

Our ref MMcB/jd

12 April 2005

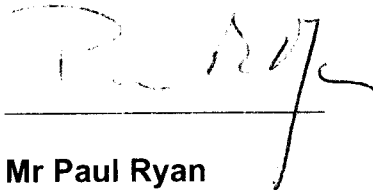
Regional Strategy Team  
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Dear Sirs

**Re: "A Healthier Future – a 20 Year Vision for Health and Wellbeing in Northern Ireland 2005 – 2025"**

Please find attached North and West Belfast HSS Trust's Response to the above document.

Yours sincerely



**Mr Paul Ryan**  
**Director of Planning**

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# North and West Belfast HSS Trust Response To

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

**12 April 2005**

## **North and West Belfast Trust (NWBT) response to “A Healthier Future – A 20 Year Vision for Health and Wellbeing in Northern Ireland 2005 – 2025”**

### **1.0 Introduction**

This is the North and West Belfast HSS Trust (NWBT) response to the Regional Strategy document circulated for consultation in December 2004. The Department provided specific questions on which it would like to hear responses although it indicated that responses outside this framework would be welcomed.

The Department sets out the Regional Strategy adopting 5 Themes and within these themes proposes 16 “policy directions”. The Trust would endorse these 5 themes and 16 policy directions and commends the Department for the clarity of the document as a whole.

### **2.0 General Comments**

“A Healthier Future” clearly outlines strategic direction and builds on initiatives that have been progressing over recent years:

- Investing for Health (IfH);
- Developing Better Services;
- the Primary Care Strategy;
- the Regional IT Strategy; and
- other Policy Development over the years in both community and hospital sectors.

The document also takes account of improvements evidenced through the current monitoring and accountability arrangements. However, it does not take sufficient cognisance of the efforts made by Trusts in achieving cost efficiencies and service improvements on an ongoing basis, whilst developing better services and implementing change.

Through the endorsement of the IfH Strategy and acknowledgement of the efforts of individuals, communities, the independent sector and other agencies, the document recognises the partnership working of the Health and Personal Social Services and the interdependence of stakeholders who contribute to health and wellbeing in the long term. Capital Investment, cost efficiencies and value for money have been highlighted. However, issues of increased revenue costs in areas of current and developing need as well as current to medium term cost pressures have not been given sufficient attention.

It is widely accepted that health and care services are developing at a rapid pace and that this development will impact on the type and volume of staff delivering modern health and social services.

It would be important for this strategy document to address this issue. The lack of clarity over revenue costs creates difficulty for front line service provided by Trusts in addressing needs within communities. This difficulty will be compounded through increased pressures, arising from, exponentially with increased pressures of new and ever improving treatments. This will be felt particularly in the community sector.

The Health Action Zone welcomes reference to the Health Action Zone as an important means of bringing together key players who can contribute to improving health and wellbeing and tackling areas of inequality. However, the reference which relates to the establishment of Education Action Zones should be amended since the proposals for Education Action Zones have changed significantly from their original intention. They will now be a much smaller project driven initiative. Unlike the original proposal which focused on a 7 - 10 year view of educational disadvantage, the current initiative is funded for a 3-year period only.

The advantages of engagement go beyond service provision. The section needs to be expanded to reflect the broader base of involving people and communities in their health and wellbeing.

### **Involving People - Caring Communities**

It is welcomed that reference is made to building on the existing policy 'Mainstreaming Community Development'. However, it is also regrettable that support for community based approaches to tackling health and wellbeing will no longer be funded as a result of recent decisions. The Investing for Healthier Communities grant programme, a model of good practice, is no longer funded through DHSSPS. Whilst the document highlights the need for strong citizen advocacy arrangements 'in partnership' and community development health and wellbeing, this does not sit easily with recent decisions on funding.

Other general comments include:

- It would be useful if all strategies could be linked in a diagrammatical format e.g. via flow chart.
- Some thought should be given to the level at which targets, measures and implementation are set e.g. local or Trust level. Different areas will have differing priorities and this might provide a more focused approach to addressing those most in need!
- Qualitative outcomes should be agreed locally and there should be a movement away from the strong focus on activity / face-to-face contacts.

- There should be a Service Improvement lead at a local level to support new ways of working and roll out effective programmes for waiting list management / improving efficiency.

### 3.0 Answers to Consultation Questions

#### Question 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 looks 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. It will be important to ensure that it is kept fresh by regular reviews. While the "Journey Through a Lifetime" operates effectively in terms of the changing needs of an individual through their life, it would be useful to have some type of diagrammatic approach to describing the range of services that a community might expect. In this way people could see individual services but also how these services fit together in a wider network of services that can be relied on to operate as a system.

The issue of additional resources needs to be addressed alongside the setting of targets – targets which might otherwise become unrealistic and unachievable, thereby undermining the strategy.

The Programme would support the issue of the general themes and policy direction but believes some are very focused on the here and now. Smoking reduction in public places will not be a target in twenty years and there needs to be the option of focusing on arising issues.

Other issues which could be addressed include:

1. More emphasis on the importance of community development approaches to promoting health and wellbeing;
2. The needs of ethnic minorities, those without English as a first language, and migrant populations;
3. The theme of 'Investing for Health and Wellbeing' could be strengthened and integrated in other parts of the document.
4. A stronger focus on preventative services and investing for health as core responsibilities and priorities within the HPSS.

## Question 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 previously indicated, the 5 key themes would 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.

It may also be 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 there was mention of all of these issues within the document, a higher profile might be desirable, 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.

Another missing theme could be the theme of leadership in order to drive and deliver the agenda. As highlighted earlier the emphasis in some of the themes could be strengthened in order to help make the connections and delivery a real possibility. The Involving People theme needs to emphasise the role of community development in health.

## Question 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 previously there could be a further policy direction around the issue of creating safe services which could encompass the work of the Standards and Guidelines Unit, CREST, NICE/SCIE and the Health Development Agency.

There could be a policy direction around the issues of “Reform and Modernisation” which, even if the names are changed, are likely to be sustained over the life of the Strategy.

There could also be a policy direction around the running cost resourcing of the Strategy.

There is a need for stronger emphasis and acknowledgement of the policy direction of Investing for Health. This public health policy, lauded in other parts of the United Kingdom, has to date been insufficiently resourced, requires other departments' contribution, and is at risk of being reduced in importance in order to address Priorities for Action.

#### Question 4

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

The Key Actions and Outcomes that are described appear appropriate, with the caveat that the issues raised in this response should also be reflected in the Actions and Outcomes.

It would be important to keep outcomes and targets under review.

This is important to ensure that document is 'live'. It is important that qualitative measures are indicated and that views are taken on from those responsible for responses to the actions / outcomes locally.

It would also be helpful if there was a summary of the themes along with the key outcomes / action visible together.

#### Question 5

**A Healthier Future identifies the need to reduce Smoking as a Key Element in Improving the Health of People in Northern Ireland and 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 setting 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 Trust would endorse Option c that "Legislation should be introduced to ban smoking in all enclosed public places and work places".

There is clear evidence of the impact of tobacco smoke on environmental risk to health and is a clear public health priority.

## **Question 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 Trust would agree with the Eastern Health and Social Services Board’s view that a schedule 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 could be perceived as over bureaucratic. 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.

A key issue will be how the strategy will link to other important strategies led by both Health & Personal Social Services and other government departments and their strategies. The challenge will be to integrate and reinforce areas of action in order to promote the goal of health and wellbeing.

## **Question 7**

### **Are the Equality Issues Adequately Addressed?**

The Trust supports the use of the Integrated Impact Assessment approach which has been used. The proposals as set out in the Strategy should have the impact of reducing inequalities and increasing the emphasis on the needs of vulnerable groups.

## **4.0 Specific Comments**

### **Point 1.18**

Improving nutritional balance should be included in this section.

### **Point 1.43**

The term ‘be on a diet’ used in this section, can be perceived as a negative statement and specific to those who want to lose weight. ‘Optimum nutritional balance’ should be considered instead.

### **Point 1.45**

‘Healthy diet’ should be replaced by ‘healthy eating pattern’.

### **Point 1.47**

The Trust would suggest that there should be a sentence that ‘further gaps in AHP services should be identified to provide a ‘holistic’ approach to promote optimum care in this target area’.

**Point 1.53**

AHP services should be included as an example.

**Point 1.55**

As above.

**Point 2.29**

It should be highlighted that 'specialist' service delivery is not just associated with acute hospital services. A number of these services can be provided through primary care.

Those specialising in certain areas within primary care would not consider their role to be 'generalist'.

**Point 2.3**

The Trust agrees that the 'patient's journey' should be the major factor in determining needs and accessibility of services. The terms specialist and generalist need to be reconsidered. (See point 2.29 above.)

**Point 2.31**

Clinical and Social Care Governance is an important factor in relation to co-ordination of a team-based response. However, other important factors are leadership, vision and innovation in an organised and structured format.

**Point 3.3**

Unless further resources are put into community-based services and identified gaps in service provision are met, this target is a major challenge. Realistic targets should be agreed in partnership with service providers. This will prevent a reduction in morale and additional pressures on already stretched services.

**Point 3.5**

'Healthy diet' to be altered to 'Healthy eating pattern'.

**Point 3.7**

There should be strong Community Development links / structures to support these mechanisms.

**Point 3.8**

'Dietician' should be spelt 'Dietitian'.

**Point 5**

The Trust feels that regional and local multidisciplinary resources are not in place to support the Learning Disability key outcome. This would be a major concern in relation to care provision for this client group.

**Point 5.19 (fig 5.1)**

AHP's should form part of the care team especially in specific disease management conditions e.g. diabetes, COPD, stroke and palliative care.

**Point 7.3**

'Dietician' is spelt 'Dietitian' as in Peter's story part 2 page 53 also.

**Point 8.10**

We would support the roll out of techniques used within the Service Improvement Programme. However, if recommendations are made by services as a result of innovation / creativity and have shown to work then these recommendations should be supported and acted upon so that results can be achieved.