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From: Rodgers, Catherine

Sent: 29 October 2013 16:01

To: Conlon, Bernie (IHRD)

Subject: FW: Public Service Agreement

Bernie

Please see attached extracts from the Programme for Government 2002-5. I am unsure if these have previously been served within the Department papers but have been instructed to bring them to the attention of the Inquiry.

The working for a healthier people section has a reference to quality at section 3.2 whilst in the associated Public Service Agreement for DHSS Objective 2 and target 2.16 refer.

If you require any further details please do not hesitate to contact me.

Kind regards

Catherine

DEPARTMENT OF HEALTH, SOCIAL SERVICES AND PUBLIC SAFETY

PUBLIC SERVICE AGREEMENT

Introduction: The Public Service Agreement (PSA) covers all the Department's main programmes and sets out how the Department will carry out its responsibilities under the Programme for Government (PFG) and within the resources allocated by the Assembly.

In delivering its aim and objectives, and in pursuing the targets presented below, the Department is committed to promoting equality of opportunity and good community relations, protecting human rights and meeting the objectives of the Executive Committee's New Targeting Social Need policy. In particular the department will implement its Equality Scheme as approved by the Equality Commission and its New TSN Action Plan and these form an integral part of this PSA. The Department is also committed to modernising the provision of its services and improving efficiency and effectiveness. In discharging its responsibilities, the Department will work in partnership with others in the public, private and voluntary and community sectors, as appropriate.

Aim: To improve the health and well-being of the people of Northern Ireland.

Objective	Budget £m 2002/03	Targets	PfG References
Objective 1 To develop and promote policies, the efficient, economic and effective implementation of which will lead to good health and wellbeing, a reduction in preventable disease and ill-health, and greater social justice.	Resource	26.7	3.2
	Capital	1.1	
	Total	27.8	
		1.1 To improve the levels of life expectancy here to the levels of the best EU countries, by increasing life expectancy by at least three years for men and two years for women by 2010 (currently 74.5 males; 79.6 females). 1.2 To reduce the gap in life expectancy between those living in the fifth most deprived electoral wards and the average life expectancy by 50% for both men and women by 2010.	3.3 Sub-priority 1
		1.3 To reduce the death rate from accidents to people of all ages by at least 20% by 2010.	3.5 Sub-priority 3

Objective	Budget £m 2002/03	Targets	PfG References
		<p>1.4 By April 2003, the Department and its associated bodies to have achieved the targets set out in their New TSN Action Plans, to have reviewed and rolled forward the plans and to have thereby ensured that policy development and policy delivery take the fullest account of the New TSN dimension.</p>	3.6 Sub-priority 4
<p>Objective 2 To ensure the delivery of effective, high quality health and social care.</p>	<p>Resource 2,374.9 Capital 67.3 Total 2,442.2</p>	<p>2.1 By December 2002, publish plans for the modernisation and improvement of hospital services to make them more responsive to people's needs.</p> <p>2.2 By March 2003 provide for access to cardiac surgery for an additional 150 people.</p> <p>2.3 By March 2003 provide for additional renal dialysis sessions treating 45 patients on a thrice weekly basis.</p> <p>2.4 By March 2003 have initiated a programme of live donor transplant, allowing 10-12 people per annum to return to full health.</p> <p>2.5 By March 2003, to have constrained hospital waiting lists to the March 2002 level.</p> <p>2.6 By March 2003, use the findings of the Review of Community Care to establish appropriate timeframes for the completion of community care assessments and the delivery of community care packages following assessment.</p>	<p>3.6 Sub-priority 4</p> <p>3.6 Sub-Priority 4</p> <p>3.6 Sub-Priority 4</p> <p>3.6 Sub-Priority 4</p> <p>3.6 Sub-priority 4</p> <p>3.6 Sub-priority 4</p>

Objective	Budget £m 2002/03	Targets	PfG References
		<p>2.7 By March 2003, draw on the findings of the Review of Community Care to implement good practice in the provision of preventative services to reduce the need for admission to an acute hospital setting, and to set targets to reduce the number of people who are medically fit for discharge but remain in hospital.</p> <p>2.8 To introduce free nursing care by October 2002, subject to the legislative will of the Assembly.</p> <p>2.9 An assessment tool to calculate the requirement for and the cost of nursing care will be designed and tested by April 2002.</p> <p>2.10 An information and training programme will be implemented to ensure that staff are prepared for the introduction of free nursing care by October 2002.</p> <p>2.11 A programme to carry out the necessary nursing care assessment for existing nursing home residents will be developed by June 2002</p> <p>2.12 By March 2003 provide an additional 1,000 fully funded community care packages.</p> <p>2.13 From April 2002, put in place new arrangements in primary care that will support co-operation between primary care professionals to enhance high quality primary care services in local communities.</p>	<p>3.6 Sub-priority 4</p> <p>2.8 Sub-priority 6</p> <p>2.8 Sub-priority 6</p> <p>2.8 Sub-priority 6</p> <p>2.8 Sub-priority 6</p> <p>2.8 Sub-Priority 6</p> <p>3.6 Sub-priority 4</p>

Objective	Budget £m 2002/03	Targets	PfG References
		<p>2.14 By March 2003, improve the life chances for children in care by:</p> <ul style="list-style-type: none"> (i) improving the range of residential care available and increasing the total number of places available from 345 (the July 2001 level) to 397 – a 15% increase. (ii) helping to improve the educational attainment of children and young people in care through increasing by 25% above the 2001 baseline the proportion of those aged 16 and over who leave care with at least 5 GCSEs at Grade C and above. (iii) Maximising the contribution adoption can make to providing permanent families for children in care by increasing the number of looked-after children who are adopted by 85% above the March 2000 level. <p>2.15 By March 2003, to have an agreed programme of cross border initiatives to further enhance the level of co-operation and joint working among fire and ambulance emergency services and in planning for major incidents, leading to improved public safety, particularly in rural areas.</p> <p>2.16 By March 2003, to have in place a high level Performance Management Framework within which the HPSS as a whole can be held accountable against agreed standards for service delivery and organisational management.</p>	<p>2.6 Sub-priority 4</p> <p>3.5 Sub-priority 3</p> <p>Chapter 3 Sub-priorities 1, 3, 4 & 5</p>

Objective	Budget £m 2002/03	Targets	PFG References
Objective 3 To create a safer environment for the community by providing an effective fire fighting, rescue and fire safety service.	Resource 51.9 Capital 5.8 Total 57.7	3.1 By March 2003, to maintain the percentage of incidents at which the number of appliances meets standards of fire cover in 2002-03 at a minimum of 96%. 3.2 By March 2003, to maintain the percentage of incidents at which the number of fire crew (riders) meets standards of fire cover in 2002-03 at a minimum of 94%.	3.5 Sub-priority 3 3.5 Sub-priority 3
TOTAL BUDGET	2,527.7		

3. WORKING FOR A HEALTHIER PEOPLE

Introduction

- 3.1 We want to promote good health for all. In addition, we recognise the strong links between healthy citizens, healthy communities and a healthy economy within our society.

We will focus on:

- **improving the health of all our people and reducing health inequalities;**
- **ensuring an environment that supports healthy living and the safe production of food;**
- **promoting public safety by reducing the numbers of injuries and deaths caused by accidents at home, at work and on the roads;**
- **modernising and improving hospital and primary care services to ensure more timely and effective care and treatment for patients; and**
- **enabling those with disability, mental health difficulties, chronic illness or terminal illness to achieve the highest possible standard of living and to be fully integrated within our society.**

3.2 Overview

While life expectancy here is better than in the past, it still remains slightly below that in Britain and well below the best in Europe. Coronary heart disease, cancer and strokes remain the main causes of adult death. While deaths from heart disease are falling among those under 75, cancer deaths have been increasing and are likely to become the main cause of death in the coming years. We will therefore maintain a focus on prevention and treatment of cancer and heart disease.

Here, as elsewhere, there remain significant variations in life expectancy. At the most extreme end of the inequality spectrum, the life expectancy of Travellers is around 15 years less than that of the settled community. Those who are worst off financially are more likely to be sick or disabled and to die at a younger age. We will work to tackle inequalities in health and will target our resources appropriately.

We also want to improve the quality of care and the effectiveness of our health and social services. We recognise the rising cost of health and social care. Much of this can be attributed to the ageing of our population. Also as people become better informed about new developments in healthcare, so too their expectations are changing. Modern medicine can treat more illnesses and conditions more successfully, but inevitably modern treatments, new technology and new drugs all carry cost implications.

A detailed evaluation of the needs for, and effectiveness of, the resources provided for the Health and Personal Social Services (HPSS) is underway and a programme to deliver further efficiency savings is being implemented. We have taken steps to ensure much tighter control over the allocations of resources to the HPSS so that additional resources deliver the improvements we seek. We have also put in place new financial management arrangements to improve collaborative working between Health & Social Services Boards and Trusts and to ensure that expenditure does not exceed the resources available.

3.3 Sub-priority 1: We will work to improve the health of all our people and reduce health inequalities.

We want to take steps to reduce preventable death and illness and improve the health of all. In November 2000 we published our "Investing for Health" consultation document which set out our proposals for an integrated, inter-departmental approach to health improvements. The consultation ended in October 2001 and we intend to publish our strategy document early in 2002. It will outline a programme of work for departments and their agencies, in partnership with interests across society. It will take full account of our New TSN policy and our statutory duty to promote equality of opportunity.

The Investing for Health Strategy Paper will set a number of high level targets for health improvement. These will reflect the fact that health is influenced by a wide range of social, economic, and environmental factors and policies. The targets might include improving levels of life expectancy; reducing the gap in life expectancy between the most deprived and the NI average; reducing poverty in families; increasing the availability of decent housing; extending literacy and developing life skills across all school-leavers; promoting mental health and emotional well-being; reducing injuries and deaths from accidents; promoting healthy diet and physical activity; and reducing the levels of respiratory and heart disease exacerbated by air pollution. Cross-departmental action will be co-ordinated through the Ministerial Group on Public Health. The strategy will be implemented by local Investing for Health Partnerships established in each HSS Board area, comprising the key statutory, community and voluntary sector organisations, to identify and address the health and well-being issues in their area.

Within this framework, we will also tackle the serious damage caused by smoking, the single greatest cause of preventable death and chronic illness here. We will shortly consult on an action plan which will focus on preventing young people from taking up smoking, helping those who want to quit and protecting people from the dangers of passive smoking.

We recognise also the important role of schools in encouraging healthy lifestyles from an early age and we will ensure that proposals emerging from the current review of the curriculum will include a focus on personal health and development.

We will provide opportunities for more active lifestyles by developing cycle and pedestrian networks. We also want to promote the benefits of sport, since those active in sport have a much lower incidence of heart disease and older people who have remained active through sport have much greater mobility.

We are also concerned about the misuse of drugs and alcohol and will continue with our cross-departmental action to reduce the harm caused by drug and alcohol misuse.

In support of this sub-priority we will:

- ❖ from April 2002, implement actions to improve health in the light of the Investing for Health strategy paper;
- ❖ from April 2002, take strategic action to: reduce the damage to our health caused by smoking; tackle the problems associated with teenage pregnancy; and improve mental health and emotional well-being; and
- ❖ from April 2002, progressively introduce the methodology of health impact assessment as an integral part of our policy development process.

3.4 Sub-priority 2: We will work to ensure an environment that supports healthy living and the safe production of food

We want to ensure that the environment supports healthy living and to maintain a focus on food production and food safety. While Northern Ireland has a positive environmental image, we need to ensure that this is maintained and is enhanced where possible, through credible and sustainable actions.

We will maintain a focus on water and air quality, working to improve the quality of our rivers and public water supply. We have recently consulted on new legislation to control industrial pollution and farm pollution and will implement new measures to reduce pollution. Under the new EC Water Framework Directive we will develop integrated management plans to ensure sustainable use of our water resources. Our air quality is generally good but there are short lived episodes when a combination of cold weather and local topography can lead to high concentration of pollutants in natural basins, like that created by the Belfast Hills. We will therefore continue to work with local councils to identify the main pollutants of concern and their sources. This work will be vital to the establishment of a system of Local Air Quality Management which will seek to ensure that health-based air quality standards are not exceeded in the future.

We will also support the work of the Food Standards Agency and the North/South Food Safety Promotion Board and will work during 2002/03 and beyond to meet all food safety targets agreed with the Food Standards Agency.

In support of this sub-priority we will:

- ❖ by March 2003, achieve a 20% reduction on the 1996 level in the number of high and medium severity water pollution incidents;

- ❖ During 2004, report to the EC on the typology of surface waters as required by the Water Framework Directive.
- ❖ by October 2002, publish a Northern Ireland Sustainable Development Strategy;
- ❖ by May 2003 to have in place a policy and legislative framework to progress towards the delivery of our contribution to the targets in the UK Air Quality Strategy;
- ❖ meet and maintain requirements for EU recognition of Northern Ireland's low incidence of BSE; and
- ❖ during 2003, enact legislation to meet our EC obligations on waste, landfill and industrial pollution.

3.5 Sub-priority 3: We will promote public safety by reducing the number of injuries and deaths caused by accidents at home, at work and on the roads

We want to reduce the risk of harm by making the environment in which we live safer, by preventing accidents and fires in our homes, improving safety in our workplaces and on the roads. Home accidents are a major cause of death and disability, particularly among children and older people, and we will therefore develop a Home Accident Prevention Strategy, focusing particularly on those most at risk.

Every year around 150 people are killed on our roads and on average another 12,000 are injured. These are unacceptably high figures. To achieve a reduction in casualties we will need the support of the entire community and we will be asking people to take personal responsibility for their own safety and the safety of other road users. We will maintain an enhanced level of road safety promotional activity through education, training and publicity. Child safety on the roads, which will be a particular focus of the new Road Safety Strategic Plan to be published early in 2002, is being addressed in a number of ways. These include increased Road Safety Education officer support and encouragement to schools, the introduction of practical child pedestrian safety training at the roadside, and actions to monitor the fitting of child safety restraints. In addition, allocations from Executive Programme Funds will allow us to introduce on a pilot basis, a Children's Traffic Club for pre-school children over the next two years.

Modern and efficient fire services are also essential. We will ensure that the Fire Service resources are managed and planned effectively. A key aspect of this will be the promotion of fire prevention and fire safety with all sections of the community and, throughout the period of the Programme, we shall be building on the success of campaigns such as 'Ban the Pan'.

It is conservatively estimated that each year 55,000 people suffer from illnesses caused by, or made worse by, their work. Accordingly the Health and Safety Executive for Northern Ireland has

embarked on a process to develop an Occupational Health Strategy which will aim to complement the "Investing for Health" strategy. We also want to make sure that our sporting and recreation venues are safe.

In support of this sub-priority, we will:

- ❖ by December 2002, publish a Home Accident Prevention Strategy;
- ❖ by March 2003, examine the opportunities for establishing a capital fund to improve the physical infrastructure and health and safety aspects of sporting facilities in Northern Ireland; and
- ❖ from April 2002, put in place arrangements to meet the road casualty reduction targets contained in the Road Safety Plan to 2010.

3.6 Sub-priority 4: We will modernise and improve hospital and primary care services to ensure more timely and effective care and treatment for patients

Everyone has a right to timely, quality care based on clinical and social need. The health and social care system must be able to respond to assessed individual needs and provide modern flexible services which will make full use of new technologies. At the same time the users of these services must use them with consideration so that scarce resources are not wasted.

We will work to contain waiting lists at March 2002 levels and meet all year round pressures by a range of initiatives and by maintaining numbers of nursing and other front-line staff.

As well as maximising the resources going to front-line care, we will develop proposals for a modern acute hospital service. The consultation on the Report of the Acute Hospitals Review Group ended on 31 October 2001. The Executive will shortly be involved in discussions, leading to the issue of a consultation paper which will consider the way forward. We expect to take decisions in the course of 2002 and will take steps in the meantime to maintain safe and effective services at smaller hospitals. We will ensure that any new configurations of hospital services are supported by a modern and effective Ambulance Service, delivered through a programme of targeted investment and change based on the implementation proposals now published.

We will bring forward a strategy to enhance the quality of services in primary care. Funding from Executive Programme Funds will provide GPs with secure e-mail and Internet services and will ensure that they are able to receive laboratory and radiology reports electronically. Implementation will begin during 2002 and will be completed by July 2003.

We will work to develop other key regional services such as paediatric neurosurgery and neurology, and in new technologies and specialist drug treatments.

We will work to improve services for people suffering from heart disease, cancer and renal failure by providing improved access to cardiac surgery, making available additional resources to meet the increasing demand for essential drugs in the fight against cancer and strengthening multi-disciplinary assessment and treatment processes at local units and at the cancer centre in Belfast. We will also increase our capacity to deal with renal failure, providing additional dialysis sessions and funding a programme of live donor transplantation to help more people each year to return to full health.

We will also ensure that equality perspectives are incorporated at all stages in the development, improvement and evaluation of all policies for the provision of health and personal social services and that New TSN principles are applied where appropriate.

In support of this sub-priority we will:

- ❖ by December 2002, develop an implementation plan for hospital services, including capital development and human resource programmes;
- ❖ from April 2002, have in place new arrangements in primary care that will support co-operation between primary care professionals to enhance local services;
- ❖ from April 2002, divert resources from administration to front-line primary care services;
- ❖ by March 2003, provide for access to cardiac surgery for an additional 150 people;
- ❖ by March 2003, provide for additional renal dialysis sessions treating 45 patients on a thrice weekly basis;
- ❖ by March 2003, have initiated a programme of live donor transplant, allowing 10-12 people each year to return to full health; and
- ❖ continue to address workforce shortages and in particular increase the intake of student nurses to provide an output of 640 trained nurses per annum by 2003/04.

3.7 Sub-priority 5: We will work to enable those with disabilities, mental health difficulties, chronic illness or terminal illness to achieve the highest possible standards of living and to be fully integrated within our society

We need to support those with chronic and mental illness, disability or terminal illness to live independently, supporting them and their carers, wherever possible in their own homes and communities.

The primary care sector – GPs, community nurses and others – will continue to play an important role in caring for those with chronic conditions in their own homes. Cancer services have been

reorganised over the past few years to improve the treatment and care that is available. Funds have been allocated and specific targets have been set for increasing consultations provided for mentally ill people living in the community. Plans are also being finalised for a medium secure unit, for which Executive Programme Funding has been made available, and for a regional brain injury unit.

People who suffer from severe mental illness, and their families, have to cope not only with the illness itself but with the stigma that surrounds mental health. We recognise the importance of supporting those with mental health problems and promoting good mental and emotional health. We are committed to bringing forward new mental health policies and legislation that recognise the importance of care in places other than hospital and the continuing development of new drug treatments and therapeutic approaches. We want our policies and legislation to focus on reaching people early and helping them quickly. We will also continue to implement the regional plan to resettle long-stay patients from specialist learning disability hospitals.

Additional funding for care packages, while targeted mainly at older people, will also be used to secure appropriate living arrangements for people with mental illness and learning disability who currently are looked after in hospital. Under the Carers' Strategy, we will make available funding to provide breaks for carers.

In support of this sub-priority we will:

- ❖ by March 2003, complete a strategic review of mental health services; and
- ❖ by March 2004, complete a review of mental health legislation.