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24 March 2005

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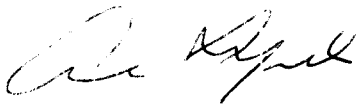
Dear Sir/Madam

EHSSB Response to “A Healthier Future – A 20 Year Vision for Health and Wellbeing in Northern Ireland 2005/2025”

I refer to the consultation on the above Strategy and to our phone call of 24 March 2005 to advise you that this reply was in the post.

I enclose, for your information, a paper which was approved at the Eastern Board's Board Meeting in March and I would like to convey to you our thanks for being involved in both the pre-consultation and the formal consultation.

Yours sincerely



**Anne Lynch
Director of Planning and Contracting**



FOR APPROVAL

Board Paper No.:

Response to “A Healthier Future – A 20 Year Vision for Health and Wellbeing in Northern Ireland 2005 – 2025”

- 1.0 On 21st December 2004, the DHSS&PS published its draft 20 year Regional Strategy, for a 3-month period of consultation.
 - 1.1 The Department provided specific questions on which it would like to hear responses although it indicated that responses outside this framework would be welcomed.
 - 1.2 After some general comments, this draft response by the Eastern Health and Social Services Board follows the consultation questions asked in the hope that this will assist the DHSS&PS with streamlining the consideration of the variety of responses which it is likely to receive.
 - 1.3 The DHSS&PS has helpfully provided both the full Report and a short Executive Summary that sets out very clearly the fact that the Regional Strategy adopts 5 Themes and within these themes proposes 16 “policy directions”. These are listed below for ease of reference. The Department should be commended for the quality of the documentation and the usefulness of the Executive Summary, in particular.
 - 1.4 **Theme 1 – Investing for Health and Wellbeing**
 - Policy Direction 1 – our overall aim is still to improve the physical and mental health and social wellbeing of the people of Northern Ireland.
 - Policy Direction 2 – we reaffirm Investing for Health – the Government Policy for promoting health and wellbeing and reducing health inequalities.

- Policy Direction 3 – promoting health and wellbeing is the responsibility of everyone across the HPSS, including commissioning organisations and organisations which deliver services.

1.5 Theme 2 – Involving People – Building Caring Communities

- Policy Direction 4 – we will make it a policy aim to fully involve and support the development of people and caring communities who will:
 - actively promote health and wellbeing;
 - have a central role in managing chronic conditions; and,
 - be partners in designing and managing our health and social services.

1.6 Theme 3 – Responsive Integrated Services

- Policy Direction 5 – we will break down boundaries over the next 20 years to improve the ability of our services to respond to people's needs.
- Policy Direction 6 – we will focus on delivering effective community-based services with a special focus on managing chronic conditions and the problems associated with disadvantage.
- Policy Direction 7 – over the next 20 years, we will work towards providing services against clear standards of access. Our vision is that, when people need health and social care, they will have immediate access to services based in their communities and to any form of emergency care. People in the future will not wait more than 3 months for any form of treatment or care. Access standards will apply equally across all areas in Northern Ireland.
- Policy Direction 8 – we will develop multi-skilled teams based mainly in the communities but supported by and including, people working in hospitals.

- Policy Direction 9 – we will work to improve the role of hospitals in supporting community-based services and in providing services which cannot be provided appropriately in the community.
- Policy Direction 10 – we will place a special emphasis on meeting the needs of important groups by tailoring services to those needs and by placing a greater emphasis on them.

1.7 **Theme 4 – Teams that Deliver**

- Policy Direction 11 – we will make sure that employers in health and social services become “employers of choice” to recruit and keep staff.
- Policy Direction 12 – we will aim to develop shared learning and skills throughout health and social services including the HPSS, the private sector, the independent sector and the community and voluntary sectors.
- Policy Direction 13 – we will create plans which provide for changing roles and skills across the health and social services over the coming years.

1.8 **Theme 5 – Improving Quality**

- Policy Direction 14 – we will work to meet clear quality standards in line with a new legal duty of quality which has already been placed on Boards and Trusts.
- Policy Direction 15 – we will set in place flexible plans, appropriate structures and effective, efficient processes to support putting *A Healthier Future* into practice.
- Policy Direction 16 – we will continue to develop a positive, active and responsive relationship with private, community and voluntary sector providers here over the coming years.

2.0 General Points of Comment

- 2.1 The Board recognises that the DHSS&PS went to great lengths to have a widespread pre-consultation process while it was developing "A Healthier Future". This pre-consultation work was both inside and outside of the service and the results are evident in the content of the document.
- 2.2 It is also to be welcomed that the Strategy encompasses and endorses work which had already been developed in a number of key areas including Investing for Health, Developing Better Services, the Primary Care Strategy, the Regional IT Strategy, and a whole raft of other Policy Development over the years in both community and hospital sectors. With its endorsement of the Investing for Health Strategy and its acknowledgement of the input of individuals, communities, independent sector and other agencies, it recognised the collaborative nature of the HPSS&PS and the interdependence of the variety of players who make a difference to health and wellbeing in its widest sense.
- 2.3 Because the Strategy has a 20 year horizon, the approach which focuses on key themes for moving forward appears appropriate but the length of the time horizon does also present significant difficulties, not all of which can be picked up in the responses to the specific questions set out below.
- 2.4 The most obvious area where the Strategy is almost silent, is the potential increased running costs of the huge raft of both need and opportunity which will arise and will give us investment pressures and choices over the medium term future. The Strategy does indeed deal with the scale of the capital investments envisaged and does also touch on the need for significant efficiencies and recycling of existing funds in order to help address the resource need. It is, however, a major drawback that there is no real attempt to quantify the running cost requirements of the increased ability to treat a changing population with different expectations and different needs nor is there any quantification of the resources required for improved capital infrastructure standards as well as the major increases expected in workforce of a variety of kinds.

- 2.5 By proposing that the Strategy is reviewed every 5 years to see whether it is still relevant there is an opportunity to see to what extent the service has developed in line with the expectations of the outset. There is a danger however that, if the resources available to improve the service over even the first 5 year period are not currently known or the requirements projected over a longer period, the Strategy could lose credibility quickly if resources don't match reasonable requirements. It would have been very useful, therefore, to have seen the expected costs of implementation of the Strategy over at least the first 5 years of its life.
- 2.6 A particular and potentially very acute problem for the Eastern Area will arise from the fact that, if the capitation funding approach is applied as it is at present, the area will be a loser of resource relative to other parts of Northern Ireland. This could throw the plans set out in the Strategy into some disarray especially as a number of the Themes and Policy Directions target need and inequalities and a lot of that need and inequality will still be in the Eastern Area.

3.0 Answers to Consultation Questions

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

Section 2 of the main document attempts to look forward to the main issues that could have an impact on the need for and work of health and social services over a 20-year period. While this looks at major issues such as demographics, technology, personal and community health related behaviours etc, it is very difficult, by definition, to see into the future and predict something that is not already obviously underway. Clearly to the extent that there is some major positive breakthrough or major emergency or pressure on the system, no strategy can be fully robust and it will be very important to make sure that it is kept fresh by fairly regular reviews. That said, the adoption in Section 3 of the 5 Themes set out above appears to be a fairly useful way of conceptualising the Strategy. While the "Journey Through a Lifetime" operates effectively in terms of the changing needs of an individual through their life, it would have been useful to have some type

of diagrammatic approach to describing the range of services that a community might be able to expect to have available so that people could see what purposes individual services serve and how they fit together into a wider network of service that can be relied on to operate as a system.

2. ***A Healthier Future Focuses on 5 Major Themes: Investing for Health and Wellbeing; Involving People; Responsive Integrated Services; Teams which Delivers; Improving Quality and Making It Happen. Do you agree that it is appropriate to focus on these Themes and are there any others that should be addressed by the Regional Strategy?***

As indicated above, the 5 key themes appear to be appropriate. It would be helpful, however, to amend the theme “Improving Quality” to “Improving Quality and Safety” as there will be significant developments in ensuring that services are safe.

We would have also found it useful to have a theme entitled “Evidence, Effectiveness and Efficiency” to promote the key drivers for evidence-based practice, ensuring effective services and promoting efficiency at all levels. While aspects of this Theme might be woven into others and there was mention of all of these issues within the document, we feel that it deserves a higher profile given the need to ensure that services are designed around activities which are either already well evidenced or are thoroughly evaluated as they are implemented.

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

As indicated above we feel that there could have been a further Policy Direction around the issue of Creating Safe Services which would have encompassed such things as the work of the Standards and Guidelines Unit, CREST, NICE/SCIE and the Health Development Agency.

We also feel that there could have been a Policy Direction around the issues of “Reform and Modernisation” which, even if the names are changed, are likely to be sustained as themes over the life of the Strategy.

As indicated above, we also think there should have been a Policy Direction around the running cost resourcing of the Strategy.

To the list of vulnerable groups mentioned on page 7 of the Executive Summary, we would add migrant workers since they are likely to become more of an issue as we go forward over the next 20 years.

4. *A Healthier Future identifies a number of Key Actions and Outcomes. Do you believe that these are the right Actions and Outcomes to achieve the vision set out in the document?*

The Key Actions and Outcomes that are described appear appropriate with the caveat that the issues that we have raised above would also need to have been reflected in the Actions and Outcomes.

We would also stress that it is important to keep outcome targets under review as is currently taking place in the review of the Investing for Health targets but we note in Section 8 of the document that there are to be new planning arrangements for review and roll forward of the Strategy and this should present the opportunity for review of targets etc.

5. *A Healthier Future identifies the need to reduce Smoking as a Key Element in Improving the Health of People in Northern Ireland and set out 3 main Options:*

- a) *Should restrictions on smoking in public places and in work places be a matter for self-regulation and should Government simply act to encourage and support smoking cessation?***
- b) *Should smoking generally be prohibited in most enclosed public places and work places but allowed in certain settings such as pubs that do not prepare and serve food and in private clubs where the members decide to prevent smoking?***
- c) *Should legislation be introduced to ban smoking in all enclosed public places and work places?***

The Board has already endorsed Option 5 c) that "Legislation should be introduced to ban smoking in all enclosed public places

and work places”. The Board is joining with other groups and agencies in making a response on this specific aspect of the Regional Strategy.

6. *Are the Proposals for taking the Strategy Forward Adequate?*

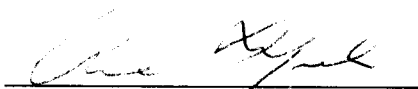
Section 8 on “Making It Happen” sets out, in broad terms, how the Strategy will be taken forward. The variety of 5 year regional reviews, 5 year regional implementation plans rolled forward every 3 years, local, 3 year implementation plans rolled forward annually and annual performance reports, is confusing and might be thought over bureaucratic. At least one of these processes should be dropped and we would suggest that the regional implementation 5-year plan is probably superfluous if the 3-year local plans are properly commissioned and fit with the 5-year Regional review of the Strategy.

7. *Are the Equality Issues Adequately Addressed?*

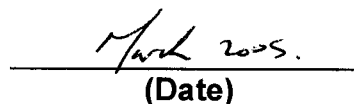
The Board supports the use of the Integrated Impact Assessment approach which has been used and the Board would be of the view that the proposals as set out in the Strategy (subject to the specific capitation resourcing issues in the Eastern Area identified earlier), should have the impact of reducing inequalities and increasing the emphasis on the needs of vulnerable groups. We recognise that the development of the Strategy involved significant consultation with a wide range of interests and we commend the DHSS&PS for this pro-active approach to engaging people in the development of the Strategy. This bodes well for their continued involvement as it is put into effect.

Recommendation

That the Board accepts that we make a response to the Regional Strategy “A Healthier Future” in the terms set out in this paper.



Anne Lynch
Director of Planning and Contracting



(Date)