

Nursing and Midwifery Advisory Group



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

An Roinn

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

www.dhsspsni.gov.uk

To: Regional Strategy Team,
DHSSPS,
Room C4:22, Castle Buildings,
Belfast. BT4 3SJ

Angela McVeigh
Chairperson
Central Nursing Advisory Committee
DHSSPS
C4 Castle Buildings
Upper Newtownards Road
Belfast, BT4 3SJ

Tel: 028 90 520526
Fax: 028 90 520535
Email: amcveigh@adhsst.n-i.nhs.uk

24th March 2005

Dear Colleague,

**Re: CNAC Northern Ireland Response to the DHSSPS – ‘A Healthier Future
New Twenty Year Regional Strategy for Health and Well-Being Consultation
Document.**

Please find attached comments compiled on behalf of the Central Nursing
Advisory Committee.

Yours Sincerely

Angela McVeigh
Chairperson CNAC

Francis Rice
Acting Chief Nursing Officer

**'A Healthier Future – A New Twenty Year Regional Strategy for Health and Well-Being
Consultation Response
on behalf of Central Nursing Advisory Group**

The New Regional Strategy for Health and Wellbeing was launched for consultation by the Minister in December 2004.

Members of the Central Nursing Advisory Committee (CNAC) welcome the opportunity to make comment on the new strategy. CNAC would like to commend the Regional Strategy Team on development and production of a comprehensive strategy and a formidable agenda for the next twenty years.

General comments

On general comment this is presented as a well laid out document providing a clear format which is easy to read and understand. The substantial work and previous consultation that was put in place to prepare the strategy appears to have been highly valuable.

As a result we have only a few comments to make, which are listed below.

Chapter 1 – Investing for Health and Well-Being Pages 1-14

We agree with the issues identified and key population health outcomes (page 13), however the word "will" in each of these outcomes suggests that health and social care commissioners, providers and professionals are in a position to 'direct' individuals to reduce risk-taking behaviours. Given that the individual makes a choice in relation to behaviour then it may not be always possible to achieve the key population health outcomes.

Pages 15-16 – Key Population Health Outcomes

CNAC members feel that these are the 'right' outcomes. One would hope that any additional funding will be specifically targeted at, and across the health and social care spectrum i.e. prevention, intervention, treatment and rehabilitation.

Chapter 2 – Looking Ahead: A Changing World Pages 31–32

The figures 2.2 and 2.3 illustrate with great effect the decline in the population of children (under 16) and increase in the number of older people. Whilst it is appreciated that the social and environmental conditions within which, children now live has changed significantly, the demographics demonstrate that it is imperative that the funding of services is manipulated / shifted, to reflect the needs of the increasing older population.

Page 35 - The Healthcare Worker – A view of the Future.

CNAC members support the development and enhancement of roles of nurses and midwives. However we would urge caution on development of this proposed new type of practitioner. Much work is currently taking place to develop existing nursing roles with the aim of enabling current post holders to work in different and new ways to meet the changing needs of the population.

We advise that consideration should be given to the skills, competences, training and supervision required to enable these new practitioners to undertake the proposed broad range of tasks ensuring good governance arrangements and public safety.

The Redesign of Community Nursing Services project currently in progress is piloting new roles and new ways of working for community nursing staff at eight regional sites. The findings of this major piece of work are due in March 2006 and will be useful in influencing and contributing to this strategic theme.

Other major contributors to the core themes from a nursing perspective include developments in the public health role of nurses, nursing contribution to the chronic disease management agenda, supplementary and extended nurse prescribing, the essence of care project, and developments within mental health, learning disability and community children's nursing.

Where changes to roles are suggested, then as a minimum we recommend that the key stakeholders are consulted with in a meaningful way and full cognisance is taken of achievements made to date within the modernisation agenda.

Chapter 5 – Responsive Integrated Services

This chapter sets a challenging work agenda. We believe that the service wide Chronic Condition Management Programmes are particularly important and will give clear direction to commissioners and providers of service in respect of the quality and approach to be adopted.

Chapter 6 – Teams which Deliver

We believe that it is particularly important that workforce capacity / development / planning has been included within the strategy and would agree with the general direction given within this chapter.

Chapter 7 – Improving the quality and safety of health and social services.

CNAC believe that this is the 'lightest' chapter and does not necessarily address as fully as we would have expected, the quality agenda. The consultation document could have elaborated further on the frameworks that are proposed. However, we also acknowledge the role that HPSSRIA will play in the area of quality and quality improvement - perhaps this accounts for the 'lightness' of this chapter

Additional suggestions in response to consultation questions

Question 1: Does the vision adequately describe the health and social services that will meet our future needs and aspirations?

Response : *While there is a focus on reducing health inequalities this should be stronger. The public health focus also needs strengthened. Reference could also be made to the increasing palliative care needs of those with malignant and non malignant life threatening illnesses.*

Question 2: A Healthier Future focuses on five major themes: Investing for Health and Wellbeing; Involving People; Responsive Integrated Services; Teams which Deliver; Improving Quality; and Making it happen. Do you agree that it is appropriate to focus on these themes and are there any others that should be addressed by the regional strategy?

Response: *Again as at question 1 the focus on reducing health inequalities should be stronger. The public health focus also needs strengthened and inclusion of reference made to increasing palliative care needs of those with malignant and non malignant life threatening illnesses*

Question 3: A Healthier Future identifies 16 future Policy Directions. Do you believe these are the right Policy Directions to achieve the vision set out in the document?

Response: *The 16 policy directions appear to be linked to achieving the vision outlined in the document.*

It was also noted that the policy directions do not read across from the main document to the Executive summary with evidence of different sentence construction, commitment statements and action.

Question 4: A Healthier Future identifies a number of key actions and outcomes. Do you believe that these are the right actions and outcomes to achieve the vision set out in the document?

Response: *We believe that the actions and outcomes as identified will seek to achieve the vision there will be many variables during the implementation phase which will interplay.*

Question 5: A Healthier Future identifies the need to reduce smoking as a key element in improving the health of people in Northern Ireland and sets out three main options.

a. Should restrictions on smoking in public places and in workplaces be a matter for self-regulation and should Government simply act to encourage and support smoking cessation? Or

b. Should smoking generally be prohibited in most enclosed public places and workplaces, but allowed in certain settings such as pubs that do not prepare and serve food and in private clubs where the members decide to permit smoking? Or

c. Should legislation be introduced to ban smoking in all enclosed public places and workplaces?

Response: *Option C would be the general consensus of members.*

Question 6: Are the proposals for taking the strategy forward adequate?

Response: *The proposal outlined would appear adequate with progress required to be monitored periodically to keep the whole thing live. The framework for both implementing and monitoring progress would perhaps require further development.*

Question 7: Are the equality issues adequately addressed?

Response: *The Equality issues appear to be adequately addressed - again there may be issues present during the implementation phase which will need to be recognized and addressed as they present.*

Conclusion

In conclusion CNAC welcome the New Strategy and wish to register support for the core strategic themes outlined in the document particularly emphasis on inter and multidisciplinary team working, but again would urge caution on development of ad hoc roles.

This document sets out a vision for health and social care in Northern Ireland over the next twenty years. It also identifies a number of key policy directions, actions and outcomes that will contribute to the achievement of the vision.

With consideration of our comments we believe that it offers an inclusive view of the way forward for Health and Social Services in Northern Ireland.

CNAC will continue to support and promote the development of practice activities to improve and enhance the quality of services for patients, clients and their communities working in conjunction with the relevant statutory voluntary and private agencies.

Mrs Angela Mc Veigh
Chair, Central Nursing Advisory Committee
c/o NMAG, Room C4:22 Castle Buildings,
Stormont
Belfast. BT 3SQ
24/03/05