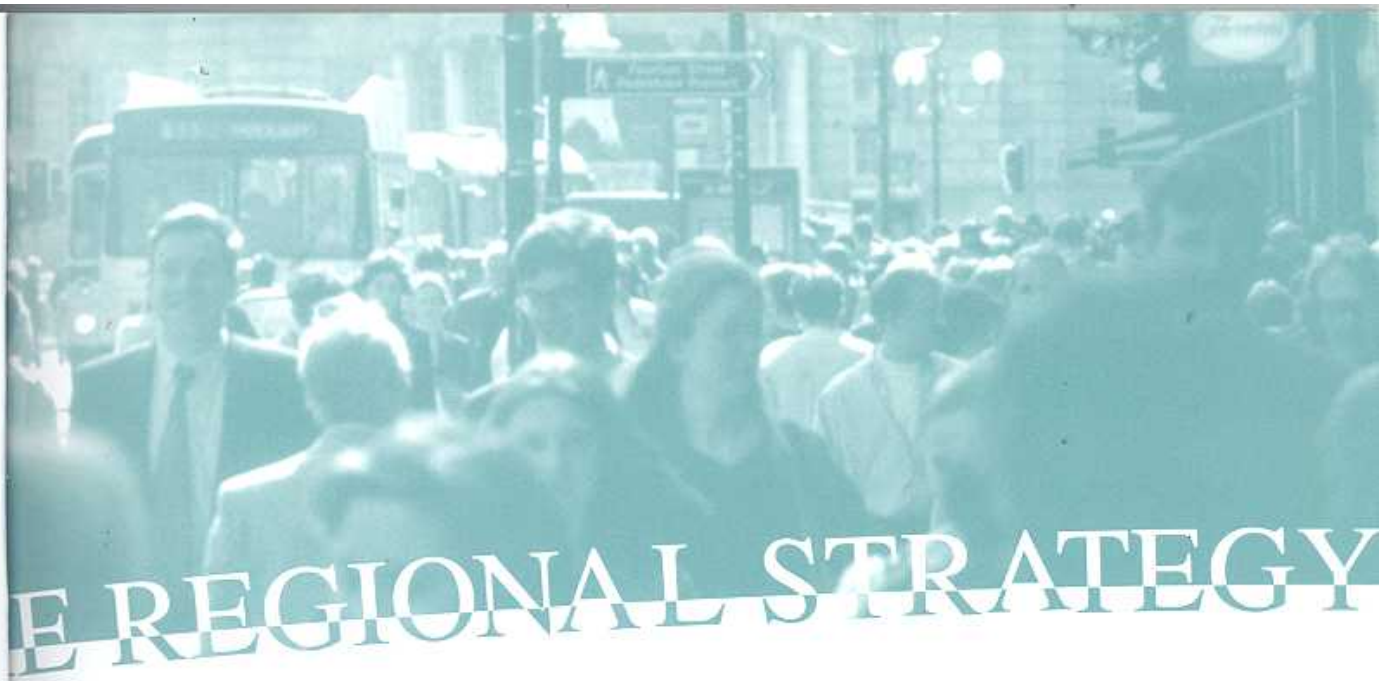

# WELL INTO 2000 AND THE REGIONAL STRATEGY

## Accountability and Monitoring

DHSS

DHSSPS 338-014-001



E REGIONAL STRATEGY

# WELL INTO 2000 AND THE REGIONAL STRATEGY

## Accountability and Monitoring

DHSS

June 1998

# WELL INTO 2000 AND THE REGIONAL STRATEGY 1997-2002
# ACCOUNTABILITY AND MONITORING

## CONTENTS

# E REGIONAL STRATEGY

## SECTION 1: INTRODUCTION

1.1 The Department of Health and Social Services has published two major strategic planning documents aimed at improving the health and social wellbeing of the population of Northern Ireland over the 5 years from 1997 to 2002:

- Well into 2000; and
- Health and Wellbeing : Into the Next Millennium.

1.2 Well into 2000 sets out the Government's vision, broad goals and priorities for improving health and wellbeing. Health and Wellbeing: Into the Next Millennium, widely known as the Regional Strategy, contains objectives and specific targets which the Government has directed should now be taken forward in the light of Well into 2000.

1.3 This document:-

- sets out the accountability and monitoring arrangements for the Government's strategy for improving health and social wellbeing; and
- provides a Directory of the main parties who will be involved in implementing the strategy.

1.4 The purpose of the document is to:-

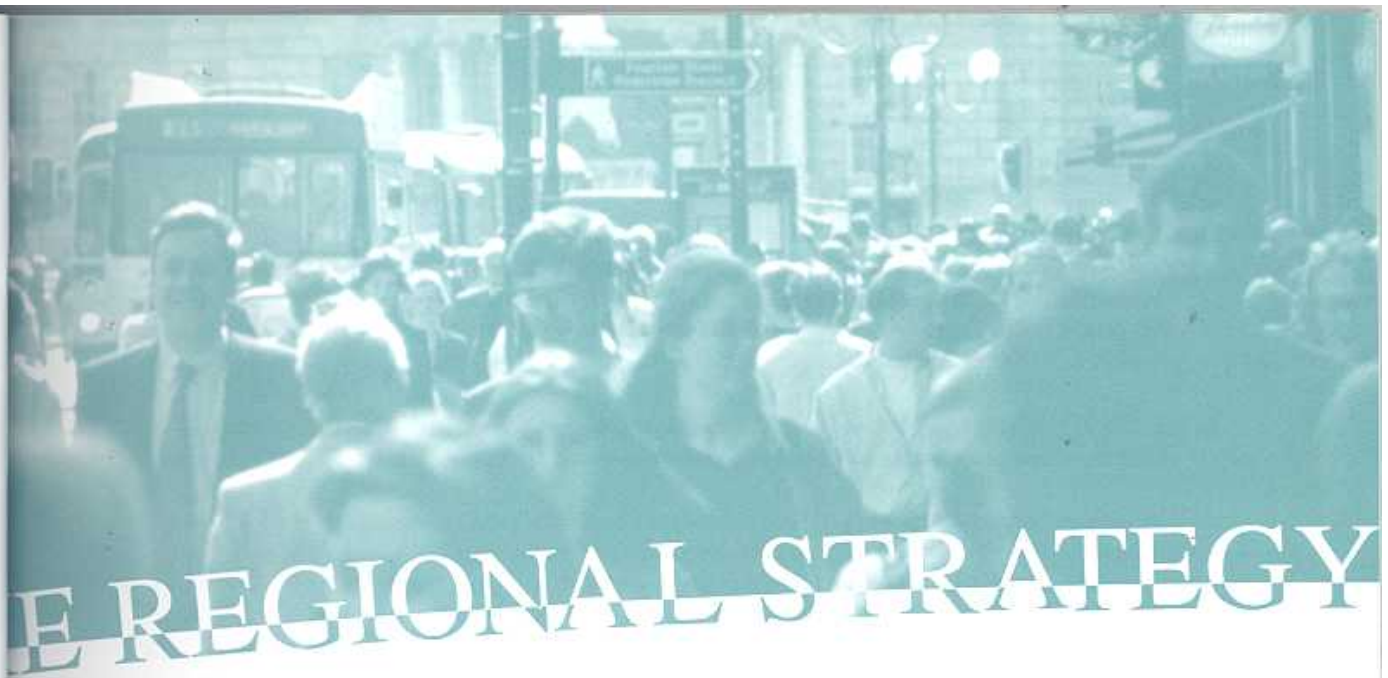
- increase awareness of the accountability and monitoring arrangements;
- draw the objectives and targets to the attention of those with a contribution to make towards their achievement; and
- facilitate communication by identifying the Departmental units which have lead responsibility for individual objectives and targets.

1.5 Well into 2000 and Regional Strategy 1997-2002: Accountability and Monitoring is being issued widely. Requests for copies of the document and enquiries about its content should be addressed to:-

Strategic Planning Branch
Department of Health and Social Services
Room C.4.1
Castle Buildings
Stormont
BELFAST BT4 3PP

Telephone: [redacted]
Fax:
E-Mail: spb.dhss[redacted]

In addition, electronic versions of this document will be available on the Northren Ireland Civil Service (NICS) Website at: **http://www.dhssni.gov.uk**



# E REGIONAL STRATEGY

## SECTION 2:
## ACCOUNTABILITY AND MONITORING

## 2.1 ACCOUNTABILITY FRAMEWORK

2.1.1 At regional level, responsibility for ensuring the effective implementation of the Government's strategy for improving health and social wellbeing rests with the Department, and at local level with Health and Social Services Boards and GP Fundholders as commissioners of services. The accountability framework in which the various stakeholders operate is outlined below.

2.1.2 At the highest level, Ministers with responsibility for health and social services in Northern Ireland are accountable to Parliament and are required to report on progress to the Cabinet.

2.1.3 The Department's Health and Social Services Committee (HSSC)[1] reports to the Minister and is corporately responsible for overseeing the implementation of the Government's strategy. Individual members of HSSC are severally accountable for progress on the goals, objectives and targets which fall within their fields of responsibility.

2.1.4 The Health and Social Services Executive is accountable, through its Chief Executive, for ensuring the achievement of the objectives and targets for the Health and Personal Social Services (HPSS) in accordance with regional policies and priorities. The Department's Health and Social Policy Group, through its Deputy Secretary, is responsible for ensuring the achievement of those goals, objectives and targets which cover the wider dimensions of health and social wellbeing, many of which require an inter-Departmental approach.

2.1.5 Professional Groups within the Department are expected to play a leading role, encouraging, supporting, and advising on the implementation of the objectives and targets which fall within their areas of responsibility.

2.1.6 Health and Social Services Boards are accountable to the Health and Social Services (HSS) Executive for the actions required of them to implement the Regional Strategy. The Health Promotion Agency is similarly accountable to the Health and Social Policy Group. Other bodies within the Health and Social Services business family, including Health and Social Services Trusts, are required to be committed to, and to contribute to, the Government's strategy. For its part, the Department, through progress reports on the implementation of the strategy, will report to the HPSS and the wider public on progress made on the goals, objectives and targets for which it has responsibility.

## 2.2 MONITORING

2.2.1 The aims of monitoring progress are:-

- to identify where action is needed regionally to promote, encourage or support the achievement of the goals etc; and
- to help in identifying areas in which further development of the strategy is needed.

2.2.2 Responsibility for the goals, objectives and targets within DHSS will be built into the Department's business plans and performance will be monitored through the Department's internal performance management systems.

2.2.3 Health and Social Services Boards will play a key role in implementing the strategy and will involve GPs in the planning and commissioning process. The Accountability Review process between the Minister and Health and Social Services Board chairpersons and between the HSS Executive and Board officers will continue as the main formal mechanism for the review of strategic objectives and targets for which Health and Social Services Boards have responsibility. Service agreements between commissioners and providers of services provide

the main means for goals, objectives and targets to be delegated and monitored by commissioners of services.

**2.2.4** Progress towards the wider health and social gain goals, objectives and targets, to which other Government Departments and agencies will be expected to contribute, will be kept under review by the Department's Health and Social Policy Group in conjunction with the Ministerial Group on Public Health (MGPH) and the Social Steering Group (SSG)[2], which DHSS chairs.

## 2.3 REPORTING

**2.3.1** The Department intends to report publicly on progress, and its reports will be written with a wide general readership in mind. More detailed information on progress on the full range of goals, objectives and targets will also be made available on request.

**2.3.2** The Department will invite Health and Social Services Boards, the Health Promotion Agency, the Ministerial Group on Public Health and the Social Steering Group to furnish reports of progress, obstacles to progress and the action being taken to overcome them. These reports, which will be requested in January/February each year commencing in 1999, will be used to inform key elements of existing monitoring and accountability arrangements. The HSS Executive and the Health and Social Policy Group will provide further guidance on the scope and format of reports.

## 2.4 DIRECTORY

**2.4.1** The Directory at Section 3:-

(i) sets out the goals in Well into 2000, followed by the associated objectives and targets in the Regional Strategy;

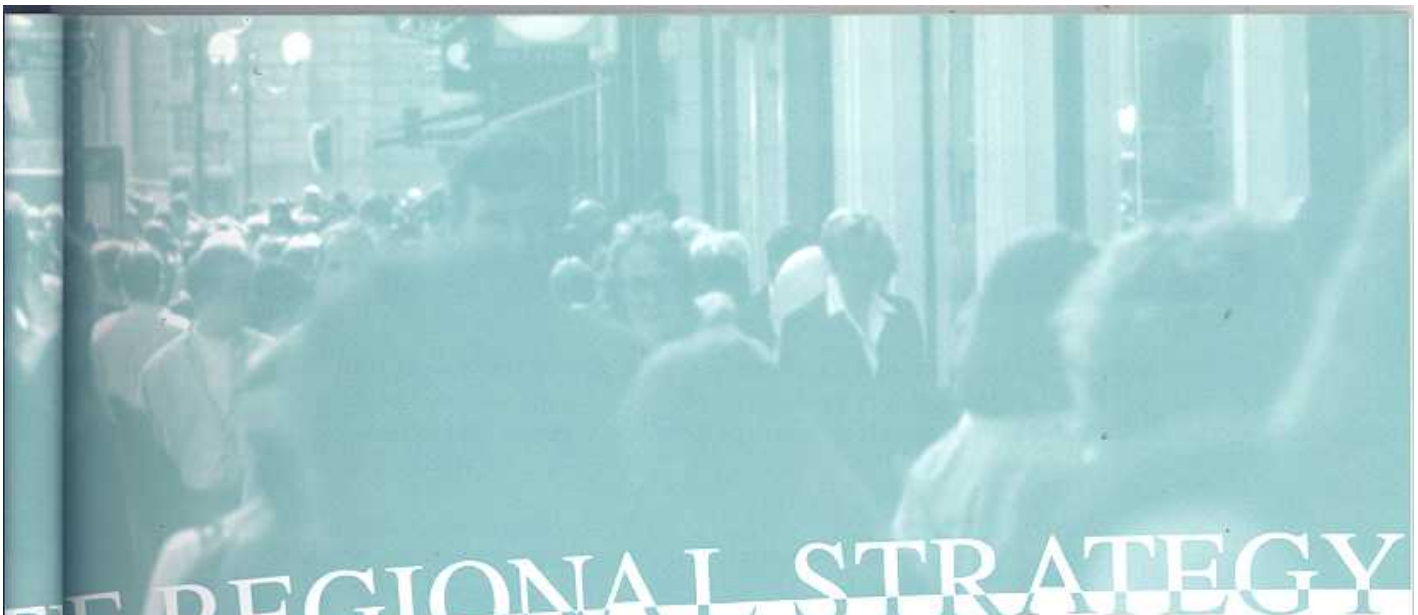
(ii) identifies the main Health and Social Services and other bodies which have a substantial contribution to make to the achievement of each objective and target; and

(iii) assigns lead responsibility for each objective and target to Directorates or Units within DHSS.

1 HSSC is chaired by the Permanent Secretary and includes the Chief Executive of the HSS Executive, the Department's two Deputy Secretaries, one of which is the Head of Health and Social Policy Group, and the five Chief Professional Officers.

2 These groups secure the co-ordination of health and social issues on an inter-Departmental basis.

# WELL INTO 2000 AND TE



# TE REGIONAL STRATEGY

## SECTION 3:
## DIRECTORY

# 3.1 PROMOTING HEALTH AND SOCIAL WELLBEING

### Well into 2000 Goals

### Healthy Public Policy

*To expand and re-orient the policies and activities of government and public agencies towards the promotion of good health and wellbeing.*

*To secure an optimum balance between programmes for health promotion and disease prevention, and diagnostic, care and treatment services.*

### Partnerships for Health and Wellbeing

*To stimulate intersectoral action and partnerships to promote health and wellbeing.*

### Healthy and Supportive Environments

*To create healthy and supportive environments which help people to maintain good health and wellbeing.*

# Regional Strategy Objectives and Targets

## Public Policy

**Para 2.4** The Department, Boards, Trusts and the Health Promotion Agency must seek to influence the co-ordination of public policies at all levels which have a direct bearing on health and social wellbeing, so that supportive environments are created.

**Main Contributors**

DHSS, HSS Boards, HSS Trusts, Health Promotion Agency, Other Government Departments and their relevant agencies.

**Lead responsibility within DHSS**

Unit/Directorate: Health and Social Policy Unit

Branch: Health Promotion

Tel: [redacted]
Fax:

## Professional Development

**Para 3.11** The Department will by 1998 commission a review of current provision in professional education and training for the promotion of health and social wellbeing.

**Main Contributors**

DHSS.

**Lead responsibility within DHSS**

Unit/Directorate: Trusts and Human Resources Directorate

Branch: Workforce Development Unit

Tel: [redacted]
Fax:

## Research and Information

**Para 3.14** To maximise the range of research and information available to professionals and policy makers, the Department will work towards establishing a centre for information and good practice in promoting health and social wellbeing.

The paragraph numbers shown refer to the Regional Strategy

**Main Contributors**

DHSS, Health Promotion Agency, Research and Development Office.

**Lead responsibility within DHSS**

Unit/Directorate: Health and Social Policy Unit

Branch: Health Promotion

Tel:
Fax: [redacted]

## Promoting Health and Social Wellbeing in Different Setting

Para 3.15 Boards should commission the development and support of programmes to promote health and social wellbeing in a selected range of settings.

**Main Contributors**

HSS Boards, Health Promotion Agency.

**Lead responsibility within DHSS**

Unit/Directorate: Performance Review and Secondary Care Directorate

Branch: Strategy and Performance Review

Tel:
Fax: [redacted]

## Guidelines for Promoting Health and Social Wellbeing

Para 3.16 The Department will commission guidelines for promoting health and social wellbeing where need is identified in the strategy.

**Main Contributors**

DHSS, HSS Boards, Health Promotion Agency.

**Lead responsibility within DHSS**

Unit/Directorate: Health and Social Policy Unit

Branch: Health Promotion

Tel:
Fax: [redacted]

## Mental Health

Para 3.18 The Department will establish by 1997 a regional working group to develop a strategy and an action plan for mental health promotion, with targets for implementation.

**Main Contributors**

DHSS, HSS Boards, HSS Trusts, Health Promotion Agency, Voluntary Sector

**Lead responsibility within DHSS**

Unit/Directorate: Health and Social Policy Unit

Branch: Health Promotion

Tel:
Fax: [redacted]

## Childern and Families

Para 3.21 The Department will, as part of its programme for the implementation of the Children Order, develop with Boards and Trusts a strategy for promotion of wellbeing for families and children in need.

**Main Contributors**

DHSS, HSS Boards, HSS Trusts, Other Government Departments, District Councils, Voluntary Sector.

**Lead responsibility within DHSS**

Unit/Directorate: Child and Community Care Directorate

Branch: Child Care Unit

Tel:
Fax: [redacted]

## Accidents, Trauma and Violence

Para 3.23 Over the period of the strategy, each Board should develop a programme aimed at reducing accidents to children.

**Main Contributors**

HSS Boards, Other Government Departments, RUC, Voluntary Sector.

**Lead responsibility within DHSS**

Unit/Directorate: Child and Community Care Directorate

Branch: Child Care Unit

Tel: [redacted]
Fax:

Para 3.25 By 2002 the annual number of deaths from accidents should be reduced by 15%. Special emphasis should be placed on preventing accidents to children and older people.

**Main Contributors**

HSS Boards, HSS Trusts, Health Promotion Agency, Other Government Departments, RUC, Voluntary Sector.

**Lead responsibility within DHSS**

Unit/Directorate: Health and Social Policy Unit

Branch: Health Promotion

Tel: [redacted]
Fax:

## Air Quality

Para 3.27 The Department, together with other agencies, should ensure that air quality standards designed to protect public health and the environment are met throughout Northern Ireland.

**Main Contributors**

DHSS, Other Government Departments, District Councils.

**Lead responsibility within DHSS**

Unit/Directorate: Health and Social Policy Unit

Branch: Ministerial Group on Public Health Support Team

Tel: [redacted]
Fax:

## Health and Safety in the Workplace

**Para 3.28** The Health Promotion Agency, with the support of the Health and Safety Agency and relevant central and local government departments, should develop by 1998 a framework for health promotion in the workplace.

**Main Contributors**

Health Promotion Agency, Health and Safety Agency, Other Government Departments, District Councils, Private Sector, Ministerial Group on Public Health.

**Lead responsibility within DHSS**

Unit/Directorate: Health and Social Policy Unit

Branch: Health Promotion

Tel: [redacted]
Fax:

## Education

**Para 3.32** A review of health education in schools should be commissioned jointly by the Department of Education and DHSS by 1997.

**Main Contributors**

DHSS, Department of Education.

**Lead responsibility within DHSS**

Unit/Directorate: Health and Social Policy Unit

Branch: Health Promotion

Tel: [redacted]
Fax:

## Smoking

**Para 3.33** By 2002 the proportion of the adult population aged 16+ who do not smoke cigarettes should have increased from 72% to 74%.

**Main Contributors**

Health Promotion Agency, HSS Boards, HSS Trusts, Family Health Services, Other Government Departments, Voluntary Sector, Ministerial Group on Public Health.

**Lead responsibility within DHSS**

Unit/Directorate: Health and Social Policy Unit

The paragraph numbers shown refer to the Regional Strategy

Branch: Health Promotion

Tel: [redacted]
Fax:

Para 3.33 By 2002 the proportion of the population aged 11-15 years who do not smoke cigarettes should have increased from 83% to 85%.

**Main Contributors**

Health Promotion Agency, HSS Boards, HSS Trusts, Family Health Services, Department of Education, Other Government Departments, Ministerial Group on Public Health.

**Lead responsibility within DHSS**

Unit/Directorate: Health and Social Policy Unit

Branch: Health Promotion

Tel: [redacted]
Fax:

## Nutrition

Para 3.35 By 1997 an implementation plan for the food and nutrition strategy will be developed.

**Main Contributors**

DHSS, HSS Boards, HSS Trusts, Health Promotion Agency, Other Government Departments, Private Sector, Ministerial Group on Public Health.

**Lead responsibility within DHSS**

Unit/Directorate: Health and Social Policy Unit

Branch: Health Promotion

Tel: [redacted]
Fax:

Para 3.35 By 2002 the proportion of women breastfeeding during the first two or three days after birth should be increased to 50%.

**Main Contributors**

Health Promotion Agency, HSS Boards, HSS Trusts, Family Health Services, Voluntary Sector.

**Lead responsibility within DHSS**

Unit/Directorate: Health and Social Policy Unit

Branch: Health Promotion

Tel:
Fax: [redacted]

Para 3.35 By 2002 the proportion of women breastfeeding at 6 weeks should be increased to 35%.

**Main Contributors**

Health Promotion Agency, HSS Boards, HSS Trusts, Family Health Services, Voluntary Sector.

**Lead responsibility within DHSS**

Unit/Directorate: Health and Social Policy Unit

Branch: Health Promotion

Tel:
Fax: [redacted]

Para 3.35 The Department will commission by 1997 a study on effectiveness of approaches to the promotion of breastfeeding and will draw up guidelines for effective interventions.

**Main Contributors**

DHSS.

**Lead responsibility within DHSS**

Unit/Directorate: Health and Social Policy Unit

Branch: Health Promotion

Tel:
Fax: [redacted]

## Alcohol

Para 3.38 The Department will commission a review of its regional strategy on alcohol. Guidelines for implementation of the revised regional strategy on alcohol will be produced by 1998.

**Main Contributors**

DHSS, Health Promotion Agency, Other Government Departments, Ministerial Group on Public Health.

**Lead responsibility within DHSS**

Unit/Directorate: Health and Social Policy Unit

Branch: Policy Development and Review Unit

The paragraph numbers shown refer to the Regional Strategy

Tel:
Fax: [redacted]

## Illicit Drugs

Para 3.39 On 27 April 1998, the Government launched a ten-year strategy for tackling drug misuse. The existing Northern Ireland strategy will be reviewed in 1998 and a new strategy put in place by April 1999.

**Main Contributors**

DHSS, Health Promotion Agency, Other Government Departments.

**Lead responsibility within DHSS**

Unit/Directorate: Health and Social Policy Unit

Branch: Health Promotion

Tel:
Fax: [redacted]

## Physical Activity

Para 3.41 By 1997 the Department will commission guidelines to implement the Northern Ireland Physical Activity Strategy and to monitor its progress.

**Main Contributors**

DHSS, HSS Boards, HSS Trusts, Health Promotion Agency, Other Government Departments, Ministerial Group on Public Health.

**Lead responsibility within DHSS**

Unit/Directorate: Health and Social Policy Unit

Branch: Health Promotion

Tel:
Fax: [redacted]

Para 3.41 By 2002 the proportion of men and women aged 16+ who are classified as sedentary should be reduced from 20% to 15%.

**Main Contributors**

DHSS, Health Promotion Agency, Other Government Departments.

**Lead responsibility within DHSS**

Unit/Directorate: Health and Social Policy Unit

Branch: Health Promotion

Tel: [redacted]
Fax:

Para 3.41 By 2002 the proportion of men and women aged 16+ who achieve recommended age-related activity levels should be increased from 30% of men and 20% of women to 35% of men and 25% of women.

**Main Contributors**

DHSS, Health Promotion Agency, HSS Boards, HSS Trusts, Family Health Services, Other Government Departments.

**Lead responsibility within DHSS**

Unit/Directorate: Health and Social Policy Unit

Branch: Health Promotion

Tel: [redacted]
Fax:

## Sexual Health

Para 3.43 By 1998 a comprehensive health promotion programme for schools in relation to sexual and reproductive health will have been developed and implemented.

**Main Contributors**

DHSS, Department of Education.

**Lead responsibility within DHSS**

Unit/Directorate: Health and Social Policy Unit

Branch: Health Promotion

Tel: [redacted]
Fax:

Para 3.43 By 2002 there should be a further fall in unplanned births to mothers aged under 20, with the effect that the overall number of births to teenage mothers is reduced by 10%.

**Main Contributors**

Health Promotion Agency, HSS Boards, HSS Trusts, Department of Education, Voluntary Sector.

**Lead responsibility within DHSS**

Unit/Directorate: Health and Social Policy Unit

Branch: Health Promotion

Tel:
Fax: [redacted]

## Oral Health

Para 3.44 The Department, Boards, Trusts, Health Promotion Agency, health professionals and other relevant organisations will commit themselves to implementation of the oral health strategy.

**Main Contributors**

DHSS, HSS Boards, HSS Trusts, Health Promotion Agency, Primary Care Services, Department of the Environment.

**Lead responsibility within DHSS**

Unit/Directorate: Primary Care and Commissioning Development Directorate

Branch: General Dental and Pharmaceutical Services

Tel:
Fax: [redacted]

## Genetic Counselling Services

Para 3.45 Appropriately staffed genetic counselling services should be further developed over the period 1997-2002.

**Main Contributors**

HSS Boards, HSS Trusts.

**Lead responsibility within DHSS**

Unit/Directorate: Performance Review and Secondary Care Directorate

Branch: Secondary Care Unit

Tel:
Fax: [redacted]

## Immunisation

Para 3.47 By 2002 each Board should have an uptake rate of 97% for all primary immunisations.

**Main Contributors**

Health Promotion Agency, HSS Boards, Family Practitioner Services.

**Lead responsibility within DHSS**

Unit/Directorate: Health and Social Policy Unit

Branch: Health Promotion

Tel: [redacted]
Fax:


# WELL INTO 2000 AND TE

# TE REGIONAL STRATEGY

## TARGETING HEALTH AND SOCIAL NEED

# 3.2 TARGETING HEALTH AND SOCIAL NEED

## Well into 2000 Goals

### Social Inclusion

*To develop policies and programmes across the Department of Health and Social Services and its agencies which prevent and tackle the problems of social exclusion.*

*To stimulate, support and contribute to intersectoral working to develop, implement and evaluate programmes for social inclusion.*

### Social Justice

*To incorporate principles of social justice in all policies and strategies for health and wellbeing.*

*To reduce inequalities in health and wellbeing in Northern Ireland.*

*To ensure that all people in Northern Ireland have equal access to a comprehensive range of high quality health and social services.*

# Regional Strategy Objectives and Targets

## Involving Local People

**Para 4.7** Commissioners and providers should continue to explore different approaches to involving users, and potential users, of services and their carers in the decision making process.

**Main Contributors**

HSS Boards, HSS Trusts, Community Development and Voluntary Sectors.

**Lead responsibility within DHSS**

Unit/Directorate: Performance Review and Secondary Care Directorate

Branch: Quality and Effectiveness Unit

Tel: [redacted]
Fax:

## Community Development

**Para 4.12** During the period of this strategy, the Department, Boards and Trusts should encourage, support and expand community development approaches throughout the health and personal social services.

**Main Contributors**

DHSS, HSS Boards, HSS Trusts.

**Lead responsibility within DHSS**

Unit/Directorate: Health and Social Policy Unit

Branch: Strategic Planning

Tel: [redacted]
Fax:

**Para 4.13** The Department will, by the end of 1997, commission a training programme which will better equip staff in the health and personal social services and in the voluntary sector to work in partnership with other agencies and with local people to identify and tackle the most pressing health and social needs of the community.

**Main Contributors**

DHSS, Voluntary Sector.

The paragraph numbers shown refer to the Regional Strategy

**Lead responsibility within DHSS**

Unit/Directorate: Trusts and Human Resources Directorate

Branch: Workforce Development Unit

Tel: [redacted]
Fax:

## Involving Other Agencies

Para 4.16 Boards and other commissioners should strengthen and broaden alliances with other agencies and formulate local strategies and action plans to address variations in health and social wellbeing along with monitoring and evaluation systems.

**Main Contributors**

HSS Boards, HSS Trusts, Other Government Departments, Voluntary Sector, Private Sector.

**Lead responsibility within DHSS**

Unit/Directorate: Health and Social Policy Unit

Branch: Strategic Planning

Tel: [redacted]
Fax:

## Assessing Need For Health and Social Care

Para 4.18 Within the period of this strategy, each Board should develop a population needs assessment programme which would apply the set of principles summarised in paragraph 4.17 (of the strategy).

**Main Contributors**

HSS Boards.

**Lead responsibility within DHSS**

Unit/Directorate: Primary Care and Commissioning Development Directorate/Health and Social Policy Unit

Branch: Commissioning Development Unit/Strategic Planning

Tel: [redacted]
Fax:

Para 4.19 The Department and Boards should identify and seek to secure the information needed by individuals and local communities, and by commissioners, to carry out their functions related to population needs assessment.

**Main Contributors**

DHSS, HSS Boards, HSS Trusts, Research and Development Office, Voluntary Sector.

**Lead responsibility within DHSS**

Unit/Directorate: Centre for Information and Analysis

Branch: Information and Research Policy

Tel:
Fax: [redacted]

## Interventions

Para 4.20 During the period 1997-2002, commissioners should identify, implement and evaluate interventions which might be successful locally in reducing variations (in health and social wellbeing specified earlier in the paragraph) and extend this work throughout all key areas.

**Main Contributors**

HSS Boards, Other Government Departments.

**Lead responsibility within DHSS**

Unit/Directorate: Performance Review and Secondary Care Directorate/Health and Social Policy Unit

Branch: Strategy and Performance Review/Strategic Planning

Tel:
Fax: [redacted]

## Targeting Resources and Services

Para 4.22 Boards and other commissioners should establish formal links between their population needs assessments and the consequent allocation and use of resources, and by 2002 Boards should be able to demonstrate shifts in resources.

**Main Contributors**

HSS Boards.

**Lead responsibility within DHSS**

Unit/Directorate: Performance Review and Secondary Care Directorate

Branch: Strategy and Performance Review

The paragraph numbers shown refer to the Regional Strategy

Tel: [redacted]
Fax:

## Research and Development

Para 4.25 During the period 1997-2002, the Department and Boards should undertake or commission further work (in the areas mentioned in paragraph 4.24 of the strategy), particularly on the causes of, and effective ways to address, variations in health and social wellbeing.

**Main Contributors**

DHSS, HSS Boards, Research and Development Office.

**Lead responsibility within DHSS**

Unit/Directorate: Health and Social Policy Unit

Branch: Strategic Planning

Tel: [redacted]
Fax:

Para 4.26 The Department, in conjunction with Boards, will develop and maintain a database which will be accessible to other agencies to assist in the collation and dissemination of published and unpublished information on interventions to minimise inequalities.

**Main Contributors**

DHSS, HSS Boards, Research and Development Office.

**Lead responsibility within DHSS**

Unit/Directorate: Centre for Information and Analysis

Branch: Information and Research Policy

Tel: [redacted]
Fax:

# E REGIONAL STRATEGY

## IMPROVING CARE IN THE COMMUNITY

# 3.3 IMPROVING CARE IN THE COMMUNITY

## Well into 2000 Goals

### Social Inclusion

*To develop policies and programmes across the Department of Health and Social Services and its agencies which prevent and tackle the problems of social exclusion.*

*To stimulate, support and contribute to intersectoral working to develop, implement and evaluate programmes for social inclusion.*

### Social Justice

*To ensure that all people in Northern Ireland have equal access to a comprehensive range of high quality health and social services.*

### Strong, Modern Health and Social Services

*To provide and maintain a structure for the organisation of the health and personal social services which promotes the Government's vision for health and wellbeing and delivers the best possible services and when they are needed.*

### Meeting the Challenge of Change

*To ensure that health and social services in Northern Ireland meet the needs of the people of Northern Ireland effectively and efficiently, and rise to the challenges of change.*

*To ensure that local communities are involved in considering needs, options for change, and the future development of health and social care.*

# Regional Strategy Objectives and Targets

## Assessment of Need

Para 5.4 During the strategic period, each Board should develop a strategy to identify the numbers and needs of vulnerable people within the community.

**Main Contributors**

HSS Boards, HSS Trusts.

**Lead responsibility within DHSS**

Unit/Directorate: Child and Community Care Directorate

Branch: Elderly and Community Care Unit

Tel: [redacted]
Fax:

## Carers

Para 5.7 By 1997 carers should be offered a separate assessment of their own needs.

**Main Contributors**

HSS Boards, HSS Trusts.

**Lead responsibility within DHSS**

Unit/Directorate: Child and Community Care Directorate

Branch: Elderly and Community Care Unit

Tel: [redacted]
Fax:

## Advocacy

Para 5.8 Providers should be required to establish links with independent advocates and make these links known to service users.

**Main Contributors**

HSS Boards, HSS Trusts, Voluntary Sector.

**Lead responsibility within DHSS**

Unit/Directorate: Child and Community Care Directorate

The paragraph numbers shown refer to the Regional Strategy

Branch: Elderly and Community Care Unit

Tel:
Fax: [redacted]

## Care Management

Para 5.10 There is a need for the development of dedicated care managers whose function is clearly separated from the day-to-day operational management of service provision. Personnel should therefore be specially identified, and allocated to the care management task.

**Main Contributors**

HSS Boards, HSS Trusts.

**Lead responsibility within DHSS**

Unit/Directorate: Child and Community Care Directorate

Branch: Elderly and Community Care unit

Tel:
Fax: [redacted]

Para 5.11 Care managers need proper training, especially in care planning; this should be addressed as a matter of urgency.

**Main Contributors**

DHSS, HSS Trusts.

**Lead responsibility within DHSS**

Unit/Directorate: Trusts and Human Resources Directorate

Branch: Workforce Development Unit

Tel:
Fax: [redacted]

## Interface Between Primary Care and Care Management

Para 5.12 Boards should ensure that there is effective contact between GP practices and those responsible for care management within the practice area.

**Main Contributors**

HSS Boards, HSS Trusts, Primary Care Services.

**Lead responsibility within DHSS**

Unit/Directorate: Child and Community Care Directorate

Branch: Elderly and Community Care Unit

Tel: [redacted]
Fax:

## Evaluation of Care in the Community

Para 5.16 During the period 1997-2002, Boards and Trusts should continue to develop and put in place mechanisms for monitoring the provision of care in the community.

**Main Contributors**

HSS Boards, HSS Trusts.

**Lead responsibility within DHSS**

Unit/Directorate: Child and Community Care Directorate

Branch: Elderly and Community Care Unit

Tel: [redacted]
Fax:

## Outcomes

Para 5.17 Boards should work closely with Trusts to carry out:

- practice and service audits on a uni- and multidisciplinary basis; and
- assessments of the effectiveness of health and social care interventions.

**Main Contributors**

HSS Boards, HSS Trusts.

**Lead responsibility within DHSS**

Unit/Directorate: Child and Community Care Directorate

Branch: Elderly and Community Care Unit

Tel: [redacted]
Fax:

## Domiciliary Care

**Para 5.20** During the period 1997-2002, Boards will be expected to demonstrate developments in the area of domiciliary and day care services.

**Main Contributors**

HSS Boards, HSS Trusts.

**Lead responsibility within DHSS**

Unit/Directorate: Child and Community Care Directorate

Branch: Elderly and Community Care Unit

Tel: [redacted]
Fax:

**Para 5.21** Boards and Trusts should establish monitoring arrangements for auditing the standards of provision in the domiciliary and day care fields.

**Main Contributors**

HSS Boards, HSS Trusts.

**Lead responsibility within DHSS**

Unit/Directorate: Child and Community Care Directorate

Branch: Elderly and Community Care Unit

Tel: [redacted]
Fax:

## Continuing Care Beds

**Para 5.26** During the period 1997-2002, Boards should carry out an exercise to assess the overall balance of care required and tailor their requirements accordingly.

**Main Contributors**

HSS Boards.

**Lead responsibility within DHSS**

Unit/Directorate: Child and Community Care Directorate

Branch: Elderly and Community Care Unit

Tel: [redacted]
Fax:

The paragraph numbers shown refer to the Regional Strategy

## Specific Needs of Elderly People

**Para 5.30** During the period 1997-2002, the target remains that at least 88% of people aged 75 and over will be supported in their own homes.

**Main Contributors**

HSS Boards.

**Lead responsibility within DHSS**

Unit/Directorate: Child and Community Care Directorate

Branch: Elderly and Community Care Unit

Tel: [redacted]
Fax:

## Dementia

**Para 5.33** During the period 1997-2002, Boards and Trusts should continue with their programmes for the implementation of all the recommendations in the report of the Dementia Policy Scrutiny undertaken in 1994.

**Main Contributors**

HSS Boards, HSS Trusts, Voluntary Sector.

**Lead responsibility within DHSS**

Unit/Directorate: Child and Community Care Directorate

Branch: Elderly and Community Care Unit

Tel: [redacted]
Fax:

**Para 5.34** In the first year of the strategy period, commissioners and providers should conduct a detailed audit in their areas of the needs of people with dementia and the services available to meet those needs.

**Main Contributors**

HSS Boards, HSS Trusts.

**Lead responsibility within DHSS**

Unit/Directorate: Child and Community Care Directorate

Branch: Elderly and Community Care Unit

Tel: [redacted]
Fax:

Para 5.35 The Department will establish quantifiable targets on dementia for the remainder of the strategy period.

**Main Contributors**

DHSS.

**Lead responsibility within DHSS**

Unit/Directorate: Child and Community Care Directorate/Health and Social Policy Unit

Branch: Elderly and Community Care Unit/Strategic Planning

Tel: [redacted]
Fax:

# E REGIONAL STRATEGY

## IMPROVING ACUTE CARE

# 3.4 IMPROVING ACUTE CARE

### Well into 2000 Goals

### Social Justice

*To ensure that all people in Northern Ireland have equal access to a comprehensive range of high quality health and social services.*

### Strong, Modern Health and Social Services

*To provide and maintain a structure for the organisation of the health and personal social services which promotes the Government's vision for health and wellbeing and delivers the best possible services and when they are needed.*

### Meeting the Challenge of Change

*To ensure that health and social services in Northern Ireland meet the needs of the people of Northern Ireland effectively and efficiently, and rise to the challenges of change.*

*To ensure that local communities are involved in considering needs, options for change, and the future development of health and social care.*

# Regional Strategy Objectives and Targets

## Clinical Effectiveness

Para 6.16 The Department will put in place new arrangements under the direction of a Clinical Effectiveness Group, to assist the health and personal social services to make optimum use of evidence on clinical effectiveness.

**Main Contributors**

DHSS.

**Lead responsibility within DHSS**

Unit/Directorate: Performance Review and Secondary Care Directorate

Branch: Secondary Care Unit

Tel: [redacted]
Fax:

Para 6.17 Over the life of the strategy, commissioners will be expected systematically to keep services in individual specialities, and across specific diseases, under review to ensure the most appropriate framework for service delivery.

**Main Contributors**

HSS Boards.

**Lead responsibility within DHSS**

Unit/Directorate: Performance Review and Secondary Care Directorate

Branch: Secondary Care Unit

Tel: [redacted]
Fax:

## Quality of Care

Para 6.18 The Department will continue to develop the Charter (for Patients and Clients), setting more refined targets as appropriate. The Department will also improve the quality and quantity of information provided to the public about the performance of hospital services.

**Main Contributors**

DHSS.

The paragraph numbers shown refer to the Regional Strategy

**Lead responsibility within DHSS**

Unit/Directorate: Performance Review and Secondary Care Directorate

Branch: Strategy and Performance Review

Tel: [redacted]
Fax:

## Developing Local Services

Para 6.24 During the life of the strategy, the Department will expect commissioners to work with each other, and with providers, to identify new and cost-effective ways of meeting patients' needs by providing locally accessible services, and to secure a progressive shift in the pattern of care with appropriate services being provided in primary and community settings.

**Main Contributors**

DHSS, HSS Boards, HSS Trusts, Family Health Services.

**Lead responsibility within DHSS**

Unit/Directorate: Primary Care and Commissioning Development Directorate/Performance Review and Secondary Care Directorate

Branch: Commissioning Development Unit/Strategy and Performance Review

Tel: [redacted]
Fax:

## Concentration of Specialised Services on Fewer Sites

Para 6.25 The Department expects to see progress towards a future pattern of significantly fewer acute hospitals serving larger populations.

**Main Contributors**

DHSS, HSS Boards, HSS Trusts.

**Lead responsibility within DHSS**

Unit/Directorate: Performance Review and Secondary Care Directorate

Branch: Secondary Care Unit

Tel: [redacted]
Fax:

## Securing Regional Medical Services

Para 6.32 The Department will ensure, as far as possible, that Northern Ireland remains self-sufficient in the full range of medical services which are generally provided in other regions of the United Kingdom.

Commissioners should work together to ensure that the population for each Board has access to reliable, high quality, specialised medical services and that all regional medical services are provided in an equitable and cost-effective manner.

**Main Contributors**

DHSS, HSS Boards.

**Lead responsibility within DHSS**

Unit/Directorate: Performance Review and Secondary Care Directorate

Branch: Secondary Care Unit

Tel: [redacted]
Fax:

## Efficiency

Para 6.35 Over the strategy period, the Department will, as part of its research programme, encourage research to establish the reasons for any significant differences in performance between acute services in Northern Ireland and Great Britain, and will encourage the development of more meaningful forms of performance indicators.

**Main Contributors**

DHSS, Research and Development Office.

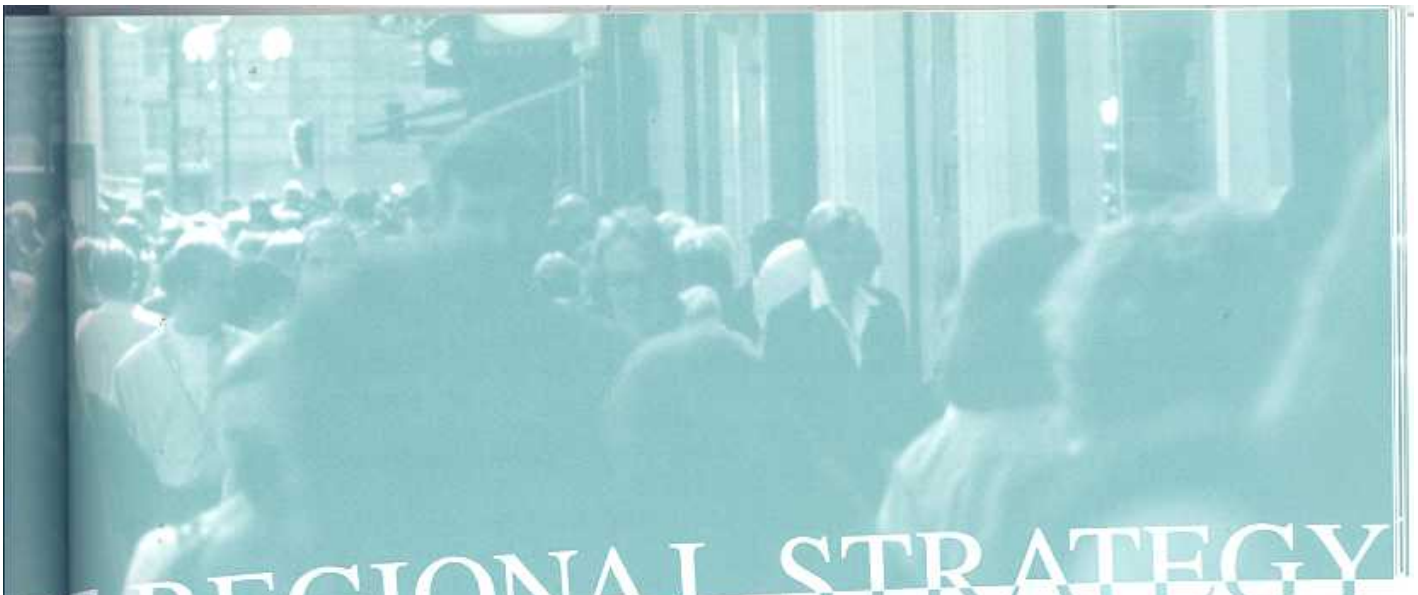
**Lead responsibility within DHSS**

Unit/Directorate: Centre for Information and Analysis

Branch: Information and Research Policy

Tel: [redacted]
Fax:


# WELL INTO 2000 AND TE



# HE REGIONAL STRATEGY

## FAMILY AND CHILD HEALTH AND WELFARE

# 3.5 FAMILY AND CHILD HEALTH AND WELFARE

### Well into 2000 Goals

### Social Justice

*To reduce inequalities in health and wellbeing in Northern Ireland*

*To ensure that all people in Northern Ireland have equal access to a comprehensive range of high quality health and social services.*

### Healthy and Supportive Environments

*To create healthy and supportive environments which help people to maintain good health and wellbeing.*

### Meeting the Challenge of Change

*To ensure that health and social services in Northern Ireland meet the needs of the people of Northern Ireland effectively and efficiently, and rise to the challenges of change.*

# Regional Strategy Objectives and Targets

## Still Births and Infant Mortality

Para 8.12 By 2002 there should be a 10% reduction in stillbirths and deaths in children under one year old.

**Main Contributors**

HSS Boards, HSS Trusts, Family Health Services.

**Lead responsibility within DHSS**

Unit/Directorate: Performance Review and Secondary Care Directorate

Branch: Secondary Care Unit

Tel: [redacted]
Fax:

## Childern in Need

Para 8.12 By 2002, of the children assessed by the Boards as children in need:

- those below compulsory school age should receive good quality early years services within their own homes or elsewhere, or a combination of both;
- those of school age should receive family support services operating out of school hours.

**Main Contributors**

HSS Boards.

**Lead responsibility within DHSS**

Unit/Directorate: Child and Community Care Directorate

Branch: Child Care Unit

Tel: [redacted]
Fax:

## Child Health Services

Para 8.12 By 2002 there should be a reduction of at least 25% in the total number of acute hospital bed days occupied per annum by children aged 0-15 years.

**Main Contributors**

DHSS, HSS Boards, HSS Trusts, Family Health Services.

**Lead responsibility within DHSS**

Unit/Directorate: Performance Review and Secondary Care Directorate

Branch: Secondary Care Unit

Tel:
Fax: [redacted]

## Child Abuse

Para 8.12 By 2002 there should be a 50% reduction in the number of children abused or reabused who are on child protection registers.

**Main Contributors**

DHSS, HSS Boards, HSS Trusts, Primary Care Services.

**Lead responsibility within DHSS**

Unit/Directorate: Child and Community Care Directorate

Branch: Child Care Unit

Tel:
Fax: [redacted]

# E REGIONAL STRATEGY

## PHYSICAL AND SENSORY DISABILITY

# 3.6 PHYSICAL AND SENSORY DISABILITY

## Well into 2000 Goals

### Social Inclusion

*To develop policies and programmes across the Department of Health and Social Services and its agencies which prevent and tackle the problems of social exclusion.*

*To stimulate, support and contribute to intersectoral working to develop, implement and evaluate programmes of social inclusion.*

### Social Justice

*To ensure that all people in Northern Ireland have equal access to a comprehensive range of high quality health and social services.*

### Partnerships for Health and Wellbeing

*To stimulate intersectoral action and partnerships to promote health and wellbeing.*

### Healthy and Supportive Environments

*To create healthy and supportive environments which help people to maintain good health and wellbeing.*

### Meeting the Challenge of Change

*To ensure that health and social services in Northern Ireland meet the needs of the people of Northern Ireland effectively and efficiently, and rise to the challenges of change.*

# Regional Strategy Objectives and Targets

## Inter-agency Co-operation

Para 9.5 Boards should work with other agencies to ensure that young people aged 16-25 with disabilities have the same opportunities as their non-disabled peers to gain personal, social and economic independence in the community, setting out in commissioning plans how the level of services to meet assessed needs will be secured.

**Main Contributors**

HSS Boards, DENI, DED and their relevant agencies.

**Lead responsibility within DHSS**

Unit/Directorate: Child and Community Care Directorate

Branch: Disability and Mental Health Unit

Tel: [redacted]
Fax:

## User Involvement in Service Planning

Para 9.5 Boards should recognise the needs of people newly disabled and make available the range of services needed in order to maximise opportunities to continue their usual and planned lifestyle/activities.

**Main Contributors**

HSS Boards, HSS Trusts, Voluntary Sector, Private Sector.

**Lead responsibility within DHSS**

Unit/Directorate: Child and Community Care Directorate

Branch: Disability and Mental Health Unit

Tel: [redacted]
Fax:

Para 9.5 Boards should recognise the needs of disabled parents with dependent children and commission a range of services to meet the identified needs of the whole family, including young carers.

**Main Contributors**

HSS Boards.

**Lead responsibility within DHSS**

Unit/Directorate: Child and Community Care Directorate

Branch: Disability and Mental Health Unit

Tel: [redacted]
Fax:

## Traumatic Brain Injury

Para 9.5 Boards should develop strategies for the commissioning of well integrated, accessible and complementary hospital and community services for individuals with traumatic brain injury and their families.

**Main Contributors**

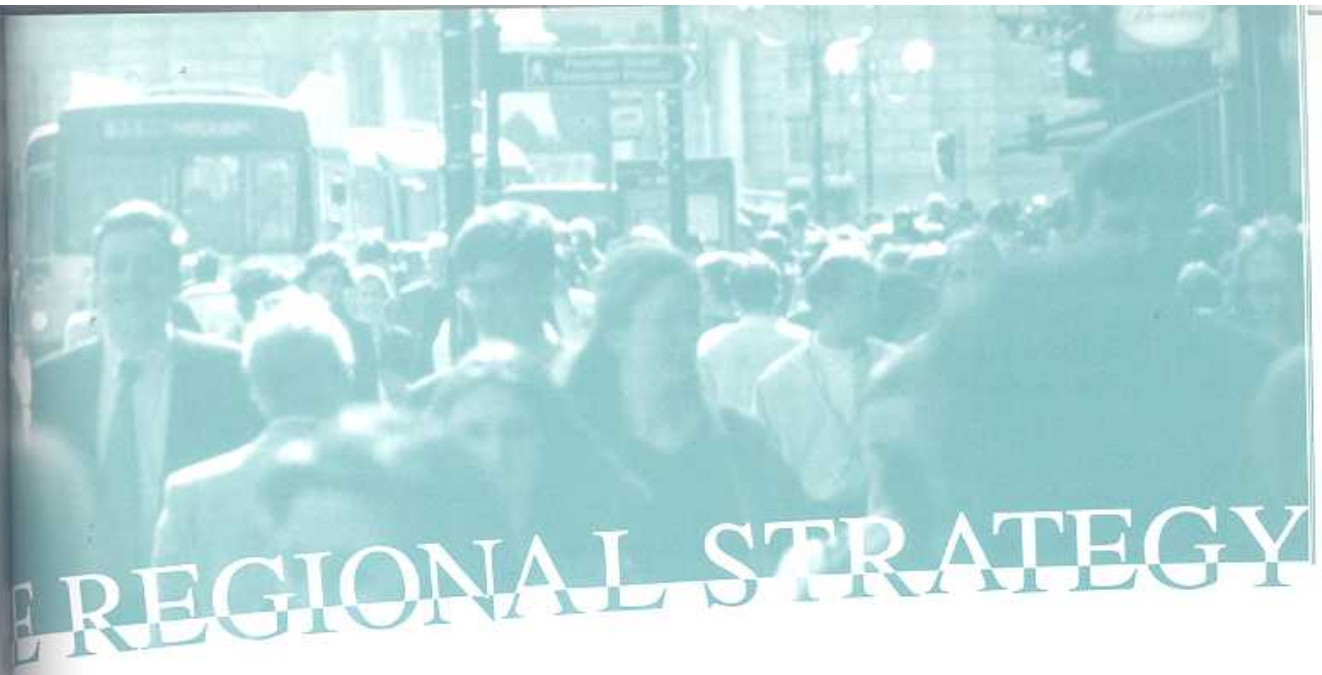
HSS Boards.

**Lead responsibility within DHSS**

Unit/Directorate: Child and Community Care Directorate

Branch: Disability and Mental Health Unit

Tel: [redacted]
Fax:



# REGIONAL STRATEGY

## LEARNING DISABILITY

# 3.7 LEARNING DISABILITY

### Well into 2000 Goals

### Social Inclusion

*To develop policies and programmes across the Department of Health and Social Services and its agencies which prevent and tackle the problems of social exclusion.*

*To stimulate, support and contribute to intersectoral working to develop, implement and evaluate programmes of social inclusion.*

### Partnerships for Health and Wellbeing

*To stimulate intersectoral action and partnerships to promote health and wellbeing.*

### Meeting the Challenge of Change

*To ensure that health and social services in Northern Ireland meet the needs of the people of Northern Ireland effectively and efficiently, and rise to the challenges of change.*

# Regional Strategy Objectives and Targets

## Living Accommodation/Day Activities

Para 10.4

To provide the individual with a choice of living accommodation and day activities appropriate to assessed need, the Department, Boards and Trusts should develop links which promote interagency co-operation.

**Main Contributors**

DHSS, HSS Boards, HSS Trusts, Other Government Departments and their relevant agencies, District Councils.

**Lead responsibility within DHSS**

Unit/Directorate: Health and Social Policy Unit/Child and Community Care Directorate

Branch: Social Policy/Disability and Mental Health Unit

Tel: [redacted]
Fax:

## Long-term Institutional Care

Para 10.4

By 2002, long-term institutional care should no longer be provided in traditional specialist hospital environments.

**Main Contributors**

HSS Boards, HSS Trusts, Voluntary Sector, Private Sector.

**Lead responsibility within DHSS**

Unit/Directorate: Child and Community Care Directorate

Branch: Disability and Mental Health Unit

Tel: [redacted]
Fax:

Para 10.4

Specialist provision should be linked to community-based care and treatment which should reduce the number of adults with a learning disability admitted to specialist hospitals by 50% and the number of children, other than in exceptional cases, to zero by 2002.

**Main Contributors**

HSS Boards, HSS Trusts, Voluntary Sector, Private Sector.

**Lead responsibility within DHSS**

Unit/Directorate: Child and Community Care Directorate

Branch: Disability and Mental Health Unit

Tel:
Fax: [redacted]

# E REGIONAL STRATEGY

## MENTAL HEALTH

# 3.8 MENTAL HEALTH

## Well into 2000 Goals

### Social Inclusion

*To develop policies and programmes across the Department of Health and Social Services and its agencies which prevent and tackle the problems of social exclusion.*

*To stimulate, support and contribute to intersectoral working to develop, implement and evaluate programmes of social inclusion.*

### Partnerships for Health and Wellbeing

*To stimulate intersectoral action and partnerships to promote health and wellbeing.*

### Meeting the Challenge of Change

*To ensure that health and social services in Northern Ireland meet the needs of the people of Northern Ireland effectively and efficiently, and rise to the challenges of change.*

# Regional Strategy Objectives and Targets

## Outcomes Measurement

Para 11.4 By 1998 an agreed approach to outcomes measurement should be in place for mental health services within Northern Ireland and all services in the statutory and independent sectors should be monitored against common quality standards.

**Main Contributors**

DHSS, HSS Boards, Voluntary and Private Sectors.

**Lead responsibility within DHSS**

Unit/Directorate: Child and Community Care Directorate

Branch: Disability and Mental Health Unit

Tel: [redacted]
Fax:

## Long-term Institutional

Para 11.4 By 1998 Boards should assess the needs of their population and determine the future requirements for specialist hospital services for people with a mental illness. The strategic goal should be that long-term, institutional care should no longer be provided in traditional psychiatric hospital environments.

**Main Contributors**

HSS Boards.

**Lead responsibility within DHSS**

Unit/Directorate: Child and Community Care Directorate

Branch: Disability and Mental Health Unit

Tel: [redacted]
Fax:

## Medium Secure Unit

Para 11.4 By 2002, a medium secure unit should be established in Northern Ireland and comprehensive arrangements should be in place so that, where appropriate, people with mental illness can be diverted from the criminal justice system.

**Main Contributors**

DHSS, HSS Boards, NIO, NI Probation Board, NI Court Service, RUC.

**Lead responsibility within DHSS**

| | |
|---|---|
| Unit/Directorate: | Child and Community Care Directorate |
| Branch: | Disability and Mental Health Unit |
| Tel:<br>Fax: | [redacted] |

# E REGIONAL STRATEGY

## CIRCULATORY DISEASES

# 3.9 CIRCULATORY DISEASES

## Well into 2000 Goals

### Social Justice

*To reduce inequalities in health and wellbeing in Northern Ireland.*

*To ensure that all people in Northern Ireland have equal access to a comprehensive range of high quality health and social services.*

### Healthy Public Policy

*To expand and re-orient the policies and activities of government and public agencies towards the promotion of good health and wellbeing.*

*To secure an optimum balance between programmes for health promotion and disease prevention, and diagnostic, treatment and care services.*

### Healthy and Supportive Environments

*To create healthy and supportive environments which help people to maintain good health and wellbeing.*

# Regional Strategy Objectives and Targets

## Coronary Heart Disease

Para 12.5

By 2002 to reduce the death rate from coronary heart disease among 35-64 year olds by 40%.

**Main Contributors**

DHSS, HSS Boards, HSS Trusts, Family Health Services, Health Promotion Agency, Voluntary Sector.

**Lead responsibility within DHSS**

Unit/Directorate: Health and Social Policy Unit

Branch: Health Promotion

Tel: [redacted]
Fax:

Para 12.5

By 2002 to reduce the death rate from coronary heart disease among 65-74 year olds by 30%.

**Main Contributors**

DHSS, HSS Boards, HSS Trusts, Family Health Services, Health Promotion Agency, Voluntary Sector.

**Lead responsibility within DHSS**

Unit/Directorate: Health and Social Policy Unit

Branch: Health Promotion

Tel: [redacted]
Fax:

## Stroke

Para 12.5

By 2002 to reduce the death rate from stroke in those aged 15 to 74 year olds by 40%.

**Main Contributors**

DHSS, HSS Boards, HSS Trusts, Family Health Services, Health Promotion Agency, Voluntary Sector.

**Lead responsibility within DHSS**

Unit/Directorate: Health and Social Policy Unit

Branch: Health Promotion

Tel: [redacted]
Fax:

## Multidisciplinary Assessment

Para 12.5 To ensure that all stroke patients have a multidisciplinary assessment either before discharge from hospital or in the community.

**Main Contributors**

HSS Boards, HSS Trusts.

**Lead responsibility within DHSS**

Unit/Directorate: Child and Community Care Directorate

Branch Disability and Mental Health Unit

Tel: [redacted]
Fax:

## Developing Clinical Standards

Para 12.6 (iii) Commissioners and providers should develop by 1998 explicit agreement on clinical standards governing:

- investigations which should be carried out prior to referral to regional cardiology services;
- guidelines for angiography and angioplasty; and
- guidelines for assessing the severity of cardiac disease and the clinical urgency of patients requiring coronary artery bypass surgery.

**Main Contributors**

HSS Boards, HSS Trusts.

**Lead responsibility within DHSS**

Unit/Directorate: Performance Review and Secondary Care Directorate

Branch: Secondary Care Unit

Tel: [redacted]
Fax:

## Co-ordinated Care

Para 12.6(vi) Commissioners should ensure that guidelines are in place to identify arrangements for the admission, treatment, rehabilitation, discharge and follow up in the community of stroke patients.

**Main Contributors**

HSS Boards.

**Lead responsibility within DHSS**

Unit/Directorate: Child and Community Care Directorate

Branch: Disability and Mental Health Unit

Tel:
Fax: [redacted]

# WELL INTO 2000 AND TH

# E REGIONAL STRATEGY

## CANCERS

# 3.10 CANCERS

## Well into 2000 Goals

### Social Justice

*To reduce inequalities in health and wellbeing in Northern Ireland.*

*To ensure that all people in Northern Ireland have equal access to a comprehensive range of high quality health and social services.*

### Healthy Public Policy

*To expand and re-orient the policies and activities of government and public agencies towards the promotion of good health and wellbeing.*

*To secure an optimum balance between programmes for health promotion and disease prevention, and diagnostic, treatment and care services.*

### Healthy and Supportive Environments

*To create healthy and supportive environments which help people to maintain good health and wellbeing.*

# Regional Strategy Objectives and Targets

## Integrated Strategy for Prevention of Cancer

Para 13.10 By 1998 an integrated strategy for the prevention of cancer should be developed.

**Main Contributors**

DHSS, HSS Boards, NI Cancer Registry.

**Lead responsibility within DHSS**

Unit/Directorate: Health and Social Policy Unit

Branch: Health Promotion

Tel: [redacted]
Fax:

## Preventing and Controlling Malignant Melanoma

Para 13.10 By 1998 a strategy for the prevention, diagnosis and treatment of malignant melanoma should be developed.

**Main Contributors**

DHSS, HSS Boards, NI Cancer Registry.

**Lead responsibility within DHSS**

Unit/Directorate: Health and Social Policy Unit

Branch: Health Promotion

Tel: [redacted]
Fax:

## Lung Cancer

Para 13.10 By 2010 to reduce the death rate from lung cancer by at least 30% in men under 75 and 15% in women under 75.

**Main Contributors**

DHSS, HSS Boards, HSS Trusts, Family Health Services, Voluntary Sector.

**Lead responsibility within DHSS**

Unit/Directorate: Health and Social Policy Unit

Branch: Health Promotion

Tel:
Fax: [redacted]

## Breast and Cervical Cancers

Para 13.10 By 2002 to reduce the death rate from breast cancer in women aged 50 to 69 by at least 25%.

**Main Contributors**

DHSS, HSS Boards, HSS Trusts, Family Health Services, Voluntary Sector.

**Lead responsibility within DHSS**

Unit/Directorate: Health and Social Policy Unit

Branch: Health Promotion

Tel:
Fax: [redacted]

Para 13.10 By 2002 to reduce the incidence of invasive cervical cancer by at least 20% in women aged 20 and over.

**Main Contributors**

DHSS, HSS Boards, HSS Trusts, Family Health Services, Voluntary Sector.

**Lead responsibility within DHSS**

Unit/Directorate: Health and Social Policy Unit

Branch: Health Promotion

Tel:
Fax: [redacted]

Para 13.11 (vii) The Department should commission work to assure the quality of breast cancer and cervical cancer screening programmes and should endeavour to reach out to women by raising awareness of screening services.

**Main Contributors**

DHSS, HSS Boards, HSS Trusts, Health Promotion Agency, Voluntary Sector.

**Lead responsibility within DHSS**


Unit/Directorate: Health and Social Policy Unit

Branch: Health Promotion

Tel:
Fax: [redacted]

# WELL INTO 2000 AND TH

# HE REGIONAL STRATEGY

## OTHER NON-COMMUNICABLE DISEASES

# 3.11 OTHER NON-COMMUNICABLE DISEASES

### Well into 2000 Goals

*To ensure that all people in Northern Ireland have equal access to a comprehensive range of high quality health and social services.*

### Healthy Public Policy

*To expand and re-orient the policies and activities of government and public agencies towards the promotion of good health and wellbeing.*

*To secure an optimum balance between programmes for health promotion and disease prevention, and diagnostic, treatment and care services.*

### Healthy and Supportive Environments

*To create healthy and supportive environments which help people to maintain good health and wellbeing.*

### Strong, Modern Health and Social Services

*To provide and maintain a structure for the organisation of the health and personal social services which promotes the Government's vision for health and wellbeing and delivers the best possible services and when they are needed.*

### Meeting the Challenge of Change

*To ensure that health and social services in Northern Ireland meet the needs of the people of Northern Ireland effectively and efficiently, and rise to the challenges of change.*

# Regional Strategy Objectives and Targets

## Treatment of Chronic Conditions

Para 14.6 Commissioners should ensure that treatment protocols are developed for major chronic illnesses.

**Main Contributors**

HSS Boards.

**Lead responsibility within DHSS**

Unit/Directorate: Medical and Allied Group

Branch: Deputy Chief Medical Officer

Tel:
Fax: [redacted]

Para 14.6 The Department, commissioners and providers should seek to promote best practice based on professional standards and on evidence from research and clinical audit.

**Main Contributors**

DHSS, HSS Boards, HSS Trusts, Primary Care Services.

**Lead responsibility within DHSS**

Unit/Directorate: Performance Review and Secondary Care Directorate

Branch: Secondary Care Unit

Tel:
Fax: [redacted]

Para 14.6 The Department, the Health Promotion Agency, commissioners and providers should work with other relevant agencies to ensure a healthier and safer environment.

**Main Contributors**

DHSS, HSS Boards, HSS Trusts, Health Promotion Agency, Other Government Departments and their agencies, Private Sector.

**Lead responsibility within DHSS**

Unit/Directorate: Health and Social Policy Unit

Branch: Health Promotion

Tel: [redacted]
Fax:


WELL INTO 2000 AND T

Design, origination, print commissioned and managed by
the Stationery Office Northern Ireland
Dd. 3377 C150 7/98 9261