

Department of Health, Social Services and Public Safety

STRATEGIC RESOURCES FRAMEWORK

**Health and Social Care Expenditure Plans for
Northern Ireland by Programme of Care and Key
Service, incorporating Selected Planned Activity**

2007/08

January 2008

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Additional copies of this report and HPSS Summary of Expenditure can be requested from

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EXECUTIVE SUMMARY

The Strategic Resources Framework (SRF) 2007/08 details how the Department of Health, Social Services and Public Safety (DHSSPS) and Health & Social Services (HSS) organisations are planning to spend the public money they have been allocated for the 2007/08 financial year.

This important document highlights expenditure plans in the Health Service providing greater clarity and transparency for political representatives and the general public. Coupled with other publications, such as the Summary of HPSS Expenditure which provides information on actual expenditure, SRF helps to provide a fuller picture of the way in which assigned resources are translated into plans and ultimately into services for the population of Northern Ireland.

Detailed analysis of the year's planned expenditure is provided by Programmes of Care and key services. Planned activity is matched where possible to expenditure. Comparison is provided with 2006/07 activity and expenditure figures to highlight changes.

Planned expenditure is also analysed by Programme of Care for local areas within HSS Boards. This can contribute to each Boards' assessment of the equity of the money they allocate to local geographical areas.

A more detailed breakdown of the information in this document is available in 'Strategic Resources Framework 2007/08 - Appendices' which can be obtained online at www.dhsspsni.gov.uk/strategic_resources_framework_2007-08_appendices.pdf.

1 Overall Findings

- The total revenue budget for the Department of Health, Social Services and Public Safety is £3.7 billion. Of this £2.5 billion is provided to commissioners to purchase hospital services, community health and personal social services.
- Planned Board Commissioning Expenditure increased from £2.3 billion to £2.5 billion in 2007/08. This is an increase of 6.3%.
- Northern Ireland Ambulance Service increased 4.1% to £43.4m.
- Accident and Emergency planned expenditure increased from £58.6m to £64.2m in 2007/08. This is a growth of 9.6%
- Acute Services account for over £1 billion of the total planned expenditure by commissioners in 2007/08 and is the largest programme of care. This is an increase of £62.7m on funds last year.
- Elderly Care is 22.5% of the total planned to be spent in 2007/08 and amounts to £551.5m of all expenditure.
- Primary Health and Adult Community increased by 13.9% this year making it the programme of care with the largest percentage growth
- Maternity and Child Health is the Programme of Care with the smallest amount of growth at 3.1%.

2 Key Services

Programme of Care 1 – Acute Services

- General Surgery (£99.4m), Anaesthetics and Pain Management (£69.8m) and Trauma and Orthopaedics (£54.2m) are the top three areas of expenditure in inpatient surgical specialties and have remained so since SRF 2005/06.
- The largest percentage increases in Surgical Specialties Inpatients were in Anaesthetics and Pain Management (13.2%) and Neurosurgery (13.1%).
- General Medicine accounts for 48% of the expenditure on inpatient Medical Specialties
- Highest percentage expenditure growth in Inpatient Medical Specialties is Gastroenterology & Endocrinology which is up 33.7%.

Programme of Care 2 – Maternity and Child Health

- Of the £107.3m spent in Maternity and Child Health, 49% relates to Obstetrics – Inpatients.
- Planned expenditure in Health Visiting in this Programme of Care is £10.4m.

Programme of Care 3 – Family and Child Care

- Expenditure on Adoption and Foster Care Payments have increased by 21.3% to £29.1m.

Programme of Care 4 – Elderly Care

- Expenditure on Elderly Care accounts for £551.5m making it the PoC with the second largest share of planned expenditure. The planned increase of 3.8% also makes it the second lowest in terms of growth.

- £364.2m of planned expenditure is on Personal Social Services solutions of which £192m will be on Nursing Home Care and Residential Home Care.

Programme of Care 5 – Mental Health Services

- Total planned expenditure on Mental Health Services accounts for £191.1m. Of this Hospital solutions account for 46.5%, a decrease of 1.5% compared to last years report.
- Community and Personal Social Services amount to £92.3m and have grown by 22.8% and 9.4% on last year respectively.

Programme of Care 6- Learning Disability

- Funding for people with a learning disability has grown by 9.5% and now totals £182.2m of all money spent by Boards.

Programme of Care 7- Physical and Sensory Disability

- Of the £85.5m that is spent on Programme of Care 7, 80% is spent providing services to clients within a community or Personal Social Service setting.

Programme of Care 8- Health Promotion & Disease Prevention

- Expenditure on Breast Screening has increased by 26.3%.
- A quarter of all expenditure in Health Promotion and Disease Prevention is on Health Visiting.

Programme of Care 9- Primary Health and Adult Community

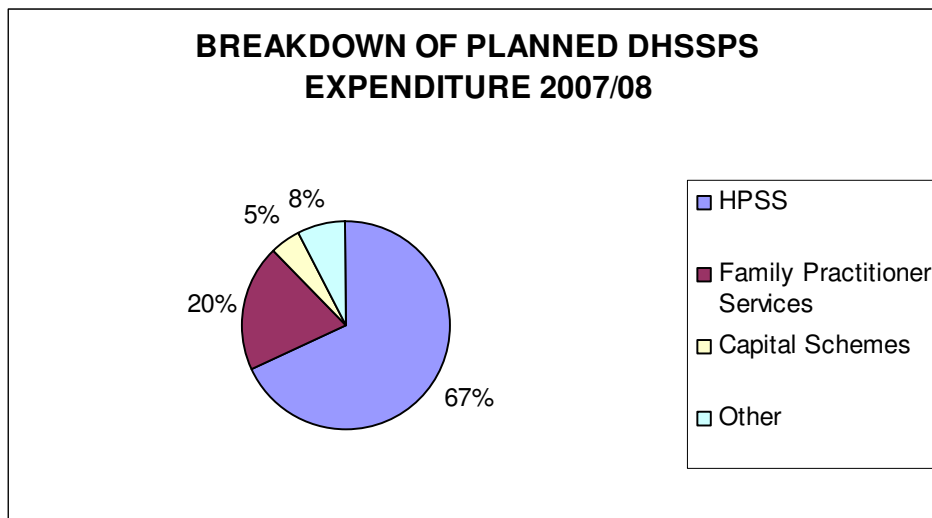
- The top two areas of expenditure in PoC9 are Diagnostic Services accessed by GPs (£26.1m) and General Medical Services (£14.8m).

1 INTRODUCTION

1.1 Background

This report presents an analysis for the 2007/08 financial year of the Strategic Resources Framework (SRF). This innovative and important initiative was introduced in Northern Ireland in 2002 . It aims to demonstrate how the Department of Health, Social Services and Public Safety (DHSSPS) and Health & Social Services (HSS) organisations are planning to spend a budget of £2.5 billion in the year ahead. This amounts to just over two thirds of the DHSSPS revenue budget of £3.7 billion in 2007/08.

Chart 1: Summary Breakdown of Planned DHSSPS Expenditure 2007/08



The remaining £1.2 billion of DHSSPS budget will be spent on services including Family Practitioner Services, Professional Teaching and Training, and on capital charges. Further information on this is provided in section 3.2 of this report

It should be noted that the SRF reflects the funds that are available at the start of the financial year in April and are expected to be available in future years (i.e. recurrent funds) so that services can be planned ahead.

These planned figures are produced by compiling proforma returns that are completed by HPSS Trusts and Boards. Further information on this process is provided in section 3.

The report breaks these funds down into Programmes of Care (PoC). PoCs are divisions of health and social care into which activity and financial information are assigned to provide a common management framework. They are used to plan and monitor health and social services, by allowing targets to be set, performance measured and services managed on a comparative basis. In total, there are nine Programmes of Care.

It is intended that this report be used in conjunction with other Departmental reports, such as the Summary of HPSS Expenditure which summarises actual expenditure, to gain a clearer understanding of how resources are utilised in the HPSS.

However the content of the financial information provided in different reports varies and this should be taken into consideration when comparing figures produced. For example non recurrent funding and in year monies are not part of the SRF report whilst they do appear in the Summary of HPSS Expenditure.

1.2 Role and Objectives of SRF

The SRF assists the Department in a number of ways:

- i. **Improving Transparency** - Where are we planning to spend all the money?
- ii. **Supporting Accountability** - What do we get for what we spend?
- iii. **Improving Equitable Access to Services for Public**- Is the money being shared out fairly?
- iv. **Supporting Policy Review/ Development** - Is there a better way to deliver services?

There are two key objectives of the SRF:

- To provide a comprehensive database of where resources at the start of the financial year are planned to be spent.
- To enable the Department of Health, Social Services and Public Safety to track resource deployment by locality. This analysis can contribute to HSS Boards' assessment of the equity of the money they allocate to local geographical areas.

Driving the need for this information is a requirement to provide clarity for political representatives and the general public as to where public money is to be spent.

Additionally the “Independent Review of Health and Social Care Services in Northern Ireland”, published in August 2005 by Professor John Appleby recommended that Health Outcome Measures should be published. These are included in the ‘Strategic Resources Framework 2007/08 – Appendices’ document which is available from the DHSSPS website¹.

SRF is a valuable source of information on a number of areas across the HPSS. It feeds into a number of other initiatives, which when taken together, play an important role in the overall work programme within Boards, Trusts and the wider public sphere.

1.2.1 Resource Allocation

Information on planned spend can be linked to the resource allocation process, i.e. the block grant of funds provided to HSS Boards on an annual basis by the Department. The amount each Board receives is informed by a resource allocation formula known as the ‘Regional Capitation Formula’. This formula takes into account a number of indicators (age, sex, deprivation & rurality) and calculates the equitable distribution of available resources between the four Boards. The Eastern Board are currently receiving more than their fair share of resources and research is being finalised to update the weightings for Acute Services and Elderly Care in the Capitation Formula. Recommendations from this review are expected to be released for public consultation in 2008. Whilst the formula calculates the equitable distribution of resources, it is the Boards that are responsible for distributing these resources to their local populations.

¹ The Strategic Resources Framework 2007/08 – Appendices can be accessed at www.dhsspsni.gov.uk

The SRF Appendices document illustrates what the planned spend of available resources will be in the financial year at a sub-Board or locality level, playing an important role in supporting locality equity of health resources and assessing the success of Lifetime Opportunities work. Lifetime Opportunities was launched November 2006, replacing Targeting Social Need (TSN) policy. However it retains key principles of TSN and aims to target resources at those areas, groups and individuals in greatest need. Additionally it aims to eliminate poverty and social exclusion in Northern Ireland by 2020 and to end child poverty by the same time.

1.2.2 Actual end-of-year expenditure

The Department, Boards and Trusts also carry out an analysis at the end of the financial year to consider how Trusts and Boards have spent their allocated money. Whilst SRF is geographical in its approach, the 'HPSS Summary of Expenditure²' contains additional detail in key service areas and lags 1 year behind the SRF in the timescale that it covers.

In England the Programme Budgeting initiative maps historical expenditure throughout the health service. Developing a comparison of spend between NI and England by programme budgeting categories commenced in 2006/07. It should be noted that the SRF is a different concept to Programme Budgeting. SRF provides information on expenditure plans rather than actual expenditure and is therefore more timely. Additionally SRF provides more comprehensive information for Northern Ireland by including Personal Social Services.

² The 2005/06 HPSS Summary of Expenditure can be accessed on the Department's website at www.dhsspsni.gov.uk/summaryofhpssexpenditure2005-06.pdf

1.3 Flow of funds to Health and Social Care Trusts

Figure 1: Flow of funds to HSC Trusts

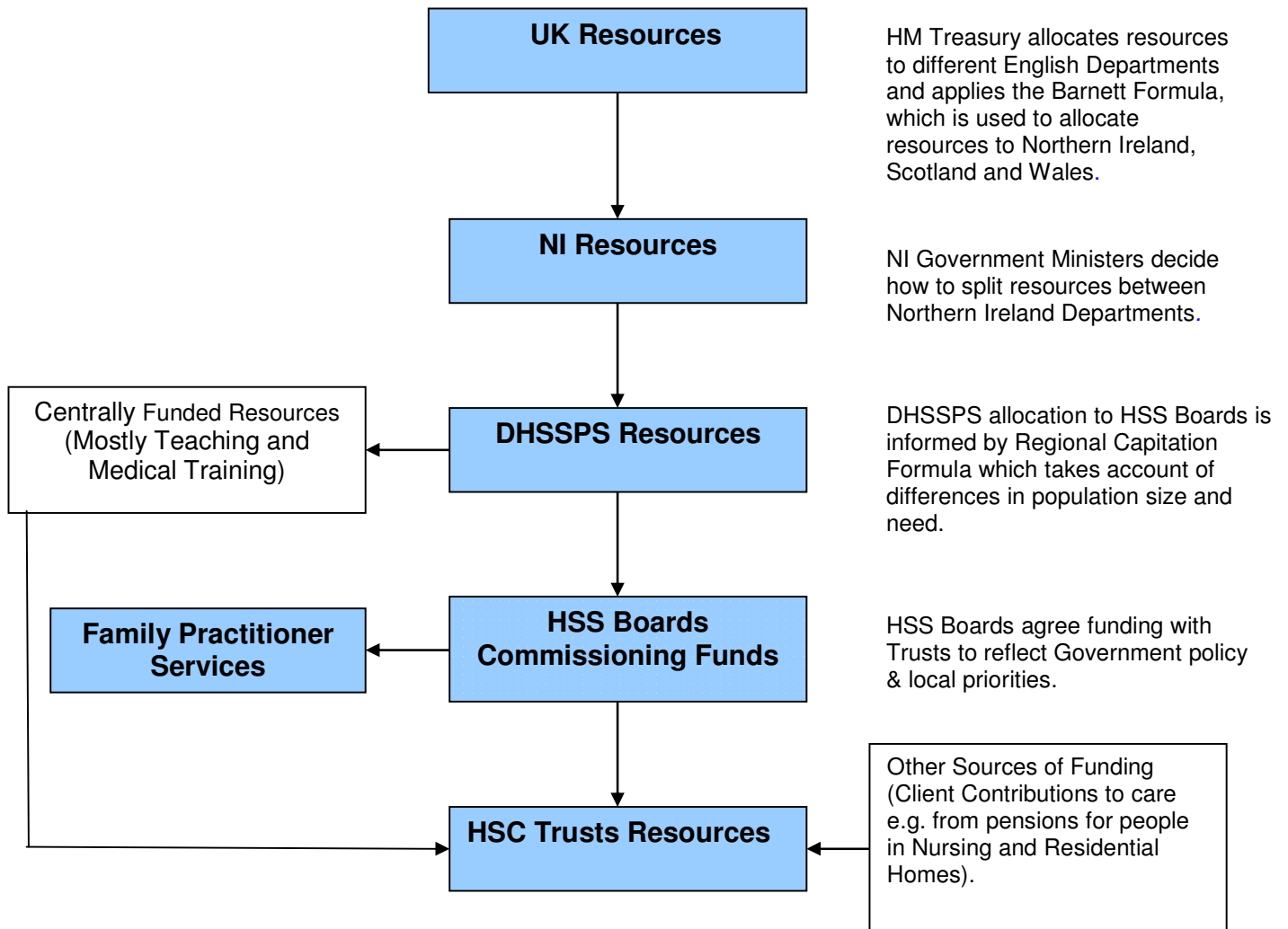


Figure 1 above highlights how funds flow through the system to HSC Trusts in NI allowing them to provide the necessary health and social care services.

The amount of funds allocated to Northern Ireland, Scotland and Wales is determined by the Barnett Formula. It uses the change in spend per head

in crude population in England to calculate funding for the devolved administrations but does not take into account the varying differences in need of populations.³

Figure 1 above also demonstrates that there are other funds allocated centrally by the Department to HSC Trusts, including money for Teaching and Medical Training.

1.4 Evolution of the SRF in 2007/08

The Strategic Resources Framework is an evolving process that is in its sixth year and the steering group are aware of the limitations of certain aspects of the data collected and presented in this document. In a number of instances the data presented will have only been collected for a few years. As such prior year adjustments have occurred where any improvements in methodology have been developed in an attempt to ensure that information presented is reflective of service provision. It is the intention of the group that data will continue to be refined, strengthened and made increasingly robust to improve the information presented in SRF.

Bearing this in mind the SRF 2007/08 includes a number of important developments that highlight the group's commitment to produce a document that is both accessible and relevant to political representatives, decision makers, local community leaders, voluntary organisations and the general public.

³ Further information on the Barnett Formula and other HM Treasury issues can be accessed at www.hm-treasury.gov.uk

1.4.1 Family Practitioner Services

In 2007/08 Family Practitioner Services (FPS) will account for £746 million of the total DHSSPS revenue allocation. This planned expenditure can not be broken down by geographical locality and Board to match the analysis that the SRF provides. As a result SRF includes some 66% of total funds planned to be spent within the service. If FPS was included it would bring this figure to around 83% of funds.

During the 2007/08 SRF process, a sub group was commissioned to investigate whether FPS funds could be split across geography. They have investigated apportioning the elements that make up FPS i.e. Optometry Services, Dental Services, Pharmaceutical Services and General Medical Services and it is expected that an indication of geographical split will be available for inclusion in next year's publication.

1.4.2 Centrally Commissioned Funds and Other Sources of Income

To alleviate the burden on Trusts in 2007/08 at a time when they were merging into five new HSC Trusts it was decided that detailed analysis of Centrally Funded and Other Sources of Income was no longer required. As the SRF publication is essentially a commissioners document, a greater emphasis is placed on analysing these funds.

However Centrally Funded and Other Sources of Income are shown at a total Northern Ireland level on Table 2 in this report.

1.4.3 Outcome Measures

As mentioned previously this is the third year that outcome measures have been included in the report. This year outcomes have been shown for seven areas and are contained in the document titled 'Strategic Resources Framework 2007/08 – Appendices'. The eleven outcome measures do not cover all key strategic areas being taken forward in the delivery of health and social care solutions. However they do give a comparable indication of performance of areas such as waiting times, teenage pregnancy, suicide rates, as well as anxiety and mood disorders.

It should be noted that there is a time lag between funds being targeted to a programme of care and changes in the outcome measures.

Changes in the collection method of two of the outcome measures have occurred this year and further information on this is included in Annex 1 of the Appendices document.

1.4.4 Linkage of Policy to Expenditure

This year the Strategic Resources Framework Group have attempted to provide additional clarity on how planned expenditure links to policy initiatives. It should be noted that although planned increases can be linked to policies, there is an inevitable time lag between announcement, implementation and full impact on service. At the time of data collection, monies may not have impacted on their individual service. However an analysis at the end of the year would show these monies reaching their target service.

1.4.5 Review of Public Administration

The Review of Public Administration has been central to group thinking whilst producing the 2007/08 report. Five new Health Trusts⁴ came into existence in April 2007 and further changes are expected. Data collection has taken place with this in mind to allow flexibility to meet any new demands placed on SRF.

⁴ Further information on the five new Health and Social Care Trusts can be accessed at their websites - www.belfasttrust.hscni.net, www.setrust.hscni.net, www.northerntrust.hscni.net, www.southerntrust.hscni.net, www.westerntrust.hscni.net/

2 RESULTS

2.1 Overview

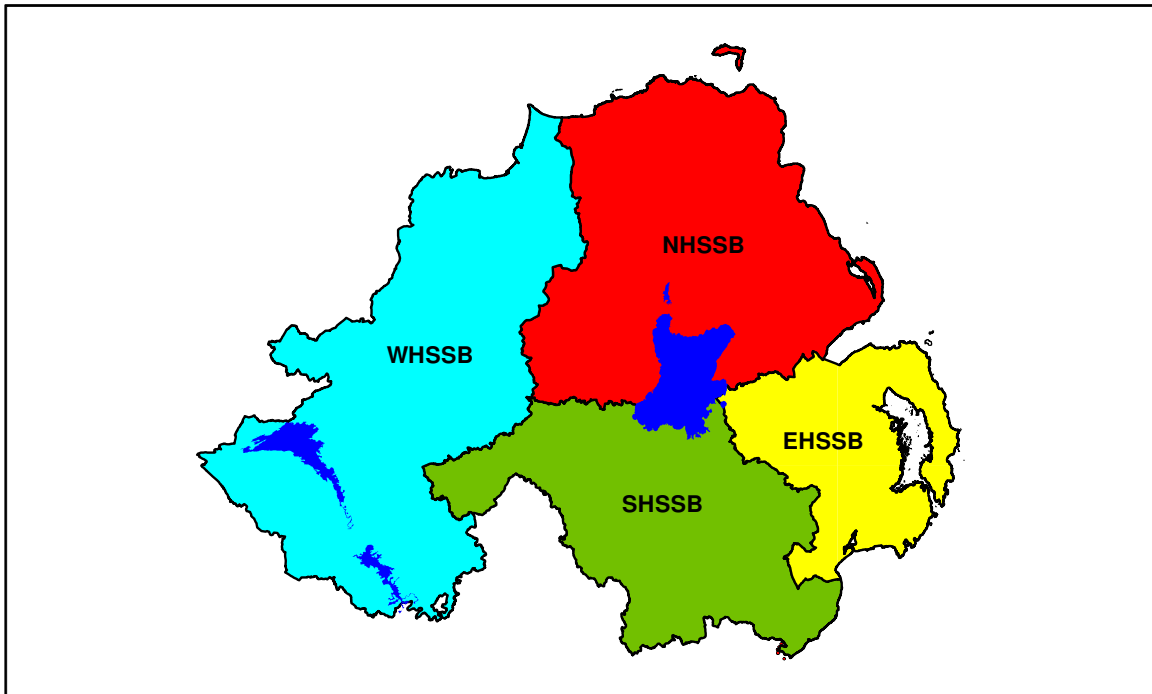
This report presents the latest findings and provides a detailed picture of the planned spend of HPSS resources for 2007/08, across Programmes of Care and key service areas. Programmes of Care are divisions of health and social care into which activity and financial information are assigned. They are used to plan and monitor the health service, by allowing performance to be measured, targets set and services managed on a comparative basis.

The Strategic Resources Framework provides information on planned expenditure and planned activity and comparisons are made to the previous year's data throughout.

In considering these results, care has to be taken in interpreting changes in the early years of any new information collected. Caution should be exercised when using some of the detailed information for community and personal social services and for non-Acute planned activity information.

In addition, when preparing planned expenditure, organisations need to use assumptions and estimates. As such, planning figures cannot have the degree of consistency and accuracy that a retrospective analysis of actual expenditure would give. However one of the benefits of using planned expenditure is that the information is ready much earlier than actual expenditure figures.

Map 1: Health and Social Services Boards, Northern Ireland



The four Health and Social Services Boards are all different sizes in terms of population. The 2006 mid year estimates highlight that the Northern Ireland population is 1,736,659. Of this Eastern Board accounts for 666,003, Northern Board 442,980, Southern Board 334,963 and Western Board 292,713.

Since the 2005 Mid Year estimates, Southern Board's population share has increased by 0.3% and Eastern Board's has decreased by 0.3%. Northern and Western Board shares have not changed.

A breakdown of the population demography in the four Board areas is shown on the next page.

Chart 2: Summary Population, Health and Social Services Boards, Northern Ireland, 2006 MYE

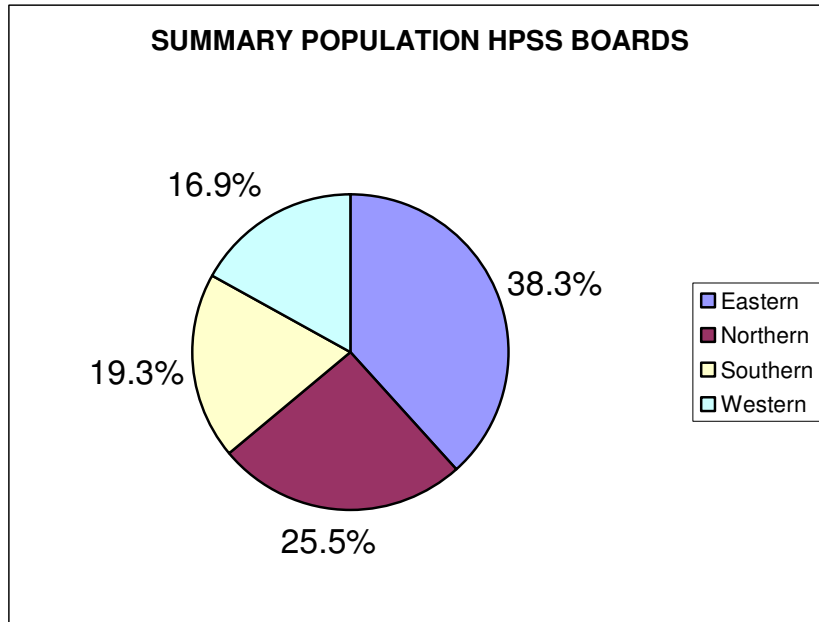


Table 1: Age Profiles across Health and Social Services Boards, Northern Ireland, 2006 MYE

Age Groups	Eastern	Northern	Southern	Western
0-15	20.65%	21.68%	23.40%	23.29%
16-64	64.39%	64.13%	64.04%	64.83%
65+	14.96%	14.19%	12.56%	11.88%
NI Total	666,003	442,980	334,963	292,713

The Department's allocation of revenue resources to the 4 HSS Boards is informed using a process known as the Regional Capitation Formula. The formula takes account of the age profiles of Board populations and the impact of other factors such as additional need related to deprivation.

2.2 Summary Information on Planned Expenditure

A total of £2,682m of recurrent funding was allocated to HPSS organisations for 2007/08. These allocations are listed in Table 2 below compared against the 2006/07 Board allocations. The table shows that the four Boards have received an overall funding increase of 6.3% which is £149m.

Table 2: Total Planned Expenditure, 2006/07 v 2007/08

Commissioning HSS Board	07/08 £m	06/07 £m	% Change 06/07 - 07/08
Eastern	1,016	961	5.7%
Northern	595	560	6.4%
Southern	456	425	7.4%
Western	421	394	6.8%
Total Commissioning Boards Expenditure	2,488	2,339	6.3%
Other Trust Income			
Other Sources of Income	97	95	2.2%
Centrally Funded Resources	97	95	2.2%
Total Planned Expenditure	2,682	2,529	6.0%

Table 2 excludes recurrent allocations of £38.1m that were not allocated to a host board at the start of financial year 2007/08. This covers funding for Waiting List Initiatives, Revenue Consequences of Capital Schemes, Pay Protection as well as funding for the Children's and Young People's package.

Centrally Funded Resources: Monies for Medical Teaching and Professional Training

Other Sources of Income: Income Generated eg Treatment of private patients, client contributions for residential/nursing homes

The figures highlight planned commissioner's expenditure at the beginning of 2007/08 compared to planned expenditure at the start of 2006/07. The changes are a result of new money allocated at the start of the financial year and any additional recurrent monies that were made available to Boards throughout the previous year.

For the second year running Southern Board has experienced the biggest percentage increase of the four Boards. In 2007/08 there is a planned increase of 7.4% or £31m. An element of this increase reflects the Department's policy of shifting additional funds through the Regional Capitation Formula to meet the changing demographic needs of the Boards. As highlighted previously Southern Board's share of population has increased by 0.3%. Eastern Board's planned increase in 2007/08 is £55m or 5.7%, the lowest of the four Boards. This reflects its' decreasing population share as discussed in section 2.1.

It should be noted that the Board figures shown above may change when final results emerge from a costing review that took place in 2007. The review looked at costing processes between Trusts and Boards to assess whether there was a difference in funds Trusts were receiving from commissioners for the services they provide. Once details are finalised and this differential quantified, the impact may be an adjustment in Board baseline funds.

The tables that follow focus solely on Board Commissioning funds and how these funds will be spent throughout the service in the nine Programmes of Care. Further detail on the breakdown of expenditure is published in the document "Strategic Resources Framework 2007/08 – Appendices". This is available on the Department's website.

Readers should note that in a number of instances adjustments have been made to 2006/07 expenditure or activity. This is due to innovations and improvements in data collection.

Additionally, there are a number of areas where 2007/08 activity show reductions in the planned activity from the previous year. Of particular note is that £10.15 million of previously planned activity targets in the Royal Group of Hospitals and Mater Hospital were not being achieved. Discussions are continuing with the Belfast Trust in relation to the delivery of this activity and once targets are agreed, appropriate activity and funding adjustments will be applied to respective specialties. In the interim the Royal Group of Hospitals and Mater Hospital planned activity reported in this document, represents 2006/07 end of year levels and the £10.15 million has been apportioned across Eastern Board localities, based on acute capitation shares.

In addition, as part of 2007/08 process in which Boards reviewed their agreements' with Trusts, the Eastern Board agreed to set planned activity for all other Acute Hospital Trusts at the 2005/06 end of year position. Productivity increases where included in these figures for a number of Acute hospitals, as deemed appropriate.

2.3 Northern Ireland Ambulance Service/ Accident and Emergency

Table 3: Total Planned Expenditure, NIAS and A&E, 2007/08

	EHSS £000	NHSS £000	SHSS £000	WHSS £000	Total Planned Expenditure 2007/08 £000	Total Planned Expenditure 2006/07 £000	Change from 2006/07 %
Accident & Emergency	30,461	12,517	12,958	8,336	64,272	58,652	9.6%
NIAS	16,641	10,652	8,124	8,049	43,466	41,747	4.1%
	47,102	23,169	21,082	16,385	107,738	100,399	7.3%

As Table 2 highlighted the total planned expenditure for 2007/08 for the four HSS Boards is £2,488m. Included within this figure is £43.5m for the Northern Ireland Ambulance Service (NIAS) and £64.3m for Accident &

Emergency Services (A&E). Table 3 highlights planned expenditure on NIAS and A&E across the four HSS Boards.

2.4 Analysis by Programme of Care

Table 4: Planned Expenditure by Programme of Care 2007/08 v 2006/07

Programme of Care (PoC)	07/08 £m	06/07 £m	% Share 07/08	% Change 06/07 - 07/08
1 Acute Services	1,036	974	42.3%	6.4%
2 Maternity & Child Health	107	104	4.4%	3.1%
3 Family & Child Care	160	147	6.5%	9.1%
4 Elderly Care	551	531	22.5%	3.8%
5 Mental Health	191	179	7.8%	7.0%
6 Learning Disability	182	166	7.4%	9.5%
7 Physical & Sensory Disability	86	80	3.5%	6.5%
8 Health Promotion and Disease Prevention	46	42	1.9%	10.1%
9 Primary Health & Adult Community	89	78	3.6%	13.9%
Sub Total	2,449	2,301	100.0%	6.4%
Expenditure Not Analysed to PoC	39	38	N/A	2.2%
Total	2,488	2,339	N/A	6.3%

Table 4 highlights that all Programmes of Care have experienced increases in planned funds. Overall there has been a 6.4% increase in funds analysed to Programme of Care.

Acute Services continue to receive most of Commissioners funds breaking £1,000m for the first time. Acute Services accounts for 42.3% of all commissioners' funds analysed to programme of care.

Maternity and Child Health has experienced the lowest annual growth, a change of 3.1% since 2006/7 bringing services more in line with the expected fertility projections in the province.

Elderly Care, the second largest programme of care, has increased by 3.8%. However it should be noted that PoC4 accounts for services specifically used by the elderly and that a significant amount of acute services are also utilised in the care of the elderly i.e. General Medicine. Once again Acute and Elderly Services combined account for almost two thirds of expenditure in the Province.

Programme of Care 8, Health Promotion & Disease Prevention, continues to be an important strategic area of funding for the Department and has increased by 10.1% this year, £4m. The targeting of funds to promote healthy living is integral to delivering a healthier population in Northern Ireland.

It can be seen from Table 4 that Primary Health and Adult Community, Programme of Care 9, has the highest planned increase relative to the last SRF i.e. the percentage change from 06/07 to 07/08 is 13.9%.

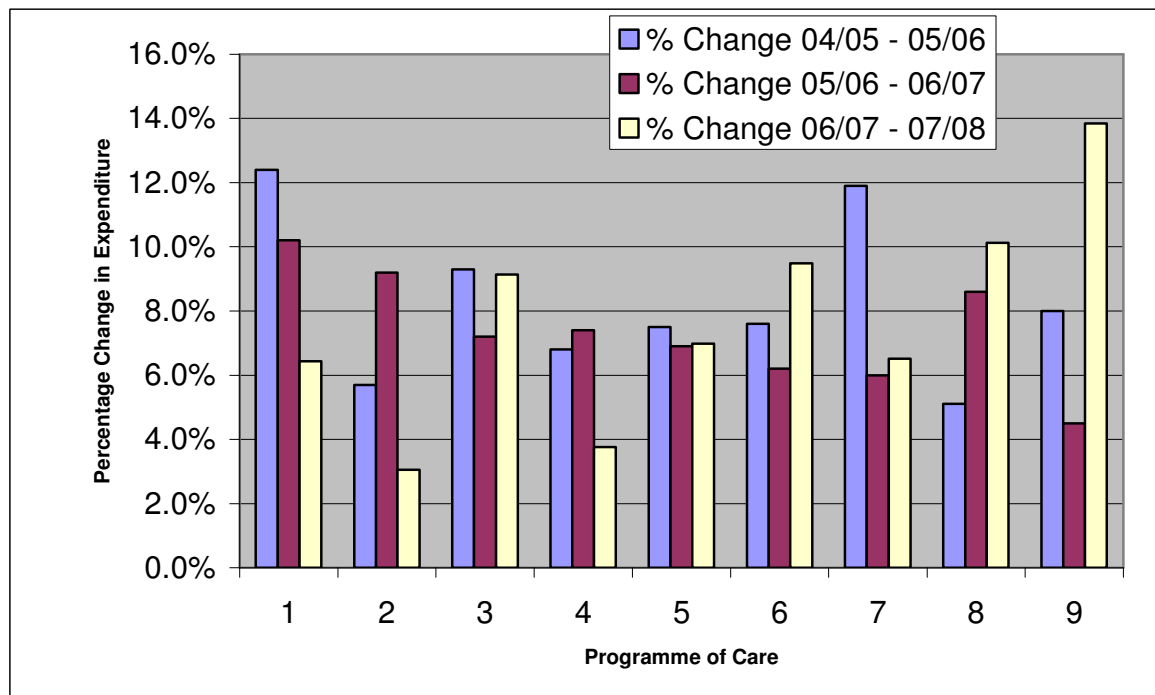
Chart 3, Change in Programme of Care Expenditure, 2004/05 to 2007/08, on the next page highlights increases in expenditure over the last three SRF reports.

The chart highlights that last year PoC 9, had the lowest annual increase i.e 05/06 to 06/07 the increase was 4.5%. This seems to suggest a huge change in funding levels in this programme of care which is misleading. Analysis of the scale of funds needs to be taken into consideration when interpreting the data. This highlights that from 2005/06 to 2006/07 the PoC 9 increase was £3m and from 2006/07 to 2007/08 the increase was £11m. This is due to greater expenditure in services accessed directly by GPs in

addition to increased funding for Integrated Care and Treatment Services (ICATS).

The analysis shows that a relatively small Programme of Care can undergo a large increase year on year due to an injection of funds related to policy focussed on that area. It is therefore important that readers, when analysing Chart 3, pay due regard to the figures shown on Table 4 and the relevant previous SRF report.

Chart 3: Change in Programme of Care Expenditure, 2004/05 to 2007/08



Key for Programmes of Care

- | | |
|------------------------------|---|
| 1 Acute Services | 6 Learning Disability |
| 2 Maternity and Child Health | 7 Physical and Sensory Disability |
| 3 Family and Child Care | 8 Health Promotion & Disease Prevention |
| 4 Elderly Care | 9 Primary Health and Adult Community |
| 5 Mental Health | |

Further information is now provided on each individual Programme of Care by key service area. Information provided covers planned expenditure, planned activity and indicative average planned spend per case for 2007/08.

Care should be taken when interpreting these figures. Throughout the publication reference is made to policy issues that interlink with results. As already noted, it should be borne in mind that there can be a timing difference between stated new policies and when funds are assigned to individual service lines. At the time that the information is collected, new funds will have been allocated to their respective Programme of Care, but may not have worked through to individual service lines. As such the Funds Not Attributed to service line may indicate monies that have not filtered down. Service lines can be subject to variation from year to year.

Another issue to acknowledge is that a large percentage change does not necessarily reflect a large change in funds. Attention needs to be paid to the planned expenditure figures involved. Therefore large percentage changes relating to relatively small funds will not have elicited comment.

2.4.1 Programme of Care 1, Acute Services

Table 5: Summary of Planned Expenditure for Acute Services (PoC1) by Patient Class, 2007/08 v 2006/07

Surgical	07/08 £000	06/07 £000	% Change 07/08 - 06/07
Inpatient	320,078	307,543	4.1%
Daycase	42,961	39,399	9.0%
Outpatient	76,590	70,376	8.8%
Medical			
Inpatient	259,374	245,783	5.5%
Daycase	48,879	39,976	22.3%
Outpatient	121,584	115,873	4.9%
Sub Total of Acute Hospital Services	869,466	818,950	6.2%
Additional Items for PoC 1			
Accident & Emergency	64,272	58,652	9.6%
Extra Contractual Referrals/Out of Area Treatments	10,984	9,212	19.2%
Funds to be Attributed	36,571	34,159	7.1%
Health & Social Services Agencies	11,722	11,103	5.6%
NIAS	43,466	41,747	4.1%
Total Additional Items for PoC 1	167,015	154,873	7.8%
Total PoC 1 Commissioning Planned Expenditure	1,036,481	973,823	6.4%

Table 5 above shows expenditure has increased by 6.2% across Surgical and Medical patient classifications. Overall the total commissioning planned expenditure has increased 6.4%.

The largest increase in patient classification is in Daycase expenditure within Medical Specialties which has increased by £9m or 22.3% since 2006/07. This is made up of increases in General Medicine, Rheumatology and Oncology. Planned outpatient expenditure has grown by 8.8% in Surgical Specialties and by 4.9% in Medical Specialties.

As well as the increases experienced it should be noted that medical solutions have changed and certain costs will no longer be shown in the expenditure above. For example, medical solutions delivered in the home environment, in which patients only interact with hospital staff for fortnightly checks, will not be included in these figures.

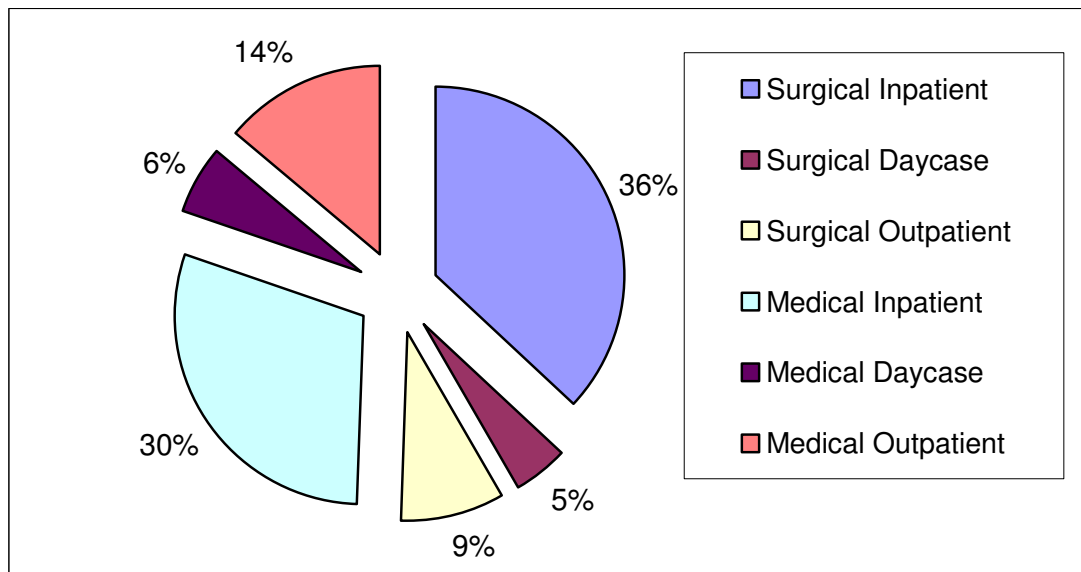
Between April 2006 and March 2007 the number of patients waiting more than six months for a first outpatient appointment had fallen by 88% from 73,860 to 8,916. Additionally numbers waiting longer than six months for inpatient/ daycase treatment reduced by 89% over the same period, from 6,523 to 721.

Targets continue to be focussed. By March 2008 no patient should wait longer than 13 weeks for a first outpatient appointment, 13 weeks for a diagnostic test, and 21 weeks for inpatient or day case treatment.

However, care should be taken when analysing this data. One of the results of the waiting list initiative is increased activity and expenditure to clear any backlog that may exist in the system. Once backlogs have cleared and management systems have been set up, a drop to normal levels may well occur. This is not to say that targets will not be met. It will simply be that the same amount of expenditure and activity may not be required to meet those targets.

The split of expenditure across Programme of Care 1 is shown on the next page.

Chart 4: Planned Expenditure for Acute Services (PoC1) by Patient Class, 2007/08



The chart shows the breakdown of expenditure that can be analysed by patient class in Programme of Care 1. Interestingly the percentage split of funds is exactly the same as that recorded in SRF 2006/07 apart from a movement of 1% from Surgical Inpatients into Medical Daycase.

Tables 6 and 7 on the following pages provide detail of inpatient activity in Surgical and Medical Specialties. Activity is shown in FCEs, Finished Consultant Episodes.

**Table 6: Planned Expenditure and Activity for Inpatient Acute Services- Surgical Specialties (NI Level)
2007/08**

Conditions Being Treated	Surgical Specialty	Planned Expenditure 07/08 £000	Percentage Change in Planned Expenditure 06/07 to 07/08	FCE 07/08	Percentage Change in Activity 06/07 to 07/08	Average Planned Spend 07/08 £
General	General Surgery	99,479	0.9%	49,349	-2.0%	2,020
Genito Urinary System	Urology	11,649	-0.9%	5,838	-0.6%	2,000
Musco Skeletal System	Trauma & Orthopaedics	54,278	2.4%	15,309	1.7%	3,550
Ear, Nose and Throat	ENT	17,410	3.7%	10,611	-1.1%	1,640
Eye/Vision	Ophthalmology	2,662	-25.0%	2,688	-9.3%	990
Mouth/Jaw	Oral Surgery	2,985	-6.1%	1,558	1.5%	1,920
Dental Problems	Dentistry & Orthodontics	10	-63.0%	17	30.8%	590
Brain/nerves	Neurosurgery	10,674	13.1%	1,510	4.6%	7,070
Skin/Burns Repairs	Plastic Surgery	9,403	1.7%	3,190	1.7%	2,950
Heart & Circulation Problems	Cardiac Surgery	8,133	9.7%	964	2.0%	8,440
Children's Problems	Paediatric Surgery	5,383	-9.4%	2,101	-28.1%	2,560
Chest	Thoracic Surgery	4,491	-6.5%	1,074	-16.2%	4,180
Female Reproductive System	Gynaecology	23,692	7.1%	13,571	3.6%	1,750
General	Anaesthetics & Pain Management (Bed Days)	69,829	13.2%	50,465	20.9%	1,380
Total		320,078	4.1%	158,245	-1.4%	N/A

Note:

Figures may not always add to the totals due to rounding

Average planned spend figures have been rounded to the nearest £10

The overall decrease in activity of 1.4% excludes Anaesthetics and Pain Management which is recorded in Bed Days not FCEs.

Table 6 shows a drop in overall activity for Inpatient Surgical Specialties compared to last year. This is part of the re-engineering of services at the Mater and Royal Group of Hospitals as discussed in section 2.2.

It can be seen that planned expenditure totals £320m which is an increase of 4.1% on last year's SRF. Of this Trauma and Orthopaedics accounts for £54m or 17% of the total inpatient expenditure in Surgical Specialities. This area continues to be a priority and a £9.4m investment in Trauma and Orthopaedic services at Craigavon Hospital was announced by Michael McGimpsey in October 2007 that will result in two new theatres and 33 beds. Additional development of services will also take place in Antrim Hospital. The aim is to dramatically reduce waiting times for fracture and orthopaedic services so that 75% of patients receive their fracture treatment within 48 hours by March 2008 and 98% by March 2009. Patients who require orthopaedic surgery will also have to wait no longer than 21 weeks for inpatient or daycase treatment from March 2008.

The drop in Thoracic Surgery activity of 16.2% is a result of the redesign and classification of services at the Royal Victoria Hospital in 2007/08 following the realignment of funding to reflect the actual activity outturn position.

Anaesthetics and Pain Management include funds planned to be spent on Cardiac Intensive Care, Intensive Care Units, High Dependency Units and Special Care Baby Units. It shows an increase of 13.2% partly due to better data collection this year. An additional £1.3m is included here which was classified incorrectly last year highlighting the SRFG commitment to increase the robustness of this publication.

In addition, although the funds may not have reached their service line at the time of collection an additional neonatal intensive care cot was opened in Craigavon in 2006 and an additional £800,000 has been allocated for neonatal/paediatric intensive care services in 2007/08. This will allow the introduction of at least one additional neonatal intensive care cot, one additional paediatric intensive care bed and other improvements in a number of associated areas.

Readers should note that although Ophthalmology and Dentistry & Orthodontics show large reductions in expenditure in percentage terms, these changes are represent reductions of £886,000 and £17,000 respectively in planned funds. Ophthalmology has seen a transfer of funds from inpatients to daycase treatment while a greater number of dentistry and orthodontics patients are being treated as outpatients as opposed to inpatients.

Table 7 on page 34 portrays expenditure and activity on inpatient services in Medical Specialities. It can be noted from the table that Cancer Services remain to be a major focus of funds and have increased by 10.4.% to £19m compared to last year. The associated reduction in activity of 10% is due to the re-engineering of activity targets as described in section 2.2.

The Cancer Control Programme published in November 2006 took steps towards an overarching regional framework for Cancer Services. It provides the strategic direction for the delivery of Cancer Services and the Department's Public Service Agreements are quite clear on commitments to this area. By 2010 it aims to improve 5 year survival rates for the main cancers including breast, colo-rectal and lung cancers by 5 per cent.

Table 7: Planned Expenditure and Activity for Inpatient Acute Services- Medical Specialties (NI Level) 2007//08

Conditions Being Treated	Medical Specialty	Planned Expenditure 07/08 £000	Percentage Change in Planned Expenditure 06/07 to 07/08	FCE 07/08	Percentage Change in Activity 06/07 to 07/08	Average Planned Spend 07/08 £
General	General Medicine	125,566	5.3%	76,182	5.5%	1,650
Digestive System, Metabolism & Hormone Problems	Gastroenterology & Endocrinology	2,338	33.7%	711	-7.1%	3,290
Blood Disorders	Haematology (Note 1)	7,594	3.3%	1,723	-22.5%	4,410
Rehabilitation	Rehabilitation (Bed Days)	2,462	8.3%	9,504	7.9%	260
Heart & Circulation Problems	Cardiology	47,140	-1.0%	27,457	5.0%	1,720
Skin Problems	Dermatology (Note 2)	2,291	-3.5%	953	-8.8%	2,400
Respiration	Thoracic Medicine	4,093	-0.5%	979	34.1%	4,180
Infectious & Transmitted Diseases	Infective Diseases & Genito-Urinary Medicine	1,317	-30.0%	828	-20.6%	1,590
Kidney Problems	Nephrology (excluding Renal Dialysis) (Note 3)	10,962	27.8%	2,350	38.0%	4,670
Cancers & Tumours	Medical Oncology incl Chemotherapy/Radiotherapy (Note 4)	19,176	10.4%	3,533	-10.1%	5,430
Brain/Nerves	Neurology & Paediatric Neurology	5,588	14.1%	3,919	0.3%	1,430
Tissue	Rheumatology	2,360	2.6%	646	-11.7%	3,650
Children	Paediatrics	27,612	8.0%	20,792	-10.8%	1,330
General	Other Medical Specialties (Note 5)	577	24.5%	2,950	20.5%	200
General	Not Allocated	298	0.0%	-	0.0%	N/A
Total		259,374	5.5%	152,527	2.0%	N/A

Notes:

1. Haematology & Clinical Haematology
2. Dermatology and Light Therapy
3. Renal Dialysis shown in outpatients
4. Medical/Clinical Oncology & Combined Medical/Clinical Chemotherapy/Radiotherapy
5. Joint Consultant Clinic, Dental Medicine Specialties, Palliative Medicine, Radiology, Chemical Pathology, Clinical Physiology, Clinical Pharmacology
Audiological Medicine, Clinical Genetics & Molecular Genetics and Other (please specify).

Figures may not always add to the totals due to rounding

Average planned spend figures have been rounded to the nearest £10

Calculation of the overall increase in planned activity excludes Rehabilitation which is stated in bed days not FCEs

Furthermore the draft Northern Ireland Executive, Programme for Government 2008-2011 states that by bowel cancer mortality should be reduced by 15% and cervical cancer by 70% by 2013.

A report published by the Northern Ireland Cancer Registry in October 2007, showed an improvement in the survival rates for both male and female cancer patients diagnosed between 1997-2000 compared to 1993-1996. The report suggests that five year survival rates will continue to improve for those diagnosed 2001-2004.

Nephrology shows an increase of 27.8% in planned expenditure to £10.9m and a 38% increase in activity. This is mostly reflective of Belfast City Hospital and Royal Group Hospital expansion in this service for Northern, Southern and Western Board residents.

Detail on Daycase and Outpatient activity and expenditure in Surgical and Medical Specialties are presented in the document "Strategic Resources Framework 2007/08 – Appendices" that can be accessed on the Department's internet site.

The tables on the following pages relate to Programmes of Care 2 to 9 and contain a number of abbreviations that are measurements of activity relating to patients. They are:

FCE	- Finished Consultant Episode	BD	- Bed Days
FFC	- Face to Face Contacts	W	- (Occupied Bed) Weeks
A	- Attendances		

2.4.2 Programme of Care 2, Maternity and Child Health

Table 8: Planned Expenditure and Activity Maternity and Child Health, 2007/08

	Planned Expenditure 2007/08 £'000	% Change in Expenditure 2006/07 to 2007/08	Activity 2007/08	% Change in Activity 2006/07 to 2007/08	Average Planned Spend 2007/08 £
Hospital					
Obstetrics - Inpatient (Births)	52,571	8.3%	25,019	-1.3%	2,100
Obstetrics - Daycase (FCE)	254	18.1%	720	8.1%	350
Obstetrics - Outpatient (A)	11,162	-11.6%	103,227	2.6%	110
Total Hospital	63,987	4.2%			
Community					
Audiology (FFC)	62	55.3%	N/C	N/C	N/C
Community Dental (FFC)	3,457	-1.6%	58,996	-7.1%	60
Community Midwives (FFC)	9,158	3.3%	239,935	10.0%	40
Dietetics (FFC)	203	12.2%	4,963	18.3%	40
District Nursing (FFC)	230	-8.8%	4,470	-29.4%	50
Health Visiting (FFC)	10,423	3.1%	288,795	1.9%	40
Occupational Therapy (FFC)	1,353	16.2%	19,406	30.4%	70
Orthoptics (FFC)	564	-7.1%	19,286	-7.4%	30
Other Specialist Nursing (FFC)	6,749	10.0%	68,868	947.6%	100
Physiotherapy (FFC)	775	16.5%	35,455	6.6%	20
Podiatry (FFC)	260	5.9%	9,941	-5.9%	30
School Nurses (FFC)	37	2.7%	585	-57.9%	60
Speech & Language Therapy (FFC)	7,783	7.8%	125,895	21.9%	60
Treatment Room Nurses (FFC)	235	1.8%	26,191	-19.1%	10
Total Community	41,289	5.1%			
Funds to be Attributed (Note 1)	2,034	-41.5%			
Total Maternity and Child Health	107,310	3.1%	N/A	N/A	N/A

Notes:

A - Attendances

FCE - Finished Consultant Episodes

FFC - Face to Face Contacts

N/C* - Not Complete. Activity data was not complete for 2007/08 therefore the percentage change from last year is unavailable.

N/A - Not Applicable

Note 1 Funds to be Attributed includes the following where applicable: Extra Contractual Referrals (ECRs)/Out of Area Treatments (OATs), HSS Agencies, Voluntary Bodies, Other Expenditure, Primary Care (GPs), GMS and Pay Award and Committed Funds not Attributed.

Figures may not always add to the totals due to rounding

Average planned spend figures have been rounded to the nearest £10

Overall Maternity and Child Health has shown an increase in planned expenditure of 3.1% in 2007/08 to £107m, although there is variation in percentage growth across individual services lines.

The 8.3% growth in inpatient expenditure should not be interpreted as a pure increase in expenditure for births as the 1.3% decrease in activity demonstrates. This activity brings SRF more in line with expected birthing levels. Births registered in Northern Ireland in 2006 were 23,300. This was 1,000 births more than 2005 and the fourth annual increase since 2002. In the first 9 months of 2007

there were 18,600 births registered - this is an increase of around 5% on the same period last year. The 8.3% increase in expenditure reflects funds being spent in other areas and an element of this planned funding relates to the implementation of nationally agreed improvements to terms and conditions of hospital staff that are now being paid by Trusts.

The 11.6% (£1.5m) decrease in outpatient Obstetrics expenditure is due in part to reduced activity expected at Royal Group of Hospitals and Sperrin Lakeland for Northern Board and Southern Board residents respectively.

Audiology expenditure has increased by 55% reflecting the neonatal hearing screening that has been introduced for all newborn babies in Northern Ireland. The programme is primarily maternity hospital based and parents of all babies are offered this screening in hospital.

Planned Speech and Language Therapy activity will increase by 21.9%. In June 2007 measures were announced to help reduce the length of time children have to wait for this service. The Minister announced challenging waiting list targets for assessment and treatment in 26 weeks by March 2008 and 13 weeks by March 2009. The Minister also confirmed additional funding to further improve access to Speech and Language Therapy across Northern Ireland.

In December 2006 DHSSPS published an audit of acute maternity services, commissioned from Price Waterhouse Coopers LLP⁵. A Steering Group commenced work in April 2007 to make recommendations on the way forward for maternity services. It contains representatives from Boards and Trusts (medical and midwifery) as well as those who can reflect the views of GPs and women.

⁵ The Price Waterhouse report "Audit of Acute Maternity Services" can be accessed at <http://www.dhsspsni.gov.uk/audit-maternity-services.pdf>

2.4.3 Programme of Care 3, Family and Childcare

Table 9: Planned Expenditure and Activity on Family and Childcare, 2007/08

	Planned Expenditure 2007/08 £000	% Change in Expenditure 2006/07 to 2007/08	Activity 2007/08	% Change in Activity 2006/07 to 2007/08	Average Planned Spend 2007/08 £
Personal Social Services (PSS)					
Children's Homes	32,578	9.0%	N/A	N/A	N/A
Community Fieldwork Staff	41,555	9.8%	N/A	N/A	N/A
Adoption and Foster Care Payments	29,151	21.3%	N/A	N/A	N/A
Social Work - Family Placements (adoption) (Active Caseloads)	11,130	13.1%	4,476	130%	2,490
Other Community	6,563	101.6%	N/A	N/A	N/A
Other PSS	24,838	3.4%	N/A	N/A	N/A
Total Personal Social Services	145,815	13.1%			
Funds to be Attributed (Note 1)	14,254	-19.8%			N/A
Total Family and Childcare	160,069	9.1%	N/A	N/A	N/A

Notes:

N/C* - Not Complete. Activity data was not complete for 2006/07 therefore the percentage change from this year is unavailable.

N/A - Not Applicable

Note 1 Funds to be attributed includes the following where applicable: Extra Contractual Referrals (ECRs)/Out of Area Treatments (OATs), HSS Agencies, Voluntary Bodies, Other Expenditure, Primary Care (GPs), GMS and Pay Award and Committed Funds not Attributed.

Figures may not always add to the totals due to rounding

Average planned spend figures have been rounded to the nearest £10

Table 9 shows that planned expenditure in PoC 3 has increased by 9.1% in 2007/08 to £160m highlighting the Department's commitment to children and families.

The policy of the Department is to encourage families in the important task of bringing up children and where they encounter problems to provide early support and services. The Family Support Strategy, was issued for public consultation at the beginning of 2007. Views were sought from parents, children and young people.

The Department has stated that by March 2008, the number of foster carers in Northern Ireland should grow from the 2002 figure of 1178 to 1500. Adoption and Foster Care Payments account for £29m of total expenditure in this POC. The increase of 21.3% is due in part to the uplift in weekly foster care allowances.

Social Work activity has increased 130% as this year a greater number of trusts provided information in relation to this field. This increase should therefore not be interpreted as pure growth, but instead as more reflective of a growing consistency with data collection.

Planned expenditure on Other Community services has increased by £3.3m to just under £6.6m in 2007/08. This is the result of new funding becoming available under the Children and Young People's Initiative in addition to providing funding to develop priority services and provide a range of multi disciplinary teams to work within this PoC.

2.4.4 Programme of Care 4, Elderly Care

Table 10: Planned Expenditure and Activity on Elderly Care, 2007/08

	Planned Expenditure 2007/08 £'000	% Change in Expenditure 2006/07 to 2007/08	Activity 2007/08	% Change in Activity 2006/07 to 2007/08	Average Planned Spend 2007/08 £
Hospital					
Inpatient					
Geriatric Medicine (BD)	74,445	-0.2%	334,393	5.4%	220
Old Age Psychiatry (BD)	21,489	22.1%	101,443	N/C*	210
Daycase					
Geriatric Medicine (FCE)	1,086	8.2%	15,338	N/C*	70
Outpatient					
Geriatric Medicine (A)	2,699	14.4%	19,848	N/C*	140
Old Age Psychiatry (A)	402	-19.4%	6,058	N/C*	70
Daycare					
Geriatric Medicine (A)	2,002	-5.0%	12,255	-14.0%	160
Old Age Psychiatry (A)	0	-100.0%	N/C*	N/C*	
Total Hospital	102,123	3.8%			
Community					
Aids & Adaptations	7,149	6.1%	N/A*	N/A*	N/A
Audiology (FFC)	99	961.4%	0	N/A*	N/A
Community Psychiatric Nursing (FFC)	1,695	-13.3%	12,869	N/C*	130
Dietetics (FFC)	913	1.1%	19,271	N/C*	50
District Nursing (FFC)	33,326	1.3%	1,068,926	2.5%	30
Health Visiting (FFC)	114	-3.6%	2,395	N/C*	50
Macmillan Nursing (FFC)	211	45.4%	791	N/C*	270
Occupational Therapy (FFC)	7,686	4.5%	137,171	1.9%	60
Orthoptics (FFC)	19	-14.0%	513	N/C*	40
Other Specialist Nursing (FFC)	5,218	46.4%	13,994	-6.8%	370
Physiotherapy (FFC)	3,335	10.4%	134,985	10.7%	30
Podiatry (FFC)	6,031	6.8%	229,451	-1.8%	30
Speech & Language Therapy (FFC)	806	11.1%	13,467	-4.0%	60
Treatment Room Nurses (FFC)	753	2.0%	125,171	-12.1%	10
Other Community	11,606	7.8%	N/A*	N/A*	N/A
Total Community	78,961	5.8%			
PSS					
Community Social Services	1,284	-35.9%	N/A*	N/A*	N/A
Daycare (Social Services) (A)	12,196	10.5%	278,469	N/C*	40
Domiciliary Care (Hours)	113,794	6.5%	9,048,228	25.6%	10
Independent Free Nursing Care (BD)	10,745	5.3%	752,451	5.3%	10
Nursing Home Care (BD)	126,044	4.9%	2,111,376	-2.2%	60
Residential Home Care (BD)	66,844	5.2%	1,263,755	-0.2%	50
Social Work (Active Caseloads)	23,328	11.5%	29,967	2.7%	780
Other PSS	9,940	-11.3%	N/A*	N/A*	N/A
Total PSS	364,175	5.3%			
Funds to be Attributed (Note 1)	6,161	-51.3%			
Total Elderly Care	551,420	3.8%	N/A	N/A	N/A

Notes:

BD - Bed Days

FCE- Finished Consultant Episodes

A - Attendances

FFC - Face to Face Contacts

N/C* - Not Complete. Activity data was not complete for 2006/07 therefore the percentage change from this year is unavailable.

N/A - Not Applicable

Note 1 Funds to be Attributed includes the following where applicable: Extra Contractual Referrals (ECRs)/Out of Area Treatments (OATs), HSS Agencies, Voluntary Bodies, Other Expenditure, Primary Care (GPs), GMS and Pay Award and Committed Funds not Attributed.

Figures may not always add to the totals due to rounding
Average planned spend figures have been rounded to the nearest £10

Elderly Care remains the Programme of Care with the second largest planned spend. Table 10 shows that planned expenditure in 2007/08 in Elderly Care is £551m.

Population projections put the number of people over 75 by 2020 at 154,000. This is an increase of 37.5% from the 112,000 projected for 2007. As the population lives longer, so the incidence of age-related chronic conditions increases.

As with other programmes of care, the policy drive is to support people to live independently at home for as long as it is safe to do so, reducing reliance on hospital and other institutional care settings. Community and PSS solutions combined account for 80% of the total expenditure within this Programme of Care.

Of the £364m planned to be spent on Personal Social Services in 2007/08, Nursing Home Care accounts for 34% (£126.0m). Residential Home Care constitutes 18% (£66.8m) and Domiciliary Care 31% (£113.8m). Domiciliary Care expenditure has increased by £7m on last year's figure with £3.2m of this related to new priority services in the former Trusts of Down Lisburn and Homefirst. Domiciliary is now the dominant care setting with 43% of people having their care needs met at home. Nursing Home Care has increased by 4.9% on last year's figures with £3.8m of this relating to additional funding by the former Trusts of Newry & Mourne, Craigavon and Banbridge, Homefirst and Ulster. Comparable increases for Residential Care Home and Domiciliary Care over 2006/07 levels are 5.2% and 6.5% respectively.

Planned hospital expenditure has undergone the smallest increase rising £3.7m to £102m compared to last years SRF publication. However a significant amount of hospital services provided under programme of care 1 are also utilised by the elderly and this must be taken into consideration when analysing the results shown.

2.4.5 Programme of Care 5, Mental Health

Table 11: Planned Expenditure and Activity on Mental Health, 2007/08

	Planned Expenditure 2007/08	% Change in Expenditure 2006/07 to 2007/08	Activity 07/08	% Change in Activity 2006/07 to 2007/08	Average Planned Spend 2007/08
	£'000				£
Hospital					
Inpatient					
Mental Illness (BD)	72,351	2.3%	263,415	-0.1%	280
Child and Adolescent Psychiatry (BD)	3,692	5.0%	9,221	N/C	400
Forensic Psychiatry (BD)	4,052	5.1%	15,120	20.4%	270
Daycase					
Mental Illness - (FCEs)	122	79.4%	151	51.0%	N/C
Child and Adolescent Psychiatry (FCEs)	153	-1.7%	2,031	0.0%	80
Outpatient					
Mental Illness (A)	6,503	14.8%	49,531	4.5%	130
Child and Adolescent Psychiatry (A)	506	28.1%	1,901	-23.9%	270
Daycare					
Mental Illness (A)	1,400	-3.0%	18,110	-22.9%	80
Total Hospital	88,778	3.5%			
Community					
Aids & Adaptations	133	3.9%	N/A*	N/A*	N/A*
Clinical Psychology (FFC)	4,561	N/C*	24,951	19.4%	180
Community Psychiatric Nursing (FFC)	21,645	37.2%	216,730	20.0%	100
Dietetics (FFC)	20	33.3%	704	429.3%	30
District Nursing (FFC)	269	25.7%	3,564	244.0%	80
Health Visiting (FFC)	126	6.8%	1,485	-60.8%	90
Occupational Therapy (FFC)	3,116	-10.1%	65,712	11.1%	50
Other Specialist Nursing (FFC)	512	-73.6%	161	11.0%	N/C
Physiotherapy (FFC)	62	10.7%	2,672	18.1%	20
Podiatry (FFC)	50	6.4%	2,434	2.1%	20
Speech & Language Therapy (FFC)	3	0.0%	41	20.6%	70
Other Community	14,165	32.8%	N/A*	N/A*	N/A*
Total Community	44,662	22.8%			
PSS					
Community Social Services	3,522	3.7%	N/A*	N/A*	N/A*
Daycare (Social Services) (A)	7,729	N/C*	161,361	10.6%	50
Domiciliary Care (Hours)	4,355	3.5%	383,205	6.9%	10
Independent Free Nursing Care (BD)	134	0.8%	9,384	0.6%	10
Nursing Home Care (BD)	5,379	13.4%	76,273	8.1%	70
Residential Home Care (BD)	8,553	16.0%	185,076	-9.6%	50
Social Work	9,514	11.1%	15,999	75.2%	600
Other PSS	8,430	11.3%	N/A*	N/A*	N/A*
Total PSS	47,616	9.4%			
Funds to be Attributed (Note 1)	10,072	-22.4%			
Total Mental Illness	191,128	7.0%	N/A	N/A	N/A

Notes:

BD - Bed Days

FCE- Finished Consultant Episodes

A - Attendances

FFC - Face to Face Contacts

N/C* - Not Complete. Activity data was not complete for 2006/07 therefore the percentage change from this year is unavailable.

N/A - Not Applicable

Note 1 Funds to be Attributed includes the following where applicable: Extra Contractual Referrals (ECRs)/Out of Area Treatments (OATs), HSS Agencies, Voluntary Bodies, Other Expenditure, Primary Care (GPs), GMS and Pay Award and Committed Funds not Attributed.

Figures may not always add to the totals due to rounding
Average planned spend figures have been rounded to the nearest £10

The Department commissioned a Review of Mental Health and Learning Disability policy and legislation in October 2002. The Bamford Review has reported its findings to the DHSSPS.

Recommendations from the Bamford Review include the need to move patients from a hospital setting to the community. Hospitals should only be used as a means of assessment or short term treatment. This is reflected in Table 11 above which highlights that expenditure on Hospital Services have grown by an inflationary 3.5%. Hospital Services now account for 46.4% of the total spend in this Programme of Care. Last year Hospital expenditure accounted for 48.0%.

Indeed Community and PSS expenditure have undergone a marked investment. The table highlights that Community expenditure has grown by 22.8% and PSS by 9.4%. Planned expenditure on Community Psychiatric Nursing has increased by £5.8m (37.2%) compared to 2006/07. Within the PSS arena planned expenditure on Residential Home Care has increased by 16% with increased funding by the Eastern Board for crisis home placements.

A number of the service lines listed above have undergone large swings in both expenditure and activity. This may be due to an increased focus on data integrity and consistency of reporting across the legacy trusts.

2.4.6 Programme of Care 6, Learning Disability

Table 12: Planned Expenditure and Activity on Learning Disability, 2007/08

	Planned Expenditure 2007/08	% Change in Expenditure	Activity	% Change in Activity	Average Planned Spend 2007/08
	£'000	2006/07 to 2007/08	2007/08	2006/07 to 2007/08	£
Hospital					
Learning Disability - Inpatient (BD)	31,747	5.5%	158,894	0.3%	200
Learning Disability - Outpatient (A)	310	51.2%	2,045	0.0%	150
Learning Disability - Daycare (A)	2,209	9.5%	2,348	N/C*	N/C
Total Hospital	34,266	6.0%			
Community					
Aids & Adaptations	982	6.5%	0	N/A*	N/A*
Clinical Psychology (FFC)	1,220	-2.1%	7,621	N/C	160
Dietetics (FFC)	31	136.6%	783	-2.6%	40
District Nursing (FFC)	172	38.4%	4,853	17.6%	40
Health Visiting (FFC)	18	30.1%	447	11.7%	40
Learning Disability Nurses (FFC)	3,905	20.5%	43,803	42.8%	90
Occupational Therapy (FFC)	1,816	10.5%	20,437	17.5%	90
Orthoptics (FFC)	10	-4.2%	143	-7.1%	70
Other Specialist Nursing (FFC)	91	1064.3%	40	N/C	N/C
Physiotherapy (FFC)	1,230	10.9%	38,534	14.3%	30
Podiatry (FFC)	213	3.7%	7,058	9.2%	30
Speech & Language Therapy (FFC)	2,732	10.5%	50,346	17.9%	50
Other Community	5,323	57.4%	N/A*	N/A*	N/A*
Total Community	17,743	9.8%			
PSS					
Community Social Services	5,576	-30.9%	N/A*	N/A*	N/A*
Daycare (Social Services) (A)	33,812	20.9%	682,553	11.7%	50
Domiciliary Care (Hours)	9,143	7.7%	700,953	24.9%	10
Independent Free Nursing Care (BD)	194	1.6%	13,585	1.6%	10
Nursing Home Care (BD)	18,289	14.3%	235,019	4.6%	80
Residential Home Care (BD)	35,923	7.7%	391,522	7.0%	90
Social Work (Active Cases)	9,956	12.5%	5,316	25.6%	1,870
Other PSS	12,840	20.2%	N/A*	N/A*	N/A*
Total PSS	125,733	10.7%			
Funds to be Attributed (Note 1)	4,419	-27.0%	N/A*	N/A*	N/A*
Total Learning Disability	182,161	9.5%	N/A*	N/A*	N/A*

Notes:

N/C* - Not Complete. Activity data was not complete for 2006/07 therefore the percentage change from this year is unavailable.

N/A - Not Applicable

Note 1 Funds to be Attributed includes the following where applicable: Extra Contractual Referrals (ECRs)/Out of Area Treatments (OATs), HSS Agencies, Voluntary Bodies, Other Expenditure, Primary Care (GPs), GMS and Pay Award and Committed Funds not Attributed.

Figures may not always add to the totals due to rounding

Average planned spend figures have been rounded to the nearest £10

Table 12 shows that the total planned expenditure in Programme of Care 6 is £182m which is a growth of 9.5% on last year's figure.

As with Mental Health, the focus in this Programme of Care is to resettle long stay patients from learning disability hospitals into the community. It is the aim that by March 2009 no children should be permanent residents in a learning disability hospital and by 2014 no learning disabled patient should have a hospital as a permanent address. To meet this target the rate of resettlement and discharge of patients has increased from 25 to 40 a year. This is reflected in the flow of funds in the table above. Hospital Services account for 19%, Community Services 10% and PSS 70%.

A new community-based, £3.5 million 8-bedded unit for children and adolescents was announced in February 2007 to meet part of this demand.

In 2007/08 the continued investment in Personal Social Services is reflected by increases in planned expenditure for Domiciliary Care of 7.7%, Nursing Home Care of 14.3% and Residential Home Care of 7.7%. All of which will aid the settlement of more learning disabled people into a community setting in line with the Bamford Review recommendations.

2.4.7 Programme of Care 7, Physical and Sensory Disability

Table 13: Planned Expenditure and Activity - Physical & Sensory Disability, 2007/08

	Planned Expenditure 2007/08	% Change in Expenditure	Activity	% Change in Activity	Average Planned Spend 2007/08
	£'000	2006/07 to 2007/08	2007/08	2006/07 to 2007/08	£
Hospital					
Wards/Facilities for treatment of Physical and Sensory Disability - Inpatient (BD)	8,658	-1.3%	30,914	-1.0%	280
Wards/Facilities for treatment of Physical and Sensory Disability - Outpatient (A)	3,321	8.3%	4,096	N/C	N/C
Total Hospital	11,979	1.2%			
Community					
Aids & Adaptations	4,279	3.1%	N/A*	N/A*	N/A*
Audiology (FFC)	206	60.9%	5,203	30.4%	40
Dietetics (FFC)	11	-13.2%	466	-6.8%	20
District Nursing (FFC)	1,176	0.8%	36,350	-2.4%	30
Health Visiting (FFC)	13	-8.0%	668	N/C*	20
Neurology eg Acquired Brain Injury or MS Patients treated outwith an Acute Hospital (BD)	550	12.1%	8,626	N/C*	60
Occupational Therapy (FFC)	4,210	14.9%	43,562	31.4%	100
Orthoptics (FFC)	2	19.9%	49	-2.0%	40
Other Specialist Nursing (FFC)	1,154	12.7%	10	N/C*	N/C*
Physiotherapy (FFC)	794	19.0%	22,417	-6.6%	40
Podiatry (FFC)	228	3.0%	9,062	13.8%	30
Speech & Language Therapy (FFC)	1,029	6.7%	18,580	28.0%	60
Technology Dependent Children	1,663	-4.6%	N/A*	N/A*	N/A*
Other Community	3,267	-8.0%	N/A*	N/A*	N/A*
Total Community	18,582	6.0%			
PSS					
Community Social Services	1,399	-25.8%	N/A*	N/A*	N/A*
Daycare (Social Services) (A)	6,610	14.1%	142,503	13.2%	50
Domiciliary Care (Hours)	17,161	8.6%	1,203,921	1.2%	10
Independent Free Nursing Care (BD)	94	-21.1%	6,583	-21.1%	10
Nursing Home Care (BD)	7,052	7.7%	109,953	-0.6%	60
Residential Home Care (BD)	4,014	18.9%	38,542	55.8%	100
Social Work (active caseload)	9,980	7.8%	8,618	36.7%	1,160
Other PSS	4,078	24.4%	N/A*	N/A*	N/A*
Total PSS	50,388	9.4%			
Funds to be Attributed (Note 1)	4,556	-0.6%			
Total Physical and Sensory Disability	85,505	6.5%	N/A*	N/A*	N/A*

Notes:

N/C* - Not Complete. Activity data was not complete for 2006/07 therefore the percentage change from this year is unavailable.

N/A - Not Applicable

Note 1 Funds to be Attributed includes the following where applicable: Extra Contractual Referrals (ECRs)/Out of Area Treatments (OATs), HSS Agencies, Voluntary Bodies, Other Expenditure, Primary Care (GPs), GMS and Pay Award and Committed Funds not Attributed.

Figures may not always add to the totals due to rounding

Average planned spend figures have been rounded to the nearest £10

As with Programmes of Care 5 and 6, the modernisation of services within Physical and Sensory Disability is focussed on a movement from a hospital setting

into a community based setting enabling people to live as independently as possible. This is reflected in Table 13 where it can be seen that 80% of expenditure occurs in Community and PSS lines.

The largest increases for individual services include Domiciliary Care (up £1.3m), Residential Care Homes (up £0.6m) and Occupational Therapy (up £0.5m).

The additional monies in Aids and Adaptations reflect the increasing need in these areas. More advanced equipment and technology continues to become available to meet the needs of people with a disability. The Regional Wheelchair Reform Group, which is due to report in March 2008, will consider future provision and identify areas for improvement in the current delivery of the service.

The Recommendations of Social Security Inspectorate's 'Challenge and Change' Report on services for adults with sensory impairment are also being considered with a view to improving outcomes for service users.

The Speech & Language Therapy Task Force will report by 31 January 2008 and will make recommendations for the improvement of provision. A lack of services and an inconsistency of service provision have led to complaints about Speech & Language Therapy for children. Increases in Speech & Language Therapy monies reflect the growing level of need and the higher level of expectation that improved communication skills will lead to better life outcomes for children.

2.4.8 Programme of Care 8, Health Promotion & Disease Prevention

Table 14: Planned Expenditure and Activity on Health Promotion and Disease Prevention, 2007/08

	Planned Expenditure 2007/08	% Change in Expenditure 2006/07 to 2007/08	Activity 2007/08	% Change in Activity 2006/07 to 2007/08	Average Planned Spend 2007/08
Community	£'000				£
Breast Screening	3,299	26.3%	N/A*	N/A*	N/A*
Cervical Screening	913	-6.3%	N/A*	N/A*	N/A*
Community Dental (FFC)	5,028	8.4%	95,299	27.2%	50
Family Planning (FFC)	2,649	11.1%	72,485	N/C*	40
Health Visiting (FFC)	12,096	6.9%	286,402	-2.7%	
Paediatric Medical	2,575	7.4%	N/C*	N/C*	N/C*
School Nursing (FFC)	4,071	4.5%	109,887	N/C*	40
Other Community	7,008	8.0%	N/A*	N/A*	N/A
Total Community	37,639	8.4%			
Funds to be Attributed (Note 1)	8,384	18.4%			
Total Health Promotion and Disease Prevention	46,023	10.1%	N/A	N/A*	N/A

Notes:

N/C* - Not Complete. Activity data was not complete for 2006/07 therefore the percentage change from this year is unavailable.

N/A - Not Applicable

Note 1 Funds to be Attributed includes the following where applicable: Extra Contractual Referrals (ECRs)/Out of Area Treatments (OATs), HSS Agencies, Voluntary Bodies, Other Expenditure, Primary Care (GPs), GMS and Pay Award and Committed Funds not Attributed.

Figures may not always add to the totals due to rounding

Promotion of a Healthy Lifestyle remains a key strategic direction for government as a healthier population has lifestyle benefits for individuals and allows resources to be targeted into other health related areas. Although still a relatively small PoC, the increase of 10.1%, compared to expenditure in SRF 2006/07, makes it the second highest area of growth in SRF 2007/08.

Breast Cancer Screening has grown by 26.3%, due partly to the upgrading of the Linenhall Street Centre and increased investment in the service.

DHSSPS has a public service agreement to stop the increase in levels of obesity in children by 2010. This is a joint target shared with Department of Education and Department of Culture, Arts and Leisure.

Table 14 shows that £8m is currently not attributed to services lines. This is the result of support to 13 Healthy Living Centres to provide intervention strategies in relation to Health provision.

In addition to the £46m of public health money that is represented in Table 14 there are additional funds spent in this area that are not included in SRF as they are funded directly by the Department. £14.7m was allocated at the start of 2007/08 by the Department on various Health Development initiatives including Tobacco Strategy and Suicide Awareness. An additional £4.8m was also allocated for work carried out by the Health Promotion Agency (HPA).

2.4.9 Programme of Care 9, Primary Health and Adult Community

Table 15: Planned Expenditure and Activity - Primary Health and Adult Community, 2007/08

Community	Planned Expenditure 2007/08 £'000	% Change in Planned Expenditure 2006/07 - 2007/08	Activity 2007/08	% Change in Activity 2007/08 - 2006/07	Average Planned Spend 2007/08 £
Audiology (FFC)	122	5.2%	1399	N/C*	90
Community Dental (FFC)	251	-9.2%	5,113	N/C*	50
Dietetics (FFC)	1,025	9.5%	18,177	N/C*	60
Directly Accessed by GPs- Diagnostic Services	26,152	8.8%	N/A*	N/A*	N/A*
Directly Accessed by GPs - Treatment Services	3,813	-19.7%	N/A*	N/A*	N/A*
District Nursing (FFC)	8,405	4.8%	243,883	10.9%	30
Health Visiting (FFC)	366	-12.6%	8,004	37.7%	50
Occupational Therapy (FFC)	638	42.5%	5,724	N/C*	N/C*
Orthoptics (FFC)	358	1284.5%	398	40.6%	N/C*
Physiotherapy (FFC)	5,318	18.9%	172,937	31.6%	30
Podiatry (FFC)	1,958	-1.0%	66,922	1.0%	30
Speech & Language Therapy (FFC)	315	6.9%	4,709	54.5%	70
Specialist Nurses- Macmillan Nursing (FFC)	175	-22.2%	736	N/C*	N/C*
Specialist Nurses- Other	2,214	3.2%	16,512	N/C*	130
Treatment Room Nurses (FFC)	7,533	5.6%	478,567	27.4%	20
Other Community	8,541	66.8%	N/A*	N/A*	N/A*
Total Community	67,184	11.3%			
PSS					
Other PSS	1,186	12.4%	N/A*	N/A*	N/A*
Total PSS	1,186	12.4%			
General Medical Services/Primary Care (GPs)	14,815	51.9%	N/A*	N/A*	N/A*
Voluntary Bodies	3,456	15.7%	N/A*	N/A*	N/A*
Funds to be Attributed (Note 1)	2,126	-43.9%	N/A*	N/A*	N/A*
Total Primary Health and Adult Community	88,767	13.9%	N/A	N/A	N/A

Notes:

FFC- Face to Face Contacts

N/C* - Not Complete. Activity data was not complete for 2006/07 therefore the percentage change from this year is unavailable.

N/A - Not Applicable

Note 1 Funds to be Attributed includes the following where applicable: Extra Contractual Referrals (ECRs)/Out of Area Treatments (OATs), HSS Agencies, Voluntary Bodies, Other Expenditure, Primary Care (GPs), GMS and Pay Award and Committed Funds not Attributed.

Figures may not always add to the totals due to rounding

Average planned spend figures have been rounded to the nearest £10.

Programme of Care 9 has experienced the largest percentage increase in planned commissioner funding in 2007/08 with a total rise of 13.9%. This equates to planned expenditure on this Programme of Care of £88.7m in 2007/08.

Table 15 shows a change in expenditure between the two services lines that are Directly Accessed by GPs. Treatment Services has dropped by 19.7% while expenditure on Diagnostic Services has grown by 8.8%. This is due to the reclassification of funds by the Royal Group of Hospitals and is simply a movement of monies between the two lines.

Orthoptics shows an increase of 1284% in expenditure and now totals £358,000. £332,000 of this is the result of increased funding in the Royal Group of Hospitals.

The Other Community line has grown by 67% to £8.5m. The legacy trusts of Causeway and Homefirst account for £2.2m of these additional funds. Money allocated in this line tends to reflect a range of services provided in a community setting that are not captured by any of the individual lines shown in the report.

Finally, Board funding for General Medical Services has increased by £5m since last year due to additional monies being made available for Integrated Care and Treatment Services (ICATS) and other Primary Care initiatives. Integrated care is an approach that seeks to combine and co-ordinate all the services required to meet the assessed needs of an individual. It requires the treatment, care and support to be person-centred and the service response to be needs-led and not limited by organisational practices. It demands collaborative working between agencies and service providers at each stage in the progress of the individual from treatment, through to rehabilitation and reintegration into the community.

2.4.10 Analysis of all Hospital Expenditure by Key Service

Table 16 and Table 17 show the total planned expenditure in hospitals for 2007/08. A comparison is given of change over the last two reports. The expenditure shown in these two tables covers inpatient, outpatient, daycase and daycare.

Table 16: Planned Hospital Expenditure for Acute Services, 2007/08

POC	Key Service Area	2007/08 £000	2006/07 £000	% Change 2006/07 to 2007/08	% Change 2005/06 to 2006/07
1	Accident and Emergency incl NIAS	107,738	100,399	7%	8%
1	Anaesthetics	69,792	61,659	13%	51%
1	Cardiac Surgery	8,826	7,940	11%	2%
1	Cardiology	58,542	58,464	0%	12%
1	Chemical pathology	43	37	16%	12%
1	Clinical Genetics	2,657	2,474	7%	13%
1	Dental Medicine Specialties	1,612	1,075	50%	25%
1	Dermatology	10,270	9,709	6%	-9%
1	Endocrinology & Gastroenterology	7,234	5,596	29%	21%
1	ENT	32,451	30,574	6%	7%
1	General Medicine	153,168	143,506	7%	9%
1	General Practice (Other)	1,193	1,149	4%	90%
1	General Surgery	136,686	131,843	4%	4%
1	Genito-Urinary Medicine	6,026	5,593	8%	26%
1	Haematology	19,534	19,285	1%	20%
1	Infectious Diseases	1,047	1,381	-24%	4%
1	Joint Consultant clinic	586	561	4%	-5%
1	Light Therapy Treatment	322	317	2%	20%
1	Medical & Clinical Oncology incl Chemotherapy/radiotherapy	46,257	44,572	8%	23%
1	Nephrology excluding Renal Dialysis	14,544	11,939	22%	1%
1	Renal Dialysis	26,430	24,627	7%	19%
1	Neurology including High Costs Drugs	13,756	13,289	4%	14%
1	Neurosurgery	11,192	9,982	12%	6%
1	Obs & Gyn (Gynaecology)	38,836	37,158	5%	7%
1	Ophthalmology	17,977	16,169	11%	-2%
1	Oral Surgery	5,655	5,356	6%	60%
1	Orthodontics	1,639	1,438	14%	-9%
1	Paediatric Dentistry	1,002	1,191	-16%	-22%
1	Paediatric Neurology	1,834	819	124%	-1%
1	Paediatric Surgery	7,298	8,089	-10%	21%
1	Paediatric Medicine	37,439	34,357	9%	7%
1	Pain Management	2,843	2,881	-1%	9%
1	Palliative Medicine	694	569	22%	6%
1	Plastic Surgery	11,460	11,197	2%	22%
1	Radiology	106	74	43%	59%
1	Rehabilitation	2,499	2,291	9%	3%
1	Restorative Dentistry	16	15	7%	0%
1	Rheumatology including High Cost Drugs	15,134	12,547	21%	28%
1	Thoracic Medicine	6,427	6,100	5%	9%
1	Thoracic Surgery	5,208	5,396	-3%	17%
1	Trauma and Orthopaedics	71,364	70,161	2%	2%
1	Urology	17,385	16,246	7%	9%
1	Other (Acute)	183	478	-62%	-93%
1	Not Allocated	298	847	-65%	-23%
1	Total Acute Spend	977,204	919,350	6%	10%

NB - See Section 2.2. of this report for detail on £10.15m funding withheld due to activity targets not being achieved.

From Table 16 it can be seen that Accident & Emergency and Northern Ireland Ambulance Service spend has increased by £7.3m on last year's figure. Further detail on this rise is provided in Table 3 of this report.

Planned spend on Anaesthetics and Pain Management, over all patient classifications has risen by 13% on last years' figure. This is an increase of £8.1m of which £2.7m relates to increases by the former Altnagelvin Trust, £2.9m at Sperrin Lakeland and a £1.3m increase in Belfast City Hospital. Altnagelvin and Sperrin Lakeland have corresponding increases in their planned activity whilst the increase at Belfast City Hospital is due to the reclassification of Coronary Care Unit spend.

General Surgery has grown by £4.8m and further analysis of this highlights that this is made up of a movement of funds into outpatients and daycases. This trend is further noted in General Medicine which has grown by £9.6m of which £2.8m is in the daycase patient classification.

The rate of growth on Renal Dialysis has slowed from 19% to 7%.

Paediatric Dentistry shows a drop in funds of £100,000 but this is due to data collection integrity improving as funds relating to Orthodontics were previously counted here. Paediatric Neurology shows a £1m increase and this is the result of growth at the Royal Group of Hospitals.

Rheumatology has grown by 21% on last year's figure. This is to ensure that by March 2008, all patients who were on the waiting list for biologic treatment for severe inflammatory arthritis at March 2006 will have been offered treatment. This has resulted in an increase in the number of patients receiving treatment with these high cost drugs, as well as an increase in the number of day case patients

as many patients on these drugs require admission to the day ward to have their treatment administered and monitored.

As mentioned previously, the drop in expenditure in relation to Thoracic Surgery is due to the redesign of services at the Royal Group of Hospitals.

Table 17: Planned Hospital Expenditure for Programmes of Care 2- 7, 2007/08

POC	Key Service Area	2007/08 £000	2006/07 £000	% Change 2006/07 to 2007/08	% Change 2005/06 to 2006/07
2	Obstetrics	63,987	61,380	4%	7%
4	Geriatric Medicine	80,232	80,046	0%	-2%
4	Old Age Psychiatry	21,891	18,298	20%	10%
5	Child and Adolescent Psychiatry	4,352	4,068	7%	-8%
5	Forensic Psychiatry	4,052	3,855	5%	7%
5	Mental Illness	79,992	77,496	3%	5%
5	Psychotherapy	384	389	-1%	6%
6	Learning Disability	34,266	32,322	6%	6%
7	Physical and Sensory Disability	11,979	11,840	1%	13%
	PoC 2 to PoC 7 Spend	301,135	289,694	4%	3%
	Total Acute and Hospital Spend	1,278,339	1,209,044	6%	8%

Table 17 highlights that Obstetric expenditure has risen by 4%. The average planned spend per birth in Northern Ireland is £2100. This is in part due to high levels of caesarean births in NI which are more expensive.

Mental Illness has grown £2.4m which is made up of additional funds in Inpatient and Outpatient classifications.

Old Age Psychiatry has undergone the biggest percentage growth of 20% or £3.6m, all of which relates to inpatients.

2.4.11 Analysis of all Community Health and Personal Social Services Expenditure by Key Service

Tables 18 and 19 following show the planned expenditure on Community Health and Personal Social Services for all programmes of care in 2007/08.

Table 18: Planned Community Health Expenditure, 2007/08

Community	2007/08	2006/07	% Change 06/07 to 07/08	% Change 05/06 to 06/07
Audiology	489	293	67%	231%
Dietetics	2,203	2,061	7%	23%
Occupational Therapy	18,819	17,741	6%	8%
Orthoptics	953	667	43%	-3%
Physiotherapy	11,514	9,991	15%	15%
Podiatry	8,740	8,344	5%	-1%
Speech & Language Therapy	12,668	11,681	8%	4%
Total Allied Health Professionals (AHPS)	55,386	50,778	9%	7%
Aids & Adaptations	12,543	11,939	5%	13%
Breast Screening	3,299	2,613	26%	4%
Cervical Screening	913	974	-6%	14%
Clinical Psychology	5,781	5,176	12%	N/C
Community Dental	8,736	8,428	4%	5%
Community Fieldwork Staff	41,555	37,829	10%	9%
Community Midwives	9,158	8,870	3%	5%
Community Nurses (Others)	5,753	5,356	7%	2%
Community Psychiatric Nursing	23,340	17,730	32%	12%
District Nursing	43,578	42,668	2%	8%
Directly Accessed by GPs - Diagnostic Services	26,152	24,032	9%	3%
Directly Accessed by GPs - Treatment Services	3,813	4,747	-20%	6%
Family Planning	2,649	2,385	11%	0%
Health Visiting	23,156	22,108	5%	6%
Learning Disability Nurses	3,905	3,242	20%	32%
Neurology eg Acquired Brain Injury	550	491	12%	N/C
Paediatric Medical	2,575	2,397	7%	-44%
Specialist Nurses - Macmillan	389	370	5%	0%
Specialist Nurses - Other	10,182	9,459	8%	66%
Technology Dependent Children	1,663	1,743	-5%	N/C
Treatment Room Nurses	8,521	8,100	5%	8%
School Nursing	4,108	3,931	5%	N/C
Other Community	56,473	43,238	31%	-15%
Total Community including AHPS	354,178	318,604	11%	9%

Table 18 shows the total growth in Allied Health Professionals (AHP) is £4.6m since 2006/07. All AHP service lines have received increased funding. In July 2007 it was announced that by March 2008 no patient should wait more than 26 weeks from referral to treatment in Physiotherapy, Occupational Therapy, Speech

and Language Therapy, Dietetics, Orthoptics and Podiatry and by March 2009 no patient should wait more than 13 weeks from referral to treatment. The data displayed above were collected prior to this announcement, but the table clearly shows the importance of growth in this area.

Treatment Services that are directly accessed by GPs at the Royal Group of Hospitals have seen a decrease of £0.9m over 06/07 levels towards a greater emphasis on Diagnostic Services that are also accessed directly by GPs.

The area of largest growth in Community Health expenditure is the 'Other Community' classification which increased £13.2m. This category contains a range of smaller community services, not large enough to be detailed separately eg Sure Start, Play Schemes. Other services that have seen an injection of funds this year are Community Psychiatric Nursing and Community Field Work Staff which are up £5.6m and £3.7m respectively.

Table 19: Planned PSS Expenditure, 2007/08

PSS	2007/08	2006/07	% Change 06/07 to 07/08	% Change 05/06 to 06/07
Community Social Services	11,781	15,355	-23%	-61%
Children's Homes	32,578	33,769	-4%	2%
Daycare (Social Services)	60,347	52,320	15%	0%
Domiciliary Care	144,453	135,389	7%	10%
Family Payments (adoption)	23,410	17,860	31%	0%
Independent Free Nursing Care	11,167	10,643	5%	40%
Nursing Home Care	156,764	147,397	6%	4%
Residential Home Care	115,334	107,649	7%	5%
Statutory Payments (fostering)	5,741	6,182	-7%	17%
Social Work	52,778	47,591	11%	7%
Social Work - Family Placements (adoption)	11,130	9,843	13%	9%
Other PSS	61,312	57,818	6%	-30%
Total PSS	686,795	641,816	7%	6%
Total Community and PSS	1,040,973	960,420	8%	7%

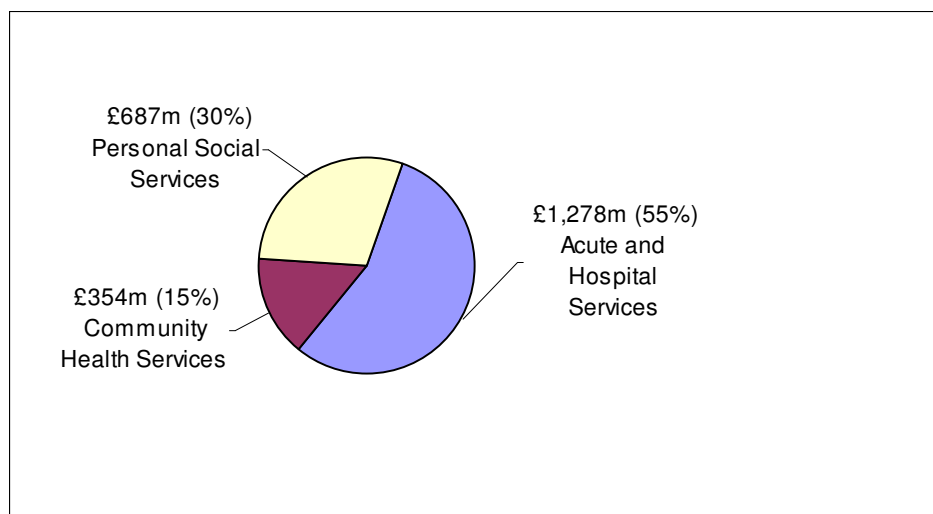
Personal Social Services has increased by £45m overall, of which £26m relates to growth in Domiciliary Care, Nursing Home Care and Residential Home Care.

The £3.6m decrease in planned expenditure for Community Social Services, reflected in Table 19 above, is due to a reclassification of expenditure by the former Sperrin Lakeland Trust. This expenditure is now categorised under Daycare (Social Services) which has seen a planned increase of £8m over 2006/07 levels. Community Social Services actually covers grant aid issued to clients in the Elderly, Mental Health, Learning Disability and Physical & Sensory Disability Programmes of Care.

When the total percentage increases for Hospital Services, Community and Personal Social Services are compared Community Health growth is up 11%, PSS growth is up 7% and Acute spend is up 6%. There is a general movement to community Health and this trend is reflected out in the figures above e.g. high growth in planned expenditure for community psychiatric nurses, community learning disability nurses etc

The chart below highlights the total expenditure split across Hospital, Community and Social Services.

Chart 5: Total Planned Hospital, Community and Personal Social Services Expenditure, 2007/08



3 **METHODOLOGY**

3.1 **General Methodology**

The aim has been to identify planned expenditure across Programmes of Care (PoCs), using PoC definitions. Further analysis within programmes has been facilitated by the identification of a number of key service areas that are considered relevant to each programme. The planned expenditure, planned activity and outcomes have been identified to geographical localities.

Data was collected for 28 localities in Northern Ireland although Belfast and Strabane underwent a further division to allow flexibility for any further changes in health structures that may take place. Results for these localities were then aggregated up to produce the original proposed new district council boundaries. The areas are likely to change, but are being used to facilitate a higher level geographical analysis than that provided by the current local government districts.

Further detail on localities is provided in the Strategic Resources Framework – Appendices 2007/08.

The allocation of expenditure to key service areas and localities has been carried out by using available information including the pattern of actual usage of various services in the past and any known planned usage in the future.

3.2 Data not captured in the process

The SRF currently excludes the following:

- Unattributed funds of £38m in 2007/08 regarding waiting list reforms, revenue consequences of capital schemes, Pay Protection, Prisoners medical costs and Young People's Services.
- Capital Charges - this includes cost of capital (£70m), which is the charge used to simulate the private sector need to borrow for investment and either repay interest on loans or supply dividends to share-holders. Also included in Capital Charges is depreciation (£104m).
- Direct running costs of DHSSPS (£42m)
- In year allocations issued to Boards. This covers any additional allocations made available to Boards part way through the year.
- Family Practitioner Services Funding planned for 2007/08 was £746m province wide. Ophthalmic, pharmaceutical, general dental and general medical services comprise this category of expenditure. However included in this figure is income in respect of Prescription and Dental Charges which are not included in the £3.7 billion total expenditure. It is expected that these funds will be included in next year's SRF publication.

3.3 The Process

The SRF was prepared by collating proformas completed by each of the Trusts and Boards. The proformas required the distribution of planned expenditure, and where feasible planned activity across PoC, key service area and locality.

The distribution of expenditure across localities was carried out using the best information available by Trusts. Some Trusts opted to use the results of a costing exercise that was undertaken in Spring 2007. This work attempted to reflect the higher costs of more complex work undertaken for geographical areas and therefore refine apportionment for the Acute specialties. It involved Trusts attaching 2005/06 Health Resource Group (HRG) costs to an 05/06 activity dataset and then determining the proportion of costs for each of the 28 geographical localities. As each HRG can be nested within a specialty this ensures that casemix is truly taken into account in the locality analysis.

Where necessary, Trusts took a pragmatic approach to the apportionment of expenditure and activity and considered the materiality of the expenditure involved in relation to the effort required to achieve a totally accurate split. This analysis and methodology will continue to be refined in future phases of the SRF.

The Trusts were supplied with a Central Postcode Directory that linked postcodes to localities. This directory was used only where it was not otherwise evident as to which locality expenditure could be attributed to. Hospital Trusts have used this method for apportionment before. Postcode records can be mapped accurately to local areas but where this is not available then estimates have to be made from other sources, such as number of births or population shares.

This is the second year that an analysis by Local Government District has taken place and it can take a few years for the consistency of new data to be fully established.

The split of expenditure across more than one locality was necessary in a number of instances, including:

- Where the Trust boundary did not match that of the locality
- Where a locality receives services from a number of Trusts, this should be taken into account in this analysis, and therefore all Trusts will have to cost services appropriately to ensure that costs are split to the right Trust, e.g. where an Acute hospital Trust provides services to a range of localities or even across Boards and is funded through Service and Budget Agreements (SBAs).

The attribution of expenditure was a two-stage process as follows:

- Funds made available in previous years were allocated to services and geographies by the Trusts using the provided guidance.
- New funds for the 2007/08 year were allocated across localities as agreed and in line with Board Health and Well being Investment Plans (HWIPs). Trusts engaged with the Commissioners to identify the appropriate locality for the expenditure.

The activity contained in the Report has been analysed to local populations based on activity within each locality. In order to encourage consistency guidance was issued and a workshop held with data providers in March 2007. Boards provided data via their Service and Budget Agreements as to levels of activity that they expect each Trust to provide for their residents in the 2007/08 year. These initial figures supplied by the Board (although subject to further refinement throughout 2007/08) were then used in the production of the SRF report. The 2007/08 Service and Budget Agreements require any 2006/07 in year recurrent funding and 2007/08 new monies that will be funded recurrently to be assigned to a Programme of Care with associated activity.

Certain elements of expenditure were not attributed to localities:

- i) **Northern Ireland Ambulance Service (NIAS)** is regarded as regional in nature and thereby serving all localities. Accident & Emergency (A&E) services are funded by the host Board and do not relate to the population of any particular locality.
- ii) **Centrally funded income**, which consists chiefly of undergraduate and post-graduate medical teaching and training, and research, which was considered as being for the benefit of all localities
- iii) **Commissioning Costs of HSS Boards**

3.4 Accuracy of Data Collected

The HPSS is a demand-responsive service meeting the needs of people that require its services. It is therefore difficult to predict the utilisation of the service, for example, greater numbers of older people may need admitted to hospital in a particular year if there is a particularly severe outbreak of flu. This should be borne in mind when reading planned activity and expenditure figures. At a local level, fluctuations in service usage will result from localised events. These changes are amplified because of the small population numbers involved and can make year on year figures appear varied. However at a Northern Ireland level, apart from the advent of a major Health event, service utilisation tends to be more stable due to the larger population numbers.

The need to use assumptions and estimates to achieve results in the process, impacts on the quality and consistency of the information. Some of the variation

in requirements from year to year can be accommodated through waiting lists but the result nevertheless is that the information cannot have the degree of accuracy that a retrospective analysis of actual expenditure provides. The SRF Group recognises this and will continue to work to refine the process and enhance the accuracy and consistency of results as far as possible.

Nonetheless, the Report provides a wealth of information on planned services and the expected costs, and the position in each locality within NI.

3.5 Outcomes

The outcome measures provided in Strategic Resources Framework - Appendices were supplied through the Department's Information and Analysis Directorate.

3.6 Future Developments

The priorities for the next few years are set out below:

- Enhance the quality and consistency of the information provided, with particular emphasis on activity data and the geographical split between local government districts.
- Refine costing of episodes across Hospital, Community and PSS settings. Accuracy of costings will impact on the accuracy of data collected and presented in future SRF documents.
- The inclusion of Family Practitioner Services
- The inclusion of any additional allocations made during the year which is not currently included in the framework and for which no activity is measured.

Given that there may be changes in Health Structures in the future, the immediate priority continues to be to ensure that boundary changes are reflected in the figures for future years.