

Active and Healthy Ageing: Challenges and Actions in Northern Ireland

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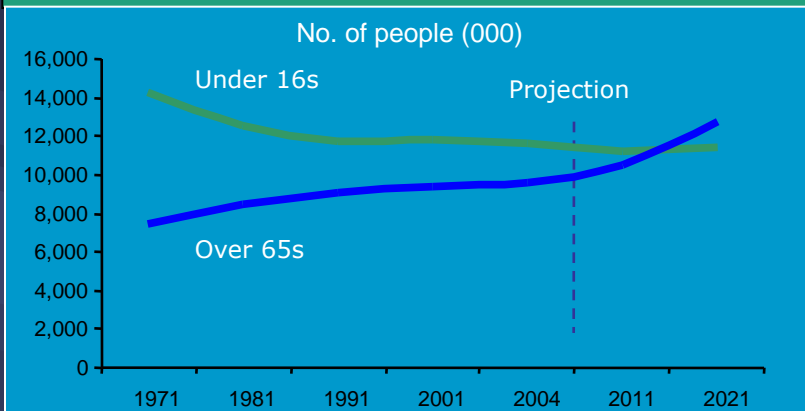
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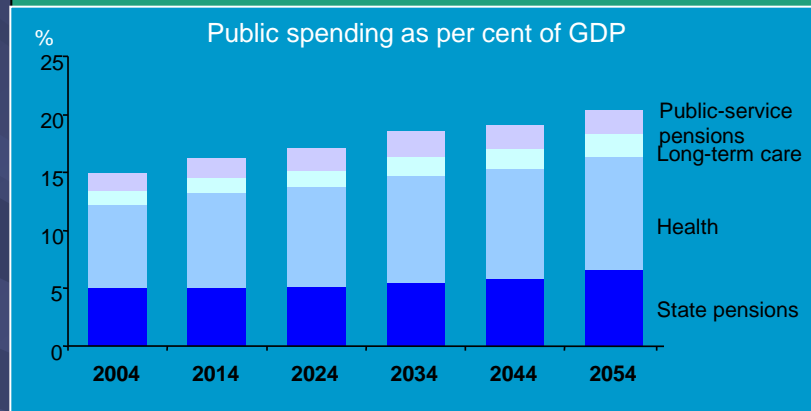
Northern Ireland

The ageing 'baby boomer' generation will put greater pressure on services

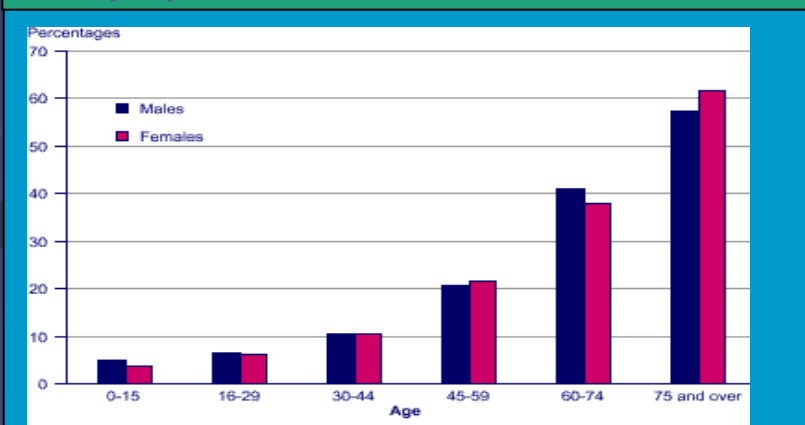
There number of people over 65 years old is set to increase sharply...



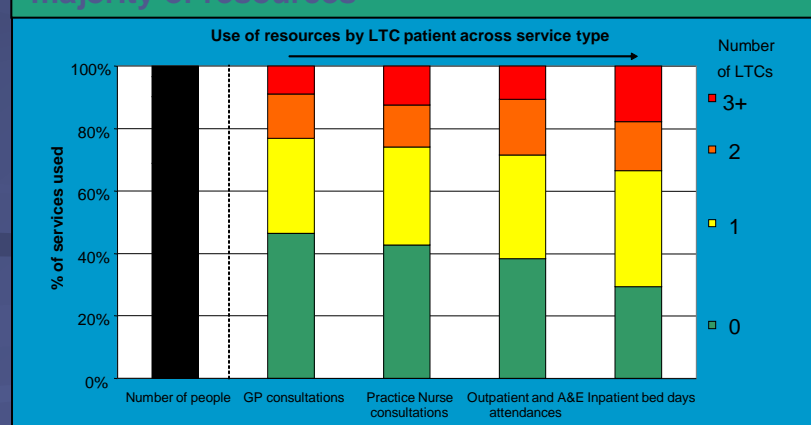
...Leading to long-term pressures in health and social care...



... as chronic conditions are primarily focused in older people...



... and chronic conditions patients use the majority of resources

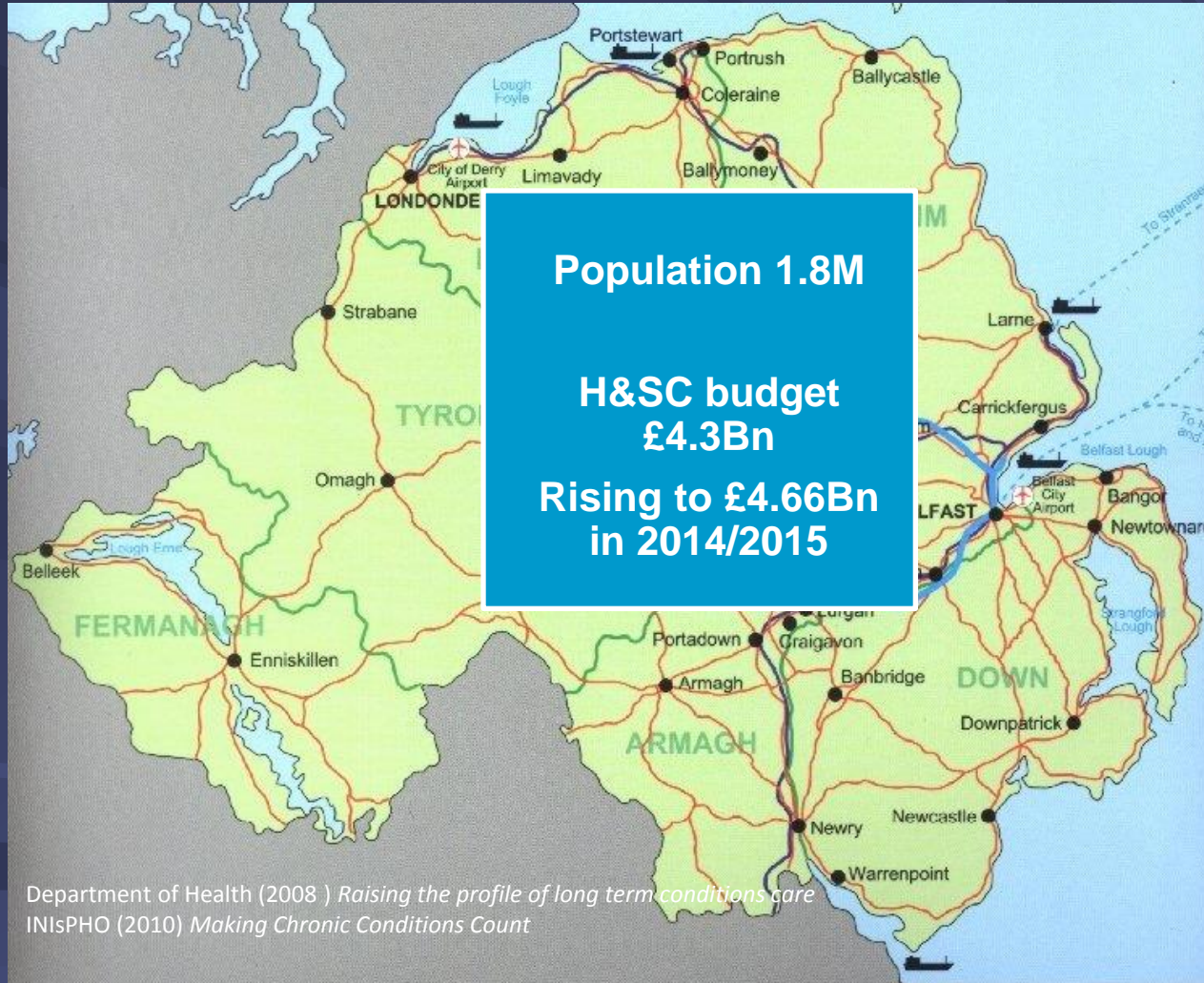


Northern Ireland – some demographics

- UK region with fastest population growth
- Life expectancy 1981-2009 increased for men by almost 8 years and women by 6 years
- In 2010, 1.8M people, 21.2% under 16 and 14.5% aged 65+

- By 2020, 75+ years will increase by 30%; over 85s by 51%
- By 2020...higher expectations, more advances in technology, greater IT use by all ages... and the need to reduce pressure on care services

NI Chronic Disease Challenge



2/3s of over 75s

60% of all GP visits

72% acute bed days

69% of health & social care spend

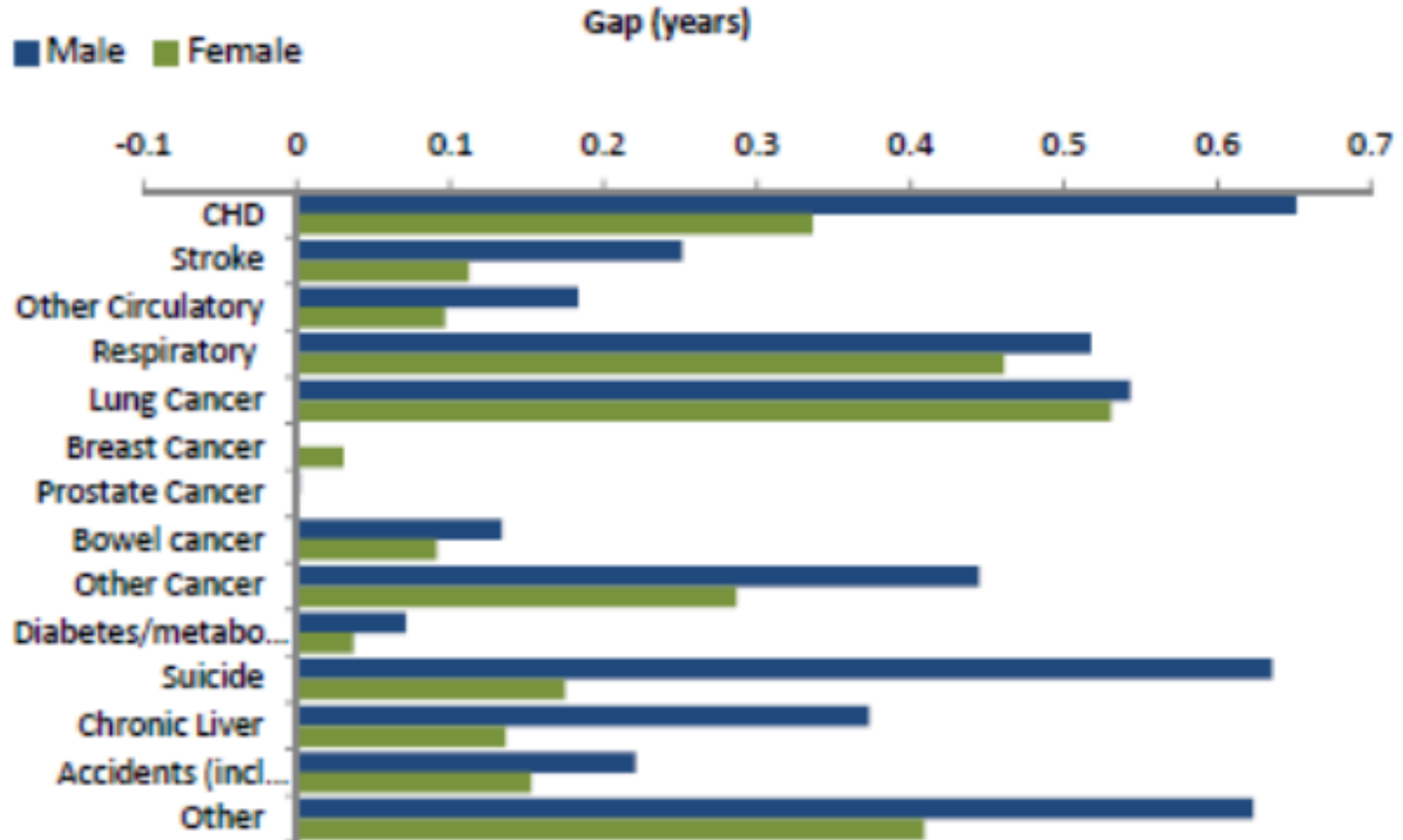
Increasing focus on people's wellbeing by preventing poor health and reducing inequalities

Gaps in life expectancy (Most deprived areas vs least deprived)

- Males in 10% least deprived areas on average live 12 years longer than in 10% most deprived
- Cancer related mortality: 2x greater among most deprived
- Smoking related causes 4x greater in most deprived
- Alcohol related mortality almost 9x greater in the most deprived
- Drug related deaths: 11x greater in the most deprived
- Suicide: 2006-2010 in most deprived areas over 5x that in least deprived
- Teenage births: in most deprived areas it is 6x that of least deprived areas

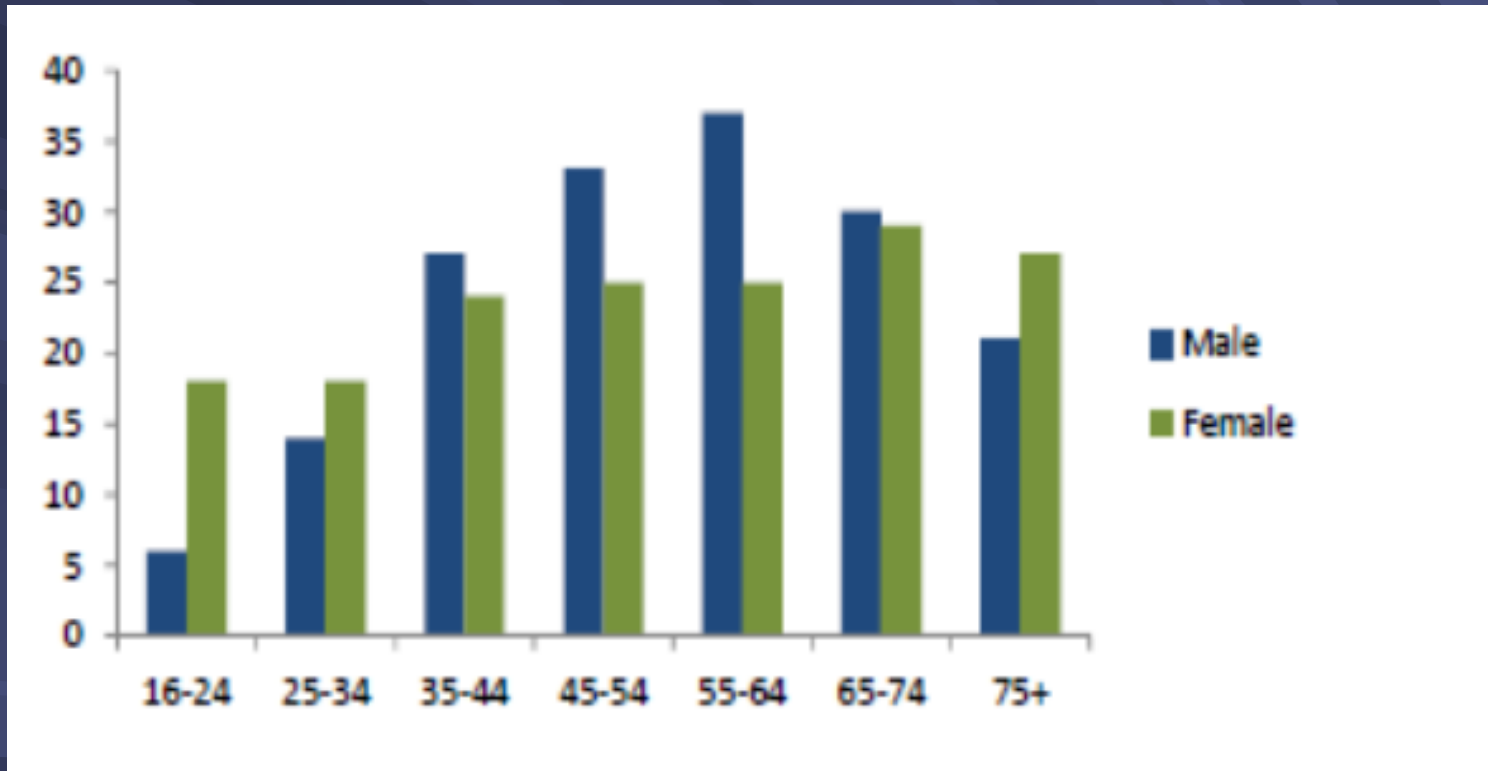
At risk groups: children in care, people with disabilities, travellers, LGBT, homeless, those with learning disabilities

Life expectancy gap: most deprived areas and NI overall 2006-08



Obesity and Overweight

Health Survey for Northern Ireland



A Growing & Ageing Population

Poorer Health and Growth in Chronic Conditions

Instability in the Health and Social Care System

Increasing Pressure on Health and Social Care

Consequences

Unplanned & Haphazard Change

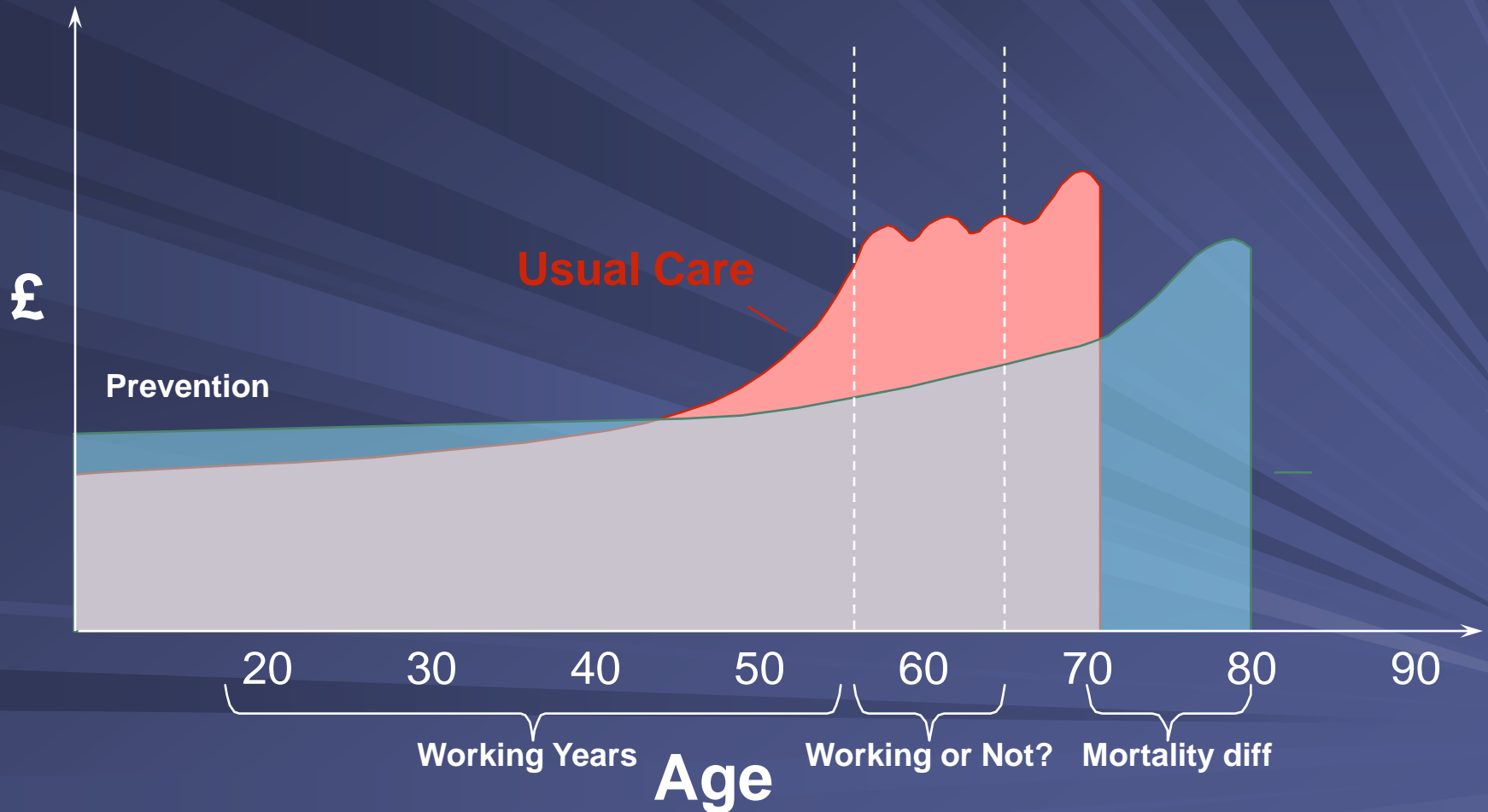
Poorer Care & Treatment

Poorer Health Outcomes

Difficulties Meeting Future Health Needs

Failing the Health and Social Care Workforce

A new health and healthcare profile?



Integrated Health & Social Care organisations

- Department of Health, Social Services and Public Safety sets policy
- Five Health & Social Care Trusts
- One Ambulance Trust
- Primary Care practices
- Public Health Agency that works closely with the service commissioning body (HSC Board)

Public Health Agency

- Focus on protecting and improving health & well-being and reducing health inequalities
- Collaborative working and partnership: with communities, education, housing, economic and social development, local government
- Communication and action: to support behaviour change
- Over 700 funded initiatives: Interventions must integrate seamlessly into the changing daily ecology of people's lives
- Embed evaluation and research to better understand – and exploit - the potential effectiveness of each initiative

Strategic Plans (i)

Fit and Well: 10 year whole system Life course approach

(1) early years (2) children and young people (3) early adulthood (4) adults (5) later years

- Sustainable communities / building on social capital
- Success metrics 'belong' to various Government Departments

Strategic Plans (ii)

Transforming Your Care

To improve population health status, reduce 'avoidable' demand on services and modernise care services

Twelve Principles for Change

1. Placing the individual at the centre of any model by promoting a better outcome for the service user, carer and their family.
2. Using outcomes and quality evidence to shape services.
3. Providing the right care in the right place at the right time.
4. Population-based planning of services.
5. A focus on prevention and tackling inequalities.
6. Integrated care – working together.
7. Promoting independence and personalisation of care.
8. Safeguarding the most vulnerable.
9. Ensuring sustainability of service provision.
10. Realising value for money.
11. Maximising the use of technology.
12. Incentivising innovation at a local level.

EIP-AHA

* * * Reference Site

- Integrated Medicines Management
- Integrated long-Term Conditions Management
- Citizen-Centred Health and Social Care

Integrated Medicines Management

- **Activities:** innovative services, novel IT systems and software
- **Outcomes:** reduced lengths of hospital stays and increased time to re-admission
- **Example:** Nursing Home Outreach Clinics
Consultant Pharmacist + Consultant Geriatrician + Primary Care – reviewing all nursing home residents' health and medication

Integrated long-Term Conditions Management

- **Activities:** Long Term Conditions Strategic Plan; use technology; deliver care closer to peoples' homes
- **Outcomes:** Health inequality reduced, e.g. fewer hospital admissions and deaths from heart disease especially in more deprived areas; UK Quality Outcomes Framework demonstrates high levels of achievement in NI primary care
- **Example:** Remote Telemonitoring NI. Currently evaluating its contributions to improved outcomes, using population-wide, routinely-collected data

Citizen-Centred Health and Social Care

- **Activities:** valuing older people and focussing health and social care services on their specific needs to improve health and QoL
- **Outcomes:** staff have increased their understanding of roles and there is more efficient sharing of assessment information. Consultation fora have increased the opportunity for older people to contribute to developments.
- **Example:** NI Single Assessment Tool (NISAT).

THANK YOU FOR LISTENING

NOW please COME AND SEE FOR YOURSELF

