (2015) *Smoking Statistics*.
12. Research commissioned by DHSSPS *Social Costs of Alcohol Misuse in Northern Ireland for 2008/09*.
13. NHS Confederation (2014) *Key Statistics on the NHS*.
14. DHSSPSNI (2011) *Transforming Your Care*.
15. DHSSPS *Making Life Better, A Whole System Framework for Public Health 2013-2015*.
16. DHSSPS (2010) *Evidence to NI Health and Social Services Committee*.
17. DHSSPS *Draft Budget Consultation 2015-2016*.
18. McKinsey report *Reshaping the System: Implications for N Ireland's HSC Services of the 2010 Spending Review*.
19. Health Foundation (2005). *How Engaged are People in their Healthcare?*
20. DHSSPSNI (2015) *The Donaldson report: The Right Place – The Right Time*.
21. NHS England (2013) *NHS Belongs to the People – A Call to Action*.
22. DoE NI (2013) *Guidance on the Role of Community Planning for New Councils*.

Further information

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This briefing is supported by NICON's members and partners.

NICON partners:



NICON members:

The Health and Social Care Board, Belfast Local Commissioning Group, Southern Local Commissioning Group South, Eastern Local Commissioning Group, Northern Local Commissioning Group, Group Western Local Commissioning Group, Public Health Agency, The Business Services Organisation, Northern HSC Trust, Belfast HSC Trust, Southern HSC Trust, South Eastern HSC Trust, Belfast HSC Trust, NI Ambulance Trust, NI Medical and Dental Training Agency, NI Practice & Education Council for Nursing & Midwifery, NI Safeguarding Board, NI Social Care Council, Patient and Client Council, Regulation and Quality Improvement Authority