



Department of
**Health, Social Services
and Public Safety**

www.dhsspsni.gov.uk

AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÄNNYSTRIE O

**Poustie, Resydënter Heisin
an Fowk Siccar**

RCM ANNUAL CONFERENCE

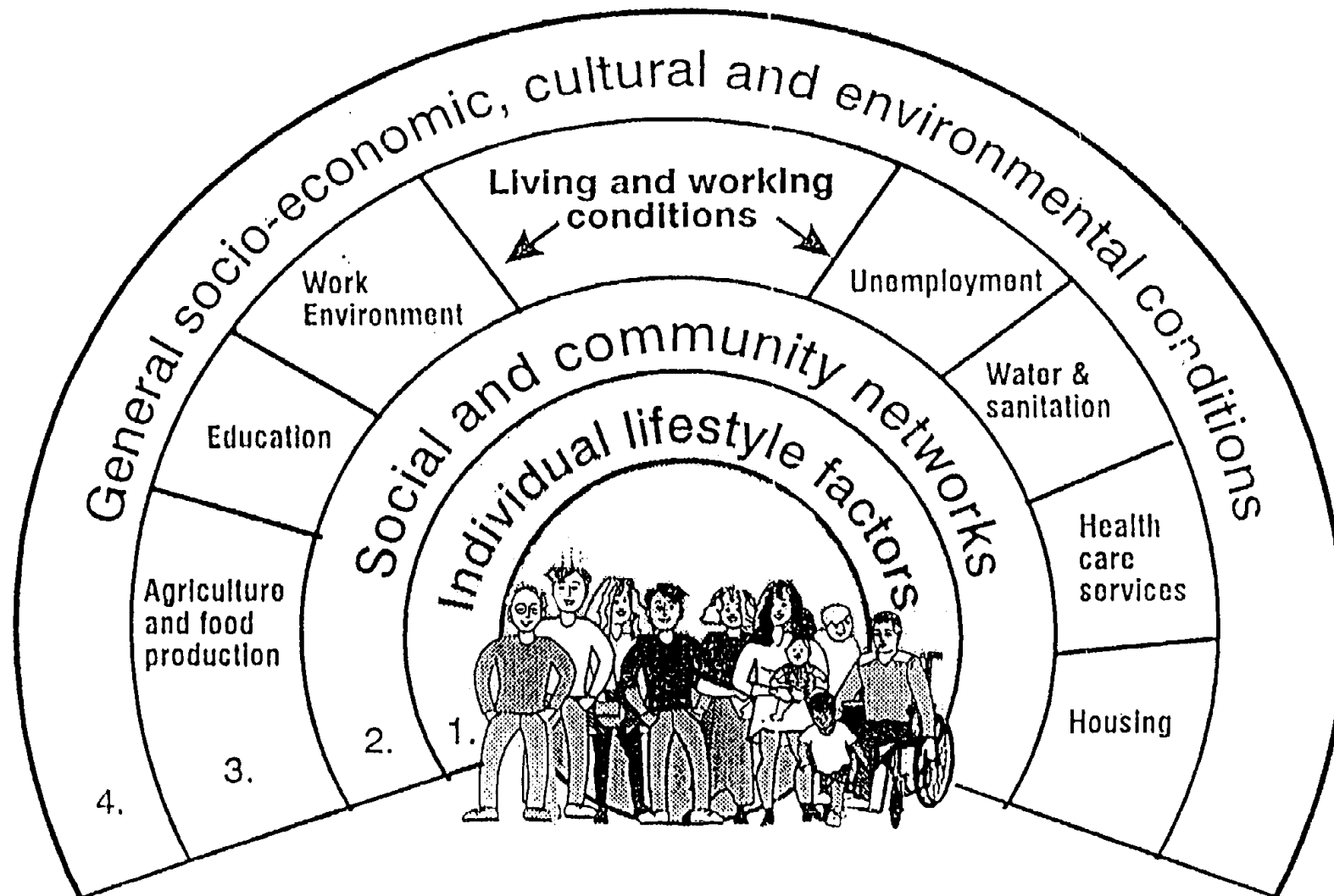
“WORKING EFFECTIVELY ACROSS HEALTH AND SOCIAL CARE”

26TH NOVEMBER 2009

VALUES

- Health is a fundamental human right;
- Policies should actively pursue equality of opportunity and promote social inclusion;
- Individuals and communities should be involved fully in decision making on matters relating to health;
- All citizens should have equal rights to health, and fair/equitable access to health services and health information according to their needs.

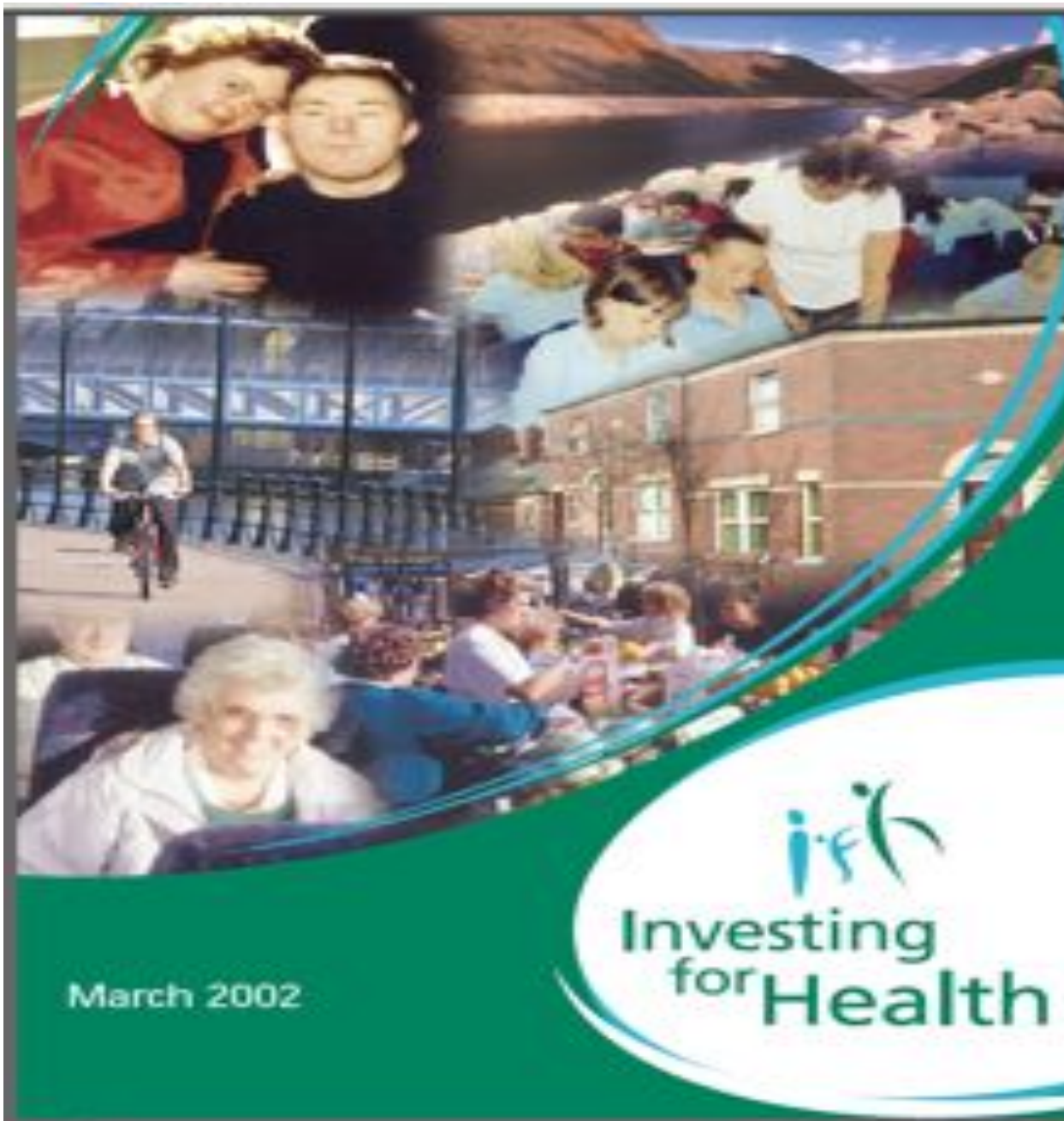
THE MAIN DETERMINANTS OF HEALTH



HEALTH AND SOCIAL DEVELOPMENT



Source: Whitehead.M (1995)



“A modern successful society must include major improvements in health. We recognise that we have to work across departments to improve health and tackle inequalities in health. Likewise, a good environment is essential for a good quality of life and health.”

Investing for Health, DHSSPS, 2002



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a healthier
future



a healthier future

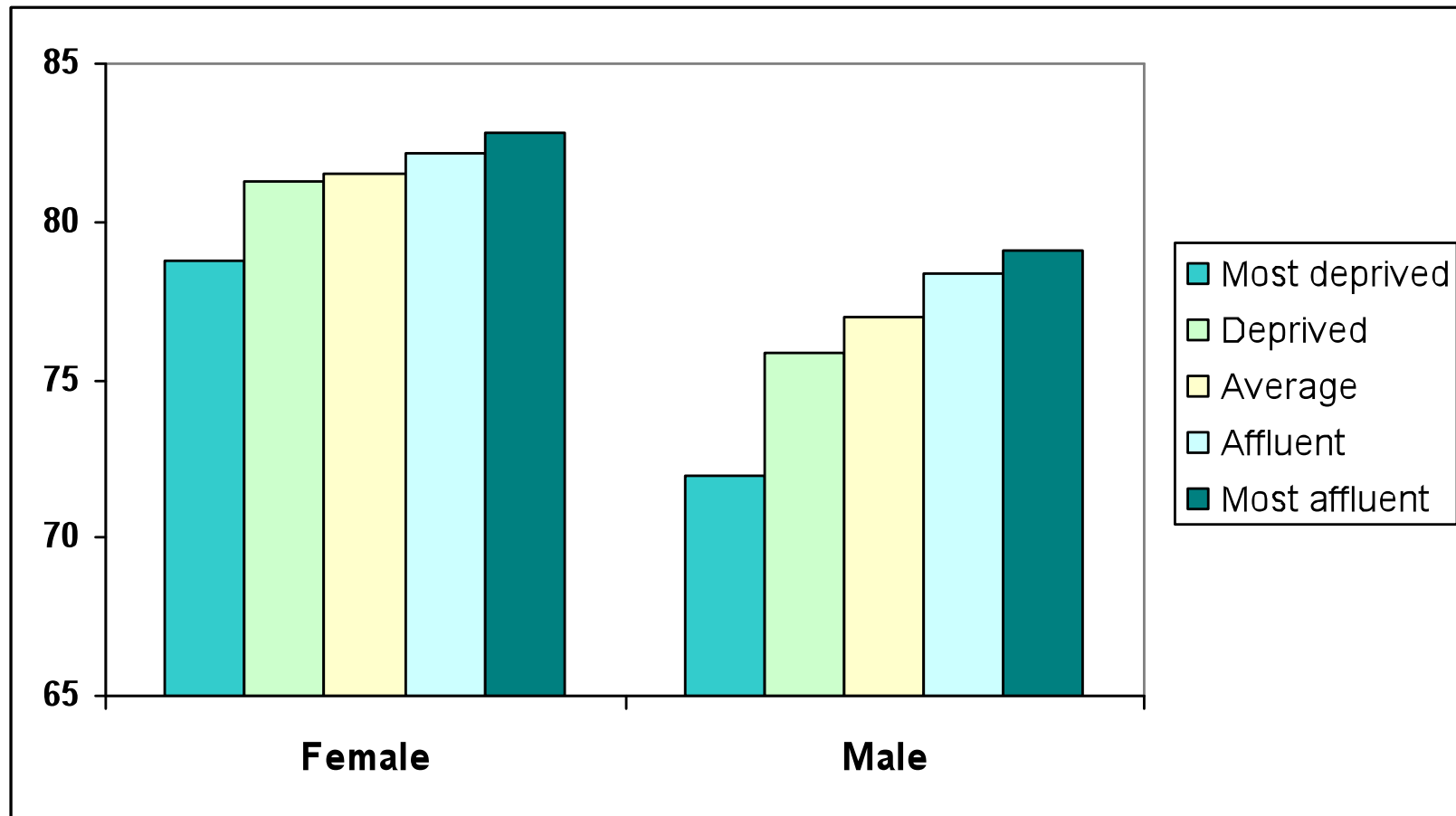
A Twenty Year Vision
for Health and Wellbeing
in Northern Ireland

2005 - 2025

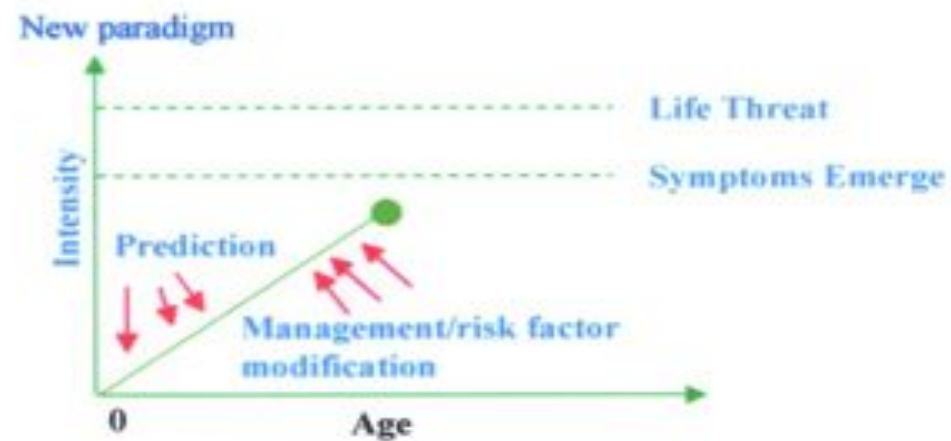
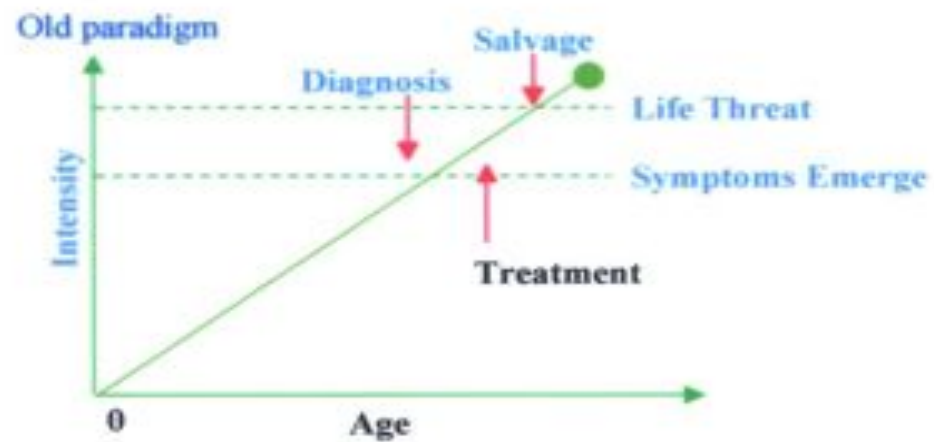
STRATEGIC THEMES

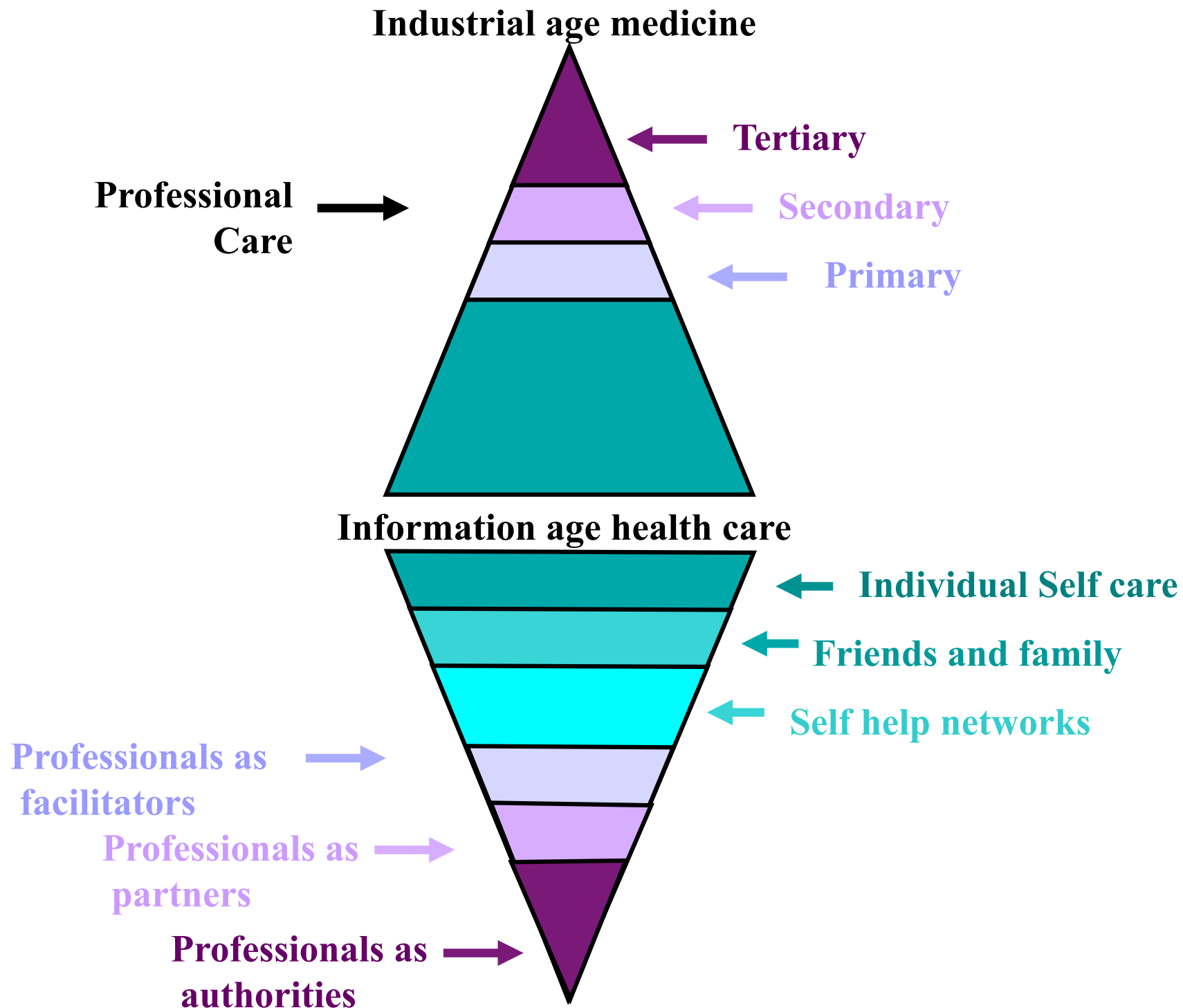
- Investing for health and wellbeing.
- Involving people.
- Teams which deliver.
- Responsive and integrated services.
- Improving quality.

Life Expectancy in Northern Ireland by deprivation (2006-08)



Old and new paradigms of chronic disease management





EVERYTHING IS ABOUT PATIENTS AND CLIENTS

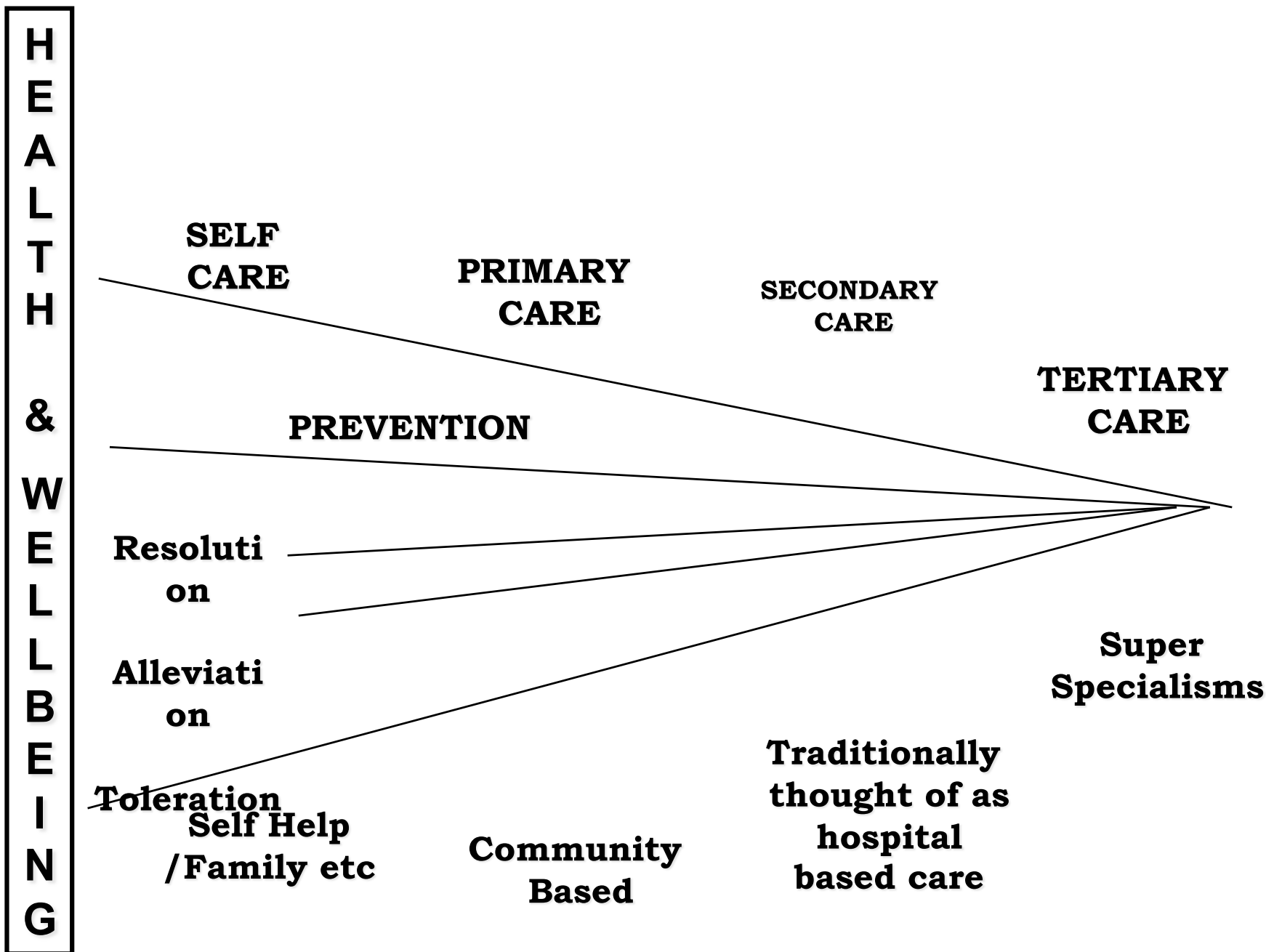
- People taking care of their own health.
- Better access to local primary care services.
- More people able to be looked after in the community.
- Shorter waiting times for hospital treatment.
- Safer and more effective treatment.
- Reliable child protection.

A CHANGING WORLD

- Hospitals are for the very sick
- Working conditions change
 - - in-hospital
 - - community
- 'Programmes' became more important than 'beds'
- Training will need to be further rethought
- Politicians have a job to do

A NEW WAY OF DELIVERING CARE

<u>Current View</u>		<u>Evolving Model</u>
Reactive Care	-	Preventative/ Anticipatory
Patient As Passive	-	Patient As Partner
Self Care Infrequent	-	Self Care Encouraged
Carers Undervalued	-	Carers Supported
Low Tech	-	High Tech



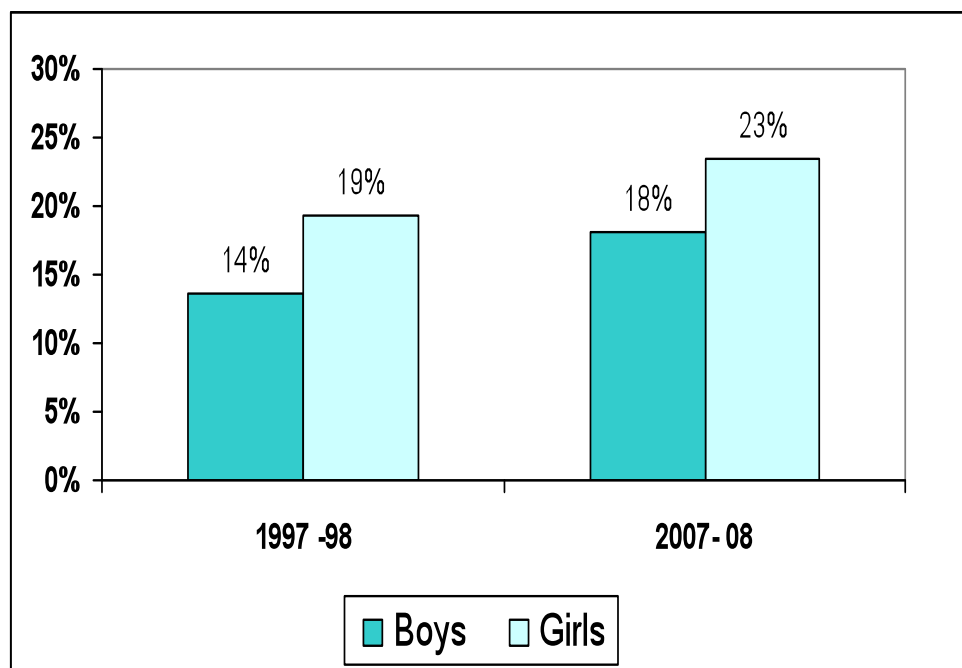
THE BURDEN OF DISEASE FOR TOP TEN LEADING CAUSES OF DALYs, IN MILLIONS, IN 2020, DEVELOPED REGIONS

Males			Females		
Disease or Injury	DALYs	Cum%	Disease or Injury	DALYs	Cum%
All Causes	95.1		All Causes	65.4	
1. Ischaemic heart disease	12.3	12.9	1. Unipolar major disorder	6.4	9.8
2. Cerebrovascular disease	5.6	18.8	2. Ischaemic heart disease	5.7	18.5
3. Trachea, bronchus & lung cancers	5.5	24.6	3. Cerebrovascular disease	4.3	25.1
4. Alcohol use	5.2	30.1	4. Osteoarthritis	3.4	30.3
5. Road Traffic Accidents	4.8	35.1	5. Dementia & other degenerative & other hereditary CNS disorders	3.4	35.5
6. Unipolar major disorder	3.4	38.7	6. Road traffic accidents	2.0	38.7
7. Chronic obstructive pulmonary disease	3.2	42.0	7. Chronic obstructive pulmonary disease	1.7	41.3
8. Self-inflicted injuries	2.9	45.1	8. Trachea, bronchus & lung cancers	1.7	44.0
9 Osteoarthritis	2.2	47.4	9. Breast cancer	1.7	46.6
10.Dementia & other degenerative & hereditary CNS disorders	2.1	49.6	10. Diabetes mellitus	1.4	48.7

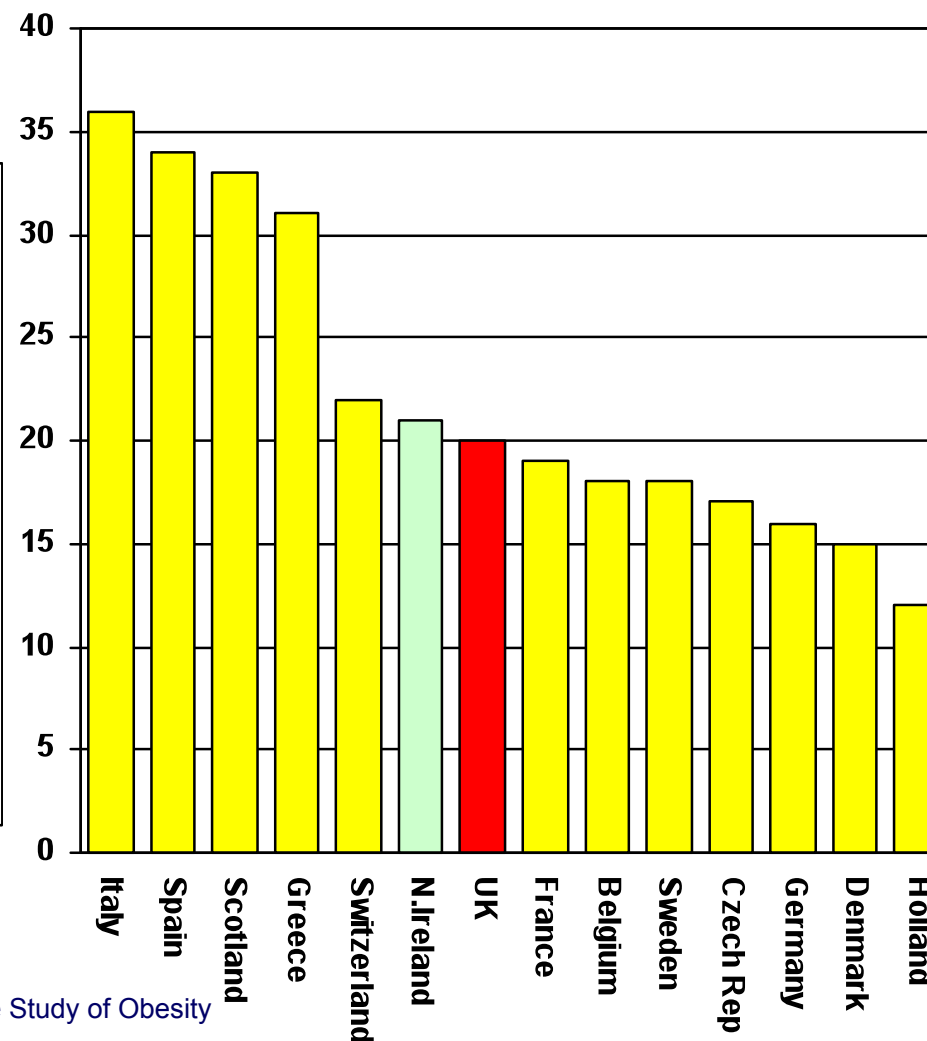
Source: Murray CJL & Lopez AD (1996) *Quantifying Global Health Risks: Estimates of the Burden of Disease and Attributable to Selected Risk Factors*. Cambridge, Mass: Harvard Press.

Child obesity rising in N.Ireland

% of 5 year olds in N. Ireland defined as overweight (inc obese)



% of children classed as overweight (inc obese) ages vary from 7 – 11 years (ex. NI)



Source: Child Health Systems - DHSSPSNI & International Association for the Study of Obesity

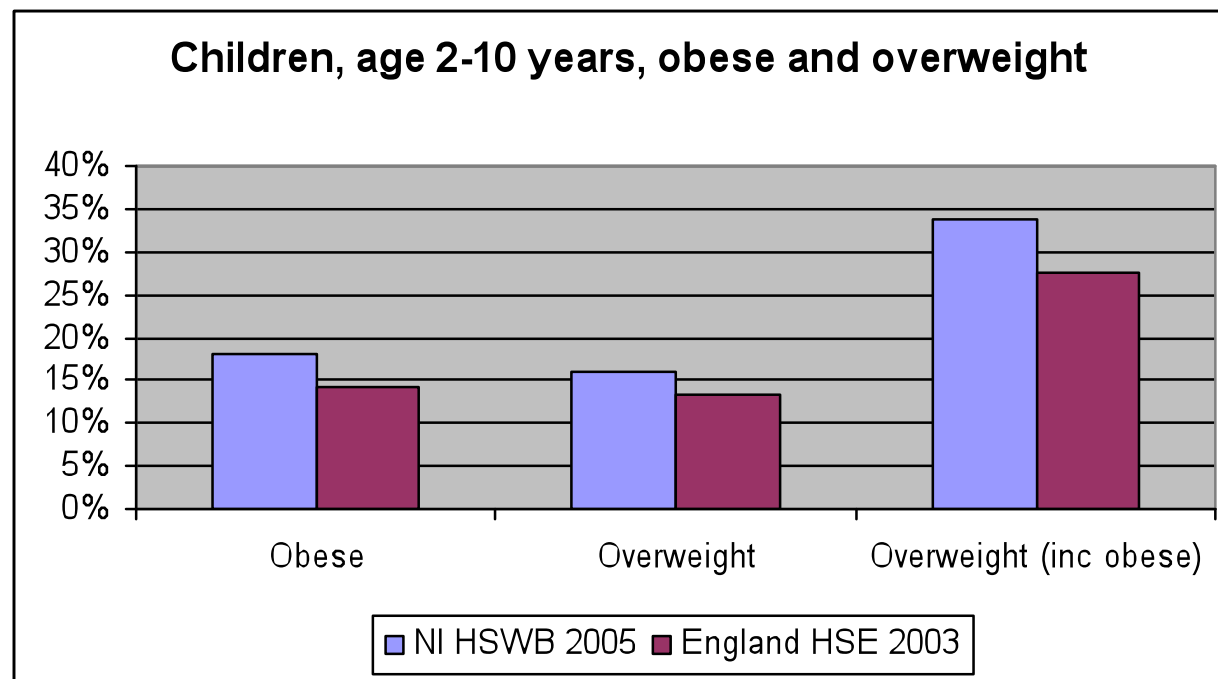
Note 1: Overweight includes obese and severely obese

Note 2: Northern Ireland data is for 5 year olds 1999-2000, other years and ages of children vary by country – from 1998 to 2001

Note 3: Overweight and obesity measured according to IOTF standard measurement

Comparing Northern Ireland and England Child Obesity

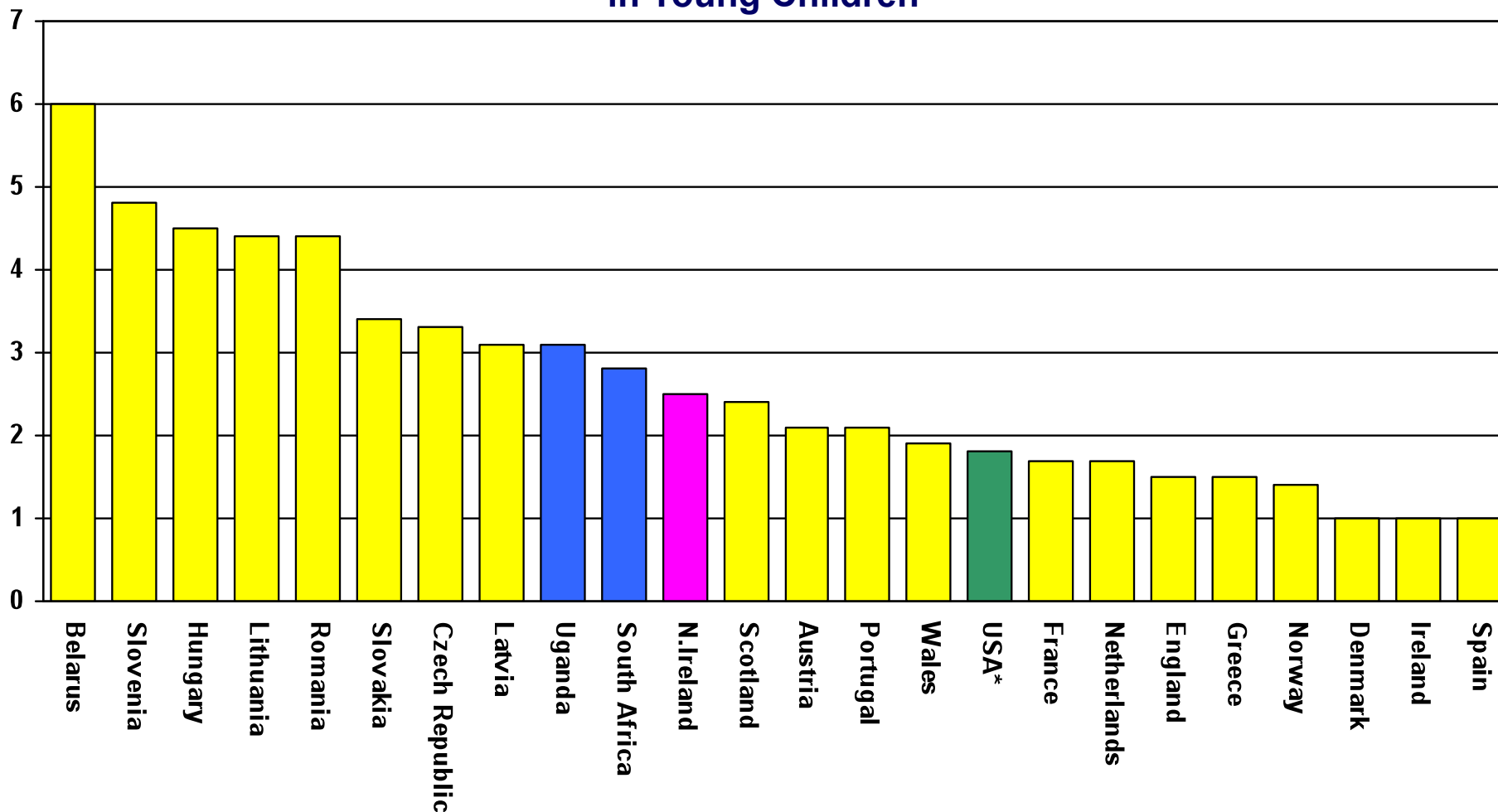
Data based on children aged 2-10 years and overweight and obese according to UK national percentile classification. NI data from Northern Ireland Health and Social Wellbeing survey 2005. English data from Health Survey England (2003) reported in 'Obesity among children under 11'



Using the UK National BMI percentile classification provides a reference point that is derived from information about the UK population. International comparisons are usually made using the International Standard because this reference data is considered more ethnically diverse.

And a relatively poor record in the dental health of young children

Estimated Average decay experience (Decayed, Missing and Filled Teeth)
in Young Children



Source: WHO/Childrens Dental Health/ National Dental Inspection Programme of Scotland

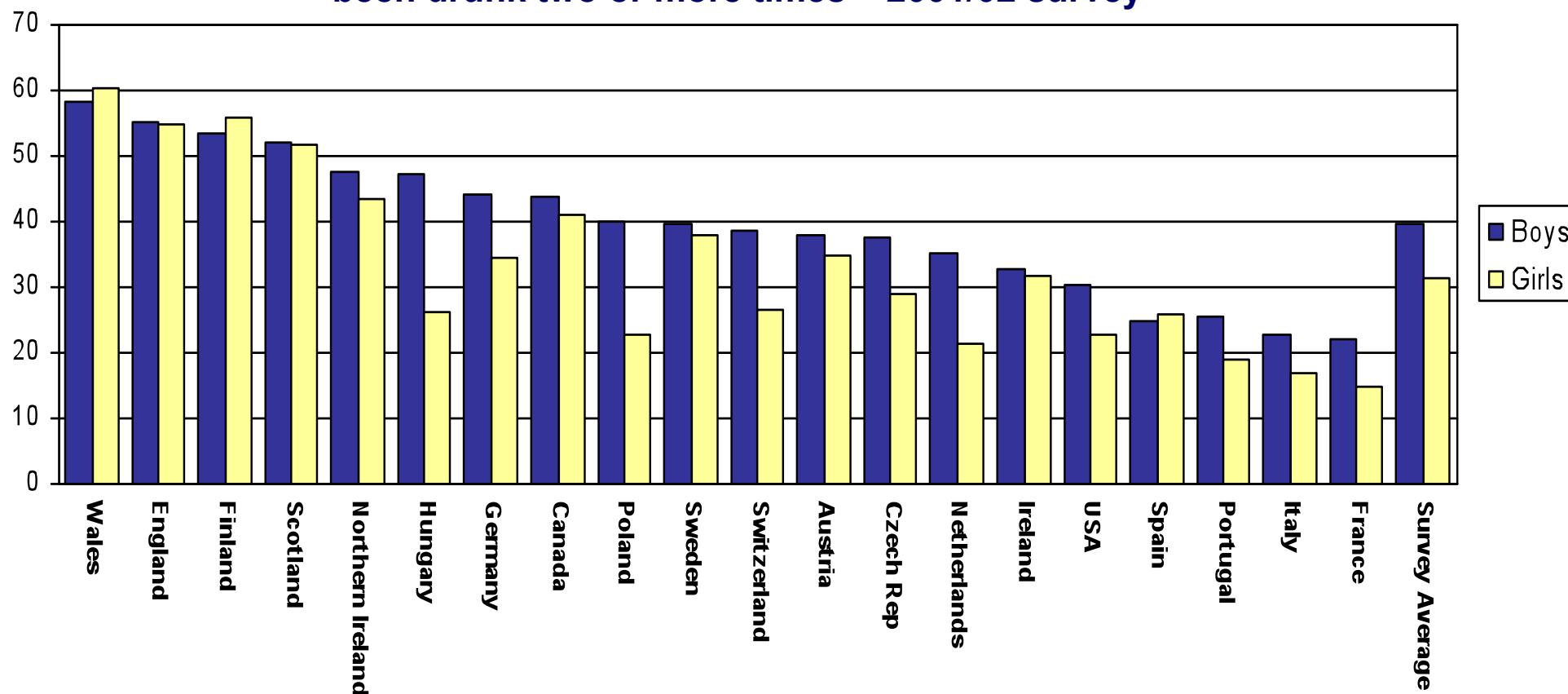
Source for Uganda, South Africa and USA: Global Oral Health CAPP.

Note: Age of children varies from 5-7

*Data for USA includes only Decayed and Filled Teeth

Along with rest of UK, high levels of young people drinking alcohol

Percentage of 15 year olds who reported as having been drunk two or more times – 2001/02 survey



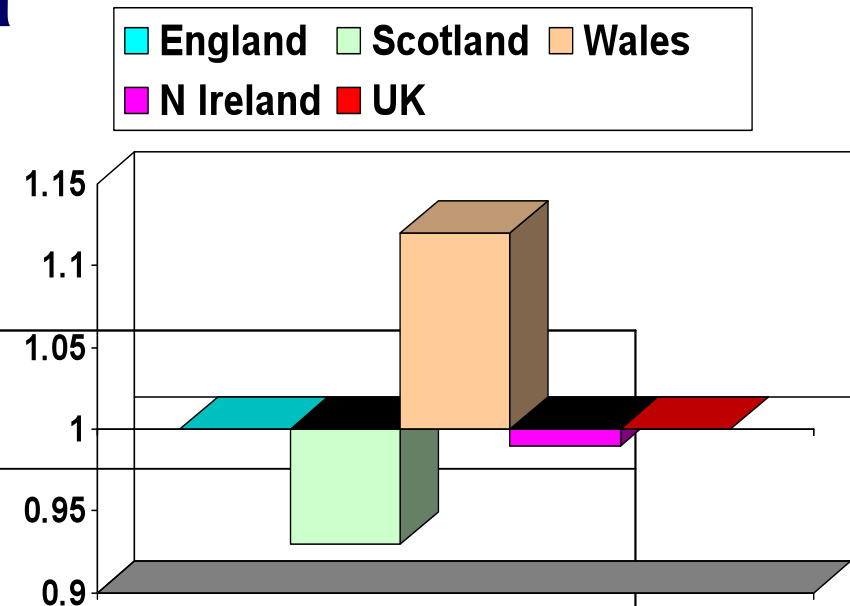
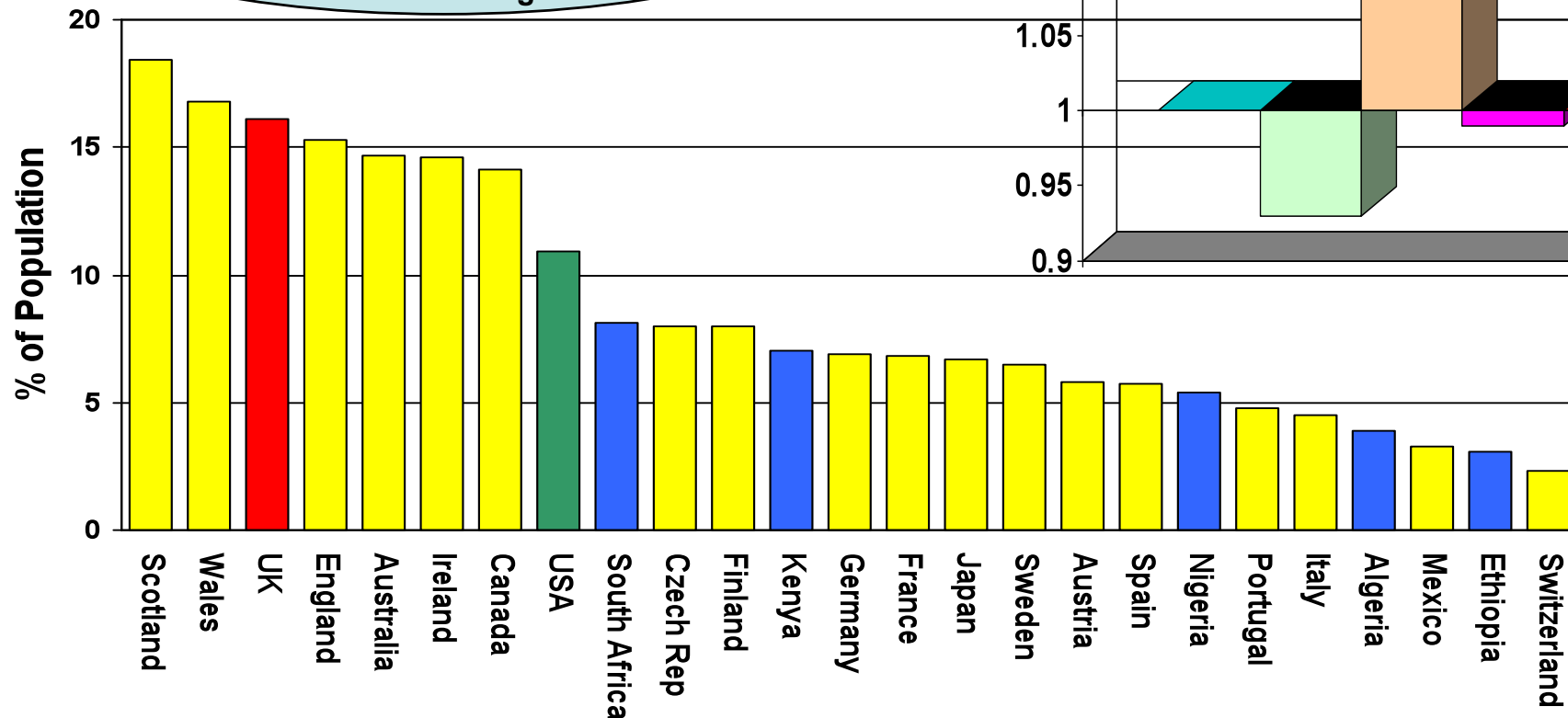
Source: Young People's Health in Context – World Health Organisation

Northern Ireland Source: Secondary Analysis of the 2003 Young Persons Behaviour and Attitudes Survey (2005).

The figure quoted for Northern Ireland represents the number of 15 year olds as a percentage of 15 year olds who had ever taken an alcohol drink.

Proportion of Population Suffering from Clinical Asthma

In an international context, the UK has a high level of asthma prevalence. NI prevalence is very slightly less than the UK average, with Scotland having the lowest prevalence and Wales the highest.



Source for Main Chart: Global Initiative for Asthma (GINA)

Source for Inset Chart: Quality & Outcomes Framework 2005/06, GMS Contract

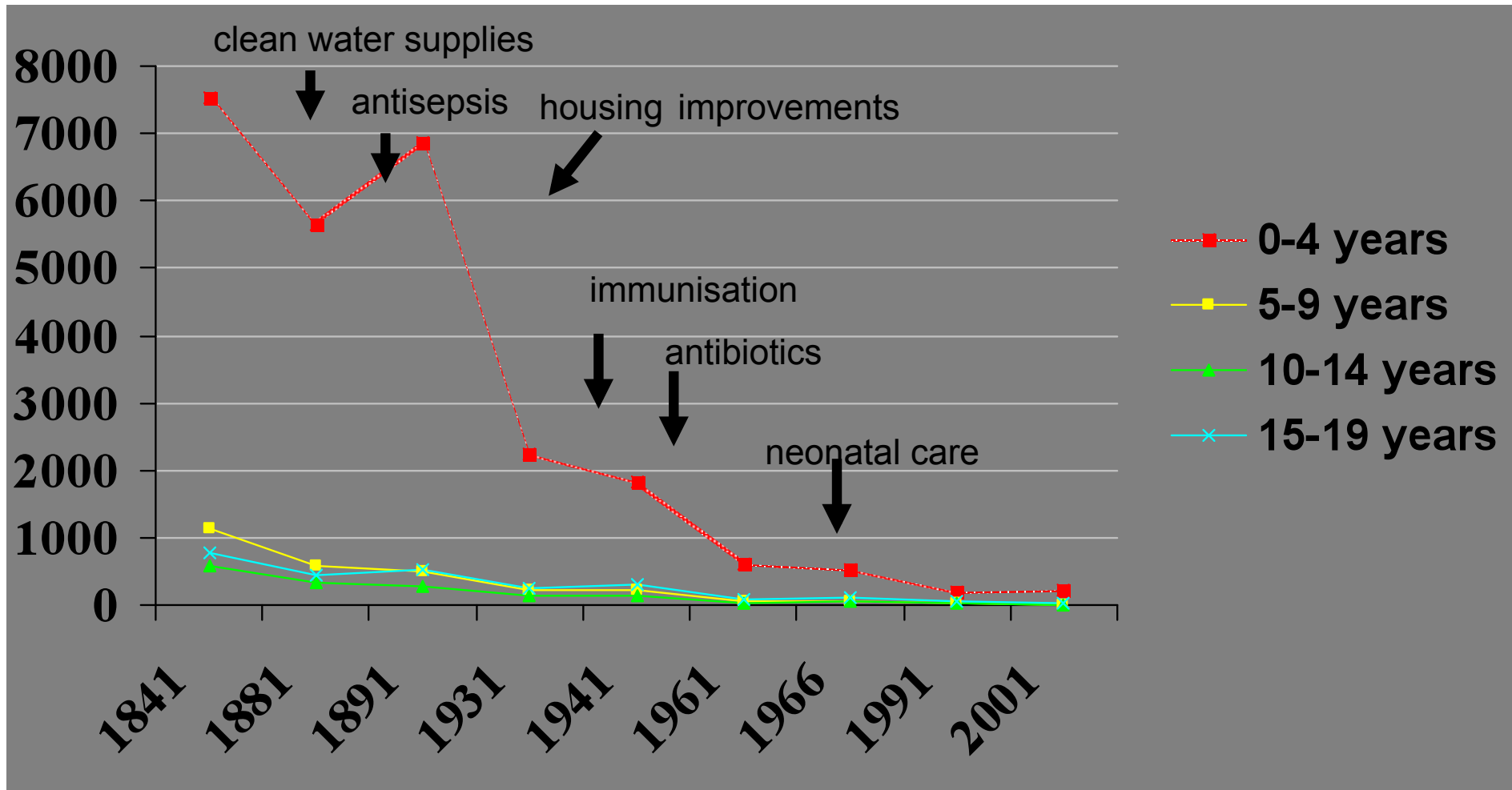
Notes for Main Chart: Figures derived from self-reported survey data on the prevalence of wheezing in the last 12-months for children and adults - subject to differences in classification between countries

Notes for Inset Chart: Index based around UK=1; based on prevalence rates of children and adults; excludes patients not prescribed asthma related drugs in the last 12 months

Child Health Promotion Programme for Northern Ireland

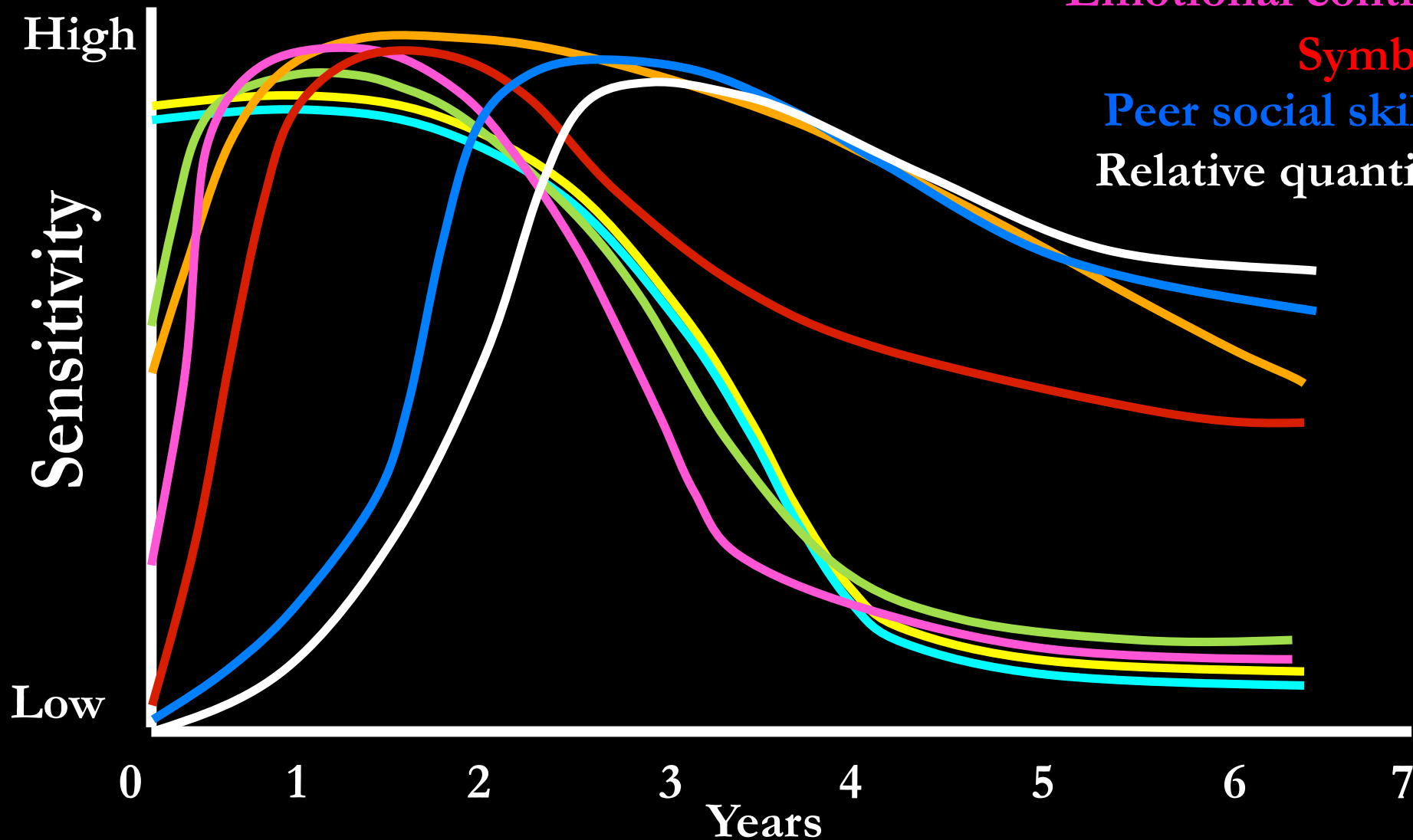
- A whole child model.
- A major emphasis on parenting support and positive parenting.
- Application of new information on neurological development and child development.
- Inclusion of changing public health priorities.
- Focus on vulnerable families.
- Emphasis on integrated services.
- Use of new technologies and scientific developments.

Mortality rates (male, per 100,000) 1841-2001

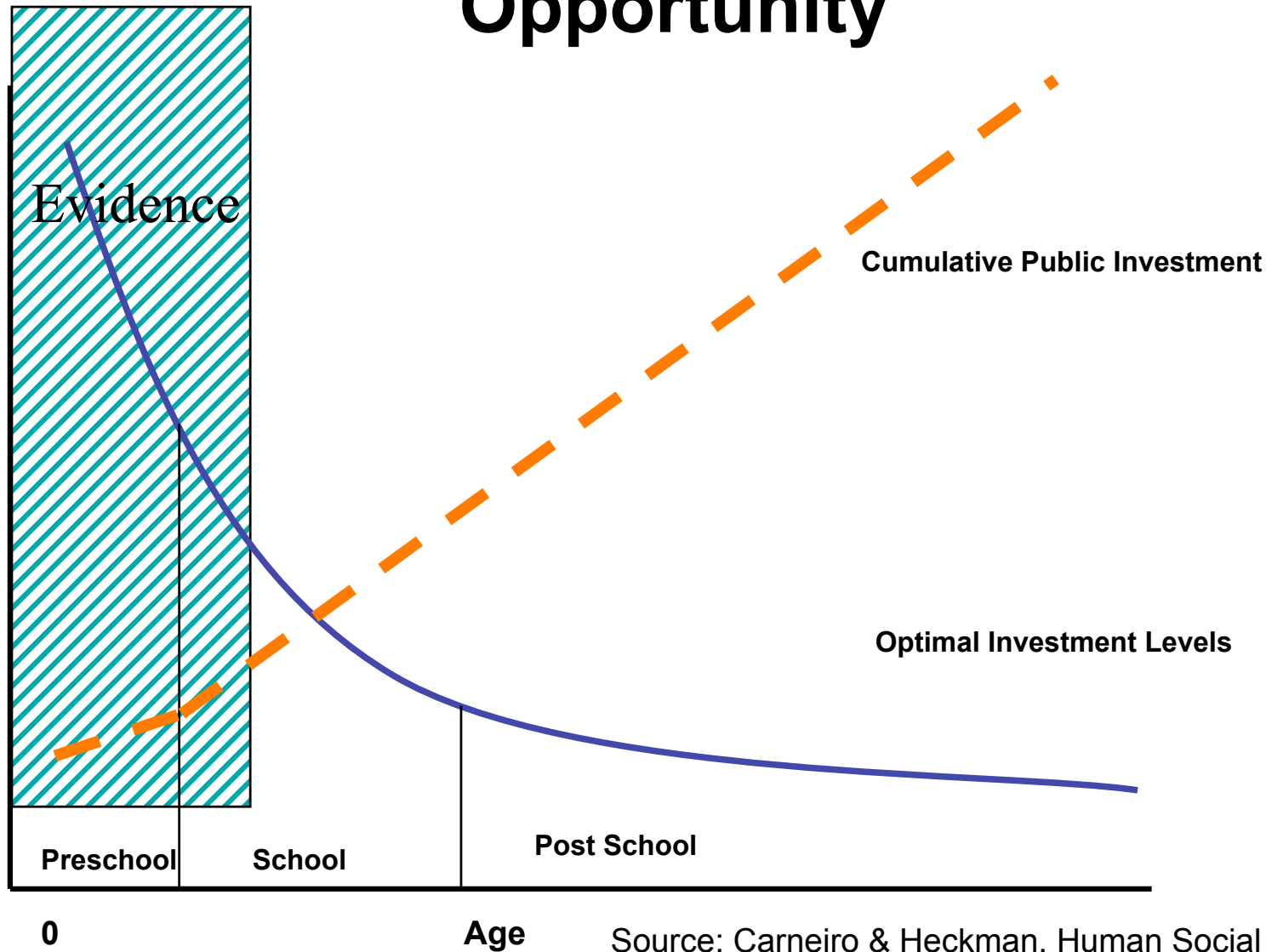


‘Sensitive periods’ in early
brain development

Binocular vision
Central auditory system
Habitual ways of responding
Language
Emotional control
Symbol
Peer social skills
Relative quantity



Mismatch between Investment and Opportunity



Source: Carneiro & Heckman, Human Social Policy (2003)

Unconi Thresholds

Level 1: Base population

Children 0-19 years, including children and families who may require occasional advice, support and/or information

Level 2: Children with additional needs

Vulnerable children who may be at risk of social exclusion

Level 3: Children in need

Children with complex needs that may be chronic and enduring

Level 4: Children with Complex and/or Acute Needs

Children in need of rehabilitation; children with critical and/or high risk needs; children in need of safeguarding (inc LAC); children with complex and enduring needs.

Characteristics of Successful Interventions

- Intensive approaches.
- Community Commitment
- Multidisciplinary approaches.
- Multifaceted interventions
- Settings.
- Needs assessment to inform intervention design.
- Culturally appropriate interventions.
- Importance of the agent delivering the intervention.
- Training of those delivering the intervention.
- Support materials.

Arblaster et al (1996)

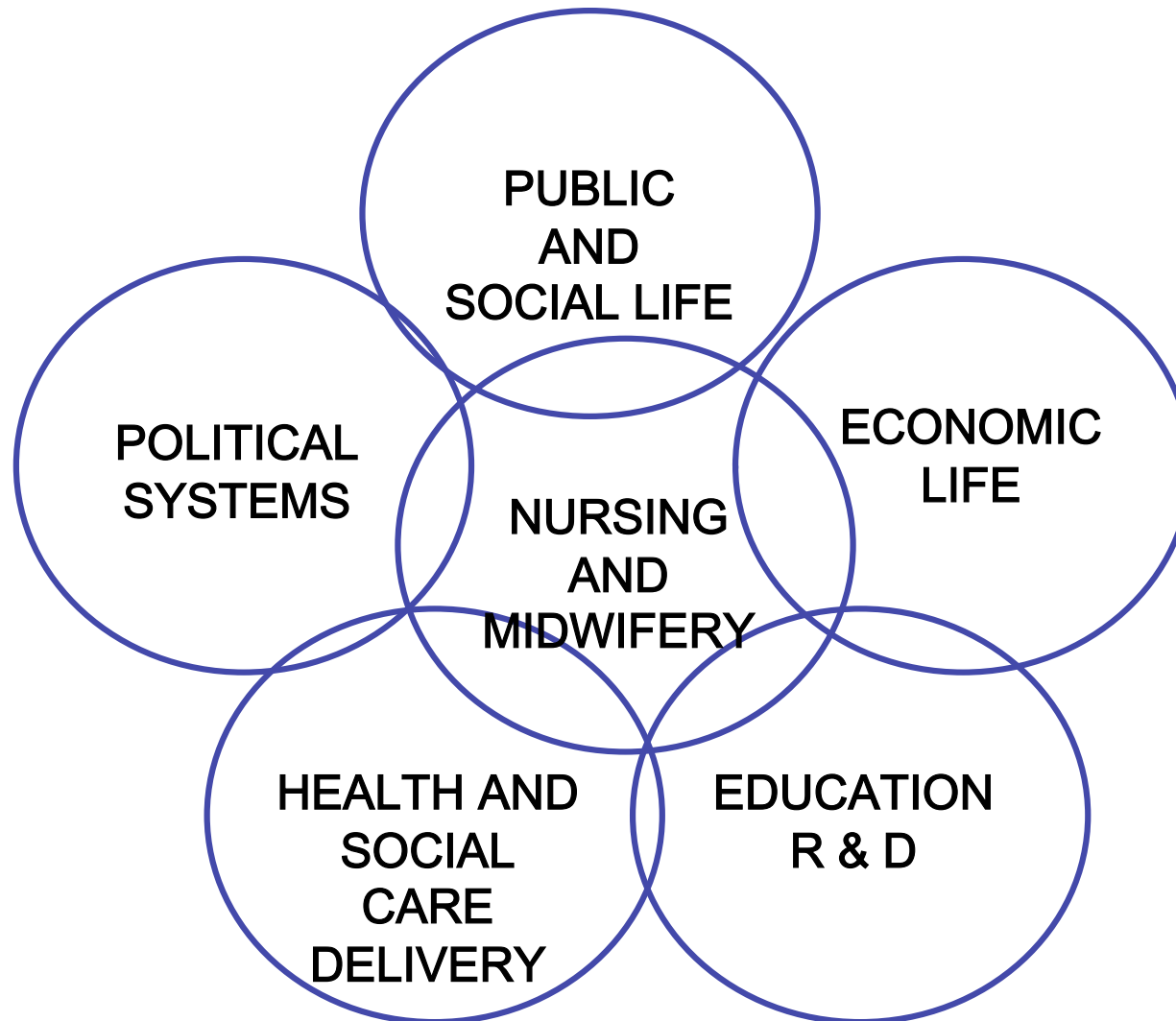


- “A small injection of professional skills can reach a long way when its combined with a network close to the community. Likewise a shot of advice from a community perspective can help shape a professional message into something that becomes ten times more powerful and accurately targeted.”
- Fieldgrass, J. (1992). Partnerships in Health Promotion: Collaboration between the Statutory and Voluntary Sectors. Health Education Authority.

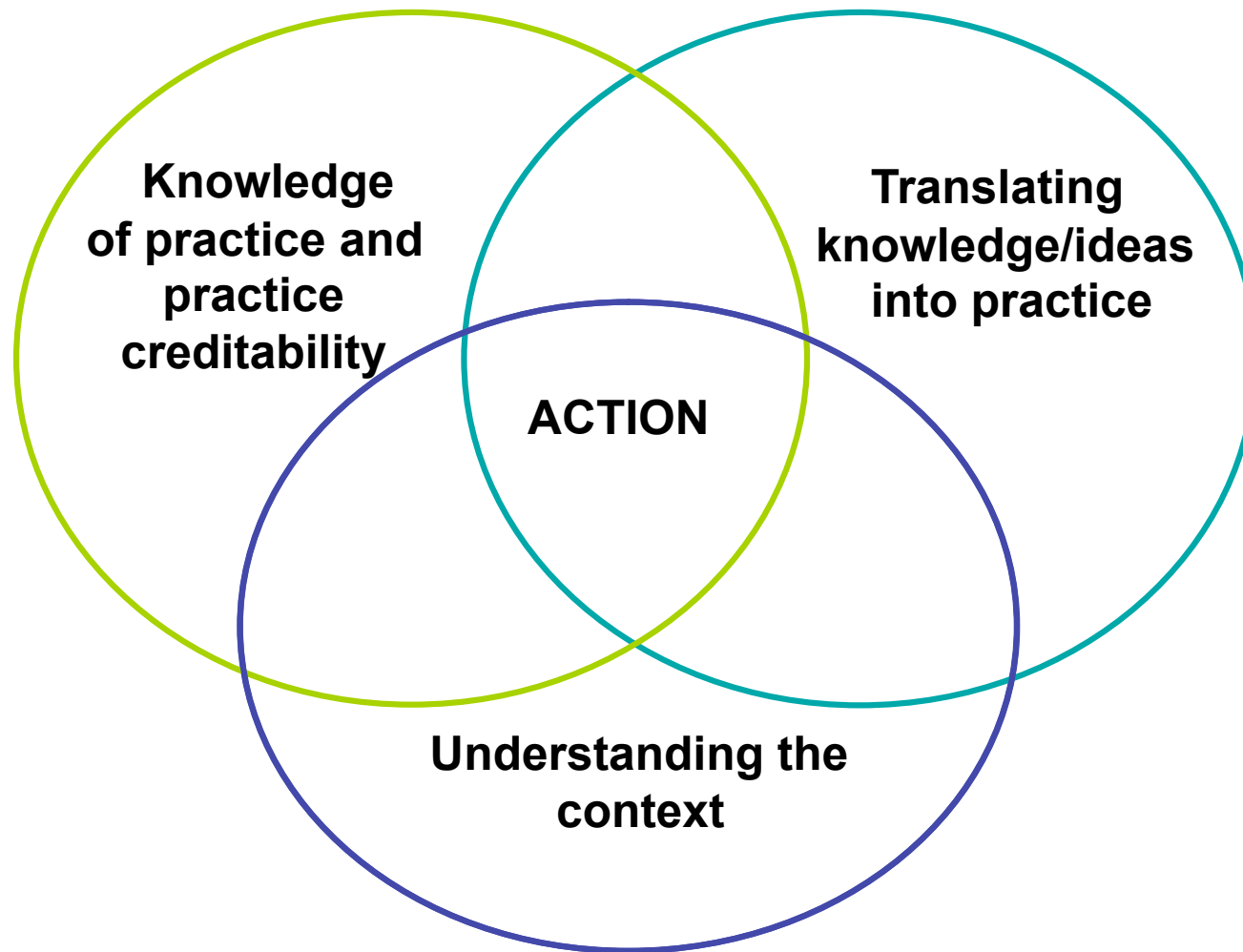
DOES NURSING/MIDWIFERY MAKE A DIFFERENCE?

- Presence – accessible at the right time
- Available to listen to the patient and client story
- Experience the patient journey
- Anticipation of need
- Holistic care

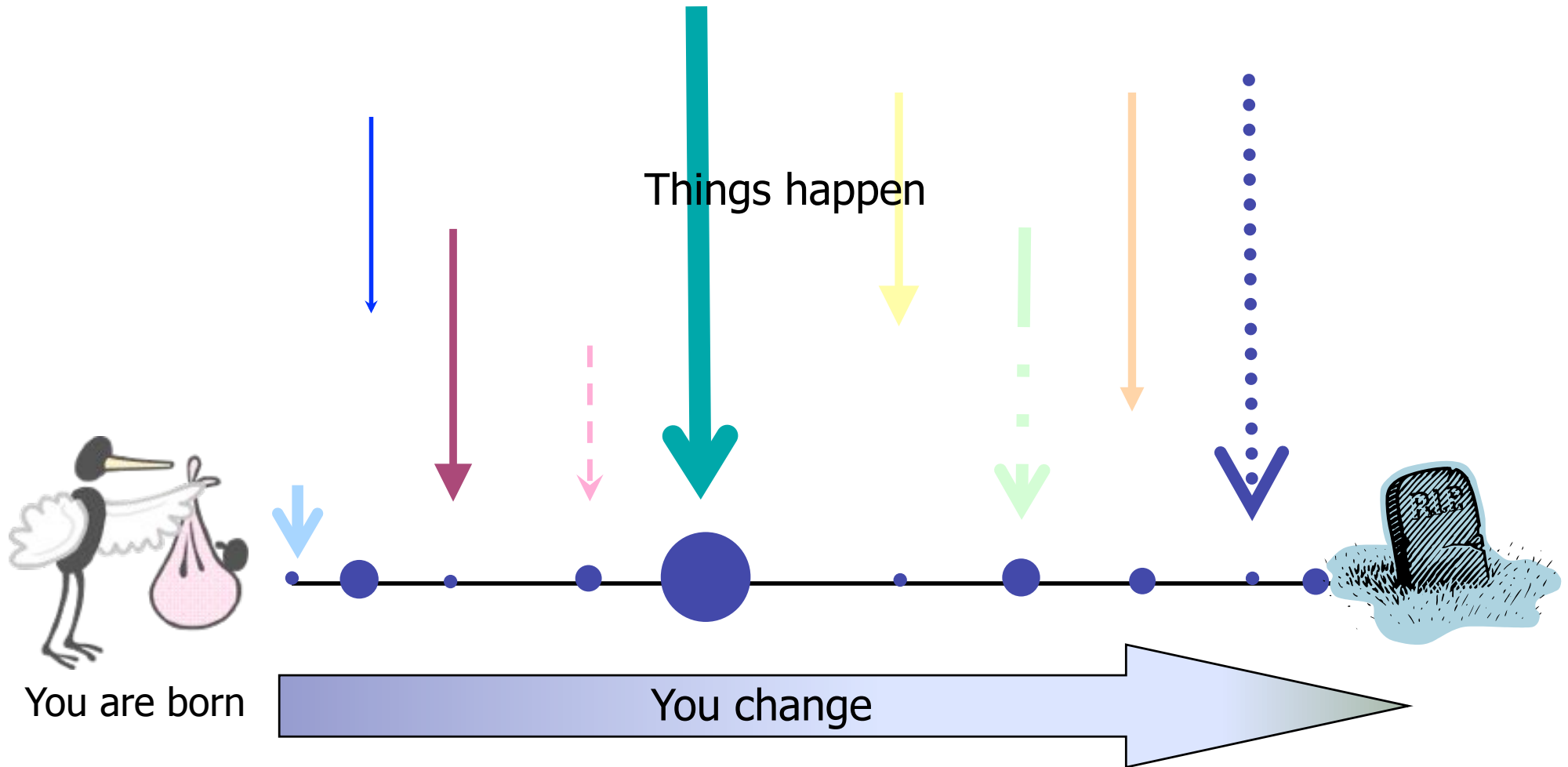
NURSING AND MIDWIFERY AS PART OF A POLITICAL AND SOCIAL SYSTEM



MAKING IT HAPPEN



The life course





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