

Community Development & Health Network (CDHN) Response to Draft Programme for Government 2024-2027 04 November 2024

1. About CDHN

Community Development Health Network (CDHN) is a regional infrastructure organisation working with local communities and across sectors to take action on the social determinants of health. With 30 years' experience in community development and a cross sectoral membership of over 2400 individuals and 110 community and voluntary organisations, we recognise, value and gather evidence to understand the social determinants of health and people's lived experiences. We have extensive reach across Northern Ireland, with a specific focus on the most deprived communities and those most in need.

Together with our members we design, develop, deliver, facilitate and evaluate initiatives that improve health and address health inequalities. We use our learning, knowledge, and experience to create social change and influence policy and practice through learning, capacity building and community investment.

2. Overall comments

We welcome this opportunity to respond to the draft Programme for Government 2024-2027 and are pleased to see that a three-year draft plan has been set out.

The response was developed with our members through feedback gathered at our online membership engagement event (16 October 2024), in conjunction with the Executive Office team. Our response draws on our collective expertise in developing and delivering cross-sectoral, collaborative actions to reduce social and health inequalities, at regional and grassroots community levels.

Additional written and verbal feedback from our members is included, along with CDHN's knowledge in applying a public policy "health in all policies" approach that takes account of social determinants of health to improve population health and promote health equity, and to ensure that decisions do not negatively impact or harm people's health¹.

2.1 Plan structure, priorities and missions

- The nine priorities are all relevant, interconnected and important in building a better place to live and work. They are significant, and we broadly agree with all the identified priorities.
- However, the plan does not set out the decision-making process used to identify how these priorities were determined. Clarity would support stakeholder buy-in and commitment to the proposed actions. We feel that some of priorities and actions are off the mark, and there is a significant omission in not including reducing poverty as a priority. (See section 3.1 Eradication of poverty).

¹ Adelaide Statement II (2017) on Health in All Policies. Adelaide: World Health Organization, Government of South Australia; 2019.

- We welcome and agree with the four missions, People, Planet, Prosperity, and Peace. However, the structural framework for the PfG feels disjointed and there is a disconnect between the nine priorities, the Wellbeing dashboard, the four missions and how these all interlink.
- There is a disconnect between the plan and existing policy and strategy, and we are disappointed that many strategies were only briefly mentioned or not at all. e.g. Protect Life 2, A Fair Start (and recent RAISE programme), Integrated Care System. We would like the PfG to show a clear alignment to the wider policy and strategic environment that the community and voluntary and other sectors have been involved in and worked on over the years.

2.2 Health inequalities and wider determinants of health

Everyone has a right to good health, but not all of us have the same opportunities to live healthy lives. In Northern Ireland, some people are dying earlier and living more years in poor health than they should (DoH 2023). These health inequalities are unfair and unavoidable and are brought about by the conditions in which people are born, grow up, work, live, work and age.

We welcome the PfG priorities that address some social determinants of health, quality homes that are warm and safe, access to education, childcare, jobs, transport, healthcare, social support, and community connections these are the building blocks to a healthy society and are often missing from discussions about health

- The major omission is access to income and the impact of low income and poverty on societal health and wellbeing². There is no PfG priority on poverty (see section 3.1).

We recognise that the Equality impact assessment specifically focuses on equality of opportunity for Section 75 categories. However, we cannot ignore inflation's social and economic impact has increased the cost of living and more people in NI experiencing hardship and poverty. Intersectionality must also be considered, people experience different combinations of inequality, and those who experience socio-economic inequality may also have their inequalities widened as part of one or more Section 75 grouping.

- It is important that all the relevant population and section 75 groups are named in the plan and a wider inequalities and social lens is considered under each priority in the plan.

CDHN welcomes the "Live Better" pilot initiative and hopes that it will focus on the root causes of ill health and not solely on individual choices and behaviour change as this will not address health inequalities long- term, as noted in a recent BMJ report *"The individualistic approach to health assigns blame to those who show behaviours associated with ill health, and is a convenient mechanism for those in and with power, and wider society, to abrogate responsibility for creating the conditions for a healthy society. Instead, those with the worst health are blamed for their conditions"* (Hiam et al. 2024)³

- It would be useful to explicitly link the 'Live Better' initiative with the Area Integrated Partnership Board (AIPB) structures as an approach to address inequities in health access and emphasise the responsibility of Government to take systemwide actions on the social determinants of health to create the right social environment to support people and prevent

² Pickett, K., Gauhar, A., Wilkinson, R. & Sahni-Nicholas, P. (2024). The Spirit Level at 15. London: The Equality Trust. DOI: <https://doi.org/10.15124/yao-de9s-7k93>

³ <https://www.bmj.com/content/385/bmj-2024-079389#:~:text=Action%20to%20improve%20these%20social,almost%20guarantees%20persisting%20health%20inequalities>

ill health and inequalities in communities

- The PfG needs to spell out its life course approach by considering a person's entire life, from early childhood to old age. This approach will further meet PfG's commitments to reduce health inequalities, addressing the VCSE sector's concerns about this issue.
- We recommend applying the Marmot Proportionate Universalism principle to PfG interventions to deliver preventative measures in a way that is proportionate to need.

2.3 Voluntary, Community and Social Enterprise (VCSE) sector

We are disappointed and concerned that the VCSE sector, despite its significant role in all aspects of public life, does not have sufficient profile or recognition in the plan. The plan assumes the VCSE sector can continue to play a crucial role in its delivery, yet it feels like the Government has not fully appreciated the social and economic benefits brought by the sector. This lack of recognition may lead to a widening gap between the VCSE sector's work and how the Statutory sector/government view our work, with clear power imbalances.

The VCSE sector has a clear role to play and currently delivers across aspects of all nine listed priorities, 'plugging the gap' in most or not all, as well as delivering other crucial elements within communities and society as a whole. The sector is there to identify and provide solutions to challenges faced and is a vital part of the public service infrastructure in NI, with a reach and expertise that the public sector does not have in communities.

Across the 9 PfG priorities, there is an inconsistent approach to how the VCSE sector is included or referenced. Each theme has a different slant on the role of communities in supporting policy and the delivery of services. To ensure the VCSE sector's integral role, its overall contribution needs to be more clearly articulated and consistently referenced across the draft plan. There should be a clear commitment to ensuring VCSE participation in the co-design of policy and services, making the sector feel included and integral to the plan's implementation.

The VCSE sector is under considerable pressure regarding staff capacity, competing with better salaries, terms and conditions and permanent contracts in the private and public sectors. More sustainable funding is needed to meet increasing demands and massive competition for the public, and philanthropic funding is available. The funding and grants received are often not full cost recovery or on an annualised basis, making it difficult to provide consistent services.

- We recommend that the VCSE sector's role and contribution is clearly recognised, articulated and consistently referenced across the Plan and a clear commitment to ensuring VCSE participation in co-design of policy and services.

2.4 Co-design, civic engagement and community development

Community Development is the foundation for the most appropriate and long-term approaches to connect with and empower more vulnerable or marginalised communities, to be heard, and fully participate in the decisions affecting their lives and their communities.

The strategy needs to set out the principles to ensure people are actively involved in shaping decisions and actions, not to become a tokenistic process. Engaging with communities and listening to and acting

on lived experiences should form part of the plan, this will help root policy decisions in real life experiences, ensuring a diversity of perspectives are considered and allowing for new ideas to emerge.

- We would like to see actions that focus on community development where people take action on what is important to them, identify the issues they want to address and work together with statutory, VCSE and private sector to use their own assets to improve community life.
- We recommend that the Government publish a plan for co-design and civic engagement.

3. Omissions and gaps

3.1 Eradication of poverty

The draft PfG outlines nine key priorities for the Executive in an uncertain economic and environmental climate but fails to address one of the most pressing needs in our society: the eradication of poverty. This is a grave concern. Without a clearly stated cross-governmental commitment, across the missions, and within the actions of the nine priorities; the aim to tackle inequalities and make sure that everyone has the best possible opportunity and can feel at home in our society will not be fully and fairly achieved.

Previous New Decade New Approach agreement (NDNA) commitments have still not been honoured and the Executive is under a legal obligation to adopt an Anti-Poverty Strategy based on objective need. The Northern Ireland Audit Office report on the Child Poverty Strategy recommended that the Anti-Poverty Strategy 'should include an action plan containing clearly defined indicators and targets aimed at quantifying and reducing poverty, including measures of persistent poverty and the poverty gap'. Clearly relevant to the PfG, this recommendation should be included in the action plan, via concrete objectives and targets (both short and long term). Furthermore, the PfG provides an opportunity to translate this obligation to a concrete commitment to adopt and implement the strategy without further delay. Further, the PfG should specifically name the other social inclusion strategies that are currently only obliquely referred to i.e. Disability, Sexual Orientation and Gender strategies.

We call on The Executive Office of the First and Deputy First Ministers to make eradicating poverty an overarching priority across the missions in the final Programme for Government. It should include details on

- Implementing the Anti-Poverty Strategy;
- Prioritising the extension of the current welfare mitigations and strengthening them to
 - Resolve the five week wait in Universal Credit
 - Remove the two-child limit
 - Provide support to private renters affected by the Local Housing Allowance
- Identifying short, medium and long-term objectives relating to tackling poverty with corresponding and measurable outcomes and targets
- A corresponding budget linked to achieving these objectives.

3.2 Health

A commitment to 'cut waiting times' and invest in elective care centres is welcomed. So too is a shift to disease prevention and a reduction in health inequalities. However, the singular focus

on reducing waiting lists and on primary care services is too narrow and in no way adequately captures the underlying causes of poor health across our communities. Investment purely in cutting waiting times for primary care appointments will not solve the wider problems within our health and social care system and will not address many of the pressures acutely felt by communities.

The cost of failing to put prevention first can be seen across all areas of public services – and results in higher acute demand for other public services, not just Health and Social Care. Failing to invest in prevention not only costs the economy, but it also results in loss of opportunities for people and even loss of life. These losses are not evenly distributed across society; many preventable diseases disproportionately affect some groups of people and so work to refocus on prevention is a critical step in tackling health inequalities. (Kings Fund 2024).

- Without comprehensive action to prevent ill health, the pressures on health, care and other public services will only increase. A stronger focus on the importance and impact of prevention is needed in the PFG.
- The plan does not acknowledge the goodwill and body of locally derived evidence from our local communities who have developed and delivered health and social prevention programmes to reduce inequalities and address the wider determinants of health.
- CDHN urge the Executive Office to invest in operational support for localities (100k population) and neighbourhoods (30k population) to build local capacity and to continue to take this low cost approach forward as an urgent priority. It would be a missed opportunity not to be able to scale up the good examples of practice, as part of its action plan for public service reform and transformation.

The plan also does not recognise the value of the VCSE sector in health particularly in the context of increasing community-based social care, mental health support, early intervention and prevention to meeting increased demands and improving access to non-acute services closer to home and work. The VCSE sector act as a gateway to and address gaps in primary care services.

- The voluntary and community sector must be seen within the plan as a key partner in health and social care design, delivery, reform and transformation (see 4.8 Reform and Transformation of services).

Given the enduring mental health crisis, growing levels of anxiety and demand for mental health services in NI and the known connection between people's physical, mental and emotional health we are disappointed there limited reference to mental health throughout the plan and the existing NI Mental Health strategy and no reference Protect Life 2 strategy. We are disappointed there is no specific action how it is going to act on the inconsistencies in the delivery of services across NI, e.g. in the Northern Trust 83% of services provide talking therapies for people experiencing mental health challenges; in Belfast this is less than half.

- We would like to see an action on mental health services that recognises which recognises the VCSE sector contribution in this area

3.3 Older people and an Ageing Population

Older people and the needs of NI's increasingly ageing population appear to have been overlooked in the draft programme - the draft plan has only two references to older people.

There is a demographic shift towards an increasingly ageing population and this poses significant societal and economical challenges, not least to health and social care. This requires a whole of government approach.

3.4 Disability

While we welcome the priority for children and young people with special educational needs (see section 4.5). There is a lack of any explicit reference within the draft plan to disability and an omission of any specific actions aimed at addressing the needs of or upholding and strengthening the rights of those with a disability and there is a disconnect between the PfG and the wider policy and strategic environment in regard to disability.

3.5 Equality and Bill of rights

Despite the fact that NI has a Human Rights commission and a statutory duty to equality there is no mention of this in the Plan and there is no reference to progress against a Bill of Rights in NI.

There is also a need to recognise and promote equity not just equality of access with the importance of recognising that we can have equality of access to services for example, but that an equitable approach also takes account of the distinct barriers that people may face in even understanding or knowing about a service. The PfG should clearly state its understanding of intersectionality and the needs of diverse populations groups, as this is key to how the action plan is implemented across government departments and how it is experienced by all members of our society.

3.6 Racism

We are concerned with the limited reference to race and/or tackling racism. Racism is a long-standing issue in Northern Ireland, but there is no mention of the Racial Equality Strategy and how it will be upgraded and implemented. This is a concerning omission particularly in the context of the recent racist violent incidents on people and families; and organised far-right demonstrations experienced across our communities.

3. Minority ethnic groups

The PfG should indicate how it is going to include the lived experience of minority ethnic communities and take account of the barriers and enablers in accessing health and social services, employment and training, and housing across the priorities. There are also additional needs and interests for NI's growing minority ethnic migrant communities and new refugees and asylum seekers, which have not been considered in the document.

3.8 Rural Needs

The rural needs impact assessment within the document is disappointing and suggests a lack of understanding as to the full needs of rural communities for e.g. in the context of housing, poverty, employment, access to healthcare and regional disparities. The immediate challenge is that as Government looks to implement policy arising from the PfG, their underpinning framework will not be fully informed by the RNIA Key issues may be missed or misunderstood to the disadvantage of those living across rural communities. The social, economic and health needs of border communities are also missed within the draft plan.

3.9 Arts and Culture

Unlike previous PfG iterations, such as the 2016-2021 version, which acknowledged the critical role of arts in social cohesion, economic regeneration, and identity, this latest draft fails to mention the arts and culture sector at all. This is not only a stark departure but also an ominous one, coming after years of austerity, neglect, and underinvestment so evident in the sector—this despite the completion of two major cross sectoral initiatives in concert with government, resulting in the Department for Communities offering 'Culture, Arts and Heritage - A Way Forward' document, which was meant to signal a new era of interdepartmental collaboration and support. There is also an important relationship between participation in arts and culture and improvements in societal health and wellbeing outcomes.

3.10 Other omissions

There is no mention of support for unpaid carers or the needs of those living with long term conditions.

4. Draft PfG Priorities

4.1 Grow a Globally Competitive and Sustainable Economy

Education and skills and access to good quality work are recognised as social determinants of health and we are pleased to see that improving skills and the quality of job opportunities is included in this priority (Health Foundation 2023). We would like to see specific actions about community and voluntary sector skills and jobs. A recent report by NICVA highlights the challenges faced by the VCSE workforce in NI such as recruitment, retention, and perceptions of working in the sector. With 49% of organisations reporting recruitment difficulties due to uncompetitive salaries compared to other sectors, short-term funding, and staff burnout driven by increased service demand, the sector is facing rising pressures all amid the ongoing cost-of-living crisis (NICVA 2024).

- Action to invest and recognise the work in VCSE sector and a commitment to full cost recovery for VCSE delivery.
- Actions to extend Start Here skills and employment programme (funded by DFC and delivered by The Rank Foundation) or similar programmes to attract new talent to the VCSE organisations, to upskill existing employees, and to build organisational resilience
- The action on new Apprenticeship Inclusion Challenge Fund should also include VCSE roles including community workers that can support the transformation agenda
- The Apprentice Inclusion Challenge Fund references the needs of disabled people and women. These are distinct groups and have distinct challenges in re-entering the workplace and the nature of the scheme does not go far enough to support people with learning disabilities to gain and retain employment.

4.2 Deliver More Affordable Childcare

We are pleased to see the Executive has prioritised the development of an Early Learning and Childcare Strategy. Early childhood development is a key social determinant of health, and the first Marmot principle to address health and social inequalities across the lifecycle. For this to have a real impact on people's lives, the proposed action plan must include targets and indicators and timeframes to reduce child poverty.

- We suggest renaming the priority to be reflective of both targets - supporting the development of our children to give every child the best start in life and more affordable

childcare.

- We agree that families urgently need more access to affordable childcare and support the standardised provision of 22.5 funded pre-school hours a week.
- We recognise and value the multi-agency support families receive from Sure Start and view this as a central way to reorientate our health and social care system away from crisis intervention to early support and help available within local communities.
- We strongly endorse the recommendation from the Independent Review of Children's Social Care Services that access to Sure Start services is extended to all communities in Northern Ireland and urge its inclusion as a priority action in the Programme for Government
- We urge consideration for families of children with additional needs unable to avail of mainstream childcare provision. This inevitably leads to parents having to exit the workplace and, in many cases, a breakdown of the family unit due to increased pressures.

4.3 Cut Health Waiting Times

A commitment to 'cut waiting times' and invest in elective care centres is welcomed. So too is a shift to disease prevention and a reduction in health inequalities. However, the singular focus on reducing waiting lists and on primary care services is too narrow and in no way adequately captures the underlying causes of poor health across our communities. Investment purely in cutting health waiting times will not solve the wider problems within our health and social care system and will not address many of the pressures acutely felt by communities (further detail in 3.2)

Without comprehensive action to prevent ill health, the pressures on health, care and other public services will only increase, we need a stronger focus on the importance and impact of prevention. The Executive should provide details of how much of its health budget is currently spent on prevention and outline whether this proportion will be increased as part of any new investment or cost savings through its reform plan.

Prevention and community support were a key focus in Making Life Better and Delivering Together and the commitments in these policies should be delivered. The VCSE sector plays a key role in prevention, and this needs to be recognised and supported. The role of VCSE sector in reducing hospital waiting lists through prevention and early intervention and VCSE waiting lists are not mentioned.

- The PfG needs to include a specific action how it will reorientate health and social care to shift the focus on prevention.
- Actions needed to recognise, support and resource the VCSE contribution to health and social care

4.4 Ending Violence Against Women and Girls

We welcome the inclusion of the ending violence against women and girls priority. We also welcome the approach to tackle the root causes of violence and the whole-government and whole of society approach.

- This action should include measures for women and girls who have complex and additional

needs, including chronic illness, mental health problems, physical disabilities and learning disabilities and others who are vulnerable and experience discrimination and stigma.

We welcome the specific references to co-designing a strategic framework, the need to embrace the vital roles of our community and voluntary sector and grass roots organisations and early intervention and prevention.

- The strategic framework and accompanying interventions/initiatives must have resources behind them to have any real impact. There are limited resources for this work currently and it is not achievable without investment.

4.5 Better Support for Children and Young People with Special Educational Needs

We welcome this priority for Better Support for Children and Young People with Special Educational Needs (SEN) and recognise that the current system needs substantial reform to support learners to fulfil their potential both during and post school.

We agree that children and young people with SEN and disabilities and their families need to be placed at the heart of this significant programme of reform and that there is much work to do to rebuild trust and confidence in and within the system. Unfortunately, the current narrow focus on educational outcomes for children with disabilities reflects a silo mentality which is unhelpful in supporting children and families.

- Children and young people with disabilities also need opportunities to play, socialise and have their additional health needs met. We call for the Programme for Government to take a much more holistic approach to supporting children and young people with special education needs and disabilities. Better support for children and young people with SEN needs a multi-agency response to effectively improve their life outcomes.
- More work is needed to support children and young people as they transition from children's services to adults' services and consideration on how to increase capacity for respite care, short breaks and opportunities to be cared for away from their families is urgently required and should be included in the Programme for Government.
- A data-driven baseline is needed to monitor the effectiveness of support measures for children and young people with special educational needs. We should never be in a situation where we do not have enough SEN places in schools for our children who require them when we have the data (in most instances) from birth.

4.6 Provide More Social, Affordable and Sustainable Housing

It is a welcome development to see the commitment to provide more social, affordable and sustainable housing, which was missing from last PfG. Good quality housing is a building block for good, physical and mental health. The condition of a person's home can have a significant impact on their health, and housing problems can lead to short and long-term health issues.

- We agree with the proposal to enable the Housing Executive to build again – this should be given priority and expedited without delay.

- The barriers to building more social housing must be addressed urgently. These include site constraints, planning regulations, especially in rural areas, and the challenges of providing water, electrical, and sewage connections.
- Rising land prices make it increasingly difficult for housing associations to compete for sites with private developers. Proactively using community contacts to identify potential sites where landowners may be willing to sell may be helpful.
- Other ways to provide housing should be incentivised and acted on, such as community-led housing schemes, purchasing existing homes for the social rented sector and revitalising derelict properties through compulsory purchase or offering improvement grants. This proposed action is also linked priority 8, safer communities (see 3.7) and requires a structured engagement with communities who have been most impacted dereliction and peace walls/security barriers that reduce access and opportunities for shared housing and public amenities.
- We are concerned that the government has continually missed its rural social new build targets—this issue must stay on the agenda. Access to public transport must be a key consideration in delivering these plans.
- We must also explore greater use of mixed tenure schemes to meet a range of housing needs and make them more economically viable and create a more sustainable social mix in communities.
- We welcome the continued investment in shared ownership homes, other steps must be put in place to help people afford to buy a home. For example, only new houses are VAT exempt, there are many houses that could be rebuilt but priority is given to new build.
- New legislation, particularly in coastal areas, to prevent houses being bought as second homes or Airbnb's to reverse the trend of driving up prices which displace local people, and undermining the wider sense of family, community and place. This proposed action is also linked priority 8, safer communities.
- The stated commitment to the Supporting People programme is welcome to support tenancies and ensure that social housing works for those most in need. Social tenants must also be empowered and recognised as integral to driving service improvements and standards for their landlords. They should be encouraged to take an active role in decisions affecting their homes, lives and communities. Updating and strengthening the Tenant Participation Strategy for NI (2015-20) would help ensure consistency of approach and that housing providers continue to listen to and involve their tenants in making the changes they need to thrive in their homes and communities. This proposed action is also linked priority 8, safer communities.
- As we build new and revitalise existing homes, we must do so in a way that meets our net zero carbon goals. A new fuel poverty strategy would go a long way to making homes more energy efficient.
- New housing developments should maximise renewable energy, e.g., south-facing solar panels, PV panels, and heat pumps and should include carbon offsets in their build.
- We should also bolster support for owner-occupiers to enhance their homes to assist in meeting net-zero targets. This means implementing grant schemes and offering incentives to owners that go beyond the warm home scheme.

4.7 Safer Communities

We are pleased that this is one of the Programme for Government priorities. Wider connections and sense of belonging within our communities can have an important influence on our health, especially

mental health and social wellbeing. Good community infrastructure and positive community relationships can, to some extent, mitigate some of the negative impacts of neighbourhood deprivation on people's physical, mental and emotional health. A sense of belonging and cohesion is strengthened by people working (or volunteering) together, by feeling safe in the neighbourhood, and by people's long-term plans to remain living in their local area (Health Foundation 2024). We are disappointed not to see more acknowledgement of the preventative, early intervention and recovery work being done by local community organisations on the ground to make communities safer, address some of the hardest issues including addiction, homelessness, suicide prevention, providing services, programmes and support for people who experience the most disadvantage and where public resources are limited and services are under pressure to meet increased demand.

- We welcome the action to work across the executive to embed trauma informed responsive systems must include the social welfare/benefits system
- We welcome the focus on prevention and early intervention to prevent people from entering the justice system, we would like recognition of the role of the VSCE sector and grass-roots organisations in doing this and appropriate resources given to this action.
- To support safer communities, the PfG should address social, economic and cultural barriers faced by new minority ethnic communities, including access to health, social services, employment, and housing. Incorporating the lived experiences of refugees and asylum seekers would strengthen community safety and inclusivity.
- Actions are needed to combat racism and the growth of organised and violent, hate fuelled, far right activities, specifically to get community support for calling out racism and hate out of our communities to keep people safe, included and valued for the positive contribution they make to community and society.
- There is potential of housing associations to manage social division and anti-social behaviours through intense support for local tenant groups e.g. Radius Housing⁴

4.8 Protecting Lough Neagh and the Environment

We are pleased to see the Executive's specific focus on planet, an Environment strategy to address the shocking situation at Lough Neagh and the pollution of our waterways. Access to clean water is a key determinant of health and a fundamental human right.

4.9 Reform and Transformation of Public Services.

We welcome and agree that both the reform and transformation of Public Services is an urgent priority for Northern Ireland, and long overdue. However, we don't entirely agree with how you have presented your rationale for addressing this issue. We respectfully suggest that the issue is the unsustainability of public finances for Northern Ireland. We understand the knock-on impact this has on how Governments design and manage their public services. However, we think that the word unsustainability should not be used in a plan to transform public service, which aims to find interconnected solutions and new funding and delivery models to make our public services more effective and sustainable.

⁴<https://www.radiushousing.org/radius-housing/other/publications/category/tenant-engagment>

- We propose that the Executive Office replace the sub-heading, unsustainability of Public Services, with a more positive and future focused heading. It is the job of governments to make public services work for the people they serve.

We are puzzled and perplexed by the omission of any reference to the new Integrated Care System framework for NI, describing a system for evidence-based population health, health and social care transformation and reorientation, with health equity at its heart. It aligns with the PfG cross departmental approach and was highly endorsed by over 130 stakeholders including CDHN and several other voluntary and community organisations.

A leading objective of the 2020 New Decade New Approach agreement was the introduction of Multidisciplinary Teams (MDTs) to GP practices, but almost five years later only 5 out of 17 GP Federation areas in N Ireland have a fully staffed MDT creating significant inequity and instability across GP practices in NI.

The MDT's, Integrated Care Partnerships (ICP) and good practice examples of co-designed partnership approaches have left a positive legacy of involving the people who need the services most have also not been mentioned in the Plan.

In the context of the VCSE sector contribution to transformation we were further disappointed that the document's reference to external expertise does not specifically include VCSE sector, it needs to be clearer what constitutes knowledge and expertise to understand why VCSE sector missing here.

- The action plan needs to specifically reference how the new Integrated Care System in NI, the new Area Integrated Partnership Boards (AIPB) will contribute to public sector reform and transformation. This should include the specific role of the VCSE sector at regional, area and local level.
- The plan needs to say more on how it will target its public services and economic development resources at the most disadvantaged areas in its case for transformation
- There should be specific focus on how NI Executive will involve and work together with the VCSE sector in the transformation, with specific priorities and actions. The sector should be seen as a well-respected, strategic voice, with a need for strong partnership/collaboration between the sector and government.

Wellbeing Dashboard, Outcomes and targets

The Wellbeing Dashboard is impressive in its scale and scope, from initial review it is easy to navigate and will be useful for us to easily find relevant data in the future. It is essential that local communities and neighbourhoods are in possession of knowledge as to where they stand compared to other communities, knowledge based on up-to-date data and information. However, it is not completely clear how the Wellbeing dashboard, the priorities and the four missions of the Programme for Government interlink.

While significant work was done under the previous Programme for Government to develop an outcomes framework and accountability model, we are disappointed this seems to have been set aside. We urge the Executive to revisit these practices rather than starting from scratch, given limited

resources. To be effective, the Programme for Government needs relevant indicators and better use of data to inform service provision.

- We recommend that specific targets are identified for each priority and mission stating what will be improved, by how much and by when, with the deliverables and expected timeframes clearly set out and that they are included in the Dashboard
- We recommend that the final PfG explores and uses outcomes measures from other Government strategies and programmes e.g. Mental Health Strategy's Prevention and Early Intervention action plan, Department of Education new RAISE programme.
- We recommend that the final PfG explains how this framework, along with the data collected through PHA health intelligence unit and DoH Surveys be used to support population health needs assessments for the effective delivery of health improvement measures at a local level.
- We recommend further engagement about the Wellbeing dashboard, indicators and outcome measures to explore what is missing, and how it could be improved or changed to become more relevant and more user friendly.

7. Resources and Budget

We recognise the challenging financial circumstances in which the draft PfG is being presented. However, the NI Executive need to be clear and realistic about where the money will come from to deliver the PfG effectively. There is inconsistency around the detail of how some of the actions within the plan will be implemented in practice and how they will be funded.

- For the plan to be implemented effectively we call on the executive to commit to multi-year budgets for the lifetime of this Programme for Government

Thank you for considering our response. We are happy to engage with this process further at any stage.

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