

# **PRIORITIES FOR ACTION**

**2007-08**

**January 2007**

# CONTENTS

<b>Section</b>	<b>Page</b>
Foreword by the Minister	3
1. Principal Standards and Targets	5
2. Supplementary Obligations and Targets	16
Appendix: Ring-fenced Funding	22

## **PRIORITIES FOR ACTION 2007-08**

### **Foreword by the Minister**

In presenting last year's **Priorities for Action**, I explained exactly where and how I wished to raise our standards of health and social care. Already I have observed some significant improvements – especially in waiting times for hospital assessment and treatment. But we still have a long way to go, and we need to ensure that all of our health and personal social services are delivered to a standard that matches legitimate expectations.

I believe that goal is within sight. We have embarked on the most profound and far-reaching process of reform and modernization, a process that embraces the way our system is organized and how HPSS professionals organize themselves to provide services. We must maintain that momentum, with no loss of focus on the several facets of improving and protecting the health and well-being of the public (including emergency planning and preparedness), and taking the opportunity presented by the Review of Public Administration to better integrate such activities into mainstream health and social care.

Let me restate three themes of the HPSS reform programme that are especially important in delivering our core purpose – safe, effective care:

- Managing the demand on hospital services by promoting healthier ways of living, and by providing more responsive and accessible alternative services in the community so as to prevent unnecessary hospital admissions and facilitate prompt discharge
- Managing patient flows within a safe hospital system, to allow for swifter and more effective access to services
- Improving outcomes for all children who are, or have been, in public care.

It is such changes in the frontline of care that are of direct value to those who rely on the HPSS – a group that, sooner or later, includes all of us. But we must also see to it

that essential backroom services, such as HR and finance, and the physical infrastructure itself, are able to sustain and increase the capacity for improvement.

In last year's Priorities for Action I accordingly specified 10 key priorities that underpin the reform programme, and I am now endorsing further action in those 10 areas. I wish to see, by March 2008, that the HPSS is moving to meet improved, guaranteed, standards in all the major programmes of care. The key standards and targets, set out in Section One of this document, will be subject to robust monitoring and performance management throughout the coming year. Performance against the standards and targets will receive close Ministerial attention – but the critical point is that the public will be able to judge how well the HPSS is doing.

In Section Two are listed 40 supplementary targets and actions. These are, for the most part, of less significance for the generality of patients and others, but they make an indispensable contribution to improved service delivery. Their achievement, too, will be closely monitored.

We have to recognize that the statutory services sector cannot, on its own, meet all of these challenges. There must, for example, be strategic partnerships with the independent sector. The HPSS should focus on the complex, integrated services required around the hospital/community interface, while the wider independent sector plays a bigger role in the delivery of continuing care. And the voluntary and community sectors are particularly well placed at local level to deliver the flexible and responsive services we need in prevention and in less intensive support. We all have a part to play.

**Priorities for Action 2007-08** is a much shorter document than its predecessors, but it is – I believe – more relevant to the health and well-being of people in Northern Ireland. That is why it is vital that its standards and targets are met. I am confident that the HPSS will meet them.

**Paul Goggins**

Minister for Health, Social Services & Public Safety.

## SECTION ONE: PRINCIPAL STANDARDS AND TARGETS

1. The overall aim of the Department of Health, Social Services and Public Safety is to improve the health and well-being of the people of Northern Ireland.

In pursuing this aim, the key objectives of the Department are:

- To improve health and well being outcomes through a reduction in preventable disease and ill-health by providing effective, high quality, equitable and efficient Health, Social and Public Safety Services to the people of Northern Ireland
  - To create a safer environment for the community by providing an effective fire fighting, rescue and fire safety service.
2. The previous Priorities for Action provided a planning framework for Health and Personal Social Services 2006-08. In presenting that document, the Minister dwelt on the transformation that the HPSS was undergoing. He made it plain that, as a result of this programme of change, he expected the Boards and Trusts to be more effective in promoting the public's health and well-being and, in pursuit of ever-improving quality of service, to provide treatment and care more promptly and efficiently. To add weight to his message, Mr Goggins announced that he would be giving personal attention to 10 priority areas where progress was critical to the reform process.
  3. In his foreword to Priorities for Action 2007-08, Mr Goggins has confirmed the approach adopted in June 2006. This document is, therefore, structured around those same 10 areas. While the challenges remain the same, however, the Minister is determined that further, demonstrable improvements are made to services in the course of 2007-08.

4. The specific targets relating to these 10 priorities are designed to secure real improvements for patients and other service-users; that must be the touchstone. The targets are to be regarded as a means to improved services, not as ends in themselves. Those listed below will be subject to particularly detailed performance management and reporting arrangements during the year.
  
5. The Minister's expectation is that the public will see continuing improvement to services in the following 10 areas:

**(1) Improving health and well-being**

The 20-year strategy *A Healthier Future*, the organisational changes in the Review of Public Administration, and the detailed outworking of reform are all designed to change the nature of the health and social care system, to put first the aims of promoting good health and well-being, the prevention of illness and injury, early intervention and good long term care. It is estimated that preventable ill health accounts for over 6,500 avoidable deaths per annum in Northern Ireland. There are, moreover, unacceptable inequalities in health often associated with socio-economic status and disadvantaged areas. Addressing this, for example through the delivery of the *Investing for Health* strategy, remains a key priority for the Department and the HPSS.

Specific actions planned for 2007-08 in support of the *Investing for Health* aims and objectives, and which contribute to that strategy, are set out in Section Two.

The principal target for this priority is:

**Smoking prevalence:** by March 2008, smoking prevalence by Board area should be reduced by 7% across Northern Ireland to 24%.

## (2) Safer, better quality services

For all aspects of health and social care, there is a duty to deliver a quality service. Patient safety must come first and must not be compromised. There has always been a due emphasis on the quality and safety of the health and social services commissioned or delivered in Northern Ireland. But the continual change in circumstances, expectations and modes of treatment means that unremitting attention must be given to this priority; our aim is continuous, measurable improvement, based on the principles of professional excellence, the management of risk, and continued implementation of such strategies as *Cleanliness Matters*.

It is important to adopt evidence-based interventions that are known to save lives. These include: reducing health care associated infection; preventing harm from medication with specific but not exclusive focus on high hazard medications; preventing surgical errors, including wrong site, wrong procedure and wrong person errors; reliable recognition of a response to patient deterioration via early warning score systems and rapid response; and proactive enhancement of quality improvement knowledge and skills across managers and clinical teams (see p17 for relevant target).

By May 2007, the Regulation and Quality Improvement Authority will have completed governance reviews in HPSS organisations with a particular emphasis on ‘corporate leadership and accountability’ and ‘safe and effective care’. HPSS organisations need to learn from their governance reviews and adopt action plans to improve systems accordingly.

The principal target for this priority is:

**Health care associated infection:** by May 2007, Trusts must submit to the Department, for approval and monitoring, Infection Reduction Plans that include Trust-specific targets for prevention and control of health care associated infection. Progress in meeting these targets must be robustly monitored and reported monthly by the Infection Prevention and Control lead to the Trust Board.

### (3) Reductions in Hospital Waiting Times

Excellent progress has been made to reduce the number of people waiting for hospital inpatient or day case treatment. By the end of March 2007, the HPSS should have met its target that no-one on the inpatient/day case list should have been waiting more than six months. At April 2006 there were nearly 74,000 people who had been waiting longer than six months to be seen at outpatients. Over the course of 2006-07 a significant programme of outpatient reform, augmented by additional clinic sessions and independent sector capacity, has brought about much improvement; the HPSS is expected to meet its end of March 2007 target that no-one is waiting longer than six months for a first outpatient appointment. Further improvement is required for 2007-08, coupled with more exacting standards for life-threatening conditions where speed of access is of the essence. In addition, maximum waiting time targets will be set for access to services provided by Allied Health Professionals (AHPs) such as physiotherapy and occupational therapy.

The principal targets for this priority are:

**Elective care (consultant-led):** by March 2008, no patient should wait longer than 13 weeks for a first outpatient appointment, 13 weeks for a diagnostic test, and 21 weeks for inpatient or day case treatment.

**Elective care (AHP):** by May 2007, with a view to improving access to AHP services, Boards and Trusts must submit to the Department, for approval and monitoring, proposed targets and associated reform plans for March 2008 and beyond.

**Cancer:** by March 2008, at least 98% of patients diagnosed with cancer should commence treatment within 31 days of the decision to treat, and at least 75% of

patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days (increasing to 95% by March 2009).

#### **(4) Significant Improvements in Emergency Care**

Patients in many parts of Northern Ireland have to wait too long in emergency care departments before receiving treatment and being admitted or sent home. Lengthy waits in emergency care are unacceptable, particularly for elderly and vulnerable patients, and represent a failing in quality of care. Too often they are the product of inefficient management of patient flows. Working with Boards and Trusts, the Department is taking forward a major programme of reform to improve emergency access. Improving the patient experience must focus on the complete patient journey through emergency services, beginning with the ambulance journey, if required, continuing through the emergency care department and the hospital system itself and ending when the patient is discharged.

The principal targets for this priority are:

**A&E:** from April 2007, no patient should wait longer than 12 hours in A&E and, by March 2008, 95% of patients who attend A&E should be either treated and discharged home, or admitted within four hours of their arrival in the department.

**Fractures:** by March 2008, at least 75% of patients should, where clinically appropriate, wait no longer than 48 hours for inpatient fracture treatment (increasing to 98% by March 2009).

**Ambulance services:** for 2007-08, the Northern Ireland Ambulance Service should respond to an average of 65% of Category A (life-threatening) calls within eight minutes, with performance improving to 70% for the month of March 2008.

## (5) Fully Integrated Care and Support in the Community

The development of fully integrated primary and community care services is central to the overall reform programme. These must be designed to focus on people most at risk, providing alternative services and ways of delivering services that help ensure that people can live independently at home for as long as possible. The key components of this reform are person-centred planning approaches such as individually designed services, direct payments, case management for people with long-term conditions and the development of intermediate care services as a bridge between the community and hospital. These must be underpinned by fully integrated multi-disciplinary working and the expansion of nurse-led discharge, non-medical prescribing arrangements and the development of responsive community-based services.

Commissioners will also need to work with providers to develop self-care and self-management programmes, and clinical networks, to help people manage their own conditions more effectively. Critical to the achievement of Ministerial objectives for independent living is support for carers. Commissioners and providers must develop flexible and responsive support services for carers in line with the *Caring for Carers* strategy. Assessment of complex continuing care needs should take place outside an acute setting and in the context of appropriate opportunities for rehabilitation. Health and Well-being Investment Plans must fully reflect these strategic changes by establishing the baseline for the local health and social care economy and by setting out a firm plan and timeline for transition to the new arrangements.

The principal targets for this priority are:

**Timely discharge:** from April 2007, 50% of complex discharges from an acute setting should take place within 72 hours of the patient's being declared medically fit, rising to 100% by March 2008. From April 2007, all other discharges should take place within 12 hours, reducing to six hours by March 2008.

**Primary care access:** from April 2007, Boards should ensure that all patients have 48-hour access to a GP or other appropriate practice-based primary care practitioner. In cases where the patient has an acute condition (including exacerbation of an existing condition), access must be within 24 hours.

**Elderly:** by March 2008, older people with continuing care needs should wait no longer than eight weeks for assessment to be completed and should have the main components of their care needs met within a further 12 weeks.

## **(6) Improvements in Children's Services**

While the Children and Young People's Package provides welcome support to mainstream services for children, the basic policy challenge — a better start in life for each looked-after child — has yet to be overcome. There is strong evidence of better outcomes for children in care living in stable placements and for children who have left care but who continue to live with their former carers. At present, however, too many children and young people in care undergo multiple placements with different foster carers and into different residential homes during their time in care. Too many young people leaving care end up living alone in isolated placements without family support.

The principal target for this priority is:

**Children:** by March 2008, an additional 175 foster carers (as compared to the March 2006 total) should be in place across Northern Ireland.

## **(7) Better Mental Health and Learning Disability Services**

In the wake of the Bamford review of mental health and learning disability, the task for the HPSS is to establish a strategic framework for mental health promotion and suicide prevention, and to reform and modernize mental health and learning disability services. Those who provide the mental health and learning disability

services should see each as a whole system, made up of a number of linked services where targeted action can have more than one beneficial effect. The HPSS should continue to strengthen the mental health and learning disability services available to enable people and their families to remain in the community, to prevent inappropriate admission to hospital, and to facilitate early discharge. Service users and carers should be involved in developing, delivering and evaluating services, and the voluntary sector should be encouraged to deliver a higher proportion of services. The particular needs of people affected by the Troubles should be taken into account when planning mental health services. Many of the definitive policies and targets in the fields of mental health and learning disability will be decided in the context of the inter-departmental action plan that will be drawn up by July 2007 in response to the Bamford Review.

The principal targets for this priority are:

**Mental health:** by July 2007, with a view to improving regional access to mental health services on foot of the Bamford Review, Boards and Trusts should submit to the Department, for approval and monitoring, proposed targets and associated reform plans for improving the response to, and support for, people with mental health problems presenting at primary care level.

**Learning Disability:** by March 2008, Boards and Trusts should have resettled 40 people currently being cared for in learning disability hospitals to appropriate places in the community. In addition, Boards and Trusts should ensure that, from April 2007, all patients admitted for assessment and treatment are discharged when treatment is complete, according to the care plan created for each new patient on admission.

#### **(8) Effective financial control and improved efficiency**

Financial control is integral to the proper provision of health and social care. A weakening of such discipline would mean that the Minister's service priorities would become distorted, and the public would lack assurance that the most infirm

and vulnerable were receiving their needful treatment. It is important that the existing degree of control (resulting in, among other things, the delivery of planned efficiency savings) continues into 2007-08. In addition, as the RPA changes take effect, Boards and Trusts are expected to provide realistic, timely and fully considered information on the resource implications of operating the new structures, ensure that properly resourced project management arrangements control all aspects of the re-structuring process, and prepare for the introduction from April 2008 of a tariff-based system for the allocation of funds.

The principal target for this priority is:

**Finance:** the Department and all HPSS organisations should live within the resources allocated and achieve financial balance.

#### **(9) Reforming the Workforce**

There needs to be sustained investment in the education and training of the future HPSS workforce, continuous professional development of the existing teams, and action to safeguard the interests of staff within the context of the organisational changes and reductions in corporate functions as a result of the Review of Public Administration. Failing such investment, patients and other service users will not benefit to the full from Agenda for Change and the other reforms in HPSS terms and conditions.

Government has shown its commitment to the workforce and to service-users by significant funding injections for Agenda for Change, the consultant's contract and the new General Medical Services contract, modernizing their terms and conditions and increasing (by 16% over the last four years) the numbers of frontline staff working in the HPSS. It is expected that improvements in productivity, as expressed in both throughput and effectiveness of care, will result from the changed professional working practices etc made possible by that investment. Drawing on the recommendations of its Productivity Working Group, the Department will issue guidance in April 2007 on measuring change in the level

of HPSS workforce productivity. The Trust plans referred to in the target below will be drawn up in light of that guidance.

The principal target for this priority is:

**Productivity:** by May 2007, Trusts must submit to the Department, for approval and monitoring, productivity improvement plans to meet the requirements set out in the Department's guidance on HPSS productivity.

## **(10) Infrastructure investment**

A high quality service demands modern, fit-for-purpose facilities and equipment. Action is under way to renew many of the key facilities for health and social care across Northern Ireland, rolling out the decisions taken in *Developing Better Services* and moving forward the planned programme of investment in primary and community care to support the strategy of *A Healthier Future* and *Caring for People Beyond Tomorrow*. In support of this, Trusts will be expected to comply with new Service-wide programme management requirements for infrastructure investment, including the provision of timely and complete information on business case development and project management, and timely provision of business cases themselves. Trusts must also engage effectively with the Department in the management of the capital budget, implementation of the strategy for identification, use and disposal of surplus assets, and taking forward plans for reducing the total HPSS estate backlogs.

Section Two amplifies the point.

## **Conclusion**

6. The major service improvements listed above entail some changes to last year's Public Service Agreement. A revised version of the PSA will be issued once it has been agreed with DFP.

7. As with every Northern Ireland Department, the established policies and commitments to targeting social need and promoting equality of opportunity are expected to permeate all policies and strategies.

## **SECTION TWO: SUPPLEMENTARY OBLIGATIONS AND TARGETS**

In support of, or alongside, the standards and targets specified in Section One, a further 40 obligations and targets must be met in 2007-08. These supplementary actions are grouped under the Minister's 10 key priorities.

### **PRIORITY 1: IMPROVING HEALTH AND WELL-BEING**

Boards should continue to take the lead in co-ordinating the implementation, monitoring and review of the cross-sectoral Health Improvement Plans developed by each of the Investing for Health Partnerships. Trusts should support this process and ensure that their work in this area is clearly within the *Investing for Health* framework:

- Boards and Trusts should begin rolling out a diabetic retinopathy screening programme from April 2007, with full coverage being achieved across Northern Ireland by March 2008;
- Board plans should include specific action and appropriate outcome targets to ensure that the Government's PSA targets are achieved in relation to increased life expectancy and reduced health inequalities ie:
  - By March 2008, reducing by 10% the rate of births to mothers under 17 years of age (the Northern Board achieving a rate of 2.8 births per 1,000 females, the Southern 2.2, the Eastern 3.4 and the Western 2.1);
  - By March 2008, reducing the percentage of adult drinkers who binge drink to 30% in the Northern Board area, 30% in the Southern, 40% in the Eastern and 41% in the Western;
  - By March 2008, reducing the incidence of illicit drug taking among 15-64 year-olds, to 5.9% in the Northern Board area, 4.8% in the Southern, 6.9% in the Eastern and 5.5% in the Western;
  - From September 2007, collecting and recording BMI measurements through the School Nursing Service, which will offer to record the height and weight of all year 8/9 pupils (with analysis of the data being used to assess the need for further interventions, to be

implemented within a public health model in partnership with relevant stakeholders);

- By March 2008, ensure that each GP practice has an appropriate professional trained in depression awareness or suicide awareness in line with the Suicide Prevention Strategy; and
- By March 2008, achieve 92% coverage for MMR uptake, with efforts to increase uptake rates focused on identified socially excluded groups and communities with high deprivation indices.

## **PRIORITY 2: SAFER, BETTER QUALITY SERVICES**

Boards and Trusts should ensure that:

- By April 2007, each organization has a specified lead person responsible for ensuring that staff health and safety and support are properly and consistently managed – with a view to, among other things, reducing the incidence of attacks on, and abuse of, staff;
- By September 2007, an action plan is in place to address the recommendations from the forthcoming RQIA governance reports;
- By September 2007, arrangements are in place to learn from at least three major interventions which, based on international evidence, are known to save lives;
- By December 2007, systems are in place for the post-discharge surveillance of surgical site infections following Caesarean Section;
- By December 2007, the Department's Safety First framework action plan has been fully implemented and that safer, high quality, care is included as a standing agenda item for board meetings;
- By March 2008, 95% of all staff shall have received training in infection prevention and control;
- By March 2008, there is full implementation of the relevant recommendations in *Improving Patient Safety, Building Public Confidence* (the NI response to Shipman); and

- By March 2008, self assessments have been completed against the emergency planning controls assurance standard and moderate compliance attained with both the Civil Contingencies Framework and the Emergency Planning Functions Directions.

### **PRIORITY 3: REDUCTIONS IN HOSPITAL WAITING TIMES**

Boards and Trusts should ensure that:

- From April 2007, all breast referrals deemed urgent according to regionally agreed guidelines for suspected breast cancer should be seen within 14 days of the receipt of the GP referral;
- By September 2007, the capacity of paediatric and neonatal intensive care (including retrieval service) is increased by one cot and one bed;
- By March 2008, all patients with severe inflammatory arthritis who, at 31 March 2006, were on the waiting list for treatment with biologic therapies, have commenced their treatment;
- By 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;
- Patients 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; and
- By March 2008, all patients assessed as clinically urgent are able to access specialist Genito-Urinary Medicine/Sexual Health services within two working days.

### **PRIORITY 4: SIGNIFICANT IMPROVEMENTS IN EMERGENCY CARE**

- Boards and Trusts should ensure that, from April 2007, any patients waiting in an emergency care department for more than 12 hours are classified as Serious Adverse Incidents and reported to the Department.

## **PRIORITY 5: FULLY INTEGRATED CARE AND SUPPORT IN THE COMMUNITY**

- By October 2007, Boards should ensure that the new, more regional, out-of-hours service is in operation; and,
- Boards and Trusts should ensure that people can live independently at home for as long as possible, in particular so that, by March 2008:
  - Forty-three per cent of people receiving care-managed support receive it in their own homes; and
  - The number of direct payment cases increases to 750.

## **PRIORITY 6: IMPROVEMENTS IN CHILDREN'S SERVICES**

Boards and Trusts should ensure that:

- Throughout 2007-08, 50% of all young people coming into care participate in a family group conference to try to identify alternative or kinship/familial fostered living arrangements;
- By September 2007, 150 young people aged 18-20, who have left care, should be living with their former carers;
- By September 2007, a regional recruitment, marketing and training team for foster care has been put in place, together with a round-the-clock support service for foster carers; and
- By March 2008, all relevant recommendations of the Child Protection Overview Report have been implemented.

## **PRIORITY 7: BETTER MENTAL HEALTH AND LEARNING DISABILITY SERVICES**

Boards and Trusts should ensure:

- By March 2008, community mental health and learning disability services are further developed, augmenting existing community teams (including an additional 25 staff for crisis response, home treatment and assertive outreach teams and 25 community learning disability staff), to provide appropriate, responsive services, promote access to round-the-clock support, and reduce waiting times;
- By March 2008, specialist eating disorder posts are created in each Board area (a regional total of 12), to facilitate early detection and intervention for children and young people and so prevent cases becoming more severe in adult life;
- Community facilities continue to be developed to allow resettlement of people from long stay hospitals – by March 2008 a further 50 people should be resettled from mental health and learning disability hospitals – while long stay facilities should be reconfigured to better reflect patients' care needs; and
- Services for people with autism continue to be developed reflecting, in due course, the recommendations of the review of autism services to be completed by September 2007.

## **PRIORITY 8: EFFECTIVE FINANCIAL CONTROL AND IMPROVED EFFICIENCY**

- During 2007-08, Boards and Trusts should achieve the efficiency targets specified in the Department's financial allocation letter; and
- As part of this, throughout 2007-08 Boards and Trusts are required to implement the agreed action plan (including support arrangements) to meet the targets set in the Pharmaceutical Services Improvement Programme.

## **PRIORITY 9: REFORMING THE WORKFORCE**

- During 2007-08, Boards and Trusts should ensure that, leaving aside administrative and clerical staff, there will be a 5% reduction in staff turnover, vacancy rates and the costs of locum staff as compared to 2006-07;
- For 2007-08, each Trust should ensure that its absenteeism rate is 10% lower than the 2006-07 average absenteeism rate across its constituent former Trusts; and
- During 2007-08, consistent with the Minister's medium term intention to bring HPSS productivity into line with that of the NHS (ie an improvement of 7-10%), Trusts must produce evidence of new more flexible working patterns, and the delivery of more routine work in the evenings and weekends. Trusts should submit, at 6-monthly intervals, a report that links workforce modernisation with service redesign. The report should demonstrate how the benefits are being realised from pay reform.

#### **PRIORITY 10: DELIVERING ON THE INVESTMENT STRATEGY**

As outlined in Section One, during 2007-08 Trusts are required to:

- Co-operate fully with the implementation of the Department's strategy for the identification, use and disposal of surplus assets, with the monthly finance returns to the Department reflecting actual and proposed disposals; and
- Develop and implement plans for reducing the total estate backlogs in respect of such statutory and other standards as the Disability Discrimination Act, health & safety, fire safety, physical condition, replacement of ageing equipment and compliance with decontamination policy and standards.

## **PRIORITIES FOR ACTION 2007-08: RING-FENCED FUNDING**

While reform and the wider adoption of best practice do not necessarily require more money, there are service developments and increases in HPSS capacity which cannot take place without such resources. Some of the standards, targets etc in Priorities for Action 2007-08 fall into the latter category. This appendix lists the recurrent ring-fenced funding relevant to each priority. For the most part, the amounts in question are directly associated with particular targets or obligations and are described accordingly. In some instances, however, the ring-fencing relates to a broader field of activity or to the priority as a whole; again, and where relevant, that point is brought out. The ultimate authority in this matter is the 2007-08 financial allocation letter to Boards, which amplifies the Department's requirements for the deployment of all ring-fenced amounts.

### **PRIORITY 1: IMPROVING HEALTH AND WELL-BEING**

- Ring-fenced funding of £0.35m has been issued for the purpose of rolling out a diabetic retinopathy screening programme.
- Funding for suicide prevention (£1.2m), pandemic 'flu (£1.0m), smoking cessation (£0.8m) and bowel screening (£0.3m) is centrally retained.

### **PRIORITY 2: SAFER, BETTER QUALITY SERVICES**

- Ring-fenced funding of £0.25m has been set aside to allow for the implementation of the recommendations contained in the NI response to Shipman, together with £0.3m to maintain safety and quality of service in certain regional specialities.

- Additional funding is being retained centrally for combating health care associated infection (£0.2m), liquid based cytology (£0.2m) and full implementation of the Hine Review (£0.5m).

### **PRIORITY 3: REDUCTIONS IN HOSPITAL WAITING TIMES**

- £18.0m has been ring-fenced to ensure continuing progress in the provision of elective care services and ICATS.
- Funding of £3.5m (including £2.0m for drugs) has been allocated to facilitate full implementation of the Cancer Control Programme by March 2008, while an additional £0.1m is being held centrally in respect of the Wilson Review.
- Increased capacity in Paediatric and Neonatal intensive care is being funded by an addition of £0.8m.
- Ring-fenced funding of £0.5m has been set aside to enable the Regional Lymphoedema Services Implementation Group, during 2007-08, to create a regional lymphoedema network, provide educational and training materials for healthcare professionals, develop specialist clinics for the treatment of both primary and secondary lymphoedema, and develop a regional register of patients.
- To help ensure that the inflammatory arthritis target is met, £4.75m has been allocated.
- A ring-fenced sum of £1.25m has been made available to help meet the target that, by March 2008, no patient with MS who is eligible for treatment should wait more than 13 weeks for the treatment to begin.
- £2.5m has been set aside to give patients timely access to Renal Dialysis Services.
- An allocation of £5.0m has been made to fund the adoption or increase the uptake of hospital and specialized drugs.
- In support of elective care reform, £1.0m has been made available to improve the care of patients with cardiac disease, including greater sustainability of paediatric cardiac services and the introduction of new technological approaches (consistent with best practice).

## **PRIORITY 5: FULLY INTEGRATED CARE AND SUPPORT IN THE COMMUNITY**

- A total ring-fenced addition of £4.0m has been made to help modernize primary and community care through expansion of flexible and responsive integrated community health and social care services, focused on older people and aimed at reducing inappropriate admissions to hospital, facilitating prompt discharge when admission is unavoidable and supporting people to continue living independent lives in their own homes for as long as possible. This investment comprises £1m for the primary care management of respiratory conditions and diabetes (including the development of a managed clinical network for children with diabetes), and £3m for community care services such as intermediate care, flexible and responsive domiciliary care services (including support for carers), the expansion of assistive technology in community care and the expansion of supported living schemes (working with NIHE). Improvements in primary and community care services are expected to make a significant contribution to the achievement of the Ministerial priority on delayed discharge. Further guidance on enhancing primary and community care may be found in Circular HSS (EPCC) 1/2007.
- Funding of £0.25m has been set aside to support the Alternative Medicines Integration Scheme.

## **PRIORITY 6: IMPROVEMENTS IN CHILDREN'S SERVICES**

- As part of the Children and Young Persons Package, there is an £8.0m ring-fenced addition for such children's services as child protection, foster care support, young carers and parenting skills.
- An allocation of £0.5m has been made to fund the legislative requirement to appoint personal advisers.

- There is a ring-fenced addition of £0.8m for the modernization of children's residential care homes.
- To support the regional expansion of foster care there is a ring-fenced allocation of £2.0m.

## **PRIORITY 7: BETTER MENTAL HEALTH AND LEARNING DISABILITY SERVICES**

- £2.0m has been ring-fenced to augment existing community teams and otherwise help with the further development of Community Mental Health and Learning Disability Services.
- £0.5m has been set aside for the creation of 12 specialist eating disorder posts.
- A sum of £1.0m has been ring-fenced to forensic mental health services, for supporting in the community higher risk mental health clients.
- Funding of £5.0m has been allocated for the resettlement of 50 people from mental health and learning disability long stay hospitals and for learning disability patients to be accommodated, in line with their care plans, in unlocked wards.
- An additional £0.5m (first provided on a non-recurrent basis in October 2006) will be made available to support the development of services for people with Autism.
- Children and Young Persons Package funding of £8.1m will be channelled towards services (including wheelchair provision) for children with special needs and physical and sensory disabilities, extension of speech and language therapy services for these children, and children with mental health problems at times of crisis.

## **PRIORITY 9: REFORMING THE WORKFORCE**

- Ring-fenced allocations in respect of Agenda for Change, the consultants' contract and for junior doctors, and the conditions surrounding their

deployment, are set out in the Department's financial allocation letter of 22 December 2006.

#### **PRIORITY 10: DELIVERING ON THE INVESTMENT STRATEGY**

- The revenue consequences of bringing into commission capital schemes are recognized by a ring-fenced addition of £9.0m for 2007-08.
- The ring-fenced funding for the revenue consequences of EPF/RRI schemes amounts to an additional £4.4m for 2007-08.

