Northern Ireland Assembly

Research and Information Service Briefing Paper

Paper 160/11 22 June 2011 NIAR 342-11

Dr Lesley-Ann Black

Health Targets in the Programme for Government, and Priorities for Action

1 Introduction

This briefing paper provides an overview of the performance of the Department of Health, Social Services and Public Safety (DHSSPS) in relation to a range of targets set out in the following two strategic plans:

1. The current Northern Ireland Executive **Programme for Government** - *Building a Better Future* (**2008-2011**) and;
2. The DHSSPS **Priorities for Action 2010/2011**

Both the Programme for Government and the DHSSPS Priorities for Action are focused on better outcomes for the citizens of Northern Ireland. The Programme for Government includes a wide range of objectives and targets in which all departments, including the Department of Health, Social Services and Public Safety (DHSSPS), have responsibility in delivering. Priorities for Action, which is set by the DHSSPS, also includes a series of its own objectives and targets, some of which overlap with those outlined in the Programme for Government.

1.1 Why have targets?

Health targets are aligned to the governments' priorities and can be seen as a means to monitor and judge health performance. According to The Audit Commission, *targets specify time bound desired levels of improvement.*[1] An ideal target is said to be one that is 'SMART':

- **S**pecific
- **M**easurable
- **A**chievable
- **R**ealistic
- **T**ime bound

Setting and monitoring targets is an integral part of service planning and service improvement. Targets should be sufficiently challenging to stimulate new and better ways of doing things. However, it is an imperfect and often complex process.[2] In order to set a target, it is important to know the nature or extent of an issue or problem, and often, this information is limited. Problems can also arise in terms of ambiguities in the target statement, or in determining how to collect robust data. Nevertheless, even if a target is not achieved, the fact that it exists can help to focus attention on the goal towards making improvements or raising standards.

In Northern Ireland, pressure on the health service to deliver against targets is heightened by the demands posed by the ageing population, rising costs of drugs and services, increased prevalence of chronic illness, and patient expectations to name but a few. Such factors, whilst set against the limited financial backdrop, are also likely to impact how targets are set in the future. The next section of this paper discusses how the government has performed in relation to the targets it has set in the context of health.

2 Programme for Government

The Northern Ireland Executives' Programme for Government (2008-2011) outlines a relatively long-term strategic context for the budget.[3] Targets within the Programme are underpinned by cross-cutting Public Service Agreements (PSAs). There are a total of 23 PSAs. This paper focuses solely on the three PSAs in the Programme for Government that are specifically led by the DHSSPS, namely: [4]

[1] Audit Commission, "Targets in the Public Sector", September 2003.
[2] Target Setting - A Practical Guide Available online at: http://www.idea.gov.uk/idk/aio/985665
[3] The Investment Strategy for Northern Ireland (ISNI) sets out the strategic direction for investment in public sector infrastructure over the next decade.
[4] Please note, PSA 16: Investing in the health and education estates is shared jointly with the Department of Education. The DHSSPS has a support role in relation to six other PSAs namely: PSA 7; PSA 10; PSA 12; PSA 20; PSA 21; and PSA 22.

PSA 6: Children and family

PSA 8: Promoting health and addressing health inequalities

PSA 18: Deliver high quality health and social services

Each PSA has a range of targets that are quantifiable and time bound. Progress on these targets are monitored regularly both at Departmental and Ministerial level using a 'traffic light' RAG (Red/Amber/Green) rating system. RAG indicators contain the following colour-coded ratings:

- **Red**: little or no progress has been observed
- **Amber:** a lack of robust information on progress, or, the rate of progress is less than planned.
- **Amber/Green:** broadly on track, meeting interim milestones with small but redeemable deviations
- **Green:** targets have been met, are on track, confident target will be met.

Results from the RAG indicators are compiled into delivery reports which record progress at a certain point in time. To date, four full delivery reports in this project term have been published on the Executive's website (in March 2009, September 2009, March 2010 and September 2010), alongside three interim reports.[5]

The next section of this paper reports the progress on the performance of the DHSSPS led PSAs – which has been extracted from the latest available Programme for Government Delivery report dated September 2010.

[5] Northern Ireland Executive Website: Programme for Government http://www.northernireland.gov.uk/programme_for_government__pfg__delivery_report_as_at_30_september_2010_v1.01.pdf. Website accessed 20.6.11.

The progress indicators against targets for PSA 6 (Children and Family) are shown below.

	PSA 6 Children and Family Target :	R	A	A/G	G
1.	Deliver targets as set out in 10 Year Strategy for Children and Young People				
2.	Re-establish the Ministerial Sub-Committee on Children by April 2008				
3.	By 2011 to have 125,000 children participating in sport and physical recreation				
4.	By 2011, increase the number of children in the 11-16 age range accessing youth work services				
5.	By 2011 provide family support interventions to 3,500 children in vulnerable families each year				
6.	By 2011 increase by 50% the proportion of care leavers in education, training, or employment at age 19.				
7.	By 2011 increase by 25% the no. of care leavers aged 18-20 living with their former foster carers/supported family				
8.	By 2009 establish the Safeguarding Board for Northern Ireland				
9.	By 2011 reduce by 12% the number of children requiring to be placed on the Child Protection Register				
	Total	1	3	2	3

Table 1: PSA 6 Children and Family

Overall, the targets within PSA 6 have not progressed as well as were anticipated. As can be seen, four targets are rated either amber (3) or red (1) and not on target to be met. What is not clear from the delivery report is when a target that was set and not met, for example '*By 2009, establish the Safeguarding Board for Northern Ireland'* (the Safeguarding Board received Royal Assent in 2011), if any sanctions are placed on the Department.

Under PSA 6, three targets are being met and two further targets are rated 'amber green' which means they are 'on track' to being met. It is prudent to highlight that target number 9 which states, '*By 2011 reduce by 12% the number of children on the Child Protection Register'* could be deemed a delicate subject area to attach a target to, given that it may have an adverse effect by encourage *under-reporting* of children at risk of abuse. This again highlights the complexities associated with the target setting process.

The next DHSSPS-led target under the Programme for Government concerns PSA 8 entitled 'Promoting health/addressing health inequalities'.

	PSA 8 Promoting health/addressing health inequalities Targets:	**R**	**A**	**A/G**	**G**
1.	From Sept 2008, ensure comprehensive HPV in place, with view to achieving long term reduction of 70% in incidence of cervical cancer				
2.	From 2009, establish bowel screening programme for 60-69 year olds – achieve 10% reduction in mortality from bowel cancer by 2011				
3.	By 2009, extend the regional breast screening programme to cover those aged 65-69				
4.	By 2012, increase average life expectancy by 2 years for women				
5.	By 2012, increase average life expectancy by 3 years for men				
6.	Facilitate a 50% reduction life expectancy differential between the most disadvantaged areas and NI average				
7.	By 2011, reduce to 21% the proportion of adults who smoke				
8.	By 2011, reduce to 25% the proportion of the manual worker subset of adults who smoke				
9.	By 2011, halt the decline in adult participation in sport and physical recreation				
10.	By 2011, halt the rise in obesity				
11.	By 2010, ensure a 5% reduction in the proportion of adults who binge drink				
12.	By 2010, ensure a 10% reduction in the number of young people who drink and report getting drunk				
13.	By 2010, ensure a 5% reduction in the proportion of young adults taking illegal drugs				
14.	By 2011, ensure a 10% reduction in the no of children at risk from parental alcohol and/or drug dependence				
15.	Achieve a reduction of at least 15% in the suicide rate				
16.	Achieve a 40% reduction in the rate of births to mothers under 17				
	Total	**7**	**2**	**1**	**6**

Table 2: PSA 8 Promoting health/addressing health inequalities

PSA 8, 'Promoting health/addressing health inequalities' shows that nine target indicators are either amber (2) or red (7), and these are mainly associated with public health issues, such as reducing the number of people who smoke, reducing the rate of suicide, and halting the rise in obesity. Inevitably, these are ambitious targets to achieve. Six targets are successfully 'on track' or have been met. They pertain to breast and bowel screening, increased life expectancy, and drink-related behaviours. One target, relating to a bowel screening programme is rated as 'amber green'. Overall, these results would give cause for concern, and would suggest that the poorer performing objectives are unlikely to be met under the 2008-2011 Programme for Government.

The third PSA led by the DHSSPS concerns the delivery of high quality health & social services (PSA 18).

	PSA 18 Deliver high quality health & social services	R	A	A/G	G
1.	By 2010, 45% of people with assessed community care needs supported at home				
2.	From April 2008, no older person with continuing care needs will wait more than eight weeks for a completed assessment				
3.	From April 2008, no older person with continuing care needs will wait more than 12 weeks for a completed assessment				
4.	By 2011, 50% reduction in unplanned hospital admissions for case managed patients with severe chronic diseases (e.g. heart disease)				
5.	From April 2008, 90% of patients with continuing complex care needs will be discharged from acute settings within 48 hours of being medically declared fit				
6.	From April 2008, no complex discharge will take longer than 7 days – in all cases with appropriate community support.				
7.	All other patients will, from April 2008, be discharged from hospital within six hours of being medically declared fit				
8.	By 2011, ensure a 21-week waiting time for drug therapies for treatment of severe arthritis				
9.	By March 2009, no patient will wait longer than 9 weeks for a first outpatient appointment				
10.	By March 2009, no patient will wait longer than 9 weeks for a diagnostic test				
11.	By March 2009, no patient will wait longer 17 weeks for inpatient or day case treatment				
12.	By 2009, 95% of patients will, where clinically appropriate, wait no longer than 48 hours for inpatient fracture treatment				
13.	By 2009, 98% of cancer patients will commence treatment within 31 days of decision to treat				
14.	By 2009, 95% of patients referred with suspected cancer will begin treatment within 62 days				
15.	By 2011, ensure a 10% reduction in mortality and disability from stroke				
16.	By 2009, at least 50% of patients (rising to 60% by 2010) should receive dialysis via a fistula				
17.	By 2009, and no patient should wait longer than nine months for a transplant (reducing to 6months by 2010).				
18.	By 2009, ensure a 10% reduction in the no of hospital patients with staphylococcus aureus bloodstream infections (including MRSA)				
19.	By 2009, ensure a 20% reduction in cases of clostridium difficile				
	Total	4	5	2	8

Table 3: PSA 18 Deliver high quality health & social services

PSA 18 shows that performance in this category of service delivery is also relatively poor. Overall, four targets are red, and five are amber; and these indicators are for the most part, related to elective waiting times and treatments. Two target indicators are

'amber-green' and eight targets are green (that is, they are 'on track', or have already been met). The latter relate mainly to care support needs, patient assessment timeframes and reducing levels of certain types of infection, and mortality from stroke.

2.1 The Bigger Picture: DHSSPS-led targets

There are a total of 44 targets contained within the 3 PSAs led by the DHSSPS in Programme for Government. A percentage breakdown of the overall progress of these targets is provided in Figure 1 below.

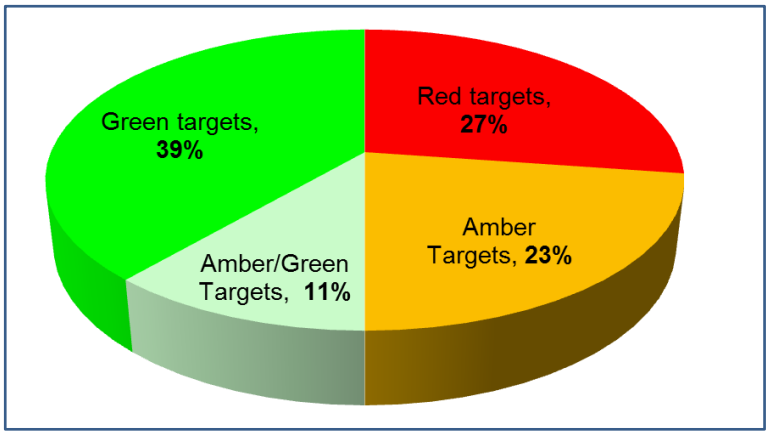

Figure 1 DHSSPS-led PSA Target Performance

- Figure 1 illustrates that 50% targets have been achieved or are on track to be achieved (green 39%; amber green 11%).
- Similarly, 50% of target indicators are not being met, or not on track to be met (red 27; amber 23%).
    - Almost one third of the DHSSPS led targets are red; showing little or no progress has been made.

From the above analysis, it is clear that, due to the number of red and amber ratings, the DHSSPS has been unable to deliver on many of the outcomes that were envisaged at the beginning of the Programme.

However, a separate report published by the DHSSPS in June 2010 entitled 'Resource Accounts for 2009-10' positively appraises the performance of the health and social care sector in relation to 2008-2011 Programme for Government targets stating:

> *"…The Department (DHSSPS) is also on track to meet the majority of PSA commitments detailed in Programme for Government for which it is responsible or contributes to*." [6,7]

[6] Available online at http://www.dhsspsni.gov.uk/dra_2009_10.pdf page 16. Website accessed 20.6.11
[7] Note: this paper only focuses on the DHSSPS led targets and not those that the DHSSPS contributes to with other departments.

This statement appears to be in direct contrast to the *evidence of actual target performance* for the DHSSPS-led targets presented in the Programme for Government delivery report published in September 2010.

It will be interesting also to note if the next Programme for Government, which, at the time of writing is yet to be published, will establish targets which yield more promising results.[8] Questions also remain as to the reasons why a large number of health related targets in the current 2008-2011 Programme have not and will not, be achieved.

3 Priorities for Action

The second document associated with the delivery of health priorities and improved health outcomes in Northern Ireland is entitled 'Priorities for Action' (PFA) 2010-2011. Priorities for Action is a *short-to-medium term* strategy for the DHSSPS and places year-by-year requirements on Boards and health Trusts to make improvements. This plan is set annually by the Health Minister and outlines the DHSSPS's own priorities, which is subject to budget resource approval by the NI Executive and the NI Assembly.

The key objective of the DHSSPS as outlined in Priorities for Action is:

> *…to improve outcomes through a reduction in preventable disease and ill health by providing effective and high quality interventions and services, equitably and efficiently, to the whole population.*[9]

There are seven Priorities for Action for 2010-11:[10]

1. Improve the **health status** of the population and reduce health **inequalities;**
2. Ensure **services are safe and sustainable**, accessible and patient-centred;
3. **Integrate** primary, community and secondary care **services;**
4. Help **older people** to live independently;
5. Improve **children's health** and well-being;
6. Improve **mental health services** and services for **people with disabilities;**
7. **Ensure financial stability** and the **effective use of resources.**

More detailed targets, standards and actions which complement and, at times overlap those outlined within the Programme for Government PSAs, are set out in each of the seven priority areas in the Priorities for Action publication which is available online. Like Programme for Government, these targets are also time bound and quantifiable.

[8] Unlike other regions, the Northern Ireland Executive has opted for a budget *without* beforehand publishing the next Programme for Government, which is usually doen the other way around help to inform spending plans.
[9] DHSSPS Priorities for Action 2010-2011. Available online at: www.dhsspsni.gov.uk/priorities_for_action_2010-12.doc page 3
[10] DHSSPS Priorities for Action 2010-2011. Available online at: www.dhsspsni.gov.uk/priorities_for_action_2010-12.doc page 3

3.1 Reporting and Monitoring

The DHSSPS reports the results of its seven Priorities for Action targets on a monthly basis to the Health and Social Care Board (HSCB) and the Public Health Agency (PHA). Target progress is also reported to OFMDFM and DFP on a quarterly basis.[11] However, there is no publically available RAG progress report on Priorities for Action, unlike the Programme for Government.

3.2 Priorities for Action - performance in 2009/10

Data from the 2009-2010 DHSSPS Resource Accounts publication[12], states that "*the majority of targets for March 2010 set out in Priorities for Action were achieved or substantially achieved"* (p16). The report provides a high level outline of Priorities for Action targets some of which tie in with Programme for Government targets which were, or were not, achieved (see Appendix 1). However without all of the evidence, and status such as a RAG report, this is somewhat difficult to assess and verify.

3.3 Priorities for Action - current performance 2010/11

As it not possible to know the full outcome of the Priorities for Action targets for the current year 2010-11, an indication of progress to date has been provided in the *Minutes of the DHSSPS Departmental Board* meeting (March 2011),[13] which states that as at January 2011, the 100 standards and targets within the Priorities for Action were as follows:

- 50% were achieved, or on track
- Approximately 25% were not achieved
- Of the remaining targets (approximately 25%), it was not possible to determine progress, or the rate of progress was less than planned.

The Minutes also stated that

> "*members of the Board noted the details of the performance report with continued concern. An Action Plan for addressing performance issues would be drawn up in conjunction with the Board."*

Again, this pattern of performance for Priorities for Action targets either 'on track' or 'not on track' is somewhat reflective of the pattern achieved in the DHSSPS led Programme for Government (Figure 1). Again this raises questions as to why targets or actions have not been reached. It is also in contrast to the Resource

[11] Health, Social Services and Public Safety Committee Hansard Report: Programme for Government End-year Delivery Report (24 Sept 2009) Available online: www.niassembly.gov.uk/record/committees2009/HSSPS/090924_PfG_EndYear.pdf
[12] Available online at http://www.dhsspsni.gov.uk/dra_2009_10.pdf page 16. Website accessed 20.6.11
[13] See http://www.dhsspsni.gov.uk/departmental_board_meeting_minutes_18_march_2011.pdf

Account Report which suggests that in terms of Programme for Government and Priorities for Action, performance was cited as being 'strong'.

4 Conclusion

Setting targets is a complex task, not least for the health and social care service. Both Programme for Government and Priorities for Action have established targets to monitor and improve health performance. However, judging by reports, although strides have been made in some areas, there appears to be scope for improvement in others, where many of the targets are not likely to be achieved.

It will be interesting to gauge how the DHSSPS will approach performance issues and targets in the future, given recent performance, and the current squeeze on resources. Whatever happens, future targets will need to be realistic, deliverable and easily evaluated.

5 Appendix 1

Section B of the DHSSPS Resource Accounts (2009-10) publication describes HSC performance within this timeframe as 'strong'.

Examples of some areas in the Resource Accounts report where targets were **not** being met included:

- Elective waiting times;
- Waiting times for Allied Health Professional treatment;
- A&E patients being treated and discharged home or admitted within the 4 hour waiting target, and A&E patients waiting past the 12 hour target;
- Targets for reduced smoking levels in adults;
- Treatment times for mental health issues (including psychological therapies) were heavily in breach of the targets set;
- Lowering suicide rates did not meet the intended target;
- Lowering of births to mother's teenage mothers under 17 years of age.

However, whilst these targets may not have been met, there was evidence in the report that, *in some cases*, progress was being made towards nearing the target goal.

Examples of targets that were being achieved included:

- Increased life expectancy levels in males and females;
- Reduced waiting times for cancer services;
- Reduction in mortality rates from stroke;
- Reduction in some types of infections;
- Less children reported getting drunk;
- Increased resettlement of long stay patients with mental health problems and learning disabilities from hospital to the community;
- Assessments for older people who had continuing care needs within an appropriate timeframe.