

Belfast Local Commissioning Plan

Foreword

The statutory role of Local Commissioning Groups (LCGs) is to assess the health and social care needs of its local population, to plan to meet those needs and to work with providers to secure delivery of services required. On behalf of the Belfast LCG, I would invite all residents of Belfast and service providers to consider our plan for 2012-13.



One principle focus for our approach is to improve equality of health and well being outcomes by putting a greater emphasis on health improvement and prevention, encouraging and supporting community-led initiatives and improving access to services for those groups and neighbourhoods suffering disadvantage. We continue to be impressed by the tremendous capacity for self-help, even in communities where incomes are low and disability is extensive, which we aim to support and foster, seeing the 'glass' as half full rather than half empty. The LCG is only one player, albeit with an important role to play, among a wide range of statutory and non-statutory partners on the Belfast Strategic Partnership who are working together to address the underlying reasons for poor health and not just funding the consequences of this through the health service.

In planning and re-designing services we place great store in involving patients and carers. We have an ageing population structure, especially in the Castlereagh Borough which we need to support and I would pay tribute in particular to the members of the Greater Belfast Seniors' Forum who attend our meetings and vigorously challenge the way services are delivered for older people.

In securing the delivery of services, the LCG has been to the fore in commissioning integrated services, aiming for a providing a seamless journey for those patients who need primary, community and, where necessary, hospital care and after-care. The partnership working between community pharmacists, community groups and the Belfast Trust in delivering a pathway for people at risk of heart disease and those requiring rehabilitation in West

Belfast is to be commended as an exemplar of community-led integrated care.

A handwritten signature in black ink, appearing to read 'George O'Neill', with a flourish underneath.

Dr George O'Neill
Chairman, Belfast LCG

Key Challenges for the LCG

Demographic drivers

The LCG area includes the Local Government Districts of Belfast and Castlereagh. In 2009 the NI Statistics and Research Agency (NISRA) estimated there were 335,150 residents in the LCG area and this was projected to increase to 339,000 by 2015. The population is significantly older than in other LCGs, particularly in Castlereagh, and the numbers of older people aged over 85, who tend to need much more support from health and social care services will continue to increase.

Addressing inequalities

Multiple Deprivation affects 46% of the Belfast population though this is mainly concentrated in the most deprived wards and 16 Belfast wards are in the 20 most deprived wards in Northern Ireland. The most significant aspect of health and well being in Belfast is the much lower life expectancy among a significant proportion of the city's population. People living in the least deprived areas can expect to live 7-10 years longer than those in the most deprived. Cardiovascular disease remains the main cause of premature death. Reductions in premature death from stroke and coronary heart disease which have led to increased life expectancy elsewhere have not been as marked in areas of deprivation.

There is also a range of ethnic minority communities in Belfast who tend to have poorer health outcomes than the wider population and are more likely to experience unemployment, isolation and social barriers in accessing health care. For example, people of south Asian or Afro-Caribbean origin tend to have a higher risk of cardiovascular disease and Type 2 Diabetes. Prevalence rates for

some cancers are also higher among some minority ethnic groups. Women are also at greater risk of ill health in some communities.

Direct action by health and social care organisations to reduce life inequalities is limited as only 20% of the gap in outcomes between the most and least deprived wards is amenable to health care intervention as it is caused by a complex relationship between other determinants of health and wellbeing such as social and personal circumstances and environmental factors. These wider determinants of health and well being require a concerted approach by many organisations, led by local communities.

Commissioning care closer to home

Transforming Your Care envisages that care should be provided at home or as close to home as possible, where this is safe and sustainable.

People in Belfast use their local Emergency Departments much more than any other population in Northern Ireland. In 2009-10 the rate in Belfast was 563 per 1000 compared with the regional average of 402 per 1000 (DHSSPS: NI Hospital Statistics: Emergency Care (2009/10)). Most of those attending had conditions which could have been dealt with by their GP or benefit from advice in the first instance as an alternative to direct self referral.

Initial results of a recent pilot initiated by the LCG to enable GPs in East Belfast to provide ENT services in The Arches Health and Treatment Centre, have demonstrated that over 50% of people who would have attended hospital for consultation, treatment and follow-up do not have to leave their local area for these services. Similar results have been achieved elsewhere in other specialties.

Many emergency admissions could also be avoided with closer working between primary and secondary care, enhanced primary

care improved access to diagnostics and supported patient self management especially for patients with long term conditions. Comparisons with high-performing hospitals in other parts of the UK have shown that improved coordination of services can also significantly reduce the length of stay in hospital, especially for patients who need only a short stay and those who require a period of rehabilitation.

Management of demand

Referrals from GPs for outpatient consultations increased in recent years and in some specialties out-stripped the available clinics, leading to longer waiting lists and a large backlog of follow-up appointments. The referral rate in Belfast has now slowed and is lower than in other LCG areas, agreements have been reached with the Belfast Trust to provide more clinics within existing resources and to eliminate unnecessary follow-up appointments. Where referrals still exceed the capacity available, alternatives must be sought either by providing clinics in primary care, substantially reducing the need to rely on the independent sector.

Local communities and voluntary sector providers play a very significant role in supporting families and people who need support in coping with anxiety, depression, isolation and the responsibilities of caring for others. This is especially true in areas of deprivation. The challenge for the LCG is to ensure that this community capacity is fully utilised and enhanced and to ensure that specialist services are used appropriately when required. Individuals themselves also need support and advice to help them manage their own conditions, in partnership with health and social care professionals.

Medicines Management

Expenditure on medicines per patient in Belfast is around £218, significantly higher than in other parts of the UK. Challenges include reducing waste, reducing the use of Oral Nutrition

Supplements in favour of meals, greater use of cheaper versions of some high cost drugs where these are equally effective, and reducing variability in the prescribing patterns among GPs.

Resources

The Belfast LCG's funding to commission services in meeting the Health and Social Care needs of their population in 2012/13 is £645m. As detailed in the table below, this investment will be across each of the 9 Programmes of Care, through a range of service providers. The Family Health Services planned spend of £189m noted below reflects the LCG's capitation share of the FHS budget.

Programme of Care	£m	%
Acute Services	253	39.2
Maternity & Child Health	21	3.3
Family & Child Care	48	7.4
Elderly Care	149	23.1
Mental Health	59	9.1
Learning Disability	47	7.3
Physical and Sensory Disability	22	3.4
Health Promotion	28	4.3
Primary Health & Adult Community	19	2.9
POC Total	645	100.0
Family Health Services Spend	189	
Grand Total	834	

This investment will be made through a range of service providers as follows:

Provider	£m	%
BHSST	566	87.8
NHSST	2	0.3
SEHSST	0	0
SHSST	43	6.6
WHSST	0	0
Non-Trust	34	5.3
Provider Total	645	100.0
Family Health Services Spend	189	
Grand Total	834	

Whilst ED services have not been assigned to LCGs as these are regional services, the planned spend in 2012/13 in respect of Emergency Care by the Belfast Trust is £21m.

The level of funding for each local area varies depending on the size and age/gender profile of its population, the level of need they experience and any local factors that commissioners are aware of.

In arriving at the above investment, the Commissioning Plan for 2012/13 includes a significant range of service developments and other cost pressures most notably inescapable pressures such as Pay and Price Inflation and additional funding to take account of the demographic changes in the population of the Belfast area.

How the key challenges will be addressed

Engagement through Personal and Public Involvement

The Belfast LCG has developed an extensive programme of engagement with users and local communities in Belfast. Its monthly public meetings are held in community facilities across the city. These are well attended and active participation is encouraged. The LCG has helped establish the Greater Belfast Senior's Forum, bringing together around 400 local senior citizens' groups and their local forums. This Forum has speaking rights at every monthly meeting and is engaged in the re-design of services for older people. The LCG works closely with the Trust's Personal and Public Involvement Forum which has a wide representation of umbrella networks. User and carer and community engagement is now a fundamental component in the re-design of services for long term conditions to ensure the transformed service is person-centred. The LCG has been pro-active in involving community groups and advocates from areas of deprivation and minority ethnic communities to ensure that programmes are effectively targeted.

The development of Integrated Care Partnerships

In the past year the Belfast LCG has developed PCPs which have brought together GPs, Community Pharmacists, community and voluntary groups and clinical staff in Belfast Trust, to work on the re-design of 'life pathways' for people with long term conditions such as diabetes and stroke, 'recovery pathways' for people with a range of mental illnesses and on care pathways for ear nose and throat, and musculoskeletal conditions

The experience gained in developing these new relationships will be built upon in the next year in the development of Integrated Care Partnerships, in line with the Commissioning Direction target, which will be similar but with an even closer relationship between primary and secondary care clinicians and a more significant role for community providers.

It will be essential to make optimum use of existing health and social care resources and the capacity within local communities. The LCG will work with the Belfast Trust and the Belfast Health Development Unit to develop databases of available services and coordinate these in a network of provision, enabling sign-posting and cross referral.

A wide range of services will be transferred from hospital to community settings, with more rapid access to care when it is needed. This will require new forms of contract with providers and the development of primary care infrastructure.

The development of a collaborative Population Plan

Each LCG and HSC Trust has been asked to work with other providers in PCP to develop Population Plans by June 2012, in line with the Commissioning Direction target. These will explain how the growing needs and expectations within the LCG area will be addressed within a strictly constrained financial context, while ensuring that quality is improved through transforming the way care is delivered. The plan will need to demonstrate that optimum use is being made of existing resources across the economy, both

within HSC organisations, within the third sector and within households and families.

Commissioning Intentions 2012/13

Management of demand for planned acute care

The LCG has a key role in the delivery of waiting time targets set out in the Commissioning Plan Direction. It has agreed capacity levels of activity for a large range of specialties with Belfast Trust which are based on national performance benchmarks, the resources available to the Trust and the anticipated demand. The Trust is being held to account by the HSCB for delivery against this capacity level. The LCG is working with GPs through the PCP to manage demand so that it does not exceed the capacity levels.

Each PCP will deliver a large proportion of hospital outpatient care in Dermatology, ENT, Orthopaedics, Pain Management, Rheumatology, Neurology and Ophthalmology in community settings. The care will be delivered by a range of health and care professionals with oversight by a lead Consultant.

Referral Gateways will be established in each PCP area where GPs will make decisions, about which patients can be seen, treated and reviewed locally and which need to see a Consultant. GPs in the PCP will regularly review their referrals and encourage self management by patients where this is appropriate, referring as appropriate to a coordinated network of community pharmacies and local community and voluntary groups who will offer additional support. Referral criteria will also be established for oral surgery and medicine to ensure that the Dental Hospital is commissioned to provide appropriate specialist care which cannot be provided in primary care.

Patients who need to be referred to a Consultant will be seen within an agreed waiting time, based on an agreed workload benchmarked against recognised guidelines. Patients will be

followed up in their local communities except where they need to see the Consultant for review.

The LCG is also contributing to an exercise to reach agreement on capacity baselines with the Trust for Allied Health Profession services which will contribute to holding the Trusts to account for the Commissioning Plan Direction target for waiting times for these services.

Management of demand for emergency or urgent acute care

PCPs will agree an Integrated Care Pathway for people with long term conditions who experience an acute exacerbation, or older people who have an uncertain condition requiring urgent assessment. This will be aimed at avoiding unnecessary attendances and admissions to hospital. The pathway may offer urgent assessment by a multi-disciplinary team at home or direct referral to an assessment unit. A short stay in hospital or in a local community facility may be offered if necessary. Appropriate nursing and social care support may need to be arranged for a time limited period.

Patients who need to be admitted to hospital will have a management plan in place and an expected date of discharge as soon as possible and any necessary rehabilitation arranged to have the patient returned home as soon as clinically and practicably appropriate.

The LCG and PCP will work with the Belfast Trust in developing proposals for the future configuration of Emergency care in Belfast which provides the best possible care and inpatient treatment in the most appropriate locations.

Independent living for older people and those with physical disabilities

Each Primary Care Partnership will ensure that there is a particular emphasis on health improvement programmes which reduce direct risks to health or untoward events. This will include a falls prevention programme, improving nutrition for older people, ensuring the systematic uptake of screening programmes to avoid blindness, and assisting people in complying with their medicine regimens.

PCPs will establish a network of community and voluntary support to which people seeking a low or moderate level of social support can be sign-posted. The Belfast LCG will work with its partners in the Healthy Ageing Strategic Partnership, and the Seniors Forum, to ensure that support is available when needed and that the community and voluntary sectors have the capacity required to meet demand. The Belfast Trust will establish an Access Centre which will accept contacts from people requiring social care support and sign-post them appropriately.

The Trust will re-design its care pathways for assessment and rehabilitation to offer a six week programme to improve the ability of clients to live independently. Long term care will only be considered following this programme.

The LCG will agree a capacity baseline for community care with the Belfast Trust based on its available resources and will ensure that demand is managed through re-ablement so that the Commissioning Plan Direction target for waiting for the main component of care continues to be met.

Supporting carers, many of whom provide round-the-clock support and are essential to the local health and social care economy, remains a priority for the LCG.

Mental Health

PCPs, supported by the Belfast Area Partnerships, will establish a network of community and voluntary support to which people suffering from depression, anxiety, addictions, bereavement or other adjustment reactions can be referred by GPs, as an alternative to referral to secondary care.

Recovery pathways will be developed for each condition, with assessment criteria and quality standards which all providers must meet.

The LCG will ensure that older patients with a functional mental illness, who have been discharged from hospital, are offered support to live independently. This will contribute to the Commissioning Plan Direction target to resettle remaining long stay patients from Knockbracken psychiatric hospital.

Learning Disability

The LCG will ensure that the Belfast Trust and voluntary providers enable adolescents with profound disabilities to access day activity opportunities.

The LCG will ensure that older carers of people with learning disabilities are offered the support they need to help them continue to provide care.

Children and Young People

The LCG will work with partners in the Belfast Outcomes Group to develop integrated services within PCP on the model of the West Belfast and Shankill Integrated Services Programme.

The LCG will ensure that children and adolescents with mental health problems are cared for in appropriate settings and not admitted to adult mental health wards.

Maternal and Child Health

The most significant contribution to life-long health outcomes can be made by giving children the best start in life. In inner city wards within Belfast there are high rates of teenage pregnancy and smoking in pregnancy and low rates of breastfeeding as well as other complex social problems affecting infants. The LCG will work with the PHA and the Belfast Trust to introduce the Family Nurse Partnership. It will also evaluate a scheme to offer additional Health Visitor input for a family where complex social problems may be affecting a child's development.

PCPs will have a system of parental support to avoid unnecessary attendance at hospital. This will include working with GPs to improve access, with community pharmacists to provide advice for minor illnesses. The LCG will work with West Belfast Area Partnership to develop a programme to provide education and information on alternatives to hospital.

The Belfast Trust will ensure that minor conditions are dealt with promptly and that there are no delays in admission where this is necessary. The quality and safety of hospital services will continue to be closely monitored.

The LCG has worked closely with the Trust and other stakeholders to ensure that the changes proposed for Consultant-led Obstetric services will improve the quality and safety of care for mothers and newborn babies.

Palliative Care

Over 60% of deaths in Belfast take place in hospital compared to 50% for Northern Ireland as a whole. A higher level may be expected in Belfast due to the wider range of intensive hospital services but there is considerable room for giving patients more choice.

PCPs will ensure that GP practice staff, community staff and Nursing Home staff have been trained in the Gold Standards Framework and that Palliative Care Registers are actively used to reduce the number of people who die in hospital.

The LCG will continue to work with North Belfast Community Partnership to develop a programme to raise awareness of palliative care needs in the community.

Cancer Services

PCPs will offer alternative follow up care programmes for Breast, Prostate and other cancers in local settings for people who are living with cancer or have had cancer in the past and are still seeing a Consultant on a regular basis. The type of care offered will depend on the stage the person has reached.

Some patients may need to attend their GP or see a Nurse Specialist on a regular basis. For others it may be most appropriate to support their self care with awareness and education and sign post them to the local community and voluntary organisations who have experience in their cancer or who can offer emotional support.

Long Term Conditions

The prevalence of most chronic conditions is higher in Belfast than for Northern Ireland as a whole, as recorded in the Quality and Outcomes Framework. The prevalence of cardiovascular disease is significantly higher in areas of deprivation than elsewhere and is a main cause of lower life expectancy in these areas.

The LCG will work with the PCPs to develop a population-based risk stratification and management service based on the Chronic Care Model which supports self management, identifies and reduces risk factors and deploys case management for more complex patients with co-morbidities. This will contribute to the

target to the Commissioning Direction targets to reduce unplanned admissions, reduce excess bed days and reduce re-admissions. Tele-monitoring packages will be deployed, in line with the Commissioning Direction targets to reduce the risk of an acute episode and unplanned admission for patients with co-morbidities.

The LCG and West Belfast PCP have supported the 'Healthy Hearts' initiative led by the West Belfast Partnership, Health Living Centres and Community Pharmacists in some of the most deprived areas of Belfast. Subject to evaluation, the LCG will promote the extension of this model to other Neighbourhood Renewal areas where needs are concentrated.

A new 'life pathway' for Type 2 Diabetes has been developed by South Belfast PCP involving GPs, community pharmacists, Diabetic specialists, South Belfast Area Partnership, minority ethnic communities, patient education, podiatrists and dieticians. Subject to evaluation, the LCG would wish to see this pathway extended to other PCP areas.

The LCG has prioritised the action plan for Stroke care developed by the Stroke Survivors Forum with hospital and community clinicians. In particular, the LCG will ensure that patients who suffer acute strokes are able to access thrombolysis, in line with the Commissioning Plan Direction, and receive a specialised programme of rehabilitation and Early Supported Discharge within designated stroke beds.

The prevalence of COPD is 60% higher in North Belfast and is associated with the higher rates of smoking in that area. A care pathway for Chronic Obstructive Pulmonary Disease (COPD) has been developed at regional level and the LCG will work with PCP to ensure this is adopted in Belfast.

The LCG will work with other partners on the Active Belfast Partnership to ensure that specialist coaches with training in the needs of patients with a range of long term conditions are available in each PCP area. They will work with GPs and providers of physical activity programmes to identify and undertake assessments of patients who could have their health risks reduced

through tailored programmes. Patients with long term conditions can also suffer depression connected with the disease; PCPs will ensure that patients can access a network of providers who will accept referrals within agreed criteria and provide care to recognised standards.

The LCG will review the capacity of the psychological services to meet the needs of patients with long term conditions, contributing to the Commissioning Plan Direction target to maintain the waiting time within 13 weeks.

Medicines Management

The LCG has established a Primary Care Drugs and Therapeutic Committee comprising Primary Care Partnership GPs and Community Pharmacist leads, the HSCB Medicines Management Advisor Team, the Belfast Trust Pharmacy team and a community provider representative. This Group ensures that the regional approach to medicines management is implemented locally and that local initiatives are developed and implemented. In 2011-12 this combination of regional and local actions achieved a saving of £3.8m, of which £1.26m has been made available to the LCG for re-investment. The Committee is also charged with contributing to the Commissioning Plan Direction target for compliance with the NI Medicines Formulary in respect of primary care.