

**New
TSN**

Department of Health, Social Services and Public Safety

An Roinn Sláinte, Seirbhísí Sóisialta agus Sábháilteachta Poiblí

New TSN Action Plan

for the period April 2001 – March 2003

Minister's Foreword

In my foreword to the New TSN Action Plan last year, I committed my Department to work closely with our partners in the health, social services and public safety sectors to achieve the challenging targets we had set ourselves. My Department's New TSN targets for the next two years are set out in this Action Plan.

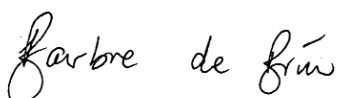
Significant progress has already been made in addressing a wide range of health and social well being problems that arise from the underlying inequalities in our society.

During the past year, we have built New TSN objectives into the Department's Corporate planning process, delivered briefings for managers and continued work on the Capitation Formula so that funding allocations to Boards are more equitably distributed according to health and social care need. These are essential first measures to ensure that New TSN remains integral to government thinking and action and to provide a sound basis for future initiatives.

In the wider community, two new Health Action Zones have been established and the four Health and Social Services Boards now have New TSN Action Plans focusing on a wide range of issues including accidents, cancer, nutrition, and alcohol and drug abuse. Progress on these specific targets will be monitored and the results disseminated. Sure Start now has 23 projects for families with very young children in disadvantaged areas, and many other childcare services are sustained through the Childhood Fund.

In keeping with my promise to apply concerted and vigorous action, I have revised existing New TSN targets and set many new challenges. Prominent amongst these are the application of the new Noble Indices on deprivation to the targeting of the Department's programmes and resources, the incorporation of New TSN into all Departmental policy appraisals and reviews, and a programme for the joint implementation of the Department's Drug and Alcohol Strategies.

Once again, I will give my commitment to continue to work with all concerned to ensure that these very demanding but essential goals we have set ourselves are progressed and achieved. I am well aware that much more needs to be done in the coming years.



BAIRBRE DE BRÚN
Minister for Health, Social Services and Public Safety

Réamhrá an aire

Sa réamhrá s'agam sa Phlean Gníomhachta Nua-ARS anuraidh thug mé gealltanais go n-oibreodh mo Roinn go dlúth lenár gcomhpháirtithe sna hearnálacha sláinte, seirbhísí sóisialta agus sábháilteachta poiblí leis na spriocanna dúshlánacha a leag muid amach dúinn féin a bhaint amach. Istigh sa Phlean Gníomhachta seo tá spriocanna Nua-ARS mo Roinne don chéad dhá bhliain eile leagtha amach.

Bhí dul chun cinn suntasach déanta cheana ag dul i ngleic le réimse leathan fadhbanna sláinte agus folláine sóisialta a eascraíonn ó bhun-éagothromaíochtaí sa tsochaí s'againn.

Le bliain anuas, chur muid cuspóirí Nua-ARS isteach i bpróiseas pleanála Corporáideach na Roinne, thug muid treoir do bhainisteoirí agus lean leis an obair ar an Fhoirmle Chaipitíochta sa dóigh go ndáilfear leithroinnta maoinithe ar Bhoird níos cothroime de réir riachtanais sláinte agus cúraim shóisialta. Is bearta tosaigh riachtanacha iad seo le cinntiú go bhfanfaidh Nua-ARS dlúth i smaointeoireacht agus i ngníomh an rialtais agus a leagann síos bonn daingean do thionscnaimh amach anseo.

Sa phobal mór, bunaíodh dhá Chríos Gnímh nua ar Shláinte agus tá Pleananna Gníomhachta Nua-ARS anois ag na ceithre Bhord Sláinte agus Seirbhísí Sóisialta ag díriú ar réimse leathan ceisteanna, ina measc tá timpistí, ailse, cothú, agus mí-úsáid alcóil agus drugaí. Déanfar monatóireacht ar na sainspriocanna agus scaipfear na torthaí. Tá 23 tionscadal ag Tús Cinnte do theaghlaigh a bhfuil clann óg orthu i gceantair faoi mhíbhuntáiste, agus tá mórán seirbhísí cúram leanaí i bhfeidhm tríd an Chiste Óige.

Agus mé ag cloí le mo ghealltanais chun gníomh láidir agus bríomhar a chur i bhfeidhm, rinne mé athbhreithniú ar spriocanna láithreacha Nua-ARS agus leag mé síos mórán dúshlán nua. Is iad na cinn is tábhachtaí acu ná cur i bhfeidhm innéacsanna Noble ar dhíothú chun cláir agus áiseanna na Roinne a aimsiú, Nua-ARS a chorprú i ngach breithmheas agus athbhreithniú ar pholasaí Roinne, agus clár i leith ar chur i bhfeidhm comhpháirteach Straitéisí Drugaí agus Alcóil na Roinne.

Arís eile, tabharfaidh mé geall go leanfar leis an obair le gach atá bainteach le cinntiú go bhfuil na spriocanna dúshlánacha ach riachtanach a leag muid dúinn féin curtha chun tosaigh agus bainte amach. Tá a fhios agam go maith nach mór i bhfad níos mó a dhéanamh sna blianta romhainn.



BAIRBRE DE BRÚN

An tAire Sláinte, Seirbhísí Sóisialta agus Sábháilteachta Poiblí

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New Targeting Social Need (TSN) Policy

- 1.1** The Executive Committee's New TSN policy is an important vehicle through which the Executive will tackle the problems of the most disadvantaged people in our community. It is an integral part of the Executive's **Programme for Government 2001/2004**, which sets out the Administration's priorities for the coming years.
- 1.2** New TSN aims to tackle social need and social exclusion by targeting efforts and available resources within Departmental programmes towards people, groups and areas in greatest social need.
- 1.3** This means Departments using more of their resources to benefit the most disadvantaged people, groups and areas. It is also about changing the way issues are tackled so that programmes and services are organised and delivered in ways which are more helpful to disadvantaged people.
- 1.4** Through New TSN, those in greatest need must be identified objectively and targeted fairly regardless of attributes such as gender, religion or race. Therefore New TSN does not discriminate against any section of the community, but should, however, contribute to the reduction of inequalities among different sections of society.
- 1.5** New TSN comprises three complementary elements - tackling unemployment and employability; addressing inequalities in other key policy areas such as health, education and housing; and Promoting Social Inclusion.
- 1.6** Unemployment is the most profound cause of poverty. New TSN is therefore concerned with increasing the number of jobs which are available. It also involves helping disadvantaged people to increase their knowledge, skills and confidence and removing barriers to work so that they can make the most of work opportunities.

New Targeting Social Need (TSN) Policy

- 1.7** People who are poor can suffer disadvantage in many other ways such as lack of income, access to services and risk of exclusion. Through New TSN, Departments are making special efforts to address the many needs disadvantaged people have.
- 1.8** Some groups in our community are more prone to poverty than others. The Promoting Social Inclusion element of New TSN involves Departments working together with partners to identify and tackle factors which can contribute to social exclusion. In addition, it will undertake initiatives to improve and enhance the life and circumstances of the most deprived and marginalised people in our community.
- 1.9** New TSN applies to all Government Departments and is being implemented through many areas of work. This Department's commitment and actions to implement New TSN are detailed in Section 2 of this revised Action Plan. The original plans and further details on the New TSN policy are set out in "**Making it Work: the New TSN Action Plans**" report. It is available on the internet at: <http://www.newtsnni.gov.uk>.

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Duties and Responsibilities of the Department of Health, Social Services and Public Safety (DHSSPS)

- 2.1** The overall objective of the Department of Health, Social Services and Public Safety is to promote and improve the health, social well-being and safety of the people here.
- 2.2** The Department endeavours to do this by:
- actively promoting policies which lead to good health and well-being and which reduce preventable disease, disability and ill-health;
 - removing or minimising inequalities in population health and well-being and in the need for, and access to, care services;
 - ensuring that effective and responsive health and social care services are available to all; and
 - promoting policies which lead to a safe environment for all.
- 2.3** The duties and responsibilities of the Department fall under 3 main headings:
- The Health and Personal Social Services;
 - Public Health; and
 - Public Safety.

THE HEALTH AND PERSONAL SOCIAL SERVICES

- 2.4** The Department's overarching duty, placed upon it by the Health and Personal Social Services (NI) Order 1972 is to:
- (a) provide or secure the provision of integrated health services to promote the physical and mental health of the people of Northern Ireland; and
 - (b) provide or secure the provision of personal social services designed to promote their social welfare.

Duties and Responsibilities of the Department of Health, Social Services and Public Safety (DHSSPS)

- 2.5** Further duties and powers are set out in legislation. This can be obtained from the Department, and can also be accessed on the internet at www.dhsspsni.gov.uk.
- 2.6** Broadly speaking, the Department is responsible for setting policy, identifying strategic themes and priorities, allocating resources (mainly to Health and Social Services (HSS) Boards), and performance management and monitoring. The Department's main functions in relation to the Health and Personal Social Services (HPSS) are summarised below:
- (a) providing leadership, direction and support to the health and personal social services;
 - (b) determining regional policy on a range of services;
 - (c) allocating resources and ensuring that they are used effectively, efficiently and economically, in accordance with the required standards of public accountability and the regional priorities established by DHSSPS;
 - (d) identifying and ensuring the achievement of specific objectives and targets for the HPSS in assessing need, improving the health and well-being of the population and delivering care;
 - (e) monitoring the performance of the HPSS in assessing need, improving the health and well-being of the population and delivering care; and
 - (f) promoting the right environment for managers to achieve these objectives.
- 2.7** Health and Social Services are currently delivered to the general public by Health and Social Services Boards, Trusts, Agencies and Family Health Service Practitioners. Four Boards – Eastern, Northern, Southern and Western – are responsible, as agents of the Department, for commissioning the delivery of health and personal social services for their resident population and the management of family practitioner

Duties and Responsibilities of the Department of Health, Social Services and Public Safety (DHSSPS)

services in their areas. Nineteen HSS Trusts provide health and social services, working within the commissioning arrangements agreed with the HSS Boards.

PUBLIC HEALTH

- 2.8** The public health programme covers responsibility for policy and legislation to promote and protect the health and well-being of the population.
- 2.9** Public health is concerned with improving the health status of the population, through health promotion, screening, disease prevention, and also by securing improvements in social factors affecting health and social well-being, such as housing, employment, the environment, public services and living standards.
- 2.10** Public health roles and responsibilities are carried out within the Department and the HPSS. The public health responsibilities of the Department include:
- ensuring a public health input to central policy and strategy development;
 - central co-ordination of health promotion and disease prevention;
 - policy on communicable disease control;
 - liaison with other Departments, for example the Department of the Environment in relation to water and environmental health matters;
 - monitoring the state of public health and the promotion of specific public health initiatives;
 - oversight of Boards and other agencies engaged in public health protection and health promotion activities;
 - identifying and commissioning research to support policy development aimed at improving public health;
 - input to emergency and major incident planning and management; and,
 - ensuring the safety of blood, blood products and tissues.

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Duties and Responsibilities of the Department of Health, Social Services and Public Safety (DHSSPS)

PUBLIC SAFETY

- 2.11** The Department is responsible for a wide range of public safety issues, including emergency planning for major incidents, policy and legislative responsibility for fire services, fire safety and ambulance services.
- 2.12** Responsibility for other aspects of public safety such as road safety, safe housing, crime prevention, environmental safety and water quality fall to other Departments and agencies. However, in meeting its responsibilities, the Department is concerned to ensure that measures are in place to protect the public from harm. It therefore recognises the need to ensure that issues of public safety are addressed on a cross-Departmental basis.
- 2.13** On emergency planning, the Department is responsible for ensuring that updated guidance is issued to the HPSS, that Boards' and Trusts' emergency plans are monitored and assessed and that there is effective co-ordination of emergency plans at regional level. The Department is also responsible for the provision of accurate and timely reports to Ministers in the event of a major incident.
- 2.14** The Department is responsible for policy on fire services and fire safety, and for sponsorship of the Fire Authority(NI) which provides fire services. The Department's role and responsibilities in relation to the Fire Authority include allocating the Authority's budget, maintaining performance targets and ensuring that best value for money is attained.
- 2.15** The Northern Ireland Ambulance Service Trust provides ambulance services commissioned from the Trust by the four HSS Boards. The Department has overall monitoring responsibility, particularly in ensuring the Trust meets its performance targets.

2

Duties and Responsibilities of the Department of Health, Social Services and Public Safety (DHSSPS)

2.16 Specific public safety responsibilities of the Department are shown below:

- (a) the oversight and monitoring of fire and ambulance services;
- (b) policy responsibility for fire services and fire safety and the maintenance of the legislative framework to support these policies;
- (c) the promotion, oversight and maintaining of effective emergency planning and management within HSS Boards, Trusts and Agencies;
- (d) the provision of advice and support to Ministers on public safety issues; and,
- (e) the facilitation of joint working initiatives on the provision of emergency services.

3

Commitment to New TSN

- 3.1** The Department and the associated bodies it sponsors make an important contribution to New TSN, in particular through tackling inequalities in health and social well being experienced by disadvantaged people. There are substantial inequalities in the health status of different groups in the population here, which are clearly linked to people's social and economic circumstances. There is clear evidence that poverty is the biggest risk factor for health.
- 3.2** The Department and its associated bodies are committed to the effective implementation of the New TSN policy and will make every effort to ensure that the health and social needs of disadvantaged people are objectively assessed, targeted for improvement and their progress monitored.
- 3.3** The Departmental Board will monitor and ensure the effective implementation of the New TSN Action Plan. The Board will also ensure that New TSN targets are embedded in Departmental business plans.
- 3.4** The Department has established a high-level co-ordinating committee to lead the policy within DHSSPS and co-ordinate the implementation of the Action Plan. This committee will play a pivotal role in ensuring effective co-operation and collaboration within the DHSSPS business family and utilise the views of the wider DHSSPS family in the development and implementation of New TSN related policies.
- 3.5** Membership of this committee has been drawn from senior staff within the Department, HSS Boards, HSS Trusts and representatives from the Community Development and Health Network and the Institute of Public Health.
- 3.6** The Department's Corporate Plan 2001/02 – 2003/04 and Priorities for Action 2001/02 – the planning guidelines, objectives and targets for the Health and Personal Social Services, reflect the commitment to implement the DHSSPS New TSN Action Plan, report progress, publish plans annually and ensure that New TSN becomes an integral part of the culture of the HPSS. One of the aims of the Department's Corporate Plan is "To reduce preventable disease, ill-health

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Commitment to New TSN

and health inequalities". This aim is underpinned by Corporate Objectives which indicate the actions to be taken to implement New TSN and ensure that the policy becomes embedded in the Department's culture.

- 3.7** A New TSN awareness training programme has been delivered to middle and senior managers and other key staff within the Department. Awareness of New TSN will also be delivered to other staff throughout the Department through team briefing sessions. Procedures for introducing new staff to the Department have also been amended to include briefing on New TSN.

4

Progress on Implementing the DHSSPS Action Plan

- 4.1** The Department's New TSN Action Plan contains some 60 targets/actions covering a wide and varied range of issues, including the establishment of Health Action Zones, implementation of the Drugs Strategy and implementing recommendations of the Capitation Formula Review Group to ensure more equitable distribution of resources. These targets represent a formidable agenda for action across the Department.
- 4.2** Progress has been made in implementing targets within a number of key areas. **On improving the health and well-being of disadvantaged people**, a major consultation document entitled "**Investing for Health**" was issued for widespread public consultation on 30 November 2000. The consultation process was managed jointly with the Community Development and Health Network using a range of consultation methods designed to reach individuals and groups who often have difficulty having their voices heard. A series of workshops and public meetings were organised through local community groups along with a number of statutory and inter-agency meetings. Over 250 consultation responses were received. The final strategy will be produced for endorsement by the Executive Committee in January 2002.
- 4.3** To help facilitate a reduction in the number of unplanned births to teenage parents, the report "**Myths and Reality**" was launched by Minister on 8 November 2000. This report was issued to a wide range of statutory, voluntary and community organisations and was presented to the Health Committee in January 2001. Funding was also provided to voluntary and community organisations to facilitate focus groups during March and April 2001. Analysis of the consultation responses was completed in June 2001, following which the development of the strategy was expected to be completed by the end of the year.
- 4.4** Two additional Health Action Zones were announced in January 2001 in the Northern and Western Health and Social Services Board areas. The new Health Action Zones are working with their cross-Departmental, multi-sectoral partners to develop detailed action plans for submission to the

Progress on Implementing the DHSSPS Action Plan

Department in October 2001. All Departments have agreed to the introduction of health impact assessments. Work is underway with the Department for Regional Development to pilot the new approach through the Regional Transportation Strategy. Work is also ongoing with the Institute for Public Health, with Departments in Britain and with academic experts to develop the methodology and with the Office of the First and Deputy First Ministers to have it integrated with other assessment systems, including that of equality impact assessment.

- 4.5** A multi-disciplinary Good Practice Guide Working Group has been established to take forward the development of a Good Practice Guide on Travellers and ethnic minorities health service needs. Membership of this Group includes health professionals and representatives from HSS Boards, Trusts and the Equality Commission. Discussions have taken place with the Racial Equality Forum regarding the aims, objectives and content of the Guide and their agreement has been secured.
- 4.6** **On improving access to good quality childcare and family support**, following recommendations from the Childcare Partnerships, twenty-three projects were approved under the Sure Start Programme from areas of high disadvantage. Sure Start aims to work with parents and children aged 0-3 to promote the physical, intellectual and social development of pre-school children, particularly those who are disadvantaged. A typical Sure Start Scheme involves a partnership of statutory and voluntary and community sector organisations. During 2000/01, over £4m was used to sustain a range of childcare provision in disadvantaged areas. Childcare activities to be supported under PEACE II have been agreed by the Monitoring Committee.
- 4.7** A consultation document, agreed by Minister, was issued widely seeking views on proposals for a Children (Leaving Care) Bill. Discussions have been held with key organisations in relation to these proposals. It is now intended to introduce the Bill in Spring 2002. This Bill and associated regulations and guidance will set the overall strategy for care leavers.

Progress on Implementing the DHSSPS Action Plan

- 4.8** **On monitoring and evaluating public health strategies,** an Inter-Sectoral Working Group has been established to develop a comprehensive action plan to tackle tobacco use by October 2001. Membership of the Group includes representatives from the statutory, community and voluntary sectors. A Working Group is also being established to develop a draft implementation plan for promoting mental health and social well-being.
- 4.9** A Drugs Strategy Co-ordinator has been appointed to monitor and co-ordinate action across all Departments, agencies and sectors. This will include the monitoring of over £4.5m which has been allocated to 36 projects aimed at delivering the objectives of the Drugs Strategy, launched in August 1999. The Alcohol Strategy was published in September 2000 and a joint implementation model to take forward both Strategies has recently been agreed by the Executive Committee. The membership and remit of existing groups such as the Central Co-ordinating Group for Action Against Drugs, the Ministerial Group on Drugs and the Drug Co-ordination Teams are currently being extended to incorporate work on the Alcohol Strategy. The new model also involves the establishment of 6 working groups to take forward action on the objectives contained within both the Drug and Alcohol Strategies. The new model is very inclusive and gives the voluntary and community sectors a significant role within structures being created.
- 4.10** A key feature of the New TSN policy is the production of Action Plans by relevant Non-Departmental Public Bodies. Within DHSSPS, HSS Boards, HSS Councils, the Health Promotion Agency and the Fire Authority have developed New TSN Action Plans. The plans, which are effective from 1 April 2001, highlight the commitment of these organisations to implement the New TSN initiative by working with partners, both statutory and in the community, to identify and tackle the needs of disadvantaged people. These plans set out actions to be taken and timescales for implementation and monitoring of progress. HSS Trusts' are required to have their New TSN Action Plans in place by 1 April 2002.

5

Targeting Resources to Meet Need

- 5.1** It is vital that sufficient resources are allocated to areas with high levels of social disadvantage, so that their greater needs can be met to the same extent as with the more affluent areas. Research has shown that the relationship between socio-economic conditions and the need for services varies considerably depending on the nature of the service. In addition to the impact of social circumstances, the need for health and social care is dependent on many other factors such as the size of the population requiring services and the age and gender of the population. All these aspects have to be considered if resources are to be allocated equitably to meet need. It is also necessary to take account of the differential costs of providing services in different areas, for example, the extra staff time and travel costs related to providing community services in a rural setting.
- 5.2** The Capitation Formula Review Group (CFRG), first established in 1994, is a multi-disciplinary group drawn from both the Department and HSS Boards. It has been tasked with reviewing the methodology for allocating Hospital, Community Health and Personal Social Services revenue resources to HSS Boards and suggesting how financial resources could be more effectively allocated to meet need.
- 5.3** The Department commissioned an extensive programme of work to provide evidence as to the comparative need for particular services across areas. The results of this work were published for consultation in the **“Third Report of the Capitation Formula Review Group”**. The primary purpose of this work was to inform the equitable allocation of resources to HSS Boards. However, guidelines were also produced to assist HSS Boards in the equitable allocation of resources to individual HSS Trusts within their area. Similar approaches are currently being used, or are under development, for informing the allocation of elements of the primary care budget. At service level, HSS Boards take account of the impact of the Capitation Formula at local level in determining their investment strategies.

5

Targeting Resources to Meet Need

- 5.4** The Capitation Formula Review Group has drawn up a priority work programme informed by consultation and the equality impact assessment on its Third Report. Disability, unmet need and health inequalities have all been identified as key research areas and several projects are in the process of being commissioned with a view to further improving the formula over the next few years.
- 5.5** Wherever possible, the Department uses relevant information or research to allocate resources. Where specific evidence is not yet available, use is made of more general deprivation indicators in order to rank areas and identify the most needy. The Noble Indicators are particularly valuable in this regard. This work should be seen as complementing, rather than as a substitute for, the Department's own work in relation to deprivation and will be extremely useful in providing an up-to-date snapshot of those local areas with greatest social needs. It will, therefore, have an important role to play in informing, verifying and validating resource allocation decisions.

6

Noble Indicators of Deprivation

- 6.1** New Measures of Deprivation for Northern Ireland have been published by the Northern Ireland Statistics and Research Agency (NISRA). The measures, which are based largely on administrative data sources, were developed on behalf of NISRA by a research team from the University of Oxford and the Queen’s University, Belfast, following consultation with the statutory, voluntary and community sectors in Northern Ireland.
- 6.2** The measures are structured around 51 separate indicators of deprivation which are combined to form 7 individual “domains”, each representing a specific form of deprivation. The domains in turn have been combined to form a ward-based Multiple Deprivation Measure (MDM) on which all 566 Electoral Wards in Northern Ireland can be ranked. In addition to the MDM, a Child Poverty Measure has been constructed at Ward level using available income information.
- 6.3** The measures are likely to be used principally at Ward level but may also be aggregated to District Council level. Finally, pockets of deprivation at sub-ward level (Enumeration District) can be identified, drawing on the Income and Employment domains.
- 6.4** A full report on the new Measures is available on the Northern Ireland Statistics and Research Agency (NISRA) website: **www.nisra.gov.uk**. NISRA will provide advice to Departments and other users of the new Measures on request.

7

Changes to the Action Plan Targets

- 7.1** The Department's New TSN Action Plan targets shown in Section 2 define the action required, who will fulfil the tasks and when action should be taken.
- 7.2** Targets which have been achieved or where substantial progress has been made are recorded in Section 3, indicating the action taken.
- 7.3** In reviewing the Department's Action Plan, several targets have had to be renumbered. **Annex 1** pages 56 and 57 compare revised target numbers with those published in "Making it Work". This will allow readers to relate targets in this Action Plan directly with those already published. **Annex 2** gives the new targets for 2001/2003.

8

Availability of DHSSPS Action Plan

- 8.1** The Action Plan will be accessible on the Department's Internet website at www.dhsspsni.gov.uk. It will also be available in printed form and accessible formats from DHSSPS, Strategic Planning Branch, Room C4.1, Castle Buildings, Belfast BT4 3SJ.
- 8.2** The Action Plan will be made available in large print, Braille, audio cassette, Irish and Chinese and, if requested, the Department will consider translation into other minority ethnic languages.

SECTION 2

Revised New TSN Action Plan Targets

2001/2003

DHSSPS New TSN Action Plan Targets

Business Areas:	Public Safety, Strategic Planning and Information and Analysis Unit (PSSPIAU) Human Resources Directorate (HRD)
Social need to be tackled:	Disadvantage experienced by people, groups and areas
Desired outcome:	<ul style="list-style-type: none"> a. Greater understanding and awareness of the priority to be given to New TSN in all key areas b. Policy and executive responsibilities fulfilled so that New TSN can be effectively implemented throughout DHSSPS and its associated bodies
New TSN Objectives	Targets or Actions and Timescales
<p>DHSSPS 1</p> <p>To raise and maintain awareness of New TSN in DHSSPS and associated bodies.</p>	<ul style="list-style-type: none"> a. Ensure the inclusion of New TSN and community development policies in training and development programmes for staff in the associated bodies, throughout the period of this Plan. (HRD) b. Disseminate to all staff within DHSSPS and its associated bodies information about the New TSN Policy and progress on implementing it within the Department and those bodies, throughout the period of this Plan. (PSSPIAU) c. By April 2002, provide appropriate information and guidance on New TSN to relevant voluntary and community organisations, and ensure that collaborative arrangements are in place to review progress. (PSSPIAU) d. By October 2001, provide HSS Trusts with the support they need to produce their own New TSN Action Plan by 1 January 2002. These Plans will come into effect on 1 April 2002. (PSSPIAU)

DHSSPS New TSN Action Plan Targets

<p>Business Areas:</p>	<p>Public Health Medical and Allied Group (PHMAG) Child and Community Care Directorate (CCCD) Public Safety, Strategic Planning and Information and Analysis Unit (PSSPIAU) Planning and Performance Management Directorate (PPMD) Human Resources Directorate (HRD) Health Estates Agency (HEA) Primary Care Directorate (PCD)</p>
<p>Social need to be tackled:</p>	<p>Poor health and social well-being experienced by disadvantaged people, groups and areas</p>
<p>Desired outcome:</p>	<ul style="list-style-type: none"> a. Efforts effectively targeted to reduce inequalities experienced by disadvantaged people, groups and areas b. Greater social inclusion of disadvantaged people, groups and areas, in particular greater involvement of local people in decision making and improved access to quality childcare in areas of deprivation c. Increased capacity to determine whether the actions being taken by the DHSSPS and its associated bodies are effectively reducing the inequalities experienced by disadvantaged people, groups and areas d. Increased awareness and understanding in all associated bodies of the importance of community development e. Clearer identification of people, groups and areas with greatest health and social need

DHSSPS New TSN Action Plan Targets

New TSN Objectives	Targets or Actions and Timescales
<p>DHSSPS 2 To develop and promote policies and programmes of action which aim to reduce inequalities experienced by disadvantaged people, groups and areas</p>	<p>a. Promote and support, in consultation with affected groups, a multi-sectoral public health agenda that tackles inequalities taking account of the findings of the Acheson Inquiry, throughout the period of this Plan. (PHMAG) (Key milestones: By February 2002, submit a public health strategy to the Executive for endorsement; by May 2002, have in place an inter-agency planning system to implement the strategy.)</p> <p>b. By July 2001 (achieved), launch an "Investing for Healthier Communities" grants programme aimed at improving the health and social well-being of local communities in the most disadvantaged electoral wards and in population groups facing particular health risks arising from social need. Allocate the first round of grants to successful applicants by March 2002. (PHMAG)</p> <p>c. By February 2002, obtain Executive Committee's approval for the development of a Health Impact Assessment methodology and its implementation across the statutory sector. (PHMAG)</p> <p>d. By October 2001, ensure that the Northern and Western Health Boards complete and begin implementation of Health Action Zones Phase 2 in their areas. DHSSPS to review the performance of Health Action Zones Phase 1 and agree their role in the implementation of the Investing for Health Strategy. (PHMAG)</p>

DHSSPS New TSN Action Plan Targets

New TSN Objectives	Targets or Actions and Timescales
	<p>e. By March 2002, produce a memorandum of principles and good practice, including ways for monitoring progress, to ensure that health provision for the Travelling Community and members of minority ethnic groups reflect their specific social and cultural needs. (Key milestone: By September 2001, to have had an initial meeting of the Good Practice Guide Working Group.) (PSSPIAU)</p> <p>f. By September 2001, review the legislative restriction on use of surplus DHSSPS property to enable the use of such property for New TSN-related activities. (HEA)</p> <p>g. Ensure that any pilots undertaken under the Personal Dental Services scheme consider the potential for addressing inequalities in oral health, within three years of the commencement of each pilot. (PCD)</p> <p>h. By March 2002, produce a co-ordinated, cross-Departmental strategy/action plan which will provide support for young mothers, particularly in areas of social need. (PHMAG)</p>

DHSSPS New TSN Action Plan Targets

New TSN Objectives	Targets or Actions and Timescales
<p>DHSSPS 3 To improve access to good quality childcare and family support, targeting those in areas of greatest need as measured by programme of care specific indices</p>	<ul style="list-style-type: none"> a. Monitor the implementation by Childcare Partnerships of local strategies for the development of childcare to ensure that they give particular attention to the needs of rural and disadvantaged areas, throughout the period of the Plan. (CCCD) b. Work with DE, T&EA and Childcare Partnerships to implement the childcare strategy "Children First", targeting those who have been objectively defined as in greatest need, throughout the period of this Plan. (CCCD) c. Work with DEL to maximise use of New Opportunities Fund funding available in 1999-2003 for out of school childcare, giving priority to areas of social need. (CCCD) d. During 2001, use remaining Childhood Fund resources to sustain childcare in disadvantaged areas. (CCCD) e. By March 2002, introduce into the Assembly a Children (Leaving Care) Bill which will enhance the duties placed on HSS Trusts for improving the life chances of young people preparing to leave care and those who have already left care. (CCCD) f. Work through the Regional Forum on Domestic Violence to ensure that services to assist those affected by domestic violence are targeted in areas of social need, throughout the period of this Plan. (CCCD)

DHSSPS New TSN Action Plan Targets

New TSN Objectives	Targets or Actions and Timescales
	<p>g. By March 2003, provide an additional 52 residential care places for children, above the levels in 2000/2001, paying particular attention to areas of greatest social need. (CCCD)</p> <p>h. To have in place by March 2002 pilot schemes for the provision of a parenting support scheme and "wrap-around" scheme offering a range of multi-disciplinary services for disabled children, including medical care, social care, respite care and early years support for disabled children. (CCCD)</p> <p>i. To provide by March 2004 a pilot residential family assessment centre which will develop innovative approaches for dealing with families at risk of breakdown. (CCCD)</p>
<p>DHSSPS 4 To promote the social inclusion of those who are most disadvantaged by encouraging community development approaches and involving local people in decisions about their health and social care needs and the services to be provided.</p>	<p>a. Ensure progress on implementing those recommendations of the report of the Community Development Working Group that can be taken forward within available resources, throughout the period of this Plan. (CCCD)</p> <p>b. By September 2001, examine the extent and nature of existing training in community development for HPSS staff and commission a training programme which will better equip staff in the HPSS 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. (HRD)</p>

DHSSPS New TSN Action Plan Targets

New TSN Objectives	Targets or Actions and Timescales
	<p>c. Encourage HSS Boards and Trusts to develop and implement arrangements to secure the involvement of local people in decision-making, and be able to point to effective examples of the involvement of users, potential users and carers, throughout the period of this Plan. (PPMD)</p> <p>d. By May 2002, to have incorporated a commitment to Workforce Learning Partnerships in the Human Resource Strategy for the HPSS. These Partnerships are aimed at support workers in the HPSS who have few or no qualifications and lack confidence in their ability to learn. (HRD)</p> <p>e. By October 2001 to have agreed a programme plan for a programme designed to address the health and social wellbeing needs of Travellers through a community-led health care programme and associated health promotion activities. Programme to run until 2004. (PHMAG/PSSPIAU)</p> <p>f. Through the Community Care Review currently ongoing (Interim Report due end-September 2001), to seek to improve access to services and involvement in the care planning process and, to ensure that where community care services are needed, they are delivered in the most appropriate setting. (CCCD)</p>

DHSSPS New TSN Action Plan Targets

New TSN Objectives	Targets or Actions and Timescales
<p>DHSSPS 5 To measure the extent to which inequalities experienced by disadvantaged people, groups and areas are being reduced.</p>	<p>a. Ensure that the targeting of social need under the New TSN policy is fully recognised in the conduct of the planned programme of equality impact assessments which will ensure that all Departmental policies promote equality of opportunity, throughout the period of the Plan. (ALL DIRECTORATES)</p> <p>Key milestones: By 1 July 2003 to have carried out Equality Impact Assessments on the following policies which have particular relevance to New TSN:</p> <ul style="list-style-type: none"> • Children’s Services. (CCCD) • Family support/Children in Need; Social Services for children with a disability. (CCCD) • Funding for Voluntary and Community Organisations. (CCCD) • Assessment and Care Management. (CCCD) • Learning Disability. (CCCD) • Oral Health Strategy. (PCD) • Drug and Alcohol Strategy. (PHMAG) • Tobacco Control. (PHMAG) • Investing for Health. (PHMAG) • Mental Health Promotion Strategy/Prevention of Suicide. (CCCD) • Teenage Parenthood. (PHMAG) • Capital Investment Strategy/General Capital Review (PPMD) • Sure Start (CCCD)

DHSSPS New TSN Action Plan Targets

New TSN Objectives	Targets or Actions and Timescales
	<p>b. Monitor and evaluate specific public health strategies, including those dealing with tobacco, drugs misuse, alcohol misuse and mental health promotion, for their ability to reduce inequalities and to take appropriate consequential action, throughout the period of this Plan. (Key milestones: By June 2002, publish a comprehensive action plan, with an equality impact assessment, to tackle tobacco use across Northern Ireland; by June 2002 publish an inter-agency action plan, with an equality impact assessment, for the promotion of mental and emotional health.) (PHMAG)</p> <p>c. Ensure that associated bodies identify, implement and evaluate interventions which successfully reduce inequalities locally, throughout the period of this Plan. (PPMD)</p> <p>d. Encourage the use of the guidance provided by DSD Voluntary Activity Unit on monitoring and evaluation of community development by all Departments and agencies whose policies impact on health and social well-being, throughout the period of this Plan. (PSSPIAU)</p> <p>e. By December 2001, assess the feasibility of establishing a monitoring system to review on a regular basis inequalities experienced within disadvantaged areas in the utilisation of, and access to, services. (PSSPIAU)</p>

DHSSPS New TSN Action Plan Targets

New TSN Objectives	Targets or Actions and Timescales
	<p>f. By September 2002, assuming a feasible monitoring system to review inequalities experienced within disadvantaged areas in the utilisation of, and access to services is identified, develop proposals on implementation and consult. (PSSPIAU)</p> <p>g. Encourage associated bodies to evaluate routinely the impact on inequalities of all community development programmes, throughout the period of this Plan. (CCCCD)</p> <p>h. Ensure that a cross-departmental response is taken to implement the Drugs Strategy which has four key aims – reducing drug misuse among young people, involving local communities in addressing drug misuse, providing appropriate treatment for drug users, and reducing the availability of drugs, throughout the period of the Plan. (Key milestones: By September 2001, complete discussions on the joint implementation system for the Drugs and Alcohol Strategies; by December 2001 complete arrangements for joint implementation; by December 2001 complete review of the Drug Co-ordination Teams.) (PHMAG)</p>

DHSSPS New TSN Action Plan Targets

<p>Business Areas:</p>	<p>Public Safety, Strategic Planning and Information and Analysis Unit (PSSPIAU) Directorate of Information Systems (DIS) Finance Directorate (FD) Primary Care Directorate (PCD)</p>
<p>Social need to be tackled:</p>	<p>Poor health and social well-being experienced by disadvantaged people, groups and areas</p>
<p>Desired outcome:</p>	<p>a. Clearer identification of people, groups and areas with greatest health and social need b. Efforts effectively targeted and necessary resources skewed to disadvantaged people, groups and areas with the greatest health and social care needs c. Increased capacity to determine whether the actions being taken by the DHSSPS and its associated bodies are effectively reducing the inequalities experienced by disadvantaged people, groups and areas</p>
<p>New TSN Objectives</p>	<p>Targets or Actions and Timescales</p>
<p>DHSSPS 6 To identify those in greatest health and social need</p>	<p>a. By May 2002, ensure that New TSN is fully addressed throughout the conduct of the Department's Review of Business Information Needs (RoBIN); and by July 2002, consider ways to address any New TSN-related information gaps that are identified in the RoBIN. (PSSPIAU)</p>

DHSSPS New TSN Action Plan Targets

New TSN Objectives	Targets or Actions and Timescales
	<p>b. By September 2001, investigate, through the three sub groups of the Equality Information Steering Group, the possibility of improving occupation/social class information across the broad range of HPSS administrative systems used by HSS Boards, Trusts and Agencies. (PSSPIAU)</p> <p>c. By September 2002, implement a Unique Patient and Client Identifier which will lead to improved accuracy and reliability of information and enable more detailed analysis relating to inequalities in health. (DIS)</p> <p>d. By March 2003, prepare and publish a "state of the region" report based on findings of the Health and Social Well-being Survey and other sources. (PSSPIAU)</p> <p>e. By March 2003, refine the general indicator of need for health and social care services in line with revisions to the HSS Board Capitation Formula. (PSSPIAU)</p> <p>f. From June 2001, consider the application of Noble Indices of relative deprivation on a case by case basis, along with other indicators of health and social need, in targeting the Department's programmes and resources. (PSSPIAU)</p>

DHSSPS New TSN Action Plan Targets

New TSN Objectives	Targets or Actions and Timescales
	<ul style="list-style-type: none"> g. By September 2001, investigate, through the recently established sub-groups of the Equality Information Steering Group, the possibility of improving geographical identifiers across the broad range of HPSS administrative information systems used by HSS Boards, HSS Trusts and Agencies and make recommendations for addressing gaps and deficiencies identified. (PSSPIAU) h. By September 2001, map community pharmacies to areas of relative deprivation; and by March 2002, identify the nature of community pharmacy services in these areas and how services could be best oriented to address health inequality needs. (PSSPIAU)
<p>DHSSPS 7 To reduce inequalities experienced by disadvantaged people, groups and areas by matching resources to health and social care needs.</p>	<ul style="list-style-type: none"> a. Review additional needs indicators in the Physical and Sensory Disability, Health Promotion and Disease Prevention, and Primary Health and Adult Community programmes of care, following completion of the Learning Disability Study due in May 2002. (FD) b. By December 2002, refine the Acute Services programme of care allocation formula, including weightings for social need. (FD) c. Over a 3-year period, implement the agreed recommendation of the Capitation Formula Review Group to ensure more equitable distribution of resources to HSS Boards. (FD)

DHSSPS New TSN Action Plan Targets

New TSN Objectives	Targets or Actions and Timescales
	<ul style="list-style-type: none"> d. By March 2003, develop capitation-based methodology, including weightings for social need, for General Medical Services cash limited funding. (PCD) e. Ensure that GP Health Promotion payments are effectively used and targeted on disadvantaged people, throughout the period of this Plan. (PCD) f. By March 2002, appraise the size and effectiveness of deprivation-related payments to GPs, in meeting the needs of the most disadvantaged populations. (PCD) g. By July 2002, agree procedures for linking allocation of resources by HSS Boards directly to needs assessments and measuring the impact of such allocations on reducing inequalities. (FD) h. By March 2002, develop action programmes to agree measures and milestones, which will demonstrate that HSS Boards are taking purposeful steps to skew resources to reduce inequalities. (FD) i. To work with the Department of Finance and Personnel (DFP) to develop a system to identify and monitor New TSN expenditure that will meet the financial information needs of both DFP and the Department, to take effect from April 2003. (FD) j. By April 2002, develop a system which enables the Department to state more clearly New TSN implications (pluses and minuses) within the in-year monitoring of annual Spending Reviews. (FD)

DHSSPS New TSN Action Plan Targets

New TSN Objectives	Targets or Actions and Timescales
<p>DHSSPS 8 To provide evidence which supports informed decision making on tackling inequalities.</p>	<ul style="list-style-type: none"> k. By April 2002 request Budget Holders to identify any New TSN implications of bids for additional resources and possible budget reductions in future public expenditure reviews and in-year monitoring rounds and highlight these in submissions to the Top Management Group. (FD) l. Within two months of receiving the new guidance from the Department of Finance and Personnel, ensure that all new policies, programmes and projects are subject to economic appraisals which includes how to consider New TSN issues. (PSSPIAU) m. Within two months of the receipt of central guidance, ensure that New TSN is factored into the policy reviews conducted by the Department. (PSSPIAU) <ul style="list-style-type: none"> a. By July 2002, put in place an agreed programme of New TSN-related research which will support informed decision-making in tackling health and social need. (Key milestones: By October 2001, hold a workshop to identify key priorities for research; and by December 2001, have an agreed programme for research.) (PSSPIAU) b. By July 2002, arrange the first of a series of annual workshops with Departmental business areas, associated bodies and the Research and Development Office for the HPSS to obtain agreement for the Department and its associated bodies to report the impact on inequalities of New TSN-related interventions, relevant research and evaluations and to participate in annual workshops to update knowledge and co-ordinate activities. (PSSPIAU)

DHSSPS New TSN Action Plan Targets

New TSN Objectives	Targets or Actions and Timescales
	<p>c. By January 2002, create a register of New TSN-relevant research and evaluations and publish the register on the Departmental intranet website. (PSSPIAU)</p> <p>d. By March 2002, prepare an Action Plan for Drug and Alcohol Information and Research to support joint implementation of the Department's Drug and Alcohol Strategies. (Key milestones: by December 2001, consult with other Departments, agencies, voluntary and community groups; and by March 2002, revise the Strategy and publish.) (PSSPIAU)</p> <p>e. From April 2001, work with other Departments through the New TSN Statistical Sub Group to advance research and information on New TSN, throughout the period of the Plan. (PSSPIAU)</p>

SECTION 3

**Targets/Actions Achieved or
where substantial progress has
been made in the published
“Making It Work” Targets for
2000/2002**

DHSSPS Targets Achieved or Substantial Progress Made

<p>Business Areas:</p>	<p>Public Safety, Strategic Planning and Information and Analysis Unit (PSSPIAU) Personnel and Corporate Services Directorate (PCSD)</p>
<p>Social need to be tackled:</p>	<p>Disadvantage experienced by people, groups and areas</p>
<p>Desired outcome:</p>	<p>a. Greater understanding and awareness of the priority to be given to New TSN in all key areas b. Policy and executive responsibilities fulfilled so that New TSN can be effectively implemented throughout DHSSPS and its associated bodies</p>
<p>New TSN Objectives</p> <p>DHSSPS 1 To ensure that New TSN is embedded in DHSSPS plans</p>	<p>Targets or Actions and Timescales</p> <p>a. By March 2001, establish a high level co-ordinating committee to take forward New TSN within DHSSPS and ensure effective co-operation and collaboration with all associated bodies. (PSSPIAU) Target achieved: The Departmental Board has approved the establishment of a New TSN Co-ordinating Committee to take forward the policy. Membership of the Committee is drawn from senior staff within the Department, HSS Boards, HSS Trusts, the Institute of Public Health and the Community Development and Health Network.</p> <p>b. Ensure that New TSN considerations are built into the strategic and corporate plans of DHSSPS and its associated bodies and include targets in the business plans of Directorates within the Department, throughout the period of this Plan. (PSSPIAU)</p>

DHSSPS Targets Achieved or Substantial Progress Made

New TSN Objectives	Targets or Actions and Timescales
<p>DHSSPS 2 To raise and maintain awareness of New TSN in DHSSPS & associated bodies and ensure New TSN is embedded in the plans of the Department's associated bodies.</p>	<p>Target achieved: New TSN objectives have been incorporated into the Department's Corporate Plan 2001/02 – 2003/04 and Priorities for Action 2001/02 – the guidelines, objectives and targets for the Health and Personal Social Services. Business Areas have been instructed to include New TSN targets/actions in respective Directorate Business Plans.</p> <p>a. By March 2001, ensure that New TSN is built into DHSSPS staff training and development programmes, so that all staff are aware of the aims, objectives and targets under the New TSN policy. (PCSD) Target achieved: A series of Introductory Briefings on New TSN were delivered to senior and middle managers and other key staff throughout the Department. Managers have been instructed to make other staff aware of New TSN at Team Briefing sessions. Procedures for introducing new staff to the Department have also been amended to include briefing on New TSN. New TSN briefing material will be placed on the Departmental Intranet website.</p> <p>d. By October 2000, provide the associated bodies with the information and guidance they need to produce their own New TSN Action Plans by 1 January 2001. These plans will come into effect on 1 April 2001. (PSSPIAU) Target achieved: Information and guidance to assist associated bodies to develop their own New TSN Action Plan was issued in October 2000. Meetings have taken place between Departmental officials and representatives of HSS Boards, HSS Councils, the Fire Authority, the Food Safety Promotion Board and the Health Promotion Agency. Each of these bodies have developed a New TSN Action Plan.</p>

DHSSPS Targets Achieved or Substantial Progress Made

New TSN Objectives	Targets or Actions and Timescales
	<p>f. By June 2001, provide HSS Trusts with the information and guidance they need to produce their own New TSN Action Plan by 1 January 2002. These Plans will come into effect on 1 April 2002. (PSSPIAU)</p> <p>Progress to date: Information and guidance to assist HSS Trusts to develop their own New TSN Action Plan was issued in October 2000. The Department plans to organise a workshop in conjunction with HSS Boards to provide further support to enable HSS Trusts to produce their own New TSN Action Plan which will become effective on 1 April 2002.</p>

DHSSPS Targets Achieved or Substantial Progress Made

<p>Business Areas:</p>	<p>Public Health Medical and Allied Group (PHMAG) Child and Community Care Directorate (CCCD) Public Safety, Strategic Planning and Information and Analysis Unit (PSSPIAU) Planning and Performance Management Directorate (PPMD)</p>
<p>Social need to be tackled:</p>	<p>Poor health and social well-being experienced by disadvantaged people, groups and areas</p>
<p>Desired outcome:</p>	<p>a. Efforts effectively targeted to reduce inequalities experienced by disadvantaged people, groups and areas</p> <p>b. Greater social inclusion of disadvantaged people, groups and areas, in particular greater involvement of local people in decision making and improved access to quality childcare in areas of deprivation</p> <p>c. Increased capacity to determine whether the actions being taken by the DHSSPS and its associated bodies are effectively reducing the inequalities experienced by disadvantaged people, groups and areas</p> <p>d. Increased awareness and understanding in all associated bodies of the importance of community development</p> <p>e. Clearer identification of people, groups and areas with greatest health and social need</p>

DHSSPS Targets Achieved or Substantial Progress Made

New TSN Objectives	Targets or Actions and Timescales
<p>DHSSPS 3 To develop and promote policies and programmes of action which aim to reduce inequalities experienced by disadvantaged people, groups and areas</p>	<p>a. Promote and support, in consultation with affected groups, a multi-sectoral public health agenda that tackles inequalities taking account of the findings of the Acheson Inquiry, throughout the period of this Plan. (PHMAG)</p> <p>(Key milestones: By November 2000, publish for consultation a new public health strategy which will seek to improve the health status of the total population but will target in particular the health inequalities which exist in areas of social need. By April 2001, complete the public consultation on "Investing in Health"; by September 2001, publish a public health strategy; by December 2001, have in place an inter-agency planning system to implement the strategy.)</p> <p>Progress to date: A consultation paper was published by Minister on behalf of the Ministerial Group on Public Health on 30 November 2000. There was a wide ranging public consultation process managed jointly with the Community Development and Health Network using a range of non-traditional consultation methods to reach individuals and groups who often have difficulty having their voices heard. Seven workshops have been held for excluded groups, five community based art projects and a photography competition. There have been 22 public meetings organised through local community groups and a number of statutory and inter-agency meetings. The consultation closing date was extended to 31 May 2001 to allow for the impact of Foot and Mouth on public meetings in rural areas. Consultation was successfully completed with over 250 responses. The final Strategy will be produced for endorsement by the Executive in October 2001. Discussions are under way on the process for setting up Investing for Health Partnerships and introducing inter-agency Health and Well-being Investment Plans.</p>

DHSSPS Targets Achieved or Substantial Progress Made

New TSN Objectives	Targets or Actions and Timescales
	<p>b. By March 2001, establish an agreed methodology and approach which would evaluate the implications of major new policies in all Departments in relation to health and health inequalities. (PHMAG)</p> <p>Target achieved: All Departments have agreed to the introduction of health impact assessment. The Investing for Health Team is working with Department for Regional Development colleagues to pilot the new approach through the Regional Transportation Strategy. The Team is also working with the Institute for Public Health, with Departments in Britain, and with academic experts, to develop the methodology, and with the Office of the First and Deputy First Ministers to integrate it with other assessment systems, including equality impact assessment.</p> <p>c. By January 2001, collaborate with DE, DSD and DEL and their associated bodies in the development of Health Action Zones and establish Health Action Zones (second phase) and support and advise the New Opportunities Fund in the development of Healthy Living Centres as a multi-agency approach to tackling persistent public health problems in areas of greatest need. (PHMAG)</p> <p>Target achieved: Following an application process, a multi-agency assessment panel recommended two new Health Action Zones be established. Minister endorsed the panel's recommendations and two new Health Action Zones were announced in January 2001 in the Western and Northern Health Board areas. The new Health Action Zones are working with their cross-Departmental, multi-sectoral partners to develop Action Plans. Ongoing support and advice has been given to the New Opportunities fund in connection with Healthy Living Centres, including participation in the assessment process to consider applications for Healthy Living Centre status.</p>

DHSSPS Targets Achieved or Substantial Progress Made

New TSN Objectives	Targets or Actions and Timescales
	<p>d. By April 2001, produce a memorandum of principles and good practice, including ways for monitoring progress, to ensure that health provision for the Travelling Community and members of minority ethnic groups reflect their specific social and cultural needs. (PSSPIAU)</p> <p>Progress to date: A multi-disciplinary Good Practice Guide Working Group has been established. Membership of the Group includes health professionals and representatives from HSS Boards, Trusts and the Equality Commission. Discussions have taken place with the Minority Ethnic Forum regarding the aims, objectives and content of the Guide and their agreement has been secured.</p> <p>g. By November 2000, publish the report of the PSI Working Group on teenage parenthood and consult on proposals; and by June 2001 complete analysis of the responses to the public consultation and produce a co-ordinated, cross-Departmental strategy which will provide support for young mothers, particularly in areas of social need. (PHMAG)</p> <p>Progress to date: The report "Myths and Reality" was launched by Minister on 8 November 2000, and issued to a wide range of statutory, voluntary and community organisations. It was presented to the Assembly's Health Committee in January 2001. In response to demand, the consultation period was extended to March 2001. Funding was provided to Northlands, Youth Action, Belfast Brook Advisory and Family Planning Association to facilitate focus groups during March and April 2001. Consultation responses were analysed by end of June 2001.</p>

DHSSPS Targets Achieved or Substantial Progress Made

New TSN Objectives	Targets or Actions and Timescales
<p>DHSSPS 4 To improve access to good quality childcare and family support, targeting those in areas of greatest need as measured by programme of care specific indices</p>	<p>h. By April 2001, ensure that HSS Boards' New TSN Action Plans include measures for tackling inequalities in the following areas: accidents, cancers, circulatory diseases, diabetes, immunisation, infant mortality, nutrition (including breast feeding), smoking, physical activity, drugs and solvent abuse and alcohol consumption. (PPMD)</p> <p>Target achieved: HSS Board's New TSN Action Plans, which became effective from 1 April 2001, include measures for tackling inequalities in the following areas: accidents, cancers, circulatory diseases, diabetes, immunisation, infant mortality, nutrition, breast feeding, smoking, physical activity, drugs and solvent abuse and alcohol consumption. In future, it is proposed that HSS Boards will be required to report on these measures within their Health and Well-being Investment Plans.</p>
	<p>c. By September 2000, initiate the first stage of Sure Start programmes targeted on families with young children in disadvantaged areas, identified by Childcare Partnerships. (CCCD)</p> <p>Target achieved: From September 2000, 15 Sure Start projects were developed across the region aimed at families with young children in disadvantaged areas.</p>

DHSSPS Targets Achieved or Substantial Progress Made

New TSN Objectives	Targets or Actions and Timescales
	<p>d. By September 2001, introduce additional Sure Start projects to ensure coverage of the most disadvantaged areas identified by Childcare Partnerships. (CCCD) Target achieved: During the first half of 2001, a further 8 Sure Start projects were established across the region aimed at families with young children in disadvantaged areas.</p> <p>f. During 2000, use remaining Childhood Fund resources to sustain childcare in disadvantaged areas. (CCCD) Target achieved: During 2000, Childhood Fund resources totalling £4.78m were used to sustain a range of childcare provision in disadvantaged areas.</p> <p>g. In consultation with relevant partners, develop proposals, by September 2000, for using the next round of EU Structural Funds (2000-2006) including the new Special Programme, to provide quality childcare and family support for those who are in the most disadvantaged areas. (CCCD) Target achieved: The draft "Programme Complement" for the Childcare Measure to be included in the new round of EU Structural Funds was drafted by September 2000 and subsequently issued for widespread consultation across the childcare constituency. In June 2001, final approval was given by the PEACE II Monitoring Committee to the content of the Programme Complement.</p>

DHSSPS Targets Achieved or Substantial Progress Made

New TSN Objectives	Targets or Actions and Timescales
	<p>h. By May 2001, develop and consult on a strategy for ensuring that every young person leaving care will receive the same help and support as would be given by a good parent. Arrange implementation of the final strategy as soon as possible following completion of consultation. (CCCD)</p> <p>Progress to date: a consultation document, agreed by Minister, was issued for widespread consultation on 29 March 2001. The consultation period ended on 1 June 2001. Following consultation it is intended to introduce a Children (Leaving Care) Bill in the autumn 2001. The Bill and associated regulations and guidance will set the overall strategy for care leavers.</p>
<p>DHSSPS 6 To measure the extent to which inequalities experienced by disadvantaged people, groups and areas are being reduced.</p>	<p>c. Build into all Departmental New TSN-related interventions an effective method of monitoring and evaluating the impact on inequalities, throughout the period of this Plan. (PSSPIAU)</p> <p>This target has been amalgamated with Target DHSSPS 8b in Section 2.</p>

DHSSPS Targets Achieved or Substantial Progress Made

<p>Business Areas:</p>	<p>Public Safety, Strategic Planning and Information and Analysis Unit (PSSPIAU) Finance Directorate (FD)</p>
<p>Social need to be tackled:</p>	<p>Poor health and social well-being experienced by disadvantaged people, groups and areas</p>
<p>Desired outcome:</p>	<p>a. Clearer identification of people, groups and areas with greatest health and social need b. Efforts effectively targeted and necessary resources skewed to disadvantaged people, groups and areas with the greatest health and social care needs c. Increased capacity to determine whether the actions being taken by the DHSSPS and its associated bodies are effectively reducing the inequalities experienced by disadvantaged people, groups and areas</p>
<p>New TSN Objectives</p>	<p>Targets or Actions and Timescales</p>
<p>DHSSPS 7 To identify those in greatest health and social need</p>	<p>a. By March 2001, identify and make arrangements to secure the information needed to carry out effective population needs assessment covering each of the key areas in the Regional Strategy. (PSSPIAU) NOTE: This action point has been replaced by a new target (DHSSPS 6a) which relates to the Department's Review of Business Information Needs (RoBIN). The action point has been replaced with a more appropriate target because the Department is currently commissioning a Review of its Business Information Needs which will take account of those of the HPSS;</p>

DHSSPS Targets Achieved or Substantial Progress Made

New TSN Objectives	Targets or Actions and Timescales
	<p>the Regional Strategy has been succeeded by the Programme for Government, Priorities for Action, Service Investment Plans, Service Delivery Plans and Investing for Health; the HSS Boards are now engaged in a wide ranging exercise to inform the development and revision of strategy, policy and service delivery.</p> <p>b. By September 2001, investigate the possibility of improving occupation information in the routine HPSS administrative systems. The Patient Administration System will be investigated first. (PSSPIAU) This target has been revised and is an expansion of what was envisaged in the original target. An assessment of the occupation/social class variable has been included in the workplan of the recently established Equality Information Steering Group (EISG). The three EISG sub groups will examine the availability and coverage of occupation/social class information on all systems holding individual level data.</p> <p>e. By March 2003, investigate the feasibility of developing a general indicator of need for health and social care services which is applicable to all client groups. (PSSPIAU) Progress to date: An indicator of need was developed by March 2001 based on the revised HSS Board Capitation Formula. This indicator will further be refined as outstanding work on the capitation formula is progressed in 2001/02 and 2002/03.</p>

DHSSPS Targets Achieved or Substantial Progress Made

New TSN Objectives	Targets or Actions and Timescales
<p>DHSSPS 8 To reduce inequalities experienced by disadvantaged people, groups and areas by matching resources to health and social care needs.</p>	<p>c. With effect from June 2000, examine the stability of the HSS Board allocation formula for populations of varying sizes. (FD) Target achieved: This issue was initially examined in June 2000 and a submission was made to the Department on the ability of the formula to support delegated commissioning structures envisaged under "Fit for the Future". The issue was also fully debated in the 3rd report of the Capitation Formula Review Group, published in October 2000.</p> <p>e. By January 2001, develop a further programme of work to further improve the sensitivity of the Capitation Formula to health and social care need based on the recommendations of the 3rd Report of the Capitation Formula Review Group (FD) Target achieved: The programme of work to improve the sensitivity of the Capitation Formula to health and social care need has been developed. This includes research into current need and health inequalities; determinants of need for the physical and sensory disability programme; a learning disability prevalence study; and a number of other refinements to the current formula.</p> <p>f. By April 2001, prepare guidelines for HSS Boards on application of the DHSSPS Capitation Formula at sub-Board level. (FD) Target achieved: Guidelines for HSS Boards on application of the DHSSPS capitation formula at sub-Board level have been prepared and are included in the 3rd report of the Capitation Formula Review Group.</p>

DHSSPS Targets Achieved or Substantial Progress Made

New TSN Objectives	Targets or Actions and Timescales
<p>DHSSPS 9 To provide evidence which supports informed decision making on tackling inequalities.</p>	<p>g. By January 2001, evaluate the case for earmarking a limited amount of funds to help Boards refocus expenditure to better match identified New TSN-relevant needs with service provision. (FD) Target achieved: A paper on this subject was produced earlier this year which considered the case for earmarking a limited amount of funds to help HSS Boards refocus expenditure to better match identified New TSN-relevant needs with service provision. Taking account of the fact that New TSN issues needed to be mainstreamed into resource deployment decisions and that steps needed to be taken to ensure stability in Board baseline allocation, no separate earmarked pool of funds was identified. The allocation formula already ensures significant targeting of need.</p> <p>b. By March 2001, review how best to secure the effective co-ordination and support of New TSN research, the evaluation of New TSN interventions and dissemination of related information. (PSSPIAU) NOTE: This target has been replaced by new target DHSSPS 8b.</p> <p>c. By March 2002, assist in the dissemination of examples of interventions aimed at tackling inequalities by creating a register of New TSN-relevant evaluations. (PSSPIAU) NOTE: This target has been amended and deadline brought forward. An overview of research and evaluations on Targeting Health and Social Need from 1990 to 2000 has been completed. It will form the basis of a register of New TSN-relevant research and evaluations. This will be made available on the Departmental intranet website.</p>

ANNEX 1

Revised Target Numbers

MAKING IT WORK	NEW TSN ACTION PLAN TARGET NUMBERS	OUTCOME
DHSSPS 1a	-	achieved
DHSSPS 1b	-	achieved
DHSSPS 2a	-	achieved
DHSSPS 2b	1a	target unchanged
DHSSPS 2c	1b	target unchanged
DHSSPS 2d	-	achieved
DHSSPS 2e	1c	date amended
DHSSPS 2f	1d	date amended
DHSSPS 3a	2a	date of milestone amended
DHSSPS 3b	-	achieved
DHSSPS 3c	-	achieved
DHSSPS 3d	2e	date amended - key milestone added
DHSSPS 3e	2f	date amended
DHSSPS 3f	2g	target unchanged
DHSSPS 3g	2h	date amended
DHSSPS 3h	-	achieved
DHSSPS 4a	3a	target unchanged
DHSSPS 4b	3b	target unchanged
DHSSPS 4c	-	achieved
DHSSPS 4d	-	achieved
DHSSPS 4e	3c	target unchanged
DHSSPS 4f	3d	achieved in 2000 but rolled forward in 2001
DHSSPS 4g	-	achieved
DHSSPS 4h	3e	target amended
DHSSPS 4i	3f	target unchanged
DHSSPS 4j	3g	target unchanged
DHSSPS 5a	4a	target unchanged
DHSSPS 5b	4b	target unchanged
DHSSPS 5c	4c	target unchanged
DHSSPS 6a	5a	milestones added
DHSSPS 6b	5b	key milestones added
DHSSPS 6c	8b	amalgamated with DHSSPS 8b
DHSSPS 6d	5c	target unchanged

ANNEX 1

Revised Target Numbers

MAKING IT WORK	NEW TSN ACTION PLAN TARGET NUMBERS	OUTCOME
DHSSPS 6e	5d	target unchanged
DHSSPS 6f	5e	date amended
DHSSPS 6g	5g	target unchanged
DHSSPS 6h	5h	key milestones added
DHSSPS 7a	6a	replaced by new target DHSSPS 6a
DHSSPS 7b	6b	target amended
DHSSPS 7c	6c	target unchanged
DHSSPS 7d	6d	target unchanged
DHSSPS 7e	6e	target amended
DHSSPS 8a	7a	date amended
DHSSPS 8b	7b	target unchanged
DHSSPS 8c	-	achieved
DHSSPS 8d	7c	target unchanged
DHSSPS 8e	-	achieved
DHSSPS 8f	-	achieved
DHSSPS 8g	-	achieved
DHSSPS 8h	7d	date amended
DHSSPS 8i	7e	target unchanged
DHSSPS 8j	7f	target unchanged
DHSSPS 8k	7g	date amended
DHSSPS 8l	7h	date amended
DHSSPS 9a	8a	date amended - key milestones added
DHSSPS 9b	8b	replaced by new target DHSSPS 8b
DHSSPS 9c	8c	target amended

ANNEX 1

New Targets for 2001/2003

The following new targets have been added to the Action Plan:

- DHSSPS 2b By July 2001, launch an "Investing for Healthier Communities" grants programme aimed at improving the health and social well-being of local communities in the most disadvantaged electoral wards and in population groups facing particular health risks arising from social need. Allocate the first round of grants to successful applicants by March 2002. (PHMAG)
- DHSSPS 2c By February 2002, obtain Executive Committee's approval for the development of a Health Impact Assessment methodology and its implementation across the statutory sector. (PHMAG)
- DHSSPS 2d By October 2001, the Northern and Western Health Boards to complete and begin implementation of Health Action Zones Phase 2 in their areas. DHSSPS to review the performance of Health Action Zones Phase 1 and agree their role in the implementation of the Investing for Health Strategy. (PHMAG)
- DHSSPS 3h To have in place by March 2002 pilot schemes for the provision of a parenting support scheme and "wrap-around" scheme offering a range of multi-disciplinary services for disabled children, including medical care, social care, respite care and early years support for disabled children. (CCCD)
- DHSSPS 3i To provide by March 2004 a pilot residential family assessment centre which will develop innovative approaches for dealing with families at risk of breakdown. (CCCD)

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New Targets for 2001/2003

- DHSSPS 4d By May 2002, to have incorporated a commitment to Workforce Learning Partnerships in the Human Resource Strategy for the HPSS. These Partnerships are aimed at support workers in the HPSS who have few or no qualifications and lack confidence in their ability to learn. (HRD)
- DHSSPS 4e By October 2001 to have agreed a programme plan for a programme designed to address the health and social wellbeing needs of Travellers through a community-led health care programme and associated health promotion activities. Programme to run until 2004. (PHMAG/PSSPIAU)
- DHSSPS 4f Through the Community Care Review currently ongoing (Interim Report due end-September 2001), to seek to improve access to services and involvement in the care planning process and, to ensure that where community care services are needed, they are delivered in the most appropriate setting. (CCCD)
- DHSSPS 5f By September 2002, assuming a feasible monitoring system to review inequalities experienced within disadvantaged areas in the utilisation of, and access to services is identified, develop proposals on implementation and consult. (PSSPIAU)
- DHSSPS 6a By May 2002, ensure that New TSN is fully addressed throughout the conduct of the Department's Review of Business Information Needs (RoBIN); and by July 2002, consider ways to address any New TSN-related information gaps that are identified in the RoBIN. (PSSPIAU)

ANNEX 1

New Targets for 2001/2003

- DHSSPS 6f From June 2001, consider the application of Noble Indices of relative deprivation on a case by case basis, along with other indicators of health and social need, in targeting the Department's programmes and resources. (PSSPIAU)
- DHSSPS 6g By September 2001, investigate, through the recently established sub-groups of the Equality Information Steering Group, the possibility of improving geographical identifiers across the broad range of HPSS administrative information systems used by HSS Boards, HSS Trusts and Agencies and make recommendations for addressing gaps and deficiencies identified. (PSSPIAU)
- DHSSPS 6h By September 2001, map community pharmacies to areas of relative deprivation; and by March 2002, identify the nature of community pharmacy services in these areas and how services could be best oriented to address health inequality needs. (PSSPIAU)
- DHSSPS 7i To work with the Department of Finance and Personnel (DFP) to develop a system to identify and monitor New TSN expenditure that will meet the financial information needs of both DFP and the Department, to take effect from April 2003. (FD)
- DHSSPS 7j By April 2002, develop a system which enables the Department to state more clearly New TSN implications (pluses and minuses) within the in-year monitoring of annual Spending Reviews. (FD)
- DHSSPS 7k By April 2002 request Budget Holders to identify any New TSN implications of bids for additional resources and possible budget reductions in future public expenditure

ANNEX 1

New Targets for 2001/2003

reviews and in-year monitoring rounds and highlight these in submissions to the Top Management Group. (FD)

- DHSSPS 7I Within two months of receiving the new guidance from the Department of Finance and Personnel, ensure that all new policies, programmes and projects are subject to economic appraisals which includes how to consider New TSN issues. (PSSPIAU)
- DHSSPS 7m Within two months of the receipt of central guidance, ensure that New TSN is factored into the policy reviews conducted by the Department. (PSSPIAU)
- DHSSPS 8b By July 2002, arrange the first of a series of annual workshops with Departmental business areas, associated bodies and the Research and Development Office for the HPSS to obtain agreement for the Department and its associated bodies to report the impact on inequalities of New TSN-related interventions, relevant research and evaluations and to participate in annual workshops to update knowledge and co-ordinate activities. (PSSPIAU)
- DHSSPS 8d By March 2002, prepare an Action Plan for Drug and Alcohol Information and Research to support joint implementation of the Department's Drug and Alcohol Strategies. Key milestones: by December 2001, consult with other Departments, agencies, voluntary and community groups; and by March 2002, revise the Strategy and publish. (PSSPIAU)
- DHSSPS 8e From April 2001, work with other Departments through the New TSN Statistical Sub Group to advance research and information on New TSN, throughout the period of the Plan. (PSSPIAU)

ANNEX 2

References

Investing for Health (2000 – on the internet at www.dhsspsni.gov.uk/publications/).

Myths and Reality (2000 – on the internet at www.dhsspsni.gov.uk/publications/).

Third Report of the Capitation Formula Review Group, (2000 – on the internet at www.dhsspsni.gov.uk/publications/).

Making It Work: the New TSN Action Plan Report (2001 - on the internet at www.newtsni.gov.uk).

ANNEX 3

Abbreviations

CCCD	Child and Community Care Directorate
DE	Department of Education
DEL	Department for Employment and Learning
DFP	Department of Finance and Personnel
DHSSPS	Department of Health Social Services and Public Safety
DIS	Directorate of Information Systems
DSD	Department for Social Development
FD	Finance Directorate
HEA	Health Estates Agency
HPSS	Health and Personal Social Services
HRD	Human Resource Directorate
HSS	Health and Social Services
NDPB	Non Departmental Public Body
New TSN	New Targeting Social Need
PCD	Primary Care Directorate
PCSD	Personnel and Corporate Services Directorate
PHMAG	Public Health Medical and Allied Group
PPMD	Planning and Performance Management Directorate
PSSPIAU	Public Safety, Strategic Planning and Information and Analysis Unit
RoBIN	Review of Business Information Needs
T&EA	Training and Employment Agency
VAU	Voluntary Activity Unit

Notes

New
TSN