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Assembly

## Research and Information Service Briefing Note

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# The DHSSPS budget: where does the money go?

### Key points

- Nearly 90% of the total DHSSPS budget is allocated to the Health and Social Care Board and the Public Health Agency;
- Over £3bn is allocated to the six HSC Trusts;
- The allocation for 'DHSSPS - Centrally Managed Budgets' has been halved for 2011/12;
- Nearly £1.3bn was spent on Acute Services in 2009/10;
- Acute Services and Elderly Care make up almost two thirds of expenditure accounted for under Programme of Care;
- Spending on Primary Health and Adult Community has more than doubled in six years;
- 6% more was spent under Programmes of Care in 2009/10 than was planned;
- Nearly one fifth more than planned (19%) was spent on Elderly Care;
- Less than half of planned expenditure for Health Promotion and Disease Prevention was actually spent in 2009/10; and,
- More than £800m is spent on Family Health Services.

## 1. Introduction

According to the Health and Social Care Board (HSCB) more than £10 million *per day* is spent on the health system in Northern Ireland.<sup>1</sup> This equates to nearly £6 per person in Northern Ireland every 24 hours. Tracking where that money is spent, by whom, and on what can be quite a complex task.

This paper provides some details of health and social care expenditure across nine Programmes of Care (PoC). It also provides a breakdown of the Family Health Services budget. It is intended to provide background to the Committee for Health, Social Services and Public Safety (“the Committee”) in its role in scrutinising the work of the Department.

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<sup>1</sup> Health and Social Care Board (2010) ‘COMMISSIONING PLAN 2010/2011’ available online at: <http://www.hscboard.hscni.net/Inews/21%20October%202010%20-%20Commissioning%20Plan%202010-2011%20PDF%20974KB.pdf> (accessed 24 November 2010) (see page 24)

## 2. How is the DHSSPS budget distributed?

For 2011/12, the Department received a budget of £4,388m. The following high-level breakdown shows how it plans to distribute its funding for this year:

**Table 1 Distribution of DHSSPS budget for 2010/11 and 2011/12<sup>2</sup>**

(£m)	2010/11	2011/12
HSCB managed services – FHS, Running costs and services purchased from Trusts	3754	3,861
PHA running costs and services purchased from Trusts	70	76
Allocations to 6 Trusts from PHA and HSCB = £3,003 million made up by Health Trust:		
Belfast Trust	930	1,037
South Eastern Trust	419	452
Southern Trust	437	475
Western Trust	416	449
Northern Trust	504	534
Ambulance Service	53	56
Business Services Organisation	9	9
Patient Client Council	2	2
NI Practice & Education Council	1	1
NI Social Care Council	2	2
Regulation & Quality Improvement Authority	6	6
NI Medical & Dental Training Agency	53	53
NI Guardian Ad Litem Agency	4	4
NI Fire & Rescue Service	80	81
DHSSPS - Own Running Costs	32	30
DHSSPS – Centrally Managed budgets	112	66
DHSSPS – Education and Training	99	99
Depreciation	83	98
<b>TOTAL</b>	<b>4,307</b>	<b>4,388</b>

£3,937m (just under 90% of the total) is allocated to the HSCB and the Public Health Agency (PHA). Of this, £3,003m is allocated to the six HSC Trusts. The remaining £934m is to be spent directly by the HSCB and PHA – purchasing from external bodies and managing the General Medical Services and Family Health Services budgets.

The remaining 10% is directly allocated by the Department to the various bodies listed in the table, including its own running costs.

<sup>2</sup> Source: DHSSPS

It is notable that the allocations to each of the HSC Trusts has increased for this year. The only lines showing a cash reduction for 2011/12 on the previous year are 'DHSSPS - Own Running Costs' and 'DHSSPS – Centrally Managed budgets'.

It is particularly noticeable that the latter spending line has been halved. The Committee may wish to seek further information on what is covered by this line and what the implications of the reduction are.

### 3. Expenditure by Programme of Care

A large proportion of HSC Trusts' expenditure in Northern Ireland is accounted for under nine Programmes of Care (PoC). Costs and activities associated with the Family Health Services Budget are not recorded under this framework. But this framework nevertheless provides the clearest indication of how much of the DHSSPS budget is spent.

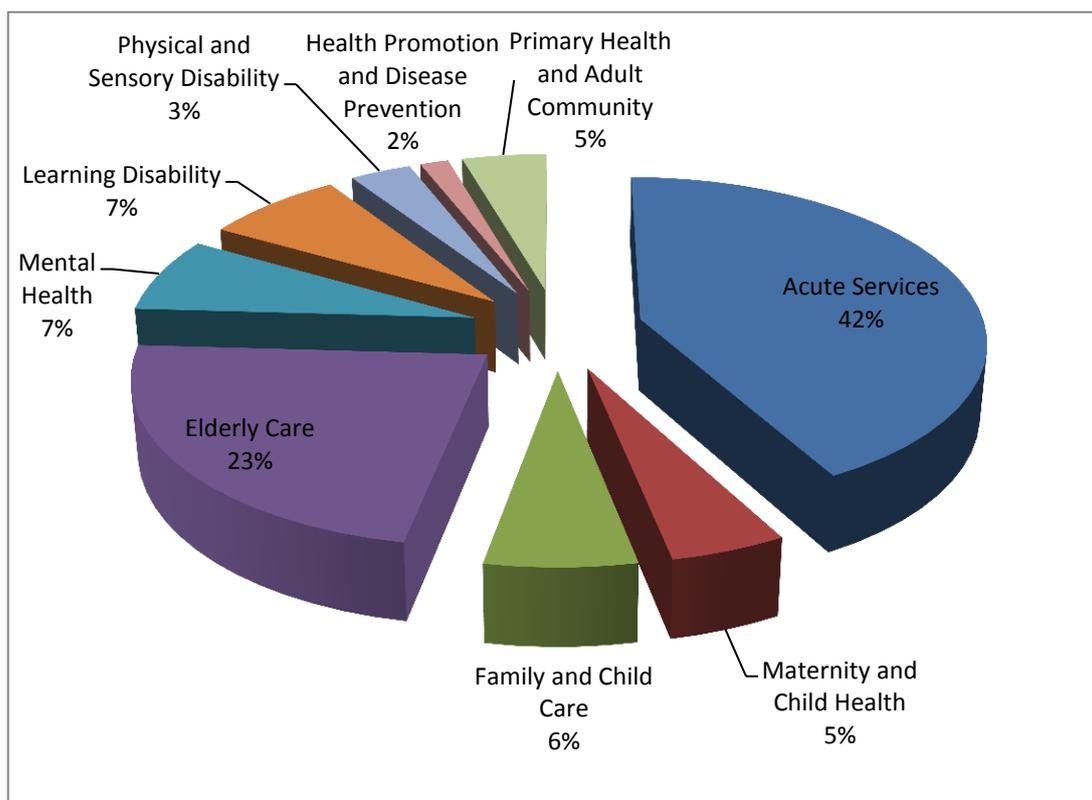
#### What are the programmes of care?

- **Acute Services (PoC1)** - includes all activity, and resources used, by any health professional, relating to an inpatient episode where the consultant in charge of the patient is a specialist in an acute specialty. It also includes all activity, and resources used, by a hospital consultant in an acute specialty, in relation to an outpatient episode, day case, or day care;
- **Maternity and Child Health (PoC2)** – includes all activity related to obstetrics and child health including community contacts in relation to maternity or child health. All health-related community contacts for under-16s are included except in relation to mental health, learning disability or physical and sensory disability;
- **Family and Child Care (PoC3)** – includes activity and resources relating to social services support of family and children, including children in care, child protection, family centres, women's shelters for example and also community contacts by health professionals where primary reason is family or childcare related;
- **Elderly Care (PoC4)** - includes all activity, and resources used, by any health professional, relating to an inpatient episode where the consultant in charge of the patient is a specialist in geriatric medicine or old age psychiatry. Also includes community contacts with those 65 or over (except in relation to mental illness or disability) and includes dementia and all work relating to homes for the elderly;
- **Mental Health (PoC5)** – includes all activity, and resources used, by any health professional in relation to mental illness, child and adolescent psychiatry, forensic psychiatry and psychotherapy. Note it does not include contact relating to dementia which falls under Elderly Care;
- **Learning Disability (PoC6)** - includes all activity, and resources used, by any health professional in relation learning disabilities, including where patients with Down's Syndrome develop dementia;

- **Physical and Sensory Disability (PoC7)** – includes all contacts by a health professional relating to physical or sensory disability (excluding patients over 65 which are allocated to Elderly Care);
- **Health Promotion and Disease Prevention (PoC8)** –all hospital, community and GP-based activity relating to health promotion and disease prevention – including screening, well woman/man clinics, child health surveillance, school health clinics, vaccinations, community dental screening and so on; and,
- **Primary Health and Adult Community (PoC9)** – includes contacts by health professionals with community patients aged 16-64 where the primary reason is anything except mental illness, learning disability or physical and sensory disability. It includes GP-ordered diagnostic tests and treatments. Costs and activities associated with Family Practitioner Services (GPs, Dentists, Pharmacists and General Ophthalmic Practitioners) are considered outside the Programme of Care Framework – see section 4 below.

Figure 1 shows the proportion of HSC Trust expenditure on each of the nine PoCs for 2009/10.

**Figure 1 Breakdown of HSC Trust Expenditure by Programme of Care 2009/10**



**Source: Department of Health Social Services and Public Safety**

- This Figure shows that expenditure on ‘Acute Services’ and ‘Elderly Care’ accounted for about two thirds (65%) of the total expenditure recorded under the PoC framework; and

- Expenditure on 'Health Promotion and Disease Prevention' accounted for the smallest proportion (2%) of the total expenditure recorded under the PoC framework.

Table 2 below gives actual expenditure data for 2004/05 to 2009/10.

**Table 2 Actual Expenditure by Programme of Care by HSC Trusts 2005/06 to 2008/09**

	Actual Expenditure as per Trust Financial Returns						% Change 2004/5 to 2009/10
	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	
Programme of Care	£m	£m	£m	£m	£m	£m	
Acute Services	874.6	949.2	1,035.3	1,114.8	1,240.0	1,292.4	47.8%
Maternity and Child Health	101.1	110.9	117.9	121.8	138.2	145.0	43.4%
Family and Child Care	133.3	142.0	155.0	166.6	180.9	188.5	41.4%
Elderly Care	553.1	586.9	628.6	644.9	687.2	704.9	27.4%
Mental Health	173	182.4	190.8	197.0	222.7	225.5	30.3%
Learning Disability	161.9	175.6	185.6	200.2	215.3	228.3	41.0%
Physical and Sensory Disability	73.2	78.0	83.1	92.9	98.1	100.9	37.8%
Health Promotion and Disease Prevention	34.8	38.1	42.0	46.6	47.1	46.9	34.8%
Primary Health and Adult Community	58.6	68.1	77.1	98.1	120.4	138.4	136.2%
<b>Total Expenditure</b>	<b>2,163.6</b>	<b>2,331.0</b>	<b>2,515.4</b>	<b>2,682.8</b>	<b>2,949.9</b>	<b>3,070.8</b>	<b>41.9%</b>

**Source: Department of Health Social Services and Public Safety**

The following observations may be made in relation to this table:

- Overall expenditure across all Programmes of Care increased by 41.9% between 2005/06 and 2009/10;
- The largest increase in percentage terms was in 'Primary Health and Adult Community' (136.2%), however (as can be seen from Figure 1 above) this PoC represented only around 5% of the total expenditure for 2009/10;
- The second largest increase in percentage terms was in Acute Services (47.8%) which (as can be seen from Figure 1 above) represented over 40% of the total expenditure for 2009/10; and,
- The smallest increase in percentage terms was in 'Elderly Care' (27.4%) which (as can be seen from Figure 1 above) represented just under a quarter of the total expenditure for 2008/09.

Table 3 compares *actual* expenditure for 2009/10 from HSC Trusts' Financial returns with *planned* expenditure from the Strategic Resources Framework.

**Table 3 Actual and planned expenditure 2009/10**

	Actual Expenditure	Planned Expenditure	variance	variance
	2009/10	2009/10		
Programme of Care	£m	£m	£m	%
Acute Services	1,292.40	1,202.60	89.8	7%
Maternity and Child Health	145	125	20.0	16%
Family and Child Care	188.5	190.2	-1.7	-1%
Elderly Care	704.9	594.2	110.7	19%
Mental Health	225.5	234.9	-9.4	-4%
Learning Disability	228.3	208.8	19.5	9%
Physical and Sensory Disability	100.9	88.8	12.1	14%
Health Promotion and Disease Prevention	46.9	97.8	-50.9	-52%
Primary Health and Adult Community	138.4	105.4	33.0	31%
Expenditure not analysed by POC	-	53.6	-	-
<b>Total Expenditure</b>	<b>3,070.80</b>	<b>2,901.30</b>	<b>169.5</b>	<b>6%</b>

**Source: RaiSe calculations based on DHSSPS data.**

The figures in red show lower actual expenditure than planned. The following observations may be made in relation to this table:

- Across the nine PoCs, total actual expenditure was 6% higher in 2009/10 than planned;
- 19% *more* was spent on Elderly Care than was planned; and,
- 52% *less* was spent on Health Promotion and Disease Prevention than was planned.

## 4. Family Health Services

Responsibility for managing the Family Health Services Budget was devolved to the HSCB on 1 July 2010. Over £827m was spent on Family Health Services in 2010/11 – 19.2% of total DHSSPS expenditure (£4,307m) in that year. For 2011/12, the allocation for Family Health Services has been slightly decreased, as shown in the table below.

Expenditure under Family Health Services is accounted for under four headings:

- General Medical Services;
- General Dental Services;
- General Pharmaceutical Services; and,

- General Ophthalmic Services.

The table below provides actual expenditure for 2010/11 and planned expenditure for 2011/12.

**Table 4 Breakdown of Family Health Services Expenditure for 2010/11 and planned expenditure for 2011/12.(Note: totals may not add up due to rounding)**

£000s	2010/11	2011/12 (planned)	% change 10/11 to 11/12
General Medical Services*	230,903	233,090	+ 0.95%
General Dental Services	89,858	89,150	-0.79%
General Pharmaceutical Services	492,098	479,200	-2.62%
General Ophthalmic Services	19,664	20,000	+1.71%
Total	827,752	821,440	-0.76%

Source: Health and Social Care Board

\*includes £10.9m applied to Trusts for provision of Out of Hours services.

**Figure 2 Breakdown of Planned Family Health Services Expenditure for 2011/12**

