

# **FIT and WELL – CHANGING LIVES**

**A 10-Year Public Health Strategic Framework 2012-2022**

**Consultation Questionnaire 2012**

**This questionnaire has been designed to help stakeholders respond to the Fit & Well – Changing Lives consultation document. Written responses are welcome either using this questionnaire template or in an alternative format which best suits your comments.**

Please respond to the consultation document by post or e-mail.

“Fit and Well – Changing Lives” Consultation  
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Please ensure that responses are clearly marked:

*‘A Response to the Consultation on Fit and Well – Changing Lives (A 10-Year Public Health Strategic Framework)’.*

**YOUR RESPONSE MUST BE RECEIVED BY 16 November 2012**

*(Please tick the relevant boxes)*

I am responding: as an individual  on behalf of an organisation

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The Women's Resource and Development Agency is a regional organisation that seeks to advance women's equality and participation in society by working to transform political, economic, social and cultural conditions. It represents a broad range of interests, groups and organisations within the Women's Sector and has a membership of 153 organisations and individuals.

WRDA works to bring about positive changes to the lives of women in disadvantaged communities across Northern Ireland through its Community Facilitators (peer educators) training programme, delivery of a wide range of health programmes, its good relations, policy and advocacy work as well as providing infrastructure support and participating in partnership building. WRDA has a social economy training and consultation business (Community Direct) which provides services that help address the health and social needs of people and communities across Northern Ireland.

WRDA is a lead partner for a Live and Learn Project funded by the Big Lottery to enable 14 women's organisations across the north to provide training to improve women's physical health, mental health, self esteem confidence and employability, with targets for the inclusion of women from ethnic minority backgrounds and maths, literacy and family learning.

WRDA, in its role as a partner with the Women's Centres Regional Partnership, has been involved in the production of a number of research reports which have a particular relevance to this consultation:

- Women in Disadvantaged Areas: Barriers to Participation (written by Helen McLaughlin for WCRP)
- Women's Experience of Violence: Mapping Experiences and Responses (written by Anne McMurray for WCRP)
- Women and the Conflict: talking about the Troubles
- Childcare in Women's Centres: Mapping and Research

Women's physical and mental health has been gravely impacted by their experiences of living in areas of severe deprivation, coupled with the impact of the conflict on their lives. There are a number of significant barriers that prevent women from fully participating in their communities and from accessing educational and employment opportunities – all of which has repercussions on their health and the health of their families. Lack of childcare poses a significant barrier for the participation of women in social, economic and cultural life and in accessing education and training and the continued absence of a childcare strategy in Northern Ireland is of huge frustration to women. Difficulties in accessing transport is another significant barrier.

## **QUESTIONS**

### **Aims (page 11)**

**Question 1: Are these aims still valid? If not, what alternatives should be considered?**

Yes  No

If you answered "No" to this question please outline the reasons for your answer  
Yes these aims are still valid.

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### ***Chapter 6 – Developing a Strategic Framework Vision, Values & Principles (page 58)***

**Question 2: Do you agree with the Overarching Vision, values and principles? Are there any other values that should be included, or you feel are important?**

Strongly agree     Agree     Have no opinion     Disagree     Strongly disagree

While WRDA agrees with the overarching values and principles and the acknowledgement that many of the social determinants lie outside the direct influence of the health system and that the ethos and principles from Investing for Health (2002) are still relevant, we have reservations over the title 'Fit and Well' as it has the danger of placing too much importance on individual physical health, rather than taking a more holistic approach to all the determinants in an overarching strategic framework on public health. WRDA welcomes the emphasis on securing more coherence cross departmentally and providing strategic direction for work to be taken forward at regional and local levels, with public agencies, local communities and others working in partnership. However given the importance of cross departmental working at governmental level to the successful implementation of the strategy it would be helpful to have this commitment clearly identified at this point.

### **Life Course Approach (page 59)**

**Question 3: Is the approach taken – ie life course stages and underpinning themes – appropriate?**

Strongly agree     Agree     Have no opinion     Disagree     Strongly disagree

WRDA would query as to why crime and domestic violence have been listed as wider determinants of health. They will impact on health but they

are outcomes of the interaction of determinants such as built environment, community and family support, economy and lifestyle and should be listed under these rather than as individual determinants. WRDA is strongly of the view that health has to be seen in terms of the wider social and economic environment – we deliver our health programmes based on a social model of health – and we feel that there is insufficient reference either to the ongoing economic crisis or to the reforms to welfare provision which are currently being debated. The framework identifies poverty as “the greatest risk for health and wellbeing”. We wholeheartedly agree with this, and that being the case, we advocate social justice and community development principles to be placed at the core of the new strategic approach.

### **Strategic Priorities – Early Years & Supporting Vulnerable People & Communities (page 61)**

**Question 4: Are these the right strategic priorities – ie Early Years and Supporting Vulnerable People and Communities? Are there alternatives that should be considered, and can you provide information to support this view?**

Strongly agree     Agree     Have no opinion     Disagree     Strongly disagree

We agree that there must be support for Early Years. This has to include greater investment in Sure Start and affordable and accessible childcare. In terms of vulnerable people and communities, we would urge separate consideration be given to the very different needs of the three groups: prisoners, refugees and immigrant populations. Lumping them together in this way has the danger of conveying a very negative message regarding new communities.

**Chapter 7 – Strategic Framework – Themes & Outcomes  
Pre-Birth & Early Years Lifestage (page 65)**

**Question 5: Do you wish to make any comments on the aims and outcomes for the Pre-birth and Early Years lifestage? Are there any gaps and do you have evidence to support your view?**

Yes  No

**Children & Young People Lifestage (page 72)**

**Question 6: Do you wish to make any comments on the aims and outcomes for the Children and Young People lifestage? Are there any gaps and do you have evidence to support your view?**

Yes  No

Women’s centres and women’s organisations based in local communities can be a valuable resource, supporting women and children through a community development approach across the lifestages.

**Young Adult Lifestage (page 80)**

**Question 7: Do you wish to make any comments on the aims and outcomes for the Young Adults lifestage? Are there any gaps and do you have evidence to support your view?**

Yes  No

The work of Women’s Centres is relevant as an example of a one stop shop; a resource that can enable a range of services to be delivered to young female adults. This can include provision aimed at supporting improving physical and mental health. For example, a number of the women’s centres in the Live and Learn project supported by WRDA have

developed creative ways of using arts programmes to improve physical and mental health.

### **Working Age Adult Lifestage (page 88)**

**Question 8: Do you wish to make any comments on the aims and outcomes for the Working Age Adults lifestage? Are there any gaps and do you have evidence to support your view?**

Yes       No

WRDA welcomes a commitment to support workplace health initiatives to secure Improved Mental Wellbeing. WRDA, through its social economy Community Direct, has developed a range of short programmes aimed at the workplace and it would be very helpful if a strategic commitment to this approach was included by the department, as a way of encouraging greater take up by employers.

We welcome a commitment to support victims of sexual violence through the provision of specialist, coordinated care, but we note with concern that there is still no provision for a SARC, that will provide this care. In addition, given the rural nature of Northern Ireland, we believe that this specialist provision cannot be located in one single geographical place. Northern Ireland also lacks a rape crisis centre and helpline.

WRDA welcomes the commitment to support Carers and to ensure that they are not excluded socially as a result of their caring role.

We would point out that that the majority of (informal) carers across the programmes of care are women.

We again reiterate the importance of childcare to enable parents, and in particular women, to access work opportunities.

WRDA agrees wholeheartedly that there should be continued access by older learners to educational provision and we recognize the enormous economic and social benefit that can result, but we wish to stress that provision cannot be limited to Further Education providers. There must be recognition and support for community based education such as that delivered by Women's Centres or community groups. These are often more accessible to people in local communities, particularly in terms of proximity, an important issue when people find it difficult to travel.

On supporting and encouraging uptake of screening programmes, WRDA would like to point out that community-based organisations have much to offer in terms of encouraging groups deemed 'hard to reach' to take up screening. WRDA is currently supported by the Public Health Agency to deliver awareness raising programmes on breast and cervical screening, which has resulted in increased take up by a wide range of groups, particularly amongst those would be least likely to attend for screening. There needs to be continued support for voluntary groups who provide programmes based on social models of health.

### **Later Years Lifestage (page 96)**

**Question 9: Do you wish to make any comments on the aims and outcomes for the Later Years lifestage? Are there any gaps and do you have evidence to support your view?**

Yes  No

We again welcome the commitment to continued access by older learners to essential skills and other learning, but want to stress the point that provision cannot be limited to Further Education providers. There must be recognition and support for community based education.

In terms of access to arts health intervention programmes to aid recovery from illness and address mental problems, we would mention that a number of the women's centres in the Live and Learn project have developed creative ways of using arts programmes to improve physical and mental health.

### **Underpinning Theme – Sustainable Communities (page 103)**

**Question 10: Do you agree that this is an important underpinning theme, and with the associated aims and outcomes? If not, what suggestions would you make?**

Strongly agree     Agree     Have no opinion     Disagree     Strongly disagree

Additional comments

#### **1. Healthy, sustainable and safe physical environments and supportive services.**

We agree that healthy, safe and sustainable communities must be an important underpinning theme. The differences in mortality rates for those living in middle class areas and those living in disadvantaged communities is unacceptably wide and much of this must be attributed to the environmental impact of their surroundings, including housing stock, fuel poverty, proximity to motorways etc. While a wide range of measures is required to make a difference, we hope that one priority will be improved

community capacity through support for the community development approach of voluntary and community groups.

WRDA welcomes the emphasis on having opportunities for volunteering and that volunteering is representative of the community. Many of our member organizations promote volunteering but it needs to be recognized that there are costs to organizations as well as the benefits of involving volunteers.

### **Underpinning Theme – Building Healthy Public Policy (page 110)**

**Question 11: Do you agree that this is an important underpinning theme, and with the associated aims and outcomes? If not what suggestions would you make?**

**Strongly agree**     Agree     Have no opinion     Disagree     Strongly disagree

Given that the determinants of health run across a number of government departments, WRDA agrees that it is important to ensure that health is a consideration in the development of public policies across all sectors of government. ‘Health in all Policies’ is a useful approach and one we support.

### **Chapter 8 - Priority Areas for Collaboration (page 125)**

**Question 12: Do you agree with the Priority areas proposed for collaboration? If not have you alternatives to suggest, and can you provide information to support your views?**

Strongly agree     Agree     Have no opinion     Disagree     Strongly disagree

WRDA has considerable experience in supporting parents (particularly mothers) in promoting sexual health. We have been delivering our 'Let's Talk - Parents Promoting Sexual Health' programme since 2003, and won a National Training Award in 2007. In 2011 we commissioned a Social Return on Investment study which analysed the impact of the programme on participants, their families, and their relationship with health professionals, and concluded that WRDA returns social value of £4.29 for every £1 invested. We therefore have knowledge of the need for such programmes, particularly given the inadequate nature of sexual health programmes provided within schools.

## **Chapter 9 – Implementation and Governance (page 129)**

**Question 13: Do you agree with the proposed implementation and governance arrangements –**

- **at strategic level**
- **at regional level**
- **at local level?**

**If not, what alternatives would you suggest and why?**

Strongly agree     Agree     Have no opinion     Disagree     Strongly disagree

Rather than agreeing or disagreeing with the proposals in this document there is a lack of detail regarding implementation - particularly in relation to accountability. While a regional delivery structure/board is welcomed by WRDA it would be useful to have more detail as to how other partnerships will be established and work. It would also be helpful to see how this framework will relate to the Investing for Health partnerships and links with local government.

Despite the list of all departmental priorities, it is unclear how other government departments will be involved in the delivery of the strategy and how health and wellbeing will be integrated into their strategic priorities.

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### **Funding (page 130)**

**Question 14: In addition, are there other potential sources of funding we should be pursuing?**

Yes  No

We recognize that we are in the midst of an economic recession and that Northern Ireland is unlikely to lift out of recession for some time. Sources of funding are therefore difficult and as public sector cuts begin to bite, there is anxiety about the impact on health preventative measures, which could be viewed as the low hanging fruit when cuts are implemented. There is a lack of detail on future funding priorities or any detail on how funding might be “ring fenced”, given impending cuts in frontline services.

### **Monitoring Evaluation & Research (page 131)**

**Question 15: Do you agree with the proposed actions for the Data and Research groups? If not, what alternatives would you suggest and why?**

Strongly agree Agree Have no opinion Disagree Strongly disagree

WRDA agrees that high quality research is needed to inform both policy and practice and welcomes the need to ensure that there is a strategic and inclusive approach to research, one that it is multi disciplinary and multi-sectoral. As we have listed in our introduction to this consultation, WRDA

has been involved with the production of a number of research reports which have a particular relevance to this consultation.

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## **ANNEX D – Equality (page 167)**

**Question 16: Are the actions/proposals set out in this consultation document likely to have an adverse impact on any of the nine equality groups identified under Section 75 of the Northern Ireland Act 1998? If yes, please state the group or groups and provide comment on how these adverse impacts could be reduced or alleviated in the proposals.**

**Yes**       **No**

While we do not believe that the proposals will have an adverse impact on any group, we would emphasise that it is likely that the strategy will have more impact on women, in their role as carers and as participants in community organizations.

**Question 17: Are you aware of any indication or evidence – qualitative or quantitative – that the actions/proposals set out in this consultation document may have an adverse impact on equality of opportunity or on good relations? If yes, please give details and comment on what you think should be added or removed to alleviate the adverse impact.**

**Yes**       **No**

If you answered “Yes” to this question please outline the reasons for your answer.

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**Question 18: Is there an opportunity to better promote equality of opportunity or good relations? If yes, please give details as to how.**

Yes  No

If you answered "Yes" to this question please outline the reasons for your answer.

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**Question 19: Are there any aspects of this action plan/Policy where potential human rights violations may occur?**

Yes  No

If you answered "Yes" to this question please outline the reasons for your answer.

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## **FURTHER COMMENTS**

**Please use the space below to inform us of any additional comments you wish to make in relation to the proposed new Public Health Strategic Framework.**

### **Key Partners**

WRDA welcomes the acknowledgement of the importance of collaboration across government departments and the acknowledgement of the need for inter agency and intersectoral partnership working.

A list of organizations including statutory and voluntary and community sectors as well as potential partners in the business sector were

mentioned as important partners in taking the framework forward. Other sectors that should be included are the Women's Sector and the Social Economy Sector.

WRDA welcomed the launch in July 2012 of "Working in Partnership", the Health and Social Care Board and PHA's Community Development Strategy, which emphasized the importance of community development as a method of reducing health and wellbeing inequalities. It emphasized the importance of partnership working with service users, the community and voluntary sectors and other organizations. WRDA was disappointed that this strategy – seen as key to reducing health and wellbeing inequalities - was not included as a supporting strategy to Fit and Well Changing Lives.

### **Layout**

The layout of 'Investing for Health' was quite "user friendly" for people outside the health and social care field with illustrations and photographs. In contrast, the layout of 'Fit and Well' can be confusing as it is not clear where some elements fit in the framework – for example the Strategic Priorities and Areas for Collaboration.

A number of acronyms are used in the draft strategy - "Fit and Well" which are not universally recognized a glossary of terms would be helpful.

### **Title**

WRDA's experience with the Live and Learn Project is that physical and mental health are difficult to separate and we would agree with CDHN's feedback that the title of the strategy should reflect health and wellbeing beyond the physical state of an individual.