

## Public Health Agency Corporate Plan 2017-2021 Public Consultation Report

### Introduction

The Public Health Agency (PHA) undertook a public consultation on the draft PHA Corporate Plan 2017 – 2021 between November 2016 and February 2017. This document provides a report on the consultation.

The Corporate Plan is by its nature a high level document, setting out the role, direction and priorities for the PHA from 2017 – 2021, and stating our commitment to working collaboratively with others. The content of the Plan was informed by internal and external engagement during the course of its development. It explicitly reflects four key policy drivers, *Making Life Better*, the draft *Programme for Government (PFG) 2016 – 2021*, *Community Planning and Health and Wellbeing 2026: Delivering Together*. It also takes account of HSC structural reform and the current financial context. The Corporate Plan will be supported by our Annual Business Plans, which will also enable us to incorporate new priorities and respond to new challenges that may arise over the four year period.

This report summarises the responses and feedback received during the consultation and outlines the actions taken and amendments made to the draft Corporate Plan as a result.

### Consultation Methodology

The draft PHA Corporate Plan 2017 – 2021 was issued for consultation for a 12 week period between November 2016 and February 2017. The consultation was launched on 28 November 2016, with an initial closing date of Friday 17 February 2017. Further to a request from a stakeholder, the consultation was extended to Wednesday 22 February 2017.

In order to reach as many people and maximise the number of responses a number of different approaches were used, as follows:

1. Consultation Questionnaires
2. Social media engagement
3. Focussed Workshops

The following sections describe each of the methods and how they were responded to.

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### **Consultation Questionnaires**

This traditional method was the main mechanism used to consult on the draft Corporate Plan.

Electronic correspondence was sent to organisations on the regional equality consultation list (over 320 organisations). The consultation list used was reviewed and updated by Assistant Directors in advance of the launch, to ensure as wide a circulation as possible. Where no email address was available, the documents were posted. The consultation documents were also made available on the PHA website.

An article was published in the Patient Client Council member monthly email and PHA staff were also asked to share the correspondence and consultation documents within any other networks and partnerships they are part of.

An easy read version of the draft Plan was also completed in January 2017 and shared as part of the consultation.

### **Social Media**

Social media was used to promote the consultation and also as an alternative method for response and engagement. The consultation was promoted on both Facebook and Twitter.

Due to the consultation falling over the Christmas period, a focussed social media campaign was agreed for January 2017. Each week during January, Twitter and Facebook posts focused on a different outcome of the Corporate Plan (covering all four of the 'outward facing' outcomes over the month):

<b>Week Commencing</b>	<b>Outcome</b>
9 January	All children and young people have the best start in life
16 January	All older adults are enabled to live healthy and fulfilling lives
23 January	All individuals and communities are equipped and enabled to live long healthy lives
30 January	All health and wellbeing services should be safe and high quality



### **Focussed Workshops**

In order to encourage discussions and input from service users and carers, or their representatives, we engaged with a group of service users and carers through the Regional PPI Forum, with the aim of co-designing the engagement plan. Working with PPI colleagues, a short survey was issued asking for service user and carer advice on the best way to involve people and meaningfully engage on the corporate plan. Their advice led to us hosting 2 workshops - one in St Columbs Park House, L'Derry and the other in Mossley Mill, Newtownabbey - and utilising social media for focussed engagement around the outcomes as well as raising awareness of the consultation.

Due to consultation falling over the Christmas period, it was agreed that the workshops, as designed with the group of service users and carers, should take place in January 2017.

The two workshops were agreed for the following dates and venues based on available transport links, accessibility and availability.

1. 10am-12.30pm on Tuesday 24 January in the Main Hall, St Columbs Park House, Derry/Londonderry, BT47 6JY
2. 10am-12.30pm on Friday 27 January in the Linen Suite, Mossley Mill, Newtownabbey, BT36 5QA

The focus of the workshops was to provide informal working sessions, considering the plan as a whole and providing an opportunity for conversation around the outcomes and priorities over the four years.

We also offered the possibility to hold smaller individual meetings if requested in addition to the social media engagement and consultation questionnaire responses, if the date, time or venue of the workshops did not suit. No individual or organisation requested such a meeting.

### **Staff Engagement**

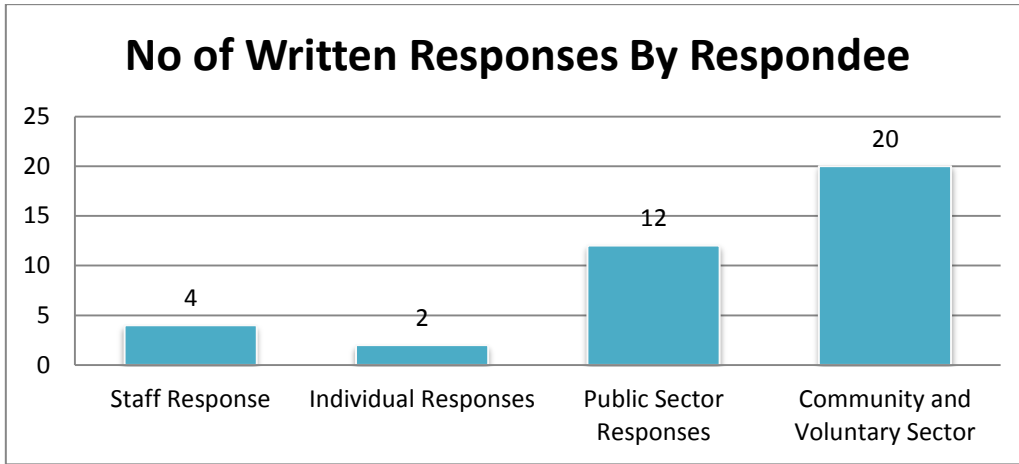
Running alongside the public consultation, staff were also encouraged to get involved and have their say through an email inviting staff to respond, features on our 'Connect' intranet page, an article in the PHA e-zine and desktop notices. 'Response boxes' were also provided in each of the offices, so that staff could return a hard copy response, as an alternative to email.



**Summary of Responses**

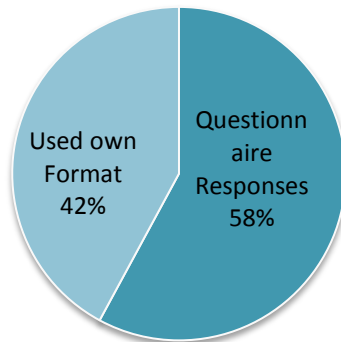
**Overall Response:**

PHA received 38 written responses to the Draft Corporate Plan Consultation.



**Written Responses:**

Of the 38 responses 22 used the questionnaire and 16 used their own format or report; some of the 16 used questions from the questionnaire to structure their reply. A list of the organisations who responded is attached at Appendix A and a copy of the questions is included at Appendix B.



Not all respondents who used the questionnaire answered all of the questions, and this is also true of those responses that opted not to use the questionnaire at all. This needs to be taken into account when considering any quantitative analysis. Some responses were from organisations covering a wide range of interests, others were from organisations with a particular or single interest. All responses were valuable and taken into account when reviewing the draft Corporate Plan.



Likert Scale Indications of Agreement

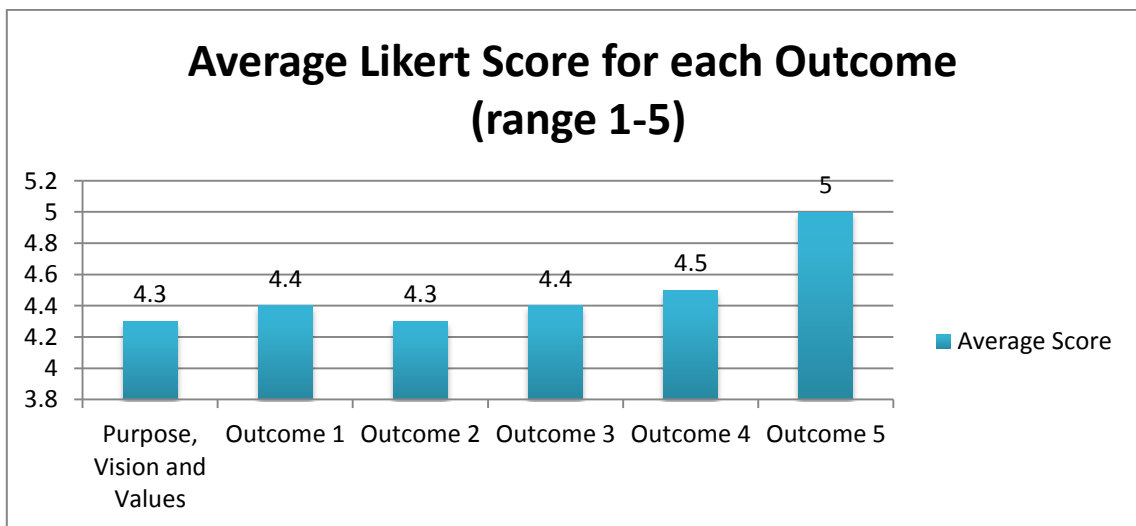
Not all responses indicated their level of agreement. Twenty two responses used the questionnaire to indicate their level of agreement and one answered the Likert scale in a response of their own format.

Not all of these 23 responses answered all the Likert scales and the numbers are indicated below. It should also be noted that an agreement question on outcome 5 was only posed within the staff consultation questionnaire.

The following table outlines the number of responses indicated agreement for each outcome.

	<b>Purpose, Vision and Values</b>	<b>Outcome 1</b>	<b>Outcome 2</b>	<b>Outcome 3</b>	<b>Outcome 4</b>	<b>Outcome 5</b>
No of responses	23	23	22	22	21	2

Overall the average scores indicate agreement (score of 4 or above) with the purpose, vision and values and each of the outcomes. The chart below illustrates the average score for each question.



*Purpose, Vision and Values*

All scores indicated agreement with the Purpose, Vision and Values. 3 was scored on only one occasion and the remaining responses indicated scores of 4+

*Outcome 1 – All children and young people have the best start in life*

The majority of scores indicated agreement with Outcome 1. Scores of 2 and 3 were seen once in the responses. The reason for indicating disagreement (a score of 2) was the concern that this outcome appeared to focus only on the needs of young children thus excluding older children and young people. The wording within this outcome has been amended to make it clearer that older children and young people are included.

*Outcome 2 – All older adults are enabled to live healthy, fulfilling lives*

The majority of scores indicated agreement with Outcome 2. Scores of 2 and 3 were seen once in the responses. The reason for indicating disagreement (a score of 2) was the concern that this outcome excludes the whole of the adult population, reducing the focus there. While the wording has been reviewed to make the age range clearer throughout the document, the outcome has not been extended to include the wider adult population, as this group is included in outcome 3.

*Outcome 3 – All individuals and communities are equipped and enabled to live long, healthy lives*

All scores indicated agreement with Outcome 3. A score of 3 was made on only two occasions and the remaining responses indicated scores of 4+.

*Outcome 4 – All health and wellbeing services should be safe and high quality*

All scores indicated agreement with Outcome 3. A score of 3 was made on only two occasions and the remaining responses indicated scores of 4+.

*Outcome 5 – Our organisation works effectively*

Both responses that scored outcome 5 indicated strong agreement with this outcome.



## **Social Media**

The estimated number of people reached by each consultation Facebook post and Tweet was between 2,500 to 4,500 and 2,000-3,000 people respectively. There were only 3 responses to the social media posts.

Example Tweet



## **Focussed Workshops**

Over the 2 workshops there was representation from 15 organisations (17 people in attendance).

Although the numbers attending each workshop were small, they spanned a wide range of areas including Age NI, ARC Healthy Living Centre (Irvinestown), Positive Futures, Marie Curie and Action for Children. The workshops were also well received, with a number of attendees commenting positively on the format, and that this had enabled them to actively participate. The workshop programme is attached at Appendix C and a list of organisations who attended the workshops is included at Appendix D.



## Response to Comments

The responses from all the different approaches have been analysed together. Comments were primarily positive with constructive suggestions for the Plan. These are summarised below by each section. It should also be noted that a lot of information was provided in the responses, which, while being too detailed for inclusion in the strategic level Corporate Plan, will be collated and shared with PHA staff to inform relevant planning documents and joint working arrangements in the pursuit of the outcomes.

### Overall Comments

Most of the responses commented on the 'straightforward and logical' layout and noted that the plan was 'well written and coherent'. Responses also commented that as well as being informative, the focus on aligning *Making Life Better* and the draft *Programme for Government* was useful. The inclusion of Outcomes Based Accountability was also noted as helpful, as a tool being used across other organisations, to show the impact being made across the outcomes. One comment noted that:

*“Overall, this document is a positive step in the right direction”*

The Easy Read version was also well received with some respondents asking that it be circulated with the full version or alternatively suggesting that the Easy Read version should replace the full document.

A number of responses indicated their full support for the plan, welcomed the inclusion of community planning and emphasised the importance of partnership working. Some responses however did suggest that partnership working needed to be strengthened throughout the document and a few commented that the Plan did not include enough links to key strategies or to the draft *Programme for Government*. A few respondents also said that the importance of health inequalities was not emphasised enough throughout the document.

*“Greater emphasis should be placed on people and communities experiencing greater health inequalities.”*

*“It may be helpful if the document makes a commitment to a target of preventing any further widening of health inequalities or even in an aspirational way sets a target for reducing inequality”*

Wording throughout the document has been revised where appropriate to ensure that the importance of, and PHA commitment to, partnership working and reducing





health inequalities is clear. As stated in the strategic context, the Corporate Plan only specifically mentions *Making Life Better*, draft *PFG*, *Community Planning and Health and Wellbeing 2026: Delivering Together*, and while we take account of the many and various other Strategies and Plans, it would not be feasible to mention them all in this document.

Throughout the responses there were a number of suggestions proposing the specific inclusion of various groups/communities of people including those with caring responsibilities, learning disabilities and autism. While we have made these amendments where this has been appropriate, it would not be feasible to name every different client group that the Corporate Plan relates to. Therefore rather than name a few, and risk excluding others, we have also noted at the beginning of the document that the Plan is for all people irrespective of age, gender, ability, disability, ethnicity, sexual orientation, caring responsibility and location.

The potential inclusion of oral health throughout the document was highlighted in three of the responses. The Health and Social Care Board (HSCB) have the remit for oral health and PHA provides input and advice as required. A reference to oral health has now been included under outcome 3 and an indicator on dental registrations has also been added to the monitoring section.

Additional comments suggested the need for an outcome to ensure that proven interventions are supported and there is a reduction in duplication. While this outcome has not been included, amendments have been made to the underpinning principles to emphasise this as a key foundation of PHA work.

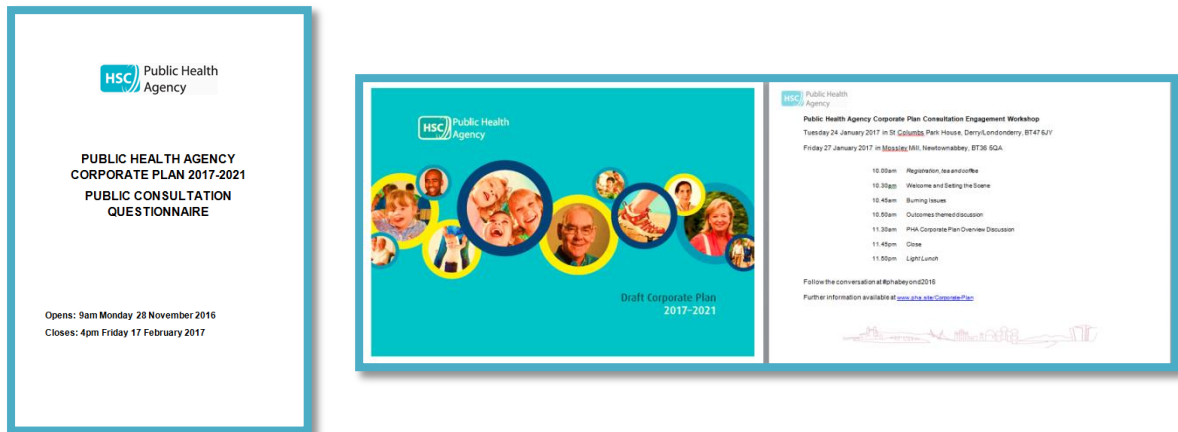
#### Actions:

- We have added an additional bullet point to the underpinning principles to reflect the need to build on and learn from proven interventions and existing good work
- We will issue an easy read version of the final document
- We have not changed the layout
- We have emphasised partnership working, mental health and health inequalities throughout the document where possible
- The wording of the first bullet point on page 10, has been changed to read: “reducing health inequalities will be at the heart of everything we do”
- Statement highlighting that the plan relates to all people has been added to page 10
- An indicator on dental registrations has been included within the monitoring section



**Comments by Consultation Question and Corporate Plan Section**

The following section outlines the analysis of the responses by question and corporate plan section. The analysis takes account of feedback from the completed questionnaires, other written responses and discussion at the workshops.



**Do you agree with the vision and values? If not, what alternative do you suggest?**

The purpose, vision and values were well received by all respondents. One noted:

*“In general terms the Purpose, Vision and Values section is current and fit for purpose. The Values section provides a clear organisational ethos and framework within which PHA staff will work to deliver the organisations goals.”*

There was a suggestion that the World Health Organisation (WHO) definition of health and wellbeing should be used within the purpose and vision. To ensure that the purpose and vision reflects the legislation and the purpose outlined in the HSC Management Framework, this change has not been included. However, acknowledging the relevance of this definition, the WHO definition of health and wellbeing will be included on page 18 of the final document.

Actions:

- The WHO definition of health and wellbeing has been included in the glossary
- The values have been amended from future tense statements to present tense actions



Do you agree with Outcome 1: All children and young people have the best start in life? If not, what alternative do you suggest?

Overall there was a positive response to, and strong agreement with, this outcome. A number of responses endorsing this outcome also encouraged the PHA to continue working closely with other organisations in its achievement and noted that it is a 'shared priority.'

There were also a number of suggested changes. The most common amendment suggested within the responses was the need to define the age range to which this outcome applies. This has been defined as those aged between 0 and 18 years, and will be included within the document. There was also concern in some responses that the outcome focussed too much on early years:

*“There is much in this outcome about infants, to the relative exclusion of children and adolescent young people.”*

Other responses asked for the specific inclusion of young carers, and the need to consider preconceptual care. These have both been included within the first paragraphs of the outcome and the wording has also been amended to make it clearer that the outcome refers to older children and teenagers as well as early years. Some responses felt that the mental health and wellbeing of children and young people and their families was not emphasised strongly enough:

*“Mental wellbeing needs to be clearer”*

Mental health and wellbeing is of equal importance to physical health for children and young people and this has been made clearer within the outcome. The importance of parents providing a secure environment has also been emphasised.

Actions:

- The age range has been defined as 0-18 years but with a note that we will align with other strategies' age ranges where appropriate
- The wording has been amended to show that the outcome relates to all children and young people, and the graphics have also been changed to reflect this
- Further references to parents and carers have been added
- The wording has been amended to increase the emphasis on mental health and wellbeing for children and young people
- Young carers have been specifically mentioned and a reference to preconceptual care added.



Do you agree with Outcome 2: All older adults are enabled to live healthy and fulfilling lives? If not, what alternative do you suggest?

The particular focus on older adults was strongly welcomed within many of the responses,

*“We whole heartedly agree with the need to improve the health and wellbeing of older people.”*

*“Particularly impressed to see the focus on the older population”*

However there was one response which suggested this focus detracted from the importance of improving health for all adults of all ages:

*“People of adult ages currently are insufficiently considered”*

As this outcome specifically focuses on the needs of older people, as welcomed in many of the responses, and the needs of adults of all ages are dealt with in outcomes 3 and 4, the age focus of outcome 2 has not been changed.

There were also a number of other suggested amendments including a change to the outcome descriptor from ‘healthy’ to ‘healthier’, the inclusion of ‘active ageing’ terminology and the addition of home accident prevention as well as the need to define the age range. Comments also asked for a reference to long term conditions, more complex health problems and to highlight loneliness alongside social isolation. Where possible these have been included within the Plan.

Actions:

- Active ageing terminology has been strengthened
- We have reflected the caring responsibilities that may be experienced by older adults and their family and friends and made reference to those who may experience multiple or complex health problems
- We have included a reference to loneliness
- Additional indicators for older people have been included under ‘Monitoring’
- The age range for older people, defined as those aged 65 and over, has been included.



Do you agree with Outcome 3: All individuals and communities are equipped and enabled to live long healthy lives? If not, what alternative do you suggest?

Outcome 3 was also well supported and a wide range of additional information was also shared by some respondents. While much of this information is too detailed for the Corporate Plan, it will be made available to staff in the form of a briefing, to inform individual plans and projects. The structure and layout of this outcome was also particularly noted:

*“...welcome the structure of the Mental Health and suicide actions while emphasising the difference between wellness promoting messages and actions needed to address suicide”*

The need to work across all settings was highlighted by some respondents and therefore the third bullet point (page 13) has been amended to reflect the importance of working across all settings in improving mental health and wellbeing.

Other suggested amendments included the specific mention of tobacco and drug misuse, and the need to further strengthen references to health inequalities. Responses also suggested the inclusion of fuel poverty, the effects of poverty and the impact of complex needs on health and wellbeing.

*“Without doubt, Outcome 3 represents the area where most work is needed, if we are to tackle health inequalities, and enable a greater proportion of our population to live long, healthy lives.”*

Where possible these suggested amendments have been included within the Plan. A number of specific actions were also suggested for inclusion in the Plan, including sport, active travel and physical activity. These all remain important areas of work for PHA and any further detail will be reflected in the Annual Business Plans and any other more specific plans as required.

Actions:

- The additional information from the consultation responses will be compiled into a staff briefing and shared within the PHA
- The phrase “HSC settings” has been changed to “a range of settings” to reflect the importance of all settings in improving health and wellbeing
- A reference to healthy pregnancies has been included
- Tobacco prevalence and drug misuse have been included
- Poverty, including fuel poverty has been mentioned
- The emphasis on health inequalities has been strengthened



Do you agree with Outcome 4: All health and wellbeing services should be safe and high quality? If not, what alternative do you suggest?

Outcome 4 was also welcomed within the responses, particularly the emphasis on working with service users and carers and the aim of co-production and co-design.

*“We welcome the co-production and co-design element with service users and carers and offer our support if needed in that process.”*

*“Staff ... feel that the PHA effectively shares and embeds regional learning across their services.”*

*“As PHA plays a leading role in helping more of us live healthy lives for longer, we would support a greater emphasis on directly involving those most disadvantaged communities in co-producing/co-designing services that more fully meet their needs.”*

Responses suggested the need to include ‘accessibility’ to services and that there needs to be consideration of how all staff will have the correct knowledge, skills and values to work with all people regardless of their disability and/or mental health issues and the creation of a welcoming, inclusive ethos and culture. Where possible the wording of the outcome has been amended to highlight this and include the suggestions.

Actions:

- Accessibility and a further emphasis on mental health has been included
- Anti-microbial Resistance has been noted as a key area of work
- ‘Making Every Contact Count’ has been included to further align with draft Programme for Government

Do you agree with Outcome 5: Our organisation works effectively? If not, what alternative do you suggest?

This outcome was not the subject of a particular question for the wider public consultation questionnaire but responses were welcomed. The comments returned included ensuring appropriate communication with stakeholders and looking after staff health and wellbeing including those staff with caring responsibilities. The wording has been amended where possible. Sustainable development and the need for data development also emerged and have now been included within the areas of work.



Actions:

- A reference to sustainable development has been included
- Data development has been added
- The phrase 'at all times' has been included in the second bullet point (supporting our staff and their wellbeing)

Is there an outcome or action you feel is missing or is not sufficiently reflected?

Suggestions included outcomes and actions on climate change and sustainable development, strengthening the emphasis on health inequalities and partnership working and the need for data development. No new outcomes have been added, however each of the suggestions has been considered, and the wording of the five outcomes and associated actions amended where appropriate (as set out throughout this report). These areas have all now been reflected within the Plan.

Have you any other comments or suggestions to improve the document as a whole? If so, please outline these below

Responses overall, considered the document well-presented and easy to read and noted the importance of the easy read version for accessibility for all. Other comments noted that implementation of ambitious, population focussed outcomes will require partnership working, integration with other strategies and policies and a focus on health inequalities. Where possible, these comments have been used to improve the document.

In your opinion, is there anything set out in this draft Plan likely to have an adverse impact on equality of opportunity on any of the nine equality groups identified under Section 75 of the Northern Ireland Act 1998?

Responses to this question did not indicate that anything set out in the plan would be likely to have an adverse impact on the equality of opportunity on any of the Section 75 equality groups.

There was some concern that the plan did not give due regard to all ages or gave too much regard to some ages over others or that people with disabilities had been excluded. This has been considered through the addition of age ranges within the document and the inclusion of further information in the equality screening where consideration should be given. Page 10 of the Corporate Plan now also includes a statement that clarifies that the Plan is inclusive of all people including those with disabilities, carers and Looked After Children for example.



Some responses provided further information for the equality screening document including information on carers and dependents. The equality screening document has been amended to take account of this additional information.

In your opinion, is there an opportunity for the draft Plan to better promote equality of opportunity or good relations?

Responses to this question noted that as tackling inequalities is a main theme of the Plan, by its very nature it may better promote equality of opportunity. Responses also noted how strengthening partnership working and the parity of esteem between mental health and physical health throughout the document would improve the opportunities to promote better equality of opportunity or good relations.

### **Monitoring**

A number of responses also provided suggestions for the monitoring of the Plan noting the importance of an action plan and the inclusion of additional indicators. The PHA Annual Business Plan will act as the annual action plan towards the outcomes.

The additional indicators include:

- Children (aged 0–4) registered with a dentist
- Percentage of children who are at the appropriate stage of development in their immediate pre-school year
- Life expectancy at age 65
- Percentage of older people reporting themselves to be in good health

### **Conclusion**

Overall the responses to the consultation were very positive and supportive of the proposed strategic direction of the PHA. They also made many helpful comments, provided additional information and suggested changes that have incorporated into the final draft, where possible.

The overall response has demonstrated a wide interest in and continuing commitment to the issue of population health in Northern Ireland.

While it would be impractical to make individual replies to each consultation response, this consultation report summarises the points made, and sets out the key changes that have been made to the draft PHA Corporate Plan as a result. We would like to acknowledge the contribution of, and thank all those who have supported the consultation process, and who provided responses or attended the workshops.





## Appendices

Appendix A: List of organisations who responded to the consultation

Appendix B: List of Questionnaire Questions

Appendix C: Public Health Agency Corporate Plan Consultation Engagement Workshop Agenda and Discussion Questions

Appendix D: Organisations who attended the Consultation Engagement Workshops



## Appendix A: List of organisations who responded to the consultation

Action Cancer  
Ards and North Down Council  
Armagh, Banbridge, Craigavon Council  
Autism NI  
British Dental Association (BDA)  
Belfast City Council  
Belfast Health and Social Care Trust (BHSCT)  
Cancer Focus NI  
Carers NI  
Children's Community Services, Belfast Health and Social Care Trust  
Community Child Health, Belfast Health and Social Care Trust  
Commissioner for Older People for Northern Ireland (COPNI)  
Cancer Research UK (CRUK)  
Department for Communities  
Early Years  
Extern  
Fermanagh and Omagh Council  
Gerry McKenna  
Healthy Living Centre Alliance  
HSC Dental Clinical Directors  
Eilish Stocks (individual)  
Lisburn Castlereagh Council  
National Energy Action NI  
Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC)  
Parenting NI  
Positive Futures  
Royal College of General Practitioners (RCGP)  
Royal College of Nursing (RCN)  
Royal College of Paediatrics and Child Health (RCPCH)  
Royal College of Psychiatrists (RCPSYCH)  
South Eastern Health and Social Care Trust (SEHSCT)  
Sustrans  
Voice of Young People in Care (VOYPIC)



## Appendix B: List of Questionnaire Questions

Q1: Do you agree with the vision and values? If not, what alternative do you suggest?

Q2: Do you agree with Outcome 1: All children and young people have the best start in life? If not, what alternative do you suggest?

Q3: Do you agree with Outcome 2: All older adults are enabled to live healthy and fulfilling lives? If not, what alternative do you suggest?

Q4: Do you agree with Outcome 3: All individuals and communities are equipped and enabled to live long healthy lives? If not, what alternative do you suggest?

Q5: Do you agree with Outcome 4: All health and wellbeing services should be safe and high quality? If not, what alternative do you suggest?

Q6: Is there an outcome or action you feel is missing or is not sufficiently reflected?

Q7: Have you any other comments or suggestions to improve the document as a whole? If so, please outline these below

Q8: In your opinion, is there anything set out in this draft Plan likely to have an adverse impact on equality of opportunity on any of the nine equality groups identified under Section 75 of the Northern Ireland Act 1998?

Q9: In your opinion, is there an opportunity for the draft Plan to better promote equality of opportunity or good relations?



## Appendix C: Public Health Agency Corporate Plan Consultation Engagement Workshop Agenda and Discussion Questions

### Agenda

10.00am	<i>Registration, tea and coffee</i>
10.30am	Welcome and Setting the Scene
10.45am	Burning Issues
10.50am	Outcomes themed discussion
11.30am	PHA Corporate Plan Overview Discussion
11.45pm	Close
11.50pm	<i>Light Lunch</i>

### Discussion Questions

Outcomes focussed discussions:

1. Does this outcome set out the right direction and right priorities?
2. Is anything missing?
3. What would success look like?

Overall Corporate Plan Questions:

1. Do you agree with the direction set out by the corporate plan as a whole?  
Consider the purpose, vision and values, outcomes and suggested indicators in your discussion.
2. What would successful implementation of the plan look like?



## **Appendix D: Organisations who attended the Consultation Engagement Workshops**

Age NI

Service User and Carer representative for ICP + other regional groups

NI Federation of Housing Associations

Action for Children N Ireland

Ards and North Down Borough Council

NIACRO

NICVA

Cancer Focus NI

Positive Futures

Bogside and Brandywell Health Forum

ARC Healthy Living Centre

Marie Curie

Institute of Public Health in Ireland

Rural Area Partnership on Derry

Caw/Nelson Drive Action Group

