



Northern Ireland  
Department of Finance  
and Personnel  
Memorandum on the  
5th and 6th Reports from the  
Committee of Public Accounts  
Session 1997-98

Presented to Parliament by the Secretary of State for  
Northern Ireland by Command of Her Majesty  
March 1998

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# Glossary of Abbreviations

<b>CHD</b>	Coronary Heart Disease
<b>DHSS</b>	Department of Health and Social Services
<b>HPSS</b>	Health and Personal Social Services
<b>HPANI</b>	Health Promotion Agency of Northern Ireland
<b>DOE</b>	Department of the Environment
<b>DFP</b>	Department of Finance and Personnel
<b>NIAO</b>	Northern Ireland Audit Office

## Fifth Report

### Department of Health and Social Services

## Coronary Heart Disease In Northern Ireland

#### *On the extent of the problem*

##### *PAC conclusion (i):*

We are concerned that the mortality rates from CHD in Northern Ireland remain very high. We note that rates in some other countries have been falling much faster than Northern Ireland and it is evident that, if DHSS had introduced health promotion strategies at an earlier date, this would have had an earlier impact on these rates. We expect DHSS to give both prevention and treatment of CHD a high profile and to ensure that it keeps itself fully abreast of health promotion developments elsewhere.

1. The Department shares the Committee's concern. Tackling the risk factors that lead to CHD, drawing on the best available information from within Northern Ireland and elsewhere, is high on the Department's list of priorities.

#### *On health promotion and research*

##### *PAC conclusion (ii):*

We stress the importance of the Department reviewing, within the new structural arrangements established from April 1997, ways to identify and evaluate the success of health promotion programmes and influencing people's behaviour in respect of CHD risk factors and in order to determine which programmes produce the most successful outcome in terms of money spent.

2. The Department accepts the Committee's view of the importance of the evaluation of health promotion programmes aimed at reducing CHD risk factors. DHSS is committed to working with other HPSS bodies to assess the effectiveness and value for money of such programmes.

##### *PAC conclusion (iii):*

We would expect DHSS to take the importance of evaluating success into account in implementing its policies and in carrying out future surveys of health, and we would encourage the Department to liaise with other bodies to ensure that it is aware of developments in this field.

3. The Department acknowledges the importance of evaluating success when implementing its policies and conducting surveys of health and of ensuring the effective dissemination of information on this among interested bodies. DHSS will also ensure that it keeps itself up to date with developments in this field.

##### *PAC conclusion (iv):*

In recognising the importance of having effective, well-targeted health promotion in the primary sector and the expected high level of take-up of the new arrangements, we are of the strong view that a system of independent evaluation of GPs' proposals and the success rate at which these have been carried out is essential. We therefore recommend that the Department ensures that such evaluations are undertaken.

4. The Department accepts the Committee's recommendation. Since October 1996, all GPs' proposals have been evaluated and approved by the relevant Health and Social Services Board only if recommended by the independent Health Promotion Committee.

*PAC conclusion (v):*

We were concerned that the review of the current provision of professional education and training was not going to take place until 1998 and that it would be two years before DHSS would see whether the new system was working properly. We are glad to note that, spurred on by the C & AG's Report, the Department is now proposing to bring this review forward to 1997.

5. The Department regrets that it was unable to conduct the review of current provision in professional education and training for the promotion of health and social well-being during 1997. The review commenced in January 1998.

*PAC conclusion (vi):*

We are not satisfied that the Department is taking a sufficiently proactive role in ensuring that the professionals employed to carry out its policies are properly trained in health promotion work. Although employment contracts are with Boards and Trusts, the Department has an overriding responsibility to ensure that quality health care is provided. We therefore reaffirm the importance we put on the Department carrying out an early review of the adequacy of health promotion training.

6. The Department accepts the need to adopt a more proactive role and will work closely with the HPANI and other providers of health promotion training to ensure that, on the basis of the review of professional education and training which began in 1998, high quality training is available to all relevant professionals.

*On regional health promotion targets*

*PAC conclusion (vii):*

We consider it essential that the Department should be able to measure progress against the targets it has set for improving health. We welcome its new Survey of Health and Social Well-being but we must express some disappointment at the shortcomings of the earlier Survey. We expect DHSS to validate the acceptability of the new Survey by cross-checking with Boards and other bodies likely to seek to use the statistics emerging from the Survey. The Survey results must also be capable of comparison with other parts of the United Kingdom.

7. The Department accepts the Committee's conclusion. All parts of the Health and Personal Social Services have been involved in designing the Survey of Health and Social Well-being and raw data have been made available to Boards. The Survey enables progress against targets to be measured and allows comparison to be made with the rest of the UK.

*On the approach to treatment*

*PAC conclusion (viii):*

We note the Department's claim that it promoted cardiology as a discrete specialisation in its own right because of the very high level of CHD in Northern Ireland yet its opinion is that the impact of cardiologists on the level of CHD is low. We recommend that the Department should review the extent of cardiology cover with purchasers and providers, taking account of both the lower cover available elsewhere in the United Kingdom and the higher figures in some other countries.

8. The Department accepts the Committee's recommendation. Medical staffing levels are reviewed annually by the Department through the Specialty Advisory Committees. The Review of Cardiology Services will, inter alia, examine with purchasers and providers the level of cardiology cover available in Great Britain and elsewhere, and will consider the implications for Northern Ireland. The review will commence shortly.

*PAC conclusion (ix):*

**We agree with the C & AG that it is important for the Department to obtain some assurance, in making improvements in the throughput of hospital patients and in reducing the average length of stay in hospital, that the standard of clinical outcome of treatment has been maintained.**

9. The Department accepts the need to ensure that clinical outcomes are not adversely affected by efficiency measures. Quality standards in services such as cardiology or cardiac surgery are closely monitored and information on the outcome of care and intervention are published in annual clinical audit reports.

*PAC conclusion (x):*

**In view of the very large sums spent by the health service on prescribed drugs, including cardiovascular drugs, we regard it as important that every effort should be made to identify areas where savings can be made without prejudicing quality of care. The differences in prescribing between Board areas should therefore be followed up, and we welcome the Department's proposed action.**

10. The Department can confirm that a group comprising Directors of Public Health was established to examine, inter alia, prescribing levels and the scope for savings across the four Board areas. The group's report is expected to be finalised by April 1998.

*PAC conclusion (xi):*

**We would encourage the Department in its development of protocols in the use of angioplasty, but we also recommend that DHSS should review current practice, possibly using whatever clinical audit mechanisms are in place. We also expect the Department to take early action on the Random Intervention Treatment of Angina Project findings when they are published.**

11. The Department accepts the Committee's conclusion and will shortly begin a review of cardiology services, in which clinical audit reports will play a part. Account will be taken of the findings of the Random Intervention Treatment of Angina Project (RITA). The Department will take appropriate action once the review recommendations have been considered.

*PAC conclusion (xii):*

**We urge DHSS to give high priority to the further reduction of the waiting list for cardiac surgery.**

12. The Department is giving a high priority to further reductions in the waiting list for cardiac surgery. Additional funding has been made available during 1997-98 and those waiting for cardiac surgery are benefiting from this.

*PAC conclusion (xiii):*

**We recommend that the Department gives further consideration to the level of provision of rehabilitation of cardiac patients.**

13. The Department accepts the Committee's recommendation. Cardiac rehabilitation is being accorded a higher priority, for example through more cardiac rehabilitation classes and growth in cardiac liaison and information/education services.

*On costs and contracting for treatment*

*PAC conclusion (xiv):*

**We are concerned that the Department is not able to measure the full cost of carrying out one of its major policy programmes. We would expect it to develop an appropriate means to ensure that the costs of this and its other main policy programmes can be assessed and monitored. Whilst we recognise that there will always be competing demands on resources, CHD should be allocated resources commensurate with its importance as one of the principal causes of death in Northern Ireland.**

14. The Department accepts that it must be aware of the cost implications of all its decisions, although to the extent that programmes are not always congruent with diseases the attribution of expenditure to individual diseases may be problematic. The Department will in any event continue to attach a high priority to reducing the incidence of CHD in Northern Ireland.

*PAC conclusion (xv):*

**We note the decreasing proportion of HPANI expenditure on CHD programmes and we welcome the information given to us about two new campaigns.**

15. The Department will work with HPANI to ensure that tackling the high incidences of CHD is targeted appropriately within HPANI's overall priorities.

## Sixth Report

# Department of the Environment (Northern Ireland): Control of Belfast Action Teams' Expenditure

*On administrative weaknesses*

*PAC conclusion (i):*

**We are astonished that more was not done to learn from the experience gained in administering similar community development schemes elsewhere. Previous evaluations point up precisely the weaknesses identified in this report and we feel strongly that a lot of what has gone wrong could have been avoided by taking account of established best practice. We agree with the Comptroller & Auditor General that the lack of comprehensive guidance and training for staff is likely to have contributed to the poor control, bad practice and inconsistency in approach highlighted in the audit findings.**

1. The Department of the Environment for Northern Ireland (the Department) accepts the Committee's conclusion that more could have been done to learn from the experience gained in similar schemes elsewhere. A comprehensive procedures manual is now in place which has taken into account the recommendations contained in a review of earlier working practices carried out by a former Comptroller & Auditor General in Northern Ireland. Training is also now a priority and takes place on a regular basis.

*PAC conclusion (ii):*

**We are concerned that investment appraisal procedures were ignored in such an alarming proportion of cases and note DOE's assurances that adequate arrangements are now in place to appraise all projects.**

2. The Department notes the concerns of the Committee in respect of investment appraisal procedures, and can confirm that arrangements are now in place which ensure that all projects submitted for financial assistance under the Making Belfast Work Initiative are subject to assessment and appraisal in accordance with DFP guidelines.

*PAC conclusion (iii):*

**We find it unsatisfactory that the Department did not address the consultants' recommendations in 1991 to establish proper management information and monitoring procedures. We understand the experimental nature of the programme and the need to allow staff to use their initiative but that is all the more reason why there should have been sufficient monitoring to ensure that public money was being handled properly.**

3. The Department accepts that the consultants' recommendations in 1991 should have been acted upon more speedily. The establishment of a computer based monitoring system began in 1992 and this was replaced by fully computerised management information systems in 1995.

*PAC conclusion (iv):*

**We find it disturbing that, in a scheme which was giving out public money to a wide range of innovative and risky projects, there was inadequate staffing for the task.**

4. The Department accepts the Committee's conclusion.

*PAC conclusion (v):*

**We note the Department's view that it was working with responsible community organisations and that there was no evidence to suggest that any money had**



leaked to paramilitary organisations. Nevertheless, we are concerned that the absence of proper controls over the issue and use of public money, has left the Department in no position to give us the degree of assurance that we would want on this point.

5. The Department notes the Committee's concerns. While no evidence has been produced that money was leaked to paramilitary organisations, DOE accepts that, because of administrative deficiencies, comprehensive assurances cannot be given on every item of expenditure incurred by all the community groups which have received support since the start of the initiative.

The one Team, out of nine, in which questions have been asked about the regularity and propriety of expenditure, is presently subject to investigation by the police.

*PAC conclusion (vi):*

**We consider it essential that Letters of Offer for grant should provide full access rights for the Department and NIAO. We note that an appropriate clause is to be inserted in all future Letters of Offer and we expect to be informed if there are any problems in arranging this provision.**

6. The Department accepts the Committee's conclusion and a clause will be inserted in future Letters of Offer which provides full access rights for the Department and NIAO. This has been agreed with the NI Audit Office.

*PAC conclusion (vii):*

**We are very concerned that so many serious administrative deficiencies were found in a sample of 98 projects and consider that the Department should carry out a wider review of projects to assess the full extent of the problems.**

7. The Department shares the Committee's concerns about administrative deficiencies. Twenty-two of the 98 projects relate to the activities of one Team and are subject to continuing police investigation.

Following publication of the NI Audit Office Report in 1996 a wide ranging review of earlier working practices was carried out by a former Comptroller & Auditor General in Northern Ireland. Arising from this work the Department has now implemented the recommendations contained in the review which are aimed at improving the administrative deficiencies identified by the Northern Ireland Audit Office. The Department's internal audit staff will be carrying out appropriate compliance checks.

*PAC conclusion (viii):*

**We recognise that Action Teams were dealing with some very disadvantaged communities in very tense security and political situations. Nevertheless, we must take the view that high standards of administration are required to safeguard public money and we expect the same high standards to apply in all parts of the United Kingdom.**

8. The Department accepts the Committee's conclusion.

*On examples of irregularities found in projects examined*

*PAC conclusion (ix):*

**We regard it as an extravagant use of public money to send people abroad for basic training and work experience of this nature. We consider this could have been facilitated within the United Kingdom. We are particularly concerned that one member of the Action Team incurred a substantial part of the £40,000 spent by the Team on travelling expenses and note that this is under investigation.**

9. The Department notes the Committee's concerns about using public money to send people abroad for basic training and work experience. However, DOE considers

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