



Southern Health and Social Services Board  
Office of the Chief Executive  
Direct Line: 028 37 414600

25 March 2005

Regional Strategy Team  
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Castle Building  
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BELFAST BT4 3SQ

Dear Sir

**A Healthier Future – A Twenty Year Vision for Health and Wellbeing  
in Northern Ireland 2005-2025**

Please find attached the Southern Health and Social Services Board response to the above consultation.

The Board is pleased to be able to respond to this important strategy document and hope that our comments assist in adding value to the overall strategy.

Should you wish to discuss any part of this response please do not hesitate to contact me.

Yours faithfully

C Donaghy  
Chief Executive

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CHIEF EXECUTIVE

Chief Executive:

Chairwoman: Hilda Flannuaidh Cook, OBE

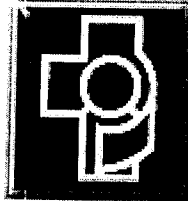
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**SB 18/05**

**For approval**



**Southern Health and Social Service Board**

**Response to the consultation on**

**A Healthier Future: A Twenty Year Vision for  
Health and Wellbeing in Northern Ireland 2005  
– 2025**

**Consultation period ends 25 March 2005**

The Southern Health and Social Services Board (the Board) welcomes the opportunity to contribute to the consultation on the draft Strategy. The Board views this strategy as critically important as it sets the direction for future planning of health and social care services in Northern Ireland. Key to the delivery of the strategic goals is the need for “joined up Government” reflected in joint objectives reflected in Public Service Agreements and Departmental Priorities for Action. The HPSS cannot deliver this strategy alone. A coordinated across all government departments will be essential to deliver improvements in health and well-being for our population. Consideration needs to be given to setting joint cross departmental targets and, potentially joint funding arrangements to ensure the level of joined up working that will be required to underpin the Strategy aims.

While the Board has responded to the specific questions set out in the consultation document, it would also wish the following general comments to be considered:

- While the aspirational nature of the draft Strategy is recognised, there is a need to translate the long term strategic aims set out in the Strategy into more medium-term actions, such as those set out in the NHS Plan for England. These more tangible objectives and targets have shaped financial allocations, annual targets and performance management systems, providing all organisations within the NHS with a coherent policy direction supported by financial support to achieve the targets set.
- The theme of ‘Investing for Health and Wellbeing’ references the many factors which impact on the population’s health and wellbeing, which is reflected in the range of targets set for all government Departments in the ‘Investing for Health’ Strategy. The Board welcomes the reference in paragraph 1.21 to the promotion of health and wellbeing into the plans and priorities of all government Departments, and further welcomes the reference in Section 1(iv) in relation to the roles of other Departments. It is somewhat disappointing therefore that the need for joint initiatives and increased multi-agency approaches, such as those enabled through Investing for Health Partnerships, as a mechanism to achieve the key population health outcomes in paragraph 1.25 is not further reinforced.
- Given that the outcome measures for improved health and wellbeing are affected by more than the health and social care

services provided by the HPSS, it would be helpful to devise outcome indicators that reflect the specific inputs of the HPSS. Professor John Appleby, chief economist at the King's Fund, suggests the use of patient-assessed Health Related Quality of Life (HRQoL) measures to measure the impact on users of health services<sup>1</sup>.

- Section 2 'Looking Ahead: A Changing World' sets out the challenges ahead in relation to demography, technology and a changing workforce. It sets the context of increasing demands within a constrained resource. It would be important therefore to reference in this section the need for a mechanism to evaluate the cost effectiveness of emerging technologies, services and treatments, such as NICE within the NHS.
- The aspirations set out in Section 3 'Our Vision for the Future' are supported by the Board and are reflective of the Board's strategic intent for the development of services within the Southern area. Elements which perhaps could be further developed are the theme of the 'expert patient' in relation to self care, a better informed public regarding how and when to access services, and mutual respect between service professionals and service users. A brief reference to the latter is made in paragraph 4.6 in relation to rights and responsibilities and in paragraph 4.13 in relation to 'Citizens rather than Patients'.
- Given the importance of community development and engagement to the achievement of many of the objectives of the draft Strategy, it is disappointing that there are no 'key outcomes' listed in Section 4 'Involving People: Caring Communities'. It is important to develop a measure for the engagement of the public, as many service users feel excluded and dis-empowered when interacting with our health and social care services.

The Board has made a strong commitment to a community development approach to tackling inequalities. The Board's Community Development Strategy sets out an agenda which includes the community and voluntary sector as partners in promoting health and well-being.

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<sup>1</sup> Measuring Success in the NHS: Using patient assessed health outcomes to manage the performance of healthcare providers. Appleby and Devlin. King's Fund November 2004

The drive within HPSS towards equity, inclusion and citizenship is to be welcomed. HPSS staff will require training and support to achieve result in this area.

The DSD (2003) has described how 250,000 people are in serious deprivation. Tackling this issue requires joint partnership approaches between agencies, the community and voluntary sector.

An added dimension to N Ireland is the impact of racism and sectarianism and a report by Community Relations Council (2002) has highlighted that community life has been seriously damaged by division and sectarian tension.

- The Board welcomes the focus on the improved management of chronic conditions as set out in Section 5, and the commitment to the development of Chronic Condition Management Programmes. Such programmes will only deliver the improvements envisaged if they are properly funded as with the National Service Frameworks in the NHS. If the HPSS is to deliver the vision set out in Section 5, workforce planning and training programmes for the development of the necessary skills must begin now. The Board therefore welcomes the commitment to increase our workforce capacity as set out in Section 6(v).
- Section 5(x) Older People.  
The Board is committed to enabling older people to live as independently as possible and welcomes the policy direction outlined in this section. However, the inclusion of a specific reference to further develop rehabilitation services to improve and maintain independence would be welcomed.

The Board supports the commitment to people remaining in their own homes rather than in institutional care. However, the Board is also concerned that many older people and their families make decisions about long term care arrangements as part of a hospital episode, when arguably the older person is most dependent. The Board would advocate that decisions regarding long term care needs should not be taken in this way, and that care management assessments should be undertaken as part of a community rehabilitation programme.

For many older people the key issues are loneliness, loss of friends and companionship and lack of opportunities for social

interaction. The Strategy should recognize and address these issues.

The difficulties around the recruitment and retention of domiciliary care staff should be acknowledged; as the older population grows the problems associated with providing care in their own homes will increase.

The Board welcomes the recognition of dementia services, however, a clear reference to the Review of Mental Health and Learning Disability for Older People, and the implementation of its recommendations should be made. There should also be a clear commitment to valuing people with dementia, with integration where ever possible in mainstream services. People with dementia should also be enabled to remain within their own homes as long as possible (with appropriate support and the use of assistive technology). While the majority of people with dementia are older, the illness may also develop in younger people, who should also have access to dementia services tailored as appropriate to their needs.

- Section 5(xi) Children and Young People

The Board supports the development at Departmental level, of an overarching Children's Taskforce replicated across the HPSS with a Children's Directorate within each organization. This approach to 'joined-up' working within the HPSS is welcomed but needs to be extended to all areas of government.

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. New models of care are developing for such children but funding is a major constraint. The potential for children to be maintained at home within families with early intervention and coordinated family support services is significant, although some individual care packages to support children in this way are expensive.

- Section 5(xii) People with Physical and Sensory Disability

The Board endorses the strategic direction set out in this section, but believes that greater emphasis should be placed on ensuring equality of access to a wider range of services for people with Physical and Sensory Disability.

- Section 5(xiii) People With Mental Health Problems  
The Board is committed to developing services in keeping with the recommendations of the regional Review of Mental Health and Learning Disability, although it recognizes that the recommendations are evolving through consultation. A New Vision for Mental Health Services which focuses on reducing incidence and prevalence, mortality and severity of mental health problems cannot be delivered by the HPSS and voluntary groups alone. Other areas of Government are important in promoting good mental health through the access to mental health promotion, education, housing and employment opportunities. The Board will continue to develop services that refocus provision away from the current reliance on inpatient care to a broader range of community based interventions, such as crisis response home treatment, assertive outreach, eating disorders, forensic mental health and child and adolescents' mental health services. Developing these services will require a skilled and well trained workforce as well as revenue to support these developments. In doing so the Board will continue to place an emphasis on reforming and modernizing the existing profile of mental health services to ensure they are better placed to meet future demand. A real risk to progress in all areas will be the availability of staff to fill new roles. Work needs to begin immediately to address the shortfall in appropriately skilled staff to deliver the vision.
  
- The Board welcomes the Strategy's commitment to investment in community to support care nearer where people live (especially the elderly and disabled). However, while recognizing that some day care provision is required, 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.
  
- The commitment to carers as a key priority in implementing the Strategy, as set out in Section 5(ix), is very much supported by the Board. Carers require support from all government agencies to continue their caring role. It would therefore be helpful if supportive actions by other government departments could be included in the key action of valuing carers in paragraph 5.69. The needs of carers should be given significant emphasis throughout the strategy.
  
- The Board welcomes the proposals for integrated planning at population levels set out in Section 8(i) matched by improved

performance management arrangements. Given this commitment, the development of a comprehensive Performance Management Framework across all government departments, which is meaningful to service users and local populations, must be developed as a matter of urgency.

## **Response to Consultation Questions**

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

As outlined above, the aspirations set out in Section 3 'Our Vision for the Future' are supported by the Board and are reflective of the Board's strategic intent for the development of services within the Southern area. Elements which could be further developed are the themes of the 'expert patient' in relation to self care, a better informed public regarding how and when to access services, and mutual respect between service professionals and service users. A brief reference to the latter is made in paragraph 4.6 in relation to rights and responsibilities and in paragraph 4.13 in relation to 'Citizens rather than Patients'.

- 2. A Healthier Future focuses on five major themes: Investing for Health and Wellbeing; Involving People; Responsive and Integrated Services; Teams which Deliver; 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?*

The Board welcomes the prominence and priority given to Investing for Health ethos within the strategy and in particular the commitment to the "over-arching cross governmental policy for promoting population health and well-being" Achieving the cross departmental, cross government collaboration required for the strategy should be given greater emphasis. In developing a more cohesive and coordinated approach it would be helpful if the key actions and outcomes from the strategy were in the same format and built upon the existing Investing for Health targets.

The Board supports the five major themes identified but recognizes that achievement in the first four areas will be dependent upon progress in all areas set out in 'Making it Happen'. Many of the objectives set out will require policy direction, cultural change, a 'whole system' approach, and new ways of working which will require

Careful planning, change management and significant investment. Allied to the need for significant additional resources is the need for a skilled workforce to deliver the vision

The HPSS must learn from success, locally as well as nationally and internationally, and ensure that mechanisms are created to integrate successful ways of working across the whole of the HPSS and all departments of government.

3. *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?*

The Board supports the policy directions outlined in the Strategy, in particular the commitment to 'Investing for Health', the development of caring communities and the emphasis on community-based services with a special focus on chronic condition management. The implementation of the policy directions listed are dependent largely upon the development of the HPSS workforce, and therefore will require increased capacity. Policy direction 13, which relates to workforce planning, is therefore critical to the achievement of the majority of the policy directions.

It is disappointing that there is no policy direction in relation to the funding of the HPSS, as has happened with the NHS and the government's commitment to increase investment to European levels. Section 8 (x) refers to modernization reform and efficiency and this approach is expected to make more efficient use of existing resources. However, this alone will not provide the level of investment required to secure the vision.

In section 8 (ix) reference is made to capital investment of £3 billion, 6% of which (£180 million) will fund primary care services. While this is welcomed the quoted figure does not reflect figures quoted in the Investment Strategy for Northern Ireland 2005- 2015 of £333 million over the ten years of the strategy for primary care and community infrastructure. It would be helpful if clarification could be given on this issue.

4. *A Healthier Future identifies a number of key actions and outcomes. Do you believe these are the right actions and outcomes to achieve the vision set out in the document?*

The Board has made some specific comments on the actions and outcomes in the opening section of this response. The document sets challenging actions and outcomes, and without strong policy direction and associated investment, the HPSS and its partners will struggle to deliver them. An investment strategy is needed to accompany the Strategy to support the achievement of the actions and outcomes, and therefore of the vision set out in the document.

5. *A Healthier Future identifies the need to reduce smoking as a key element in improving the health of people in Northern Ireland and sets out three main options.*

The Board supports the consultation on smoking and wishes to state its support for Option 5c – the introduction of legislation to ban smoking in all enclosed public places and workplaces.

Smoking is a major public health concern. Approximately 400 people die each year in the Southern Board area from smoking related illnesses, making it the largest single cause of preventable illness and early death<sup>i</sup>. Tobacco smoke contains more than 4,000 chemicals, at least 50 of which are known or suspected to cause cancer. It is responsible for almost 1 in 3 of all cancer deaths and 4 in every 5 deaths from lung cancer<sup>ii</sup>: this translates to 226 deaths from cancer during 2003 in the Southern Board area due to smoking, 104 of which were lung cancers. Smoking is also recognized as a significant risk factor for coronary heart disease, stroke and other diseases of the circulatory system, which were responsible for 942 deaths in the Board's area in 2003.

But research has shown that it is not just those who smoke who are at risk from the effects of tobacco smoke. It is estimated that one person dies each week in Northern Ireland as a result of second-hand smoke. The Scientific Committee on Tobacco and Health (SCOTH) have advised that non-smokers who are regularly exposed to second-hand smoke have a 24% greater risk of lung cancer and a 25% increased risk of heart disease<sup>iii</sup>. SCOTH also concluded that there is an association between second-hand smoke and respiratory symptoms and reduced lung function in adults. Research into the effect on the risk of stroke is ongoing but one study carried out in New Zealand has put the increased risk of stroke for non-smokers who are regularly exposed to second-hand smoke at 80%<sup>iv</sup>.

In addition, exposure to second-hand smoke during pregnancy is recognized as a risk factor to the unborn child. Pregnant women who

are non-smokers and are exposed to second-hand smoke are more likely to have low birth weight babies and to give birth prematurely<sup>v</sup>.

With this extensive body of evidence documenting the adverse health effects of tobacco smoke, it is not surprising that exposure to second-hand smoke in the workplace and enclosed public places is the number one health and safety hazard at work. Across the UK, 2 million workers are still routinely exposed to second-hand smoke in the workplace, resulting in approximately 700 deaths each year<sup>vi</sup>. This is more than three times the number of deaths due to industrial accidents reported each year in the UK by the Health and Safety Executive<sup>vi</sup>.

Bar workers are at particular risk as their exposure can be six times that of office workers. This increased health risk is demonstrated by the report that one worker in the hospitality industry dies each week in the UK from breathing in other people's tobacco smoke<sup>6</sup>.

In considering the 3 options presented in '*A Healthier Future*', the Board believes that **option 5c** is the only acceptable option to protect all employees equally. Other measures are inadequate, as no safe level of exposure to second-hand smoke has ever been established, non-smoking areas offer partial to no protection against exposure, and many of the toxins in tobacco smoke are invisible, odourless gases which are not removed by ventilation and air-filtering systems. It has already been shown that voluntary agreements are not effective, as fewer than 1% of pubs in the UK are now smoke-free. Selected exemptions from legislation would fail to protect the most vulnerable workers, creating discrimination against one sector of the workforce.

A number of other countries and cities across the world have already successfully introduced smoke-free policies within enclosed places and workplaces and are beginning to see the associated health benefits. Dr Robert Hertz, President of the Californian Medical Association reports that since going smoke-free in 1998, California's lung cancer rates have fallen six times faster than in other US states without smoke-free laws. There is no reason to believe that similar health gains could not be realised in Northern Ireland if such legislation was introduced here. Evidence of the successful implementation of smoke free enclosed public places can be readily observed in the Republic of Ireland.

Local research has indicated that there would be majority support for legislation to ban smoking in enclosed public places and workplaces in Northern Ireland<sup>viii</sup>.

Although the majority of the population of the Southern Board area are non-smokers (69%)<sup>ix</sup>, second-hand smoke affects everyone. The Board believes that everyone in Northern Ireland should have the right to work in a smoke-free environment, breathe clean air and avoid exposure to this preventable health risk. Implementation of **option 5.c.** would demonstrate a real commitment to improving the health of the population, as advocated in the regional public health strategy, 'Investing for Health'.

6. *Are the proposals for taking the strategy forward adequate?*

There are a wide range of proposals to take forward the strategy, not all of which are adequately reflected in the 'Making it Happen' section of the Strategy. Of necessity, many of the actions are short to medium term and it will be important to revise and renew these actions over the term of the Strategy. The Board would therefore welcome a medium term implementation plan which clearly sets out the key actions to be delivered in the next 5 years, with a workforce and investment plan to support the developments required.

7. *Are the equality issues adequately addressed?*

The equality impact assessment indicates that the Strategy will deliver benefits in terms of equality of opportunity.

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<sup>i</sup> Health and Social Wellbeing in the Southern Health and Social Services Board area in 2001. Northern Ireland Health and Wellbeing Survey, 2001.

<sup>ii</sup> Peto R, Mortality from smoking in developed countries, 1950-2000. Oxford Medical Publications, 2002, 2<sup>nd</sup> edition.

<sup>iii</sup> Second hand smoke: Review of evidence since 1998. Update of evidence on health effects of second hand tobacco smoke. Scientific Committee on Tobacco and Health. November 2004.

<sup>iv</sup> Bonita R, Duncan J, Jackson RT, Beaglehole R. Passive smoking as well as active smoking increases the risk of acute stroke. *Tob-control* 1999;8(2):156-60.

<sup>v</sup> BMA Board of Science and Education and the Tobacco Control Resource Centre. Smoking and Reproductive Life: The impact of smoking on sexual, reproductive and child health. BMA, 2004.

<sup>vi</sup> Paper presented by Professor Konrad Jamrozik, Imperial College London at The Royal College of Physicians conference 2004.

<sup>vii</sup> Health and Safety Commission press release 19<sup>th</sup> November 2003.

<sup>viii</sup> Health Promotion Agency for Northern Ireland. Smoking in Public Places: what the public thinks. HPA, 2004

<sup>ix</sup> 2001 Northern Ireland Health and Wellbeing Survey. Northern Ireland Statistics and Research Agency.