

DHSSPS Draft Budget 2008-2011

Research Briefing 05/07

November 2007

1. Introduction

On 25 October 2007, the First Minister, the Rt Hon Dr Ian Paisley MP MLA, and the deputy First Minister, Martin McGuinness MP MLA, presented the Executive's draft Programme for Government to the Assembly. The draft Programme for Government sets out in detail the Executive's plans and priorities for 2008/09 and beyond and is accompanied by detailed Public Service Agreement Framework, which sets out the actions and targets departments will take in support of the Executive's priorities

Also on 25th October 2007, the Minister for Finance, the Rt Hon Peter Robinson MP MLA, presented the draft budget 2008-2011 to the Assembly. The draft budget was developed within the context of the developing Programme for Government, establishing links between spending allocations and the planned outcomes in the form of Public Service Agreements. Individual Ministers, however, will determine how resources allocated in the budget are distributed within their respective departments in the context of competing needs and priorities. The draft budget was accompanied by an Investment Strategy which is intended to inform the capital allocations contained in the draft Budget and beyond.

This research briefing outlines the main aspects of the draft budget pertinent to the DHSSPS in the context of the priorities of the draft Program for Government and the Investment Strategy for Northern Ireland.

2. The Programme for Government¹

Priorities

The Programme for Government (PfG) outlines five key strategic and inter-dependent priorities as follows²:

1. Growing a dynamic and innovative economy – this is the top priority but cannot be done in isolation from the other priorities;
2. Promoting tolerance, inclusion, health and wellbeing;
3. Delivering modern, high quality and efficient Public Services;
4. Investing to build our infrastructure; and
5. Protecting and enhancing our Environment and natural resources.

The PfG notes that over recent years health and social care and education and learning have together accounted for a growing share of spending. Their share in 2008 will account for 67% of the total rising to almost 70% by 2010-11³.

¹ *Building a Better Future – Draft Programme for Government 2008-2011*, Northern Ireland Executive

² PfG, page 3

Aspects of the Priorities Pertinent to DHSSPS

Promoting tolerance, inclusion, health and wellbeing – The PfG notes areas of health concern for Northern Ireland including higher than average mortality from coronary heart disease, cancer and stroke, rising obesity levels and long waiting time for treatment and proposes that action is needed to promote healthier lifestyles and improve physical and mental health including;

- By 2010 – a carers advice service to meet the needs of people with disabilities; and
- By 2009 – a screening programme to improve survival rates from bowel cancer.

Key goals in this Priority include⁴:

- Reducing child poverty by 50% by 2010, eradicating it by 2020;
- Increasing by 125,000 the number of children and young people participating in sport and physical recreation by 2011; and by 2013 having at least one third with disabilities so participating;
- Ensuring that, by 2013, anyone with a mental health problem or learning disability is promptly treated in the community and no-one remains unnecessarily in hospital.
- Reducing mortality from bowel cancer by 15% and acting to reduce cervical cancer by 70%, by 2013;
- By 2013 everyone who suffers a stroke is assessed within 90 minutes for suitability for thrombolysis and that stroke mortality rates are reduced by 15%;
- By 2013, helping people with chronic illnesses to live more active lives and reducing unplanned hospital admissions for such patients by 50%;
- Reducing the number of abused or neglected children on the Child Protection Register or in care by 20% by 2013; and
- Reducing by 33% the overall number of people, and by 50% the number of children, killed or seriously injured on our roads by 2012.

Investing to build our infrastructure - In relation to DHSSPS, there is a backlog of maintenance in health estates resulting in ageing and costly facilities which do not deliver efficient services or adapt to developments in patient care. The Investment Strategy will take forward capital investment of £3.5bn in health and social care by 2018⁵.

Delivering modern, high quality and efficient Public Services – The PfG⁶ notes the most wide ranging reform of public services for a generation, at the heart of which is a commitment to world class public services which meet the needs of the economy and wider society.

³ PfG, page 4

⁴ PfG page 9

⁵ PfG page 13

⁶ PfG, page 14

The overall number of Government departments will be reviewed by 2011 and key goals include⁷:

- Delivering 5% efficiency savings on administration costs each year for next 3 years for all Government departments;
- Delivering 3% per annum efficiency savings on departments' resource budgets using the Performance Efficiency Delivery Unit to drive higher levels of savings;
- Generating an extra £1.0bn capital realisations by 2011 to invest in our infrastructure; and
- Consolidating and streamlining 70% of Government department and agency websites by 2009.

Delivering the Priorities

The Executive have developed a framework of 23 Public Service Agreements (PSAs) which confirm the key actions to be taken in support of the Priorities of the PfG. Those particularly relevant to DHSSPS are as follows and are further detailed in Appendix 1 of this briefing:

PSA 6 CHILDREN AND FAMILY

Aim: To ensure that children are cared for, live in safety, are protected from abuse, receive the support they need to achieve their full potential, become more independent and grow into well adjusted adults, taking their place in the community.

PSA 7 MAKING PEOPLES' LIVES BETTER

Aim: Drive a programme across Government to reduce poverty and address inequality and disadvantage.

PSA 8 PROMOTING HEALTH AND ADDRESSING HEALTH INEQUALITIES

Aim: Promote healthy lifestyles, address the causes of poor health and wellbeing and achieve measurable reductions in health inequalities and preventable illnesses.

PSA 16 INVESTING IN THE HEALTH AND EDUCATION ESTATES

Aim: Take forward a programme of investment to provide a modern fit-for purpose health and education estate in line with best practice and ensuring value for money.

PSA 18 DELIVER HIGH QUALITY HEALTH AND SOCIAL SERVICES

Aim: Provide timely and appropriate access to high quality, integrated and cost-effective health and social services, to deliver improved outcomes.

PSA 20 IMPROVING PUBLIC SERVICES

Aim: Improve the quality and the cost-effectiveness of public services to include delivery of the wider public sector reform programme and efficiency savings and outworking of decisions on the RPA.

PSA 21 ENABLING EFFICIENT GOVERNMENT

Aim: To provide for the effective operation of the institutions of government by supporting Ministers and facilitating effective interdepartmental working in the delivery of

⁷ PfG, page 15

an agreed Programme for Government, Budget, Investment Strategy and legislative programme.

PSA 22 PROTECTING OUR ENVIRONMENT AND REDUCING OUR CARBON FOOTPRINT

Aim: Improve the quality of our natural and built environment and heritage and reduce our carbon footprint.

3. The Draft Budget 2008-2011

Context

The draft Budget has been prepared in the context of the developing Programme for Government, establishing the link between spending allocations in the Budget and planned outcomes in the form of cross-cutting Public Service Agreement (PSA) targets, such as those described above relevant to DHSSPS. In addition, the Investment Strategy for Northern Ireland sets the strategic direction for investment in public sector infrastructure over the next decade, and thus provides the important context for specific capital allocations, in the Budget, for the first three years.

The most significant issue impacting on the level of resources available for allocation in the Budget is the share of total public expenditure allocated to Northern Ireland by the Treasury. The Chancellor of the Exchequer announced the outcome of the Comprehensive Spending Review on 9th October 2007. This confirmed that the increase in resources available to the Northern Ireland Executive over the next three years will be less than in recent Spending Reviews and highlights the importance of local departments delivering cash releasing efficiencies over the next three years⁸.

The Executive is committed to delivering the *Economic Vision for Northern Ireland*⁹ and the spending proposals set out in the draft Budget are focussed on ensuring that resources are made available to secure productivity improvements. The key public sector interventions include¹⁰:

- Implementing the Investment Strategy for Northern Ireland to improve infrastructure;
- Increasingly refocus business support measures on exports, Research & Development (R&D) and Innovation;
- Implement the Skills Strategy and FE Means Business Strategy to improve individuals' skills; and
- Implementing the Regional Innovation Strategy and enhancing linkages between the education and business sectors.

⁸ *Building a Better Future, Draft Budget 2008-2011, Northern Ireland Executive*, para. 1.4-1.5

⁹ *Economic Vision for Northern Ireland*, Economic Development Forum, February 2005

¹⁰ Draft Budget, para. 2.5

Health Context¹¹

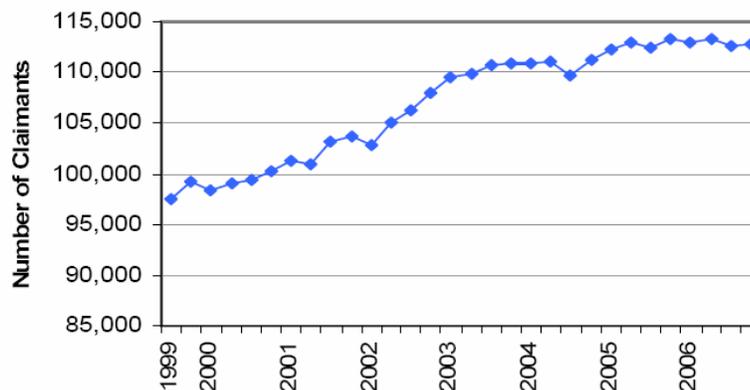
The mortality rate in Northern Ireland has fallen from 11 deaths per 1,000 population in 1976 to 8 deaths per 1,000 population in 2006 and has occurred despite an increase in the proportion of elderly people, i.e. those aged 75 and over represent 6% of the population now compared to 4% in 1976. This reduction in mortality rates across all age groups reflects significant improvements in both healthcare provision and lifestyle (in terms of, for example, housing conditions and rates of smoking). Cancer, heart disease, and stroke accounted for over half of all deaths in 2006. Over the last decade, the number of deaths due to cancer has remained broadly constant and last year cancer represented 26% of all deaths registered compared to 17% of all deaths in 1976. The number of people who died from heart disease continues to fall – there were nearly twice the number of deaths due to heart disease in 1976 than last year.

Impact of Health and Social Services on the Economic Vision

Northern Ireland has an enduring problem with economic inactivity levels¹². This is why the working age employment rate for Northern Ireland is the second lowest amongst the UK regions (around 4 percentage points below the UK average of just over 74%). The major reasons for inactivity in Northern Ireland are long-term sickness, participation in full-time education and the need to provide homecare. The numbers of individuals removing themselves from the active workforce for health reasons is a particular concern. Within the Economically Inactive category some 112,700 people (almost two-fifths) are currently claiming Incapacity Benefit. This represents a significant constraint on the economic potential of the region and imposes considerable costs on public services such as health and social care. The following chart, extracted directly from the draft Budget, illustrates the above point.

Draft Budget 2008-2011

Chart 2.5: Number of Incapacity Benefit Claimants in Northern Ireland



Source: DSD – Incapacity Benefit and Severe Disablement Allowance, November 2006

¹¹ Draft Budget, para. 2.58-2.60

¹² Draft Budget, para. 2.40-2.41

Distribution of Available Resources¹³

Although the most significant element of the resources available to the Executive in each Budget process is based upon changes in comparable spending programmes in England, (in national Spending Reviews), local Ministers have complete discretion to allocate the resources received in terms of their assessment of local needs and priorities.

Departmental budgets are separated into capital budgets and current budgets:

- *Capital budgets* include expenditure on new construction, land, extensions and alterations of existing building and the purchase of fixed assets such as plant and machinery. It also includes expenditure on stocks and grants and lending for capital purposes;
- *Current budgets* (also referred to as resource budgets) include most direct expenditure on public sector pay and providing services e.g. health or education reflecting continuing programmes financed each year.

The majority of current public expenditure is allocated to two main departments, the DHSSPS (47%) and the DE (20%). In 2007-08 there is planned to be £1.3 billion of capital expenditure with a more even distribution across departments e.g. DHSSPS (18%), DRD (32%), DE (23%)

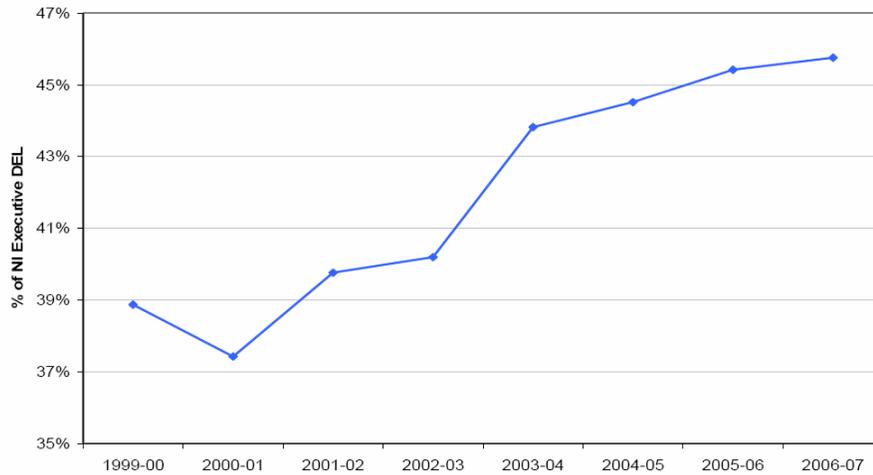
The current position as regards the relative levels of spend on individual public services reflects the decisions made as regards spending priorities in previous Budgets going back many years. However, it is also important to reflect on the most recent years, when there has been a clear shift in priority spending away from DETI and DARD and strong growth in DHSSPS, with Direct Rule Ministers reflecting the priorities set for Whitehall departments. One of the most significant issues facing this and future Executives will be the priority that should be given to health & social services compared with other public services.

In common with most industrialised countries, the trend over recent years has been for this area to absorb an increasing share of the total funding available for public services in NI, due to changing demographics (particularly for social services), and increasing public expectations. The Chart¹⁴ below, directly extracted from the draft Budget, highlights the increasing share of spending accounted for by Health and Personal Social Services in recent years.

¹³ Extracted from Draft Budget, para. 3.19-3.38

¹⁴ Draft Budget, Chart 3.12

Chart 3.12: Proportion of NI Executive Departmental Expenditure accounted for by Health and Social Care



Source: PESA

Whilst there are a number of actions that can be taken, including future limits on pay growth and improved public health behaviours, the key strategic issue is how much more of the available resources should be redeployed to health and social services and away from other public services.

Although, the Executive has full flexibility as regards the use of the available resources, in reality there are constraints, the most significant in this respect is pay, which directly accounts for around 55% of current expenditure.

Current Expenditure (table extracted from draft Budget, pg 51)

	Outturn	Plans			
	2006-07 (£m)	2007-08 (£m)	2008-09 (£m)	2009-10 (£m)	2010-11 (£m)
DHSSPS	3,585.7	3,804.8	3,938.8	4,064.1	4,259.2

Capital Investment (net of Receipts) (table extracted from draft Budget, pg 5)

	Outturn	Plans			
	2006-07 (£m)	2007-08 (£m)	2008-09 (£m)	2009-10 (£m)	2010-11 (£m)
DHSSPS	185.1	177.8	202.6	203.7	213.2

DHSSPS Proposed Budget Allocations¹⁵

The Department's key objectives 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 and social care; and
- To create a safer environment for the community by providing an effective fire fighting, rescue and fire safety service.

Key issues / Challenges over period to 2010-11

Northern Ireland has a lower life expectancy and higher incidence of some serious diseases, such as coronary heart disease, respiratory disease, than the UK average. As in the rest of the UK, the lifestyle of many local people is damaging to their health with obesity an increasing threat as well as high levels binge drinking. Northern Ireland also has the highest prevalence in the UK of mental illness (19% of those over 16 show possible signs of depression or other forms of poor mental health), and a high incidence of suicide.

For the Budget period and beyond, it is essential that the health and social care sector provides prompt and responsive access to appropriate health and social care services – whether in clinical settings or in the community. It must also lead a cross-governmental effort both to raise general health and well-being and to reduce health inequalities alongside a population which is much more engaged in ensuring its own health and well-being.

The proposed draft Budget allocations would address many of the key determinants of ill-health as well as issues of actual illness. By the end of the Budget period, it is expected that not only will there be an increase in average life expectancy but also a reduction in the disparity between the overall NI average and that for the most disadvantaged areas.

Public Health

Additional funding for the public health programme will support action to bring about a 15% reduction in the present suicide rate. Other initiatives are intended to:

- Reduce the proportion of smokers in the population;
- Reduce the incidence of binge drinking and the taking of illegal drugs;
- Cut the number of children at risk from parental dependency on alcohol or drugs; and
- Halt the rise in obesity.

Primary and Community Care

Promoting healthier ways of living is a key element of reform in health and social care and the extra resources proposed for primary and community care would enable the Department to fund a programme of early intervention and 'wraparound' services to help people with long term conditions (such as heart disease or respiratory disorder) to live

¹⁵ Summarised from Draft Budget, pages 82-87

more active lives, with less need for recourse to hospital treatment. By 2011, unplanned hospital admissions for these patients are expected to be cut by 50%.

The role of carers must be recognised and given greater support. By 2011, an extra 20% of care packages for those with physical or sensory disability will include new or enhanced respite. By the same date the maximum waiting time for specialised wheelchairs will be cut to 13 weeks.

Treatment in the community or primary setting will also be a more standard feature of the mental health and learning disability programmes of care. The Budget allocations now proposed will begin that process, including the resettlement to the community of 10% of learning disabled and 5% of mental health long stay patients, with a 10% reduction in admissions to mental health hospitals.

Cancer

The Northern Ireland population now has access to some of the most advanced forms of treatment for cancer, but the key to survival remains early identification. A new screening programme, together with follow-up treatment, will by 2011 reduce mortality from bowel cancer by 10%, and a new vaccination programme which will eventually lead to a 70% reduction in mortality from cervical cancer.

Stroke

Stroke is the third biggest cause of death and the single biggest cause of adult disability. Investment in specialist stroke units, to provide fast and effective intervention and high quality rehabilitation, will reduce mortality and disability by 10% by 2011.

Other Areas

Extra resources will go towards reducing the maximum waiting time for specialist drugs for severe arthritis, while funding to help improve hospital cleanliness will reduce MRSA infections by 10% and cases of clostridium difficile by 20%.

Children in Care/Foster Care

Obviating the need for children to be taken into care or, where that cannot be avoided, providing stability once in care, will increase the chances of better outcomes for children. By 2011, the extra investment in family support, foster care etc will help reduce by 10% the number of children in care, reduce by 5% the number of care leavers aged 18-20 living on their own, and increase by 50% the proportion of care leavers in education, training or employment. The aim is also to reduce by 10% the number of children needing to be put on the child protection register.

Capital Investment

The draft Budget proposals in terms of capital investment would assist in the continuation of the major hospital modernisation and reform programme alongside a range of ongoing regional and local developments including primary and community care, learning disability and residential childcare. Further details are provided in Section 4 below.

Reform

While final decisions have yet to be taken on the application of Review of Public Administration principles to the health and social care system, some of the main elements of organisational reform are already in place. The basic rationale is to create structures that are patient-led, patient-centred and patient-responsive, and which free resources for investment in front line services. The reduction in the number of Trusts from 19 to six (including the Ambulance Service) has made a start in that direction.

Efficiency Programme

The Department has a target to deliver cash releasing efficiencies of £118.2 million, £232.8 million and £344.0 million respectively over the period 2008-09 to 2010-11, which will provide additional spending power to the Department during this time. These savings will be delivered through a range of measures including regional procurement of HPSS consumables and social care services, as well as pharmacy lead initiatives such as better prescribing of generic drugs, continued implementation of therapeutic tendering and increased use of pharmaceutical clinical technology. There will also be significant efficiencies generated from increased productivity through, for example, savings generated as a result of the rationalisation of health bodies and more clinically appropriate management of long term conditions such as diabetes and asthma.

Equality issues

Addressing inequalities has long been integral to the business of the Department and its associated bodies. Section 75 of the Northern Ireland Act 1998 creates specific duties for the Department, Boards, Trusts and executive Non-Departmental Public Bodies (NDPBs) and other HSC bodies with regard to equality and good relations. The Department's established mechanisms for allocating resources, for example via its capitation and local equity arrangements, ensure that available health and social care is accessible to those in need of it.

Department of Health, Social Services and Public Safety - Current Expenditure

Objective and Spending Area	Plans						
	2007-08 £m	2008-09 £m	%	2009-10 £m	%	2010-11 £m	%
Objective A							
Hospital, Community Health (inc discretionary FHS)	2,559.0	2,625.3	2.6	2,719.1	3.6	2,865.3	5.4
Personal Social Services	819.3	860.9	5.1	882.2	2.5	912.6	3.4
Family Health Service	257.4	273.6	6.3	278.0	1.6	287.8	3.5
Training Bursaries and Further Education and Research	62.4	71.5	14.5	79.6	11.4	85.8	7.7
Other Centrally Financed Services and Welfare Foods	20.5	20.7	0.7	20.8	0.7	21.0	0.7
Grants to Voluntary Bodies	7.1	7.3	3.5	7.6	3.3	7.8	3.3
N/S Body - Food Safety Promotion	2.0	2.0	3.3	2.1	3.4	2.2	3.4
Total Objective A	3,727.7	3,861.2	3.6	3,989.4	3.3	4,182.4	4.8
Objective B							
Fire Service	77.1	77.6	0.7	74.7	-3.7	76.8	2.9
Total Objective B	77.1	77.6	0.7	74.7	-3.7	76.8	2.9
Total	3,804.8	3,938.8	3.5	4,064.1	3.2	4,259.2	4.8

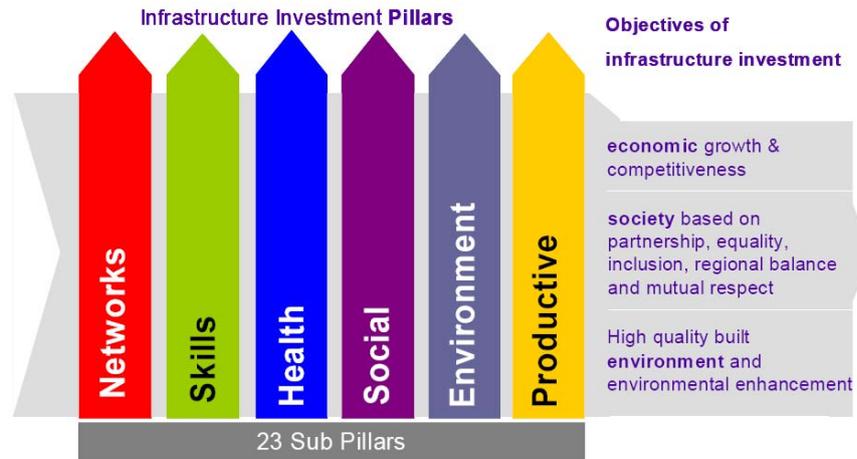
Department of Health, Social Services and Public Safety - Investment

Objective and Spending Area	Plans			
	2007-08 £m	2008-09 £m	2009-10 £m	2010-11 £m
Objective A				
Hospital, Community Health (inc discretionary FHS)	148.3	184.2	188.5	174.0
Personal Social Services	22.2	11.5	10.9	14.3
Training Bursaries and Further Education and Research	3.9	2.7	0.2	-
Other Centrally Financed Services and Welfare Foods	0.4	-	-	-
Grants to Voluntary Bodies	-0.0	-	-	-
N/S Body - Food Safety Promotion	-	-	-	-
Total Objective A	174.7	198.5	199.6	188.3
Objective B				
Fire Service	3.0	4.1	4.1	24.9
Total Objective B	3.0	4.1	4.1	24.9
Total	177.8	202.6	203.7	213.2

4. Northern Ireland Investment Strategy 2009-2018

The Executive have developed a framework to support the planning and delivery of the infrastructure programme over the next ten years that is consistent with our Programme for Government. Future investment will be taken forward under six 'Pillars' that help to join up the plans of government departments and other stakeholders to avoid duplication and recognise opportunities to maximise outcomes by working together. The figure below is extracted from page 4 of the Strategy.

Fig. 2: Investment Framework



The pillars are divided into 23 'Sub-pillar' investment sectors that will be managed by respective departments and agencies, with support from the Strategic Investment Board Limited (SIB) and the Procurement Board. Progress in delivering outputs under each Sub-pillar will be subject to detailed monitoring and reporting to the Executive.

Details of Investment Pillar: Health¹⁶

Primary Care, Public Safety & Technology, Hospitals Modernisation

Investment in health infrastructure will deliver modern facilities to ensure positive health benefits and outcomes for us all. Over the next twenty years, the need and demand for our health and social services will increase and change. There are several reasons for this; including our ageing population that will engender a higher incidence of chronic conditions. Improving peoples' health and wellbeing will be one of the most fundamental ways of improving quality of life and, to achieve that, a robust and dynamic health and social care system will be needed.

Investing in Primary and Community Care will begin to put in place the new infrastructure required to transform healthcare delivery by delivering more treatment and care closer to where people live and work thus reducing the need for hospital admissions.

¹⁶ Northern Ireland Investment Strategy 2009-2018, pages 15-17

Over the period of the strategy, there will be continued building of new Health & Care Centres and a range of other facilities throughout the region. These will be responsive to people's needs, provide greater access to a wider range of services (some previously only available at hospitals), be delivered close to where people live and work, and be more integrated across hospital, regional, and community care boundaries. This investment will provide, among other things, for new facilities in Andersonstown and Shankill in West Belfast, a new Regional Adolescent Psychiatric Unit at Forster Green, a new Health and Care Centre at Portadown and a new mental health crisis facility on the Gransha hospital site.

There will also be modernisation of the emergency services to improve performance through better equipment, technology and methods. The key driver for the Northern Ireland Ambulance Service (NIAS) and Northern Ireland Fire and Rescue Service (NIFRS) is the requirement to provide the appropriate response to an emergency with the right equipment and crew within specified response times.

Over the coming years, there will be investment in a core of acute hospitals across the region capable of delivering the highest quality patient care and improved clinical outcomes for the future. Many of the hospitals were built in the late-nineteenth and early twentieth centuries and now require modernisation. Technological changes have also introduced new pressures with the need, for example, to ensure that patients benefit from access to the latest imaging and surgical techniques. Investment in our acute hospitals will ensure most people will have access to acute services, emergency care and consultant-led maternity services within 45 minutes, and all the population will normally be within one hour of these services. Work is continuing on the first phase of the redevelopment of Ulster Hospital and the second phase of the Royal Victoria Hospital, and plans are well advanced for a new acute hospital in the South West near Enniskillen.

There will also be investment in our local hospitals, forming a crucial bridge between acute hospital and the primary and community care sector e.g. providing extended-hours access to urgent care services, a wide range of day case surgery and high quality diagnostic services. Major schemes in coming years include the completion of the new local enhanced Downe Hospital and the new local enhanced hospital in Omagh incorporating a mental health unit and health and care centre.

Key Goals - Health

Over the lifetime of this Strategy, the aspiration is to deliver:

- A regional network of 35 primary and community care facilities, bringing services into the heart of the community, improved access and supporting greater multi-disciplinary working;
- An acute hospital network that can deliver the best health outcomes using modern technology efficiently and supporting increasing medical sub-specialisation;
- Information and communications technology to support seamless administration and care delivery between settings and services
- Emergency and rescue services that are well integrated, and are equipped and deployed to deliver the highest response standards;
- Modernisation of the mental health service estate, and supporting a move away from long stay settings to care in the community;

Milestones - Health

Key milestones will include:

Providing research and information services to the Northern Ireland Assembly

- A new local enhanced hospital at Downpatrick by 2009;
- Opening five new Health & Care Centres by 2011 – Andersonstown, Castlereagh, Shankill, Grove (Shore Rd), and Portadown;
- A new mental health crisis centre at Gransha by 2011;
- First phase of Ulster Hospital redevelopment complete by 2011;
- A new acute hospital serving the South West by 2012; and
- A new local enhanced hospital in Omagh by 2013.

The figures below, extracted from page 6 of the Investment Strategy shows the amounts to be invested in each area in the next three years, and in the subsequent seven years. The figures at sub-pillar level for 2012-2018 are indicative for planning purposes only.

Pillar and Sub-pillar	£m (Current Prices)				
	Budget Period 2008-2011		Indicative for the period 2011/12 – 2017/18		Total
	NI Executive Funds	Additional Funds	NI Executive Funds	Additional Funds	
Primary Care	152.6		354	355	862
Public Safety & Technology	149.8		408		558
Hospitals Modernisation	412.1		1669		2,081
HEALTH	714.5		2,431	355	3,501

Appendix 1 – Further Details of PSAs Pertinent to DHSSPS (Extracted from *Building a Better Future, Northern Ireland Executive Programme for Government 2008-2011, Annex One, PSA Framework*)

PSA 6 CHILDREN AND FAMILY To ensure that children are cared for, live in safety, are protected from abuse, receive the support they need to achieve their full potential, become more independent and grow into well adjusted adults, taking their place in the community

Objective	Actions	Target	Dept.	
1	Improve the outcomes and life chances of children and young people	Implement the 10 year strategy for children and young people Take forward the development of an Early Years Strategy Support exemplar projects of area-based interventions for children and young people Deliver Sport Northern Ireland's investment programmes	Deliver targets as set out in 10 Year Strategy for Children and Young people Re-establish the Ministerial Sub-Committee on Children By 2011 to have 125,000 children participating in sport and physical recreation	OFMDFM/DE/ DCAL
2	Reduce the number of children in care	Provide multidisciplinary family support and intervention services Expand family group conferencing Provide additional specialist salaried foster carers	By 2011, reduce by 10% the number of children in care by 2011	DHSSPS
3	Improve the life chances of children leaving care	Expand the scheme to enable care leavers to live with their former foster carers or supported family Provide dedicated transition workers and wrap around services between children and adult services Develop effective referral processes between HSS Trusts and NI Careers Service	By 2011, increase by 50% the proportion of care leavers in education, training, or employment at age 19 by 2011. By 2011, reduce by 5% the number of care leavers aged 18-20 living on their own	DHSSPS/DEL
4	Provide a safer environment for children, both in the family setting and for those in foster care.	Ensure that joint protocols with e.g. PSNI are working well and that emerging issues (such as trafficking and internet threats) are tackled Extend monitoring arrangements to cover dangerous offenders Strengthen child protection measures and the safeguarding of children	By 2009, establish the Safeguarding Board for Northern Ireland By 2011, reduce by 10% the number of children requiring to be placed on the child protection register	DHSSPS

PSA 7 MAKING PEOPLES' LIVES BETTER Drive a programme across Government to reduce poverty and address inequality and disadvantage

Objective	Actions	Target	Dept.	
1	Take forward action to provide for measurable reductions in the levels of poverty and particularly child poverty	In line with Section 16 of the Northern Ireland St Andrews Agreement Act 2006 achieve agreement by the Northern Ireland Executive Committee, on the adoption of a strategy setting out how it proposes to tackle poverty, social exclusion and patterns of deprivation based on objective need. Establish baselines and indicators to measure progress and monitor and report on progress Ensure that all benefit claimants receive benefit payment in line with accuracy and clearance targets. Continue the roll-out of the Benefit Uptake Strategy Continue with modernising benefits and on how they are delivered to include Implementing the new Employment & Support Allowance Benefit from October 2008 Implement a new operating model through the Pensions Transformation Project by 2010 and increase benefit uptake and improve customer service. Create a gateway to work and contribute to a rise in the level of those who are economically active by increasing off-flows from Employment and Support Allowance.	Work towards the elimination of severe child poverty by 2012 Work towards the elimination of poverty in Northern Ireland by 2020 including lifting 67,000 children out of poverty by 2010 Ensure that 25% more children will be receiving child maintenance in March 2011 compared to March 2007 [this target will be subject to review in light of proposed policy for child support] In line with PSA 8 deliver improvements to promote healthy lifestyles and achieve measurable reductions in health inequalities and preventable illnesses. In line with PSA 10 reduce the gap in educational outcomes by addressing the needs of disadvantaged and vulnerable children and young people.	OFMDFM DSD DHSSPS

2	<p>Take forward co-ordinated strategic action to promote social inclusion for: • Lone parents • People with a physical/sensory disability • Older people • New Minority Ethnic Communities</p>	<p>To develop strategic recommendations to tackle poverty and promote social inclusion for ○ Lone Parents ○ People with a disability To oversee the agreement of these recommendations and implementation of their related actions. To set baseline indicators and monitor and report progress Work across government to remove barriers to participation and achieve a measurable improvement in the lives of people with disabilities by 2012 To oversee the agreement and implementation of an action plan to tackle poverty and promote social inclusion for older people. To continue to monitor and report progress on these actions Provide additional respite packages to assist carers and families of people with physical or sensory disability and increase capacity to supply specialised wheelchairs Take forward the recommendations in the action plan in the <i>Including the Homeless</i> Strategy to promote the social inclusion of homeless people, and those at risk of becoming homeless in Northern Ireland</p>	<p>By 2011, 20% more physical/sensory disability care packages to include new or enhanced respite By 2011 13-week maximum waiting time for specialised wheelchairs Measures in place to prevent homelessness wherever possible and develop a better coordinated response to tackle the issue when it occurs Deliver a strong independent voice for older people Ensure more effective statutory protection for older people as an identifiable group</p>	<p>OFMDFM DHSSPS</p>
3	<p>Speedier access to Mental Health and Learning Disability community services, and fewer people institutionalized in Mental Health and Learning Disability hospitals</p>	<p>Develop community mental health and learning disability services, with increased availability of new, locally based, therapies and the deployment of additional staff to strengthen existing community infrastructure and reduce demand for admissions to long stay beds. Provide additional respite packages for carers and families of people with learning disability Develop the housing support services delivered by specialist organisations to vulnerable people to help them remain in their own homes</p>	<p>By 2011, 10% reduction in admissions to mental health hospitals By 2011, 5% reduction in the number of people institutionalised in mental health hospitals, and 10% reduction in the number of people in learning disability institutions By 2009, 13-week maximum waiting time for psychotherapy services By 2011, 10% more learning disability care packages to include new or enhanced respite</p>	<p>DHSSPS DSD</p>
4	<p>Reduce levels of fuel poverty</p>	<p>Implement the recommendations in the Fuel Poverty Strategy published in 2007</p>	<p>Eradicate fuel poverty in all households by 2016 Eradicate fuel poverty in all vulnerable households by 2010</p>	<p>DSD</p>

5	Promote equality and the enforcement of rights	Implement the cross departmental Gender Equality Strategy Implement a programme to improve societal relations Implement the Racial Equality Action Plan Deliver new effective structures of public service which measurably more responsive to the needs of people and communities	Introduce measures to work towards the total elimination of the gender pay gap. Ensure the central role of the rights of the child Work across Government to reform the Tribunal system to enhance the enforcement of rights	OFMDFM
6	Working with the Commissioner for Victims and Survivors, to develop and implement a new, comprehensive strategy approach to Victims and Survivors	Publish a new strategy for victims and survivors and establish a Victims and Survivors Forum Establish a new scheme to provide support, assistance and advice for groups and individuals and agree arrangements for the sponsorship of the office of the Commissioner for Victims and Survivors	New strategy published by January 2008. Forum established by March 2008. New Scheme published by January 2008 and fully established between June and December 2008.	OFMDFM

PSA 8 PROMOTING HEALTH AND ADDRESSING HEALTH INEQUALITIES Promote healthy lifestyles, address the causes of poor health and wellbeing and achieve measurable reductions in health inequalities and preventable illnesses

Objective		Actions	Target	Dept.
1	Promote uptake in screening and immunisation programmes to forestall avoidable disease and reduce mortality rates	From 2009, introduce an HPV immunisation programme From 2009, introduce a bowel screening programme for people over 50	Long term reduction of 70% in incidence of, and mortality from, cervical cancer By 2011, 10% reduction in mortality from bowel cancer	DHSSPS
2	Promote smoking cessation and measures to tackle obesity and physical inactivity, particularly among children, and reduce health inequalities	Deliver community based health programmes within the 10% most disadvantaged areas Deliver Sport NI's investment programmes	By 2012, increase average life expectancy by 2 and 3 years for women and men respectively, and facilitate a 50% reduction in the life expectancy differential between the most disadvantaged areas and the NI average By 2011, reduce to 21% and 27% respectively the proportion of adults and manual worker subset who smoke By 2011, halt the decline in adult participation in sport and physical recreation By 2011, halt the rise in obesity	DHSSPS/DE/DCAL
3	Reduce binge drinking and illicit drug use, particularly among young people and vulnerable groups	Deliver group work programmes for children and families affected by parental substance misuse Expand programmes to address binge drinking and illicit drug use, targeting young people and/or vulnerable groups	By 2010, 5% reduction in the proportion of adults who binge drink By 2010, 10% reduction in the proportion of young people who drink and who report getting drunk By 2010, 5% reduction in the proportion of young adults taking illegal drugs within the previous month By 2011, 5% reduction in the number of children at risk from parental alcohol and/or drug dependency	DHSSPS
4	Reduce the incidence of suicide	Roll out the suicide prevention helpline, expand self-harm mentoring and work with those at risk to improve life and coping skills	By 2011 achieve at least a 15% reduction in the average crude suicide rate	DHSSPS/DE
5	Improve sexual health and reduce the rate of teenage pregnancy	Expand education and awareness-raising programmes in schools, workplaces and community settings on sexual health issues and teenage pregnancies	By 2010, achieve a 30% reduction in the rate of births to mothers under 17	DHSSPS/DE

PSA 16 INVESTING IN THE HEALTH AND EDUCATION ESTATES Take forward a programme of investment to provide a modern fit-for-purpose health and education estate in line with best practice and ensuring value for money

Objective	Actions	Target	Dept.	
1	To secure better clinical outcomes and safe, high quality treatment and care, by means of a reformed and modernised hospital infrastructure based on a rationalised grouping of acute and local hospitals and incorporating an ICT modernisation programme	Take forward a programme of capital investment designed to deliver a more efficient, responsive and accessible NI-wide network of modern, fit-for-purpose hospital facilities	By 2009, Downe Enhanced Local Hospital due to be completed By 2010, Ulster Hospital Phase A due to be completed By 2011, first stage of Altnagelvin Phase 3 due to be completed By 2011, Royal Phase 2 B due to be completed By 2011, delivery of a Picture Archiving & Communications System – a computerised system for storing and sharing picture imaging. This project will improve support for clinical networks reliant on seamless access to high-quality diagnostic information, regardless of location, to support effective and timely patient care	DHSSPS
2	To improve access and the HSC's responsiveness to people's primary and community care needs, by bringing together on single sites the full range of such services	Deliver a NI-wide Primary and Community Care Investment (PCCI) programme, establishing a new network of health and care centres, learning disability and mental health facilities, children's residential homes, adult centres, physical & sensory facilities etc	By 2008, Craigavon Crisis Resource Centre due to be completed By 2009, Castlereagh Community Treatment and Care Centre due to be completed By 2010, Portadown Health & Care Centre due to be completed By 2010, Gransha Mental Health Crisis Centre due to be completed By 2010, Regional Adolescent Psychiatric Unit & Child and Family Centre due to be completed By 2011, Health & Wellbeing Centres Phase 2 due to be completed	DHSSPS
3	Support better clinical care and treatment and improved patient and user experience and health outcomes, through more extensive and effective use of technology and information, and the provision of modern and effective emergency services.	Implement strategic capital development programmes for the NI Ambulance and Fire & Rescue Services including, by 2009, delivery of Mobile Data and Automatic Vehicle Location systems to help ensure achievement of national targets for response times and enhanced delivery of effective emergency services	By 2011, NIAS to respond to 75% of life-threatening calls within eight minutes By 2011, reduce by 5% the number of accidental fires in dwellings	DHSSPS
4	To provide modern school facilities which meet the needs for teaching and learning	Take forward a programme of capital investment to replace deficient school buildings To improve the strategic planning of the schools estate.	Building projects to be advanced at over 100 schools over the period to 2011 Area-based planning approach to be developed and implemented in conjunction with the establishment of an Education and Skills Authority.	DE
5	To enhance student learning and research excellence and maintain the competitiveness of the HE institution Take forward a programme of £Xm to develop and enhance the infrastructure of the HE and FE sectors.	Through joint Area Planning with the Department of Education, ensure that the FE estate is developed in a way which meets the needs of learners in the six new college areas. Support the strategic development of HE infrastructure to enhance student learning and research excellence and maintain the competitiveness of the HE institutions,	The provision of a quality, sustainable and fit for purpose FE estate. The provision of a quality, sustainable and fit for purpose HE estate.	DEL DE

PSA 18 DELIVER HIGH QUALITY HEALTH AND SOCIAL SERVICES Provide timely and appropriate access to high quality, integrated and cost-effective health and social services, to deliver improved outcomes

Objective		Actions	Target	Dept.
1	Promote independent living and a reduction in avoidable admissions to hospital	Enhanced and wider range of community services, through e.g. active management of long term conditions, intermediate care, more flexible and responsive domiciliary care services, expansion of assistive technology and continued growth of direct payments.	By 2010, 45% of people with assessed community care needs supported at home By 2011, 50% reduction in unplanned hospital admissions for people with severe chronic diseases (e.g. heart disease and respiratory conditions)	DHSSPS
2	Shorter waiting times for access to specialist drugs, to a range of specialist hospital services, and to elective treatment	Enhance the provision of specialist drugs for cancer and other treatments such as anti TNF Improve access to a range of specialist hospital services such as neonatal, paediatric and adult critical care, and major trauma services	By 2011, 21-week waiting time for drug therapies for treatment of severe arthritis No patient will 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 By 2009, 98% of patients will, where clinically appropriate, wait longer than 48 hours for inpatient fracture treatment By 2009, 98% of cancer patients will commence treatment within 31 days of decision to treat, and 95% of patients referred with suspected cancer will begin treatment within 62 days	DHSSPS
3	Improve outcomes and survival rates in key specialisms	Develop key specialisms and infrastructure in cancer (e.g. oncologists and radiotherapy capacity), stroke (earlier diagnosis, access to 24/7 CT scanning, post-stroke rehabilitation, etc) and renal services.	By 2011, a 10% reduction in mortality and disability from stroke By 2011, increase renal service capacity by 30% By 2011, a 10% reduction in the number of hospital patients with staphylococcus aureus bloodstream infections (including MRSA), and a 20% reduction in cases of clostridium difficile	DHSSPS

PSA 20 IMPROVING PUBLIC SERVICES Improve the quality and the cost-effectiveness of public services to include delivery of the wider public sector reform programme and efficiency savings and outworking of decisions on the RPA

Objective		Actions	Target	Dept.
1	Deliver a programme of Civil Service Reform	Take forward NICS reform programme to deliver a modern, high quality and efficient public services by improving NICS capacity and providing NICS staff with the necessary tools and technology.	Deliver shared NICS corporate services through the implementation and realisation of the benefits of the following reform programmes: • Financial and accounting services through Account NI by 01 April 2009. • Human resources services through HR Connect by November 2008. • Information communication and technology (ICT services) through the ICT Shared Service Centre by April 2009 • Network services through Network NI by 30 September 2009 • Office estate services through Workplace 2010 by 30 November 2008	DFP All Departments
2	Take forward reform of education administration	Creation of Education and Skills Authority	Deliver the new organisation no later that April 2009.	DE
3	To take forward the modernisation and reform of the local government sector, providing appropriate policy, procedures and legislation.	Progress the Modernisation Programme, with the Local Government Taskforce. As agreed with the Executive and Assembly, develop and implement a strategy for the creation of the structure of local government and assist local government in taking on the range of functions to be transferred. Progress the development of legislation to enable the delivery of the programme.	Reduction in the numbers of local councils, and transfer of agreed functions from central government to local government control. Modernisation of existing processes of councils. Assumption of new powers for local government.	DoE
4	Promote and improve access to public services and information in Northern Ireland	Improve access for the people of Northern Ireland to public services and information including the delivery of an improved range of contact channels for citizen access to public services	Introduction of a single telephone number point of contact for selected public services by 31 December 2008 Consolidation of 70% of NICS Department and Agency websites into a single thematic based web presence by March 2009. Reduce barriers to citizen access to online public services through delivery of a Digital Inclusion programme.	DFP

5	Take forward the modernisation of the health and social services sector	Reduction in the number of HSS Boards, and introduction of regional shared services	<p>By 2011, reduce administration costs within the health and social care system by £53m a year</p> <p>Improve productivity, efficiency and effectiveness in the HSC as measured by such indicators as:</p> <ul style="list-style-type: none"> ☞ Patient throughput per bed ☞ Ratio of day cases to inpatient cases ☞ Use of more effective drug therapies ☞ Greater use of generic drugs ☞ Improved procurement practices ☞ Proportion of people with community care needs supported at home ☞ Staff absenteeism 	DHSSPS
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PSA 21 ENABLING EFFICIENT GOVERNMENT To provide for the effective operation of the institutions of government by supporting Ministers and facilitating effective interdepartmental working in the delivery of an agreed Programme for Government, Budget, Investment Strategy and legislative programme

Objective		Actions	Target	Dept.
1	Support the First and deputy First Minister in leading the Executive.	Improve planning and prioritisation of public expenditure by achieving a Programme for Government for 2008-11 and a ten year Investment Strategy. Improve delivery of public services by working with departments to help them meet their PSA targets. Promote standards that ensure good governance and adherence to the Ministerial and Civil Service Codes Deliver new effective structures of public service	Delivery of final PfG and Investment Strategy by January 2008. First review of PfG and Budget for 2008-11 completed by January 2009. PSA framework agreed by January 2008. In-year progress report completed by October 2008 and end-year report published in April 2009. Deliver increased resources to the Planning and Water Appeals Commission to enable them to address the backlog of appeal cases.	OFMDFM DFP
2	Build the capacity of the Civil Service to deliver the Government's priorities, by improving leadership, skills, professionalism, diversity, and equality.	Deliver high quality cost effective training services through the Centre for Applied Learning to meet the needs of NICS Departments. Encourage applications from under-represented groups and address barriers, real and perceived, to employment in the NICS. The Professional Skills for Government framework fully embedded in all NICS human resources practices and processes.	NICS staff have the right skills and expertise to enable Departments to deliver effective services to the people of Northern Ireland. The NICS is reflective of the diversity of Northern Ireland's society. Align the NICS competency framework and internal processes with the Professional Skills for Government framework by March 2009 and embed Professional Skills for Government fully within the NICS by April 2010.	DFP
3	To ensure public expenditure is managed effectively to deliver best value for the people of Northern Ireland.	Detailed spending and efficiency delivery plans produced and approved in line with annual budget timetable. Challenge departments on their plans and on the delivery of efficiencies and identify scope for departments to deliver additional savings.	Public spending delivers value for money and is accountable in line with the priorities set by the Executive in the Priorities and Budget. Deliver 3% per annum efficiency savings on departments' resource budgets and using the Performance Efficiency Delivery Unit to drive higher levels of savings.	OFMDFM DFP
4	Provide effective support and advice to the Northern Ireland Executive and assist Ministers in fulfilling their responsibilities to the institutions established under the Agreement.	Provide procedural guidance for NI Departments on the business of government, Assembly procedures and the operation of the other institutions under the Agreement. Co-ordinate the NI Executive's Legislative Programme and provide advice and guidance on legislative matters	Meet all ministerial, statutory and Assembly requirements within agreed timescales in relation to the business and responsibilities of the institutions of Government. Minimisation of the slippage in the number of Executive Bills introduced to the Assembly	OFMDFM

5	Deliver Value for Money gains in Government procurement.	Value for Money gains are secured by maximising the percentage of procurement going through Centres of Procurement Expertise (CoPEs) of recognised capacity.	3% Value for Money gains on procurement spend. Capability of each CoPE to be independently assessed. Reduction of non CoPE procurement by 25% year on year.	DFP All Departments
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PSA 22 PROTECTING OUR ENVIRONMENT AND REDUCING OUR CARBON FOOTPRINT Improve the quality of our natural and built environment and heritage and reduce our carbon footprint

Objective		Actions	Target	Dept.
1	Take forward strategic action to improve air quality and reduce our carbon footprint	Continued participation in the EU Emissions Trading Scheme.	Reduce greenhouse gas emissions by 25% below 1990 levels by 2025 and Improve Energy Efficiency in homes Through the Sustainable Development Implementation Plan 2008-2011, progress delivery, where appropriate, of the Key Targets associated with strategic Climate Change and Energy objectives.	DOE DETI DSD
2	Promote energy efficiency and the use of renewable energy	Through the Sustainable Development Implementation Plan 2008-2011, progress delivery, where appropriate, of the Key Targets associated with strategic Climate Change and Energy objectives.	Secure 12% of electricity consumption in Northern Ireland from indigenous renewable sources by 2012	DETI
3	Improve the quality and ecological status of the water environment	Publish River Basin Management Plans containing programmes of measures (POMS) by Dec 2009, and make POMS operational by 2012 Conserve and protect salmon and inland fisheries (salmon, eels and freshwater fish stocks)	By 2015 achieve the environmental objectives set for all water bodies under the WFD By 2011 achieve the objectives set out in the Salmon and Eel Management Plans	DoE DCAL DARD
4	Take forward action to Improve air quality	Provide grant support to district councils for local air quality management duties. Ensure delivery of the local air quality management programme	Achieve the health based objectives for 7 key air pollutants in the Air Quality Strategy by the relevant dates.	DoE DHSSPS, DETI.
5	Promote waste management and reduce the annual tonnage of controlled waste illegally disposed of	Implement the Waste Management Strategy • Secure adequate funding for strategy delivery bodies • Establish the strategy delivery bodies and delivery programme. Financially investigate a minimum of 10 cases under the Proceeds of Crime Act 2002, with a view to confiscation of financial benefit obtained from waste crime by March 2011.	Compliance with EU Landfill Directive target to reduce the amount of biodegradable municipal waste sent to landfill to 75% of 1995 levels by 2010.	DoE
6	Improve the condition of our monuments and listed buildings, including structures currently on the Built Heritage at Risk Register (BHARNI)	Improve the conservation of our built heritage. Continue to implement the agreed strategy to help deal with the pre 2005 listed buildings and scheduled archaeological sites and monuments on the 'Built Heritage At Risk, Northern Ireland', register.	Save at least 30 buildings or scheduled monuments on the BHARNI by March 2011, contributing to the target of saving 200 structures in 10 years i.e. by 2016.	DoE

7	Conserve Northern Ireland's bio-diversity	Declare 75 Areas of Special Scientific Interest (ASSIs) by 2011 Development and implementation of departmental Bio-diversity Implementation Plans Review recommendations of the Bio-Diversity Strategy by December 2008	To reduce significantly the loss in biodiversity by 2010, and to halt the loss of biodiversity by 2016.	DoE
8	Deliver a modern effective planning system which meets the needs of the whole community and the economy while protecting the environment	Ensure draft or adopted development plans are in place for the whole of Northern Ireland by March 2011 Bring forward legislation to further reform the planning system by March 2011 and further streamline administrative processes and improve customer service by March 2011 Bring forward a further 7 Planning Policy Statements including a number of revisions to existing PPSs, in draft or final form.	Ensure a fit for purpose suite of draft or adopted development plans is in place by March 2011 A fit for purpose legislative framework to be in place by March 2011 By March 2011 ensure: - 60% of major applications processed in 23 weeks, 70% of intermediate applications processed in 31 weeks, 80% of minor applications processed in 18 weeks A fit for purpose suite of Planning Policy Statements to be in place by March 2011.	DoE