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31 March 2005

Regional Strategy Team
DHSSPS
Room C4.22
Castle Buildings
Stormont
BELFAST BT4 3SJ

Dear Sir

RESPONSE TO CONSULTATION – A HEALTHIER FUTURE

The proposed strategy appears thorough in its appraisal of current needs and priorities and to set out a robust strategy to address these over the next twenty years. The five major themes are, in our view, appropriate and, as they contain a very large number of issues under their headings, we do think that they are an appropriate focus for strategic planning.

The policy aims are of the type and kind that we would wish to support. We welcome, in particular, the emphasis on active dialogue between service providers and service users throughout the strategy. We welcome the emphasis on team development and the removal of organisational or professional boundaries that may impede the users' access to, and progress through the range of services they require. The key actions and outcomes appear to offer a highly aspirational agenda, and the Council welcomes the targets on waiting times, access to services, enhanced choice and support for patients and carers.

There are a couple of key outcomes that stood out for us as inadequate. In paragraph 5.88 it 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.

Given the broad sweep of other objectives and outcomes and the high level of ambition contained within many of them we do feel a higher standard could be aimed for over the timescale.

With regard to smoking, the Council has resolved to support Option C and will express its support as appropriate.

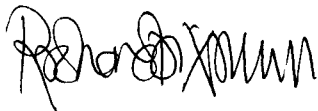
We do take the view that the real credibility of the strategy lies in its ability to be implemented effectively and we will follow with great interest the development of objective setting, monitoring and review. However, we do welcome the initial arrangements for review of the strategy and progress over time.

On the matter of equality, the emphasis within the strategy on the person centred approach and the many and varied specific targets and actions for a variety of patient groups are very welcome. Our specific concern on access to Child and Adolescent Mental Health Services is noted above. We note the development of the Integrated Impact Assessment for policy and welcome its potential to ensure the responsiveness of policy to a wide range of pressures and priorities across government departments.

In summary, we regard the strategy as an effective and comprehensive document the broad thrust of which we welcome. However, we believe that the real test of the strategy will come in its implementation and we will maintain a close interest in this.

We welcome particularly the emphasis on public and user involvement in the planning and delivery of services and we look forward to contributing positively to the further development of these themes and their translation into direct action.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Richard Dixon', with a stylized, cursive script.

Mr Richard Dixon
Chief Officer