

PHA Corporate Plan Consultation  
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20 January 2025

**Re: Draft PHA Corporate Plan 2025-2030 consultation**

Dear Sir / Madam

I am writing on behalf of the Commissioner for Older People for Northern Ireland (COPNI) regarding the consultation on the draft corporate plan of the Public Health Agency (PHA) for the period 2025–2030. COPNI acknowledges the PHA as a key organisation in preparing for and addressing the significant challenges posed by demographic ageing in our society. This office is pleased to see that the PHA’s draft plan aligns closely with COPNI’s concerns and analyses.

Given the pressing issues emerging from Northern Ireland’s ageing population—many of which are already evident in public services and finances—COPNI welcomes the consultation’s focus on cross-government collaboration, strategic planning, prevention, and innovation. COPNI commends the PHA for acknowledging the challenges of demographic ageing and for outlining in this consultation a set of guiding principles for the future of our public services. While this vision is not highly specific, it represents a vital and necessary starting point for addressing the complexities of an ageing population.

**Evidence-based planning to counter financial pressures**

The consultation highlights the significant financial pressures faced by the PHA and other public bodies, including the Department of Health (DoH). This challenge was underscored during the summer months with the publication of departmental budgets and

EQIAs. At present, no department appears able to keep pace with rising costs and increasing demand, let alone invest in new projects or expand existing services.

It is important that in such circumstances, agencies responsible for effectively implementing public policy do it from an evidence-based perspective. As the consultation document points out,

*The current economic climate and constrained financial environment for HSC continues to impact on population health and requires creative, innovative and collaborative ways of working and making best use of available resources to deliver better health outcomes and help peoples to stay well.<sup>1</sup>*

Over the past year, COPNI has actively engaged with the Executive and departments to emphasise the critical need for evidence-based research and innovative approaches to transform the delivery of public services. This concern stems from two key factors. First, there is evidence of insufficient interdepartmental and cross-government action to address the impacts of demographic ageing. Second, there is a significant risk that cost-saving measures are being proposed or implemented without adequately considering their broader consequences and potential countereffects. Both factors are deeply interconnected.

Regarding the first one, COPNI is concerned that there is not sufficient interdepartmental collaboration and **centralised strategic planning** to address demographic ageing, one of the most significant issues faced by our public services. In a recently published report,<sup>2</sup> COPNI showed the impact of demographic ageing across society, including:

- **Increase demand for health services.** The number of people aged 65 and older will grow from 17.8% in 2023 (342,482 total individuals) to 25.8% in 2050 (499,337 total individuals).<sup>3</sup> The number of people aged 65 and over will, on average, grow annually by 7,409 individuals until 2040, and in the period 2024 to 2034, it will grow by 8,517 individuals on average every year.<sup>4</sup> This will have a tremendous effect on

<sup>1</sup> Public Health Agency (2024) [DRAFT PHA Corporate Plan 2025-2030 consultation](#); page 9.

<sup>2</sup> Commissioner for Older People for Northern Ireland (2024) [At the centre of government planning. The Programme for Government and preparing for an ageing population.](#)

<sup>3</sup> NISRA [Mid-Year Population Estimates for 2023](#) and NISRA [2020-based interim population projections](#) for Northern Ireland.

<sup>4</sup> NISRA [2020-based interim population projections](#) for Northern Ireland.

the health and social care system. Older people are more likely to experience health issues and disability. Indeed, the DoH acknowledges the impact that demographic ageing is already having in service demand, stating in its Budget EQIA that “older people tend to have the highest and most complex needs” and that the “demographic shift is likely to put additional pressure on health service in future.”<sup>5</sup> Demographic ageing will also have a tremendous effect on social care. For instance, the number of people living with dementia will increase in accordance with the number of older people,<sup>6</sup> with the total cost of dementia likely to treble by 2040.<sup>7</sup>

- **Economy and dependency ratio.** Connected with the first point, an ageing population will have an enormous impact on the economy, on the capacity to fund public services, and on workforce availability. Currently, the unemployment rate stands at 2% in Northern Ireland, while inactivity levels are high, especially among older workers.<sup>8</sup> As shown in COPNI’s report on demographic ageing,<sup>9</sup> there is a consensus, both in the UK and in Northern Ireland, that demographic ageing is a major cause of the high levels of economic inactivity<sup>10</sup> and the labour shortages in our labour market.<sup>11</sup> In fact, Northern Ireland has the highest rate of economic inactivity of older workers in the entire UK.<sup>12</sup> Economic inactivity among older people is often linked to

<sup>5</sup> Department of Health (2023) [Budget 2023-24 Equality Impact Assessment](#), page 24.

<sup>6</sup> The number of people living with dementia in Northern Ireland is expected to treble within the next three decades. See The Bamford Centre, Ulster University (n.d.) [DFC – Dementia Friendly Communities](#).

<sup>7</sup> While the cost of dementia care is estimated in £810 million per year, this is likely to grow by 192% by 2040 (£2.36 billion). This increase will only be partially funded by the statutory health and social care sector (from an estimated £360 million to £1.38 billion) (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).

<sup>8</sup> NISRA [Labour Market Report – Headline Tables – September 2024](#).

<sup>9</sup> Commissioner for Older People for Northern Ireland (2024) [At the centre of government planning. The Programme for Government and preparing for an ageing population](#).

<sup>10</sup> A report published in 2017 by the Government Office for Science (see [Longer working lives bring significant benefits to individuals, employers and wider society](#), page 4) warned that with the exit rate of older workers from the labour market, the UK will face a labour shortage. Similarly, the Finance and Economics Team, Research and Information Service of the Northern Ireland Assembly reported in 2024 that Northern Ireland’s economy is facing the challenge of weak labour supply due to ‘low growth in working age population’ (see [Northern Ireland economic overview Briefing Paper](#), page 3).

<sup>11</sup> The Northern Ireland Chamber of Commerce and Industry showed in its latest quarterly report that 66% of businesses in the service sector and 77% of businesses in the manufacturing sector face difficulties recruiting. See Northern Ireland Chamber of Commerce and Industry (2024) [Quarterly Economic Survey Summary, Q1 2024](#).

<sup>12</sup> Half of the older workers that are economically inactive in Northern Ireland report to be inactive due to health reasons. See [Annual population survey - regional - labour market status by age](#). Queried data: geography (Northern Ireland, England, Scotland, Wales), date (12 months to March 2024), age (16-64, 50 to 64), labour market status (economically inactive). See [Annual population survey - regional - economic inactivity by reasons](#). Queried data:

health. In Northern Ireland, 31% of people aged 50 to 64 are economically inactive, with over half of this inactivity (50.5%) attributed to health issues and a significant portion (13.8%) resulting from caregiving responsibilities.<sup>13</sup> Consequently, promoting healthy living will positively impact not only public health but also the economy, workforce availability, dependency ratios, and the provision of public services.

The impact of demographic ageing on the demand for health services, coupled with reduced capacity in the health sector due to funding, underscores the need for a coordinated response. However, while departments have repeatedly acknowledged the importance of demographic ageing in shaping service demand and the necessity of planning for increased needs, a centrally coordinated approach has been lacking. This gap has been evident in the Programme for Government in the past (2016 and 2021 draft) and remains apparent in its latest draft (2024–2027).

Regarding the second aspect, demographic ageing demands **creative and innovative ways to deliver public services** that require an evidence-based approach to optimise resources. In Summer 2024, the Department of Health (DoH) proposed savings that would be needed. The department stated that the cuts were a result of insufficient funding allocated by the Department of Finance (DoF). Worryingly these measures, which included “suspending some vaccination programmes”<sup>14</sup> would likely prove counterproductive and would bring additional costs in the short, medium and longer long term. In the current landscape, in which funding constraints are not likely to be resolved quickly, it is essential that public bodies undertake a reform of service delivery that optimises resources and outcomes.

As noted in this consultation document, our public services—particularly health services—require immediate action to ensure both short-term sustainability and long-term

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geography (Northern Ireland, England, Scotland, Wales), date (12 months to March 2024, 2019, 2014, 2009), age (aged 16-64, 16-24, 25-49, 50-64), reasons for economic inactivity (student, looking after family/home, temporary sick, long-term sick, discouraged, retired, other), wants a job (does not want a job, wants a job).

<sup>13</sup> See [Annual population survey - regional - economic inactivity by reasons](#). Queried data: geography (Northern Ireland), date (12 months to June 2024), age (aged 50-64), reasons for economic inactivity (student, looking after family/home, temporary sick, long-term sick, discouraged, retired, other).

<sup>14</sup> Department of Health (2024) [Budget 2024-25 - Equality Impact Assessment](#), page 12. Other savings measures included the “reduction in payments for support services provided by the Community and Voluntary Sector”, “a reduction of circa 400 acute hospital beds across NI”, “a reduction of in the region of 1,100,000 hours of homecare/domiciliary care type support provincewide over the year”, and “an estimated reduction of care home beds of circa 500”

stability. However, actions that appear to support the system's short-term survival may have unintended negative consequences in the medium and long term. For this reason, we welcome the principles and vision outlined by the PHA, which seem to recognise this challenge, and hope that this vision will be effectively translated into practice.

We also commend the PHA's commitment to the values of collaboration, research, and prevention, particularly in the context of an ageing population. The consultation document demonstrates the PHA's understanding that isolated policies will not suffice to address the comprehensive reforms needed in public services. Only through a serious, rigorous, and holistic evidence-based approach can the long-term strength and sustainability of Northern Ireland's public services be ensured.

### Ageing well

As the consultation document acknowledges, "poor health and frailty should not be inevitable outcomes as we age".<sup>15</sup> COPNI is very supportive of this vision and commends the PHA for advancing it as part of its ambition.

Ageing well is influenced by multiple factors, and as such, no single government agency or department should bear the sole responsibility for supporting our ageing population. Ageing well encompasses good health, staying active and connected, and feeling valued and engaged within society. Achieving this requires a range of services, including health and social care—such as vaccination programmes, screenings, care packages, and housing adapted to the needs of older people—as well as public services that enable older people to leave the house, connect with others, and contribute economically through employment or volunteering. Additionally, a cultural shift is needed to recognise and value the contributions of older people to society, ensuring they have greater opportunities to remain in the workforce or access education and training programs. Achieving these goals will necessitate close cross-government collaboration.

In relation to ageing well, COPNI has engaged in research with age friendly coordinators and the wider age sector in recent months. Specifically, our research focusses on the work of age sector networks (ASNs) and explores which of these entities already deliver

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<sup>15</sup> Public Health Agency (2024) [DRAFT PHA Corporate Plan 2025-2030 consultation](#); page 31.

services that contribute towards the World Health Organisation’s vision of age friendly. We have shared preliminary findings with stakeholders who have contributed evidence and hope to publish our report in the coming months. In our research, we note the valuable role that PHA age friendly coordinators play and their contribution to the Age Friendly Network Northern Ireland (AFNNI).

COPNI welcomes the PHA priority to “build and develop a strong research and evidence base to support ageing well programmes in Northern Ireland”. This office hopes that our upcoming report will offer a strong introduction to the age sector ecosystem at the council-level, one that will highlight the sector’s current and potential role in delivering age friendly practice in Northern Ireland and encourage interest from The Executive Office (TEO) and Department for Communities (DfC).

Our upcoming report includes a number of recommendations that will, hopefully, support PHA’s ambitions in this area. We recommend that resource is committed to develop the ASNs in line with identified good practice. This would involve engaging with the AFNNI to identify what works, and to develop action plans to scale ASNs. We also highlight the value of constituting the AFNNI. We note the value of this network in coordinating regional growth of age friendly and connecting age friendly policy at the Northern Ireland-level with the council-level. Our report highlights the potential role of AFNNI in streamlining the eleven age friendly strategies at the council level under a singular Northern Ireland-level strategy on age friendly. Under this structure, existing council-level strategies would be replaced with smaller action plans that require less resource to develop, due to eliminating or aligning specific processes in their design. Our report will also make recommendations specific to the DfC’s Active Ageing Strategy. Specifically, a future ageing strategy must be appropriately resourced and cognisant of feedback offered to other strategies in the policy areas under the remit of the DfC, such as child poverty.<sup>16</sup>

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<sup>16</sup> The Public Accounts Committee found that the Child Poverty Strategy failed in many key areas. For example, there was no ring-fenced budget attached to implement the strategy. The strategy was also largely a list of interventions that were already in place prior to 2016. The Public Accounts Committee suggests that a strategy “which does not have specific resources devoted to it is never going to be as effective as it should be”. Public Accounts Committee (2024) [Report on Child Poverty in Northern Ireland](#).

## Conclusion

COPNI has emphasised the need for centralised coordination between departments and public bodies, as well as an evidence-based approach to planning for the impact of an ageing population. We believe that an ageing population will be one of the most significant socioeconomic challenges our society will face in the coming decades. If proactive steps are not taken to address these challenges, the effects of demographic ageing will be felt by everyone, but especially by older people, who represent one of the most vulnerable sections of our society.

Although this draft corporate plan does not provide specific details about the actions to be undertaken by the PHA, COPNI is fully supportive of the overall vision presented. It is clear that the PHA recognises the importance of increasing coordination, research, and evidence-based approaches in light of the current challenges facing our public services. This focus is crucial for maximising impact of policy and service delivery amid shrinking resources. Our office looks forward to the opportunity to collaborate in the future to further advance this knowledge.

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Policy Advice and Research Unit