

SOUTHERN HEALTH AND SOCIAL SERVICES COUNCIL

Response to

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

1. The Southern Health & Social Services Council (SHSSC) was established in 1991 to represent public opinion with regard to the development and delivery of health and social care services in the Southern Area and is one of four Councils within Northern Ireland.
2. The SHSSC welcomes the development of this twenty year vision for health and social care and the opportunity to comment on this. It is particularly helpful to look at health from the broad perspective of well being and across Departmental responsibilities.
3. However, we are concerned the document is visionary and aspirational rather than offering clarity about medium term targets. It would be helpful if the outcome of the consultation was to focus on these more practical matters and to provide a 5–10 year Action Plan reflecting cross departmental commitment.
4. The SHSSC welcomes the consultation on the introduction of smoke free places and work places. We are concerned about the continuing threat to personal and public health posed by

passive smoking and support option 3 as set out in the document.

5. The document sets the scene in terms of some of the demographics and health behaviour of our population and looks at the pressures that this may create for the health and social care system. However, in the Southern Area, over the past five years there has been a considerable change in the make up of our communities with increased black and minority ethnic groups joining the workforce as migrant labour, asylum seekers gaining refuge, etc. This needs to be factored into the planning of future services.
6. The SHSSC agrees that more people than ever are receiving a health and/or social care service (1.50) but is concerned that due to the mechanism by which funding is allocated within Northern Ireland, there is not always a straight read across from the rest of the UK as to the level of funding. This means that sometimes a service (and its financial basis) is often not comparable to the rest of the UK. In addition, services within the Southern area are not yet receiving their target share as determined by the revised capitation formula. This should be addressed as quickly as possible.
7. The report notes the changing nature of the family (1.56) and the impact of this in caring for elderly infirm relatives. However, the changes in the family also impact on the services that are needed in relation to early years and coping with teenagers. The importance of family support in maintaining the well being of

families and society has become increasingly accepted and should be reflected in the strategy.

8. The SHSSC notes and welcomes the commitment that services will be person, family and community centred (4.7) as well as responsive and integrated. However, we believe that more can be done to introduce a preventative approach, which truly promotes well being, the healthier our communities will be. This is an opportunity to take forward meaningful partnership with people who use services by identifying what works in relation to promoting and how services can be most effectively delivered.
9. The emphasis on partnership with service users set out within the document is most encouraging (4(iii)) as is the proposal to establish a regional steering group to co-ordinate this activity. The acknowledgement of the Councils' role within this is also welcomed. A considerable amount has been achieved in this area over the past ten years; it is important that this commitment is resourced and is central to the strategy.
10. Chronic disease management and the increased importance of primary and community care (5.7) are clearly set out in the document and are welcomed by the Council. In the Southern Area, person centred adjustments have been made to how services are delivered to ensure a more responsive approach. One example, of this is the partial booking system introduced by some clinics. However, whilst this has a positive impact on scarce resources, there is often an added administrative tasks related to such as way of working. To move to the vision as set

out in the strategy, further investment will be needed not just in capital infrastructure and skilled professionals but also in support staff. Whilst in the long run, a more effective service may offer better value for money, in the short term there may be a need for increased investment.

11. The SHSSC agrees with the statement (5.49) that acute beds cannot be continuously expanded and what is needed is a whole systems approach. However, in order to reduce 'trolley waits' and waiting lists, hospital admissions must be better managed. In the Southern Area, acute services were removed from South Tyrone Hospital and Banbridge Hospital and concentrated at Craigavon Area Hospital. Whilst local communities may understand the rationale of this decision, the reality is that adequate investment at Daisy Hill Hospital and Craigavon Area Hospital is still awaited. The result is that CAGHT in particular experiences severe pressure and at the time of writing had patients waiting on trolleys. An holistic approach to service design encompassing infrastructure, skilled staff and support staff is required if the strategy is to be realised.
12. In the Southern Area this would mean a full assessment of need and costing exercise to determine future development at Craigavon Area Hospital Group Trust and the establishment of a clear timetable to put in place the required services.
13. The proposal to establish a Children's Task force (5.97) to promote an integrated approach is noted. This should be done in such a way as to consolidate existing structures, expertise

and relationships at Area level and increasing networking rather than by introducing of unwieldy, unresponsive hierarchical structures.

14. The SHSSC welcomes the emphasis on teams that deliver and on cross sectoral working (6.4). There is certainly a need for new professional roles and the optimum use of resources. We would like to point out that the system has a valuable training resource in the people who use services. We would like to see a recognition of the contribution to be made into training and quality assurance by the 'expert patient' model. The new GMS contract touches on this role with the inclusion of lay assessors in relation to the patient experience domain. This offers a potential way forward in ensuring an increasingly person centred professional approach.
15. We welcome the commitment to open up access to the HPSS labour market. We note the reference to employment in rural areas (6.20) and would suggest that an important element of such an initiative would be to relocate centralised services outside the Greater Belfast area. We trust that the Review of Public Administration will offer an opportunity to explore this further.
16. The SHSSC welcomes the proposed new planning process to ensure a fit with other regional planning processes and future local government community plans (8.3).

17. The production of performance indicators (8.4) should facilitate the setting of targets throughout the system to contribute to 'high level' targets and support an integrated approach.

18. The SHSSC is particularly supportive of the concept of area based community planning and would wish to see the input of people who use services at the centre of such initiatives. The Councils may well have a key role in monitoring and supporting such processes.

19. The SHSSC supports the Objectives set out in the consultation document agreeing that they would provide a basis for a healthier future. However, we would point out that this will not be achieved without substantial investment and a determination to adopt a strategic long term approach to delivery against objectives. Any such investment should be managed and monitored to ensure value for money.

S Cunningham

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