

07 February 2025

Department of Health
Castle Buildings
Stormont
Belfast
Northern Ireland
BT4 3SQ

By email: draftbudget25-26response@health-ni.gov.uk

Dear Sir / Madam,

Re: Draft Budget 2025-26 Equality Impact Assessment

I am writing to you on behalf of the office of the Commissioner for Older People for Northern Ireland (COPNI) regarding the consultation on the Draft Budget 2025-26 Equality Impact Assessment (EQIA).

Six months ago, COPNI submitted a response to the department's 24-25 Budget EQIA in which concern was raised over the clear disproportionate impact of service cuts on older people.¹ Reviewing the present Budget EQIA, these worries have not ceased but increased. The department is projecting a funding gap of £400 million that may force Trusts "to propose measures with **high and catastrophic impact** on a range of services which would undoubtedly have direct patient consequences."² These measures will be added to those that were taken in the Budget last year, after a funding gap of £412.2 million was reported for the 24-25 period.³

¹ Commissioner for Older People for Northern Ireland (2024) [July 2024 COPNI response to DoH 2024 2025 Budget Equality Impact Assessment](#).

² Department of Health (2025) [Draft Budget 2025-26 - Equality Impact Assessment](#).

³ Additional funding was received in-year as part of the mini-budget by the department. However, this did not seem to be enough to cover the gap announced in the Budget EQIA. Campbell, J. (2024, July 1) [Stormont budget: Additional funding for Department of Health](#), BBC News, [Accessed 3rd February 2025].

The similarities between the present Budget document and that of the previous year are striking, but unsurprising, as they reflect the current dynamic of increasing demand for public services linked to demographic ageing, and a reduced capacity of public services to meet this demand due to budgetary constraints—also connected with an ageing population.⁴ For this reason, although COPNI is concerned with the immediate effects that the proposed service cuts will have for older people, it is even more worrisome to assess that this is not a temporary problem. This challenge of demand outpacing supply is likely to continue in the years to come, perhaps more intensely. Such prospect demands a cross-government coordinated response that, regrettably, this Budget document demonstrates that is yet to be achieved.

Impact on older people

Demographic ageing was at the heart of the concerns and analyses of the Bengoa report, and the need to transform health and social care is driven primarily by the ageing of the population.⁵ Older people experience the most complex health needs, and the number of people that experience health issues increases with age (see Figure 1). The total number of people older than 65 will increase by 51% by 2050,⁶ and with the current rate of population ageing, the number and proportion of people experiencing complex health issues will also increase. For instance, the number of people living with dementia will treble within the next three decades,⁷ and the cost of dementia care will rise accordingly.⁸ This is likely to continue to put the system under a lot of pressure.

⁴ An analysis of the consequences of demographic ageing on service demand and on funding and budgetary constraints is available in COPNI's 2024 report [At the Centre of Government Planning. The Programme for Government and preparing for an ageing population.](#)

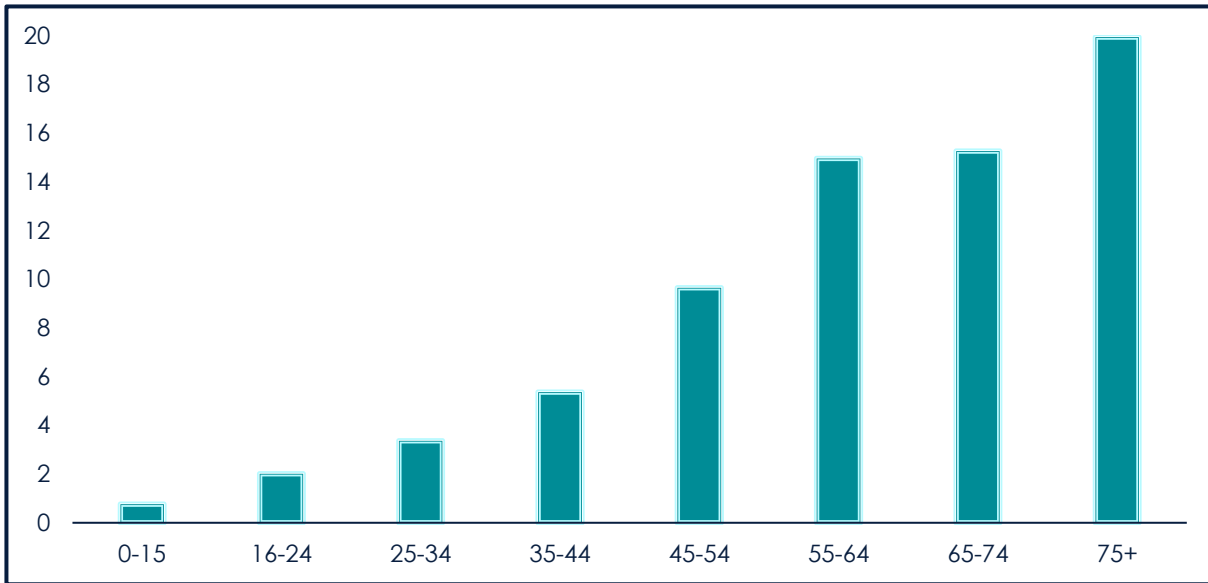
⁵ Department of Health (2016) [Systems, not structures - Changing health and social care - Full Report.](#)

⁶ Calculation based on NISRA [2022-based Population Projections for Northern Ireland.](#)

⁷ The number of people living with dementia in Northern Ireland is expected to treble by 2051, according to The Bamford Centre, Ulster University (n.d.) [DFC – Dementia Friendly Communities.](#) [Accessed 3rd February 2025].

⁸ The cost of dementia care in Northern Ireland is expected to treble between 2019 and 2040. See Wittenberg, R., Hu, B., Barraza-Araiza, L., Rehill, A. (2019) [Projections of older people with dementia and costs of dementia care in the United Kingdom, 2019–2040.](#) Care Policy and Evaluation Centre, London School of Economics and Political Science.

FIGURE 1. Percentage of people that reports ‘bad or very bad health’ by age⁹



In a recently published report, COPNI has warned that without adequate preparation for the challenges of demographic ageing, older people will be the first ones to experience the consequences of reduced capacity of public services to meet the demands for health services of the population.¹⁰ This has been clearly demonstrated by the department’s budgets across the past few years, which implemented savings measures that affect older people disproportionately.

In the response to the 2024/25 Budget consultation, COPNI pointed out that all the department’s proposed savings measures relating to service delivery affected older people.¹¹ As the consultation document acknowledged, older people were sometimes affected by these measures due to the fact that they are high service users. However, other savings measures affected older people almost exclusively, namely:¹²

- Reduction in payments for support services provided by the Community and Voluntary Sector
- Reductions in vaccination programmes
- Reduction of domiciliary care packages

⁹ Calculation based on NISRA Census 2021 ([Health in General - 3 Categories by Age - 8 Categories](#)).

¹⁰ Commissioner for Older People for Northern Ireland (2024) [At the Centre of Government Planning. The Programme for Government and preparing for an ageing population.](#)

¹¹ Commissioner for Older People for Northern Ireland (2024) [July 2024. COPNI response to DoH 2024 2025 Budget Equality Impact Assessment.](#)

¹² Commissioner for Older People for Northern Ireland (2024) [July 2024. COPNI response to DoH 2024 2025 Budget Equality Impact Assessment.](#)

- Reduction of 500 independent sector care home beds¹³

In this year's budget, the tendency continues. Six savings measures that affect service delivery are proposed in the Budget EQIA, all of which affect older people. Some of them affect older people as high service users ("Reduction in payments for support services provided by the Community and Voluntary Sector", "A restriction in waiting list activity", "A reduction in staffing" and "A reduction of Hospital Beds"), and some of them affect older people almost exclusively, namely:

- Restriction of domiciliary care packages
- Reduction of independent sector care home beds

All this is added to a progressive and sustained reduction of services in the areas of health and social care that older people have already experienced in the past decade. For instance, the number of care packages for older people, the number of domiciliary care packages, or the number of older persons registered at statutory day care facilities are today lower than they were a decade ago (see Table 1 below). During this period, the population older than 65 grew by 20%.¹⁴ Therefore, the present budget continues the trend of reducing social care services for older people despite increasing demand. While the department has reduced services that directly impact older people and is planning to continue with this policy as a consequence of the budget limitations, it does not seem to aim for an investment strategy that benefits this age group. Among the capital spending described in the Budget EQIA, little or no attention is paid to the need for improving or expanding services for older people.¹⁵ Despite the fact that the current rise in demand for health services comes primarily from older age groups, it does not

¹³ The number of care home beds per 100 older people was 6.2 in 2008 and only 4.7 in 2022 (a 23% reduction in this period). From 2008 to 2018, 'the percentage increase in nursing beds was less than half of the increase in the population aged 65 years or over' (The Regulation and Quality Improvement Authority (RQIA) (2019) [Registered Nursing and Residential Homes and Beds Trend Report 2008 – 2018](#); page 23). This reduction has occurred despite a regular growth in the total number of care home beds. Therefore, this sudden reduction in care home beds, which will occur simultaneously to an increase in the number of older people, may contribute to a rapid and alarming reduction of available beds in the sector. See also The Regulation and Quality Improvement Authority (RQIA) (2023) [Census of Bed Availability in Registered Care Homes in Northern Ireland on 27 September 2023](#).

¹⁴ The number of older people in Northern Ireland grew from 286,394 in 2014 to 342,482 in 2023, which represents a 19.58% increase. Calculation based on NISRA [2023 Mid-year population estimates, All areas - Population by sex and age bands](#).

¹⁵ Among the most relevant investment projects, we can find the Mother and Children's Flagship Project (70.8 million) that will provide a new Regional Children's Hospital and a new Maternity Hospital; Contractual Commitments (79.2 million), which include projects such as the "Critical Care Building—Maternity Equipment", "Altnagelvin Phase 5.1 and Paediatrics unit", "New Children's homes at Glenmona", or "Midwife led unit at Antrim Area Hospital". Similarly, the New Projects that the Department would want to commence in the period 2025-26 include a proposal for a "Mother and Baby Unit" in Belfast and a new emergency Department at Altnagelvin Area Hospital. See Department of Health (2025) [Draft Budget 2025-26 - Equality Impact Assessment](#); pages 14-18.

seem that older people are a priority in the department's transformation plans (older people will benefit from some investment strategies, but only as high service users).

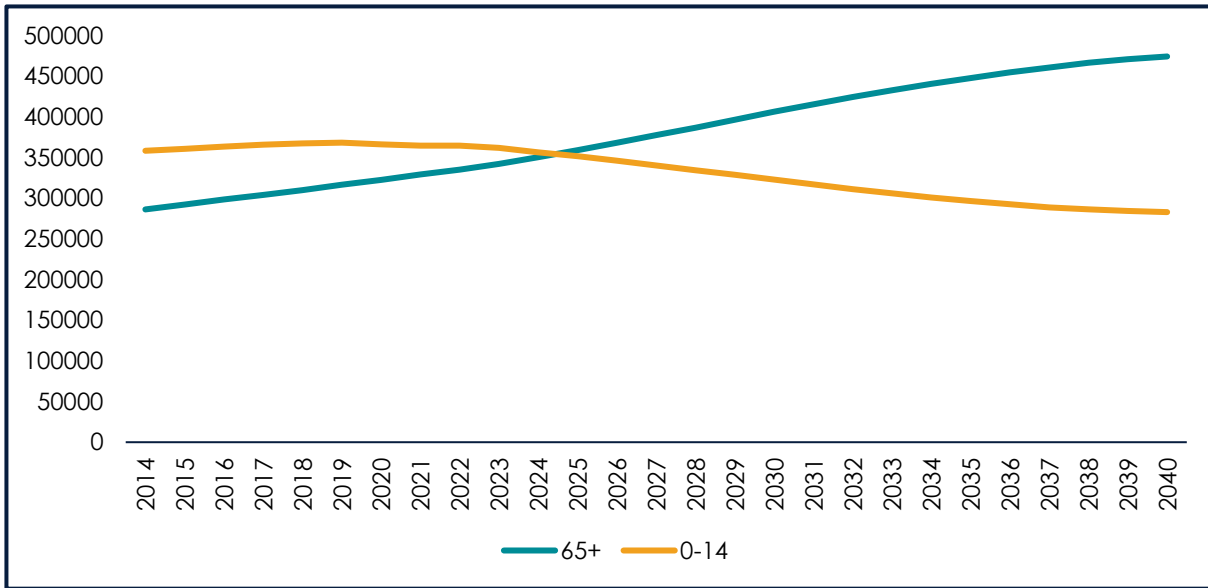
TABLE 1. Care Packages and Day Centres statistics (2014-2023)¹⁶

	Domiciliary care recipients	Care Packages in Elderly programme	Persons (65+) Registered at Statutory Day Centres
2014	24,189	9,977	2,527
2015	23,260	9,959	2,561
2016	23,873	10,077	2,581
2017	23,195	9,567	2,577
2018	23,409	9,519	2,568
2019	23,425	9,771	2,665
2020	21,491	9,358	1,912
2021	22,693	8,961	1,752
2022	22,575	9,057	1,771
2023	23,249	9,696	2,080

In recent years, the department's cuts have been primarily aimed at older people's services, while they seem to be excluded from relevant investment projects. This is concerning for COPNI because it puts older people at risk, but it also seems to be a questionable transformation strategy. Older people are high service users, and as our population continues to age, this should mean that the future of the health service should cater for this group of people, which will be more numerous and will require specific services. Instead, capital budget is allocated to areas that, although crucial and essential, will be less in demand.

¹⁶ Department of Health (2025) [Statistics on community care for adults in Northern Ireland 2023/24](#) and [Statistics on community care for adults in Northern Ireland 1998/99 to 2022/23](#).

FIGURE 2. Evolution of the population older than 65 and younger than 15¹⁷



It is not the intention of this office to criticise the department for providing services or making investments that benefit other age groups, or other section 75 groups instead of older people. This office is aware of independent reports that have assessed, for instance, the need to improve maternity services in Northern Ireland.¹⁸ Any improvement of health services that benefits any section of the population is welcomed by COPNI. However, what this office finds perplexing is the fact that older people, who will be the primary drivers of the growing service demand in the future, are excluded from capital spending but first in line when it comes to service cuts.

Transforming the system with less resources

The department has shown awareness over the past decade of the necessity to transform the health and social care system, due to an increasing demand for services and the prospect that the health system will have to operate under budgetary constraints. This was one of the three main aims of the Bengoa report (“Achieving better value by reducing the per capita cost of health care”),¹⁹ and this need for reform has often been repeated in the department’s documents. Considering this, it is concerning that the department seems to acknowledge in this Budget EQIA that the transformation of the system has not progressed sufficiently so far. Furthermore, it seems that the department’s

¹⁷ NISRA [2023 Mid-year population estimates, All areas - Population by sex and age bands](#) and NISRA [2022-based Population Projections for Northern Ireland](#).

¹⁸ Department of Health (2024) [‘Radical system-wide change needed in maternity services’ | Department of Health](#).

¹⁹ Department of Health (2016) [Systems, not structures - Changing health and social care - Full Report](#); page 40.

opinion is that the transformation of health and social care it is not achievable under the present conditions. Despite reform time pressures, the present Budget EQIA claims that the need for transformation clashes with the immediate demands for “stabilising the system”.

*Whilst we need to transform our HSC, and to be willing to think differently about how we deliver services to our citizens and how we innovate to ensure we can continue to meet growing needs with diminishing resources, **this is the work of years, and first we need to stabilise the system.***²⁰

This argument has been repeated in past year’s Budget (the quote above is reproduced in the Budget EQIAs of 2024-25 and 2025-26). COPNI does not question the financial difficulties that the department is experiencing, which are tangible and substantial. The budgetary challenges that all departments face is well-known, and these issues acutely impact the DoH, as the Department of Finance acknowledges in its own Budget document.²¹

However, the above quote seems to suggest that transformation will only be possible when the “stability” of the system is achieved. This is concerning, since under the current financial environment, it seems unlikely that stability—if it involves a radical shift in budgetary prospects—will be ever achieved.

With the current rate of population ageing, increasing demand for health services and tight budgets, the difficulties that have been present in the Budgets 2023-24, 2024-25 and 2025-26 will not cease in following years. If anything, they are likely to increase. Therefore, transformation is urgent and should not be deferred. Waiting for the “right moment” or the “stabilisation” of the system seems at this point illusory.

Planning and cross-government cooperation

COPNI’s greatest concern with the present Budget EQIA is that it indicates that a lack of cooperation exists between government departments, including the Executive, in terms of planning and preparation for an ageing population. The reform of health services and the reform of adult social care cannot be a task that is assumed exclusively

²⁰ Department of Health (2024) [Budget 2024-25 - Equality Impact Assessment](#); page 11. And Department of Health (2025) [Draft Budget 2025-26 - Equality Impact Assessment](#); page 7.

²¹ “The cost of providing the services DOH delivers is increasing, with estimates suggesting some 6% annually. This is due to an increasingly ageing population with greater and more complex needs, increasing costs for goods/services, and growing expertise and innovation which means an increased range of services, supporting improvement in our population health. All of these bring increases in the funding required each year to maintain services and meet demand.” Department of Finance (2025) [2025-26 Draft Budget](#); Page 55.

by the DoH. This reform should include other efforts to transform public services amid demographic ageing. A major implication of this EQIA, however, is that the government is not operating in a coordinated and collegial way.

A striking example of this is the waiting lists initiatives. In the Budget EQIA 2024-25 consultation (published in June 2024), the department described a “restriction” imposed in funding for waiting lists initiatives.²² However, less than three months later, the Draft Programme for Government was published and “Cut Health Waiting Times” was included among the nine priorities of government for the period 2024-27.²³ Among the initiatives listed in the Programme to address the issue of health waiting times, an “investment of £76 million” was approved.

The Draft Programme was signed and approved by Minister Nesbitt, suggesting that the department and the Executive were working together to reduce waiting times. However, the present Budget EQIA seems to show that the £76 million commitment is not near the real department’s requirement of £300 million to cut waiting times. Due to this, the document argues that waiting lists initiatives remain “restricted”.²⁴

This is hard to understand and confusing for members of the public and stakeholders. The Health Minister signed and agreed to a Programme for Government that committed to reduce health waiting times with a funding allocation that his own department seems to describe as inadequate to address the issue—an issue that is presented as one of the nine top priorities of government.

Surely this dissonance in public policy is a consequence of financial difficulties experienced by our public sector, and echoes internal dynamics within government, but this is not reassuring for the public. It certainly does not demonstrate that the government has the situation under control, and that all areas of government are working collegially to find solutions to our structural challenges. The contradictions involved in this manner of approaching the transformation of health and social care services offers an alarming image of improvisation. The consequences will unfortunately be suffered by older people first. As the Budget EQIA notes, older people are “more likely to be impacted by delay of services affected by the available budget allocation for waiting lists initiatives.”²⁵

²² Department of Health (2025) [Draft Budget 2025-26 - Equality Impact Assessment](#).

²³ Northern Ireland Executive (2024) [Draft Programme for Government 2024-2027 ‘Our Plan: Doing What Matters Most’](#).

²⁴ Department of Health (2025) [Draft Budget 2025-26 - Equality Impact Assessment](#).

²⁵ Department of Health (2025) [Draft Budget 2025-26 - Equality Impact Assessment](#); page 26.

Conclusion

This Draft Budget EQIA brings no good news to older people. Shrinking service provision and lack of investment in older people's services offer a grim picture for the future of health services to our older population. The explicit admission of the need for cuts with catastrophic consequences, and of a list of possible service cuts that will hit disproportionately older people is extremely worrying.

In addition to this, the consultation document offers little hope that the department, the Executive and other departments are actively working collaboratively towards the transformation of health and social care services. Preparations for the challenges of demographic ageing begin with an all-government approach to service provision. Unfortunately, this EQIA indicates that little in terms of health and social care has been done so far towards achieving this goal.

Yours sincerely



Evelyn Hoy
Chief Executive