



Commissioner for Older People
for Northern Ireland

Department of Health

Via email to: Budget2024-25response@health-ni.gov.uk

9th July 2024

Re: Equality Impact Assessment of the 2024-25 Budget Outcome.

Dear Minister Nesbitt,

I am writing to you regarding the department's call for feedback on the Equality Impact Assessment (EQIA) of the 2024-25 Budget Outcome.

The Commissioner for Older People for Northern Ireland is understandably concerned about the impact on the health and wellbeing of older people caused by the 2024-25 Budget and proposed measures for cost savings. The department is facing a scenario in which it will be required to save £412.2 million, in addition to established estimated savings of £315 million for the coming year (24-25).¹ Facing such pressures, the department has proposed a number of savings measures that will evidently affect older people disproportionately.²

¹ Department of Health (2024) [Budget 2024-25 - Equality Impact Assessment](#), p. 9.

² On the 1st of July 2024, the department was allocated an extra £122 million in Stormont's mini-budget. The Health Minister welcomed the extra funding but stated that this extra funds will not contribute to solve the immense pressures that the department is facing. In a statement published on the 1st of July, the Minister argued that despite this extra funding, the department will be required to implement measures that will have a "catastrophic impact on services", and that he "will not be sanctioning such measures". Therefore, our response assumes that the position of the department has not changed significantly from the position stated in this EQIA document, as suggested by the Minister's statement on the 1st of July. The department will still be required to implement cuts to services, and the initial proposals made by the department in the EQIA have a disproportionate impact on older people. See Campbell, J. (2024, July 1) [Health department gets £122m in Stormont mini-budget](#), BBC News [Accessed 9th July 2024]; Department of Health (2024) [Statement by the Health Minister](#).

Although the direct impact of this budget on older people is very concerning, the fact that this document demonstrates the lack of planning and coordination among government departments regarding the increasing pressures on our welfare state is equally worrying.

Structural conditions and growth in demand

I understand that both the Department of Finance (DoF) and the Department of Health (DoH) are experiencing immense financial pressures. These pressures correspond, as highlighted by the Department of Health in the EQIA, to structural problems related to the growing demand on health and social care services, which will ultimately require a profound transformation of the system.

As the department itself assessed, these structural conditions are linked to the demographic transition of the population of Northern Ireland.³ Regrettably, the data shows that the pressures that demographic ageing will put on the health and social care system will not reduce in the near future. On the contrary, these pressures will accelerate to an unprecedented level. In its Projected Funding Requirement, the department calculates a number of additional funding requirements for the period 24-25, including £67.7 million of 'growth in demand'.⁴ This growth in demand results from the increasing number of people in need of health and social care services, which, in turn, is the result of an increasing number of individuals in older age groups that are more likely to live with age-related health needs.⁵

These pressures will not be temporary and are likely to increase in the future. As the EQIA document acknowledges, the demographic shift that is currently putting immense pressure on the health and social care services of Northern Ireland 'is likely to

³ Department of Health (2024) [Budget 2024-25 - Equality Impact Assessment](#), p. 23.

⁴ Department of Health (2024) [Budget 2024-25 - Equality Impact Assessment](#), p. 8.

⁵ Census 2021 Custom table, [Age - 4 Categories by Health in General - 3 Categories](#).

put additional pressure on the health service in the future'.⁶ Demographic data shows that it would be reasonable to expect that the costs derived from increasing demand will continue to grow annually (and sharply) during the next decade, and beyond, as the population older than 65 is expected to grow continuously.⁷

These pressures are not exclusive to the health and social care system. Other departments are also in desperate need to fund essential welfare services, such as retirement pensions, transportation, housing, and home adaptations. As a result, for instance, during the past five years, the proportion of the budget allocated to the departments most impacted by demographic ageing (Communities and Health) has increased, which has impacted on the capacity to fund other departments.⁸ Considering the growing pressures faced by other departments, it would seem hopeful for the DoH to expect a significant increase in funding over the next decade. Therefore, responding to this challenge of increasing demand is a task that cannot be faced by the DoH alone, but through a collaborative approach by the Assembly, the Executive, and all departments.

⁶ Department of Health (2024) [Budget 2024-25 - Equality Impact Assessment](#), p, 23

⁷ The cost of the growth in demand estimated by the Department for the period 24-25 results from an estimated growth in older population of 7,982 (between 2024 and 2025), which is lower than the estimated total annual increases that will be experienced in Northern Ireland until the year 2030. The annual total increase in the number of people aged 65 and over will be higher in 2026 (8,703), 2027 (8,786), 2028 (9,043), 2029 (9,335) and 2030 (9,472), which points at increasing need for funding every year only to cope with the rise in demand. The rise in demand will continue thereafter. Calculations based on [NISRA 2020-based interim population projections for Northern Ireland](#).

⁸ The total budget allocated to the DoH and DfC has grown in the past five years. This includes non Ring-fenced Resource Departmental Expenditure Limits (DEL) and Annually Managed Expenditure (AME). The non Ring-fenced DEL resources of the DoH –the budget allocated to fund day-to-day services, and for which the Executive has discretion– has remained stable over the past five years (it was 26.8% of the budget in 20/21, and remains the same in 24/25). On the other hand, the AME of the DfC, which includes pensions and benefits (and that is directly provided by the Treasury), has increased significantly in the same period. Overall, the proportion of the budget that these two departments receive has increased significantly in the past five years. The proportion received by the DoH has grown from 33.6% (20/21) to 34.7% (24/25), while the proportion received by the DfC has grown from 32% to 36.4% in the same period (the DoH requires a large sum of funds for the operating costs of the services it provides, while the DfC receives a large sum of money directly from the Treasury for demand-led programmes such as benefits and pensions. In this regard, the funding allocated for the DfC day-to-day operational costs has also reduced significantly). See Department of Finance (2024) [2024-25 Budget Document](#) and Department of Finance (2020) [Budget 2020-21](#).

Budget allocation and impact on older people

While COPNI acknowledges the difficulties faced by the DoH in adjusting to a tight budget (lower funding than projected and lower funding than in the previous year),⁹ it must be pointed out that the savings measures proposed by the department are likely to be exceptionally damaging for older people in Northern Ireland.

In the EQIA document, the department regrets that the reduction in funding will make it inevitable to cut the funding of services, and difficult decisions will have to be made in the allocation of resources. The department argues that, in light of the tight situation in which it finds itself, it 'has prioritised the available funding towards the areas of greatest need, reducing the impact of the cuts to section 75 groups and better promoting equality of opportunity within the Health Service where possible'.¹⁰ Although acknowledging the enormous difficulties faced by the department, COPNI must note that the aim to 'reduce the impact of the cuts to section 75 groups' is hardly reflected in the proposed savings measures, which contain eleven proposals of which 10 will affect older people disproportionately.¹¹

As the department itself acknowledges, older people are more vulnerable than any other age group when health and social care services are reduced.¹² As frequent service users, older people will always be affected to a higher degree by any savings measures that affect the general population. Therefore, older people tend to be at a disadvantage when it comes to cuts in general health and social care services.

⁹ Department of Health (2024) [Budget 2024-25 - Equality Impact Assessment](#), p. 8.

¹⁰ Department of Health (2024) [Budget 2024-25 - Equality Impact Assessment](#), p. 32.

¹¹ Department of Health (2024) [Budget 2024-25 - Equality Impact Assessment](#), pp. 27-29.

¹² Department of Health (2024) [Budget 2024-25 - Equality Impact Assessment](#), pp. 27-29.

As older people tend to have more frequent, and more complex needs than the general population, any reduction in the provision of health services will affect them disproportionately.¹³

While the fact that any service cut will affect older people disproportionately is concerning, this type of impact could be understandable in a context of serious financial pressures. One could accept the rationale for savings proposed by the department if the proposals affected older people as part of the wider population. However, what is less understandable is the department's decision to specifically target the older population with the cost saving proposals described in the EQIA. This decision is not in line with the aim of 'reducing impact in section 75 groups'. As the department acknowledges, 10 out of 11 proposed measures affect older people disproportionately (some of them as frequent service users,¹⁴ while five of them target older people directly and even exclusively). These include:

- **Reduction in payments for support services provided by the Community and Voluntary Sector.¹⁵**
- **Reductions in vaccination programmes.**
- **Reduction of domiciliary care packages.¹⁶**
- **Reduction of 500 independent sector care home beds.¹⁷**

¹³ Department of Health (2024) [Budget 2024-25 - Equality Impact Assessment](#), pp. 23.

¹⁴ Department of Health (2024) [Budget 2024-25 - Equality Impact Assessment](#), pp. 27-29.

¹⁵ The EIA document notes that 'as some of these cuts would directly impact older people, the cuts will have a differential impact on older people' (Department of Health (2024) [Budget 2024-25 - Equality Impact Assessment](#), p. 27).

¹⁶ A recent investigation of BBC News NI has shown that 3500 people are waiting for a care package in Northern Ireland, and some have been waiting for as long as five years, with the resulting stress and anxiety on older people, carers and families that this entails. See McCracken, N. (2024, July 17) ['My mum just wanted to be back home'](#), BBC News NI [Accessed 25th June, 2024].

¹⁷ 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](#), p. 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 occurred simultaneously to an increase in the number of older people, may contribute to a rapid and alarming

- **Reduction of acute hospital beds.**¹⁸

In addition to these proposals, I am also concerned that the DoH appears not to be planning to rectify issues related to the alternative (some would argue poorer) pathways offered to older people accessing mental health services, highlighted in the Mental Health Strategy 2021-2031.¹⁹ In the EQIA document, the DoH admits that, regarding the department's ageing mental health facilities (among other projects) 'without a sizeable uplift in our annual budget settlements, the critical investment we wish to make will be delayed'.²⁰

Therefore, COPNI is deeply concerned with the disproportionate effect of the measures proposed by the department on our older population. In contrast, the mitigating strategies described in the EQIA rarely address older people directly and, in this case, any positive effect on the older population will only occur indirectly (as frequent service users).²¹ Overall, the cuts affect older people enormously (often directly and sometimes as frequent service users), while mitigating actions would only benefit them indirectly.

In addition to this, it is disappointing to see the lack of consideration given by the department to the consequences of the proposed measures. These measures will have effects in the health and social care system and in wider areas of society. For instance, the above measures will, surely, have a negative impact on families and carers. The reduction of care packages and care home beds will increase the costs for families to

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](#).

¹⁸ The Advocacy team of the Commissioner for Older People for Northern Ireland has been receiving recent communications from members of the public concerned with the indefinite closure of specialised Hospital Care Services for Older People in some areas of Northern Ireland.

¹⁹ The Equality Impact Assessment of the Mental Health Strategy 2021-2031 points out that a cut off age of 65 has in effect been in place to determine pathways in accessing mental health services (see Department of Health (2021) [Mental Health Strategy 2021-2031](#). Equality Impact Assessment, p. 19).

²⁰ Department of Health (2024) [Budget 2024-25 - Equality Impact Assessment](#), p. 7.

²¹ Department of Health (2024) [Budget 2024-25 - Equality Impact Assessment](#), p. 34-38.

provide care and will reduce the quality of the care provided.²² This, in turn, could increase the number of older people in need for urgent hospital care or general treatment (therefore, worsening hospital and GP waiting lists). It can also increase the likelihood of relatives leaving work to care for older people, especially women.²³ This could, in turn, have a devastating impact on an already diminishing workforce²⁴ and, ultimately, on the capacity to fund public services.²⁵

Before suggesting the implementation of these measures, the department should have considered what their effect would be, and a proper examination of such consequences should have been shared in the EQIA document. Regrettably, this evaluation is absent.

²² A recent piece of research conducted by the London School of Economics shows that the cost of dementia care in Northern Ireland is likely to treble between 2019 and 2040. This cost will only be partially funded by the statutory sector. The report suggests that the cost of unpaid care will increase on 178% in Northern Ireland by 2040. However, if the statutory sector reduces its contribution to social care, it is evident that the cost and responsibility for this care will lie with relatives. 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.

²³ Recent research has shown that one in three women with caring responsibilities in Northern Ireland are forced to leave their employment. See Cartmill, C. (2024, February 27) [One in three women carers in Northern Ireland forced to give up work](#), research shows, Belfast News Letter.

²⁴ Concerns have been historically raised on the low levels of economic inactivity in Northern Ireland, which have fuelled labour shortages in the past. In addition to these concerns, the number of people of working age will not increase in the next two decades in Northern Ireland, and the proportion of population of pension age in proportion to the population of working age will increase drastically. In addition, the number of people older than 50 that are inactive in Northern Ireland due to health issues is increasing. All of these elements demonstrate that the economy of Northern Ireland is in desperate need of workers and improving economic activity. Any additional burdens, such as extra caring responsibilities, will have the opposite effect. See:

Northern Ireland Chamber of Commerce and Industry (2024) [Quarterly Economic Survey Summary, Q1 2024](#).

Northern Ireland Assembly, Finance and Economics Team Research and Information Service (2024) [Northern Ireland economic overview Finance and Economics Team, Research and Information Service. Research and Information Service Briefing Paper](#).

ONS [Annual Population Survey - Regional - Economic inactivity by reasons](#). Queried data: geography (Northern Ireland), Date (12 months to September 2013, 12 months to September 2018, 12 months to September 2023), age (50-64), reasons for economic inactivity (long-term sick, retired)

²⁵ The proportion of the UK budget that comes directly from the working population is currently 41% (this percentage is indirectly much higher. See Institute for Fiscal Studies (2023) [Where does the government get its money?](#)

Lack of planning and coordination

I understand that both the DoF and the DoH are working under the pressure of year-on-year budgets. In such circumstances, it is hard to propose and implement any measures that involve a medium-term plan, as there is no guarantee that funding will be available to continue with projects in the following year. In such difficult circumstances, it is deeply concerning that this EQIA document shows division and discord among departments rather than cooperation.

In a recently published report, the Commissioner called for a greater coordination and cooperation between departments amid the challenges posed by demographic ageing.²⁶ Many of these challenges relate to pressures faced by our health and social care system. Although COPNI appreciates that the department is under pressure, the tone employed in this EQIA confirms that we are far from a coordinated effort to protect the wellbeing of our citizens. This is deeply concerning.

In recommendations for the forthcoming Programme for Government, COPNI has stated that, unless a coordinated effort by government departments is employed, individual efforts and strategies by single departments will fail.²⁷ This EQIA document is an example of the consequences of this lack of cooperation between departments.

A long-term solution

I agree strongly with the position of the department that short-term savings may have long-term negative consequences. As the problems caused by demographic ageing are structural and not temporary, and as they will increase over time, it is vital to

²⁶ See Commissioner for Older People for Northern Ireland (2024) [At the centre of government planning. The Programme for Government and preparing for an ageing population.](#)

²⁷ Commissioner for Older People for Northern Ireland (2024) [At the centre of government planning. The Programme for Government and preparing for an ageing population](#), p. 44.

establish long-term solutions that may involve restructuring the health and social care system. This can only be achieved through collaboration between departments.

Preparing for an ageing population should, as regards the DoH, involve the development of innovative policies, practices and technologies in health and social care that keep older people living well for as long as possible. Above all, a transformation for the better of the health and social care system requires research, detailed planning, and investment. Unquestionably, without a researched, costed, and detailed plan for restructuring the health and social care system, the cost-resources ratio will worsen in the years to come. Therefore, the department will have to face the same issues in the coming budgets, which will require further cuts. As the department claims

The aim of reform and reconfiguration is to improve services and meet the unmet needs that are all too commonplace across all health and social care areas. To portray it principally in cost-saving terms is therefore misleading ... The by-product of transformation in some cases will be greater efficiency and productivity.²⁸

COPNI strongly supports the department's view of service transformation as a key to better efficiency and productivity. However, if the department demands that the DoF should fund long-term projects that will deliver greater efficiency to the system, it should, at least, present a coherent plan as to how this capital investment would be used, what results it would deliver, and how it would increase the efficiency of the system.

The department is aware that the proposed reductions in services mostly affect older people, as they are more likely to use the health and social care system. At the same time, a good system of health and social care can have a positive impact on older people's capacity to participate in social and economic life, in turn generating wider

²⁸ Department of Health (2024) [Budget 2024-25 - Equality Impact Assessment](#), p. 11.

social and economic dividends. For this reason, while sharing the department's analysis of short-term savings, I am disappointed to see the lack of research and focus on the ageing population in the investment projects described in the consultation document.²⁹

Conclusion

COPNI has advised government that the shift in the demographic structure of Northern Ireland will result in immense pressures on public services. As a result of these pressures, the most vulnerable members of society, and in particular older people, are likely to be the first to suffer the consequences.³⁰ These fears are realised in the department's EQIA document. All of the measures (except one) proposed by the department to save money, involve an additional burden or a disproportionate impact on older people. In half of the proposals, it is older people alone who are impacted. In its recent report on demographic ageing, COPNI has argued that individual strategies will not make a real difference without interdepartmental collaboration. The consultation document is an example of how an individual department is helpless if its efforts are not coordinated with others.

²⁹ In the EIA document, the department provides details of how the capital budget will be allocated (see Department of Health (2024) [Budget 2024-25 - Equality Impact Assessment](#), pp. 14-17). While COPNI does not diminish the importance of the projects described, it is questionable that they will contribute to improve the overall efficiency of the system in the current demographic context. Beyond maintaining services (£180.0 million), contractual commitments (£33.4 million) and improving critical ICT (£127.7 million), the department describes funding for flagship projects (£81 million) and commits to starting to develop new projects (£12.9 million). The flagship projects include a new Regional Children's Hospital, a new Maternity Hospital, and the Northern Ireland Fire and Rescue Service Learning and Development Centre. The new projects include a new Community Treatment Centre, a new interim Midwife Led Unit at Antrim, additional bed capacity at Craigavon Area Hospital, and two new ICT projects. Overall, similar to what the department proposes for mitigating actions, the capital investment will only benefit the older population indirectly as high service users. However, no project seems directed at mitigating the impact of the increasing demand of an older population in the health and social care sector.

³⁰ The report states that 'The COVID-19 pandemic has shown the risks that vulnerable people face when competition for health and social care services increases.⁴¹ As demographic ageing accelerates and greater competition is expected for services, it is now more urgent than ever to offer protection from discrimination to Northern Ireland's older citizens'. See Commissioner for Older People for Northern Ireland (2024) [At the centre of government planning. The Programme for Government and preparing for an ageing population](#)).



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This EQIA is disappointing in several ways. First, because it seems to make no effort to find, at least, one single saving measure among service delivery that does not impact on older people disproportionately. Second, because the department does not seem to weigh the overall impact of the measures proposed in other crucial areas of the health and social care sector and of wider areas of society, such as the economy and wellbeing of families or the labour market. Finally, and perhaps most importantly, it demonstrates the lack of coordination and planning among departments, and the lack of attention that the government is paying to demographic ageing. What readers can grasp from the Department of Health's EQIA is that government departments are not engaged in a cross-government discussion over the long-term stability of public service provision.

I would welcome the opportunity to discuss COPNI's response to this consultation should it be helpful.

Yours faithfully,

A handwritten signature in black ink that reads "Evelyn Hoy".

Evelyn Hoy
Chief Executive
Commissioner for Older People for Northern Ireland

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