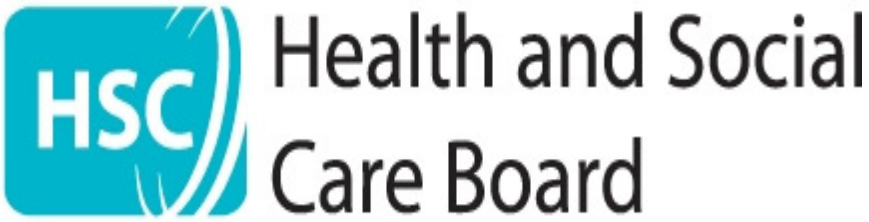
Appendix 2

# Northern Local Commissioning Plan




# NORTHERN LCG
# Local Commissioning Plan
# 2012/13
# (DRAFT – 25.05.12)

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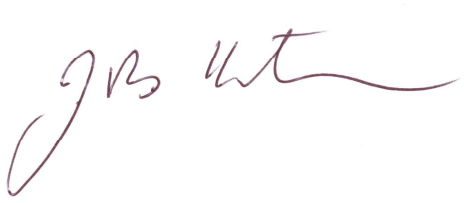
## CHAIRMAN'S FOREWORD

During the past year, the Northern Local Commissioning Group (Northern LCG) has progressed significant local commissioning initiatives. These have included for example, the development of Primary Care Partnerships (PCPs) resulting in the instigation of innovative patient care pathways and the focus on reablement to ensure that older people are supported to live independently at home where appropriate. In the coming year, we will build on these successful developments to take forward the recommendations of Transforming Your Care (TYC). The Northern LCG will work closely with the Northern Health and Social Care Trust (NHSCT) to develop a Population Plan which will set out the road map for the next three years focussing on innovation, productivity and integration. The Local Commissioning Plan for this year heralds the start of this process and the key local actions are clearly built upon the principles of TYC. It will be a challenging time ahead but there are many opportunities as we have already demonstrated arising from local commissioning to ensure more integrated health and social services for our local population.



Dr Brian Hunter
Chair, Northern Local Commissioning Group

# KEY CHALLENGES FOR THE NORTHERN LCG

## Demographic Drivers

The Northern Local Commissioning Group (Northern LCG) covers an area of 1,670 square miles and includes ten Local Government Districts (LGDs) with a total population of 458,746. Despite having some large urban areas, the Northern LCG area has a large rural hinterland which in itself poses particular issues in terms of accessibility to services.

## Population Projections

The Northern LCG is calculated to have an overall population growth of 8% between 2009 and 2023. This is slightly higher than the Northern Ireland average. The number of children under 18 is expected to increase by 1.2%, while the number of adults aged between 18 and 64 is expected to rise by 2.5% during that time. Not surprisingly, the greatest increase is found in the number of older people (75+) as this is expected to rise by 61.5% in that period.

The Northern LCG has the largest population (25.5% of NI Total) with highest proportion of 65+ (42%); it is the second fastest growing population in Northern Ireland with Cookstown, Antrim and Magherafelt projected to increase by approx 11% from 2010-20.

## Life Expectancy

In tandem with the overall growth in population, there is an improvement in life expectancy. When looking at the Northern LCG as a whole, for people born between 2006 and 2008, life expectancy is higher than the Northern Ireland average.

## Addressing Inequalities

Approximately 4,000 people die prematurely due to preventable ill health every year in Northern Ireland (1,000 in the Northern LCG area). The health of the population has improved over time but this improvement has not been seen in all groups and the pattern of health inequalities is persistent over time. It is clear that much more needs to be done to narrow this gap.

The Commissioning Plan focuses on those aspects of Trust services where greatest impact can be made in addressing inequalities, creating better outcomes for service users and ensuring a reduction in the prevalence of illness/long term conditions, which pose a major challenge to the health and social care budget. It is essential that all areas of treatment and care identify opportunities for providing appropriate health and wellbeing information, advice and support for service users.

The Health and Social Care Board (HSCB) and the Public Health Agency (PHA) will require the Trust to ensure health improvement is integrated into all programmes and will particularly wish to see progress on the following key themes:

- **Giving every child and young person the best start in life -** establish Family Nurse Partnership programmes, breast feeding peer support programmes, extend roots of Empathy programme;
- **Working with others to ensure a decent standard of living -** Support programmes which tackle poverty, programmes that address employability and the needs of long term unemployed people;
- **Building sustainable communities –** adopting a community development approach to service design and delivery and taking an assets-based approach to promote change within local communities will be key to improving health;
- **Making healthy choices easier** – simple appeals for individual behaviour change will have limited value without also creating a supportive environment through the alignment of policy and action. A focus on specific health issues such as cancer; circulatory disease; respiratory disease; tobacco; alcohol and drug use; obesity; diabetes, mental health and sexual health all point toward the need for interconnected action across a range of fronts.

**Commissioning Care Closer to Home**

The Northern LCG will be working closely with the Northern Health and Social Care Trust (NHSCT) to progress the recommendations outlined in Transforming Your Care (TYC). In particular, the Northern LCG will focus on commissioning services that:

- Focus on prevention and enabling individual responsibility for health and wellbeing;
- Provide care as close to home as practical;

- Provide greater choice of service provision, particularly in the use of the independent sector; and
- Enable a shift of resources from the acute sector to community and primary care settings.

**Assessing Local Needs**

The Tackling Health Inequalities Project has been funded in the Northern Area by the Public Health Agency. The purpose of the project is to provide an in-depth profile of the different council areas, using both quantitative and qualitative data to produce an understanding of key issues in order to assist in assessing need and tackling health inequalities.

Profiles have been produced to date for six of the ten council areas with the initial focus being on those where life expectancy falls significantly below the Northern Ireland average. The quantitative data has brought together relevant health and well being statistics from a range of sources and the qualitative data has been collated from in-depth interviews with a cross section of stakeholders from the community, voluntary, statutory and private sectors.

In addition, mapping exercises have been undertaken to identify the range of different services and facilities currently available in each of the local areas.

These profiles will form a solid basis to inform the development and remodelling of service provision across the area. Other indicators of need such as changes in demography, waiting lists and increased prevalence of certain long term conditions, eg diabetes, will continue to inform local commissioning.

**Management of demand**

The Northern LCG, as Commissioner of Health & Social Care, is responsible for ensuring that the services provided meet the needs of the local population in a sustainable way. Demand for health and social care is increasing and the way in which it is delivered is changing and the Northern LCG is committed to ensuring that the public receives modern, effective, and appropriate care at the right time.

The Northern LCG aims to develop a whole systems approach to manage demand, leading to active collaboration and leadership across

primary, secondary and community care professionals.

In order to meet the increasing demands from an aging population, there is a continued requirement to improve the productivity of the current workforce and to support innovative solutions to meet demand through the development of new patient pathways within primary and secondary care.

**Controlling Prescribing Costs**

The Northern LCG encompasses 78 GP practices with an annual prescribing budget of approximately £97m. For a number of years, substantial levels of efficiencies have been required from the prescribing budget. Although considerable time and effort has been spent by practices in reviewing prescribing practice in order to make efficiencies, the prescribing budget remains in an overspend position. In addressing overspend the main aim must be to promote the delivery of improved clinical and cost effective medicines management. To this end, the following actions are planned for 2012/13:

- Implementation of the Regional Pharmaceutical Clinical Effectiveness Programme which provides rational product selection for the HSC, which can be consistently applied across secondary and primary care to increase the effectiveness of medicines usage and to gain efficiencies in the pharmaceutical budget;

- Roll forward of the Northern Medicines Management Partnership Initiative which provides an opportunity to practices to avail of protected time to undertake specific work related to prescribing issues;

- Integrated working with secondary care colleagues to ensure there is a co-ordinated approach to medicines management; and

- Implementation of the NI Medicines Formulary.

## Resources

The Northern LCG's funding to commission services in meeting the Health and Social Care needs of their population in 2012/13 is £702m. 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 £200m noted below reflects the LCG's capitation share of the FHS budget.

| Programme of Care | £m | % |
|---|---|---|
| Acute Services | 301 | 42.9 |
| Maternity & Child Health | 31 | 4.5 |
| Family & Child Care | 43 | 6.2 |
| Elderly Care | 154 | 21.9 |
| Mental Health | 55 | 7.8 |
| Learning Disability | 49 | 7.0 |
| Physical and Sensory Disability | 22 | 3.2 |
| Health Promotion | 23 | 3.3 |
| Primary Health & Adult Community | 22 | 3.2 |
| **POC Total** | **702** | **100.0** |
| **Family Health Services Spend** | **200** | |
| **Grand Total** | **902** | |

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

| Provider | £m | % |
|---|---|---|
| BHSST | 146 | 20.9 |
| NHSST | 510 | 72.7 |
| SEHSST | 6 | 0.9 |
| SHSST | 3 | 0.5 |
| WHSST | 8 | 1.1 |
| Non-Trust | 28 | 4.0 |
| **Provider Total** | **702** | **100.0** |
| **Family Health Services Spend** | **200** | |
| **Grand Total** | **902** | |

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 Northern Trust is £13m.

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 Northern area.

## HOW THE KEY CHALLENGES WILL BE ADDRESSED

The Northern Health Economy faces its own particular challenges over the years ahead. It has already been through a significant period of acute hospital reform with changes to the profile of service in Mid Ulster and Whiteabbey in recent years. In going forward, the future configuration of services will be informed by TYC and the need to ensure that acute hospital services are safe and sustainable in the longer term. The Local Health Economy agenda will have a focus on improving acute productivity with a view to maximising the investment in both unscheduled and scheduled care. As always, the objective will be to deliver services that are responsive and patient-centred. Services will be delivered locally where it is safe to do so.

With a growing older population, there will be an increasing emphasis on progressing the reablement agenda with a view to helping as many older people as possible live independent lives. It will be important that key messages around this agenda are supported by wider political leadership.

The Northern LCG must also focus on the costs associated with prescribing as outlined above. As GP prescribing patterns are significantly impacted by decisions taken in secondary care, the interface issues between primary and secondary care prescribing will need to be given a particular focus.

In order to progress the work necessary to address these challenges and to take forward the recommendations in TYC, the Northern LCG will be working closely with the NHSCT to produce a Population Plan. There will be a need to ensure ownership of the agenda from key staff in both primary and secondary care. Identifying champions for change will be important as will offering protected time to staff to facilitate the planning and delivery of change. In addition, there is a need for processes to be streamlined to allow change to happen quickly and seamlessly.

Wider community understanding and support for the need for change will be important. A co-ordinated approach to personal and public involvement will be of necessity in terms of bringing communities along on the path of change. The Northern LCG will engage with the NHSCT in a programme of visits to local councils and will also ensure that the

voluntary and community sector local networks are enabled to participate in the process of transformational change.

The production of the Population Plan over the coming months will be informed by:

- *Commissioning Specifications;*

- *Professional Advisory Groups* established to enable clinicians from both primary and secondary care to propose areas of transformational change which will impact on productivity, quality and outcomes across the range of clinical specialties; and

- *Workstreams* with membership from the NHSCT and the Northern LCG to progress the recommendations from TYC across a range of areas.

**The Development of ICPs**

Primary Care Partnerships (PCPs) have been established in East Antrim, Causeway, Antrim/Ballymena and Mid-Ulster and have worked very successfully on the development of a range of patient pathways under the leadership of the GP Clinical Leads. The Northern LCG will continue and develop the PCPs into Integrated Care Partnerships (ICPs). These Partnerships will be established to bring together primary care professionals, community health and social care providers, clinicians from the acute sector and representatives from the independent and voluntary sector. The overall objective will be to provide the optimum care outside the hospital setting and to fully develop the home as the hub concept as outlined in TYC.

**Role of LCG in contributing to the achievement of Ministerial Targets**

The NLCG has established four Primary Care Partnerships which to date have made significant progress in the development of patient pathways. These pathways have focused on shifting the provision of care from the secondary to the primary care setting where it is safe and appropriate to do this. This work will be further developed by the formation of ICPs which will join up local services including GPs, community health and social care providers, hospital specialists and the independent and voluntary sector.

The ICPs will be aligned with the proactive management of long term conditions and while the initial focus will be the over 75 population, the intention is to include patients with diabetes, cardiovascular conditions and respiratory problems. Multi-disciplinary teams will form community based support programmes for patients with long term conditions. This will provide them with a named point of contact and direct admission to hospital care when necessary, bypassing A&E as agreed between the GP and the hospital specialist. Dedicated community based clinics will be set up where patients can access a range of health and social care services with inputs from GPs and hospital specialists alongside community pharmacy, allied health professionals, nursing care and social work support. The emphasis is on changing the centre of gravity of healthcare from secondary to primary and community care.

The developments, as outlined, will have a significant impact on the range of ministerial targets. There will be an emphasis on prevention, health promotion and earlier intervention. This will be developed in partnership with the voluntary and community sector, using evidence based approaches such as self-management.

The focus of the development of the pathways will be to improve the quality of services and outcomes for patients, clients and carers by providing the right care, in the right place, at the right time. The provision of care in the primary and community settings will ensure that only those who require care in the acute setting will be referred for further diagnostics and treatment.

The ICPs will have a clear role to develop more innovative, accessible and responsive services; which promote choice and, where appropriate, are available in a community setting. In particular, it is envisaged that pathways relating to the management of long term conditions will make significant use of telemonitoring.

The NLCG, as outlined above, will be developing ICPs and will be producing a Population Plan.

In all of the work to be taken forward by the NLCG and the ICPs, there will be an emphasis on the need to improve productivity in order to ensure that the needs of the local population can be addressed. This is in light of the continuing growth in the numbers of older people and the prevalence of long term conditions, both of which continue to place

pressures on the local health care economy.

The NLCG will continue to support the work of the NHSCT in ensuring that the most vulnerable in our society, including children and adults at risk of harm, are looked after across all our services.

# COMMISSIONING INTENTIONS 2012/13

## Management of Demand

Overall, the effective management of demand looking ahead will require the Local Health Economy to put in place the future model for Integrated Health and Social Care as outlined in TYC. The local commissioning intentions for the coming year reflect the Commissioning Specifications prepared by the Regional Teams which are based on the TYC recommendations.

The Northern LCG will expect the following key local actions specified in regional commissioning plan to be rolled out in the Northern area during 2012/13:

## Independent Living: Older People/People with a Physical Disability and/or Sensory Impairment

*Introduce:*

- Targeted health and wellbeing improvement services to improve uptake of preventive health programmes.
- A falls prevention programme to reduce the risk of falling at home and in care settings.
- A targeted nutritional screening programme in hospital, residential and community settings to reduce the risk of malnutrition and use of oral nutrition supplements.
- Collaborative working arrangements with community, statutory and voluntary partners to reduce social isolation and poverty.
- Arrangements to ensure that people with continuing care needs are assessed within 8 weeks and have the main components of their care met within a further 12 weeks.

- Initiatives to promote and support the update of Direct Payments/Self Directed Support arrangements.

- Plans to review and promote the use of local advocacy services.

*Develop:*

- Local project structures to maintain and develop effective reablement services in line with agreed service models.

- Local carer support structures to support the work of the regional Carers Strategy Group.
- Local partnership structures to support and promote forthcoming revised safeguarding regional policies and procedures and associated operational changes.
- Proposals to reduce reliance on statutory residential care through service refocusing, redesign or refurbishment involving consideration of supported housing models.

*Undertake:*

- A review of the capacity for nursing home provision to address the needs of people with dementia, challenging behaviour or who require palliative care.

- A review of the potential for traditional day care provision to be refocused or redesigned to promote services delivered in conjunction with voluntary and community sector providers.

**Elective Care**

The Northern LCG will continue to commission planned elective care services for the local population that are clinically effective, of the right quality and are delivered within a timely manner.

Elective Care Services are delivered across Out-Patient, In-Patient and Day Case services. The overarching priorities for the elective care system in Northern Ireland are to ensure that all urgent operations are completed in a timely manner and that patients waiting for routine assessment or treatment should wait no longer than the maximum times set by the Department.

This is achieved by ensuring that:

- There is sufficient elective capacity to meet demand;
- Appropriate referral pathways, including appropriate alternatives to acute assessment and treatment, are agreed through work with General Practitioners and other referrers; and

- Assessment and treatment protocols linked to effective use of resources policies are developed in conjunction with consultants, GPs and other clinicians.

Service redesign, coupled with further investment in services where required, is therefore a key component of the reform and modernisation agenda for the HSCB.

**Maternity & Child Health**

In keeping with the direction of travel in the Maternity Services Strategy and TYC, the Northern LCG will require the Trust to:

Identify specific locations where ante-natal booking clinics will be held in the community, which provide the required facilities as outlined in the Maternity Service Specification, with a view to moving to these by April 2013.

Ensure an increase in the percentage of normal births in both Antrim and Causeway Maternity Units and a reduction in intervention rates.
Robust arrangements are in place to facilitate collaborative and co-ordinated discharge planning for children with complex physical needs.

**Children's Services**

The number of children being referred into statutory social services has continued to be significant and the need for responsive and quality services is further reflected in the numbers of children within the looked after and child protection systems where the degree of complexity and presenting needs of children are ever more challenging.

The NHSCT shows a 61% increase in the number of children on the Child Protection Register since 2001/02. At year end March 11, a total of 579 children were looked after by the NHSCT, an increase of 12% compared to March 2010 figures. Looked After provisions require that the individual needs of each one of these children is assessed and met in appropriate care placements.

There is a strong commitment to investing in early intervention and family support services to support families and achieve better outcomes

for children and their families through partnership working with other statutory, community and voluntary sector partners. It is also recognised that the children's programme is heavily prescribed within legislation and the majority of activity is not optional or discretionary.

***Commissioning priorities for the Northern LCG include:***

Delivery of a Child Protection system that is consistent with the Children Order, Co-operating to Safeguard Children and Delegated Statutory Functions which is responsive to needs, delivers timely intervention, ensures seamless pathways of support and redresses waiting times / unallocated cases.

Delivery of integrated planning and delivery mechanisms at local and regional levels to include locally based Family Support Hubs throughout the Trust area.

The development of a coherent consistent model of Child and Adolescent Mental Health Services (CAMHS) which is better integrated within children's services, mirrors DHSS&PS policy guidance on future commissioning of CAMHS, delivers to optimum capacity and best meets the assessed needs of children and young people will require reform, redirected focus or improvement to existing CAMHS provision within the NHSCT. Further areas for attention are the full implementation of all RQIA CAMHS Review 2011 recommendations for Health and Social Care, reflected in TYC and a shift in investment to support the development of a standard approach to the provision of CAMHS Crisis Resolution and Home Treatment Teams.

Commissioning must be progressed in line with the five year development plan for supported accommodation in respect of young homeless people and care leavers. The NHSCT is required to deliver against its area of the Commissioning Plan if the needs of these vulnerable young people are to be met and the NHSCT is to discharge statutory duties.

In line with TYC and the Ernest Young Report (commissioned by the NHSCT in respect of Children's Services), an intensive fostering scheme for hard to place children is to be developed. Any such development

should take cognisance of both the advantages and limitations of similar schemes across the UK. Consequently any associated reduction in the provision of residential care must be needs led and with a clear assurance that the NHSCT can both meet its statutory obligations and the often complex needs of children previously placed in residential care. In addition, community supports and intensive work to prevent young people coming into care must be increased.

A review of use of high cost independent sector fostering placements to be undertaken with reinvestment in commissioning and developing more specialist and cost effective responses to meeting the needs of the children. In addition, the NHSCT should sustain their success in achieving permanent placements through adoption for young children in care who cannot return safely to their birth parents.

**Mental Health and Learning Disabilities**
The key objectives are:

By March 2013, 40% of the remaining long-stay patients in learning disability and psychiatric hospitals are to be resettled to appropriate places in the community, with completion of the resettlement programme by March 2015.

Agree a Strategic Outline Business Case (SOC) for the provision of Acute Psychiatric In-patient care to meet the acute mental health needs of the local population.

Consider demand and capacity within CAMHS along with effectiveness and productivity measures to inform the need for additional investment.

Implement the physical and mental health checks in primary care for all adults with a learning disability through the Directed Enhanced Service for Learning Disability.

## Palliative and End of Life Care

## The key actions for 12/13 are:

Implement the 'End of Life Care Operational System' (ELCOS) by for example:

- Early identification those with palliative care need in the last year of life through the use of prognostic indicators;
- Implementation of the Key Worker function;
- Holistic assessment with Advanced Care Planning all with the ultimate aim of ensuring people die in their preferred place of care and reduce inappropriate hospital admissions; and,
- Implementation of end of life care pathway eg Liverpool Care Pathway.

Monitor how Local Economy Plans provide and implement Palliative Care and End of Life services, taking account of the recommendations in TYC and other recognised standards for modern safe high quality palliative care; including the Palliative and End of Life Care Strategy for Adults in Northern Ireland, Living Matters, Dying Matters (sections 2.1 - 2.15) and DHSS&PS Service Frameworks. This monitoring will be in the form of regular meetings with Trust Palliative Care Teams and Regional Service Team.

## Cancer

Cancer affects all of us. Over 10,000 people in Northern Ireland are diagnosed with cancer every year and 3,885 people die from the disease.

Cancer patients have a complex series of planned journeys through screening, diagnostics, treatment (surgery/systemic anti cancer therapies/radiotherapy) and follow up. In addition, patients may develop complications of the disease or its treatment which require access to unscheduled care.

The regional and local commissioning will respond to the changes and challenges associated with an ageing population, more people living with cancer as a chronic illness and the new demands created by evolving treatments and technologies ensuring improved safety and quality of service.

In particular:

- Patients receiving chemotherapy should have access to a 24 hour telephone triage system which will assess their clinical status, provide advice or direct them to the most appropriate place for further assessment and treatment.
- Patients at risk of neutropenia who attend Emergency Departments (ED) should be assessed and, where appropriate, treated on a neutropenic sepsis pathway. EDs should take action to limit the risk of secondary infection in this group of patients from exposure to others.

Encompassing development and implementation of service models and improvements including:

- Transforming Cancer Follow- up;
- Continuous effort re prevention and early detection (including screening);
- Acute Oncology Services;
- Regional Information System for Oncology and Haematology; and
- Continued implementation of the Cancer Service Framework.

**Unscheduled Care**

The Northern LCG will work with the Trust and GPs to put effective arrangements in place to try to prevent unnecessary attendances at EDs including:

- GP access to an appropriate senior hospital doctor on the same working day; and,
- Provision of acute care at home services.

The Northern LCG will also work with the Trust and GPs to:

- Develop and implement care pathways across primary/ secondary care which describes the clinical management of acute episodes due to Asthma, COPD, Diabetes, Heart Failure, and Cardiovascular Disease;

Work constructively with Northern Ireland Ambulance Service (NIAS) to develop protocols which will enable paramedics to assess and treat patients at home without transporting them, thereby reducing the number of ED attendances;

- Monitor the number and type of patients presenting each hour and in each ED stream, using this information to react to ED pressures;

- Minimise turnaround times for ambulances at EDs;

- Enable nurse triage to route ED patients into about 3-4 streams, including, if demand exists, a stream for patients with symptoms suitable for assessment by staff with a primary care medical background;

- Monitor admission and discharge flows of inpatients by day and time to day and demonstrate actions taken to match capacity to demand;

- Assess and manage the flow of patients through inpatient wards (elective and non-elective), ensuring that at least 50% of discharged patients from inpatient wards leave the hospital before 1pm;

- Allow ward sisters to take the lead in ensuring that all elements (pharmacy, NIAS, AHP assessment, bed cleaning teams, etc) are in place to allow a patient to leave the ward quickly once deemed fit for discharge, and make the bed available for the next patient;

- Ensure at least twice daily senior doctor review of all patients in the Medical Assessment Unit/AMU; and,

- Ensure all non-elective admissions are seen by a consultant within 24 hours.

## MEMBERSHIP OF NORTHERN LCG AND CONTACT DETAILS
## Northern Local Commissioning Group

**Membership**

| | |
|---|---|
| Dr Brian Hunter | Chairman/General Medical Practitioner |
| Ms Sharon Sinclair | Voluntary/Community Representative |
| Mrs Linda Clements | Voluntary/Community Representative |
| Cllr Thomas Burns | Local Elected Representative |
| Cllr David Barbour | Local Elected Representative |
| Cllr Thomas Nicholl | Local Elected Representative |
| Cllr Adrian Cochrane-Watson | Local Elected Representative |
| Dr Terry Magowan | General Medical Practitioner |
| Dr Turlough Tracey | General Medical Practitioner |
| Dr Ian Buchanan | General Medical Practitioner |
| Mr Laurence O'Kane | Community Pharmacist |
| Dr Una Lernihan | Social Worker (HSCB) |
| Mrs Eileen Kennedy | Social Worker (HSCB) |
| Dr Fiona Kennedy | Public Health Specialist (PHA) |
| Mr Paul Kavanagh | Nursing Professional (PHA) |
| Ms Corrina Grimes | Allied Health Professional (PHA) |
| Mr Derek Manson | General Dental Practitioner |

Mrs Bride Harkin, Assistant Director of Commissioning /
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