# PRIORITIES FOR ACTION 2003/2004

## Planning Priorities and Actions for the Health and Personal Social Services

Department of Health, Social Services and Public Safety
An Roinn Sláinte, Seirbhísí Sóisialta agus Sábháilteachta Poiblí

February 2003

## PRIORITIES FOR ACTION 2003/2004

## INDEX

## INTRODUCTION

This document sets out the Minister's expectations for the Health and Personal Social Services in the context of the Budget and the Secretary of State's Priorities and Plans for 2003/2004. It identifies the Minister's overall planning goals for 2003/2004 and the priorities for action necessary to secure their achievement. The key aim remains the promotion of an environment of stability and partnership in the HPSS that will lead to improvements in the quality of services through raising standards, tackling inequalities and becoming more accessible and flexible in responding to the needs of the people we serve.

Priorities for Action does not attempt to address every single aspect of health and personal social services. The basic assumption is that existing levels of services will continue to be provided and developments already underway will continue to be taken forward. The actions that are listed focus primarily on priority areas for service development within the context of the resources and infrastructure available to the HPSS in 2003/2004. Health and Wellbeing Investment Plans and Trust Delivery Plans will continue to provide the focus for monitoring and accountability arrangements throughout the year.

The Secretary of State's Priorities and Plans identify "Working for a Healthier People" as one of its priorities. Within this priority the HPSS will be expected to make a major contribution to:

- improving health and tackling health inequalities;
- promoting public safety and reducing the numbers of serious injuries and deaths caused by accidents at home, at work and on the road;
- raising the quality of health and personal social services and tackling poor performance;
- modernising our hospital services;
- improving our primary care and community care services; and
- supporting those with disabilities, mental health difficulties, chronic or terminal illness and their carers.

The HPSS has a lead role to play in tackling these areas. It is clear however that the HPSS will also have a contribution to make in the other four priority areas;

- Growing as a Community (particularly in respect of children);
- Investing in Education and Skills;
- Securing a Competitive Economy; and
- Developing Relations - North/South, East/West and internationally.

The Secretary of State's Priorities and Plans also identify a number of key themes that should be incorporated at all stages in the development, improvement and evaluation of policies and procedures for the provision of services.

**Equality**

The statutory duty arising from Section 75 of the Northern Ireland Act 1998 makes equality central to the whole range of public policy decision-making. The equality perspective must be incorporated in all policies at all levels and at all stages. The key change for the HPSS is that instead of reacting to identified problems in the area of equality it must have due regard to the need to promote equality of opportunity and develop mechanisms for ensuring that policy makers consider equality implications as an integral part of policy development. All public authorities are also required to have regard to the desirability of promoting good relations between persons of different religious beliefs, political opinions or racial groups.

HPSS organisations must ensure that there is commitment to the equality agenda from the highest level; that the necessary resources and training are made available for implementation; that there are clear lines of responsibility; and that there is an effective system for monitoring and reviewing progress. The statutory duties will assist the HPSS to address issues of equality, target disadvantage and social need and promote social inclusion.

**Human Rights**

The Human Rights Act, which came fully into effect on 2 October 2000, brings in new rights and responsibilities. The Act gives further effect in law to the rights and freedoms guaranteed under the European Convention on Human Rights. It requires that legislation, whenever enacted, should be interpreted as far as possible in a way that is compatible with the Convention rights. It also makes it unlawful for a public authority to act incompatibly with the Convention rights. The Act is likely to have a significant impact on the work of the Department and its associated bodies. The HPSS will need to ensure that, in taking forward the Minister's priorities, policies and procedures are in line with Convention rights.

**New Targeting Social Need**

The New Targeting Social Need initiative is designed to address the connection between poverty and unemployment and poor health and social wellbeing by skewing Government and departmental resources towards those in greatest need. New TSN also aims to promote social inclusion. This will involve the Department and the HPSS working with partners outside Government to tackle issues such as deprivation and disadvantage, which can contribute to the exclusion of groups or individuals within our society. The Minister expects action on taking forward New TSN to give real help and generate fresh hope for groups and individuals in the most disadvantaged areas.

## PLANNING GOALS

The Minister wishes to take forward the Secretary of State's Priorities and Plans by focusing on the following planning goals for the HPSS in the next financial year:

1. to take forward the Investing for Health Strategy;

2. to develop and begin to implement a new Regional Health and Wellbeing Strategy;

3. to enhance primary care services and implement new arrangements, including the development of Local Health and Social Care Groups;

4. to take forward Ministerial decisions on *Developing Better Services*;

5. to begin to address the HPSS infrastructure deficit through the Reinvestment and Reform Initiative;

6. to improve access to hospital and community services, expanding capacity in key areas, thereby reducing the length of time that people have to wait for treatment, care or support, minimising unnecessary admissions to hospital or long stay institutions and facilitating prompt discharge to appropriate settings in the community;

7. to expand child residential services and improve family and child care support services;

8. to expand mental health and learning disability services;

9. to further develop the linkage and coordination between the primary, secondary and community care sectors to improve overall system capacity to manage periods of peak demand;

10. to tackle shortages of skilled staff, particularly in hard-pressed specialised areas, by improving the recruitment and retention of staff within the HPSS;

11. to raise the quality of services and the efficiency of their delivery through a commitment to improved governance and performance within the resources available.

## DETAILED PRIORITIES AND ACTIONS

The remainder of this document sets out the detailed actions for Programmes of Care and other areas, against which the performance of the HPSS will be assessed in 2003/2004. They have been determined in the context of the overall resources made available to the HPSS in 2003/04. The HPSS will be expected to live within those resources.

## HEALTH DEVELOPMENT

### Strategic Context

The *Investing for Health* Strategy launched in March 2002 sets out the Executive's views on how the health and well-being of all the people here can be improved, and in particular how the unacceptable inequalities in health can be reduced. It is consistent with, and complementary to, the New Targeting Social Need policy. The Strategy was developed by all Government Departments through the Ministerial Group on Public Health and has the endorsement of all Ministers in the Executive. This is evidence of the important role that all Departments and their agencies have in improving the state of people's health by addressing the many and complex factors which influence health and wellbeing.

*Investing for Health* contains a framework of action to improve health and wellbeing and reduce health inequalities that is based on partnership working amongst Departments, public bodies, local communities, voluntary bodies, District Councils and social partners. Effective partnership working is critical to the success of *Investing for Health* and Investing for Health Partnerships have now been established in each HSS Board area. These Partnerships are developing long-term Health Improvement Plans to address the identified health and well-being needs of people in their areas. Actions from these plans are to be reflected in the 2003/04 HWIPs.

*Investing for Health* seeks to shift the emphasis from the treatment of ill-health to health promotion and protection and addressing the determinants of health in a multi-sectoral approach. The Priorities for Action set out below will be taken forward in the context of ongoing work by Boards and Trust and the emerging Local Health and Social Care groups to-

- work with their partner organisations to effect real and noticeable improvements to the living and working conditions which determine people's health;
- support and encourage people to make healthier lifestyle choices;
- promote and increase participation in screening programmes in line with Departmental guidance and National Screening Committee standards;
- implement immunisation programmes in line with Departmental guidance and the recommendations of the Joint Committee on Vaccinations and Immunisation;
- achieve/maintain a 96% uptake rate for all primary immunisations at 12 months;
- implement the recommendations of the Action Plan on Antimicrobial Resistance (AMRAP);
- improve the oral health of children and adults and reduce oral health inequalities;
- incorporating community pharmacies into community health surveillance schemes.

Boards and Trusts should demonstrate a multi-disciplinary approach in the implementation of the Health Improvement Plans - everyone working in the Health and Personal Social Services has a vital contribution to make to improving the health of their local population and reducing health inequalities by adopting a proactive,

holistic approach to their work, working not only to treat sickness but also to protect and improve health, and by contributing to the implementation of cross-departmental strategies and action plans being produced in a range of areas including drugs and alcohol misuse, food and nutrition, home accident prevention, mental health promotion, physical activity, sexual health, breastfeeding, tobacco and teenage parenthood. Work on these and other health promotion activities will play an important role in helping to reduce the numbers of people suffering debilitating illnesses including CHD, cancer, stroke and diabetes and help to lessen the impact on those already experiencing these conditions.

**Actions**

1. By 31 December 2003 Boards, with the involvement of Trusts and other relevant agencies, should have in place an agreed framework setting out how each partner's arrangements are integrated with and support local *Investing for Health* priorities and plans. Health Improvement Plans will be reviewed by March 2004.

2. In working towards increasing the proportion of the adult population who do not smoke to 75% by 2006/07, Boards should continue to include anti-smoking policies in their commissioning programmes for 2003/04 and ensure the further development of smoking cessation services (brief and specialist) in line with the Tobacco Action Plan and other Departmental guidance. They should also ensure that staff providing smoking cessation services have received training in accordance with the Regional Training Framework.

3. Boards and Trusts to ensure that all pregnant women are offered and recommended antenatal hepatitis B and syphilis testing and testing for rubella immunity in each pregnancy and that they are also in a position to offer and recommend HIV testing to all pregnant women as an integral part of their antenatal care by 31 March 2004.

4. Boards and Trusts should ensure that by March 2004 routine Anti-D prophylaxis is offered at 28 and 34 weeks to all non-sensitised pregnant women who are rhesus D negative.

5. Boards, Trusts and primary care professionals should co-operate to increase uptake rates for breast screening from 71% in 2001 to 75% by 31 March 2004, and especially in those geographical areas where uptake is noticeably low; and expand breast screening to all women over 65 and under 70 years of age with a view to achieving 100% coverage of this age group by March 2006.

6. Boards, Trusts and primary care professionals should co-operate to increase the coverage rates for cervical screening from 70% in 2001 to 75% by 31 March 2004, and especially in those geographical areas where uptake is noticeably low.

7. During 2003/04, Boards and Trusts should work with the Department to enhance the detection and management of eye disease in people with diabetes.

8. During 2003/04, Boards and Trusts should extend neonatal hearing screening with a view to achieving testing of all newborn babies by March 2005.

9. Boards, in conjunction with Trusts and primary care professionals, should work to achieve/maintain a 92% uptake level of MMR at 24 months. Each Board should identify areas within their area where MMR uptake rates are low and undertake targeted action in these areas.

10. Boards and Trusts should achieve, as part of their 'flu immunisation programme, 70% uptake of 'flu immunisation among the 65 years plus population and 60% uptake among those under 65 with specific medical indications for 'flu immunisation.

11. Boards, Trusts and primary care professionals should ensure that all children aged 6 months to 4 years of age are offered an additional dose of Hib vaccine.

12. Boards should draw up an accreditation scheme approved by the Department, for the establishment of "Health Promoting Pharmacies" by September 2003.

13. By 30 September 2003, Boards and Trusts should have conducted an in depth review of their emergency planning arrangements to ensure that the necessary procedures are in place and the appropriate staff are properly trained to meet new and emerging threats.

## MAKING SERVICES MORE RESPONSIVE TO NEED

### Strategic Context

Over recent years, pressure on all health and social services has continued to grow. The demand for hospital services is increasing all the time. Over the past 5 years, hospital activity has increased by about 10%. Hospital waiting lists have risen and, despite the fact that the number of community care packages has risen by 27% in the past 5 years, many people are also waiting for community services to maintain their independence and quality of life. Without support, many of them will require hospitalisation. Equally, there are often delays in returning people to the community after hospital care because services are not in place to support them

Significant steps are being taken to address these issues, including action to improve the management and validation of waiting lists, the establishment of protected elective facilities, an expansion in capacity at key hospitals, the provision of new linear accelerators at Belvoir Park hospital and new diagnostic imaging equipment. In community care services the extension of intermediate care schemes (such as Foyle's Reablement Project and Down Lisburn's hospital at home schemes) are helping reduce demand on the acute services all year round through the prevention of avoidable admissions to hospital and the short-term provision of intensive rehabilitation and personal care that supports earlier discharge from hospital. While in primary care better co-ordination and management by the primary care team has led to improved disease management, for example, the treatment of diabetes and asthma and warfarin monitoring, previously delivered by secondary care to be provided in the GPs surgery. In addition to these developments, a number of service improvement projects has been established to address a wide range of service access issues. Planning for winter pressures has been improved.

During 2003/04, the priority for Boards, Trusts and primary care professionals should be to improve the capacity and ability of services to respond to demand. This will require a focus both on the quality of service provided, as well as on the management of facilities and processes to ensure that services are developed or redesigned around the needs of patients and clients. In this context, it is essential that improvements are made in the continuity and coordination of care between the various care sectors. Boards, Trusts and primary care professionals should continue to work together to plan the service response to seasonal and other pressures.

In planning to meet demand, Boards and Trusts should continue to focus on the development of community-based services that reduce the reliance on hospital-based care and treatment. In addition, Boards and Trusts are encouraged to develop initiatives whereby medicines supply under agreed patient group directions could be made from community pharmacies.

Decontamination of reusable surgical instruments (including endoscopes) to the highest standards is viewed by the Department as a very high priority. Healthcare providers should have assessed their compliance with Departmental decontamination guidance, and developed action plans for ensuring compliance is achieved and maintained. Action plans, complemented by business cases where appropriate, should plot the route for ensuring Sterile Services Departments meet all current standards and

guidance; local decontamination is eliminated where possible through transfer of decontamination process to Sterile Services Department and/or move to single-use instruments; and where local decontamination is to remain, whether for the interim or longer term, current guidance is complied with. Action plans should demonstrate, where appropriate, collaboration between Trusts and Primary and Secondary Care providers.

There is also a need to promote a multi-disciplinary approach in taking forward the development of services such as epilepsy, diabetes and stroke management, which cover a spectrum of prevention and treatment measures. Boards and Trusts should complete their strategic reviews of stroke services within the context of the regional Stroke Services Strategy, together with implementation plans that begin to address the gaps in the continuum of local services and to take forward other aspects of best practice which do not require additional resources.

**Actions**

1. Boards and Trusts should review the effectiveness of plans for meeting increased pressure on services during the winter of 2002/03 and should submit plans for winter 2003/04 by 30 September 2003.

2. By 31 March 2004, Boards and Trusts should ensure that the number of people waiting longer than 18 months for hospital inpatient or day case treatment is reduced by 50% from the level at June 2002, by putting in place measures to improve the management of waiting lists.

3. By 31 March 2004, Boards and Trusts should ensure that the number of people waiting for hospital inpatient or day case treatment is reduced by 5% from the level at June 2002.

4. Each LHSCG will develop at least one project during the year which will increase the capacity of primary care to address chronic diseases such as asthma or diabetes in the primary care setting and reduce pressures in the hospital sector.

5. By 31 October 2003, Boards and Trusts (and where appropriate LHSCGs) should implement and/or extend community intermediate care schemes that are proven to avoid unnecessary admissions to acute care in hospital or ensure timely discharge from acute care through the provision of short-term packages of treatment in community settings (including community hospitals), and rehabilitation with personal care.

6. Boards and Trusts (and where appropriate LHSCGs) in conjunction with GPs should develop and agree with the Department by 30 September 2003, action plans for full compliance with Departmental guidance on decontamination, including best practice and standards. These action plans should be supported by business cases where appropriate.

## PRIMARY CARE

### Strategic Context

Following the establishment of Local Health and Social Care Groups (LHSCGs) work has begun on their development and on the formulation of primary care investment plans from which they will establish their work programme for the incoming year. Groups have a heavy and challenging agenda. Even with full cooperation from General Practice, which at time of writing is by no means a given, LHSCG Board Members will need to complete an intensive personal development programme at the same time as they begin to address a wide range of planning issues within primary care. They will depend heavily on the full cooperation and assistance of HSS Boards and the commitment of their local HSS Trusts if they are to achieve the kind of improvements in service that they expect and are expected to deliver. A major resource commitment will be required therefore of HSS Boards and HSS Trusts if Groups are to succeed. Local Health and Social Care Groups will be expected to commission some services in 2003/2004 with a view to a progression to full commissioning to match the timetable for structural change emerging from the consultation on foot of the outcome of *Developing Better Services.*

It will continue to be important to strengthen primary care, by improving and expanding primary care services to local communities and pursue opportunities to make full use of skills of the whole primary care team through, for example, the development of collaborative partnerships between general practitioners and community pharmacists and the role of nurses in primary care and nurse prescribers.

The new contract for the provision of GMS is expected to result in far-reaching changes in the way these services are delivered. On the assumption that negotiations are successful, Boards will clearly play a key implementation role in collaboration with the Department, beginning in 2003-2004. GP Appraisal will continue to be implemented during the year and while this is primarily a formative tool, it will complement proposals for revalidation, whereby doctors will be required to demonstrate that they are keeping up to date and are fit to practise. As a separate process to GP appraisal, there is a need to continue progress at local level on the prevention, detection and management of underperformance in general practice. Boards and Local Health and Social Care Groups working with primary care professionals, must continue to encourage development of systematic and evidence-based approaches to the prevention, identification, management and follow-up of people with chronic diseases including coronary heart disease, diabetes and COPD.

It will also be important strategically to improve investment in the primary care estate and in the use of information and communications technology in primary care, especially General Medical Services, in order to support the work of primary care professionals and enhance the service for service users. Health Estates will engage Boards in a survey of the primary care estate (primarily GP and Dental practices and community pharmacies) with a view to completion of a comprehensive report by December 2003.

The establishment of Clinical and Social Care Governance in primary care must also be addressed and work on this will continue in 2003. Initially LHSCGs will be

required to take the steps and meet deadlines set out in the final version of the first circular on clinical and social care governance – Circular HSS (PPM) 10/2002. Boards, Local Health and Social Care Groups and General Practitioners will work in conjunction with the Department, to develop structures and processes to facilitate these new arrangements.

The developing role for community pharmacy in community medicines management remains a priority, as does the establishment of extended independent and supplementary prescribing for nurses in primary care/community settings. UK wide legislation to provide for supplementary prescribing by nurses and pharmacists is expected in early 2003. The Department is also committed to developing a strategy for pharmacy which will be introduced in early 2004. Boards and Local Health and Social Care Groups should continue to promote safe, cost effective prescribing including a review of the use and appropriateness of benzodiazepine medication in general practice and the promotion of systematic approaches to the appropriate use of antidepressant medication. Boards and Trusts should develop and evaluate approaches to improve the continuity of prescribing across primary and secondary care. Boards and Local Health and Social Care Groups should also work to ensure that the percentage of GP practices using written protocols for repeat prescribing is maintained at 80% as a minimum. GP practices working with Boards and the Department should continue to promote a systematic approach to the safe and effective use of controlled drugs in general practice, taking account of the Departmental Guidance issued in May 2002.

While the report "NHS Dentistry: Options for Change" published in August 2002 is an England-only initiative it may in due course have an affect on the rest of the UK, particularly if there are changes to the way in which dentists are remunerated. The aim is to test ways of reforming NHS dentistry at a local level as resources permit. The Department will monitor implementation of the various options in the report to determine whether any of them are appropriate for our needs. The recommendations from the Review of the Community Dental Service will need to be taken into consideration if there is any reconfiguration of the delivery of primary dental services. In order to promote the oral health of the population the Department will continue to monitor the implementation of the recommendations arising from the 2001 mid term evaluation of the Oral Health Strategy. Over the next year the Department will work collaboratively with Boards and Trusts to develop a strategy for delivery of dental services to those with special needs (including learning disabled).

The Department has now initiated work aimed at developing a Primary Care Strategy. This work will be progressed over the next year in consultation with service users, health and social services professionals, key stakeholders and interest groups.

**Actions**

1. To increase local involvement in the planning and delivery of health and social care by March 2005, Boards should work closely with Local Health and Social Care Groups to facilitate their commissioning of some health and social services during 2003/2004 and to support their development towards a greater commissioning and health improvement role in future years.

2. Local Health and Social Care Groups, GPs and Boards should work with the Department to continue the implementation of GP Appraisal in accordance with Departmental Guidance. Every GP should have the opportunity to participate in the appraisal process by 31 December 2003.

3. Boards and Trusts should work with community pharmacies to ensure that the community pharmacy medicines management initiative is delivered from at least 40% of community pharmacies by 31 March 2004.

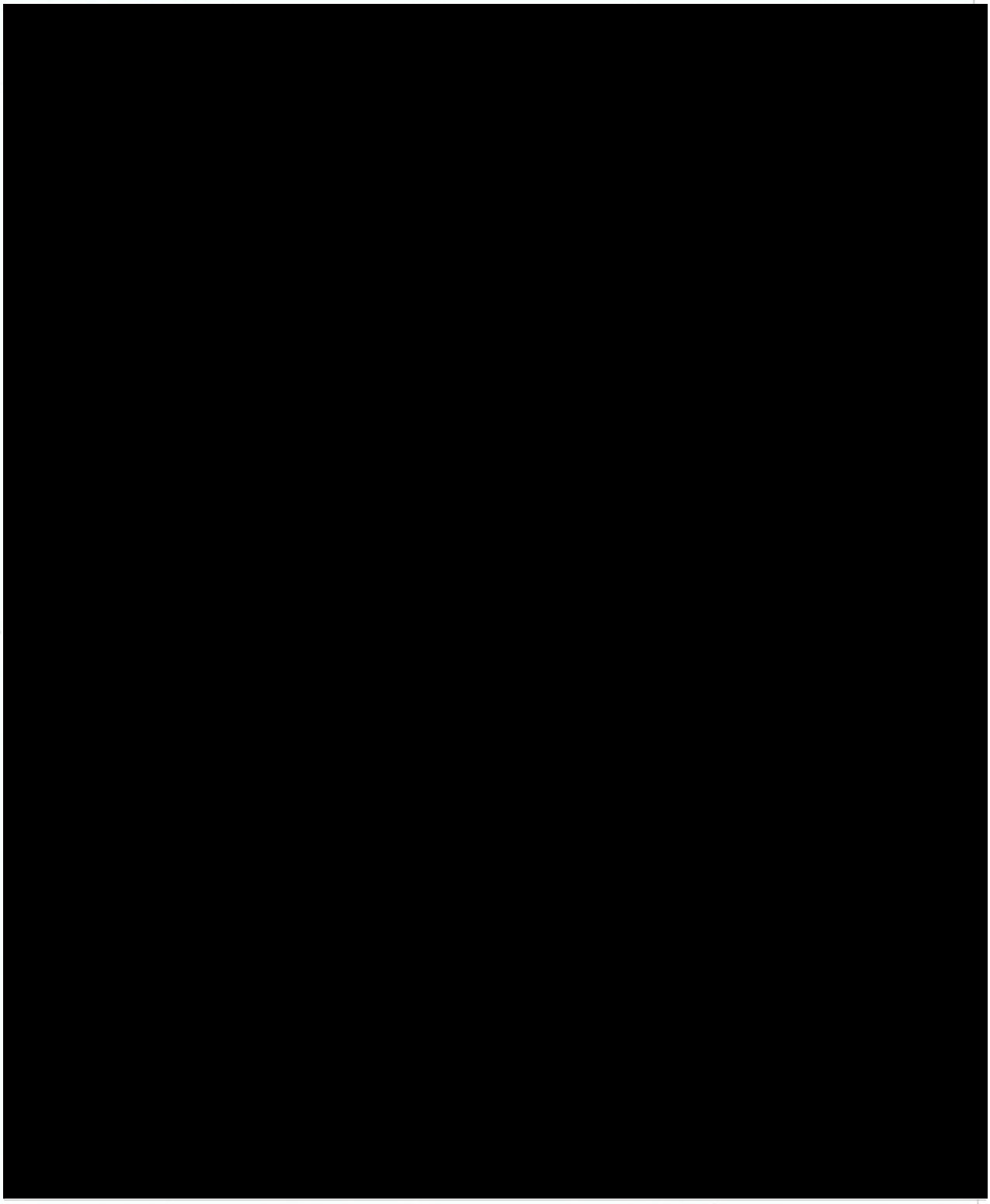
4. Boards should develop appropriate operational arrangements to facilitate the establishment of extended independent and supplementary prescribing by nurses and pharmacists in primary care/community settings by 31 March 2004.

5. Boards should develop draft action plans by December 2003 to implement the community pharmacy strategy – these plans to be agreed with the Department prior to implementation in 2004.

6. Trusts should ensure the adoption and full implementation of regional guidelines on school dental inspections with effect from the school year beginning September 2003. First returns should be sent to the Department by March 2004 and thereafter quarterly.

7. Boards and Trusts should work with general dental practitioners towards a target of 30% of 2 year-olds and 68% of 3-5 year-olds being registered with general dental practitioners by 31 December 2003.

WORKFORCE



## ACUTE HOSPITAL SERVICES

### Strategic Context

Hospital services are set to undergo radical change over the next 5-10 years. *Developing Better Services*, published in June 2002, set out proposals for the future development of acute hospital services. The public consultation on those proposals ended on 31 October and the responses received are now being considered. The Minister has indicated that he will announce decisions on 24 February. The Minister intends to consult on firm proposals for new HPSS structures early in 2003, with a view to taking final decisions in the course of the year. Managing the process of change that will be involved in implementing these decisions will present the HPSS with major challenges in the years ahead. During that period of change, Boards and Trusts will need to ensure that the provision of high-quality hospital services continues and that patients do not suffer gaps or interruption in service provision or any diminution in the quality of care that they receive.

During 2003/04, the priority for Boards and Trusts should be a continued focus on improved management of services, the securing of sustainable services and intervention and support for those services which are considered to be at risk, including regional and vulnerable services. In particular, the HPSS will be expected to maintain the clinical profile of existing services pending the implementation of decisions on *Developing Better Services*. Priority should also be given to bringing the planned additional capacity on stream, including the provision of an extra 100 beds at Antrim, Craigavon and Mater Hospitals, the establishment of protected elective facilities, implementing the recommendations in the Report of the Human Organs Inquiry, progressing the development of cancer services, the continued implementation of the cardiac surgery and cardiology action plan and improving the management arrangements for the prescribing of expensive specialist medicines, in particular Boards should complete the implementation of recommendations of the Regional Group on Specialist Drugs, including the appointment of interface pharmacists. Boards and Trusts will also be expected to incorporate into their planning the outcomes of current or planned service reviews, for example, the reviews of trauma and of genetics and the proposed review of pathology and implement new standards of hospital cleanliness to be agreed early in 2003. In addition, progress should continue on implementation of the Review of Neurology Services with consideration of its implications for neurosurgical services. The Department will expect Boards and Trusts to agree activity levels on waiting list targets and put in place the management and support systems to ensure that these can be met.

In relation to maternity services, the main focus for Boards and Trusts should be the maintenance of safe and effective maternity services pending decisions on *Developing Better Services.* The Department recognises the importance of a regional paediatric/neo-natal transport service to the future development of maternity services. Within resources available in 2003/04, Boards will be required to collaborate in the initial establishment of such a service. It will also be important for Boards to bring forward costed proposals for its future development in 2003/04 and beyond.

With regard to pharmacy services, Boards and Trusts will be expected to continue with the implementation of their action plans relative to the Review of Clinical Pharmacy Services and the Audit Commission Report 'A Spoonful of Sugar – Medicines Management in NHS Hospitals' and identify which pharmacists' roles and the numbers involved they wish to nominate for supplementary prescribing within secondary care.

**Actions**

1. Boards and Trusts should continue to implement the recommendations of the Interim Report of the Review of Renal Services, particularly provision of additional renal dialysis treatment to cater for an expected increase of 10% in the number of new patients, the operation of a new satellite renal dialysis unit at the Ulster Hospital and full establishment of the live donor transplant service.

2. By 31 March 2004, Boards and Trusts should improve blood safety by implementing the CREST guidelines on blood transfusion and should have recruited haemovigilance nurses.

3. By 31 March 2004, Boards and Trusts should agree a service development plan for the Cancer Centre and Cancer Units, including staffing, drugs and equipment.

4. By 31 March 2004, Boards and Trusts should implement the regional guidelines on gynaecological cancer and should have begun to audit practice against these guidelines.

5. Boards should bring forward proposals in Health and Wellbeing Investment Plans to ensure an equitable approach to the management and reduction of waiting lists for expensive specialist medicines.

6. Boards and Trusts should collaborate to ensure the full restoration of the paediatric pathology service by 31 March 2004.

7. Boards and Trusts should cooperate to develop and introduce a regional paediatric/neonatal transport service by 31 March 2004.

8. Boards should bring forward proposals in their Health & Wellbeing Investment Plans to increase provision of critical care beds, in line with the Chief Medical Officer's Review of February 2000.

## CHILD HEALTH

### Strategic Context

For the purposes of this document, health services for children refers to community services for children, including services for disabled children including those with chronic illness, complex needs and life limiting conditions.

Continued advances in medical care and in technology have increased the survival rate of very premature babies, and of children with complex needs, and have enabled such children to be supported within their own homes. We have seen an increase in the number of children requiring 'technological support' living at home. This includes a number of children requiring long term ventilation. Further attention needs to be directed towards the discharge process and the acquisition of funding for packages of care to facilitate the transition between hospital and home. Children with complex needs, chronic illnesses and life limiting conditions are being maintained at home through the provision of community children's nursing services. However the level of community children's nursing service varies greatly across Northern Ireland. Further development in this service is required. Progress continues in the delivery of palliative care to children, and in particular through the Regional Children's Palliative Care Nursing Team. During 2003-2004, Boards and Trusts should ensure the continued development of specialist palliative care for children in accordance with the recommendations in *Partnerships in Caring* and also ensure the closer alignment of this service with community children's nursing services.

It is essential that therapeutic interventions for disabled children take place as early as possible as this can significantly improve life outcomes for these children, and reduce their need for healthcare services in later life. Health and social services therapy services are under pressure from both the levels of direct referrals and their need to support children with special educational needs in special school settings. Children's speech and language therapy, physiotherapy and occupational therapy services all have excessive waiting lists (up to 2 years) and available provision is spread sparsely to help the maximum number of children.

Proposed legislation will see an increase in the number of children with special educational needs attending mainstream education. Meeting the healthcare needs of children in either the mainstream or special school environment will continue to exert pressure on children's nursing and therapy services. Boards and Trusts should continue to develop working partnerships with Education and Library Boards with regard to healthcare support for children with special educational needs. A report on the education of children and young people with autistic spectrum disorders, was published by the Department of Education in 2002, and Boards and Trusts should consider a range of complementary health and social services to meet their needs.

Whilst the area of Child & Adolescent Mental Health Services (CAMHS) is part of the mental health programme, its impact on children's health and wellbeing is regarded as crucial. During 2002/03 significant investment in this area provided ten additional inpatient beds for adolescents. The focus for further development in this area will be the establishment of a Regional Adolescent Psychiatric Unit with the

Department intending to seek proposals for provision of additional adolescent psychiatric beds west of the Bann. In addition, it will be important to make progress in strengthening the child and adolescent community teams.

Children's immunisation programmes will continue as set out in the Health Development section.

**Actions**

1. Boards and Trusts should ensure that any child experiencing dental pain who is referred for dental treatment under general anaesthesia should have their pain relieved, by the most appropriate method, within one week of referral.

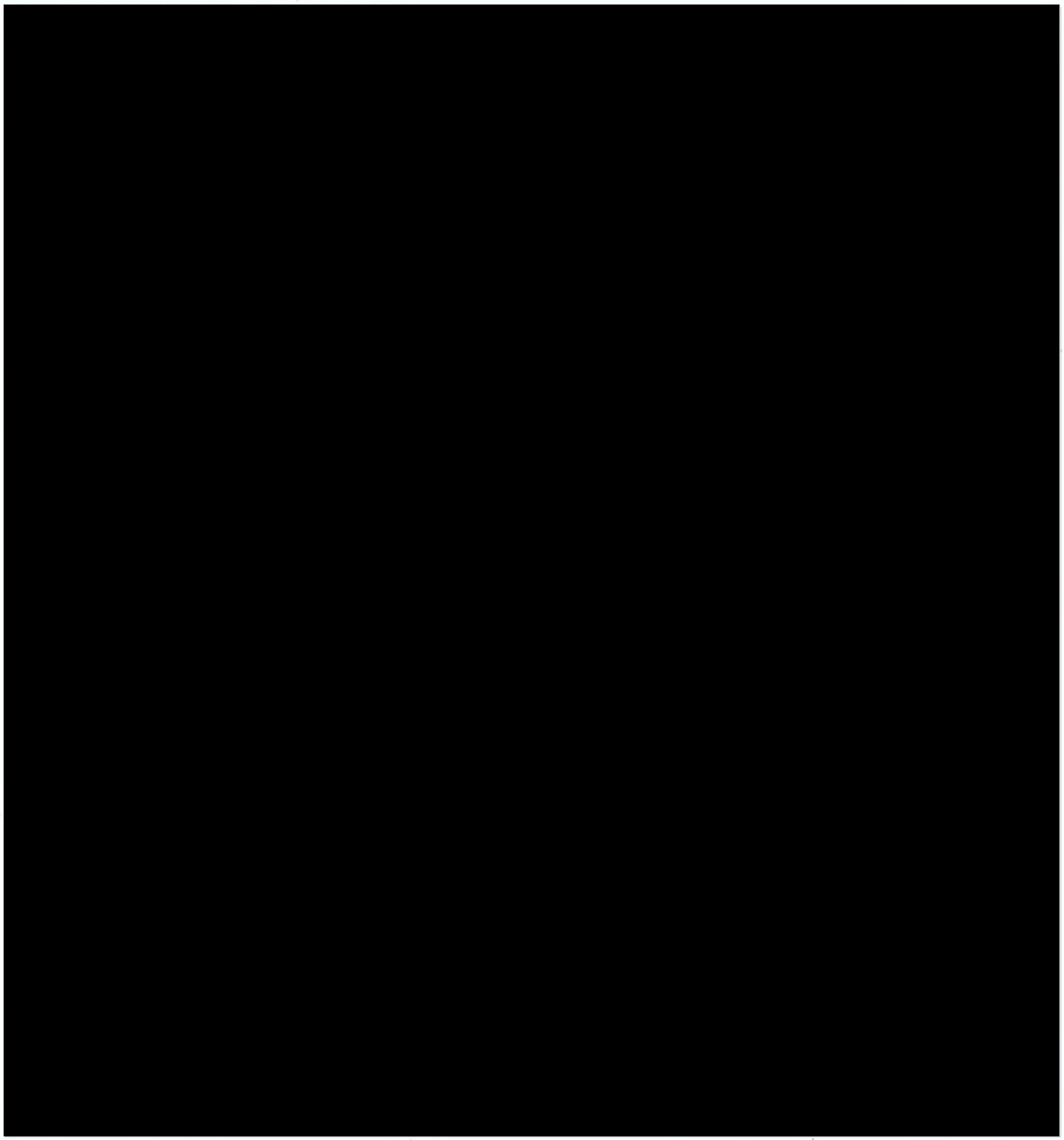
2. Boards and Trusts should bring forward costed proposals for enhancing autism services, particularly diagnostic and assessment services, by 30 September 2003.

3. Boards and Trusts should ensure that children with complex health needs, who are suitable for long-term ventilation at home, have access to the appropriate community care support.

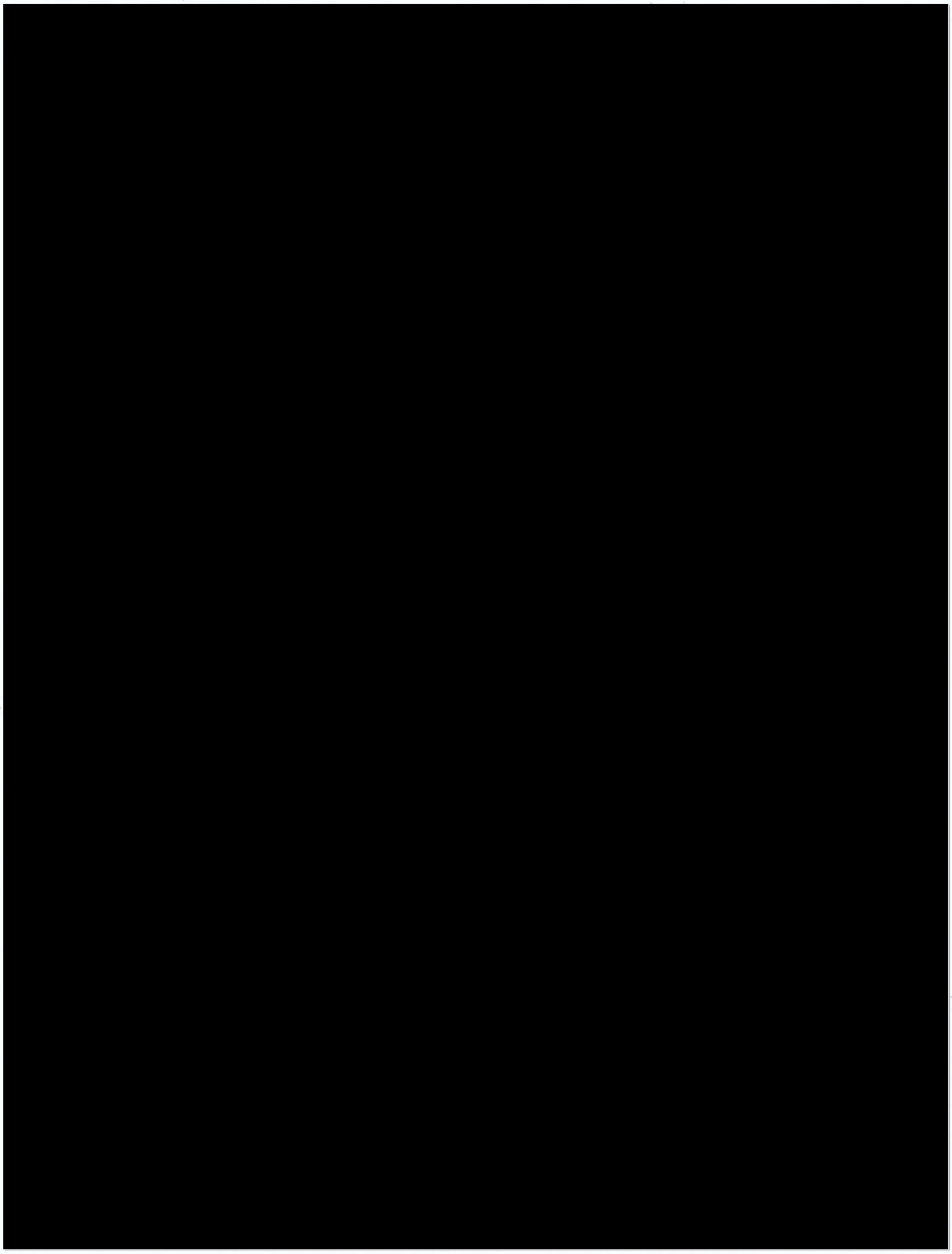
4. Boards and Trusts should develop a range of therapy services for disabled children which will reduce waiting lists and improve the quality of therapy services provided to such children.

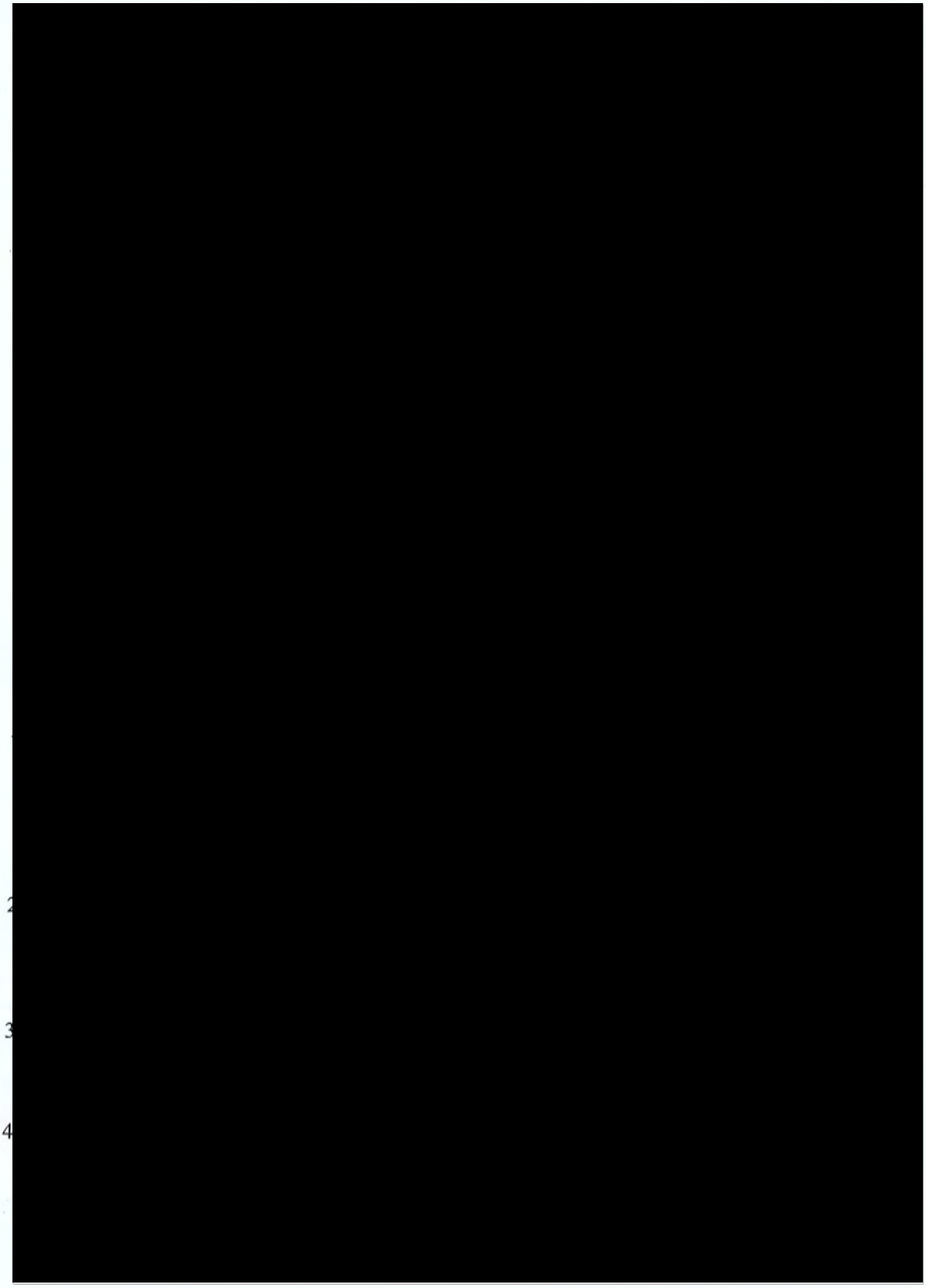
5. Relevant Boards and Trusts should bring forward proposals for an additional 10 adolescent psychiatric beds west of the Bann, by 30 September 2003.

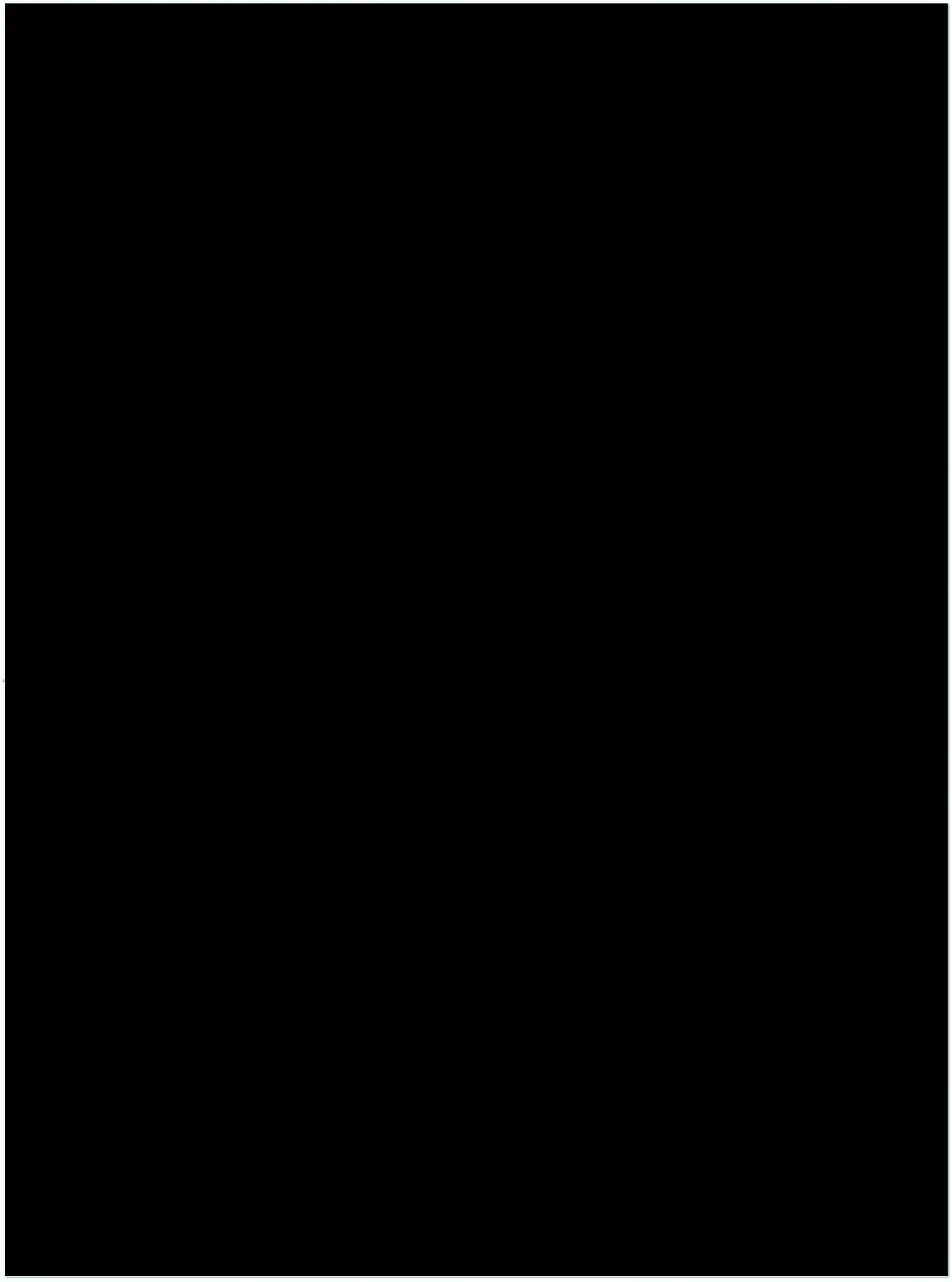
AMBULANCE SERVICE

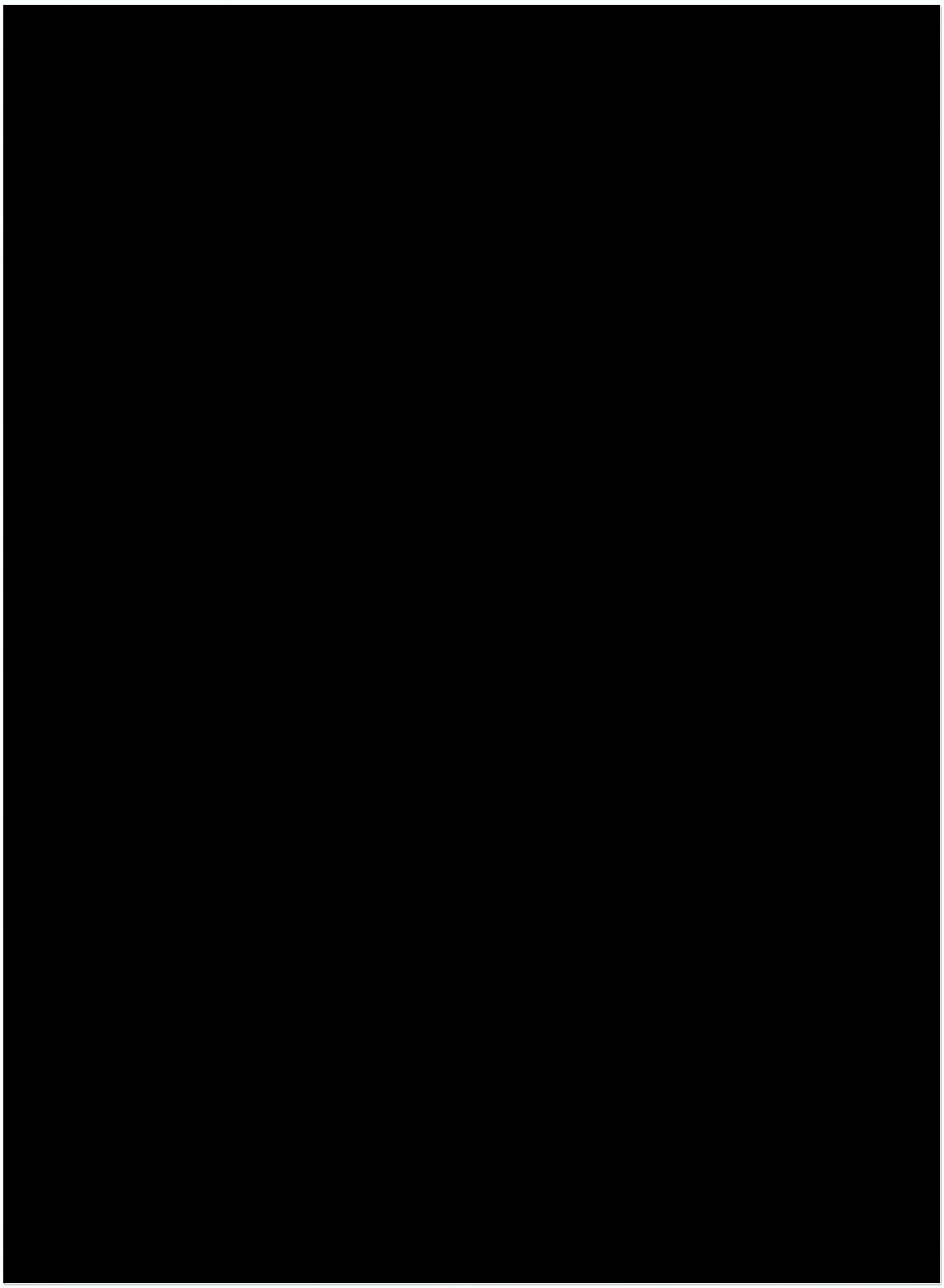


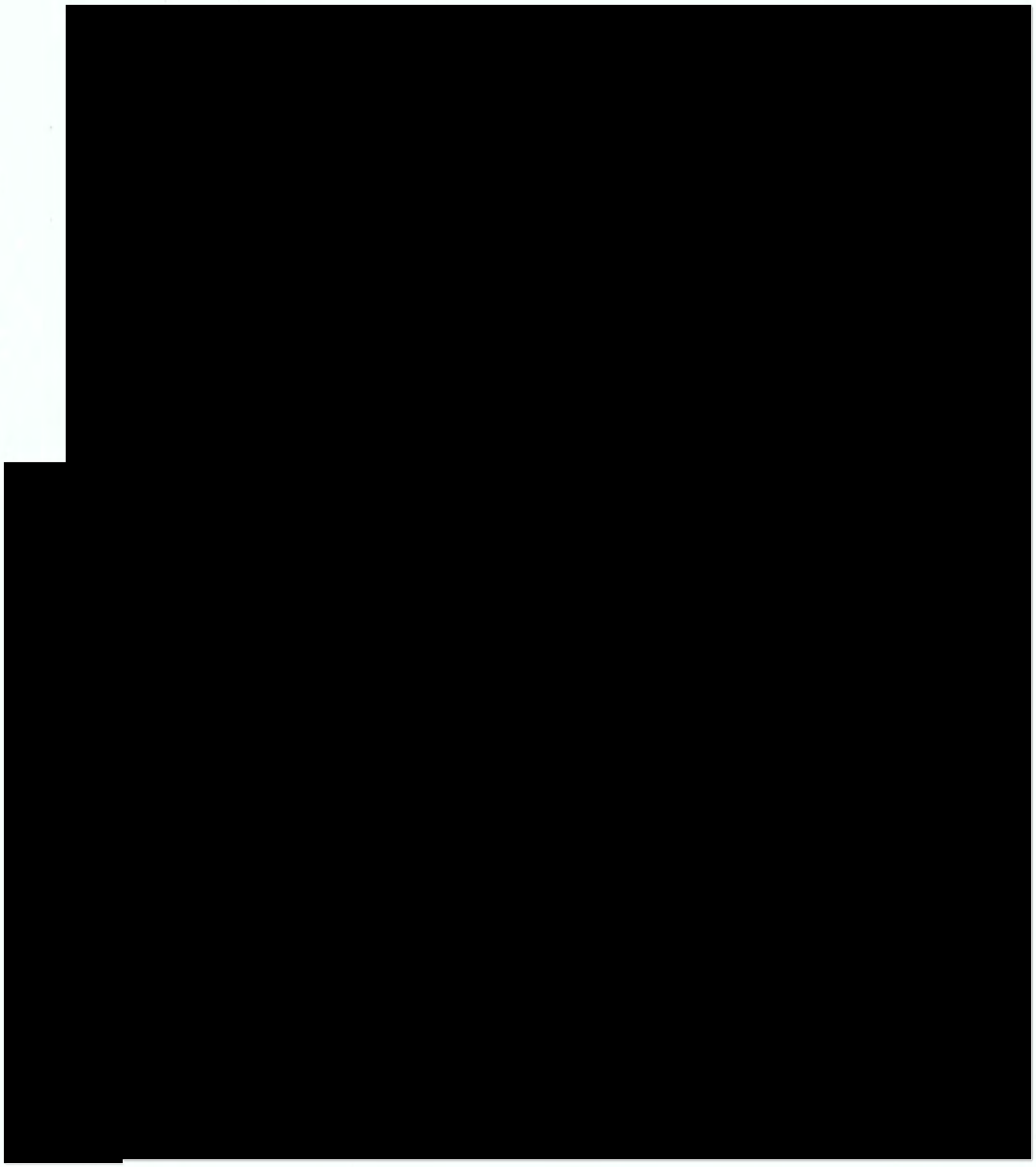
COMMUNITY CARE



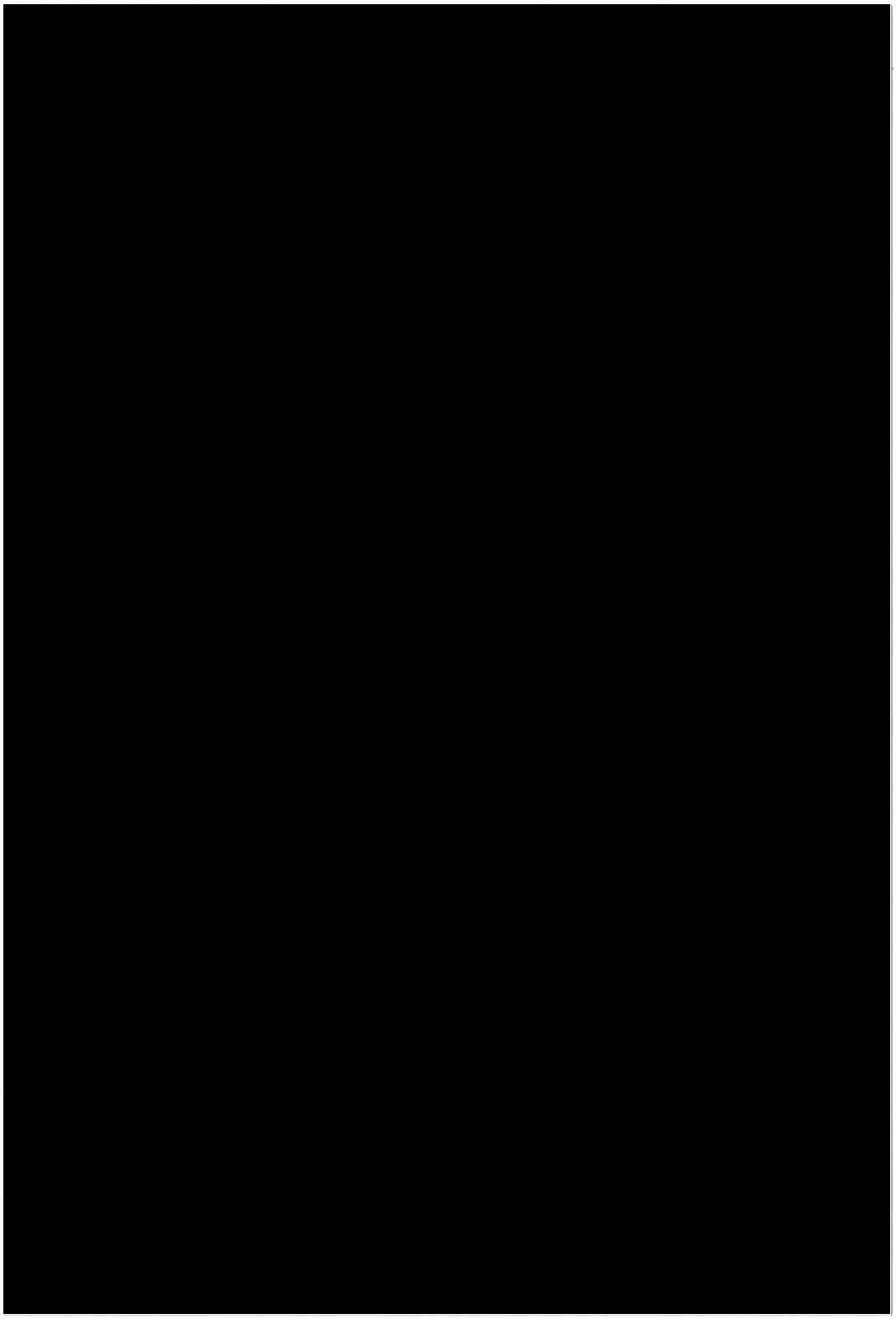


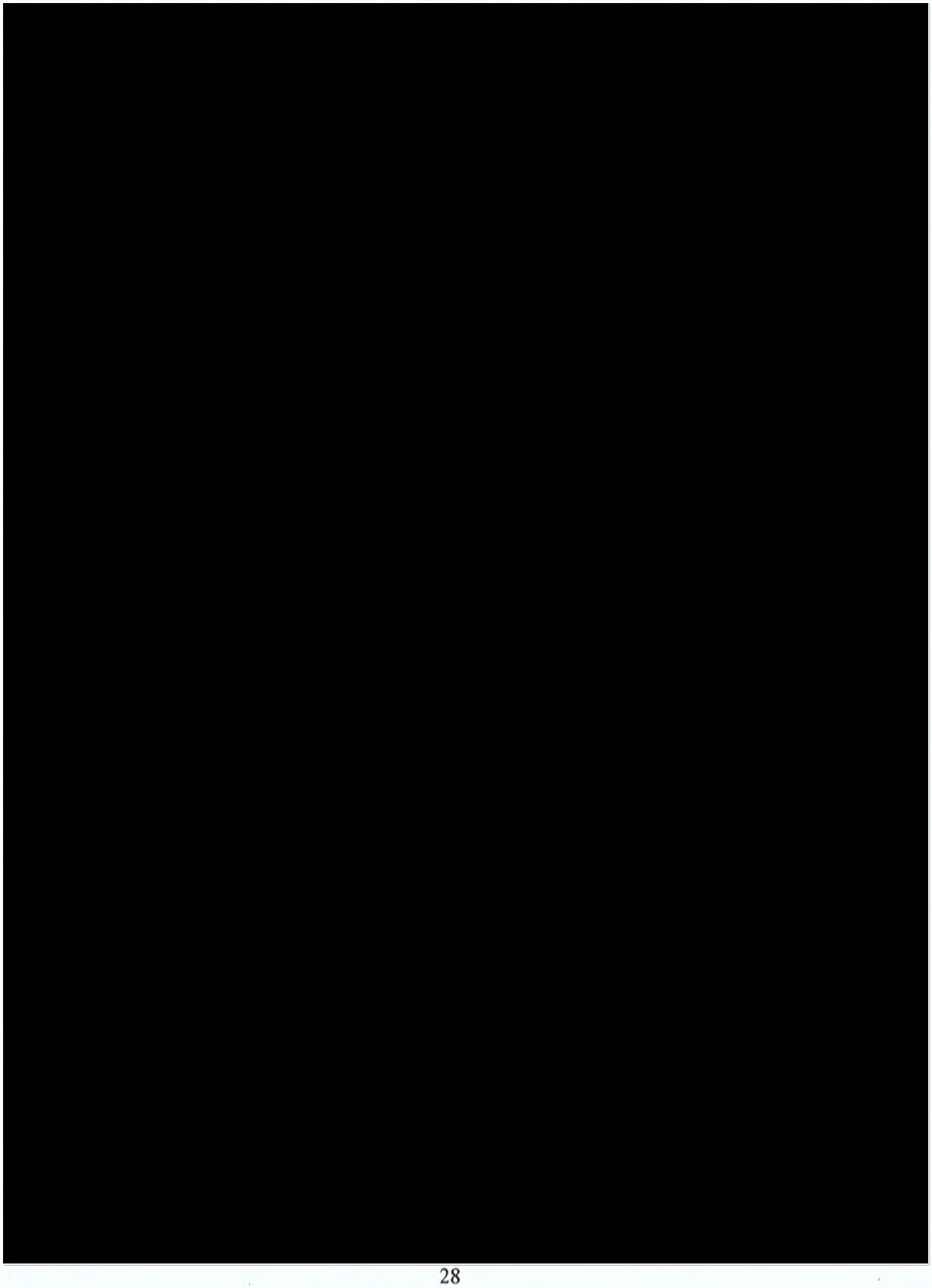


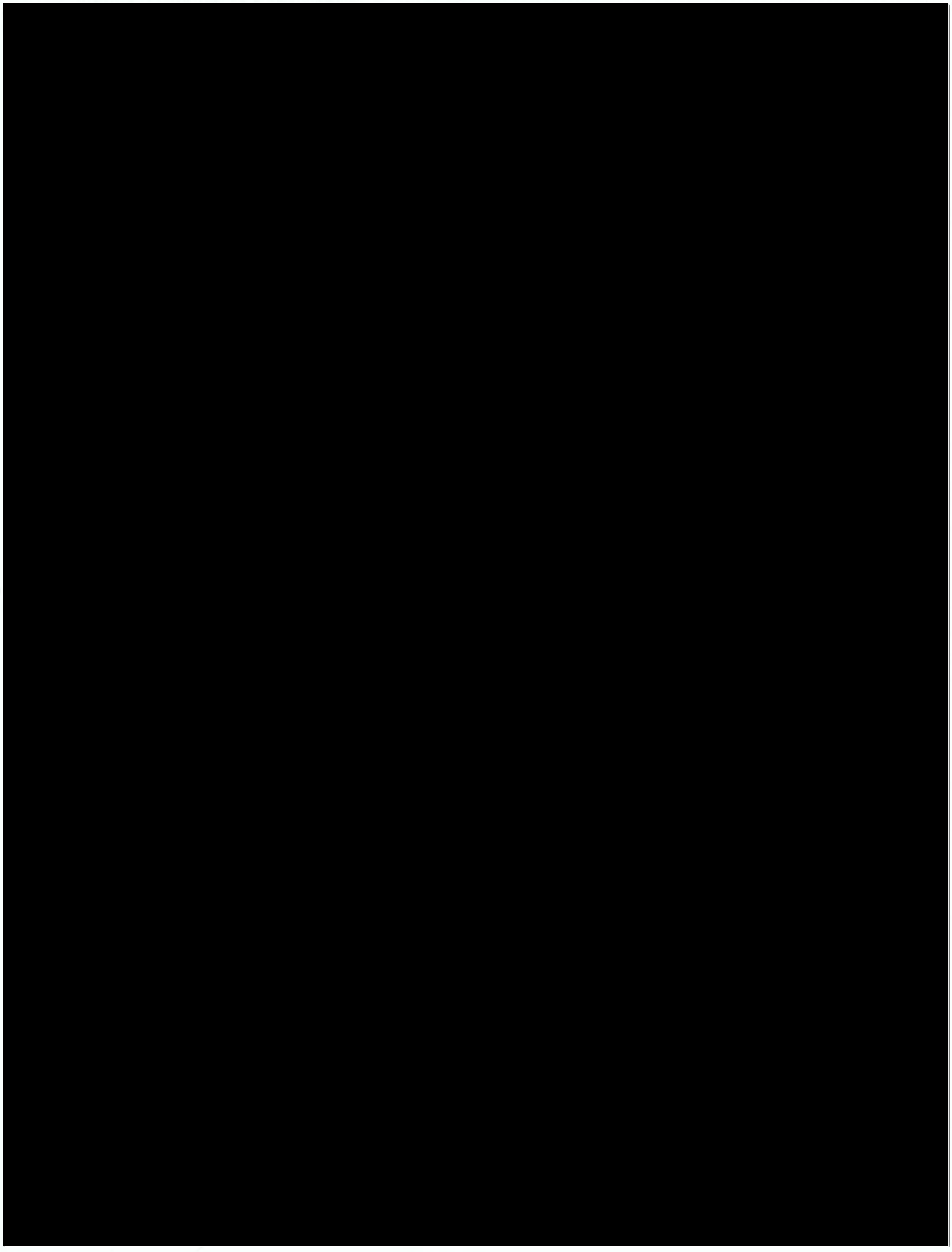


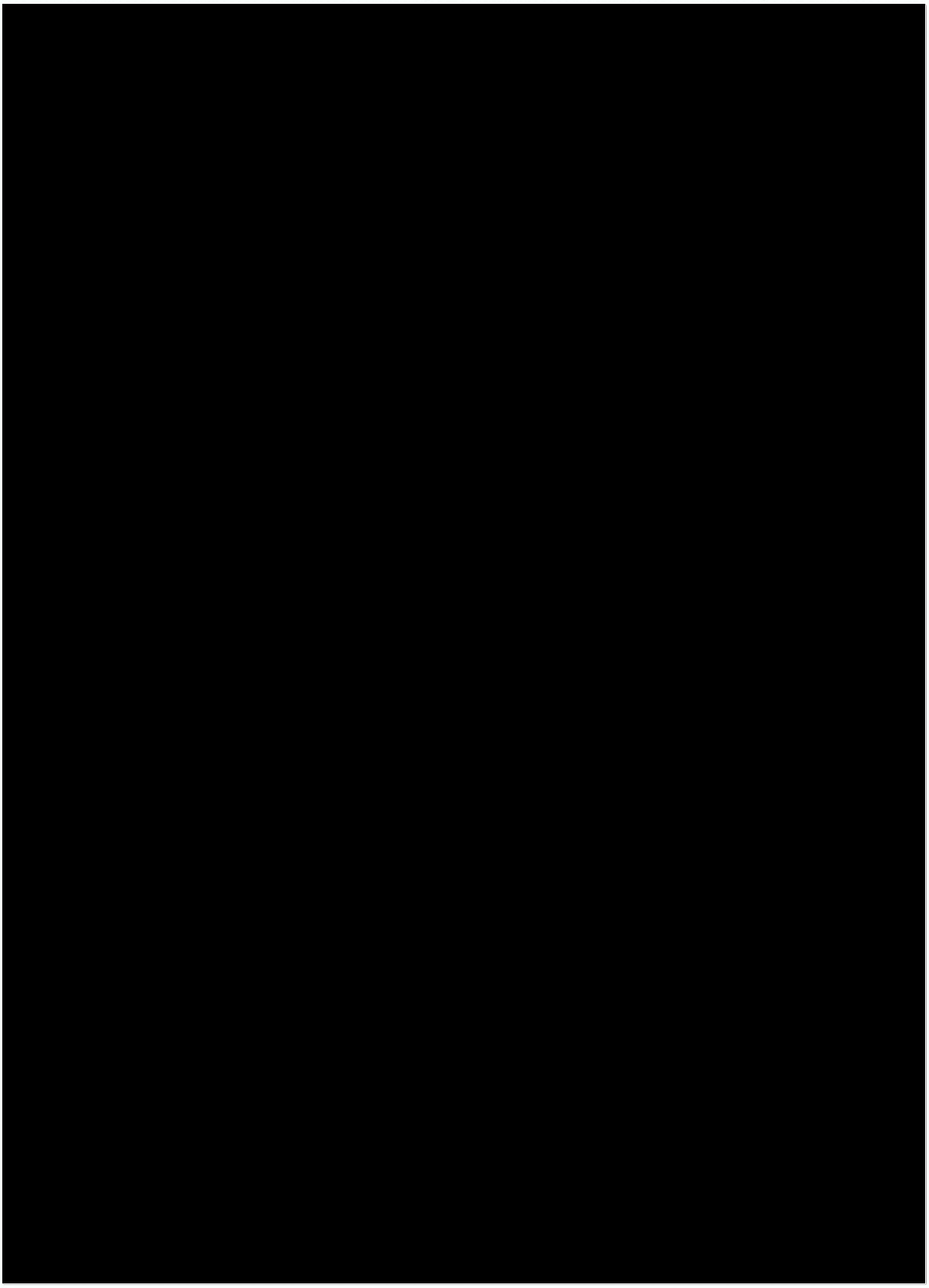


LEARNING DISABILITY









## BETTER GOVERNANCE AND PERFORMANCE IMPROVEMENT

### Strategic Context

Every year the Health and Personal Social Services is responsible for around 40% of public expenditure in Northern Ireland. This level of investment imposes a heavy duty of responsibility upon the HPSS to ensure that available resources are deployed in the most effective and efficient way to bring maximum benefit to its users.

In addition to the usual requirement to maintain financial stability, there is a duty to account for the proper use of the financial and other resources that have been put at our disposal but, just as important in the planning and delivery of our services, we have a duty to protect users, carers, staff and other stakeholders. This calls for rigorous internal control arrangements spanning all aspects of HPSS business to ensure that:

- resources are maximised for frontline services;
- there is a safe environment for care; and
- the quality of care meets acceptable standards.

Common to all of these strands of governance is the need for a sound system of risk management underpinning all of the other arrangements we put in place. The model for risk management in the HPSS is Standards Australia, Risk Management AS/NZS 4360: 1999, a copy of which has been made available to all HPSS bodies. The work of putting the fundamental building blocks in place to support such a model of risk management is already underway.

In addition to the organisation-wide system of risk management, the Department has begun to develop standards that will focus on key areas of risk and provide a vehicle for Accountable Officers to report the extent to which risk is being effectively controlled. Initially, those standards will cover areas of financial and organisational governance but it is envisaged that, as the clinical and social care governance agenda develops, there will eventually be a range of standards covering all aspects of governance in the HPSS. It is expected that the first of these standards will be issued formally in 2003/04. HPSS bodies will be expected to develop action plans for compliance for those that do issue.

The consultation document "Best Practice -Best Care" set out proposals to put in place a framework to raise the quality of services provided to the community and tackle issues of poor performance. The responses to the proposals contained in the consultation paper, demonstrated widespread support for the introduction of new arrangements to underpin the quality of HPSS services and to improve and extend the regulation of services. The results of that consultation process were published on 11 June 2002. On the same date decisions were announced regarding the main elements of a new framework designed to promote the quality of both health and care services delivered here.

Legislation is being brought forward by means of an Order in Council to introduce a statutory duty of quality and establish a Health and Social Services Regulation and

Improvement Authority to monitor the quality of services delivered, review clinical and social care governance arrangements and to be responsible for the regulation and inspection of an extended range of services within the HPSS. Progress can continue to be made on other aspects of the 'Best Practice – Best Care' proposals, which do not require legislation. HPSS bodies will take corporate responsibility for performance and provision of the highest possible standard of clinical and social care. The intention is to build on and strengthen existing activity relating to the delivery of high quality care and treatment to ensure that high quality, effective care is delivered and that where things do go wrong, they are quickly put right and lessons are learnt to help prevent re-occurrence. An important aspect of the quality agenda will be ensuring that HPSS Complaints procedures are operated effectively and consistently across the whole of the HPSS in line with directions.

HPSS bodies must take appropriate steps to test the value for money in all aspects of the services they provide. The Department has already identified a number of areas where it plans to pursue options for efficiency improvements in the coming year. In particular, the HPSS must continue to co-operate with the Department to expand the development of reference costs/community indicators, with a view to publishing agreed reference costs for a range of acute and community services by 31 March 2004. As a matter of course, HPSS bodies are expected to benchmark their performance, explore reasons for differences and develop strategies for continuous improvement in key areas of service delivery. They will be expected to report the outcomes in their respective plans.

The Department also intends to issue updated guidelines on "Use and Control of Medicines – Guidelines for the safe handling, administration, storage and custody of medicinal products in the HPSS" and Boards and Trusts will be expected to ensure its appropriate implementation.

Publication schemes are the means by which authorities will inform the public about the information they publish or intend to publish, the manner in which the information is published, or is intended to be published and whether the information is available free of charge or on payment. Under the implementation timetable for Freedom of Information set out by the Lord Chancellor, Health and Social Services Boards, Trusts, Agencies and Councils are required to bring their Publication Schemes, approved by the Information Commissioner, into effect by 31 October 2003.

**Actions**

1. HPSS bodies must put have in place a functioning organisation-wide system of risk management that complies with the AS/NZS 4360:1999 model by 1 April 2003 leading to the development of a comprehensive risk register and action plans during 2003/04.

2. By 30 June 2003 all HPSS bodies to which the circular applies must have complied with the structural and other requirements set out in Circular HSS (PPM) 10/2002 to be completed by that date.

3. Boards and the Central Services Agency should take steps to reduce the estimated patient exemption fraud in primary care to 50% of the 1999/00 level

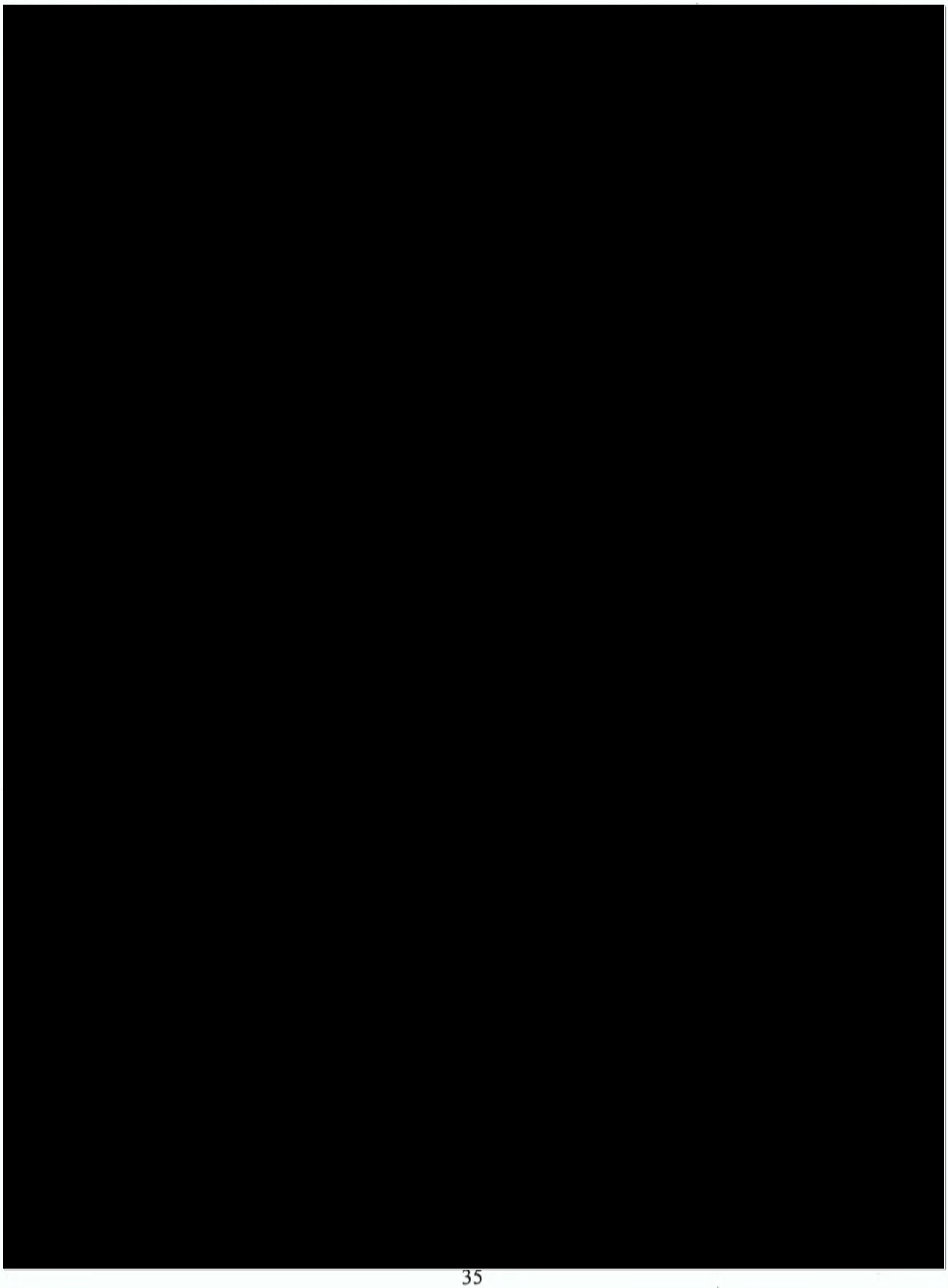
by 31 March 2004 through the continued implementation of the Family Practitioner Services Fraud Action Plan.

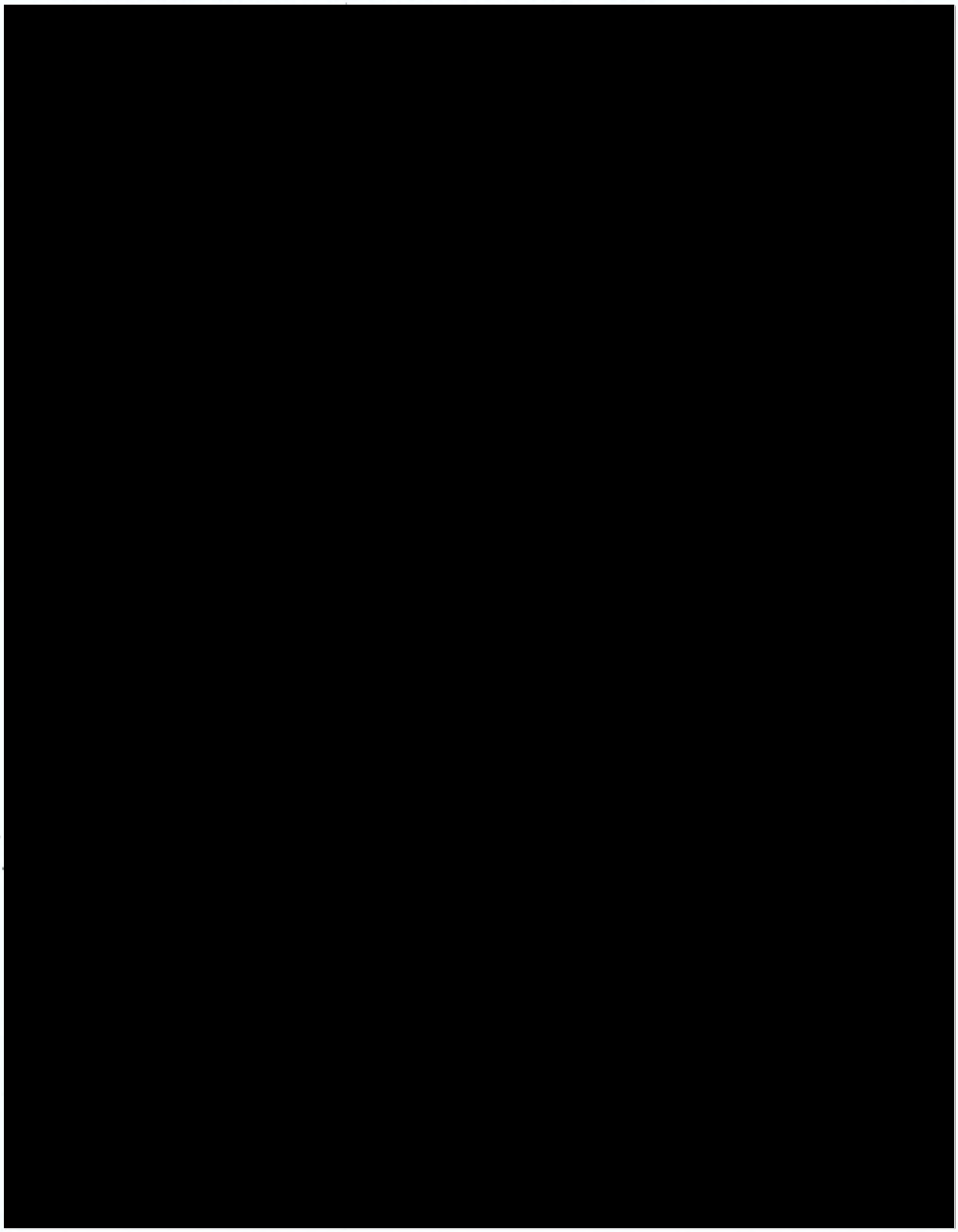
4. By 31 March 2004 all HPSS bodies to which guidance on Consent to Treatment and Examination applies, must have complied with the requirements set out in Circular HSS (MD) 7/2003 to be completed by that date.

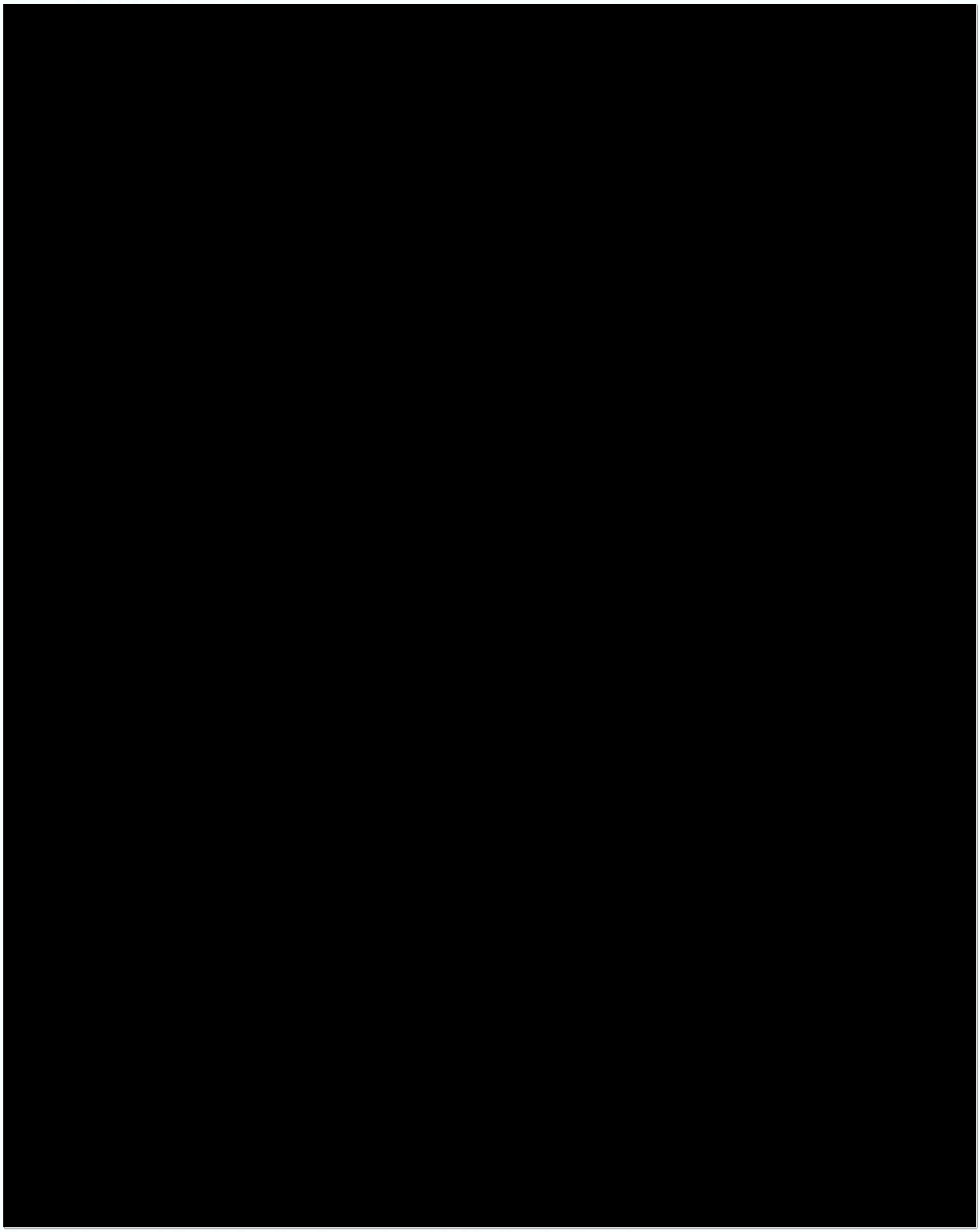
5. By 31 August 2003, relevant HPSS bodies should submit their FOI Publication Schemes to the Information Commissioner to ensure that they are approved and brought into effect by 31 October 2003.

6. By 30 June 2003, Boards and Trusts should submit their Phase 2 analysis of the Strategic Resources Framework to the Department, detailing the 2003/04 budget by Programme of Care, by key service and by Local Health and Social Care Group area.

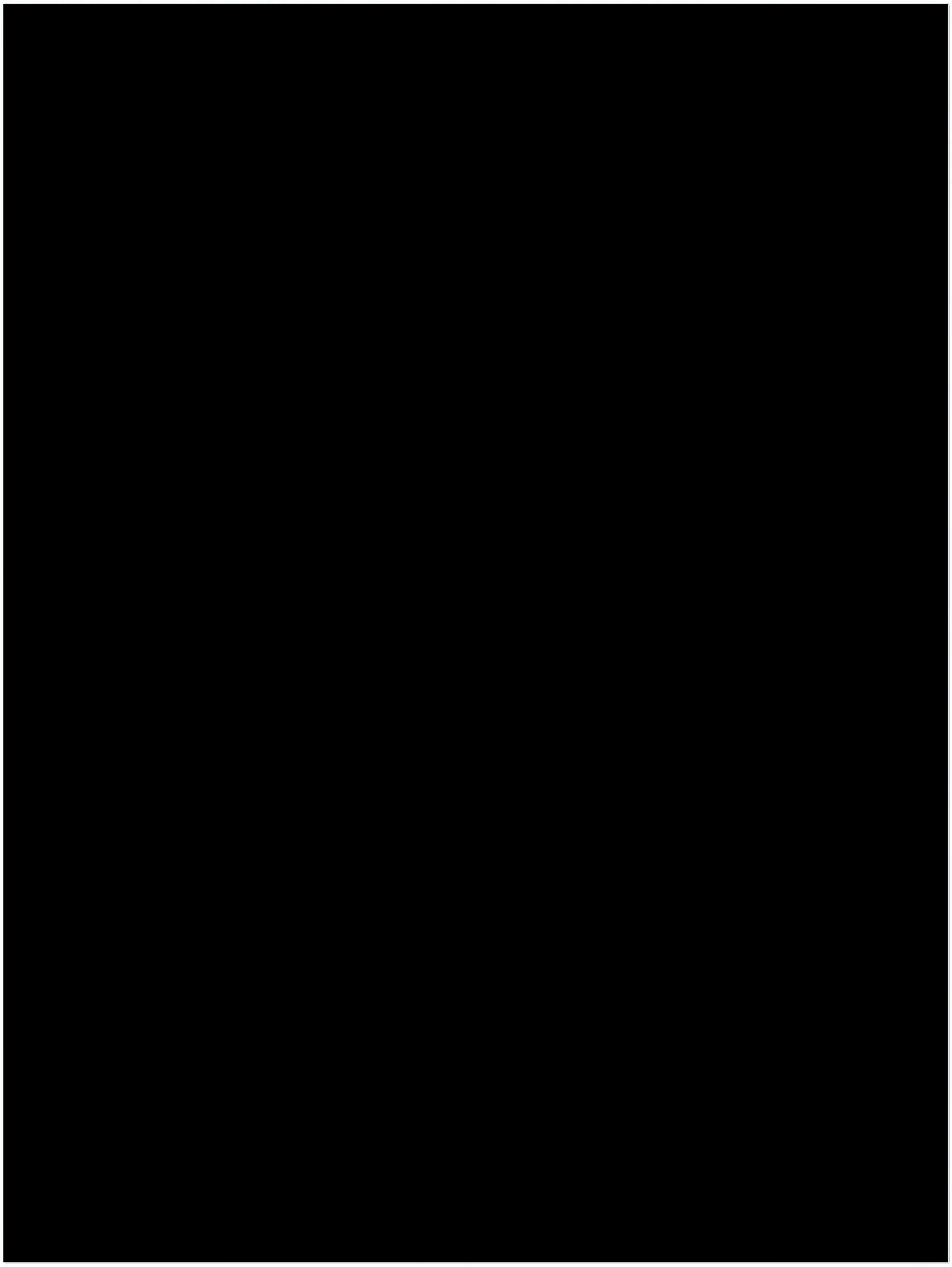
CAPITAL INVESTMENT AND ESTATE







## NEW TARGETING SOCIAL NEED (TSN) INCLUDING PROMOTING SOCIAL INCLUSION



## CROSS BORDER CO-OPERATION AND JOINT WORKING