Community Development & Health Network (CDHN)

Response to Department of Health EQIA Consultation

10 August 2023

1. About CDHN

Community Development & Health Network (CDHN) is Northern Ireland's leading organisation working to empower communities, improve health and wellbeing and reduce health inequalities using a community development approach. With over 2,300 members supporting tens of thousands of people, CDHN raises awareness of the root causes of poor health and health inequalities. Our membership is cross sectoral including large voluntary organisations, local volunteer-led community groups, community development workers, health and social care professionals, people working in the public and private sectors and academia.

Overall comments

Everyone has a right to good health, but in Northern Ireland, good health is not equally distributed. Some people have long healthy lives while others suffer ill health and die younger. This year's Annual Health Inequalities Report published by the Department of Health (DoH) highlights the stark health inequality gaps that exist here in Northern Ireland. As the report shows, there is a 7-year life expectancy gap for men who live in deprived areas compared to those men who live in least deprived areas. Preventable mortality has increased in the most disadvantaged areas with inequality gaps now trebling[1]. In terms of mental health, there are large inequality gaps that continue to persist as prescription rates for mood and anxiety disorders were 66% higher in deprived areas than in least deprived areas in 2021[1]. 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.

The Marmot Review demonstrates the social gradient of health inequalities; the lower a person's social and economic status, the poorer their health will be[2]. The downward slope in the gradient is the product of the Social Determinants of Health (SDOH). The SDOH are the non-medical factors that influence health outcomes. Some key social determinants are education and employment opportunities, housing, social support, income, employment, your community, health literacy and access to health services.

CDHN welcomes the opportunity to respond to this consultation on behalf of our members. We are cognisant of Northern Ireland's current political and fiscal crisis, the social and

---

[1] Department of Health (DoH). (2023). Health Inequalities Annual Report. Accessed at https://www.health-ni.gov.uk/sites/default/files/publications/health/hscims-report-2023.pdf

[2] Marmot, M. (2010). *Fair Society, Health Lives: Strategic Review of Health Inequalities in England Post-2010-Executive Summary*.

economic impact of inflation, and rising living costs with more and more people whom our members work with, experiencing hardship, poverty and stress.

The absence of a functioning Executive and Assembly has created a public decision-making vacuum, resulting in the Department making difficult budgetary decisions to make savings and efficiencies. Despite this, we urge you to reconsider the proposed cuts to vital prevention and early intervention services as they are short sighted and represent false economy in health spending, with substantial opportunity costs[3]. The cuts proposed will cause significant damage to good working relations and the community health infrastructure built over the past 25 years. These cuts will harm the public and have serious adverse impacts, widening health inequalities for the most vulnerable target groups.

Response to consultation questions

A) Are there any adverse impacts in relation to any of the Section 75 equality groups that have not been identified in section 5 of the EQIA Consultation document? If so, what are they?

This Equality Impact Assessment (EQIA) fails to recognise the potential adverse impact on all Section 75 categories due to these cuts. It is paramount that section 75 duties[4] are adhered to as such decisions hold the potential to disproportionately impact these groups, exacerbating existing inequalities and leaving long lasting effects.

Firstly**, children and young people** will be adversely impacted as cuts to services that they rely on will damage their ability to flourish to reach their full potential. Children's health and development outcomes follow a social gradient; the further up the socioeconomic ladder, the better their health outcomes will be. For instance, over the last five years, the inequality gap in the proportion of Primary 1 children classified as obese increased from 45% to 93% due to the rise in obesity rates in the most deprived areas, while rates in the least deprived areas saw no notable change[1]. Early interventions help narrow inequality gaps between children from socially disadvantaged areas. Inequitable access to services increases inequities during the early years, as families most in need are least able to access vital services.

Investment in children and young people can strengthen our future workforce, grow our economy and reduce strain on the public purse. According to NI Senior Economist, early years investment is a key mechanism for economic growth[5]. Lack of investment in early intervention and prevention services will have long term financial consequences, costing the public sector a staggering £546 million per year[6]. In the current financial climate, this number will have increased due to the rise in need and decline in funding. Research by

[3] Masters R., Anwar E., Collins., *et al.* (2017). Return on investment of public health interventions: a systematic review. *J Epidemiol Community Health,* 71, 827-834.
[4] UK Legislation. (1998). Northern Ireland Act 1998. Accessed at https://www.legislation.gov.uk/
[5] UK Parliament. (2023). Northern Ireland Affairs Committee Oral evidence: The funding and delivery of public services in Northern Ireland, House of Commons. Accessed at https://committees.parliament.uk/oralevidence/13446/pdf/
[6] Early Intervention Foundation. (2018). The Cost of Late Interventions in Northern Ireland. Accessed at https://www.eif.org.uk/report/the-cost-of-late-intervention-in-northern-ireland

Heckman (2012)[7] shows that a lack of investment in early intervention services that target nutrition, early education and health leads to serious cardiovascular and metabolic diseases such as stroke and diabetes in later life. Poverty and poor health outcomes are inextricably linked, we need to tackle the root cause of health inequalities which are social factors beyond an individual's control. It is imperative that your department and other government departments, use a whole government approach to review and scrutinise the proposed reduction of £5 million to family health service spending to mitigate these cuts as they will negatively impact children and families living in socially deprived areas.

The proposed cuts of £14 million to **domiciliary care** packages will mean **older people** and **people living with disabilities** will be significantly impacted, deepening health inequalities experienced by these vulnerable groups. These vital supports allow them to remain independent in their own community, relieving pressure from acute services. This decision will also have an adverse impact on **women** as they make up the majority of **unpaid carers and low-paid carers**. Having consulted with our colleagues from the Northern Ireland Anti-Poverty Network (NIAPN), they have highlighted that cuts to domiciliary care packages will inevitably force some women to take time out of paid employment or reduce their hours to fulfil caring roles. Moreover, this decision will exacerbate the hardship experienced by women as they are often shock absorbers of poverty in their households.

It is our **most disadvantaged groups** that are bearing the brunt of these harsh cuts as they already experience difficulties in accessing services. For example, the Department for Infrastructure (DfI) has alluded to a reduction in community transport provision and the ongoing proposal of the removal of free public travel for over 60's. Many people with poor health outcomes would struggle to attend health appointments and stay connected in their community without adapted community transport and free access to travel. This is echoed in our new research report 'Our Lives, Our Meds, Our Health: Exploring Medication Safety through a Social Lens' as social factors such as access to transport can influence someone's ability to take their medication as prescribed, endangering their health and wellbeing[8]. We need greater cross sectoral working to improve health and wellbeing and reduce waste in the health and social care system.

Reduction in expenditure on community aids and adaptations for clients living in their own homes will curtail **people with multiple conditions who are a risk of poorer health and social wellbeing outcomes**, placing further strain on their mental health, increasing feelings of isolation and loneliness. Loneliness must be treated as a major public health concern as research revealed the adverse impacts on physical health, increasing the risk of heart disease and stroke[9]. This decision will also place added carer stress as they will be faced with additional responsibilities, affecting their ability to work. The launch of the New Deal for

---

[7] Heckman, J. J. (2012). Invest in early childhood development: Reduce deficits, strengthen the economy. *The Heckman Equation*, *7*(1-2).

[8] McNamee, H., Shields., C. & Vance, J. (2023. Our Lives, Our Meds, Our Health: Exploring Medication Safety through a Social Lens. Community Development and Health Network. Accessed at https://www.cdhn.org/sites/default/files/publications/OLOMOH%20Final%20full%20report.pdf

[9] Valtorta et al., (2016). 'Loneliness and social isolation as risk factors for coronary heart disease and stroke: systematic review and meta-analysis of longitudinal observational studies. *Heart,* 102, 1009-1016.

Carers Report (2023) depicts this sad reality, as one carer reported: *"I can't juggle my paid employment with caring, so have had to come to the decision to leave a thirty-year career in nursing and teaching to be with him. It is just heartbreaking. I can't leave him and don't want to, but I also don't want to leave a rewarding career that is of value and is the other half of my identity."*[10]

As outlined in the 2023-24 budget, there have been proposed cuts to **public health improvement programmes**. Health and social care wellbeing should be at the top of the government policy agenda. Cuts to wellbeing programmes are not progressive to policy statements. Building a culture of prevention and investing in wellness should be a cross sectoral responsibility. By placing health and wellbeing at the centre of the programme for Government, we can better address the social determinants of health and tackle the stark health inequalities that exist in Northern Ireland. This year's health inequalities statistics paint a depressing picture, with inequalities trebling in the most deprived areas compared to the least deprived areas[1]. With the reduction in expenditure on vital health improvement programmes, health inequalities will worsen as a result.

Another key issue of concern for us is the reduction in Public Health Agency (PHA) **baseline screening budgets.** Proposed cuts to these services could have significant implications for the further extension of programmes, based on the evidence, for early detection of long-term conditions and for life-threatening illnesses such as cancer. This will lead to poorer health outcomes and put further strain on primary and secondary care services that are stretched to breaking point. The reduction in public information campaigns is also deeply concerning as it is essential that information on health is accessible to ensure equitable service provision. **Public health campaigns** target groups who have a lower uptake in services to improve their health behaviours, focusing on prevention, early intervention and harm reduction. As outlined in the Draft Programme for Government (2021), a key policy aim was to "promote positive health messages, increasing awareness and supporting safe, healthy and active lives"[11]. Cuts to targeted campaigns would widen health inequalities and poorer health outcomes as people would be less aware of health issues that affect them.

One of the most worrying aspects of these cuts is the **reduction in waiting list initiative** activity. Northern Ireland has the longest waiting times in the whole of the UK, with the average waiting time for general medicine over one year[12]. There is growing evidence of people presenting much later with alarming symptoms and when their conditions are much more advanced and difficult to treat. Any cuts to waiting list initiatives will have a profound impact on people's quality of life and their ability to have a healthy disability-free life expectancy. Our health system is already in crisis, with these cuts placing a greater burden on our overwhelmed healthcare professionals.

---

[10] Coalition of Carers. (2023) A New Deal for unpaid Carers in Northern Ireland. Accessed at https://www.carersuk.org/media/rojegayo/a-new-deal-for-unpaid-carers-in-northern-ireland.pdf

[11] Northern Ireland Executive. (2021) Programme for Government Draft Outcomes Framework Consultation Document. Accessed at https://www.northernireland.gov.uk/sites/default/files/consultations/newnigov/pfg-draft-outcomes-framework-consultation.pdf

[12] NISRA (2023). Northern Ireland Outpatient Waiting Time Statistics. Accessed at https://datavis.nisra.gov.uk/health/ni-outpatient-waiting-times-mar-23.html

In terms of the stalled public wage negotiations, there is a **gendered impact on the budget**. Women will face negative consequences due to the decision to withdraw the HSC pay offer, in line with England and Wales, given that they make up 80% of the workforce. With the current cost of living crisis, it is women that are bearing the brunt of the current financial vacuum. Recent research from the Women's Consortium highlights that 33% of women who were in full-time and part-time work reported that they were struggling to make ends meet on low incomes.[13] Furthermore, poverty will worsen as a result of this proposed cut, with women experiencing poorer health outcomes such as increased feelings of anxiety and depression due to financial worries. It is not surprising that data from the Trussell Trust revealed that 1 in 4 working households in NI rely on food banks, compared to 1 in 5 in Wales[14].

Lastly, we would like to draw your attention to the implications that this budget will have on members of the Black and Minority Ethnic (BAME) communities regarding the reduction in the investment of GP Practices. There are ongoing administrative, financial and cultural **barriers to health service access for migrant groups** registering with a local GP and accessing further referral services. This EQIA reflects a lack of comprehensive data analysis on the adverse impact on the BAME Community as this level of detail is not captured in the Health Inequalities Report or the Health Survey in over five years. However, we have consulted with our colleagues from the Migrant Rights Centre NI (MCNI) who have helped inform our response. A report commissioned by MCNI on **ethnic minority women's experiences of healthcare**[15] found that refugee and asylum seeker women have higher levels of difficulty accessing interpreters than the general migrant population. There is no standardised body overseeing interpreting within the GP surgery system or a centralised way to report failure to ensure adequate interpreter provision. Language barriers are a dominant factor which influences ethnic minorities' uptake in access to healthcare provision. Lack of investment in GP services will worsen ethnic minorities' experiences of accessing services, increasing health inequalities experienced by this Section 75 group.

B) Please state what action you think could be taken to reduce or eliminate any adverse impacts in allocation of the Department's draft budget?

Despite this highly challenging situation, there is an opportunity to collaborate and do the budgetary processes differently. The Executive Office (TEO) and DoH could bring departmental leads together to refocus on the whole government approach to societal wellbeing outcomes across the life cycle. By applying the Voluntary, Community and Social

[13] Women's Regional Consortium. (2023). Women's Experiences of the Cost-of-Living Crisis in Northern Ireland. Accessed at https://www.womensregionalconsortiumni.org.uk/wp-content/uploads/2023/06/Womens-Experiences-of-the-Cost-of-Living-Crisis-in-NI-2.pdf

[14] The Trussell Trust. (2023). Hunger in NI. Accessed at https://www.trusselltrust.org/wp-content/uploads/sites/2/2023/06/2023-Hunger-in-Northern-Ireland-report.pdf

[15] Migrant Centre Northern Ireland. (2017). Ethnic minority women's access to quality healthcare in Northern Ireland. Accessed at https://wrda.net/2022/02/21/health-inequalities-and-hostile-environment-for-migrants-and-black-and-minority-ethnic-people/

Enterprise (VCSE) partnership lessons from the COVID-19 emergency, we could protect the most socially isolated, and least well-off during this budgetary crisis.

NI spends more on Medications per capita than the rest of the UK[16]. CDHN's recent research on medication safety found that people would like to be more involved in making decisions about their medication and welcome non-pharmacological alternatives. A recent OECD[17] report notes that across some conditions, an emerging evidence base points towards non-pharmacologic interventions that are equally effective and pose less risk to patients. CDHN's report recommends that the DoH consider how pathways for non-pharmacological alternatives to medication can be created and sustained. These pathways will better meet the needs of the population, **reduce overprescribing**, **waste,** and **dependency issues** to create savings in prescription medication in NI. Savings can be redirected into prevention and early intervention and contribute to better health and quality of life outcomes.

The Department must continue to value the assets of the VCSE sector and the positive contribution it makes to people, communities, and society. The voluntary sector plays a significant and complementary role in the provision of health, social and community care services in NI.

For decades, our sector has bridged the gap in knowledge and understanding between communities and the system; we have shared community infrastructure and networks, and leveraged additional funding. We have established positive ways of working with the DoH cross-departmentally to support public strategy and develop and implement policies to improve health and wellbeing. Together we have designed and delivered practical and complementary early intervention and prevention services tailored to meet the needs of vulnerable groups experiencing poor health who do not usually engage in services.

At this critical time for the DoH, we feel it is necessary to highlight the steady improvements to the current community health infrastructure built up with existing community resources through leveraging a cocktail of short and long-term public cross-departmental funding, charitable foundations and community and voluntary assets.

The Healthy Living Centre Alliance's Spring Social Prescribing Project provides a good example of how the funding mix has supported the coordination and development of social prescribing services in 19 disadvantaged areas, across the region. With a significant 3–5-year investment from the National Lottery, the project attracted public sector match funding from the Department for Agriculture, Environment and Rural Affairs (DAERA). This development has led to a considerable enhancement of other DoH funded evidence-based community health programmes linked to primary care. The impact of community sector cuts with DAERA to the Social Prescribing project means that the Alliance is now losing its National Lottery Funding, with immediate effect as public match funding is no longer available. This decision,

[16] DHSSPS. (2016). Northern Ireland Medicines Optimisation Quality Framework. Accessed at https://www.nicpld.org/courses/fp/learning/assets/NI_Medicines_Optimisation_Quality_Framework.pdf

[17] De Bienassis, K., Esmail, L., Lopert, R., and Klazinga, N. (2022). The economics of medication safety: Improving medication safety through collective, real-time learning. *OECD Health Working Papers* No.147 https://www.oecd-ilibrary.org/docserver/9a933261-en.pdf?expires=1674047545andid=idandaccname=guestandchecksum=FB2A34D133E1621B807CAE4FB71DF722

resulting in the removal of skilled and experienced staff on the ground, presents major challenges to the delivery of DoH funded programmes to support people in their pain management while waiting on long lists for treatments.

The recent cuts to and the discontinuation of core grant funding, and wider VCSE funding cuts, will not only impact the sector's capacity to engage proactively on policy initiatives, such as the new Integrated Care System's (ICS) partnership structures for population health; but it will also have a significant adverse effect on services that work with marginalised communities who experience poor health outcomes. Consequently, funding cuts to support the development of health and social care policy and prevention activities will reverberate and cause a further strain on the demand for more specialist, higher-cost health, and public services.

We strongly recommend that you pause the cuts to the VCSE and Public health and conduct a cross-departmental rapid review to assess the cumulative impact and knock-on effects of cuts to both community health infrastructure and the Section 75 groups. Following the review, develop a mitigation strategy outlining targeted actions, alternative funding sources and measures to address the adverse impacts identified.

C) Are there any other comments you would like to make in regard to this EQIA or the consultation process generally?

There is a need for more effective cross-departmental working to mitigate the potentially catastrophic impacts of the proposed cuts on Section 75 groups. Currently, departments are working in silos, failing to collaborate and coordinate their efforts. Departments must work closely together to mitigate the negative consequences of these cuts and ensure the continuity of essential services. Without a holistic view of the situation, departments may unintentionally exacerbate the inequality and hardships faced by Section 75 groups. The lack of coordination can result in inefficient allocation of resources, further diminishing the overall effectiveness of the services provided by the VCSE.

As outlined in the Bengoa Report (2016), long-term solutions to reduce health inequalities will require a fundamental reshaping of the way that health and social care services are delivered in Northern Ireland[18]. With the reduction in funding for implementing the Integrated Care System (ICS), it has been particularly challenging for CDHN to work as a sector due to retrogressive cuts to early intervention and prevention work. We need better inter-departmental working and the support of the TEO to review these cuts and take action.

Conclusion

We are concerned that the cumulative effect of separate, siloed departmental cuts will re-enforce poverty and inequality in Northern Ireland. They do nothing to reduce health inequalities; rather they will worsen the health outcomes of our population and significantly set back the progress made. The proposed budget cuts will have catastrophic consequences

[18] Bengoa Report. (2016). SYSTEMS, NOT STRUCTURES: Executive Summary CHANGING HEALTH & SOCIAL CARE. Accessed at https://www.health-ni.gov.uk/sites/default/files/publications/health/expert-panel-report-executive-summary.pdf

for our most vulnerable groups and organisations that support them. These services are not a 'nice to have'. They provide vital and holistic support and are a lifeline to Section 75 groups. Consequently, these cuts will push the health burden to different parts of the system, including primary and emergency care, which are already at the point of collapse. The Department must reconsider these cuts and the cumulative impact, collaborate with the VCSE on the evidence-based strategies that we have in place to prioritise the wellbeing, and equity of all; supporting and empowering marginalised communities to reduce health inequalities.

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

Contact:
Shannon Keegan
Policy and Communications Officer
shannonkeegan@cdhn.org
Community Development and Health Network
30A Mill Street Newry
T: 028 3026 4606