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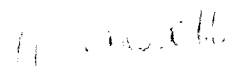
Regional Strategy Team
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Dear sirs

**RE: CCMS Response to 'A Healthier Future'
A Twenty Year Vision for Health and Wellbeing in
Northern Ireland 2005-2025**

Please find enclosed the CCMS response to the consultation. I am sorry that this has been delayed, this was due to a computer fault, but I hope that it is still acceptable.

Yours faithfully



**JIM CLARKE
DEPUTY CHIEF EXECUTIVE**

Encs



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Response to a Healthier Future-A Twenty Year Vision for Health and Wellbeing in Northern Ireland

1.0 Introduction

1.1 CCMS welcomes this ‘visionary’ document in relation to healthy living. As an organisation which supports schools that are part of the parish structure and thus the local community it welcomes the emphasis placed on the community. It is proposed to respond to the relevant sections and sub-sections as outlined in the document. Obviously some sections are more closely related to education than others and it is on these that the comments will be concentrated.

2.0 Section 1; Investing for Health and Wellbeing

2.1 Education has a key role for the whole of society in relation to health and wellbeing. In some instances children, through school based programmes, can influence family eating habits and exercise regimes. It is clear that this is the section with the greatest relevance for schools. Schools deliver drug education (including advice on alcohol abuse and smoking) as well as general health and wellbeing, sex education and the raising of self-esteem through pastoral programmes.

2.2 The following are the specific points which CCMS would make:

- 1.7 (p.10) If government wishes to show clearly to young people that smoking is bad for health then it should adopt the third option and ban smoking in all enclosed public places and workplaces.
- 1.13 (p.11) CCMS would agree with the factors outlined and it is for that reason that we have argued that educational resources have to be targeted at those with the greatest social needs as identified by Free School Meals which is at present the most reliable indicator of composite social deprivation.
- 1.18(p.13) The Key Population Health outcomes as defined are fine but the real issue is how these goals can be achieved. It is in this section that education has the greatest role to play. As stated earlier smoking in public places must be banned to show that it is not acceptable in the 21st century now that we have the knowledge of the damage it causes. Young people despise cant and hypocrisy and will wonder why government could permit any other option if they are really serious about reducing the health damage caused by smoking. Alcohol abuse is a serious problem and peer pressure cannot be underestimated as an influential factor. Centrally provided educational resources should be made available to all schools customised to the specific needs of primary and post primary schools and this should allow for development and progression across ability range.
- 1.20(p.14) CCMS welcomes the Healthy Neighbourhood Projects and the Health Action Zones and it is hoped that strategies emerging from these will be extended.

- 1.32(p.17) For many young people school is the first opportunity to engage in organised or team sporting activities. However certain activities can be costly and can be a pressure on school budgets as they are currently structured. Extra funding should be provided for out-of-class activities to encourage young people to engage and stay involved in sports and other relevant physical activities.
- 1.43, 1.44 and 1.45 (p.19) Education has a pivotal role to play but again resources need to be put at schools' disposal if these aims are to be met.
- 1.46 (p.20) Government will need to recognise that all children with special educational needs must be treated fairly and the resources must be provided to ensure inclusion and equity of treatment.
- 1.47 (p.20) There is a great need for commonality right across the province and any measures that will help this are to be welcomed. CCMS as a key partner in education provision must also be included in the Regional Strategy Group for Special Education.

3.0 *Section 2 Growth in Provision outside the public sector*

3.1 CCMS does not accept that plans to promote the use of PPP in addressing the public sector investment deficit is necessarily a cost effective approach in the long term.

4.0 *Section 3 Responsive Integrated Services*

4.1 Much is made in the document about providing services in the community that offer “flexible immediate access”. It is not clear if these services will be provided at the expense of Accident and Emergency and acute services. It will not be a cheap option if it is to be implemented successfully.

As stated earlier the over-riding consideration will inevitably be the role of the government in setting its resource priorities.

5.0 *Section 4(iv) (p.45) Community Development in Health and Wellbeing*

5.1 This refers to the period of transition being experienced by the community and voluntary sectors, influenced to some degree, by the ending of a number of European funding programmes. On the one hand the document states that the challenge is to ensure that this change supports and enhances the delivery of effective health and social care services (par 4.15). On the other hand it states that there is a need to build the capacity of the community and voluntary sector by sharing skills et cetera and “where appropriate, we must ensure that community and voluntary sector organisations are given an

opportunity to take on responsibility for areas of work currently undertaken by HPSS”. (par 4.16). More clarification is required on the precise meaning of this. It could be interpreted as obtaining services “on the cheap” rather than a means of meeting local needs effectively.

6.0 *Promoting Equality of Opportunity*

6.1 In relation to the Section 75 duty contained in the NI Act 1998, the approach taken by the Department to assessing equality impacts has been to employ an Integrated Impact Assessment Tool. The status of this tool appears to be experimental at present and it is not clear if its use in this context is a substitute for a full screening exercise.

6.2 The Department correctly invites comment from consultees on whether a full Equality Impact Assessment (EQIA) is appropriate and, in addition, gives a commitment to subject some elements (unspecified) of the strategy to a full EQIA in the future. However, since the strategy seeks to address and promote equality of opportunity in a number of areas, it is recommended that it should include a mechanism for monitoring and evaluating outcomes across the full range of equality categories.

7.0 *Consultation Questions –Appendix B*

7.1 The questions posed in the Appendices are broadly based and wide ranging so the response must be in similar terms.

7.2 Responses

- (1) This appears to be an adequate vision.
- (2) These five major themes appear relevant.
- (3) These appear to be appropriate Policy Directions.
- (4) The actions and outcomes as set out appear appropriate.
- (5) CCMS believes legislation should be brought forward to ban smoking in all enclosed public places and workplaces.
- (6) Proposals for taking the strategy forward appear adequate.
- (7) CCMS agrees the approach but has reservations about the nature of the tool.