

A Healthier Future

A Twenty Year Vision for Health
and Wellbeing in Northern Ireland
2005-2025

(A new Regional Strategy)

Consultation Summary

Department of Health, Social Services & Public Safety
An Roinn Sláinte, Seirbhísí Sóisialta agus Sábháilteachta Poiblí

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1. Introduction

- 1.1 *A Healthier Future* (the new Regional Strategy for Health and Personal Social Services) set out a vision for health and social care in Northern Ireland over the next twenty years. It also identified a number of key policy directions, actions and outcomes that would contribute to the achievement of this vision.
- 1.2 During the process of developing *A Healthier Future*, the Department set out to hear the views of as many people, organisations and groups as possible, including a telephone survey of 1500 members of the general public. As a result, it sought to offer an inclusive view of the way forward for Health and Social Services in Northern Ireland.
- 1.3 *A Healthier Future* was widely circulated to key interest groups and stakeholders. The Department has welcomed the constructive comments which have resulted. This document identifies the key points raised during the consultation process, along with the Department's responses.
- 1.4 Hard copies of this report, including alternative formats and other language versions, can be obtained by contacting:

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2. Consultation approach

2.1 As indicated in the Introduction, a consultation approach was used from the outset in developing the proposals for a Regional Strategy which were then set out in *A Healthier Future*. This involved focus groups and a telephone survey of 1500 members of the general public.

2.2 This was followed by a formal three month consultation on *A Healthier Future* which was conducted from 21 December 2004 until 25 March 2005. This report relates to the formal consultation.

2.3 The strategy document was sent to approximately 5000 people and organizations and was also accessible from the Department's website. Views were invited on any aspect of *A Healthier Future*, and the Department invited readers to consider the following specific questions.

Q1 Does the vision adequately describe the health and social services that will meet our future needs and aspirations?

Q2 *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? Are there any others that should be addressed by the Regional Strategy?

Q3 *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?

- Q4 *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?
- Q5 Are the proposals for taking the strategy forward adequate?
- Q6 Are the equality issues adequately addressed?
- 2.4 Another series of questions related to the specific issue of tobacco smoking. Over 70,000 responses were received on the smoking consultation (91% of these were in favour of comprehensive controls) and on 17 October 2005, the Health Minister announced his decision to introduce legislation to control smoking in all workplaces and enclosed public spaces. The responses on smoking do not form a part of this summary of consultation responses.
- 2.5 Aside from the responses relating to tobacco smoking, the Department received 76 substantive responses on *A Healthier Future*. These responses can be viewed in full on the Department's website at www.dhsspsni.gov.uk. Key points arising from the consultation have been grouped under a number of themes following the structure of the consultation document. These points and the Department's responses are summarised in section 4.
- 2.6 The Department would like to thank all those who participated in the consultation process for their time and for their detailed views.

3. Summary of responses

- 3.1 The Department received 76 written responses including a number of substantial submissions. The majority of responses were supportive and many complimented the Department for developing the strategy.
- 3.2 Several respondents challenged the Department on a number of points which were general or cross-cutting, e.g. on resources or on producing specific implementation plans in order to achieve the vision. In keeping with any long term plan, *A Healthier Future* is an aspirational document. The timeframe for delivery of this vision will be affected by a range of factors, including the level of resources available in the future. However, the Regional Strategy will help the Department and the HPSS to ensure that available resources are used to greatest effect. The Department is currently looking at how the various key actions may best be taken forward and implemented.
- 3.3 A number of respondents requested more detail and actions on specific issues. *A Healthier Future* has a very wide scope, a long-term horizon and is pitched at a strategic level. Given the desirability of making the strategy document short enough for people to read, a large volume of interesting details was edited out during the drafting. The level of detail suggested by some respondents is provided in more specific policies and strategies which will be key to the implementation of the Regional Strategy, e.g. 'Caring for People Beyond Tomorrow'.
- 3.4 Given the diverse nature and high level of detail contained in some of the responses, it has not been possible to cover every issue or view expressed. However, it is hoped that this summary provides a representative picture of the main emerging themes and issues.

3.5 The **main conclusions** from responses to the consultation questions can be summarised as follows –

Q1 Most respondents felt that, in general, the **vision** adequately described the Health and Social Services that will meet future needs and aspirations. However some respondents felt that it was too aspirational rather than achievable in the short term. Several respondents also identified areas where the vision could be strengthened and these are dealt with under section 4. Issues raised included the need for the public health focus to be strengthened, more detail needed in relation to the vision for children and young people and a greater recognition of the importance of oral health.

Q2 The majority of respondents agreed that the **themes** outlined in the Strategy were appropriate. A number of suggestions were received for developing these themes such as –

- A greater representation of the cross cutting nature of the themes
- The need to include ethnic minorities
- Including safety under the theme of 'Improving Quality'
- Adding 'valuing the workforce' as a stand alone theme

These suggestions and others are outlined in more detail in section 4.

Q3 The majority of respondents agreed that, in general, the right **policy directions** had been identified to achieve the vision set out in the document. The Department believes that this positive response reflects the high level of participation and engagement in the development stage. The structure of the strategy and the Strategic Themes and Policy Directions came out of this engagement process. Specific comments

relating to how the policy directions could be developed are outlined in section 4.

- Q4 A number of respondents felt that, although the **key actions and outcomes** provided a good starting point, further development was required. For example, respondents highlighted the need for key outcomes and actions in relation to issues such as sexual health, drugs and alcohol.
- Q5 Respondents broadly felt that the **proposals for taking forward the strategy** were adequate but specific comments were received on how progress should be achieved. For example a number of respondents cited the need for the development of clear, medium term, cross-departmental action plans with clear lines of accountability defined. Other issues were raised in relation to funding and resource allocation.
- Q6 The majority of respondents believed that the **equality issues** had been adequately addressed. A small number of respondents suggested that the strategy should have been subject to a full Equality Impact Assessment (EQIA). However, in the absence of any indication or evidence of potential adverse impact on any equality groups the Department has decided not to carry out an EQIA on the strategy.

4. Main Issues Raised and Departmental Response

For the purpose of this response, the issues raised during the consultation process have been classified and dealt with under the themes of the strategy.

Theme 1: Investing for health and wellbeing

Issue Respondents felt that the Regional Strategy should include actionable objectives on the issue of sexual health.

Response The Regional Strategy recognises the need to tackle the issue of sexual health and a revised Sexual Health Promotion Strategy and Action Plan will be published in Autumn 2006. The strategy will include specific objectives designed to achieve the vision set out in the Regional Strategy.

Issue A number of respondents suggested that the theme of Investing for Health and Wellbeing should have a greater emphasis on understanding obesity, nutrition and the impact of food on our health, enabling healthier food choices and exercise in school environments.

Response The Regional Strategy recognises the importance of tackling obesity and of improving nutrition and increasing levels of physical activity, particularly in children and young people, and establishes a visionary target of reducing levels of obesity in children by 50% by 2022. It also identifies that both the Department of Education and schools have important roles in supporting the achievement of Investing for Health objectives.

New plans for improving nutrition and increasing levels of physical activity will be produced following consideration by the Ministerial Group on Public Health of the report by the Fit Futures taskforce on obesity in children and young people. The Department of Education has already committed to a three-year programme to improve the nutritional status of food provided in schools in Northern Ireland.

Issue: It was the view of respondents that the Regional Strategy should place a greater emphasis on the regulation of food labelling in supermarkets.

Response: The Regional Strategy recognises the need to address the wider determinants of health and specifically identifies the importance of tackling obesity and of improving nutrition and increasing levels of physical activity.

Food labelling at a retail level in the UK is regulated by European Union (EU) Regulations. The Food Standards Agency Northern Ireland (FSA (NI)) is responsible for introducing these EU Regulations in Northern Ireland and they are enforced locally by Environmental Health Officers. The FSA (NI) consults with key stakeholders including the Department, health professionals and consumers and feeds into EU policy. In this way, local views can influence the relevant legislation.

Issue: Respondents stated that there should be a major rethink of the quality of food provided in pre-schools and school

canteens. The regulation of unhealthy snack food vending machines in school settings should also be considered.

Response: On 28 September 2005 the Secretary of State for Education, Ruth Kelly, announced that foods high in fat, salt and sugar would be banned from meals and vending machines in schools in England. The Education Minister, Angela Smith, also announced that similar action would be taken in Northern Ireland. The NI School Meals Steering Group is responsible for taking this agenda forward. The Steering Group is led by the Department of Education and includes representatives from the Department, Food Standards Agency Northern Ireland, Health Promotion Agency and school caterers. From January 2006, around 400 schools have been serving healthy school meals as part of the Nutritional Standards. Schools will also shortly be consulted on a preferred timetable for introducing changes to the contents of both vending machines and school meals. In addition schools will be asked for their views on contributing to whole-school food policies.

Issue Several respondents indicated that more detail on alcohol, smoking and illicit drug use was required and that key outcomes on these issues should be clearly defined and challenging.

Response: A New Strategic Direction for Alcohol and Drugs was published for consultation in February 2006. As part of the implementation of the Investing for Health Strategy a five year Tobacco Action Plan was published in 2003. It contains specific targets to increase the proportion

of children and adults who do not smoke. The Minister has also announced his intention to introduce comprehensive controls on smoking in all workplaces and enclosed public spaces.

Issue: Respondents said that they would welcome a commitment from the Department which recognises that it is beneficial for children and under-age young people to be free from drug, nicotine and alcohol use and sexual activity.

Response: The New Strategic Direction for Alcohol and Drugs, the Tobacco Action Plan and the Teenage Pregnancy and Parenthood Strategy and Action Plan detail the Department's objectives and plans to reduce the numbers of young people who drink, take drugs or smoke and to reduce births to teenage mothers.

Issue: Respondents noted that the importance of a healthier lifestyle should be promoted, particularly amongst disadvantaged groups and as a fundamental component of the School Curriculum. It should focus on issues such as:-

- Sex education
- Sexual health and underage conception rates
- Promotion of physical exercise
- Programmes to tackle smoking, alcohol and drug abuse
- Programmes to tackle the pressures on young women particularly in relation to diet and eating disorders
- Programmes which are developed by young people themselves

Response: The Regional Strategy recognises the importance of promoting healthier lifestyles and reaffirms the priority given by Government to the Investing for Health Strategy. It also identifies that both the Department of Education and schools have important roles in supporting the achievement of Investing for Health objectives.

As part of the Investing for Health Strategy, a Health Promoting Schools initiative has been established to assist schools to take a holistic approach to supporting the health and well-being of their staff and pupils. Schools are also recognised as important settings for health promotion in the Department's health promotion strategies.

Issue: Respondents felt that there was a need to more adequately represent the cross cutting nature of the themes consistently throughout the document. For example, it was suggested that Investing for Health could be referenced in further chapters.

Response: The Department recognises the need to ensure that, in implementing the Regional Strategy, all cross cutting themes, including the theme of Investing for Health, should inform and connect with the other strategic themes identified in *A Healthier Future*.

Issue: The view was expressed that the public health focus needed to be strengthened and the vision should make clear the HPSS role to advocate for healthy public policy. It was suggested that the focus on reducing inequalities needed to be strengthened.

Response: The Department recognises the important role of the HPSS in promoting Health and Wellbeing and *A Healthier Future* reaffirms the priority given by Government to the Investing for Health Strategy (Northern Ireland's public health strategy). The Investing for Health Strategy has two principal goals: to improve the health of people by increasing the length of their lives and increasing the number of years they spend free from disease, illness and disability; and to reduce inequalities in health between geographic areas and socio-economic groups and between minority groups and the population generally.

The review of the Public Health function in Northern Ireland contains a number of recommendations designed to strengthen the public health function at regional, local, community and neighbourhood level.

Issue: In relation to special education in the context of Working Across Government (section 1(iv)), it was suggested that further gaps in Allied Health Professional services should be identified to provide a 'holistic' approach to promote optimum care.

Response: The Department has noted this suggestion.

Issue It was the view of the respondents that there should be a reference to folic acid and a key action should be included relating to folic acid for the prevention of neural tube defects.

Response: It was not possible for *A Healthier Future* to address all health priorities in detail. However, the Department recognises the importance of folic acid intake for the prevention of neural tube defects and supports ongoing programmes to promote the intake of folic acid among target groups.

Issue: It was suggested that Allied Health Professionals need to be included as examples at paragraph 1.53 and 1.55 which refer to the range of services.

Response: The Department recognises the valuable role of the Allied Health Professionals. However, the examples listed at paragraphs 1.53 and 1.55 are not intended to be exhaustive.

Issue It was stated that the unborn child and migrant workers should be included in the list of those most vulnerable in society.

Response: This list is not exhaustive.

Issue Respondents felt that there needed to be more emphasis on the importance of screening and that this required more effective management at a regional level.

Response: Paragraph 1.6 of the Regional Strategy recognises the vital role of screening and the Review of Public Health clearly identifies screening as being a core component of current and future health improvement policy and plans. An implementation group was established to progress the recommendations of the Review. Following Ministerial

decisions on the Review of Public Administration (RPA), the recommendations of the Review of Public Health will now be progressed by the Public Health Functions Project Team, which has been established as part of the project to reform health and personal social services.

Issue Several respondents referred to the need for a stronger emphasis on/commitment to the introduction of fluoridation.

Response: The Department recognises the contribution which fluoridation would make to oral health inequalities in Northern Ireland and has set out the way this could be achieved in the Oral Health Strategy (2004).

Issue: It was stated that there should be a greater reference to the Sure Start projects which play a key public health role in supporting the next generation of children to break out of the cycle of social exclusion.

Response: To ensure that *A Healthier Future* remained a manageable size, it was not possible to include much detail on all projects. The Department recognizes that Sure Start has been extremely effective in helping to modernize service delivery by its focus on reshaping, enhancing, adding value and improving the co-ordination of existing services. The range of services provided through each the 25 Sure Start projects currently operating throughout Northern Ireland have an inter-disciplinary and multi-sector approach and bring together health, education and parenting support services together in a holistic and integrated way.

Issue: The Investing for Health and Wellbeing section could have included something on the achievements to date through the four regional Investing for Health Partnerships and Workplace Health Strategy.

Response: The Department fully recognises the contribution that is being made to improving public health by local Investing for Health Partnerships and by the implementation of the Workplace Health Strategy.

Issue: A number of respondents noted that the references to Education Action Zones on Page 21 need to be amended as the proposals for Education Action Zones have changed significantly since the Strategy was published.

Response: The Department has noted that these proposals have changed since the consultation document was published.

Issue: It was suggested that there was a need for a total Government reaffirmation of the Policy Direction for Investing for Health.

Response: *A Healthier Future* reaffirms the priority given by Government to the Investing for Health Strategy. The Ministerial Group on Public Health has been reconvened to oversee and monitor the implementation of the Investing for Health Strategy. The mid-term review of the Investing for Health Strategy in 2007 will help to evaluate progress.

Issue: Respondents suggested that the Department investigate further the impact that the conflict and its legacy has had on

the citizens of NI in terms of unsafe behaviours, such as alcoholism, drug dependency and solvent abuse.

Response: The causal factors in respect of alcohol and drug misuse are many, varied and complex. It is anticipated that the New Strategic Direction for Alcohol and Drugs will commission further research into the causal factors of alcohol, drug and volatile substance misuse.

Issue: In relation to Investing for Health, it was suggested that the high level Investing for Health monitoring arrangements are not operating effectively and some of the bodies which are required to deliver improvements to tackle inequalities in health are not engaged in the process or do not see it as part of their core work.

Response: The Department recognises the importance of partnership working to support improved health and well-being. The Ministerial Group on Public Health has been reconvened with a revised membership and terms of reference to oversee and monitor the implementation of the Investing for Health Strategy. This will ensure that Government Departments and agencies collaborate effectively in implementing the Investing for Health Strategy.

Issue: It was felt that the Regional Strategy needed to address the issues of food, fuel and water poverty and air and water quality under the auspices of deprivation and health.

Response: The Regional Strategy provides some examples of where the work of other Departments can impact on health, but

does not attempt to cover the totality of issues. In the case of issues such as fuel poverty, air and water quality, these are recognised in the Investing for Health Strategy which includes targets and objectives around the living and wider environment. While lead responsibility for these particular issues lies with other Departments, the Ministerial Group on Public Health and other cross-departmental groups such as the Ministerial Group on Fuel Poverty ensure that there is collaboration across Government Departments and agencies.

In relation to food poverty, the Food Standards Agency (FSA) has commissioned a diet and nutrition survey of low-income consumers. The purpose of the survey is to provide for the first time robust, nationally representative, baseline data on food consumption, nutrient intake and nutritional status and factors affecting these in low-income/materially-deprived consumers. The findings of the survey are expected in 2006. The FSA will work with other Government Departments and Investing for Health Networks to address barriers to the uptake of a healthy balanced diet by low-income groups.

Issue: Respondents suggested that cooking skills should be incorporated into the school curriculum.

Response: The report by the Fit Futures taskforce to the Ministerial Group on Public Health, on obesity in children and young people, recognises the importance of taking a whole school approach to the issue of food in schools, including through support for the development of cooking skills. The

Department of Education has already agreed that, within the revised curriculum, Home Economics will form part of the statutory entitlement for all children at key stage 3.

Issue: Respondents suggested that the existing regulatory framework should be reviewed and strengthened making unlawful all unacceptable practices in relation to food promotion to children.

Response: Regulation of advertising on television is carried out by the Office of Communications (Ofcom). Ofcom is the independent regulator and competition authority for the UK communications industries, with responsibilities across television, radio, telecommunications and wireless communications services. At the request of the UK Health Minister, Ofcom will be carrying out a consultation next year on food advertising aimed at children. Key stakeholders, including the Food Standards Agency and the Department, will have the opportunity to feed into this consultation process.

Issue: The view was expressed that nutrition claims should not be used on products where the nutrition profile is high in fat, sugar and/or salt.

Response: Nutritional claims are debated at European Union level. The Food Standards Agency (FSA) has an opportunity to feed into this debate. In consultation with key stakeholders, the FSA is in the process of developing a multiple traffic light scheme for front of pack signpost labelling to provide 'at a

glance' information on labels about the nutritional content of foods.

Issue: Health promotion and health improvement, whilst mentioned often, is not sufficiently bedded into the core objectives of the strategy. Prevention and addressing the causes of poor health needs to become a stronger theme as a core responsibility and priority within the HPSS core business.

Response: The review of the Public Health Function in Northern Ireland contains a number of recommendations designed to strengthen the public health function at regional, local, community and neighbourhood level. The recommendations of the Review of Public Health have been progressed through a number of implementation groups. Following Ministerial decisions on the Review of Public Administration, the recommendations of the Review of Public Health will now be progressed by the Public Health Functions Project Team, which has been established as part of the project to reform health and personal social services.

The Department recognises the need to ensure that, in implementing the Regional Strategy, the theme of Investing for Health specifically, and preventative approaches in general, should inform and connect with the other strategic themes identified in *A Healthier Future*.

Issue: It was noted that there would be merit in expanding Section 1 (iv) of the Investing for Health and Wellbeing theme which deals with crucial partnerships across government.

Response: The Department recognises the importance of partnership working to support improved health and well-being. The Ministerial Group on Public Health has been reconvened with a revised membership and terms of reference to oversee and monitor the implementation of the Investing for Health Strategy thus ensuring that Government Departments and agencies collaborate effectively in implementing the Investing for Health Strategy.

Multi-sectoral Investing for Health Partnerships are now well established as important vehicles for delivering local collaboration on the achievement of Investing for Health objectives.

Issue: *A Healthier Future* repeats the mantra that in ten or twenty years time the health of the people in Northern Ireland will be amongst the best in Europe. Respondents favoured a challenging but more realistic target – that health standards here should compare well to regions of comparable wealth and income, and that the social gradient in health standards will have been substantially reduced.

Response: In addition to visionary objectives, *A Healthier Future* includes specific targets, for example, to reduce by two thirds the gap in life expectancy between those living in the most deprived 20% of electoral wards and the average life expectancy in Northern Ireland for both men and women between 2000 and 2025.

The Investing for Health Strategy also includes a specific target to increase life expectancy here towards the levels of

the best European Union countries by increasing life expectancy by at least 3 years for men and 2 years for women.

Issue: It was the view that there should be a review of good practice in health development throughout Northern Ireland and further afield to establish what works and does not.

Response: The Investing for Health Strategy and subsequent implementation strategies and plans, including the Review of the Public Health function in Northern Ireland, have been developed based on assessments of research evidence and good practice.

Issue: The view was expressed that organisations representing District Councils in Northern Ireland should be represented on task forces and groups set up to develop strategy and implementation plans on health development issues.

Response: The Department is aware of the increasingly important role of local government in supporting health and well-being and of the need to engage with local government interests when developing new policies and strategies. Multi-sectoral Investing for Health Partnerships are now well-established as fundamental mechanisms for delivering local collaboration on the achievement of Investing for Health objectives. Council involvement is central to the effective operation of all the Investing for Health Partnerships.

The Review of Public Administration will open up new opportunities for joint working between local government,

health bodies and other public authorities. The restructuring of both local government and the HPSS bodies, and the creation of common boundaries will assist this greatly.

Issue: The introduction of Health Impact Assessment procedures would be welcomed.

Response: Guidance on Health Impact Assessments has been developed by the Institute of Public Health on behalf of the Ministerial Group on Public Health. In addition the Office of the First Minister and Deputy First Minister (OFMDFM) is currently revising the Integrated Impact Assessment tool which is intended to help Departments and other public sector bodies take forward in one exercise a range of policy proofing processes, including: Equality Impact Assessments, Rural Proofing, Health Impact Assessments and Environmental Impact Assessments.

Issue: Chapter 2.3 refers to a greater gap between the rich and the poor in the future. Respondents queried how this could be reconciled with another statement in the chapter that, in 20 years time, "the health gap between the rich and the poor will have been substantially reduced".

Response: The Department recognises that tackling health inequalities will require sustained action over the long-term and by all Government Departments and agencies. *A Healthier Future*, therefore, included a target to reduce by two thirds the gap in life expectancy between those living in the most deprived 20% of electoral wards and the average life expectancy here for both men and women between 2000 and 2025.

Issue: In 1997 the Department launched a strategy for the prevention, diagnosis and treatment of malignant melanoma and other skin cancers in Northern Ireland. It was noted that it was vital that the issues addressed by this strategy be included within the vision for the Regional Strategy.

Response: It was not possible for *A Healthier Future* to address all health priorities. However, a process to develop a revised Melanoma Strategy has commenced since the publication of *A Healthier Future*.

Issue: The view was expressed that the Regional Strategy requires recommendations that raise awareness of domestic violence and initiate actions to deal with it.

Response: The Department, in conjunction with the Northern Ireland Office, has published a specific NI strategy on domestic violence and abuse and how it is proposed to address the issues. The strategy "Tackling Violence at Home" and an Action Plan of the same name were published in October 2005 and are available on the Department's website.

Theme 2: Involving people

Issue: A number of respondents noted that this theme needed to emphasise the role of community development in health.

Response: *A Healthier Future* covers this as one of the three main strands of "Involving People" (Paragraph 4.11) and states

that it will build on our existing policy of mainstreaming community development.

Issue: Given the importance of community development and engagement to the achievement of many of the objectives of the strategy, respondents felt that there should be key outcomes listed under the theme of involving people.

Response: *A Healthier Future* recognises the importance of community development and engagement. One of the goals of Caring for People Beyond Tomorrow (the Department's primary care strategic framework) is to facilitate more informed, proactive engagement and involvement of people in local communities and practitioners in the use, planning and delivery of services.

Issue: Respondents felt that the list of potentially excluded people listed on page 44 of *A Healthier Future* should include people with literacy problems, migrant workers and those whose first language is not English.

Response: The Department recognises that the list of potentially excluded people listed on page 44 is not exhaustive.

Issue: The role of the community and voluntary sector as a whole in achieving a healthier future should receive more recognition.

Response: The Department recognises the importance of the role of the Voluntary and Community sector and this is referenced in paragraphs 4.16 and 4.17 of *A Healthier Future*.

Theme 3: Responsive integrated services

Services Delivered in Communities

Issue: It was noted that specialist service delivery is not just associated with acute hospitals. A number of these services can be provided through primary care.

Response: *A Healthier Future* recognises that these services will not only be provided in a hospital setting.

Issue: Varying and conflicting views were expressed on the theme of 'expert patients'. Some respondents felt that this theme could be further developed whilst others felt that the strategy was placing too much emphasis on the 'expert patient' approach.

Response: There is no direct reference in *A Healthier Future* to the 'expert patient' approach but it is clear from the text that the strategy sees a trend towards increased responsibility and management of a person's own condition. *A Healthier Future* states that 'through self-management or chronic condition management programmes people can take greater control over their lives, reduce the severity of symptoms and improve confidence, resourcefulness and self –efficacy'.

Issue: Concern was expressed that stroke did not have a high enough profile within the strategy. It was suggested that action should be taken to raise awareness of stroke, its warning signs, risk factors and to appropriately medicate those people at significant risk of stroke.

Response: The provision of stroke services will now be included as an integral part of Developing Better Services with consideration given to the development of a Managed Clinical Network for stroke services. Plans are in place to update the Evidence Based Stroke Strategy (2001) and to develop a costed implementation plan. The new document will focus on issues such as prevention, acute care, rehabilitation services, information and support, education and training, and managed clinical networks.

Issue: One respondent noted a project sponsored by the Department to improve nursing and midwifery contribution to public health and suggested that this work should be linked with the implementation of the twenty year strategy.

Response: The Department acknowledges the work of the All Ireland Public Health Forum activity. This work has facilitated a joined up approach and development of practice in the North & South of Ireland supporting public health initiatives. The outcomes of this work will be linked to the implementation of the Regional Strategy.

Issue: Respondents noted that *A Healthier Future* did not recognise the increasing trend towards alternative therapies.

Response: The Department recognises the increased interest in the use of complementary and alternative medicine. Evidence would suggest that a number of therapies are being used at this time within the various Health and Social Services Trusts. Since the publication of *A Healthier Future*, the

Department has published “Caring For People Beyond Tomorrow: A strategic framework for the development of primary health and social care for individuals, families and communities in Northern Ireland”.

The strategic framework states that the Department will want to give further consideration to potential policy and service developments associated with complementary and alternative medicines (CAMS) and therapies. In an effort to take this forward and raise further the profile of CAMS, the Department has been liaising with stakeholders from the CAMS sector. Work is ongoing on this matter with the focus on ways to increase greater integration of CAMS within the HPSS.

Services Delivered in Communities

Issue: Concern was expressed that policy direction 7 (providing services against clear standards of access) may not be realistic.

Response: The Department has noted the concern raised about policy direction 7. However it should be noted that the strategy is a high level, aspirational document.

Issue: It was noted that the action point relating to chronic condition management and the commitment to establish 7 Chronic Condition Management (CCM) programmes by 2008 needed to be developed within the context of an HPSS plan and for the CCM programmes to be delivered within a NI wide framework.

Response: The Department recognises that more needs to be done in relation to CCM programmes and the development of NI wide framework similar to “Supporting People with Long Term Conditions. An NHS and Social Care Model to support local innovation and integration”.

Issue: A query was raised as to whether the outcome projection set out in the strategy for Chronic Condition Management would include specialist accommodation for the potentially excluded and vulnerable.

Response: *A Healthier Future* recognises that living with long-term illness or chronic conditions can often mean physical and psychological difficulties, social-economic problems, reduced quality of life and sometimes social exclusion. *A Healthier Future* envisages that, through self management of Chronic Condition Management programmes, people can take greater control over their lives, reduce the severity of symptoms and improve confidence, resourcefulness and self-efficacy. Any issues of specialist accommodation for the potentially excluded and vulnerable will be looked at in the development of the Chronic Condition Management (CCM) programmes.

Issue: Respondents made reference to the need to deliver a wider range of services in a community setting.

Response: The Department will aim to put in place a comprehensive range of community based health and social care services that can meet the physical, social and emotional needs of people with chronic conditions. The Department will ensure that a range of primary care based assessment and treatment services are put in place by September 2006; and by 2008 these service developments will be extended to provide a comprehensive range of services.

Issue: Respondents noted the ongoing need for the Department to liaise with the Department of Regional Development and transport providers to ensure access to centres, particularly in rural areas.

Response: The Department recognises the importance of effective collaboration and working in partnership with other Government Departments to achieve the vision set out in *A Healthier Future*.

Issue: Concern was expressed that the protection of personal information and the need to introduce Section 60 or an equivalent process in Northern Ireland is requiring attention within the Regional Strategy.

Response: The Minister has agreed to 14 recommendations to improve on the protection and use of personal information provided to the HPSS by service users and these recommendations, which will shortly be published, will be taken forward soon.

Teams, Networks and Pathways Which Cross Boundaries

Issue: It was the view of several respondents that Allied Health Professionals should be included in the core team in Figure 5.1 (page 53). Concern was also expressed that Midwives were not included in either team.

Response: The Department acknowledges that all relevant professionals should be included in this figure.

Issue: It was felt that Figure 5.1 should be redrawn to fully capture the nature of the inter-relationships which are so important in the caring process.

Response: The Department has noted this suggestion.

Issue: There was support for the establishment of Extended Scope Practitioner and Clinical Specialist posts throughout NI to provide more timely care for patients and to enable the health service to work more effectively.

Response: The Department is committed to improving access and patient choice by developing a range of services outside the hospital setting.

Technology Supporting Change

Issue: Several respondents suggested that more recognition be given to the impact of technological advances in this section

and references should be made to the fact that these advances will change the relationships between service providers. It was suggested that developments in Information Communications Technology (ICT) could be added as another theme.

Response: The Department recognises the impact of ICT developments. The Department's Information and Communication Technology Strategy published in March 2005 sets out a vision for ICT in the HPSS.

Medicines Matter

Issue: Disappointment was expressed that none of the key outcomes related to the supply and management of medicines.

Response: Medicines management is addressed in Section 5 (iv) of *A Healthier Future*. "Medicines Matter" and paragraph 5.38 specifically highlights the contribution of pharmacists in this area. Further elaboration of this issue is also found in the Department's strategy for Pharmacy in the Community – 'Making it Better'. New initiatives on medicine management are currently underway, particularly management of minor ailments and repeat dispensing services.

Issue: A respondent indicated that they would like to see progress to allow pharmacists access to relevant information in patient records to improve patient care.

Response: The Information Technology (IT) challenge is a very significant one for the HPSS. Clearly pharmaceutical services need to be included in the communication dimensions of modernising the service. This is set out in Goal 4 of the Primary Care Strategy – ‘Caring for People Beyond Tomorrow’.

We will always need hospitals

Issue: It was considered that some of the targets in this section relating to waiting times could be viewed as unambitious.

Response: In July 2005 the Minister announced the first stage of a major programme of reform to address Northern Ireland’s waiting times. Significant progress has been made since then to reduce the length of time patients wait for inpatient or daycase treatment with the numbers waiting more than 12 months having fallen by almost 70% since the Minister’s announcement.

On 16 January 2006 the Minister announced the next steps in the reform programme, specifically detailing changes to the delivery of outpatient services. A target has now been set that, by March 2008, no-one should wait more than 13 weeks for an outpatient appointment following referral by their GP.

Issue: It was suggested that the Regional Strategy must address the crucial link between acute and community provision and the predicted shift of care from the acute to the community sector.

Response: The Community Care Policy ('People First - Community Care for Northern Ireland in the 1990s), through care management, has been bringing together professionals in the assessment and delivery of care packages for people with complex needs to help them live as normal a life in the community as possible. *A Healthier Future* recognises this and is about moving towards greater integration of services, breaking down organisational, sectoral and professional boundaries in a way that is person centred.

Issue: The view was expressed that there should be a consistent reference to the Mater as one of ten hospitals constituting the Acute Hospitals Network for NI.

Response: The Department has noted this.

Carers

Issue: It was suggested that the section on carers could include a stronger focus on children who find themselves in a caring role.

Response: The Department recognises that all carers need support to allow them to make more choices for themselves and have more control over their lives. It also recognises that children undertaking caring responsibilities may have particular needs because of the potential for adverse impact in the longer term on their educational, social and emotional development.

Issue: It would be helpful if supportive actions by other Government Departments could be included in this section. The needs of carers should be given significant emphasis throughout the strategy.

Response: The Department recognises the supportive actions of other Government Departments but to ensure that the strategy remained a manageable size, it was not possible to include details of these actions.

The strategy is high level and thematic. Rather than in *A Healthier Future*, the level of detail suggested on carers is located in the Carers' Strategy which was published in January 2006.

Older People

Issue: Respondents felt that there was an absence of reference to specific issues relating to dementia services and expressed disappointment that no outcome measures had been set in relation to this issue.

Response: Dementia is one of a number of physical and mental conditions that impact seriously upon the lives of older people and their families. In common with other conditions, its impacts take many different forms and manifest themselves through a range of different needs. Services to meet those needs also take many forms and can be

delivered in various care settings. Often, attempts to develop services within narrow channels, focused solely on the nature of a specific physical or mental condition, will result in fragmentation of scarce resources and unnecessary rigidity within the system. Integrated and flexible community services must be developed in direct response to person-centred assessment of need, rather than assumptions about the potential impact of specific conditions.

Issue: Respondents noted that the strategy should recommend holistic actions to support the independence and inclusion of older people.

Response: *A Healthier Future* recognises the need to prepare the Health and Social Services for the challenges that an increasingly older population will bring. The aim is to ensure that older people will have access to a range of integrated services with tailored care services developed to meet the changing needs. These developments will recognise that most older people would prefer to remain independently in their own homes.

Issue: Respondents noted that for many older people the key issues are loneliness, loss of friends and lack of opportunities for social interaction. The Regional Strategy should recognise and address these issues.

Response: 'Ageing in an Inclusive Society' was launched by OFMDFM in March 2005 and sets out the approach to be taken by Government to promote and support the inclusion of older people in Northern Ireland. *A Healthier Future* notes that its

aims are consistent with 'Ageing in an Inclusive Society' which covers issues such as the economics of ageing, healthy ageing, life at home, access to services, fighting ageism and working in partnership to deliver change. It includes a cross Departmental action plan to tackle these issues.

Issue: It was suggested that, in general, the Regional Strategy should be promoting policies which promote the material well-being of older people, improve the quality of homes in which they live, ensures that services are accessible and distributed according to need and promote the maintenance of mobility, independence and social contacts.

Response: *A Healthier Future* recognises the importance of these issues in section 5(x) on "Older People" and they are also covered in "Ageing in an Inclusive Society".

Issue: In the section on "Older People", respondents would welcome the inclusion of a specific reference to further develop rehabilitation services to improve and maintain independence.

Response: Section 5.79 of *A Healthier Future* deals with the issue of rehabilitation and intermediate care.

Issue: A view was expressed that the use of "perceived" in the context of age discrimination (paragraph 5.82) is unacceptable.

Response: The Department has noted this view.

- Issue: Respondents highlighted that paragraph 5.83 identified barriers to the use of health and social services by older people but did not specify how these barriers would be addressed.
- Response: They will be taken forward through implementation of the Regional Strategy and be part of the Department's overall contribution to the delivery of OFMDFM's "Ageing in an Inclusive Society".
- Issue: It was noted that the specific issue of elder abuse should be addressed in the section on "Older People". Respondents indicated that this was an area of professional concern that had only recently emerged in NI in comparison to the level of professional and research attention it has received in recent years in parts of the UK.
- Response: *A Healthier Future* states the position that vulnerable older people in our community should be safe. Considerable work has gone on in the HPSS on developing and implementing policies, procedures and guidelines for the protection of vulnerable adults from abuse and exploitation. Boards and Trusts have a Protection of Vulnerable Adults policy and work is well advanced on developing regional guidelines which consolidate all of existing good practice including development across the UK and elsewhere. In addition, the Protection of Children and Vulnerable Adults (NI) Order 2003 (POCVA), which came into force in February 2003, requires the Department to maintain a list of individuals who are

considered unsuitable to work with adults in a 'regulated position'.

Issue: Respondents felt that the role, responsibilities and accountability of advocates/champions for older people need to be clearly defined.

Response: The Department recognises the need to clearly define the role, responsibilities and accountability of advocates/champions for older people.

Children and Young People

Issue: Further information would be welcomed on the planned development of managed care networks in areas such as the transfer of critically ill children and newborn infants.

Response: The Department is working with Developing Better Services (DBS) Area Programme Boards to develop a programme of flagship Managed Clinical Networks across a range of services, e.g. urology and unscheduled care. The Department has also asked the four HSS Boards to work together to begin the development of a Managed Clinical Care Network for critical care services across Northern Ireland. It is anticipated that the Boards will bring forward a proposal for the development of the network with the aim of the network being fully operational by July 2006. With regards specifically to the transfer of critically ill children and newborn infants, work is ongoing to put in place a robust transport system for the transfer of critically ill children and

newborn infants. In conjunction with this the Department is aiming to develop a network for neonatology.

Issue: The view was expressed that more details were needed in relation to the vision for children and young people. It was suggested that a Strategic Framework for children was required to bring NI in line with the UK.

Response: The Department is taking the lead in developing a Strategic Framework for Children, Young People and Families. This Strategic Framework will set high level outcomes, principles, actions, indicators and targets for the next 10 years for children's services and will complement the overarching OFMDFM Strategy for Children and Young People which is currently under development.

Issue: Respondents suggested that areas of specific concern for the Regional Strategy must be:

- To protect children from violence, abuse and poverty homelessness and harassment.
- To ensuring adequate childcare and educational opportunities.

Response: Given the high level nature of *A Healthier Future* it was not possible to include the level of detail suggested by respondents. Details of work underway in this area are outlined below:

Work is underway to develop proposals for a regional strategy to tackle sexual violence. It is envisaged that the strategy will include measures aimed at preventing sexual violence occurring, protecting those at risk, and providing services for those who have been victims of sexual violence. The strategy will encompass the needs of both adults and children.

The Department recently issued a specific NI Strategy on domestic violence and its impact on children and how we propose to address the issues. "Tackling Violence at Home" and an Action Plan of the same name were published in October 2005 and are available on the Department's website.

The Department is taking the lead in developing a Strategic Framework for Children, Young People and Families. The Strategic Framework will set high level outcomes, priorities and targets for the next 10 years for children's services and will complement the overarching OFMDFM Strategy for Children and Young People which is currently under development.

In addition the Protection of Children and Vulnerable Adults (NI) Order 2003 (POCVA) became law in February 2003. POCVA requires that the Department maintain a list of individuals who are considered unsuitable to work (in a paid or unpaid capacity) with children in a "regulated position", which is defined in the order.

The Department recognizes that the development of a greater range of coherent support for pre-school children and their parents is important to produce improved health outcomes by supporting parents in caring for children and promoting children's health and development. It will produce improved learning outcomes by encouraging stimulating play, improving language skills, and the early identification and support of children with learning difficulties. Finally, it will produce improved social development outcomes by supporting the development of early relationships between parents and children, good parenting skills, family functioning, and early identification and support of children with emotional, learning and behavioural difficulties.

Issue: It was the view of respondents that the strategy should recognize the extent of increased demand and unmet need in relation to children with autism, children with severe and complex disabilities and children who are technology dependent.

Response: The Department recognises the increasing demand in relation to children with autism and, in conjunction with the Department of Education, has established an inter-Departmental Special Educational Needs Steering Group, with administrative and professional representation, to ensure that each Department's resources and services are deployed to best effect to meet the needs of children and young people, including those with an Autistic Spectrum Disorder.

Issue: Paragraph 5.88 states that by 2015 no more than 25% of those on child and adolescent psychiatry waiting lists should wait for 3 months or longer for a first appointment and similarly that by 2025 all children requiring access to specialised child and adolescent mental health services will be able to access them in three months or less. It was felt that a higher standard could be aimed for over the timescale.

Response: We accept this point. The target has been changed to: By 2010 no more than 25% of those on child and adolescent psychiatry waiting lists should wait for 3 months or longer for a first appointment and similarly that by 2015 all children requiring access to specialised child and adolescent mental health services will be able to access them in three months or less.

People with physical and sensory disability

Issue: Respondents recommended that the Department provide a lead in challenging attitudes towards disabled people in health and social services which lead to discrimination. It should consult with disability organisations on guidance to ensure decision-making in areas such as access to treatment is consistent, and not influenced by inappropriate judgements on a disabled person's 'quality of life'.

Response: The Department is leading an Inter-Departmental Group in promoting the social inclusion of people with mental health needs or a learning disability, including recommendations on stigma. The Department is also represented on the

OFMDFM-led Inter-Departmental Group in promoting the social inclusion of people with a disability.

Issue: It was recognised that some day care provision is required but suggested that investment should not focus entirely on traditional day care and should move towards greater integration and inclusiveness within the primary community care settings for people with a disability.

Response: The Department remains committed to reducing the barriers to community integration and ensuring equity of opportunity and social inclusion. The Department agrees that men and women with a learning disability should be able to actively participate in their communities and afforded opportunities to meet their aspirations for meaningful day-time activities. This is further highlighted in the *Equal Lives* report (September 2005) which envisages a large and complex scale of reform and modernisation of services in relation to mental health and learning disability.

People with Mental Health Problems/Learning Disability

Issue: Respondents suggested that a reference should be made to the Bamford Review and the potential it has to impact on mental health and learning difficulties.

Response: The Review of Mental Health and Learning Disability is covered in section 5 (xiii) (People with Mental Health Problems) of *A Healthier Future*. This outlines the scope of

the Review at paragraph 5.115 and states that the vision of the Review is to give a real and meaningful priority to the challenges of mental health, embracing a reduction in the incidence and prevalence, a reduction in mortality and in the extent and severity of problems associated with mental ill health. Central to the vision is a valuing of people with mental health needs, their rights to full citizenship, equality of opportunity and self determination. It anticipates a process of reform, renewal and modernization of services.

Issue: Respondents felt that the strategy required recommended measures to prevent suicide among young people, especially young men and seriously mentally ill people.

Response: As a result of concern about an increase in the number of suicides, the Minister established, in July 2005, a Suicide Taskforce to develop a Suicide Prevention Strategy for Northern Ireland. The Suicide Prevention Strategy and Action Plan was published for consultation in March 2006.

Issue: The view was expressed that homelessness is not a uni-dimensional issue and it was suggested that the strategy take into account the recommendations and implications of the Promoting Social Inclusion report.

Response: The Department of Social Development (DSD) are currently reviewing the various consultation responses to the Promoting Social Inclusion (PSI) Report on Homelessness. They hope in the near future to develop an implementation plan taking these into account and the Department will work closely with DSD to this end.

Issue: The vision states that 'We will ensure immediate access for community-based and emergency services and people will not wait more than three months for any form of treatment or care'. Clarification was sought on whether this included mental health needs.

Response: The Department's principal aim remains to improve the physical, and mental and social well being of the people of Northern Ireland.

Theme 4: Teams which deliver

Issue: It was suggested that the strategy should acknowledge the difficulties around the recruitment and retention of domiciliary care staff. The need to ensure that the role of homecare staff in rural areas is an attractive career choice was also cited. Issues such as rural travel, working hours and support networks for people working alone need to be tackled.

Response: The Department has developed careers information for the range of employment opportunities available in the HPSS. It will continue to develop such material and respond to specific areas of priority need.

Issue: It was suggested that resources should be allocated to make sure that HPSS staff are trained in promoting health and well-being as an integral part of their work.

- Response: This will be addressed both through the Department's commissioning work and through the Learning and Workforce Strategy.
- Issue: Several respondents noted the need to focus on leadership development, workforce planning, learning and development and education and training for a range of healthcare staff.
- Response: There have been a number of training and workforce development initiatives across a range of health and social care disciplines. In addition, as part of its regional workforce planning initiative, the Department will be providing support for HPSS staff to access training in the skills and competences required to carry out workforce planning. This will be taken forward alongside development of a new Learning and Workforce Strategy.
- Issue: It was felt that 'Valuing the Workforce' could be a stand alone theme.
- Response: This issue will be addressed through the Learning and Workforce Strategy.
- Issue: Concern was expressed about references to the recruitment of staff from overseas. It was felt that the policy should be to make our community self-sufficient in its provision of healthcare.
- Response: This issue will be addressed through the Learning and Workforce Strategy.

Issue: It was stated that NI has the worst record of any UK country in promoting the career development of nurses and this must change if the aspiration for the HPSS to become a model employer is to be met.

Response: The Department has over a number of years supported, and will continue to support, the development of nurses at all stages of their careers, both through investment in training for a wide range of individual and organisation needs and through the provision of centrally funded development programmes.

Issue: A desire was expressed to see a recognition of the contribution to be made into training and quality assurance by the expert patient model.

Response: This issue will be addressed through the Learning and Workforce Strategy.

Issue: With respect to the integrated common learning framework outlined on page 85 of *A Healthier Future*, it was stated that the Department has neither the expertise nor the requisite statutory authority to develop "mutual codes of conduct and ethics across the workforce" and to reform pre-registration and post registration professional education in the manner envisaged.

Response: The Department would not go ahead with such developments in isolation and would work alongside the regulatory bodies if seeking to develop overarching common codes of conduct and any aspects of training.

Issue: It was suggested that the importance of partnerships would have been given greater importance if it was referenced in one of the theme e.g. 'Partnerships and Teams which deliver'.

Response: The Department has noted this suggestion and recognises the importance of partnerships in the achievement of the vision of *A Healthier Future*.

Issue: Respondents felt that it would be helpful if the Department could lead in the promotion of career structures that break down professional and sectoral barriers, developing new health and social care staff roles and encouraging staff to make health and social care a career of choice.

Response: This issue will be addressed through the Learning and Workforce Strategy.

Issue: Concern was expressed about the availability of staff to fill new roles. Work needs to begin immediately to address the shortfall in appropriate staff to deliver the vision.

Response: The Department has developed careers information for the range of employment opportunities available in the HPSS. It will continue to develop such material and respond to specific areas of priority need.

Issue: It was noted that pharmacists appeared to be excluded from this section.

Response: Pharmaceutical Workforce planning has been an important element in the Department's workforce planning actions, and indeed led the way in this area of work. Currently a revised workforce plan for pharmacy is being finalised which factors in key anticipated service developments, taking account of the various strategies recently published by the Department.

Issue: One respondent expressed the view that the strategy should include the 48 hour GP access target (included in the English NHS Plan for implementation by 2005).

Response: The Department has noted this view; however the target for the Department is 2008.

Issue: Respondents felt that leadership should have a higher profile within the strategy.

Response: The Department has already invested considerably in the provision of leadership training for HPSS staff. It will continue to do this to help facilitate roll out of the twenty year vision.

Issue: Respondents noted that a major process and training programme will be required to inform the whole of the HPSS about the strategy.

Response: Staff across the system are being made aware of, and are involved in, development of the various issues contained in *A Healthier Future* as the work on its delivery is taken forward.

Theme 5: Improving quality

- Issue:** The view was expressed that the Quality theme could be made more real by linking it to both modernisation and governance arrangements.
- Response:** The Department recognises that modernisation and governance are intrinsically linked within the wider quality and safety agenda. It will continue to ensure that the work of the Modernisation Unit is fully integrated within the broader quality and safety framework.
- Issue:** A number of respondents felt that the issue of transparency and accountability should be added to the Quality Section.
- Response:** The Department recognises that transparency is a fundamental principle in performance systems and will continue to work towards achieving greater openness, transparency and accountability in its performance systems.
- Issue:** Several respondents felt that the 'Improving Quality' theme should encompass the issue of safety.
- Response:** Quality and safety are now treated within the Department as a single agenda.
- Issue:** It was the view of respondents that the 'Improving Quality' theme needed to include a strong focus on evaluation, research and development to improve the evidence base and inform policy development.

Response: The Department has worked on the development of comprehensive and robust performance indicators for the HPSS.

Issue: Respondents felt that the reference to a new performance assessment and reporting framework could be strengthened. Details of the components of the proposed performance assessment and reporting framework could have been included to enhance this section.

Response: Performance management arrangements will be extended by the publication of performance information at a regional level based on a wide ranging set of indicators.

Making it happen

Issue: The view was expressed that the strategy appeared to place little emphasis on the need for a properly resourced, high quality research programme to support the development of effective programmes and services.

Response The 'Regional Innovation Strategy' emphasises the need for quality research programmes and the Department has always been committed to reviewing and developing existing programmes and services. The Department is working with the Department of Enterprise, Trade and Investment to promote Northern Ireland as a centre of excellence in health and social care research and development.

Issue: The view was expressed that there was little emphasis in the document on the need for a robust evidence base for service improvement and development or on how existing evidence should be translated into practice.

Response: The HPSS Research & Development (R&D) Office is tasked with improving the evidence base and feeding into policy development and clinical service improvements. The Office carries out its work through the R&D Strategy vehicle which is currently being reviewed and updated for the period 2006-2011. The new draft R&D Strategy will be going out for consultation in late 2006.

Issue: A number of respondents expressed concern about outcomes based on measurement of customer satisfaction. It was suggested that they were not direct measures of service quality and that other outcome measures such as the patient/client journey and the views of relatives and carers should be considered.

Response: Alongside using 'hard' measures of outcomes it is always important to take into consideration the views and opinions of the public. The figures quoted in *A Healthier Future* were based on recent service users over a number of different services. The Department has confidence in these figures due to the controls that were put in place whilst gathering data and also has confidence in using them as comparisons in the future as the data will continue to be collected in a consistent manner to ensure a 'like with like' comparison.

Satisfaction survey data are a critical source of information for continuous quality improvement, research, advocacy, and public accountability. The satisfaction levels quoted in *A Healthier Future* are based on two years' continuous data collection among service users. The Public Attitudes Survey has been commissioned for a further two years and will provide reliable figures and trends regarding the public's satisfaction with the HPSS over the coming years.

Issue: It was suggested that there were a number of outcomes in the strategy for which no baseline was referenced. Robust measures should be included to enable one to be more certain whether or not progress is being achieved.

Response The Department noted this suggestion and will take it into consideration when developing future consultation documents.

Issue: A number of respondents felt that the planning process and plans for delivery were confusing and could have been presented diagrammatically alongside existing planning arrangements.

Response: The Department recognises the need to ensure that performance arrangements focus on outcomes and will continue to work towards making that connection all the more evident and real within performance systems.

Issue: It was noted that it would be helpful to devise outcome indicators that reflect the specific inputs of the HPSS. Reference was made to Professor Appleby's suggestion to

use patient assessed Health Related Quality of Life (HRQoL) measures to measure the impact on users of health services.

Response: Professor Appleby's work on HRQoL measures will help inform the Department's consideration of how a performance system for the HPSS might have an appropriate focus on outcomes for service users.

Issue: Several respondents felt that policy directions on future funding for the HPSS should have been covered in the strategy and that it would have been useful to have an indication of the costs of implementation over at least the first five years.

Response: *A Healthier Future* has concentrated on the long term provision of services. For short term funding requirements, the Budget is reviewed on an annual basis and resources committed to priority areas as agreed with the wider HPSS and the Ministerial team.

Issue: Concern was expressed about the annual 2.5% efficiency savings referred to on page 106.

Response: The Government's policy is to ensure that high quality services are delivered in the most efficient and effective way possible. This means investing in frontline services. To do this Government has imposed 1.25% cash releasing and 1.25% non cash releasing efficiencies on all NI Departments. In order to achieve these savings all HPSS organisations must deliver the same range and scope of services but in a

more cost effective manner. The Department has agreed plans with the Ministerial team to secure the delivery of these savings and these plans will be monitored publicly.

Issue: Respondents expressed concern that the Barnett formula does not reflect different patterns of need. It was the view that the strategy should address the issue of resource allocation, taking account of issues of choice and trade-offs.

Response: The Department continues to work closely with the wider HPSS in arriving at a fair and equitable means of resource allocation. This work is being taken forward by the Capitation Formula Review Group and is an issue that will be kept under review.

Issue: A number of comments were received in relation to taking the Regional Strategy forward. These included –

- The need for clear, medium term, cross departmental actions plans with local flexibility
- The need for clear lines of accountability
- The need for a detailed delivery strategy along the lines of the NHS Plan for England
- The need for commitment to monitoring implementation
- The need to seek Secretary of State endorsement of the processes
- Realisation of the strategy through 'Priorities for Action'.

Response: The Department is now considering how best to take the strategy forward and to ensure that it is embedded in mainstream medium-term planning processes, taking account of the Appleby Review, Review of Public Administration (RPA) and other developments.

Issue: The view was expressed that the strategy did not take sufficient cognisance of the efforts made by Trusts in achieving cost efficiencies and service improvements on an ongoing basis, whilst developing better service and implementing change.

Response: The Department recognises the efforts of HPSS bodies in improving and delivering services. *A Healthier Future* is about our vision of health and social services over the next twenty years and how that can be achieved.

Issue: It was the view of respondents that the Capital Development Strategy should be aligned to support the delivery of objectives. It was also suggested that further consideration be given to the location of future new build health capital projects e.g. the possibility of locating them at interface areas.

Response: Capital funding for the delivery of the objectives stated in *A Healthier Future* will be made available, subject to available budgetary cover. This is taken into account in the Investment Strategy for Northern Ireland (ISNI).

Paragraph 5.40 of the Regional Strategy indicates a move in primary and community care infrastructure towards a network of primary and community care facilities from which

teams will deliver their services in communities. These centres will be of different sizes and configurations taking into account how local needs can best be met. Capital to support new-build projects is made available in line with current policy direction, subject to available budgetary cover.

Issue: Disappointment was expressed that a number of excellent initiatives in 32-county and cross-border co-operation had not been highlighted.

Response: The Department is aware of a range of excellent initiatives and the issue of cross-border co-operation, including reference to existing initiatives, is covered in section 8(xi) of *A Healthier Future*. To ensure that *A Healthier Future* remained a manageable size, it was not possible to provide details of all initiatives.

Issue: Concern was expressed that the sustainability of the existing infrastructure for the provision of residential and nursing home provision may be assumed. Given that some of the provision is provided by small, independent providers it should be acknowledged that, given the current economic climate, they may not be in a position/prepared to invest in capital infrastructure to maintain and develop facilities to meet new standards of care.

Response: The promotion of a flourishing independent sector alongside good quality public services is a key principle of 'People First - Community Care for Northern Ireland in the 1990s'.

General comments

Issue: A number of general comments were received relating to the launch and accessibility of the strategy.

Response: The Department has noted these comments and they will be taken into consideration for future consultations.

Issue: A number of respondents felt that the Vision was difficult to find within the document. It was also suggested that the themes, policy directions and key outcomes could have usefully been included in a single section.

Response: The Department has noted these comments and they will be taken into consideration when preparing future consultation documents.

Issue: Although the majority of respondents felt that equality issues had been adequately addressed, it was suggested that the strategy should have been subject to a full Equality Impact Assessment. Also suggested was the inclusion of a mechanism for monitoring and evaluating outcomes across the full range of equality categories.

Response: The development of *A Healthier Future* used a stakeholder engagement process which had involved around 3,000 people, (at events, in telephone interviews and participation in focus groups, many of which had insights which were relevant in terms of the section 75 dimensions). The consultation document invited consultees, as part of the

section 75 screening process, to provide any evidence indicating that an Equality Impact Assessment was needed. No such evidence has been provided. *A Healthier Future* is an overarching strategy; more specific strategies, policies, service developments, initiatives etc will continue to be screened in accordance with the Department's Equality Scheme.

Issue: It was suggested that the Regional Strategy needs to outline health inequalities evident in NI and include a stronger focus on promoting equality of opportunity as a key to reducing health inequalities.

Response: Policy Direction 2 in *A Healthier Future* re-confirms the Department's commitment to Investing for Health as the overarching cross-governmental policy for promoting health and wellbeing and reducing health inequalities. Equality, human rights and respect for diversity are fundamental to the way in which our Health and Personal Social Services are organised and delivered. Many of our core functions, and the values which underpin them, are directly concerned with addressing unfair inequalities and to ensuring equal access to health and social services for everyone. The Department and the HPSS family of organisations are committed not only to meeting the statutory duties placed on them, but also to being proactive in meeting people's needs and promoting equality.

Issue: Several respondents noted that the strategy should have a stronger emphasis on the growing number of people from ethnic minorities and their health and social care needs. It

was suggested that a chapter should be included on the needs of ethnic minorities.

Response: The Department is committed to equality and diversity, recognises the particular needs of ethnic minority staff and service users and is continuing to work in developing guidance and support in this area. For example, the Department is planning to publish a consultation document on options for future arrangements for interpreting services in 2006. Work is also at an advanced stage on a region-wide accessible formats initiative that will provide key HPSS information in alternative languages. The Department will be working with the Equality Commission to produce a second edition of the 2003 joint publication “Racial Equality in Health and Social Care”. The Department and the Commission are aiming to publish the new edition by March 2007. In addition the Department plans to publish a second edition of its 2004 good practice guide entitled, “Embracing Diversity – Understanding and valuing ethnic diversity in the HPSS.”

Issue: Respondents suggested that the needs of the travelling community required a higher profile in the strategy.

Response: The Department recognises the health inequalities faced by Travellers in Northern Ireland and has invested in a number of initiatives aimed at improving Travellers health and social care. The Department has in partnership with the Department of Health and Children, Republic of Ireland, participated in the design of an all-Ireland Traveller Health Study and is currently providing funding for specific programmes aimed at determining the health needs of

Travellers and improving their access to health and social services.

Issue: In general the strategy should endorse that access to health and social services is on the basis of need alone, without discrimination on the basis of disability or other factors, such as age, sex, or race.

Response: Equality, human rights and respect for diversity are fundamental to the way in which our Health and Personal Social Services are organised and delivered. Many of our core functions, and the values which underpin them, are directly concerned with addressing unfair inequalities and to ensuring equal access to health and social services for everyone. The Department and the HPSS family are committed not only to meeting the statutory duties placed on them, but also to being proactive in meeting people's needs and promoting equality.

Issue: The view was expressed that all the relevant strategies and the 'fit' between initiatives could be cross referenced or linked in a diagrammatical format.

Response: The Department has noted this suggestion and will take it into consideration when developing proposals for the way forward.

Issue: It was suggested that policy directions should be included on Reform and Modernisation and Evidence, Effectiveness and Efficiency.

Response: As a 20 year vision, *A Healthier Future* contains the areas that will see sustained work to improve health and social services over the next 20 years. Whilst different names may be given to this work over that time, these themes will all contribute to the achievement of that overarching vision.

Issue: It was suggested that a reference should be made to the need for a mechanism to evaluate the cost effectiveness of emerging technologies, services and treatments such as National Institute for Health and Clinical Excellence (NICE) within NHS.

Response: The Department will shortly be putting in place (subject to Ministerial approval) a mechanism for the review of the applicability of NICE technology appraisals and clinical guidelines in the context of the HPSS. Through this process, NICE guidance that is deemed to be appropriate for Northern Ireland will be endorsed by the Department for implementation in the HPSS. This will help ensure that the HPSS delivers services that are informed by the latest independent professional, evidenced-based guidance on the value of health care interventions.

Issue: Respondents felt that the use of the terms “specialist” and “generalist” in paragraph 2.29 needs to be reconsidered.

Response: In relation to the terms “specialist” and “generalist”, demarcation will reduce as a result of team working and the development of “needs based” provisions.

Issue: The view was expressed that duplication of services due to sectarian issues should be recognised as wasteful and this should be examined in light of “A Shared Future” - the Policy and Strategic Framework for Good Relations in Northern Ireland.

Response: The Department and HPSS is committed to delivering services to those who need them in the most effective way possible. “A Shared Future” will help inform consideration of the issues.

5. Abbreviations

AHP	Allied Health Professional
CAMS	Complementary and Alternative Medicines
CCM	Chronic Condition Management
DBS	Developing Better Services
DETI	Department of Enterprise, Trade and Investment
DHSSPS	Department of Health, Social Services and Public Safety
DRD	Department of Regional Development
DSD	Department of Social Development
EU	European Union
FSA	Food Standards Agency
FSA (NI)	Food Standards Agency Northern Ireland
GP	General Practitioner
HPSS	Health and Personal Social Services
HRQoL	Health Related Quality of Life
HSS	Health and Social Services
ICT	Information Communication Technology
IfH	Investing for Health
ISNI	Investment Strategy for Northern Ireland
IT	Information Technology
NHS	National Health Service
NI	Northern Ireland
NICE	National Institute for Health and Clinical Excellence
Ofcom	Office of Communications
OFMDFM	Office of the First Minister and Deputy First Minister
POCVA	Protection of Children and Vulnerable Adults Order
PSI	Promoting Social Inclusion
R&D	Research and Development
RPA	Review of Public Administration
UK	United Kingdom