

## PLANNED OUTCOMES 2006-08

	Report									
	Achievable Status			Comments, including progress on baseline/level of achievement to date						
	Sept 06	Dec 06	Mar 07							
<b><u>Planned Outcome: Improving Health and Well-being</u></b>										
1.1 By 31 December 2006, Boards and Trusts should ensure a 24 hour infection control service, including the services of a specialist infection and control team.										
1.2 By 31 March 2007, to increase the proportion of adults who do not smoke from 73% to 75%.										
1.3 By 31 March 2007, Boards, Trusts and Investing for Health partnerships to contribute to a reduction in the rate of births to teenage mothers under 17 by 40% from 4.1 (per 1000 under 17) to 2.4 (per 1000 girls under 17).				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Baseline</td> <td style="width: 50%; text-align: center;">Current Position</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	Baseline	Current Position				
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	<b>Sept 06</b>	<b>Dec 06</b>	<b>Mar 07</b>	
1.4	By 31 March 2007, Boards and Trusts to have in place a programme of diabetic retinopathy screening to cover the whole of Northern Ireland.			
1.5	By 31 March 2007, Boards, in conjunction with Trusts and Primary Care professionals, should work to achieve a 92% uptake level of MMR at 24 months, taking targeted action as appropriate in areas of low uptake.			Baseline
				Current Position
1.6	By 31 March 2008, Boards and Trusts should have completed self assessment against the emergency planning controls assurance standards and have attained moderate compliance with both the Civil Contingencies Framework and the Emergency Planning Functions Directions.			

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1.7 By 31 March 2008, Boards and Trusts should contribute to an increase in Northern Ireland life expectancy from 74.5 to 77 years for men and from 79.6 to 81.3 years for women.				Baseline	Current Position
1.8 By 31 March 2008 contribute to stopping the increase in the levels of obesity in children through the implementation of integrated plans by Boards, Trusts and Investing for Health partnerships.				Baseline	Current Position

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1.9 By 31 March 2008, Boards and Trusts should contribute to a reduction in the gap in life expectancy between those living in the fifth most deprived electoral wards and the Northern Ireland average from 3.1 to 2.5 years for men and from 2.5 to 1.5 years for women.				

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<b><u>Planned Outcome: Primary Care</u></b>					
2.1	By 31 December 2006, Boards and Trusts should develop proposals to introduce a Structured Educational Programme, including psychological support, for people with diabetes to help them to manage their own condition more effectively.				
2.2	By 31 March 2007, Boards and Trusts should ensure that all patients have 48 hour access to GPs and other appropriate practice based primary care practitioners.				
2.3	By 31 March 2007, Boards and Trusts should implement an agreed action plan, including prescribing support arrangements, to achieve the targets within the Pharmaceutical Services Improvement Programme.				

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2.4 By 31 October 2007, Boards should have the new more regional Out-of-Hours service in operation.					
2.5 By 31 March 2008, Boards and Trusts should reduce the difference in tooth decay levels in 5 year old children in the fifth most deprived wards in each community Trust area and the Northern Ireland average by 20%.				Baseline	Current Position

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<b><u>Planned Outcome: Secondary Care</u></b>					
3.1 Boards and Trusts should ensure that all patients with severe inflammatory arthritis who, at 31 March 2006, were on the waiting list for treatment with biologic therapies will commence their treatment by 31 March 2008.				Baseline	Current Position
3.2 By 31 March 2008, no patient with MS who has been assessed as eligible for disease modifying treatment under the ABN guidelines should wait more than 13 weeks to start treatment.				Baseline	Current Position
3.3 Patients should continue to have timely access to renal dialysis services, three times weekly, with overall capacity (haemodialysis and peritoneal dialysis) being increased by 10% year on year to March 2008, in line with the expected growth in demand as outlined in the Renal Services Review 2002.					

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<b><u>Planned Outcome: Community Care</u></b>						
4.1	By 31 March 2007, Boards and Trusts should submit proposals for comprehensive reform and service improvement programmes covering multi-disciplinary working, intermediate care, nurse-led discharge, non-medical prescribing and personalised case management.					
4.2	By 31 March 2008, Boards and Trusts should ensure that people with assessed continuing care needs have the main components of those care needs met within 12 weeks of the assessment or discharge from an acute setting.				Baseline	Current Position

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4.3 By 31 March 2007, Boards and Trusts should ensure that 42% of people in care management have their assessed care needs met in a domiciliary setting.				Baseline	Current Position

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<b><u>Mental Health and Learning Disability</u></b>						
5.1	By 31 March 2008, Boards and Trusts should contribute to reduction of the standardised suicide rate by 10%.				Baseline	Current Position

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<b><u>Planned Outcome: Physical and Sensory Disability</u></b>						
6.1	By 31 March 2007, Boards and Trusts should ensure that at least 80% of young adults with physical or sensory disabilities should have access to appropriate transitional services.				Baseline	Current Position

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<b><u>Planned Outcome: Children and Young People's Services</u></b>						
7.1	By 31 March 2007, Boards and Trusts should have an additional 75 foster carers in place across NI.				Baseline	Current Position
7.2	By 31 March 2007, Boards and Trusts should ensure that 50% of all looked after children aged 16 and living in residential care should have participated in a family group conference aimed at identifying their living arrangements beyond care.				Baseline	Current Position

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7.3 Boards and Trusts should ensure that 50% of all young people coming into care in the 3 month period ending on 31 March 2007 have been through a family group conference to try to identify alternative or kinship/familial fostered living arrangements.				Baseline	Current Position
7.4 By 31 March 2007, Boards and Trusts should ensure that 150 young people aged 18-20, who have left care, should be living with their former carers.				Baseline	Current Position

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7.5 By 31 March 2007, Boards should have joint commissioning arrangements in place with NIHE to provide accommodation for children aged 16/17 who have left care or who are living out of care.				

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<b><u>Planned outcomes Ambulance Services</u></b>				
8.1 By March 2007, NIAS will reduce ambulance activation times to an average of 90 seconds.				
8.2 By March 2007, NIAS will reduce calls categorised as “life-threatening” to a level consistent with benchmarked UK ambulance performance, currently around 35%.				Baseline
8.3 By March 2007, NIAS will establish 12 additional ambulance deployment points.				

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<b><u>Planned Outcome: Procurement</u></b>					
9.1	Boards and Trusts should work with the Department to deliver cash releasing procurement efficiency savings in line with estimated targets of £37.2m in 2006/07 and £63.9m in 2007/08.				
9.2	By 31 March 2008, Boards should increase generic prescribing rates to 55% through the deployment of Board prescribing teams, with an accompanying reduction in prescribing expenditure.				