

your

THE ANNUAL REPORT OF THE CHIEF MEDICAL OFFICER FOR NORTHERN IRELAND 2012/13

Health Matters



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

www.dhsspsni.gov.uk

My report on the health of the population of Northern Ireland.

In this my seventh annual report I am pleased to report that improvements in the health of the public in Northern Ireland are being maintained as evidenced by the steady increase in life expectancy and reductions in the death rates for heart disease and a number of cancers in those under 75 years. As I have highlighted before, not all groups in our society are experiencing these to the same extent. We are not all equally well.

The ten year Investing for Health Strategy that was launched in 2002 was successful in addressing and narrowing some of the health inequalities within our community. However there is still much work to be done. The new public health framework due to be published later this year will build on what has been achieved. It will focus on particular life stages and the wider socio-economic determinants of health. It will emphasise the need for partnership working across Government Departments, public agencies and local communities.

Lifestyle factors are still making a significant contribution to ill health. There needs to be ongoing support for people to help them make healthy choices and change behaviour. Much has been achieved through raising awareness and education, however, other measures are also required. One example in recent years is the use of legislation to complement other tobacco control measures, including smoke free legislation, making it illegal to sell tobacco to anyone under 18. This has been further enhanced by the recently enacted Tobacco Retailers Bill that will help reduce further the number of young people who smoke.

Alcohol consumption, especially by young people, remains an issue of concern. Recently we have witnessed too many examples of young people drinking to excess. Undoubtedly the price of alcohol and its accessibility is linked to consumption. Minimum unit pricing is a desirable public health intervention which could ensure that strong alcohol products are sold at prices reflecting their potential harm. Treating people for alcohol related illnesses is already



costing the health service millions of pounds and this will escalate in future years.

Reversing the trend in deaths by suicide remains a challenge. Much excellent work on mental health awareness and suicide prevention is being delivered through sporting bodies, community and rural networks. These organisations interact with thousands of people on a daily basis and have a vital role in promoting positive mental health. I am grateful that they are all engaging so enthusiastically as the majority of people who die by suicide do not seek help from obvious sources such as mental health services.

Around 1,400 people in Northern Ireland suffer a cardiac arrest outside of hospital but fewer than 10% survive. Early resuscitation is essential to improve the chance of survival. There is a need to increase the number of people in Northern Ireland trained in cardio pulmonary resuscitation (CPR) and willing to provide bystander CPR in the event of witnessing a cardiac arrest. The draft community resuscitation strategy that we have just consulted on highlights the need to raise awareness and increase the availability of CPR training. Success ultimately depends on members of the public intervening in such events.

Cancer remains a significant cause of illness and death in our community. Maintaining a healthy lifestyle can help prevent a number of cancers. Early detection is also important as it allows for earlier treatment when the likelihood of cure is highest.

Bowel cancer screening – the most recent cancer screening programme to be introduced here has been successful in identifying cancer at an earlier stage. Over time it will undoubtedly save many lives. It is disappointing to see that only 50% of people participate in the programme when invited.

Vaccines have been one of the most important developments in public health. Infections such as measles and whooping cough are now rarely seen in children and certain forms of meningitis are greatly reduced. Our schedule of vaccinations has been further enhanced in the last year with the introduction of a number of new vaccines including rotavirus and flu in children and shingles in older people. Their impact will undoubtedly be seen in future years.

Last year, I spoke of the Q2020 Strategy and what it would mean to those who use health services, their families and staff. http://www.dhsspsni.gov.uk/quality_strategy_2020

Q2020 will only deliver its objectives with the commitment of all staff, in partnership with those who use the service. There is now more emphasis on the Quality of Healthcare in Northern Ireland. Quality must remain the driver for change and Quality Healthcare become the experience of all using the services. Quality Healthcare matters too much. The human costs of poor quality for patients, relatives and staff are profound. We need to improve how we listen and learn from the experience of those who use and work in the health service. We must seek out not only examples of what we are doing well, but also what we are not doing well, if at all; we must listen and learn and be open when we get things wrong and then make amends. The Public Health Agency now publishes “Learning Matters” to include lessons from incidents or complaints. You may even have some incidents or complaints in your workplace which should be shared with other staff who work in a similar area. Quality healthcare costs, poor quality care costs more and we can improve it.



Dr Michael McBride
Chief Medical Officer

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Making Life Better for Everyone

The health of people in Northern Ireland has been improving over time. Since the 1980s life expectancy has increased steadily for both males and females and is projected to continue to increase. Healthy life expectancy – the number of years an individual might expect to live in good health – shows similar patterns. Health inequalities remain, however. Poorer health outcomes are often linked to wider social determinants such as access to education and employment. Too many people still die prematurely or live with conditions they need not have.

Last year's report referred to the public consultation on a draft strategic framework for public health, entitled "*Fit and Well – Changing Lives*". This framework is designed to succeed and build on the first public health strategy, 'Investing for Health', published in 2002.

In addition to the consultation, engagement continued throughout 2013 with other Departments and key stakeholders – health and social care services, local government and community and voluntary sectors. This feedback plus the Assembly Health Committee Report on health inequalities has served to reshape the new strategic framework for public health.



The Framework

The new public health framework is expected to be published before the summer. It will set the direction for policies and actions to improve the health and wellbeing of the people of all ages in Northern Ireland.

Outcomes expected from the framework include helping people to change their behaviour and the choices they make, and also improving the wider socio-economic and environmental conditions that affect our health – income, housing, education and employment. Many of these wider issues are interconnected and cannot be tackled in isolation from each other. Work is needed at both regional and local

levels, with Government Departments, public agencies, local communities and others working in partnership. The framework will seek to create the conditions which allows individuals and communities to take control of their own lives.

Vision

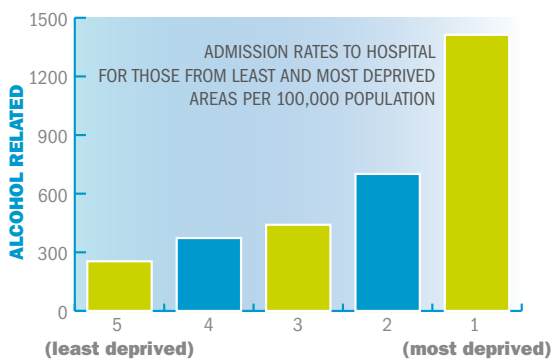
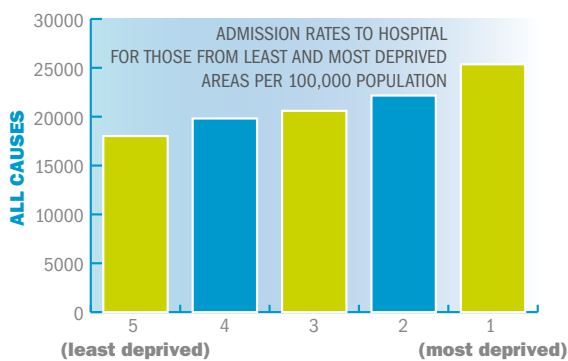
All people are enabled and supported in achieving their full health and wellbeing potential.

Aims

Achieve better health and wellbeing for everyone and reduce inequalities in health.

Health inequalities and the Social Gradient

In general health tends to improve with each step up the socioeconomic ladder. This social gradient of health exists across the whole population, with the greatest differences in health status seen between the most and least disadvantaged. Reducing the steepness of the gradient – one of the aims of the framework - requires action to improve services for everyone but with greater intensity of service or action for those with greater social, economic and health disadvantage. This approach is known as “proportionate universalism”.



There is a clear focus on intervening as early as possible – which might be in the early years of life, or as soon as a threat to health is recognised, and on tackling health inequalities, which are closely linked to socio-economic disadvantage.

The framework has been re-structured around themes, some of which are for particular life stages and some about wider issues that apply to all ages.

For each of the themes, the framework sets long-term outcomes. It also contains supporting actions and commitments that work towards achieving these outcomes.

Incredible Edible Cloughmills

The Incredible Edible Network is a network whose members believe that providing public access to healthy, local food can enrich their communities. Typically their work involves setting up community growing plots, reaching out to schools and children and backing local food suppliers. It aims to provide access to good local food for all through:

- working together
- learning – from field to classroom to kitchen
- supporting local growers, retailers and outlets.

Incredible Edible Cloughmills is one such group which seeks to reconnect people with each other, their communities and the natural environment using food as the mechanism.



In addition to actions and programmes at government level, the framework calls for strengthened collaboration at all levels of delivery. It identifies a small number of areas of work around which a number of partners have been developing collaborative approaches, which have the potential to bring together and galvanise communities and relevant organisations at local level, supported where necessary at regional level.

The framework identifies a number of high-level indicators which will be used to measure progress over time. A substantial number of the indicators reflect the wider socio-economic determinants of health – employment, education, housing, environment. Monitoring will also be developed at local levels.

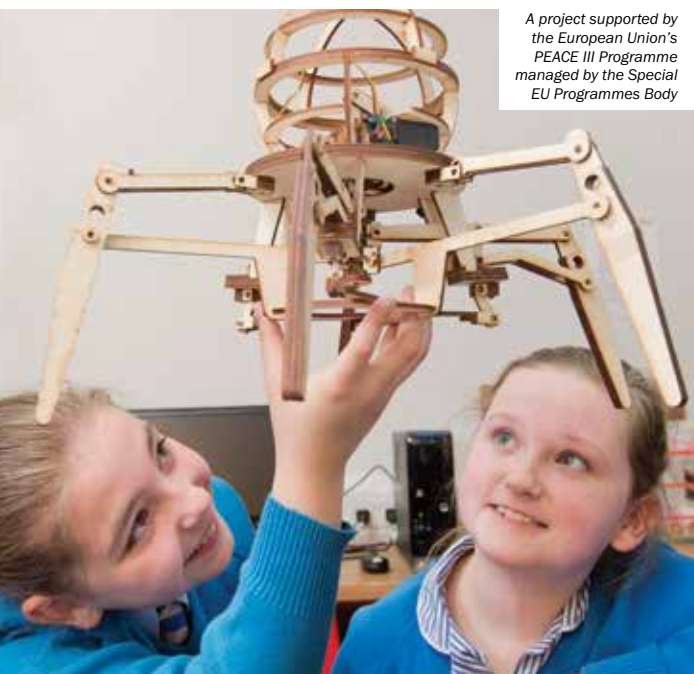
FAB LAB



The first Fab Labs in Northern Ireland were launched in May 2013 at the Ashton Community Trust (Belfast) and The Nerve Centre (Derry/Londonderry). A Fab Lab is half way between a laboratory and a workshop, a place where you can make (almost) anything, where both small children and inventors can turn an idea into a reality. The concept was originally set up in the Massachusetts Institute of Technology in Boston.

The two Northern Ireland Fab Labs will offer support on a local basis to communities, entrepreneurs, students, artists, small businesses and anyone who wants to create something totally unique through access to manufacturing technology from precision laser cutters and 3D printers to electronic circuit fabrication equipment.

Fab Lab is a prime example of positive social intervention. The project will deliver on a number of levels, for example encouraging greater levels of positive cross-community contact - people from all communities can come together and develop their creative and entrepreneurial skills, as an educational tool helping children and young people to turn their ideas into reality, and by increasing the capacity and employment potential for people living within deprived areas.



A project supported by the European Union's PEACE III Programme managed by the Special EU Programmes Body

Community engagement and participation are crucial to the development and delivery of an effective community resuscitation strategy that will help save lives.



Primary PCI (Percutaneous Coronary Intervention)

The most common cause of a heart attack or myocardial infarct is when the blood flow to the heart muscle becomes blocked by a blood clot and the heart muscle dies. When this happens it is important to restore the blood flow as quickly as possible. It is really important to get urgent medical help by dialling 999 for anyone with severe chest pain.

Resuscitation Strategy for Northern Ireland

Sudden cardiac death is the leading cause of premature death, but with immediate treatment many lives could be saved. Last year in my report I highlighted the importance of early resuscitation to give a person the best chance of surviving an out of hospital cardiac arrest, and also the Minister's request for a community resuscitation strategy for Northern Ireland.

Experience from elsewhere has shown that community resuscitation can save lives. Cardiopulmonary resuscitation – or CPR – and early defibrillation are the two critical interventions that are required for a person to survive an out of hospital cardiac arrest. CPR is the act of providing the rescue breaths and chest compressions that can keep the person alive until professional help arrives.

Typically it takes just two hours to train someone to perform CPR.

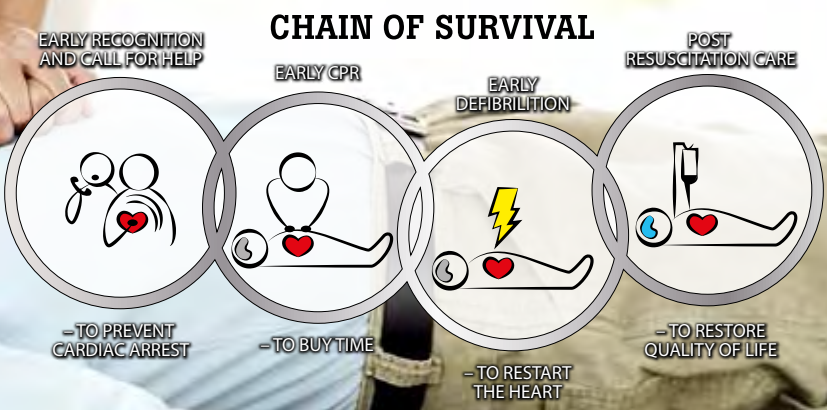
You are the most important link in the chain.

Consultation on a community resuscitation strategy for Northern Ireland was launched on 20 November 2013. The draft strategy was developed by a working group chaired by the Northern Ireland Ambulance Service and included representatives from DHSSPS and other government departments, the health service and community and voluntary organisations involved in resuscitation training.

The objectives of the draft strategy include:

- Raising public awareness of the importance of early recognition of an out-of-hospital cardiac arrest;
- Encouraging members of the public to intervene in the event of an out-of-hospital cardiac arrest; and
- Increasing the availability of, and access to, appropriate and effective CPR training provision across Northern Ireland.

Responses from the consultation are currently being considered. A final Strategy document is expected before the summer.



For many years the main way to restore the blood flow was to use “clot busting” drugs called thrombolysis. In recent years doctors have developed the ability to introduce a small catheter through an artery in the arm or leg to reach the arteries round the heart and remove the clot. This is called primary percutaneous coronary intervention (primary PCI). Primary PCI for this common form of heart attack reduces deaths and complications and shortens the hospital stay.

After a successful pilot project in the Royal Victoria Hospital a primary PCI service on 24 hours a day/seven days a week basis has been rolled out to a catchment area covering of most of Belfast, South Eastern, Northern and Southern and Trusts. A similar 24/7 service based in Altnagelvin Hospital is expected to be in place by the summer of 2014, it will cover the west of Northern Ireland.



Concussion and Second Impact Syndrome

Head injury is a common reason for people to attend our emergency departments. Head injury can have many causes including falls and sports injuries as well road traffic accidents. While many people will have no lasting damage from their head injury, all head injuries have the potential to cause serious problems. Sadly, some head injuries can lead to death.

Concussion can be described as symptoms of confusion, memory loss, poor concentration, dizziness, headaches, nausea or vomiting following a head injury. For most people these symptoms settle quickly, but sometimes they can last for days or even weeks.

Second Impact Syndrome is a rare condition which occurs when a person with symptoms related to concussion suffers a second head injury. Second Impact Syndrome may occur days or weeks after the initial concussion. Although the second injury may be relatively minor it can lead to collapse and death. Most cases of second impact syndrome have been reported in young sports people, usually, but not always, under 18 years old. I am working with the Department of Education to highlight the importance of concussion and second impact syndrome in schools.

Any person who has a head injury associated with

- loss of consciousness,
 - memory loss or confusion,
 - weakness,
 - vomiting,
 - clear or bloody fluid from the ears or nose
- should be taken by a responsible adult to the nearest Emergency Department for assessment.



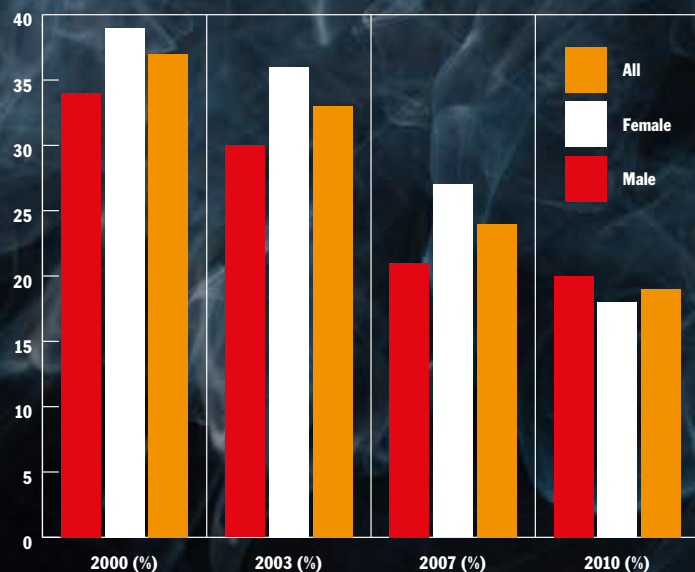
Reducing Smoking Levels in young people

Preventing children and young people from taking up smoking is a key priority for the Department.

In Northern Ireland today, around 8% of 11-16 year olds are regular smokers.

Despite there being a legal minimum age for the purchasing of cigarettes (raised from 16 to 18 years in 2008), children and young people continue to find ways of obtaining cigarettes. Shops are a regular source of tobacco for underage smokers and a recent survey revealed that 51% of 11-16 year old smokers purchased their cigarettes from newsagents, tobacconists or sweet shops.

Smoking Levels in Young People



Source: Young Persons' Behaviour and Attitudes Survey 2000, 2003, 2007 & 2010



Tobacco Retailers Bill

In order to reduce sales of tobacco to young people, the Department introduced the Tobacco Retailers Bill to the Northern Ireland Assembly on 15 April 2013. The Bill, which will require all tobacco retailers to register, also provides for Courts to ban the sale of tobacco either on a named premises or by a named person if 3 tobacco-related offences have been committed within three years. An additional enforcement tool, in the form of fixed penalty notices, has also been included and these can be applied for a range of offences including selling tobacco to underage children.

The Bill was considerably strengthened during Committee stage, during which a number of amendments were agreed. These include: moving from council based registers to one public facing centralised registration system for Northern Ireland; the creation of a new offence in relation to an adult purchasing tobacco on behalf of a child; a provision prohibiting a person from registering for 5 years following a conviction for a serious illicit tobacco offence; and the extension of offences which can lead to a ban to include minor illicit tobacco offences.



The Bill is expected to be granted Royal Assent at the end March 2014 and the majority of the provisions are due to commence in June, with the exception of the register which will come into effect early in 2015.

Other Control Measures

Experts from across the United Kingdom and the Republic of Ireland joined together at the All-Ireland Tobacco Conference in November 2013 to review the latest developments with regards to tobacco control and to share innovation and good practice for the benefit of all.

A number of key policy measures on tobacco control are currently under development across the UK and Ireland including the extension of smoke-free legislation to cover private vehicles and the introduction of standardised (plain) packaging for tobacco products. Both of these have potential for reducing smoking prevalence, either by helping to de-normalise smoking as an activity or by reducing the appeal of smoking to children and young people.



Alcohol Pricing

In last year's report I highlighted my concerns about the number of young people who get drunk and the number who drink more than the recommended daily limit. There are particular concerns about how alcohol is priced, promoted and marketed. Research has shown that alcohol is 67% more affordable now than it was in 1980, and I believe there is a clear link between price, levels of consumption, and harm.

Research conducted by the University of Sheffield and learning from Canada suggests that minimum unit pricing could be a targeted way of making sure strong alcohol products are sold at prices that reflect their potential harm. It increases the price of drinks, such as own-brand spirits, high-strength beers and white cider, which have high alcohol content but are usually very cheap. It effectively sets a floor price for a unit of alcohol, meaning it cannot be sold for lower than that. From a public health perspective, and based on the existing evidence, I believe that the introduction of minimum unit pricing in Northern Ireland is a desirable public health intervention given the relationship between price and consumption.

The Department has been working closely with the Department for Social Development (DSD) and the Department of Health in the Republic of Ireland on this issue. Together we have commissioned research to assess the impact of minimum unit pricing of alcohol on Northern Ireland. This will report in Spring 2014 and will help inform our future decisions in this area. This research is essential to show that we are taking a proportionate response to this issue, and that any



Alcohol is 67% more affordable now than it was in 1980

legislation we may bring forward will have the desired impact.

We are working with our colleagues in RoI to take this research forward on a North/South basis to take account of the impact of cross-border sales. We are also watching developments in England, Scotland, and Europe very closely. However, if we were to introduce minimum unit pricing – it would not be a magic bullet. It needs to be combined with the other actions set out in the New Strategic Direction for Alcohol and Drugs Phase 2.



A Broader Approach To Preventing Suicide

Suicide remains one of the most pressing societal challenges that we face in Northern Ireland. Five times as many people are dying by suicide here each year than are killed through road traffic accidents.

It is now widely recognised that suicide prevention is not just a matter for Health and Social Services alone, and that we need to intervene earlier to build the emotional resilience that prevents people from becoming suicidal. Therefore, to achieve a sustained reduction in suicide it is essential to work in partnership with other government departments, and a range of organisations and agencies. It is also essential to address the many and varied risk factors for suicide.

Five times as many people are dying by suicide here each year than are killed through road traffic accidents.

The Protect Life Strategy includes actions to be delivered by a number of government departments and their agencies and are designed to boost the protective factors against suicide. The Department has been working with sporting bodies, the Department of Culture Arts and Leisure (DCAL), and the Department of Agriculture and Rural Development (DARD) to raise awareness of suicide within the sporting, arts and rural communities.



IFA Mental Health Programme

Working in collaboration with the Public Health Agency (PHA), the Irish Football Association (IFA) has developed and delivered a health programme targeted at soccer clubs and schools throughout Northern Ireland. The programme, which has been funded by DCAL, covers mental health awareness and includes a Facebook health app. The aim is to deliver the positive mental health message and promote help-seeking in a way that is relevant to young people.



The programme also includes training for managers and coaches to help them identify the signs of emotional difficulty and to be able to intervene and signpost the young people to sources of help. By intervening early in this way, young people can get the help they need before they become suicidal. The IFA's health programme has received a commendation from FIFA's Chief Medical Officer who also expressed his wish to explore rolling out the programme in other countries across the world.

Sport NI

Sport NI has developed a *Mental Health and Well-Being in Sport Communications Strategy* in conjunction with PHA and Lifeline. Work has also begun on a mental well-being sports charter for sports bodies to sign up to.

During the summer DCAL provided funding to enable Sport NI to run a club/



community based pilot of a mental wellbeing and suicide awareness programme involving five selected governing bodies of sport (IFA, Rugby, GAA, Boxing and Golf). Sport NI will use the feedback from the 25 clubs involved to plan further mental health support such as training for coaches and rolling the awareness campaign out across all sports.



"The Irish FA has gone to extraordinary lengths to promote the campaign through clubs, schools and coaches, and by using our website (www.irishfa.com) and Facebook and Twitter pages we are trying to reach as large an audience as possible."



Launch of Mental Health and Well-Being in Sport.



Arts and Culture

The Arts Council is working on a 'Young People and Mental Health Programme' which aims to use creativity to promote positive mental health. The Council is also developing a communication plan for raising awareness of Lifeline and other suicide prevention services.



Libraries NI

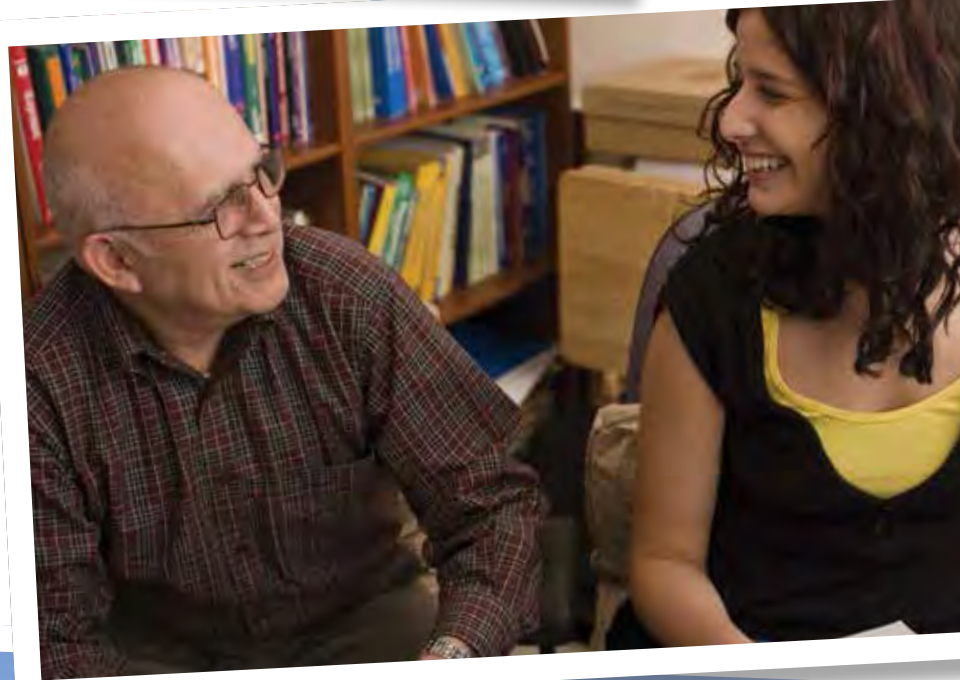
Libraries NI is delivering a 'Health in Mind' programme, in partnership with mental health charities. This project helps people with mental illness to improve their lifestyle choices and gain better access to mental health information.



Rural Communities

DARD has implemented a number of initiatives to counter suicide in rural communities which include: the Support Helpline "Rural Connect"; mental health awareness sessions held in farmers' markets; projects targeting mental health promotion amongst young people across rural areas; suicide prevention/mental health awareness capacity building for rural networks.

The majority of people who die by suicide do not seek help from obvious sources such as mental health services. This is why the type of interventions, outlined above, by organisations outside of the traditional health and social care sector is so important. Sporting bodies and community networks interact with thousands of people on a daily basis. They have a vital role in promoting positive mental health and have shown huge willingness to play their part. I am delighted that they are engaging so enthusiastically in the drive against suicide.



GET MORE EXERCISE Through Active Travel

Physical Activity is important in helping keep both the body, and the mind, fit and healthy. Research shows that participation in regular physical activity has significant benefits for health including, helping to prevent heart disease, Type 2 diabetes and boosting the immune system. It is also helps people maintain a healthy weight, improves their mental health, and promotes or maintains positive self-esteem.

The UK wide Physical Activity Guidelines **Start Active, Stay Active** launched by the four Chief Medical Officers in 2011 advises adults to participate in moderate physical activity for at least 150 minutes each week. This can be achieved in sessions lasting ten minutes at a time.



The 2011/12 Health Survey Northern Ireland found that just over 1 in 3 adults in Northern Ireland meets the recommended levels of physical activity; that is, two thirds of the adult population of Northern Ireland are not taking

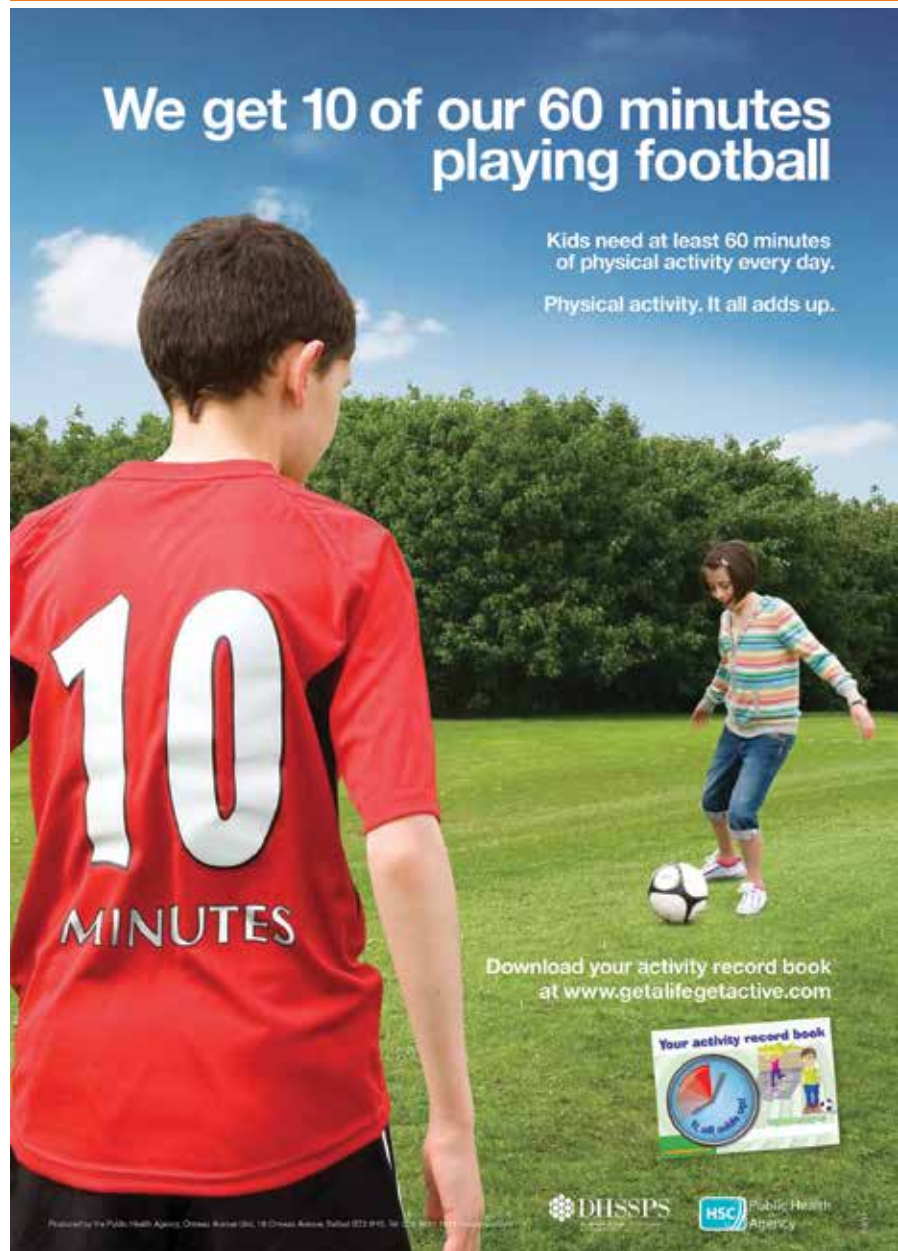
enough exercise to experience a health benefit.

Active travel is seen as an easy and accessible way for people to build physical activity into their daily life, for example, walking or cycling instead of taking the car. This can also have other beneficial impacts such as reducing the personal financial cost of travelling whether through travel fares or petrol, reducing the level of traffic on the roads, reducing the level of pollution in large towns and cities and even provide the opportunity for people to socialise who may otherwise not have the chance to do so.

The Department and the Public Health Agency (PHA) are currently working with a number of partners to increase physical activity opportunities. One aspect of this is improving access to and participation in cycling and one such initiatives is the Active Schools Travel Programme.

The Active Schools Travel Programme funded by the PHA and the Department of Rural Development was launched in October 2013. It encourages pupils to adopt walking and cycling as their main mode of transport to and from school.

A programme of cycling and walking skills will be delivered through the organisation **SUSTRANS (SUSTainable TRANSport)** to 180 schools across Northern Ireland over the next three years. This initiative will also help to achieve a number of the outcomes contained within



the Department's current Obesity Prevention Framework A Fitter Future for All.



A number of other initiatives promoting the uptake of cycling are being taken forward in Northern Ireland by local health improvement teams in conjunction with partners across a range of sectors, including local government, health, education, community and voluntary sectors.

They include:

- > **'Bike It'**
 - > **Active Travel**
 - > **Bike Parks, Storage and Incentives Initiatives**
 - > **Physical Activity**
 - > **Co-ordinators at local level**
 - > **Physical Activity Referral Programmes**
 - > **Cycle Training and Cycle to Work Scheme**
 - > **Information Campaigns**
- www.getalifegetactive.com**

I would encourage everyone to try to increase the amount of physical activity they take. Living a sedentary lifestyle can potentially contribute to increased risk of long-term health problems, whereas participation in physical activity can provide many health benefits.

DIABETES CARE – LOOKING TO THE FUTURE

In last year's annual report I described the challenge of diabetes in Northern Ireland. Over the last year an expert group has been reviewing diabetes care. The work of the group acknowledges that there have been many improvements in services for people with diabetes but it is important to recognise that there are still many challenges facing people with diabetes and the services which provide care for them.

Key Challenges

- The aging population and increasing levels of obesity have meant that the number of people with diabetes in Northern Ireland has continued to rise with approximately a third more than five years ago.
- People living with diabetes and those that care for them need to be equipped with the necessary skills and training to ensure better self management of the condition and the clinical skills to deliver high quality care.
- People with diabetes often have other long term conditions and complications associated with diabetes, for example coronary heart disease and kidney disease, hence the care they need is often very complex.
- The technology of diabetes care is changing very rapidly with new medicines, machines for measuring blood sugar levels and insulin delivery devices available to clinicians and patients.

75,000
people are
known to have
diabetes in
Northern
Ireland





Multi Professional Care Team

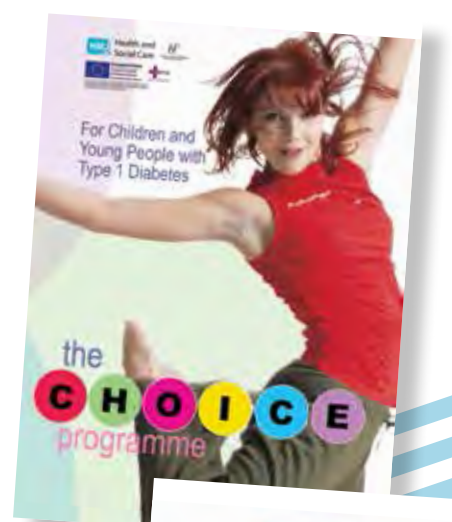


Improving care for people with diabetes

The review group has considered actions which can potentially address the challenges outlined above. Some of these are already happening but others will require further work over the next few years. They include:

- The establishment of an appropriate forum for diabetes which will enable people living with diabetes, clinical staff and those who are responsible for commissioning care to work together to provide high quality services for people with diabetes.
- A stronger emphasis on the contribution of public health to preventing diabetes and its complications linked to the proposed public health strategic framework.
- Ensuring that people with diabetes have access to educational programmes which will enable them to manage their condition more effectively. For example currently all children and young people who are newly diagnosed with diabetes have access to the CHOICE programme of education.
- A renewed emphasis on the needs of children and young people with diabetes as well as women who are pregnant or are contemplating pregnancy. Diabetes in pregnancy, if poorly controlled can lead to serious complications for the baby. Access to pre-pregnancy counselling for women who have diabetes and are considering pregnancy has now been put in place across all five Health and Social Care Trusts in Northern Ireland.

- People with diabetes have clinical information recorded about their condition by a range of health professionals; for example their GP and hospital care teams. It is important to be able to share this appropriately with patients and health professionals so that it is possible to have a more complete picture of an individual's condition. Accessing information from a single source would also be helpful. Providers of services could also compare how their patients are faring compared to others in Northern Ireland.



Over the next few months the Department will develop an action plan based on the findings and recommendations of the review. Along with other developments on managing long term conditions such as the “Long term Conditions and Policy Framework” and “Transforming Your Care” people living with diabetes in Northern Ireland can be reassured that Health and Social Care Services will continue to be responsive to their needs.

Sexual Health Promotion



The promotion of sexual health aims to enhance sexual and emotional health and well-being and help people to reduce the risk of sexually transmitted infections (STIs) and unplanned pregnancy. An Addendum to the Sexual Health Promotion Strategy and Action Plan 2008-2013 that extends the Strategy up to December 2015 is being finalised as there is a need to continue to maintain a focus on sexual health as an important public health issue.

The Addendum has been informed by the recommendations from both the Progress Report on the implementation of the Strategy's Action Plan and the RQIA Report on the Assessment of Specialist Sexual Health Services in Northern Ireland. It also took account of changes to service delivery and clinical practice/guidance and the approach to sexual health in other parts of the UK and Republic of Ireland.

The revised Action Plan will be implemented by the regional Sexual Health Improvement Network over the next two years.

Teenage Pregnancy – Rates Continue to Fall

Health outcomes for babies born to teenage mothers are worse than for babies born to older mothers. The main

contributory factors to these poor health outcomes are:

- young mothers are more likely to attend late for antenatal care;
- more likely to smoke during pregnancy;
- less likely to breastfeed;
- have poorer diets during pregnancy.

The Department is committed to reducing the number of births to teenage mothers and the sustained action over a number of years has resulted in a reduction in the rate. However within this reduction there is still too much variation in the rate for those living in the most and least deprived areas of Northern Ireland. More work is needed to reduce this health inequalities gap.

Support for Teenage Parents

Coping as a teenage parent can be distressing and difficult. Teenage parents can experience limited access to education and training opportunities, leading to economic disadvantage and poverty. They may also experience poor mental health and social isolation. It is important to minimise these adverse consequences for both teenage parents and their children.



The Family Nurse Partnership programme aims to break the cycle of deprivation and its consequences by providing support to teenage parents until their child is two years old. Parents are offered intensive and structured home visiting, delivered by specially trained 'family nurses' offering advice and support in best practice methods to help bring up their child. The programme aims to help develop positive mental health and wellbeing in childhood and hopes to bring about huge benefits for children such as readiness for school, improved educational achievement and a reduction in anti-social behaviours. Young parents are encouraged to form a positive relationship with their child and build supportive relationships. The programme also equips parents to make healthy choices by providing advice and support on breastfeeding, smoking cessation and obesity prevention.

Teenage Pregnancy Rates in Northern Ireland 2003-2012



Source: NIRSA * Provisional data

Young mothers who have completed the family nurse partnership programme.



Breast milk is the natural first food for babies, and breastfeeding is the natural way to feed infants and young children as it promotes health, prevents disease and helps contribute to reducing health inequalities as well as improving the health outcomes for both mothers and children. Breastfeeding helps reduce the risk of illness such as gastro-enteritis and ear infections in babies and also helps protect against asthma, diabetes and obesity later in childhood. It also provides the mother with significant benefits, including a reduced risk of some cancers, and promotes bonding between mother and baby.



Breastfeeding welcome
here scheme

Breastfeeding a great start

A strategy for Northern Ireland 2013 – 2023



Currently the rates of mothers breastfeeding in Northern Ireland is lower in comparison to the rest of the UK, but similar to the South of Ireland. In 2010 the regional breastfeeding rate at discharge from hospital was around 45%. However the rate varies from 11% to 83% across the individual wards in Northern Ireland. Our challenge is to encourage more parents to choose breastfeeding for their children and to ensure that they are supported to do so.

A new ten year strategy to improve the health and well-being of mothers and babies in Northern Ireland through breastfeeding launched in June 2013. The overall aim of the Breastfeeding Strategy – A Great Start is to protect, promote, support, and normalise breastfeeding so that women are able to make

informed decisions and are supported to breastfeed. It recognises that health professionals, policy makers, education establishments and voluntary and community organisations have key roles to play. Families and society also have an important role to play in supporting breastfeeding mothers.

The strategy sets out actions to provide information, and support and advice to women and their families so they can make an informed

decision about how to feed their baby. Other planned action includes the further development of support services in the community and the introduction of legislation to strengthen support for breastfeeding to help create supportive environments for breastfeeding throughout Northern Ireland.

A strategy implementation steering group led by the Public Health Agency will oversee delivery of the Strategy.

BOWEL SCREENING EXTENSION

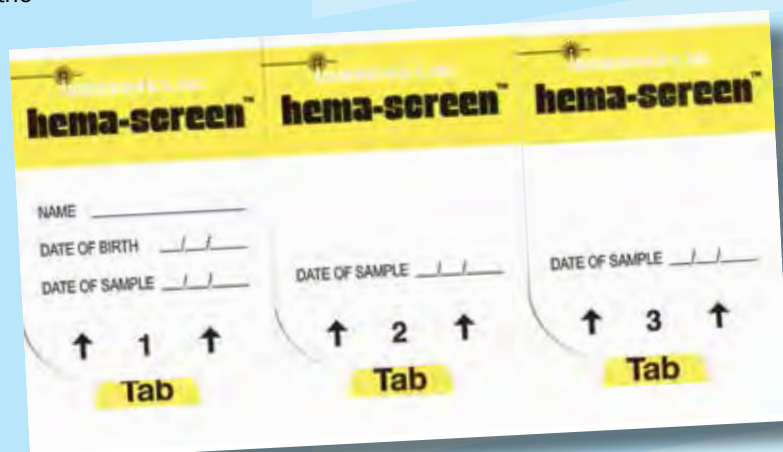
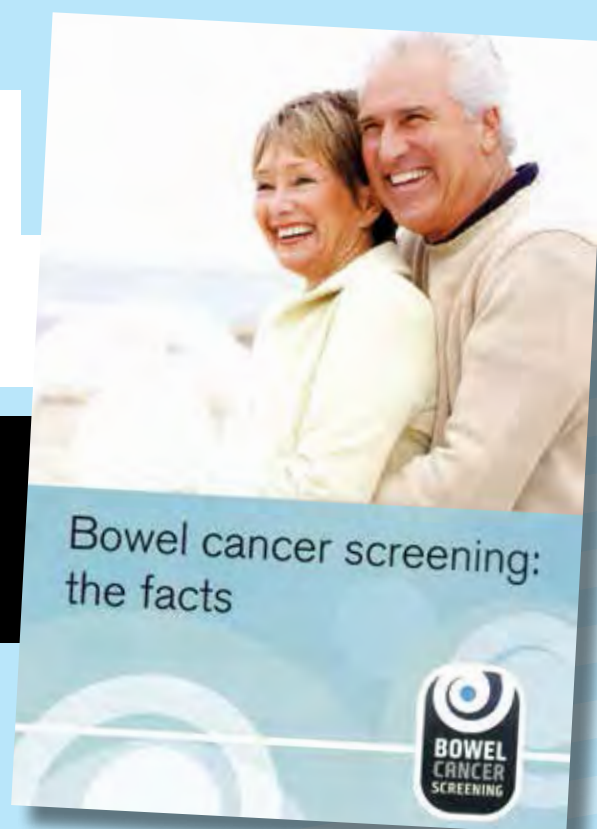
From April 2014 the bowel screening programme will be extended to include men and women aged between 60 and 74.

Implementation of the Northern Ireland Bowel Screening Programme started in April 2010, initially targeting men and women aged between 60 and 69. The age range was extended to 71 years from April 2012.

The aim of the bowel screening programme is to reduce the number of deaths from the disease by detecting bowel cancer as early as possible when the chance of cure is highest. Between 2006 and 2010 there were an average of 1,131 cases of bowel cancer diagnosed each year with 433 deaths annually. During that period bowel cancer was found slightly more often in men than women with 73.9% of those diagnosed alive after one year and 51.9% alive after five years.

The bowel screening programme uses a simple test to detect tiny amounts of blood in the bowel motions. This can be an early warning sign for bowel cancer, before the person notices any problems at all. Currently 120,550 people per year are invited to participate in the screening programme. From April 2014 this will increase to 141,450. One of the challenges faced by the programme is getting men and women to respond to their screening invitation and return their completed test kit. Uptake of screening for the year ending 31 March 2013 was 50% with women more likely to participate than men – the uptake for men and women was 48% and 53% respectively.

Since screening started the programme has identified 303 people with bowel cancer – 208 men and 95 women. Picking up these cancers before the person presented with any signs or symptoms will have greatly increased their opportunity for a successful treatment.



60%
of cases of bowel
cancer occur in
people aged 60
and over

Completing the bowel screening test could save your life.

Surveillance of Women at High Risk of Breast Cancer

Breast cancer is the most common cause of cancer in women in the UK, accounting for almost 1 in 3 of all cancers in women. In Northern Ireland there are over 1,100 new cases of breast cancer diagnosed each year with approximately 300 deaths.

A small number of women are known to be at high risk of developing breast cancer. This has been defined nationally as eight times the normal risk and includes women who have a specific gene defect such as BRCA1 and BRCA2 or who have had previous radiotherapy to the chest under the age of 30.

Women at high risk of breast cancer should be offered breast screening (usually annually) at an earlier age than women from the general population. This is known as surveillance screening.

From April 2013 the surveillance screening of these women has been incorporated within the Northern Ireland Breast Screening Programme. They will be offered mammography, MRI or both depending on their age and the reason for their higher risk of breast cancer. It will be carried out in a specialist imaging unit at Antrim Area Hospital.

Many of these women at high risk of breast cancer are already being offered breast screening however these new arrangements mean that details of those eligible are collated at regional level and that their call and recall for screening is arranged by the Northern Ireland Breast Screening Programme.

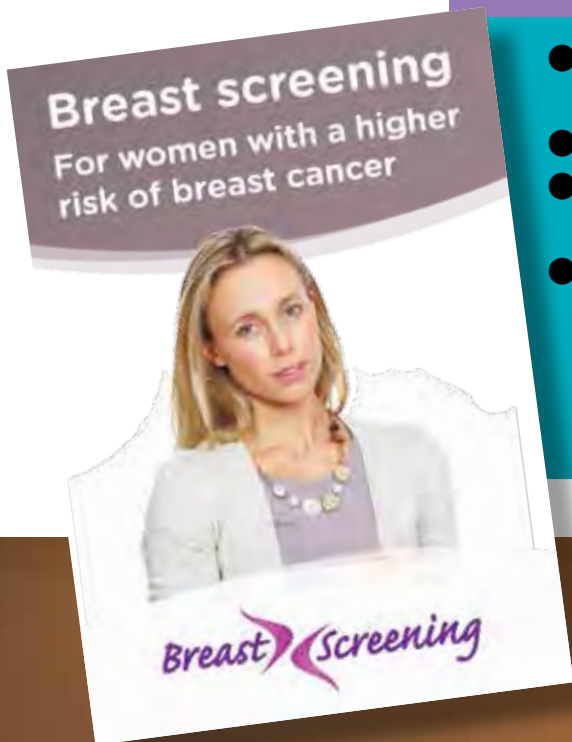


Northern Ireland has taken a pro-active approach to identifying women who should be included in this surveillance programme and has arrangements in place for the referral of women newly identified as being at high risk. Any woman who thinks she may be at high risk should speak to her GP.

To date around 400 women have been identified as being at high risk.

Be Breast Aware

- You should know what is normal for you.
- Know what changes to look for.
- Look at and feel your breasts (in any way that is best for you).
- Tell your GP about any changes as soon as possible. Go for breast screening when invited (if you decide you want to be screened).



Greater Protection with New Vaccinations

Vaccines have been described as one of the most important developments in public health. Vaccination is true primary prevention, as it stops diseases occurring in the first place, rather than dealing with the symptoms or after effects. Programmes such as the routine childhood vaccination programme and seasonal flu programme are well-established in Northern Ireland and very high uptakes rates are achieved. We can see the benefits of vaccination, as so many infectious diseases are rarely if ever diagnosed now.

However, we can't become complacent about vaccination, and it is for that reason that we are constantly reviewing the scientific evidence to make sure that we have the most effective vaccination programmes in place to protect the public. 2012 and 2013 saw the introduction of a range of new vaccination programmes and changes to existing programmes following recommendations from the Joint Committee on Vaccination and Immunisation (JCVI).

PERTUSSIS

October 2012 saw the introduction of pertussis (whooping cough) vaccination for all pregnant women who are 28 weeks and over to provide protection for their newborn babies. This was in response to a sharp rise in the number of infections in babies under three months who were too young to have received all three doses. Provisional figures from the Public Health Agency (PHA) indicate a vaccine uptake rate of around 60% among pregnant women in Northern Ireland. Provisional figures on the total number of confirmed cases of pertussis in Northern Ireland in 2013 is 54, with four cases seen in infants under 3 months of age. Three of these were confirmed in January 2013, the earliest date a decrease in the number of cases following the introduction of the vaccination programme could have been expected. In 2012 there were a total of 314 cases with 70 being in

Whooping cough

If you are pregnant you should get vaccinated to protect your baby



NIH

infants under 3 months. Although occasional cases of pertussis are still occurring, hardly any are now occurring in babies under 3 months of age, in contrast to what was happening before the programme was introduced. So, lives saved, babies kept out of hospital and suffering averted.

ROTAVIRUS

Rotavirus causes vomiting and diarrhoea which is common in children under 5 years of age. In June 2013 rotavirus vaccine was added to the routine infant schedule of vaccinations. The vaccine which is given as oral drops at the same time as the other childhood vaccines will prevent hospitalisation and illness. The benefits of the rotavirus vaccination programme will be apparent as cases of rotavirus decrease in the future.



MENINGITIS C

Meningitis is a much-feared disease that can strike quickly and with severe or even fatal consequences. Meningitis C vaccine protects against the 'C' strain of the disease. Following its introduction in 1999/2000 the number of cases of meningitis C fell dramatically. The schedule has now been changed as scientific evidence found that better protection was achieved by giving the third dose to teenagers instead of at 4 months of age. This change was introduced in July 2013, with teenagers begin vaccinated in the school year beginning in September.



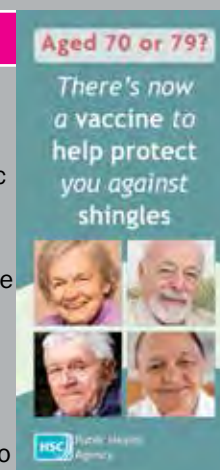
MENINGITIS B

Meningitis B has presented more of a challenge to vaccine developers because of a difference in the physical structure of the bacterium. A new vaccine has been licensed in the UK and is under consideration by JCVI to see if it should be introduced. Understandably everyone is keen to see an effective vaccine against this strain of Meningococcal Disease.

The Meningitis Research Foundation, www.meningitis.org and Meningitis Now, www.meningitisnow.org provide helpful information on meningitis.

SHINGLES

Shingles is a disease that affects predominantly older people and can cause lingering pain in 'post herpetic neuralgia' (PHN). In October 2013 a new vaccine was introduced for 70 year olds, with a catch-up programme for those aged 79. This vaccine is given once only and causes not only a reduction in the number of cases of shingles, but also a reduction in severity of PHN in those patients who may still develop shingles.



FLU

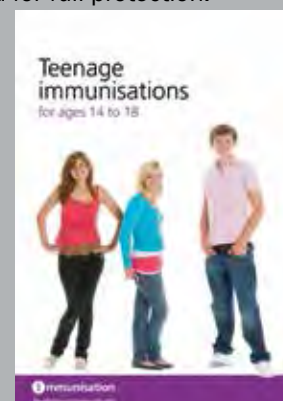
The seasonal flu vaccination programme is now in its 14th year and vaccine uptake is high in people aged 65 and over and those in 'at risk' groups. However JCVI recommended that it was cost effective to extend the flu vaccination programme to healthy children aged 2 to 16 years of age inclusive. Full implementation will take place in a phased manner over the next three years, starting in 2013/14 with vaccination of those aged 2 and 3 years by GPs and primary 6 children by School Health Teams. This work is underway at present and uptake is high.



MEASLES, MUMPS AND RUBELLA (MMR)

MMR vaccine protects against measles, mumps and rubella. Two doses are required for full protection.

Recent outbreaks of measles in Wales and England have received considerable media attention and catch-up programmes have been introduced to give MMR vaccine to all school aged children who are still completely or partially unvaccinated. This will provide direct protection to children and also increase herd immunity to a level where large outbreaks are unlikely. MMR vaccine uptake in Northern Ireland is higher than in the rest of the UK, meaning that herd immunity is likely to limit the possibility of large outbreaks of measles. Nevertheless, a catch-up campaign was undertaken for all 5 to 15 year olds identified as completely or partially unvaccinated.



Home Accident Prevention

Accidents are a major cause of premature, preventable deaths in Northern Ireland with the most vulnerable in our society being most at risk. Accidents impact not just on the individual but on families, local health and other public sector services and the wider community.

In Northern Ireland, 500 people die through accidents each year. They are the main cause of death in children. Accidents are estimated to cost Northern Ireland £4.3billion every year, with home and leisure accidents accounting for £2.7billion of this cost.

**500
people in
Northern
Ireland die
through
accidents
each year**

Accidents can be linked to behaviour, product design, environment, and social and economic circumstances. The main types of accident that occur in the home are:

- impact accidents including falls, being hurt by falling objects and general 'bumping into' type accidents;
- heat accidents including burns and scalds; and
- through mouth and foreign body accidents including accidental poisonings, suffocation, choking and objects in the eye/ear/nose.

The Department's Home Accident Prevention Strategy 2004 – 2009, through awareness-raising, training and home safety



checks by local councils achieved a considerable reduction the number of accidental injuries in the home. However, despite this reduction in injuries there has not been a corresponding reduction in the number of accidental deaths.

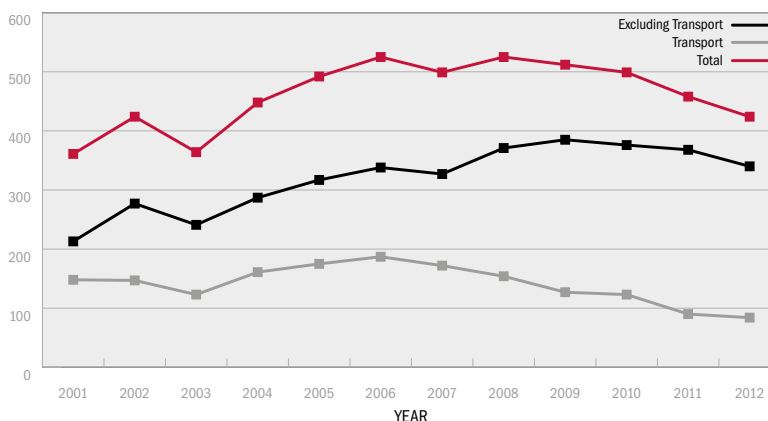
The Department continues to be committed to reducing the number of accidental deaths and injuries in the home. A new strategy is currently being developed with input from the Public Health Agency, Health and Social Care Trusts, District Councils, the Royal Society for the Prevention of Accidents (RoSPA), the Fire and Rescue Service, and the Housing Executive. It will be issued for consultation later in 2014.

Blind Cord Safety

One particularly distressing type of home accident is the entanglement of children in window blind cords which can lead to strangulation. Research by RoSPA found that since 1999, across the UK, there have been at least 27 deaths in children under the age of 3 involving blind cords, 14 of which have occurred since the beginning of 2010.

A UK-wide group, which I chair, involving public health agencies, RoSPA and the British Blind and Shutter Association (BBSA) has been established to look at ways of reducing window blind cord accidents and deaths.

Deaths due to accidents 2001-2012



To assist with reducing this type of accident and following negotiations between BBSA, the UK government, European Union and safety and products standard bodies, new standards for window blinds were introduced in February 2014 in the UK. This will bring the window blinds industry into line with EU requirements. The new regulations will be legally binding on anyone involved in the manufacture, sale or installation of window blinds and will ensure that new blinds must be safe by design or be supplied with the appropriate child safety device.



It is recognised that a sizeable proportion of window blinds already installed will not comply with the new standards. A range of safety devices are therefore available to help make window blind cords safer.

Awareness-raising about the dangers of window blind cords continues to be a priority. Currently the five District Councils in the Eastern area provide information to parents or carers about blind cord safety while they are registering the birth of their baby. It is hoped that the scheme will be rolled out across all council areas in Northern Ireland.

Videos and information on blind cord safety are available on the BBSA website: <http://www.makeitsafe.org.uk>



ULTRA VIOLET MONITOR IN NORTHERN IRELAND

On 5 March 2013 a new Ultraviolet Radiation (UVR) monitor was installed on the roof of Dundonald House in the Stormont Estate. The monitor is the first of its kind to be installed in Northern Ireland and is part of a UK-wide network of monitors installed and managed by Public Health England.

The UK Climate Change Risk Assessment (UKCCRA), published in 2012 suggested that the incidence of melanoma skin cancer may increase in future as increases in sunshine, reduction in cloud cover and precipitation, and higher temperatures, would be likely to favour patterns of behaviour in the general population involving more outdoor activity, lighter clothing and greater exposure to the sun. The Department's Skin Cancer Prevention Strategy also acknowledges the climate change prediction that increased exposure to sunlight outdoors may lead to a rise in skin cancers and that there could be a disproportionate impact on outdoor workers.

It is intended that the UVR monitoring equipment will track trends in the sun's strength, intensity and duration in Belfast and, over time, will inform our understanding of the likely impacts on skin cancer rates as well as help underpin future climate change risk assessments.

The data will be made publically available via the Public Health England website in due course. <https://www.gov.uk/government/organisations/public-health-england>

UVR monitor located on roof of Dundonald House



Air Aware' - SMS for Air Pollution Alerts

During periods of high air pollution, the symptoms of people who suffer from a chronic illness that affects their breathing, such as asthma or heart disease, may worsen.

To assist with predicting and managing these symptoms, a new SMS text messaging service called 'Air Aware' was launched on 6 December 2013 by the Department of the Environment in conjunction with the Department Health, Social Services and Public Safety.



The primary purpose of the service is to allow individuals, who could benefit from air pollution alerts, to sign up to receive a text message alert about air quality to their mobile phone. The alert notifies subscribers when air pollution levels are HIGH (or VERY HIGH) or forecast to be HIGH (or very HIGH), so they can choose whether they need to adjust their daily routine, for example, by limiting time outdoors or avoiding strenuous outdoor exercise, as they usually would when symptoms increase, and to consult their doctor if this is not effective.

Signing up to the 'Air Aware' text messaging service is easy. It is available via the NI Direct 66101 number, by texting the word 'Air' to 66101. The initial text message to register with the service is charged at the standard network operator's messaging rates. Alerts are received free of charge for UK-mobiles. Should individuals wish to opt out, they can do so by texting STOPAIR to 66101.

Planning for an Emergency

This has been a challenging year for emergency planners in HSC organisations and the Northern Ireland Fire and Rescue Service (NIFRS) with a series of Major Events taking place during the summer of 2013.



In addition to the year-long events planned in Derry/Londonderry to mark it becoming the UK's first City of Culture and the planned hosting of the World Police and Fire Games in Belfast during August; there were the announcements on the hosting of both the G8 Summit in June and the All Ireland Fleadh Cheoil in August.

These were events of national and international importance. It was crucial therefore that any planning undertaken was necessary and proportionate to address any risks and ensure continuity of health, social care and emergency services for the local community throughout.

The G8 Summit

On 20 November 2012, the Prime Minister announced that the 39th G8 Summit would be held on 17 and 18 June 2013 at the Lough Erne Resort in Enniskillen. This left approximately five months to plan for an event

The G8 Summit



World Police and





of enormous magnitude. HSC organisations and the NIFRS were key partners working alongside the PSNI to ensure appropriate arrangements were in place for visitors and the local community alike, and to address any potential risks.

HSC organisations and the NIFRS, based on PSNI planning assumptions, made the necessary arrangements to:

- Provide medical and fire & rescue services at the Lough Erne Resort;
- Enhance public health surveillance of infectious disease;
- Expand primary care rotas and out of hours provision;
- Ensure continuity of care in the community setting;
- Build on existing patient pathways to ensure arrangements could manage an increase of referrals or admissions; and
- Provide specialist emergency services support to the PSNI.

It was generally regarded as one of the most peaceful Summits held and the First Minister and deputy First Minister expressed their thanks and appreciation to all agencies involved in making the Summit a resounding success.

World Police and Fire Games

Northern Ireland hosted the World Police and Fire Games (WPFG) from 1-10 August 2013. This event attracted in the region of 7,000 competitors, along with 4,500 friends and family, from 67 countries. The Games involved approximately 56 different sports at 43 venues across the whole of Northern Ireland. It was described by the WPFG Federation President Mike Graham as the “best and friendliest Games ever”.

Again, HSC organisations worked with PSNI and WPFG Ltd in preparing for the Games. In particular, the NI Ambulance Service, worked in collaboration with the voluntary ambulance services and private medical providers to ensure there was appropriate medical cover at each of the sporting venues throughout Northern Ireland and at the WPFG village for participants.

The Fleadh Cheoil

This event was held from 11 – 18 August in Derry/Londonderry. Considerable planning was undertaken by the HSCB, PHA, Western HSC Trust and NIAS to put in place the relevant healthcare arrangements for the 250,000 visitors expected to attend this event. Overall there were no service continuity or health and social care related issues identified during this period.

Fire Games



The Fleadh Cheoil



Antimicrobial Resistance: Defending our defences

The development of penicillin in the 1920s opened an era of antibiotic discovery. Many serious infections that in the past were often incurable or fatal are now routinely treated effectively, safely and quickly. Today, however, resistance to antimicrobial drugs is a major global threat to human health and wellbeing, and is acknowledged as such by the World Health Organisation and other health agencies.

Globally, antimicrobial resistance is increasing faster than new antibiotics are being developed. The emergence of new, antimicrobial-resistant strains of micro-organisms is threatening the efficacy of treatments that we take for granted, including drugs used for cancer chemotherapy, organ transplantation, the care of extremely premature neonates and major surgery.

Infections caused by resistant organisms result in delays in patients receiving effective treatment; prolonged length of stay for hospitalised patients; escalating use of broad spectrum antimicrobial drugs with greater risk of adverse effects, and increased cost of healthcare delivery.

Organisms with multiple antibiotic resistance are a problem both in hospitals and in the community.

There is a clear and pressing need to take action to control the spread of such resistance among organisms. This is a global problem that requires local as well as national and international action, and any work done in Northern Ireland needs to be linked with work taking place elsewhere in the UK and internationally.

In July 2012 DHSSPS published the Strategy for Tackling Antimicrobial Resistance (STAR), which replaced the Antimicrobial Resistance Action Plan (AMRAP) of 2002. STAR sets out our aims

with regard to:

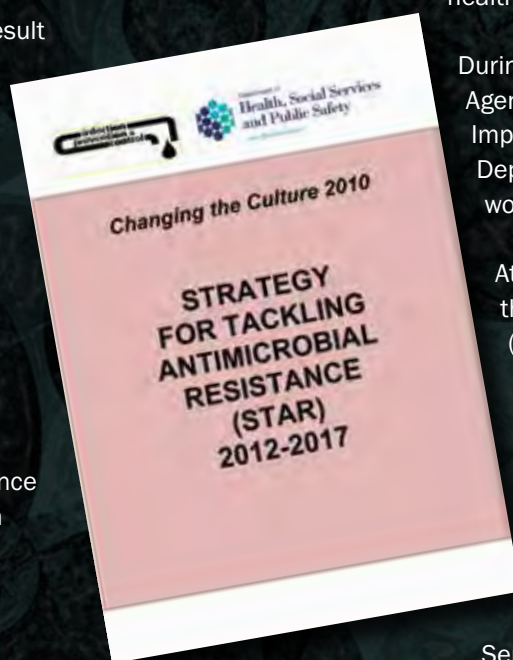
- the monitoring of antimicrobial usage and surveillance of resistance;
- professional education and practice;
- research and development, and
- patient and public engagement and information.

The cornerstone of the plan is the prudent and appropriate use of existing antimicrobials. Good stewardship of antimicrobial use in humans brings additional advantages as well as control of resistance: it maximises successful treatment of infections and minimises adverse effects of antimicrobial therapy such as toxicity; the selection of pathogenic organisms such as *Clostridium difficile*; and inefficient usage of healthcare resources.

During 2013 the Public Health Agency developed a STAR Implementation Plan and the Department and PHA are now working together to deliver STAR.

At UK level, in summer 2012 the Department of Health (London) and Defra led the development of a UK 5-year strategy on antimicrobial resistance. Northern Ireland, Wales and Scotland are parties to this strategy, which mirrors the key elements of STAR. The UK strategy was published in September 2013.

Ensuring that we make the most appropriate use of antimicrobials is essential both in promoting patient safety and to protect the health and wellbeing of present and future generations.



PUBLIC HEALTH LAW

The Public Health Act (Northern Ireland) 1967 gives certain public bodies unusual powers to take particular actions to protect the public against infectious diseases. Most other developed countries have broadened the scope of public health legislation and adopted the 'all-hazards' approach to cover health threats such as chemical or radiological contamination and as well as infectious diseases.

In 2013 DHSSPS asked the Northern Ireland Law Commission to review the Act, with a view to making the legislation fit for purpose. The review will be carried out during the remainder of the current Assembly mandate, which ends in spring 2016. The Department is aiming to introduce a Public Health Bill early in the next mandate.

International seminar on public health law, Belfast, November 2013

While certain aspects of the Public Health Act 1967 are clearly ripe for review, the scope of new legislation has yet to be decided. The review of the Act and the preparation of new legislation will involve close study of options that have been adopted by other jurisdictions. With this in mind, the Department and the Law Commission have been connecting with specialists outside Northern Ireland. In November 2013, with generous funding and support from the Swedish Institute of Public Health, DHSSPS hosted a two-day international seminar on public health law.

Legislation is only one of many different ways to pursue public health goals. The seminar brought together internationally renowned scholars, lawyers and public health policy-makers, to help us consider the scope of public health legislation; how public health law has developed in different countries; the rationale for different approaches; international and local perspectives and experiences, and what has worked and what has been less effective.

Infection Prevention and Control (IPC) award

In order to highlight the importance of infection prevention and control and the excellent work that is being undertaken across the Health and Social Care organisations in Northern Ireland, the Institute of Healthcare Management (IHM), in partnership with the Department of Health, Social Services and Public Safety (DHSSPS), launched an Infection Prevention and Control (IPC) award in 2013.

Applications were invited from multidisciplinary teams working within Health and Social Care Organisation, who have introduced or managed a process, change or innovation to improve infection prevention and control, that is sustainable and/or can be replicated in other settings.

The winning team was from the Northern Ireland Medical and Dental Training Agency. They had developed an educational program of training for the dental profession with the objective of raising the standard of infection prevention and control within dentistry and ultimately improving patient safety.



R&D strategy

Research and Development are vitally important in improving health and social care. A new drug to treat a disease, a better way to deliver some aspect of care, or a discovery about the genetic basis of a disease are just some of the ways in which research and development helps to continually shape and improve the treatment and care that we can offer to patients and clients.

The previous strategy, *Research for Health and Wellbeing 2007 – 2012 (extended to include 2013)* aimed to support research, develop understanding, improve health and wellbeing and make a difference. It has been very successful in taking forward R&D, but is now ready for updating.

To inform development of the new strategy, a workshop was held in October with around 80 people from a wide range of HSC organisations, patient groups, charities and the pharmaceutical industry attending. The following aim and objectives were agreed:

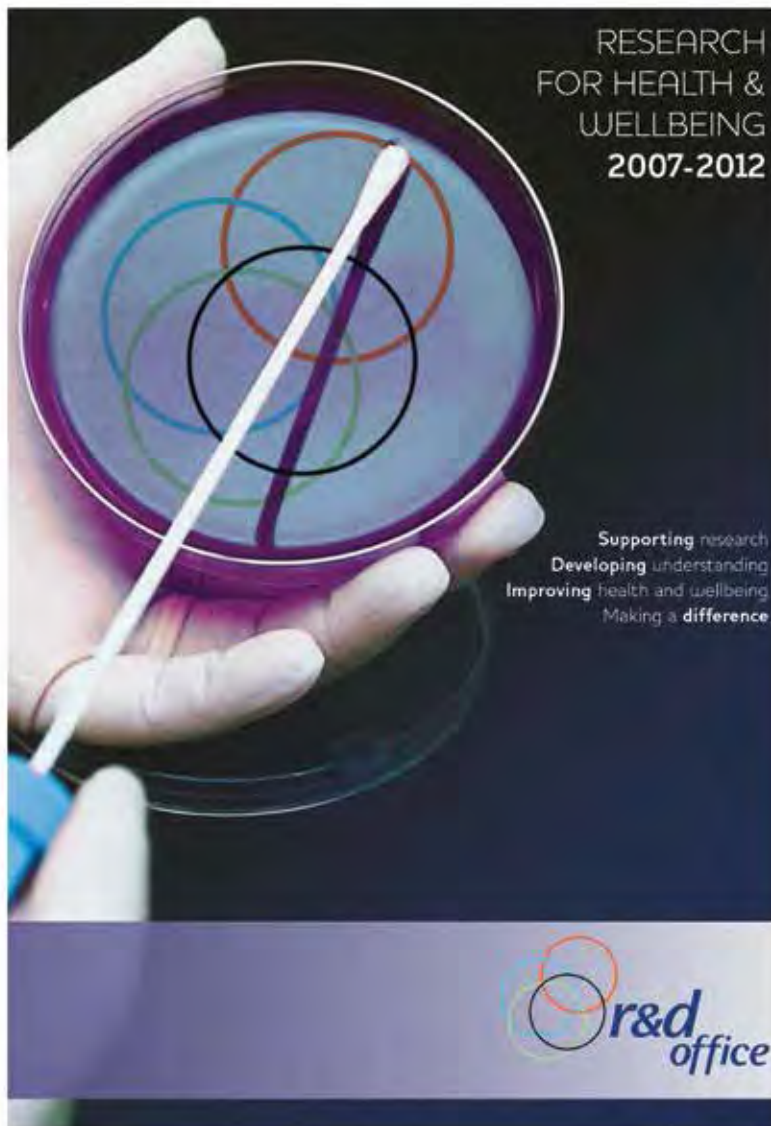
AIM: For the population of Northern Ireland to benefit from excellent, world-renowned R&D in health and social care that takes place in NI.

The strategy has four main objectives:

- To harness the efforts and expertise of all those involved in HSC R&D to work in a coordinated and collaborative way, benefitting from national and international partnerships.
- To compete successfully for funding and maintain maximum return on all investment – clinically, academically and commercially.
- To increase the emphasis on needs-driven research relevant to the local population.
- To support research and researchers to provide evidence for better policy-making and improved health or social care services

We want this to be a strategy that will really make a difference and strengthen R&D in Northern Ireland. If we can do this, then there will be direct benefits for patients, clients and the health and social care sector. There will also be many other indirect benefits ranging from new jobs, increased profile of universities and industry and benefits to the economy.

The revised strategy, when available will be issued for consultation.





LEARNING LESSONS ABOUT CARE

The Clinical Outcome Review Programmes help to assess the quality of healthcare across the UK, and stimulate improvement in safety and effectiveness. Some of the learning comes from ongoing surveillance of numbers, for example maternal deaths or suicides and homicides by people who have been having treatment for mental illness, to establish trends. The other key element is confidential case note review of patients with specific conditions, for example epilepsy or infection, or to see where practice could be improved.

There are six Programmes – Medical and Surgical; Mental Health; Maternal and Newborn; Child Health; Asthma Deaths and; Children’s Head Injury Project.

Findings from recent reports include:

- Children were twice as likely to die in 1980 as in 2010.
- Injury is still the most common cause of death in children aged 1-18.
- Half of all children who die have multiple chronic conditions.
- There are around 100 maternal deaths in the UK each year. The main causes of death are associated with heart and mental health conditions. Conditions directly related to the pregnancy most likely to cause death are infections and bleeding.
- There are over 4,000 stillbirths and 3,000 infant deaths a year. Many of these stillbirths and infant deaths are due to a major congenital anomaly. Other risk factors include maternal smoking, mothers aged under 20 or over 40, and pregnancy complications such as high blood pressure.
- In the UK Alcohol related liver disease now causes around 200,000 admissions and 9,000 deaths a year, and these numbers have increased in recent years.
- Most people who die from liver disease will have had previous hospital admissions, but only 1 in 3 are referred for support to stop drinking.

Asthma Deaths

A 12 month review of asthma deaths in the UK commenced in February 2012. The aim is to understand why people of all ages die from asthma and identify what can be done to improve care and reduce deaths from asthma in the future.


Children’s Head Injury Project

Traumatic head injury is among the most common causes of morbidity, mortality, disability and lost years of productive life in children. This is a one year project to determine how early management of head injury in children affects health outcomes and to identify avoid factors associated with adverse outcomes.

- There are around 250 suicides in Northern Ireland each year; approximately 1 in 4 of these are mental health patients.
- 61% of mental health patient suicides had a history of alcohol misuse and 37% had a history of drug misuse, often co-occurring.

KEY STATISTICS

1



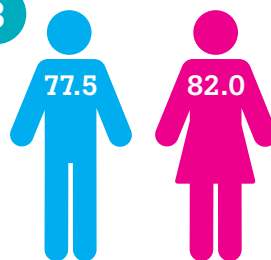
In 2012 there were estimated to be **1,823,600** people living here. **20% (357,000)** are under **15** years old and **15% (273,000)** are aged **65** and over.

2



There are **32,400** people from minority ethnic groups living here (Census 2011).


3



Life expectancy at birth for men is **77.5** years and **82.0** for women.

4

25,269 babies were born in 2012.



5



14,756 people died in 2012; **7,094** males and **7,662** females. **5,072** were aged **85** and over; **1,748** men and **3,324** women.

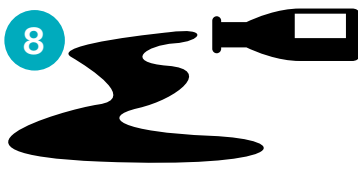
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In 2012 there were **4,134** deaths from cancer and **2,535** from heart disease.

7

278 people died by suicide in 2012 – **215** males and **63** females.

8

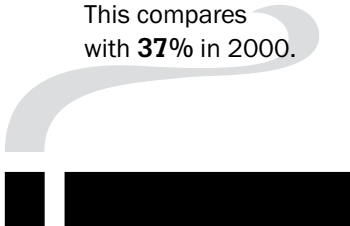


7,520 people were admitted to acute hospitals in 2012/13 for treatment of alcohol misuse.

9

In 2012, there were **6,267** new sexually transmitted infections diagnosed in GUM clinics in Northern Ireland.

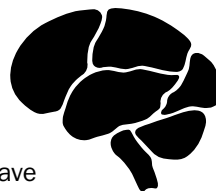
10 In 2010, **19%** of all pupils had ever smoked. This compares with **37%** in 2000.



11

1 in 4 people will experience mental illness in their lifetime and **1 in 6** will experience mental illness at any one time.

12 At the age of **65** about **1 in 20** people will have dementia and by the age of **80** about **1 in 5** will have some degree of dementia.



13 Approximately **1 in 5** adults and **1 in 20** children in Northern Ireland are living with a disability.

14

In 2012/13, there were **1,513,235** attendances at consultant led outpatient services, a further **159,170** did not attend their appointment and **196,633** cancelled their appointment.