

PFA 2002-03 Info Service

| ACTION | Lead | Support |
|---|----------|--|
| Health Development | | |
| <p>1. Boards should have inter-agency Investing for Health Partnerships established and operating in accordance with guidelines to be provided by the Department by 30 June 2002.</p> | Prof J W | <p>E McC</p> <p>LHSCGs</p> <p>Info Services (G McG)</p> |
| <p>• Boards should draw up health improvement plans, setting out their long term strategies to improve the health and wellbeing and reduce health inequalities of their local populations, so that they can be reflected in 2003/04 HWIPs by 31 March 2003.</p> | E McC | <p>Prof J W</p> <p>M W</p> <p>Dr D M</p> <p>Mr A M</p> <p>E McN</p> <p>W A B</p> <p>LHSCGs</p> |

| | | |
|--|----------------------------|--|
| | | Info Services (M S) |
| <ul style="list-style-type: none"> Boards and Trusts should implement immunisation programmes in line with Departmental guidance and in accordance with the recommendations of the Joint Committee on Vaccination and Immunisation. During 2002/03 Boards, Trusts and primary care professionals should continue efforts to maintain high immunisation uptake rates. Specific action required in this area is as follows: | Prof J W (Dr M D) | F P U Info Services (JP) |
| Primary Care | | |
| <ol style="list-style-type: none"> Boards should establish Local Health and Social Care Groups in April 2002 and, during 2002-2003 they should ensure the Groups' development to facilitate their future role in commissioning of health and social services. | W A B | S M T Info Services (MS/AMcD) S P & D |
| <ul style="list-style-type: none"> Boards and GP Fundholders should oversee the production and closure of all GP Fundholders' final accounts by 31 October 2002. | W M/ W A B (J B/I A) | Closure of GPFH Project Board Info Services (JC) |
| <ul style="list-style-type: none"> Boards and Local Health and Social Care Groups should work with primary care professionals to encourage a systematic | W A B | Info |

| | | |
|--|--------------|--|
| <p>approach to the identification of people at high risk of coronary heart disease, together with appropriate treatment, monitoring and follow-up.</p> | (Dr D B) | Services (AMcD) |
| <ul style="list-style-type: none"> CSA and independent contractors should continue to work together to ensure that the appropriate assurances are available regarding the validation of expenditure on family health services. | W M | Probity Group F P U Info Services (JP) |
| | | |
| <p>Winter Planning and Community Care</p> | | |
| <p>1. Boards and Trusts should draw on the findings of the Review of Community Care to implement good practice in the provision of services to reduce inappropriate admissions to hospital and to set targets to reduce the number of people who are medically fit for discharge but remain in hospital by 31 March 2003.5</p> | I D (A M) | Board's Winter Planning Group LHSCGs Info Services (JD) |
| <ul style="list-style-type: none"> Boards and Trusts should carry out a comprehensive review of the effectiveness of last winter's plans and, working in partnership with Local Health and Social Care Groups and other health and | I D (A M) | Board's Winter Planning Group |

| | | |
|--|-----------------------------|---|
| <p>social care interests, complete and submit for approval comprehensive plans for winter 2002/03, by 30 September 2002.</p> | | <p>LHSCGs Info Services (MS,JC)</p> |
| <p>Acute Hospital Services</p> | | |
| <p>1. Boards and Trusts should continue implementation of the action plan arising from the reviews of cardiac surgery and cardiology services, including sustaining access to cardiac surgery for an additional 150 people, over and above the original planned levels of provision for 2001/02, by 31 March 2003.</p> | <p>I D (Prof F Kee)</p> | <p>APOC Project Team Info Services (JC)</p> |
| <ul style="list-style-type: none"> Boards and Trusts should collaborate to strengthen the inpatient fracture services and deliver consultant-led fracture clinics in each Board area with a view to progressing towards treating fracture patients within 48 hours of presentation. | <p>I D (Prof F Kee)</p> | <p>APOC Project Team Info Services (JC)</p> |
| <ul style="list-style-type: none"> Boards and Trusts, in working to ensure that, by 31 March 2003, waiting lists are constrained within their levels at 31 March 2002, should submit proposals to enhance the level of elective/day case work, through the use of "protected" facilities, by 30 April 2002. | <p>I D (A M)</p> | <p>Board Waiting List Group Info Services (MS , JC)</p> |

| | | |
|--|--------------|---|
| <ul style="list-style-type: none"> Boards and Trusts should identify and seek to address critical bed capacity problems, particularly where these are causing unacceptable waiting times for service users. | I D (A M) | Board Waiting List and Winter Press Groups Info Services (JC) |
| <ul style="list-style-type: none"> Boards and Trusts should cooperate in bringing into operation a common waiting listing management system in all acute hospitals by 30 September 2002 | I D (A M) | Board Waiting List Group Info Services (MS,JC) |
| | | |
| Ambulance Service | | |
| 1. HSS Boards and the NIAS should put in place new commissioning arrangements for ambulance services consistent with the implementation plan and building on existing collaborative work in this area by 31 March 2003. | I D | 4Board Commissioning Group Board links – SP&D (MT) Finance (TMcC) Info Services (JC) |

| | | |
|---|----------------------|--|
| | | |
| Family and Child Care | | |
| <p>1. With a view to having at least 4% of looked after children adopted, Boards and Trusts should have in place by 30 April 2002 a plan for implementing the recommendations of the recent SSI inspection of adoption services in their area. Boards and Trusts should report progress on the implementation of that plan and have in place a plan for implementing the additional elements contained in the</p> | <p>M W (J F)</p> | <p>Children's POC Info Services (JC)</p> |

| | | |
|--|--------------|--|
| Overview Report on the SSI inspection by 31 March 2003. | | |
| <ul style="list-style-type: none"> Boards and Trusts should consolidate and improve fostering services, including increasing allowances. | M W (M B) | Children's POC Info Services (JC) |
| <ul style="list-style-type: none"> Boards and Trusts should ensure that they meet in full the UK National Standards for Foster Care relating to care planning (Standard 3), supervision, support, information and advice for foster carers (Standard 14) and management structures (Standard 19) by 31 March 2003. | M W (M B) | Children's POC Info Services (JC) |
| <ul style="list-style-type: none"> Boards and Trusts should develop links between residential homes and schools and provide educational support for all children in residential care by 30 September 2002. | M W (J F) | Children's POC Info Services (JC) |
| <ul style="list-style-type: none"> Boards and Trusts should cooperate with the Department and the voluntary sector to put in place arrangements for the provision of leaving care services by 31 March 2003. | M W (J F) | Children's POC Info Services (JC) |
| Care of Older People | | |
| <ol style="list-style-type: none"> Boards and Trusts should draw on the findings of the Review of Community Care to implement good practice in the provision of services to reduce inappropriate admissions to hospital and to set targets to reduce the number of people who are medically fit for discharge but remain in hospital by | I D (A M) | Board's Winter Pressures Group LHSCGs |

| | | |
|--|-------------------------|--|
| 31 March 2003. | | Info Services (JD) |
| Mental Health | | |
| 1. Boards and Trusts should develop clearly identified Assertive Outreach services for people with severe mental health problems within the community in order to reduce inappropriate hospital admissions, reduce length of stay when hospitalisation is required and increase the stability in the lives of these service users and their carers. This will contribute to the overall goal of supporting 1,000 people in settings in the community which facilitate a return to independence and reduce the need for long-term residential and nursing home care by 31 March 2003. | I D (Dr G W, A M) | MH POC Team, Info Services (GMcG) |
| • Boards and Trusts should work together to establish and maintain the appropriate level of acute psychiatric bed capacity and to ensure the provision of safe and appropriate acute mental health care in a contemporary setting. | E McC (Dr G W) | E McC, MH POC Team, AM Info Services (GMcG) |
| 10.5 Boards and Trusts should contribute fully to the review of mental health policy and legislation. | E McC (Dr G W) | MH POC Info Services (GMcG) |
| Learning Disability | | |

| | | |
|---|----------------------|---|
| <p>1. Boards and Trusts should continue to develop community based services, using the full range of HPSS professional skills, as more appropriate alternatives to hospital admissions and re-admissions, contributing to the overall goal of 1,000 additional people supported in community settings which facilitate a return to independence and reduce the need for long-term residential and nursing home care by 31 March 2003.</p> | <p>I D (K K)</p> | <p>LD POC, AM Info Services (GMcG)</p> |
| <ul style="list-style-type: none"> Boards and Trusts should continue the programme of re-settling long-stay hospital patients with a learning disability in the community. | <p>I D (K K)</p> | <p>LD POC, AM Info Services (GMcG)</p> |
| <ul style="list-style-type: none"> Boards and Trusts should continue to expand the provision of day care and respite places for people with a learning disability. | <p>I D (K K)</p> | <p>LD POC, AM Info Services (GMcG)</p> |

| | | |
|---|------------------------|---|
| | | |
| Physical and Sensory Disability | | |
| <p>1. Boards and Trusts should continue to develop a comprehensive range of community services, including brain injury services, for people with a disability or brain injury, thus contributing to the overall goal of 1,000 additional people supported in community settings, which facilitate a return to independence and reduce the need for long-term residential and nursing home care, by 31 March 2003.</p> | <p>I D (M G)</p> | <p>PDSI POC, AM and 4 Board Working Group Info Services (JD)</p> |
| <ul style="list-style-type: none"> Boards and Trusts should ensure that the development of the Regional Acquired Brain Injury Centre, including the workforce implications and linkages with community brain injury services, is progressed in accordance with the project procurement plan. | <p>E McC (M G)</p> | <p>PDSI POC and 4 Board Working Group Info Services (JD)</p> |

| | | |
|--|--|---|
| <ul style="list-style-type: none"> Boards and Trusts should continue to develop the range of therapy provision to reduce waiting times for children and adult services. | I D (M G) | PDSI POC and Children's POC Info Services (JD) |
| Quality and Performance Improvement | | |
| 1. Boards and Trusts should collaborate to benchmark performance in key areas of service delivery, explore the reasons for differences and develop strategies for continuous improvement. | Service Perf ID Quality of Care EmcN | MS, WM plus WL Group F P U In Depth Montitoring Groups Info Services (MS) |
| <ul style="list-style-type: none"> Boards and Trusts should continue to co-operate with the Department to expand the development of reference costs/community indicators, with a view to publishing agreed reference costs for a range of acute and community services by 31 March 2003. The Board will continue to co-operate with the Department and Trusts in the initiative to expand the development of reference costs/community indicators and provide advice and expertise where required. | W M | Info Services (JC/JD) |

| | | |
|---|---------------------------|---|
| <ul style="list-style-type: none"> • Boards, Trusts and Local Health and Social Care Groups should, as a pilot exercise for the development of Regional Service Development Frameworks, review stroke services in their area in the context of the Stroke Services Strategy to identify: <ul style="list-style-type: none"> a. gaps in local services, especially in relation to prevention of strokes and the availability of dedicated Stroke Units in hospital; and a. opportunities to implement the other aspects of best practice outlined in the Strategy, which can be put in place even in the absence of additional resources | <p>E McC (Dr A M)</p> | <p>Elder Care POC LHSCGs Info Services (JD)</p> |
| | | |
| <p>Information and Communication Technologies</p> | | |
| <p>Equality</p> | | |

| | | |
|---|------------------------|---|
| <p>1. The HSSPS family of organisations (which includes the Department) should work in partnership to achieve the Year 1 (2001-02) region-wide Equality Impact Assessment programme; and the Year 2 (2002-03) programme.</p> | <p>E McC (B H)</p> | <p>Board Equality Group Info Services (GMcG)</p> |
| <ul style="list-style-type: none"> • HPSS organisations should work in partnership to complete the annual consultation exercise to determine priorities for the Year 2 Equality Impact Assessment programme and beyond, by 30 June 2002. | <p>E McC (B H)</p> | <p>Board Equality Group Info Services (GMcG)</p> |
| <ul style="list-style-type: none"> • Each HSS Board should ensure that the Equality Good Practice Review on which it leads is completed by 31 December 2002 and implementation plans are in place. | <p>E McC (B H)</p> | <p>Board Equality Group Info Services (GMcG)</p> |
| <ul style="list-style-type: none"> • HPSS organisations should complete the first tranche of local Equality Impact Assessments by 31 March 2003. | <p>E McC (B H)</p> | <p>Board Equality Group Info Services (GMcG)</p> |
| <ul style="list-style-type: none"> • HPSS organisations should continue to train staff on the equality obligations, particularly on how to conduct equality impact assessments and consultation exercises. | <p>E McC (B H)</p> | <p>Board Equality Group Info Services (GMcG)</p> |
| <p>New Targeting Social Need</p> | | |
| <p>1. The Department and HPSS organisations should review and roll forward their New TSN Action Plans for 2003/05 by 31</p> | <p>E McC (M K)</p> | <p>Info Services (GMcG)</p> |

| | | |
|--|----------------|---|
| December 2002. | | |
| <ul style="list-style-type: none"> HPSS organisations should report progress on the implementation of their New TSN Action Plans to the Department by 31 August 2002, and by 28 February 2003. | E McC (M K) | Board TSN Group Info Services (GMcG) |
| New TSN – Promoting Social Inclusion | | |
| <ol style="list-style-type: none"> HPSS organisations should take forward the recommendations and actions outlined in the Executive’s Strategic Report on Travellers which are relevant and appropriate to their area of business, incorporate them in their New TSN Action Plans and report their progress to the Department through agreed New TSN review mechanisms. | Prof J W | E McC, Board TSN Group Info Services (GMcG) |
| <ul style="list-style-type: none"> HPSS organisations will be asked, following the Executive’s decision on PSI priorities for 2002-2004, to consider how they can contribute to the inter-sectoral working groups which will be set up to develop and implement agreed actions. | E McC | Board TSN Group Info Services (GMcG) |
| Human Rights | | |

| | | |
|---|------------------------|------------------------------|
| <p>1. HPSS organisations should take appropriate actions, arising from their recently completed risk assessment exercise, in order to ensure their policies and practices comply with the European Convention on Human Rights, and report their progress to the Department by 31 December 2002. Actions should include the training of staff.</p> | <p>E McC (B H)</p> | <p>Info Services (GMcG)</p> |
| | | |