

**SOUTH EASTERN LOCAL COMMISSIONING  
GROUP**

**COMMISSIONING PLAN**



**Health and  
Social Care**

**2011-2012**

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## 1. FOREWORD

I am pleased to present the second Local Commissioning Plan from the South Eastern Local Commissioning Group. This plan builds on the work undertaken last year.

In developing this plan we have consulted widely with communities across the south east and have informed ourselves of the most pressing health and social care needs. Armed with this knowledge we have been able to influence the regional Commissioning Plan published by the Health & Social Care Board and in turn, produce this local plan which reflects specific local needs.



There can be no doubt that the recent Northern Ireland budget settlement has provided the health and social care sector with a range of very significant challenges moving forward. Recent reports by Professors Appleby and McKinsey have highlighted funding differentials in the Northern Ireland health economy and offer potential reform measures which require early implementation.

A key priority for us this year is to consolidate and further progress our development of four Primary Care Partnerships (PCPs) in our LCG area. These Partnerships will be tasked in the first instance with looking at medicines management and working with both primary and secondary care providers to understand referrals into secondary care with a particular opportunity in 2011/12 to review how patients use emergency care departments or unscheduled care services.

Some members of our Local Commissioning Group have reached the end of their term of office and I want to pay tribute to those who will be leaving the Group at this time, their contribution has been greatly appreciated. We will need to appoint new members to these positions and reappoint others in this coming year.

Finally I wish to thank all staff involved in this Commissioning Plan – truly a team effort. I also want to thank key stakeholders in both the voluntary/community and statutory sectors and particularly the South Eastern Trust, for their engagement and contribution in the last twelve months.

A handwritten signature in black ink that reads "Nigel S. Campbell". The signature is written in a cursive style and is positioned above a thin horizontal line.

**Dr Nigel S Campbell, Chair of South Eastern LCG**

## **2. INTRODUCTION**

The South Eastern Local Commissioning Group (SELCG) came into existence on April 2009 with a remit to commission health and social care for the population aligned with the local government districts of Ards, Down, Lisburn and North Down (total population of 344,434). The SELCG covers an area which is coterminous with the boundaries of the South Eastern Health and Social Care Trust.

The LCG has a constituted management board of 17 appointed and nominated members from a variety of professional backgrounds and includes representation from the voluntary/community sectors and locally elected councillors. The Group is chaired by Dr Nigel Campbell, a General Practitioner from Lisburn. Full details of our membership are provided in Appendix 1.

## **3. THE ROLE OF SOUTH EASTERN LOCAL COMMISSIONING GROUP**

The LCG is mandated to meet at least nine times per year in public session. The Group as part of its approach to engagement has undertaken to maximise participation by the public at our board meetings and other planned events within local communities. The management board is intent on reaching into communities which may feel excluded and to give them a voice in influencing and shaping local health and social care.

The LCG is required to assess the health and social care needs of the population and to put in place arrangements to address these needs, within the available resources. In the upcoming sections of our Local Commissioning Plan, the LCG will record those priority health and social care

needs and put forward proposals to address them over the coming twelve months or the next comprehensive spending review period.

The LCG recognises that it does not operate in isolation, but is supported (and supports) other networks and teams across Health and Social Care Board (HSCB), Public Health Agency (PHA), across the statutory sector and within the community and voluntary sectors. The LCG also maintains a close working relationship with Health and Social Care Trusts, including the Northern Ireland Ambulance Service (NIAS), as providers of service and in particular our local Trust, the South Eastern Health and Social Care Trust.

In the last twelve months the HSCB has implemented new internal commissioning arrangements with the establishment of a commissioning programme board and twelve regional service teams. These regional service teams provide direction in respect of the overall strategic commissioning agenda. The LCG in developing this Local Commissioning Plan will assess the priorities identified by these regional service teams in shaping our local commissioning priorities. The LCG through membership of and contact with the various service teams also has an opportunity to influence upwards, local considerations and views in the regional group discussions. In presenting this local plan the LCG has used the new service team structure to set out our local priorities.

#### **4. ACHIEVEMENTS TO DATE**

The LCG can already point to a number of achievements following its first year in full operation. These include:-

- Prioritising the Health Improvement agenda and promoting a close working relationship with the Public Health Agency's Health Improvement Team.

The LCG joined with local health improvement colleagues and Trust counterparts in preparing the Local Health Improvement Plan for 2011/12.

- The LCG brought forward proposals to establish four Primary Care Partnerships, (locally based networks of independent contractors), across the south east, centred on the natural communities of Ards, Down, Lisburn and North Down. The work plan for these partnerships is described in greater detail later in this document.
- The LCG approved in 2010/11 proposals put forward by the South Eastern Trust (SET) to reform and modernise three separate areas of service – (1) Acute Mental Health services; (2) Disability Services with a focus on learning disability provision in the North Down and Ards localities; and (3), A review of emergency care provision across the south east, emphasising the need for a safe and substantial service at the emergency department of the Downe Hospital. The full implementation of these proposals will be reflected in this commissioning plan, as it relates to both service change and new capital and infrastructural requirements.
- The LCG was involved in working on the reshaping of maternity services across the south east and the implications for other LCGs and Trusts. The Community Midwifery Unit in the Downe Hospital recorded its first full year in operation and 52 babies were delivered. Work was completed in replacing the consultant led obstetric service at Lagan Valley Hospital with that of a midwife led service. The south eastern area is notable in that it is the location for both of Northern Ireland's two stand-alone, midwife led birthing centres.
- The LCG over the last 6 months has completed a comprehensive demand and capacity analysis of acute services within the SET. This has formed part of a regional exercise which resulted in a new approach to monitoring Trust performance through a revised Service and Budget Agreement (SBA) format. Over the coming months, Board officers will be working closely with the Trust to implement changes to service provision. These

changes will ensure acute services operate more efficiently thereby identifying capacity to provide more effective patient care.

- Finally, the LCG last year made a range of new investments with Trusts, most notably in addressing demographic pressures to support older people to live as independently as possible. These investments have now been confirmed with the contractual arrangements in place.

### **Primary Care Partnerships**

The Regional Commissioning Plan for 2010/11 prioritised the development of Primary Care Partnerships (PCPs) as a key theme. Following a significant process of engagement throughout the autumn of 2010, the LCG was able to:

- (1) Bring forward plans for the establishment of four Partnerships; (2) Identify both pharmacy and GP clinical leads within each Partnership; and (3) Commence a process of induction while putting in place steps to bring forward work plans in regard to medicines management/prescribing activity and understanding local demand for services in both elective and unscheduled care.

The LCG invited the newly formed PCPs to bring forward proposals for two pathfinders. A project from North Down looking at medicines management reviews in Nursing Homes was selected, along with a project from the Down locality, led by GPs, reviewing the dermatology pathway.

The Medicines Management Review project has now been completed. From January to March 2011 seven pharmacists working with GP practices in North Down carried out medication reviews for patients across fifteen nursing homes within the PCP locality. There were a significant number of interventions during the project, leading to improved patient safety and better use of medicines. The pharmacists made 708 recommendations to alter nursing home patients' current medication, 93.8% of these recommendations were accepted by the patients' GPs showing a high level of agreement between the reviewing pharmacist and the GP indicating that pharmacists are well placed to undertake this role. Potential efficiency savings have also been

produced as a result of discontinuing inappropriate/unnecessary medication, switching medicine to more cost effective generic options, rationalising dose frequency and more effective use of existing medication.

The project has brought together clinicians from primary care and secondary care, in the form of the Care of the Elderly Team at the Ulster Hospital, who provided training and support for the pharmacists. The project has most significantly provided a service model which could be replicated across the LCG based on safer and more appropriate use of medication, cost-effectiveness and partnership working between GPs, secondary care clinicians and pharmacy.

The Dermatology Care pathway redesign project is still under way and is being carried forward by a Project Group of five local GPs, Board medical, finance and commissioning representatives, a PHA nurse and Trust lead nurse and dermatology nurse specialist plus a representative from the Patient Client Council (PCC). The project has two objectives:

1. To generally enhance the clinical skills of GPs and practice nurses in the locality and, as a result, allow practitioners to better manage dermatological conditions at practice level.
2. To review, on an incremental basis, specific dermatological conditions/pathways with a view to amending the pathway to allow specialist nurses and GPs to address those conditions within the locality.

The specialist nurses and GPs will support the training of practice staff across Down. Patients treated locally will benefit from improved access to services. With enhanced skills at practice level, fewer patients should be referred to secondary care. As a result capacity in secondary care will be enhanced by reducing the overall number of referrals, thus impacting on waiting times and allowing consultant staff to address more complex conditions.

The potential to review the current ICATS dermatology service will also be considered. This service, implemented some years ago, has not fulfilled its potential for a variety of reasons and the Commissioner will consider realigning the service to fit with a more practice oriented approach.

Following review and acceptance of the revised care pathway by PCP GPs, the LCG intent is to implement it within the Down PCP and eventually to other PCP areas.

#### **Proposed Action in 2011/12**

- In 2011/12 the LCG will seek to take forward more projects from PCPs aimed at revising existing care pathways, managing demand within primary care and reducing referrals to secondary care, and improving local patient access to services.

## **5. PERSONAL AND PUBLIC INVOLVEMENT (PPI)**

The south eastern locality has a strong and vibrant community development culture and infrastructure in the form of its many voluntary and community groups and networks and the LCG has been able to tap into this in order to identify health and social care priorities. Community involvement continues to be critical to addressing health and social inequality in our communities and the LCG will continue to work with local groups that represent the views of patients, users and the public in order to ensure that they have a voice in the planning and development of local services through our commissioning process.

The LCG's commitment to PPI is reiterated in the approach we have taken in drawing together this plan. Locally the LCG initiated a number of engagements in preparing this plan targeted firstly at management board members at a specifically convened workshop and secondly at a publicly advertised board meeting held in Lisburn on 10<sup>th</sup> March 2011 at which the

LCG received comments from service user advocates on aspects of the outline plan. In addition, at our Public Board meeting in Portaferry on 14<sup>th</sup> April, the Patient and Client Council (PCC), joined LCG members to review our commissioning approach in respect of current patient and client views. The LCG has also been involved in engaging with the public around the development of the regional Board and PHA commissioning plan.

The LCG maintains a close link with the Patient Client Council (PCC) and their comments in respect of the “patients’ voice” are reflected within the plan. The LCG welcomes the recent reports from the PCC, ‘The People’s Priorities’ (Nov. 2010) and ‘The People’s Response’ (Feb. 2011) to the Draft Budget proposals. We look forward to further participation with partners as we work together within our communities to improve health and social care within the locality.

**Proposed Action in 2011/12**

- The LCG will work closely with the PCC and PHA colleagues to monitor patient experience of revised care pathways as a result of the work of the PCPs and HSCB in this area.

## **6. SERVICE AREAS**

### **Commissioning Context and Objectives for 2011/12 across Service Areas**

As referenced earlier in this plan the Health and Social Care Board (HSCB) has introduced a new commissioning framework with the introduction of twelve regional service teams. While setting out the broad regional commissioning directions, the LCG will consider the regionally identified priorities with a view to interpreting these priorities locally while also considering our local commissioning agenda. On this basis the following sections reflect the service team areas and priorities relevant to the South Eastern LCG and will seek to provide background, regional priorities, local context and our local priorities for 2011/12 where appropriate. Although these service areas will be discussed separately below, there are cross cutting themes which are relevant to most of them. Communication, collaboration and partnership working between teams in areas where there are common themes and issues will be ensured by the oversight role of the Programme Board.

### **6.1 Service Area 1 - Health and Social Wellbeing Improvement**

#### **Background**

The promotion of health and wellbeing and reduction in health inequalities remains a joint key priority for the LCG and PHA within the south eastern area. The engagement of communities and partner organisations is central in this work and together the LCG and PHA will seek to ensure a coordinated multi-sectoral approach is maintained in addressing the specific needs of individuals, groups and communities across the area.

In line with the recent strategic review of health inequalities in England by Professor Sir Michael Marmot (Fair Society Healthy Lives – The Marmot Review: A strategic Review 2010) there is a need to develop and sustain investment in prevention and early intervention approaches across the “life

course” of individuals, families and communities. It is recognised also that the recent downturn in the economy is likely to have an adverse effect on both the health and wellbeing of individuals and communities as well as on the ability of organisations from across the community, statutory and voluntary sectors to address the needs that exist. Maximising the value and contributions of all partners to the improvement of health and wellbeing will be key to sustaining the improvements that have been made over recent years. Developing a shared understanding, vision and agenda will be critical for both the LCG and PHA as it seeks to lead this work across the south eastern area in the year ahead.

Appendix 2 contains tables and maps showing a range of demographic and health and well being status information for the population of the SELCG locality.

### **Regional Priorities**

In seeking to realise our shared goal of improving health and wellbeing and reducing the gap between more affluent and less affluent groups and those communities known to be at increased risk in our society the PHA, HSCB, Trusts and voluntary and community partners will work together to:

- Influence the environment positively so that healthier choices become easier;
- Increase knowledge, skills and behaviours that promote health and wellbeing;
- Develop models of effective practice that inform future direction, including the shape of health and social care services;
- Develop partnership models which empower communities and which seek to address with others the determinants of health;
- Contribute to, and improve understanding about, health inequalities and effective interventions;
- Promote and inform health and social care staff (and others) about their role in promoting health and wellbeing.

## **Local Context**

Within the south eastern area 18 of the 180 Super Output Areas (SOAs) now fall within the top 20% most deprived areas in Northern Ireland (see Appendix 2). It is estimated that 36,792 people live within these areas representing some 10.8% of the south eastern population. This inequality is indicated by the fact that in 2008, 7.3% (11% NI) of adults and 15.5% (12% NI) of children under 16 were living in "Income Supported Households." Whilst this represents a decrease of 0.5% and 1.5% respectively over the period 2004-2008, it is still of concern that significant numbers of the population are experiencing poor health as a result of their situations and circumstances.

## **Proposed Actions in 2011/12**

Within the south eastern area the LCG and PHA will work together to address the following priorities with communities and partners under the following headings:

- Giving every child and young person a best start in life
- Older People
- Ensuring a decent standard of living
- Building sustainable communities
- Making healthy choices easier. This will cover the following areas:
  - Promoting healthy weight and physical activity
  - Alcohol and drug misuse
  - Mental health and wellbeing and prevention of suicide
  - Teenage pregnancy and sexual health
  - Accident prevention

See Appendix 3 for full details on the above proposed actions in 2011/12.

## **6.2 Service Area 2 - Maternity, Paediatrics, Gynaecology and Child Health**

### **Background**

The birth rate in Northern Ireland had been increasing year on year until 2009 when a decrease of 3% from the previous year was recorded. Northern Ireland Statistics & Research Agency (NISRA) predicts that births will remain around 25,000 per annum for the next two years before further reducing to around 23,500 by 2022/23.

The provision of high quality safe maternity services remains a Commissioner priority in 2011/12 and HSCB and PHA will ensure the recommendations of the recent Regulation, Quality and Improvement Authority (RQIA) Review of Intra-partum Care will be implemented in 2011/12. The variance between maternity services across the region must be addressed whilst respecting women's choice, best practice and emerging evidence and guidelines. There are also recognised inequalities in health and wellbeing, for example in variations in rates of smoking in pregnancy, breastfeeding and obesity levels, especially in regard to women living in "hard to reach" communities.

A number of national and regional guidelines will provide the standards and safety context for the provision of regional and local services. The Ministerial review of maternity services in Northern Ireland will report in 2011, and a review of paediatric in-patient services will also be undertaken as part of an overview of acute and unscheduled care services across the region which will provide direction for the coming years.

There will be a focus on service reconfiguration to ensure safe and sustainable maternity services which recognises women's choice in line with best practice and emerging evidence and explores the opportunities to promote the normalisation of birth.

The Commissioner will ensure that there is equitable access to pregnancy related gynaecological, fertility, paediatric and child health services consistent with available resources and in line with quality standards and guidelines.

Practitioners will continue to improve all aspects of health and reduce inequalities by promoting the reduction of smoking, particularly in pregnancy, increasing breastfeeding rates and reducing obesity in women and children.

### **Regional Priorities**

Key regional priorities include:

- Promoting the normalising of birth across the midwifery services
- A focus on hard to reach service users, particularly younger mothers, those who live in deprived socio-economic areas or come from a minority ethnic group, all of whom are more likely to have poorer pregnancy outcomes
- Addressing variances across Maternity services in N Ireland

### **Local Context**

The South Eastern LCG locality has seen a 7% rise in births from 1999-2009. In 2010 there were 4,550 births. In the last number of years there has been significant service redesign of maternity services in the South Eastern Trust with the opening of a new state of the art obstetric unit at the Ulster Hospital and the development of two stand-alone midwife led units at the Downe Hospital and more recently at the Lagan Valley Hospital in Lisburn.

### **Proposed Actions in 2011/12**

- Develop a local action plan to address relevant elements of the Regional Review of Maternity Services.
- Work with the Trust and relevant stakeholders to promote a reduction in the number of mothers who smoke during pregnancy and promote an increase in breastfeeding.
- Work with the Trust and relevant stakeholders to reduce the number of women who start a pregnancy obese or overweight.

- Develop an action plan to address the recommendations from the regional Service Team's review of paediatric inpatient services.
- Support the Trust to implement the recommendations from the Healthy Futures review.
- To review with the Trust in year the number and location of births across the south east in the context of LCG investments in 2010/11.
- Work with the Trust to monitor the utilisation of the new midwife led units at the Downe Hospital and at the Lagan Valley Hospital.
- To ensure that high quality, safe and affordable maternity services are provided in line with quality standards and guidelines.

### **6.3 Service Area 3 - Children and Families**

#### **Background**

The overarching principle that the HSCB, PHA and Trusts work is spelt out within the Children (NI) Order 1995, i.e. that children are best cared for within the family of origin unless this is not feasible. For the small number of children and young people who for various reasons cannot continue to be looked after by their birth parents it is important that they have their needs fully met in families/settings which can best meet their assessed need. Of equal importance is the requirement on Trusts to intervene early where there have been expressions of concern for children's welfare and there is always a delicate decision making balance between persevering with family support interventions and removing a child before more serious damage is done.

The current economic constraints on health and social care budgets and the significant increase in referral rates to children's social services and in child protection registers in the past few years have imposed new challenges upon all Trusts across Northern Ireland and consequently a regional approach is being taken in relation to the following priorities:

## **Regional Priorities**

- The HSCB will progress the development of the Regional Fostering and Adoption Recruitment and Training services. Targets will be set for recruitment and cross Trust working arrangements.
- The HSCB/PHA will progress a review of the Allied Health Professions Service in Special Schools to ensure equality of access and fit with core services.
- The HSCB will take forward a review of Trusts' Early Years Services to encompass the regulatory functions as well as the potential for skill mix and charging.
- The HSCB will conclude a Regional Review of Residential Child Care provision.
- The HSCB/PHA will undertake a review of multidisciplinary teams for children with a disability funded through the Children and Young People's Funded Package. The review will focus on the quality and effectiveness of the teams and regional consistency.
- The HSCB will progress the commissioning of an Inter-country Adoption Service within one lead Trust and explore the feasibility of this service being self financing.
- The Children and Families Team will support the Bamford Task Group and the Regional Acquired Brain Injury Groups to deliver on actions relating to children. This will include a review of the Family Trauma Centre.
- The HSCB, in collaboration with other stakeholders, will progress a regional review of the accommodation needs of Care Leavers and Young Homeless.

## **Local Context**

The LCG will closely follow the progress of these regional reviews and developments and will want to assess their effectiveness and the impact of

recommendations on Children's Services locally, as they are implemented within the South Eastern locality.

## **6.4 Service Area 4 - Specialist Services**

### **Background**

Specialist Services provide acute intervention and care for a relatively small number of patients; however they are usually very high in cost. For example services such as cardiac surgery, kidney transplants, and genetics and specialist services for children which are very clinically complex. This service area also covers issues associated with the commissioning of complex drug therapies. These services by their nature are regional and are delivered usually through a single Trust in Northern Ireland, for example the South East Trust is the regional provider of plastic and laser surgery.

### **Regional Priorities**

Due to the relatively small population size of Northern Ireland, many of these services are becoming increasingly unsustainable as specialist teams are small, often comprising of one or two lead clinicians and it is not possible to provide the all year round availability of these services on the 24/7. To ensure that they can offer the best care for patients, senior clinical staff need access to significant clinical infrastructure, sub specialty expertise and larger teams of senior colleagues.

In order to ensure that patients continue to have access to these services the HSCB will pursue opportunities to link our specialist services to larger specialist centres in GB and the Republic of Ireland. Setting up a larger clinical network arrangement which can call on the resources and expertise of a larger team of specialist clinicians will ensure better and more timely access for local patients to high quality specialist care. These models will involve visiting clinical teams who can augment local resources, virtual case conferencing, shared audit models and staff training rotations.

## **Proposed Actions in 2011/12**

South Eastern LCG involvement in this area is limited, however:

- The LCG will keep itself informed of new models of providing specialist services within the overall clinical network structure in order to ensure that every effort will be made to facilitate equality of access for patients within our locality.

## **6.5 Service Area 5 - Unscheduled Care**

### **Background**

Unscheduled care is most commonly used to describe any episode of care that is unplanned and may require prompt action in response to an acute, minor or major injury or illness. Developing Better Services (DBS)(2002) sets out the future of hospital provision across Northern Ireland and embodies current policy around the redesign of acute services. This strategy seeks to modernise and realign hospital services with reference to the acute hospitals in Downpatrick and Lisburn within the south eastern locality. The HSCB intends to ensure full and final implementation of DBS by 2013. Large acute hospitals like the Ulster Hospital still face challenges meeting performance standards within emergency care and there remains a significant opportunity to improve efficiency and effectiveness by looking at ways to avoid inappropriate admissions, redirect A&E attendees to clinically appropriate alternatives and reduce patient length of stay.

### **Regional Priorities**

In the reconfiguration outlined by DBS, acute hospitals, such as the Ulster Hospital will become centres of excellence for specific specialties with the purpose of improving clinical outcomes. Around 80% of hospital care is made up of diagnostics, outpatients, day care and ambulatory services. Therefore regardless of changes taking place in inpatient care, smaller local hospitals such as Lagan Valley and the Downe Hospitals will continue to provide key

services and will integrate more closely with primary care to deliver local health and social care services to their respective communities and patients from outside their natural catchment population where appropriate. Local hospitals will have a potentially changed role in dealing with emergency care, as highlighted by the recent changes at the Downe Hospital, and will have opportunities to provide elective day surgery and will see growth in outpatients. The overall aim is to ensure that patients, depending on the urgency and seriousness of their condition, are cared for in the type of hospital environment most appropriate to their needs. This will ensure that acute resources are targeted more efficiently and that patients are transferred to the larger acute centres only where necessary.

The LCG has an important role to play in addressing inequality in the implementation of acute service redesign as envisaged by DBS, including unscheduled care, in terms of managing demand and waiting time targets for acute services. Our newly formed PCPs will also develop a lead role in respect of this area. The redesign of care pathways within the context of addressing inequalities or a 'shift-left' approach, will seek to manage demand into secondary care by developing appropriate alternative diagnostic and treatment services in primary care for patients, thus easing the pressure on the acute hospitals.

### **Local Context**

The implementation of DBS is particularly relevant to the South Eastern LCG in relation to the developing roles of the Downe and Lagan Valley hospitals. In 2010/11 the LCG worked with the South Eastern Trust to reshape emergency care in the Downe Hospital which has from April 2011 been staffed between 10.00pm and 08.00am by Out-of-Hours GPs. In response to those changed opening arrangements the LCG has been in dialogue with the Northern Ireland Ambulance Service (NIAS) to ensure that the Downe area has an appropriate level of emergency response cover. To ensure a smooth transition of arrangements the LCG is investing additional resources in

emergency out of hours ambulance cover in the area. This will be monitored in-year.

The LCG through its needs assessment and on-going community engagement will play a vital role in determining what services and specialties local hospitals should provide for the local population in response to the changes brought about by DBS.

### **Proposed Actions in 2011/12**

- The LCG through engagement will articulate local priorities and issues facing its local population and play an important role in agreeing the services and specialties available in its local hospitals.
- The LCG with its PCPs will review GP referral patterns into A&E and through its PCPs will consider opportunities to redesign pathways into secondary care for urgent care and diagnostics with an emphasis on developing alternative services in primary care.
- The LCG made a number of non-recurrent investments with NIAS in 2010/11 in respect of additional evening and night cover in the Lisburn and Down areas to support changes in emergency care provision and maternity services. The LCG will review the outcomes from these investments with a view to ensuring sustainable and value for money emergency services.

## **6.6 Service Area 6 - Elective Care (Including Diagnostics)**

### **Background**

Elective Care is pre-arranged, non-emergency care that includes scheduled operations, outpatient appointments and diagnostic tests and procedures. Based on the rate of increase in the first half of 2010/11, it could be expected that there will be in the region of 95,000 patients waiting over 9 weeks for outpatient appointments by March 2011 across Northern Ireland. By carrying out the additional activity detailed in Trusts' delivery plans it is estimated that

the waiting list could be reduced to 50,000. A significant proportion of these are in two specialties – ophthalmology (11,005) and dermatology (11,052).

In relation to inpatients/day cases, based on the rate of increase over the same period, the anticipated number of 28,000 patients waiting over 13 weeks could be reduced to 20,000 by carrying out the additional activity.

### **Regional Priorities**

Understanding these demand patterns is a central issue for the commissioning system and the elective care team will undertake detailed work and analysis on both demand for services and on performance in meeting that demand.

Service redesign, based on a more sophisticated understanding of capacity is a key component of the reform and modernisation agenda. It is expected that the Service and Budget Agreement (SBA) Capacity Assessment Exercise will identify those areas where more work is required to improve the elective patient pathway and maximise existing capacity. This will include a more detailed understanding of the role of non consultant medical staff, Clinical Nurse Specialists and Allied Health Professionals in supporting the elective patient pathway, in terms of the assessment, treatments and rehabilitation.

During 2011/12 the Board will be focusing particularly on improved performance through the development of ambulatory emergency care and a move to more day case surgery rather than inpatient care. Trust performance will also be measured against the top performing Trusts in the UK with a view to reducing inpatient lengths of stay and improving efficiency.

The aim of improving elective care services is underpinned by the principle that is crucial to the effective organisation of services, i.e. The patient should expect to be treated by the right person, in the right place, at the right time to achieve the right outcome.

A number of important themes are relevant in addressing issues associated with elective access. These include:

- The promotion of self-care and self-management;
- The need to focus effort on prevention rather than treatment;
- The need to ensure that care and treatment are delivered outside the hospital setting wherever possible, with hospitals providing more specialised care;
- The need to provide integrated and co-ordinated care from the patient perspective;
- The use of evidence-based and agreed clinical pathways;
- The need to improve clinical quality and safety;
- The importance of working in partnership with local agencies and the voluntary sector and
- The need to develop clinical leadership.

The majority of these themes are central to the work of the LCG. The LCG's focus on prevention, healthy lifestyles, work currently underway within our PCPs and our links with our local voluntary and community organisations will inform the work the LCG takes forward.

### **Local Context**

The Service Team will complete an analysis of the top 10 elective procedures (of which Dermatology is one) and develop regional care pathways for each including the appropriate and timely use of diagnostic services. The pathways will be specifically aimed at supporting local implementation of good practice, to improve efficiency, reduce delays, and improve quality of service provision in a safe and effective way. The work that the LCG is currently undertaking in respect of the redesign of a Dermatology Care Pathway in the Down PCP locality is already linked to informing the regional care pathway development. HSCB/PHA will use the learning and good practices from all of the LCGs current PCP care pathway redesign projects and incorporate this into the regional pathways.

## **Proposed Actions in 2011/12**

- The LCG will work with the Regional Service Team to examine opportunities for the provision of services in primary care settings, thus leading to improved productivity in secondary care.
- The LCG will support the local implementation of care pathways for the top 10 elective procedures in accordance with regional agreed models
- The LCG through its PCPs will play a central role in managing demand into secondary care specialties, focusing on specialties where pathways from primary care could be redesigned to reduce the need for secondary care consultation.

## **6.7 Service Area 7 - Cancer Care**

### **Background**

Cancer is responsible for 27% of all deaths in Northern Ireland and currently one in three of the population develops a cancer by the time they reach 75 years of age. Men in general are at significantly greater risk than women from nearly all the common cancers that occur in both sexes (with the exception of breast cancer) because of higher levels of smoking and alcohol consumption. They are also less likely to report symptoms to their GP at an early stage. Early diagnosis and hence intervention is a significant factor in survival rates. The higher number of cancer incidences is also due to the fact that as a population we are living longer.

### **Regional Priorities**

The Cancer Care Service Team will review and prioritise the implementation of key components of the Cancer Services Framework (published March 2011) and will work with and through the Northern Ireland Cancer Network (NICaN) and Macmillan Cancer Support to agree care pathways for high volume cancers, in particular breast, ovarian, colorectal and lung cancer.

Support work will also be carried out with NICaN and Macmillan Cancer Care on a time-limited project called The Transforming Cancer Follow-up Programme to change the follow-up pathways for cancer patients. The service team will also be working closely with the Palliative Care and End of Life Service Team to address crossover issues in relation to those patients in the end of life phase.

While the current understanding of the causes of cancer is incomplete, many risk factors that increase the possibility of getting cancer have been identified. These include age, family history, tobacco use, alcohol consumption, poor diet, lack of physical exercise, obesity and exposure to ultraviolet radiation from sunshine or sun beds and chemicals and gases such as asbestos and radon gas. Cancer rates are higher for all cancers in the most deprived areas than the Northern Ireland average.

### **Local Context**

Within the south eastern area 18 of the 180 Super Output Areas (SOA's) currently fall within the top 20% most deprived areas in Northern Ireland. This represents some 37,000 people in the locality who are therefore at higher risk of developing cancer as incidents of cancer are more prevalent in deprived areas. The Transforming Cancer Follow-up initiative is underway across Northern Ireland to modernise and reform follow-up for cancer patients. The South Eastern Trust (SET) will be part of a regional Northern Ireland pilot for breast cancer. As a regional service for head and neck cancers the Trust will lead on transforming follow-up province-wide. The colorectal pilot is unique to SET and will influence developments for the future, province wide.

There will be a targeted approach to encourage uptake of bowel, breast and cervical screening programmes.

### **Proposed Actions in 2011/12**

- The LCG will continue its work with the South Eastern Trust, PHA, statutory providers and local community and voluntary organisations to

support local programmes and initiatives that promote the healthy lifestyle choices that reduce the risk of cancer or its secondary occurrence, e.g. healthy diet, physical exercise, reducing obesity and alcohol and tobacco consumption.

- The LCG is committed to addressing the inequalities and risk factors which give rise to higher incidence of cancers and to this end will work with statutory and community partners to promote the early identification of the signs and symptoms of suspected cancer focusing on those 20% most deprived areas.
- The LCG will continue to work with Macmillan Cancer Support and the South Eastern Trust in respect of the Transforming Cancer Follow-up Programme.
- The LCG through future PCP work will implement the regional care pathways for breast, lung, colorectal and ovarian cancer, and support the appropriate management, including self-management, of those patients in primary care who are living with cancer.
- The LCG working with the Patient Client Council and voluntary and community groups will capture and feedback cancer patients' experience.

## **6.8 Service Area 8 - Long Term Conditions Management**

### **Background**

Long Term Conditions (LTCs) refers to any condition that cannot, at present, be cured but can be controlled by medication and/or therapy. LTCs such as cardiovascular disease, stroke, diabetes and respiratory disease can be prevented or avoided by tackling major risk factors such as obesity, lack of exercise, smoking and excessive alcohol consumption. By way of example the prevalence of diabetes in adults has increased from 2.8% to 4.7% since 2005. Obesity in the population is the primary cause of this increase. Sixty percent of adults and more worryingly 20% of P1 school children are above

normal weight in terms of their BMI scores. Likewise levels of smoking are particularly high amongst male manual workers and 33% of this group still smoke despite overall declines in recent years in smoking patterns across this group.

### **Regional Priorities**

The Long Term Conditions Strategy from the DHSSPS is currently out for consultation until 20<sup>th</sup> June 2011. For 2011/12 the regional priority will focus on long-term conditions related to heart disease, vascular disease, respiratory disease, stroke, and diabetes in adults and children and will target areas where GP practices are showing lower than average performance against the cardiovascular indicators in their Quality and Outcomes Framework (QOF) scores.

The HSCB and PHA will work with relevant stakeholders including voluntary and community groups to develop care pathways for key conditions covered by the Cardiovascular and Respiratory Frameworks. Four care pathways will be reviewed with an intention to redevelop by 31<sup>st</sup> March 2012:

- Chronic Obstructive Pulmonary Disease (COPD)
- Stroke and Transient Ischemic Attack (TIA)
- Congestive Heart Failure
- Diabetes

The service team will also be working with the Palliative and End of Life Service Team to address crossover issues in regard to those patients with long term conditions who are in the end of life phase.

### **Local Context**

Quality Outcome Framework (QOF) registers held within General Practice indicate that the population within the south east has higher levels in the following disease areas compared to all other LCG areas – asthma, cancer, dementia and stroke, and is the second highest in respect of diabetes. The

LCG is focused on working with the Trust, voluntary and community partners to improve levels of healthcare for people in the locality with long term conditions (LTCs).

The LCG has received representation from the Parkinson's Society in respect of access to care for Parkinsons' patients in the south east. We will review this service with the Belfast Trust, the current provider and the Society to ensure that a sustainable service is in place.

### **Proposed Actions in 2011/12**

- The LCG will review existing local patient pathways for LTCs, and examine the quality of integration of services between primary and secondary care, uptake and availability of patient management programmes for LTCs and links with tertiary services.
- The LCG will work with GPs and the Trust to identify ways to improve the detection of people with high cholesterol through active family tracing. This work will be completed by 31<sup>st</sup> March 2012.
- The LCG will work with the LTC Service Team to review the allocation of resources for regional and local catheterisation services, with the aim of providing equitable and timely access to cost-effective interventional cardiology services.
- The LCG will support the HSCB/PHA in identifying resources to enable investment in additional insulin pumps for children and adults beginning in 2011/12 and phased over the next 3-5 years.
- The LCG will work with South East Trust to ensure that patients with stroke and TIA have access to treatment and care that meets national quality standards consistent with the recommendations of the review of stroke services in Northern Ireland. This work will involve close working with the voluntary sector. This work will be ongoing over the next 3 years.
- The LCG will work with HSCB/PHA and relevant stakeholders to develop community respiratory services in those areas where they currently are not

available. This will include pulmonary rehabilitation long term oxygen therapy assessment, early intervention and facilitated early hospital discharge services and palliative care.

- The LCG will work with partner organisations to review the provision of services to patients with Parkinson's Disease within the locality.

## **6.9 Service Area 9 - Mental Health and Learning Disability**

### **Background**

The key policy driver for change in Mental Health and Learning Disability services is 'Delivering the Bamford Vision' (DHSSPS 2009). Central to its recommendations are:

- A focus on developing comprehensive Primary Care options to avoid an over reliance on prescribing drugs and a dependence on secondary care.
- The promotion of mental health wellbeing across the wider society.
- A focus on prevention, early intervention and tackling inequalities.

Mental Health Services remain over focused on Tier 4 (inpatient) provision when demand in the community is greatest at Tier 1 (primary care based structured counselling, psychological therapies, e.g. Cognitive Based Therapy) and Tier 2 (Community Mental Health teams). People with more urgent needs are increasingly having these met by Tier 3 services (Crisis Response/Home Treatment) which aim to minimise admissions to hospital and promote recovery at home. Bamford envisaged that the development of community based services would reduce the need for admission to hospital and the length of stay for patients. Another feature of Mental Health Services as they currently stand is inconsistency regarding quality of service and accessibility across Northern Ireland.

The main focus in terms of Learning Disability for the HSCB and PHA in 2011/12 will be to continue to promote inclusion and independence in line with the 'Equal Lives' strategy. Learning Disability services must better support people with a learning disability to be able to live more independently

in their own homes, access training, further education and employment opportunities.

### **Regional Priorities for Mental Health**

- Promote mental and emotional wellbeing across the wider community in line with the 'Protect Life' strategy to prevent suicides and promote mental health.
- Implementation of the Stepped Care Model of care which matches and escalates an appropriate service response and resources depending on the severity of the patient's condition.
- Agree a Crisis Response and Home Treatment model for implementation by April 2012.
- Secure agreement regarding the overall configuration and size of Acute and Psychiatric Intensive Care Unit (PICU) inpatient services.

### **Key Priorities Regional Learning Disability**

- Implement the Directed Enhanced Service (DES) for Learning Disability which provides annual physical and mental health checks in primary care for all adults in Northern Ireland with a learning disability.
- Resettle into the community all long stay patients in Learning Disability hospitals by 2014/15.
- Implement a consistent model of Day Services provision.
- Support families and carers to help individuals with learning disabilities live in the community. This will include appropriate respite provision.

### **Local Context**

Of particular interest to South Eastern LCG is the reconfiguration of Acute Psychiatric Services in the South Eastern Trust and the proposed move from three inpatient acute psychiatric sites at Lagan Valley, Ards and Downe

hospitals with a total of 79 beds to one site at Lagan Valley Hospital with a total of 67 beds. This is made possible by the development of community services through investments made by South Eastern LCG and the subsequent reduction in inpatient beds as a result of improved community infrastructure.

In addition the Trust is locating its small number of PICU beds alongside this single inpatient service at Lagan Valley Hospital. The Trust will also develop a local Low Secure Unit in the Downe Hospital to accommodate low secure and continuing care patients from the Downshire Hospital. This means that an enhanced, rehabilitation-focused service can be offered to those who require it in a significantly better environment. The resettlement of Downshire long stay patients into the community will be completed at the end of the process.

In terms of Learning Disability the LCG will scrutinise Trust plans to modernise day-care services in the North Down and Ards area and the proposed move to a two centre, rather than the current three centre model. The LCG will be closely following progress on all of these developments, including the progression of business cases, to ensure that its patients receive the most appropriate care.

## **Proposed Actions in 2011/12**

### Mental Health

- The LCG will develop a broader range of community options in mental health through its work with PCPs by building additional capacity within primary care alongside local community and voluntary providers.
- The LCG will ensure that service implementations in primary care and the voluntary and community sector are aligned with Protect Life and Mental Health Promotion resources and service models.
- The LCG in partnership with Integrated Care pharmacy colleagues will seek to improve our understanding of mental health prescribing patterns across our PCPs to agree guidelines to assist with more effective primary

care based interventions. To this end the LCG has recently made available COMPASS reports at PCP as well as LCG level.

- The LCG will support upon review local developments of regionally agreed models in terms of Stepped Care, Crisis Resolution/Home Treatment, Personality Disorders, Eating Disorder and Forensic services.
- The LCG will take forward and progress the upcoming capital business cases for the development of acute inpatient and Psychiatric Intensive Care Unit (PICU) services at Lagan Valley Hospital.
- Resettle into the community long-stay patients from Muckamore Hospital.

#### Learning Disability

- The LCG will consider the Outline Business Case for the development of new service arrangements in regard to the proposals around the new adult resource centres proposed for the North Down and Ards localities.
- With specific reference to the above, the LCG will plan a workshop with the Trust to review service models in the new build proposals. The LCG will also use this forum to hear from service users and carers on their views regarding current learning disability provision with a particular emphasis on respite services.

### **6.10 Service Area 10 - Community Care, Elderly and Physical Disability**

#### **Background**

##### Older People

The population of Northern Ireland is getting older. In the South Eastern LCG locality in 2009 the population size was 344,400 and for 2015 is forecast to be 355,500 – an increase of 3.2%. Of particular significance is the 85 and over age group who are the most intensive users of health and care services. The current population of 85+ in the SELCG locality is 6,200. This figure is set to rise by 29% in 2015 to 8,000. These demographic changes are having major implications for health and social care as older people are high users of services. For example two thirds of all acute beds in hospitals are occupied by

people over 65 and 85% of people receiving nursing and social care in the home setting were aged 65 and over. As the age profile of the cared for increases more pressure is placed on unpaid carers, usually spouses and/or family members, currently estimated at about 1 in 10 of the population. The carer population in turn is getting older and many carers themselves may require services, all of which further increase pressures on the health and social care system.

The recently published Regional Dementia Strategy, *Improving Dementia Services in Northern Ireland*, recognises the need to support people and their carers so that, as far as possible, people can remain in their own home and maintain their independence as long as possible. The Service Framework for Older People, due to be issued in the current year will also reflect the themes of greater independence for people in the home setting, promoting healthy ageing, optimising inter-agency working and promoting a reablement model of care. The concept of reablement will require a shift in services towards prevention and earlier intervention in order to maximise independence as long as possible. It will involve short intensive periods of home care, especially for those who need to 'get back on their feet' after a period of hospitalisation. This is designed to prevent or minimise further deterioration of the patient's condition. A preventive approach in addition to prolonging greater independence and self-reliance should reduce the need for further and more costly interventions within the healthcare system.

### Physical Disability

It is estimated that between 17-21% of our population have some type of disability relating to mobility problems, hearing impairment or visual impairment.

The new Regional Physical and Sensory Disability Strategy will map the future for disability services and will focus on greater individual responsibility and control of service inputs, the promotion of Direct Payments, advocacy and inter-agency working. As with Older Peoples services the main thrust of

commissioning will be in promoting individual resilience, recovery and independence. The role of the community and voluntary sectors will be vital in supporting this service as will the role of carers whose profile needs to be raised and who should be more directly involved in service design.

### Sensory

There is ongoing implementation of the “UK Vision Strategy” and the recommendations contained in “Challenge and Change” report for Sensory Disability, including an agreed approach to the identification and use of established sensory equipment budgets.

In order to meet the challenge of demographic change the way in which services are perceived and delivered needs to be reviewed in order to achieve a balance between addressing the needs of the most vulnerable and promoting more self-management for those who are or have the potential to be more independent.

### **Regional Priorities**

In relation to Older People:

- Incorporate the Service Framework standards into HSCB commissioning and performance monitoring
- Redesign services along new models of care such as Reablement
- Address the recommendations of the Regional Dementia Strategy
- Implement the Northern Ireland Single Assessment Tool (NISAT)
- Promote effective Adult Safeguarding
- Promote good nutrition

In relation to People with a Physical Disability or Sensory Impairment:

- Address the recommendations of the Regional Physical Disability Strategy
- Promote the personalisation agenda via Direct payments and self-directed support

- Redesign services in line with the Reablement model with improved access to services
- Redesign services for people with brain injury
- Achieve the performance target of 13 to 18 weeks for the provision of wheelchairs arising from the implementation of the Regional Action Plan
- Promote effective Adult Safeguarding

### **Local Context**

The population of the SELCG locality has a higher percentage of older people (15.10%) than the Northern Ireland average (14.23%). The SELCG will continue to take a particular interest to ensure that services for Older People conform to the principles and standards of patient care and best practice outlined by the strategies and Service Frameworks that will guide the Service Team's regional commissioning approach.

### **Proposed Actions in 2011/12**

- Work closely with service providers to ensure the implementation of the Reablement model of support and care for both Older People and People with a Physical Disability or Sensory Impairment.
- Bring forward plans to promote the health of older people through a re-balancing of services to provide good nutrition, healthy ageing and early interventions and thus deliver prolonged healthy independent living.
- Monitor performance against the target of 13 to 18 weeks in terms of accessibility to wheelchair services for our local population.
- To work with the South Eastern Trust on the implementation of their proposed reform of disability services.
- Support the Trust to implement the recommendations from the District Nursing review.

## **6.11 Service Area 11 - Palliative and End of Life Care**

### **Background**

Palliative Care is defined as: “the active, holistic care of patients with advanced progressive illness”. Palliative Care and acute care can co-exist in the provision of care for many people who are in the dying phase, as the dying phase may not be possible to clearly identify. Palliative care can be differentiated into **General Palliative Care** (and end of life care) which can be delivered by multi-disciplinary teams in primary and community care settings, hospital units and wards, and **Specialist Palliative Care** which supports general palliative care and is the management of unresolved symptoms and more demanding care needs including complex psychosocial, end of life and bereavement issues. Palliative care has long been associated with the care of cancer patients however its application across other conditions has been underlined in recent strategy direction. Within palliative care the voluntary sector is an important service provider, particularly in regard to specialist care.

### **Regional Priorities**

The regional focus in 2011/12 will aim to:

- Improve quality of life and meet the patient/carer(s) needs in the last year of life.
- Improve the overall quality of care and support patients to die in their preferred place of death, usually their home (including nursing/residential homes); and therefore tackle the level of inappropriate admissions to hospital for people in the dying phase of an illness.
- Work to deliver equity of access to palliative care provision (including specialist palliative care) across all conditions in all parts of Northern Ireland.

### **Local Context**

The priorities below will be required to be met locally for the provision of end of life care for those e.g. with cancer, heart failure, renal disease, stroke and respiratory disease. Concurrently systems and procedures will be developed

and put in place for those with other chronic conditions, such as dementia and for the frail elderly who are recognised to be at end of life.

### **Proposed Actions in 2011/12**

- The LCG will measure baselines and develop plans to enhance the provision of 24hr palliative care support service e.g. by reallocating resources from acute care, particularly for patients with cancer who are currently admitted within 48 hours of death and for patients with cancer who wish to be discharged to die at home.
- The LCG will develop plans to increase choice for patients by promoting appropriate input and training to nursing homes working with Trusts and RQIA.
- The LCG will develop plans to sustain palliative care co-ordinators beyond 2011/12 in each LCG area.
- The LCG will ensure that advice and support contact points are in place locally for patients and carers out of hours, through improved training, co-ordination and utilisation of existing services.
- The LCG will scope in-year the opportunity for a PCP to undertake a review of the chronic disease palliative care pathway including improved access to equipment and out of hours medicines.

### **6.12 Service Area 12 - Prison Health**

The Prison Health Service Team will progress commissioning of health and wellbeing services for prisons directly with the regional provider of this service, the South Eastern Trust.

## **7. CONCLUSION**

This Local Commissioning Plan was approved by the Local Commissioning Group at its Public Meeting on 14<sup>th</sup> April 2011 and subsequently ratified by the

HSCB at its Board Meeting on the 10<sup>th</sup> May 2011. The action points identified in this plan will form the work agenda for the LCG in 2011/12.

## **APPENDIX 1: LCG Management Board Members**

Ms Oriel Brown, Nursing Representative, PHA

Dr Nigel Campbell, General Practitioner (Chair)

Cllr Angus Carson, Elected Representative

Cllr Dermot Curran, Elected Representative

Dr Paul Darragh, Consultant in Public Health Medicine, PHA

Mr Donal Diffin, Social Work Representative, HSCB

Mr John Duffy, Social Work Representative, HSCB

Cllr Andrew Ewing, Elected Representative

Dr Colin Fitzpatrick, General Practitioner

Mr Brendan Forde, Allied Health Professional, PHA

Dr Garth Logan, General Practitioner

Dr Paul Megarity, General Practitioner

Miss Louise McCormick, Community Pharmacist

Mr Peter Mullan, Dental Practitioner

Cllr William Ward, Elected Representative (resigned 5<sup>th</sup> May 2011)

Mrs Heather Monteverde, Community & Voluntary Sector Representative

Mr David Heron, Community & Voluntary Sector Representative

## APPENDIX 2 - HEALTH AND WELL BEING STATUS OF THE POPULATION OF SELCG

**TABLE 1: DEMOGRAPHICS**

MEASURE	NI	SELCG	PCP AREAS			
			ARDS	DOWN	LISBURN	NORTH DOWN
<b>POPULATION</b>						
No. people age 0-14 (2009)	357,200	66,900	14,300	14,300	24,700	13,700
No. people age 15-64 (2009)	1,177,200	225,500	51,300	46,200	76,300	51,800
No. people age 65+ (2009)	254,500	52,000	12,500	9,800	15,500	14,100
No. people age 85+ (2009)	28,700	6,200	1,400	1,300	1,500	2,000
No. people all ages (2009)	1,788,900	344,400	78,100	70,300	116,500	79,600
% population age 65+	14.23%	15.10%	16.07%	13.98%	13.30%	17.78%
% population age 85+	1.6%	1.8%	1.80%	1.84%	1.28%	2.51%
Healthcard Registrations from Non UK residents	11,423	1,076	159	206	368	343
<b>POPULATION PROJECTIONS</b>						
No. people all ages (2015)	1,862,600	355,500	80,500	73,100	121,900	80,000
No. people age 65+ (2015)	295,400	62,500	15,500	11,800	18,700	16,500
No. People age 85+ (2015)	37,400	8,100	1,800	1,700	1,950	2,600
% population age 65+	15.86%	17.58%	19.29%	16.16%	15.30%	20.63%
% population age 85+	2.0%	2.3%	2.20%	2.30%	1.60%	3.30%
<b>LIVE BIRTHS</b>						
No. births (2009)	24,910	4,532	863	979	1,767	923
Birth rate (per 1000 population)	66.4	65.7	57.3	68.5	71.5	62.0
Births to teenage mothers (2007)	1,334	239	37	47	105	50
Births rate to teenage mothers	15.7	15.5	11.4	13.7	18.7	15.8
<b>LIFE EXPECTANCY</b>						
Males (2007-09)	76.8	77.9	77.7	78.5	77.8	78.6
Females (2007-09)	81.4	81.8	82.2	81.5	81.9	82.0

**TABLE 2: HEALTH & WELL-BEING**

MEASURE	NI	SELCG	PCP AREAS			
			ARDS	DOWN	LISBURN	NORTH DOWN
<b>MULTIPLE DEPRIVATION</b>						

Extent of deprivation			7%	8%	18%	3%
No. experiencing income deprivation (2010)	443,056	65,443	14,005	15,276	24,729	11,433
No. experiencing employment deprivation (2010)	135,948	21,380	4,944	5,002	7,531	3,903
<b>GENERAL HEALTH AND WELL BEING</b>						
In good health (self reported) (2005/06)	63%					
Long standing illness (2005-06)	38%					
<b>MENTAL HEALTH AND WELL BEING</b>						
% pop'n on prescription drugs for mood/anxiety disorders (2008)	11.5%		11.3%	10.8%	10.7%	10.2%
No. deaths from suicide (2008)	282	37	5	8	14	10
<b>DISABILITY</b>						
Prevalence of disability among adults	21%					
Chronic illness						
Pain						
Mobility						
% unpaid carers (2001)	2.8%	2.7%	2.8%	2.7%	2.7%	2.4%
Carers who provide 50+ hrs unpaid per week	46,659	8,631	2,055	1,733	2,977	1,866

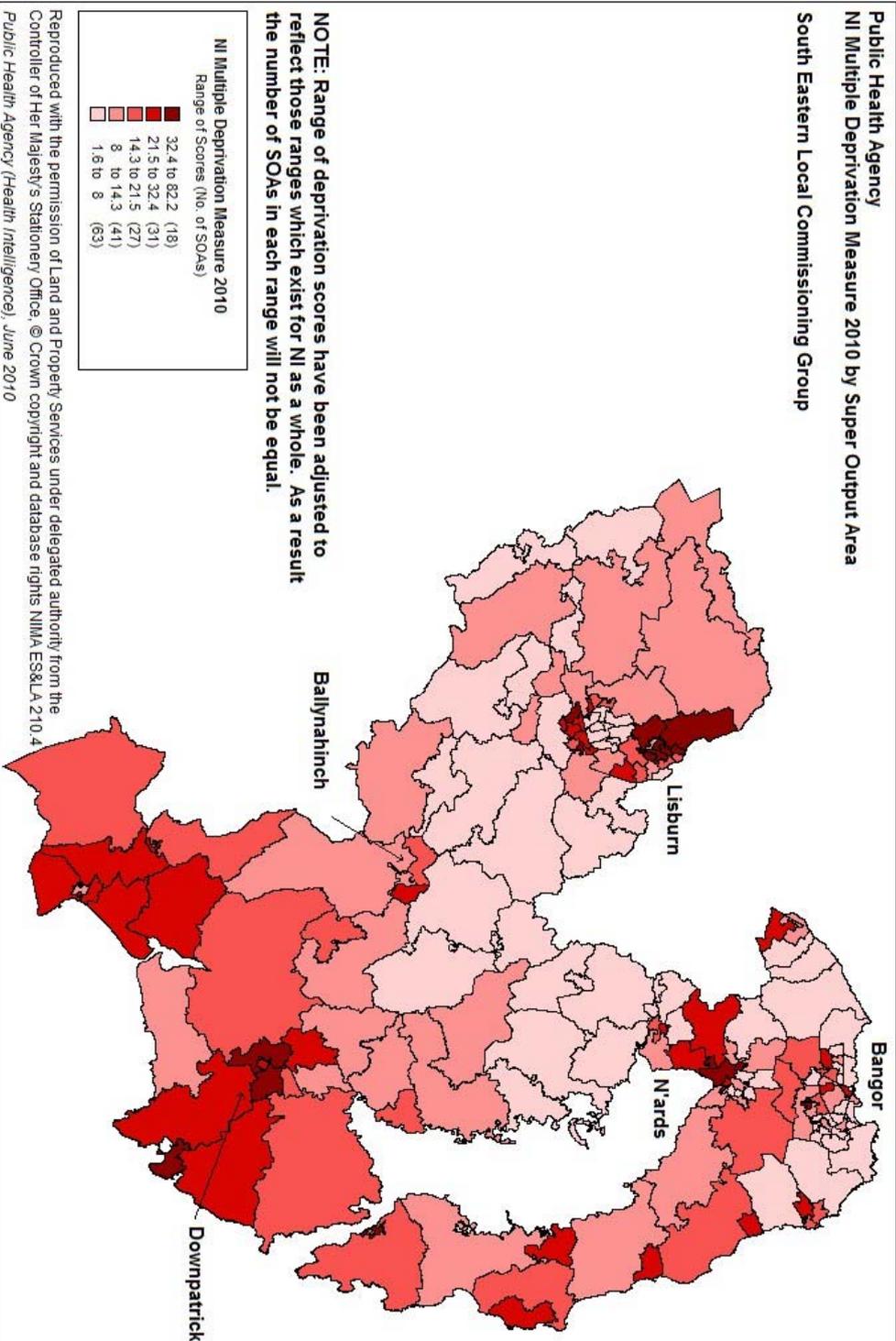
**TABLE 3: CHILDREN**

MEASURE	NI	SELCG	PCP AREAS			
			ARDS	DOWN	LISBURN	NORTH DOWN
<b>CHILDREN</b>						
Children referred under the Children Order (2009)	3,825	1,022	Not available at LGD			
Children looked after at 31.03.09	2,463	562	Not available at LGD			
Prevalence of disability among children	6%					
Dental registrations (ages 3-5)	44,739	8,158	1,907	1,632	2,842	1,777
MMR vaccination rate	92%	91.7%	LGD only available for 2007			

**TABLE 4: ILLNESS**

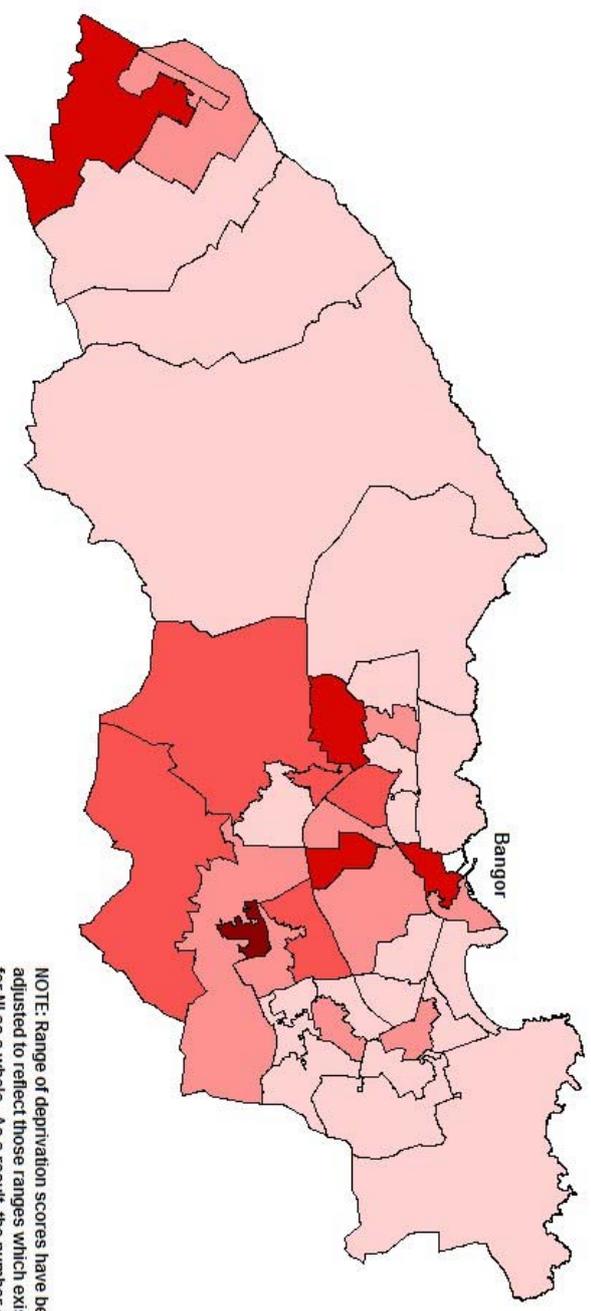
MEASURE	NI	SELCG	PCP AREAS			
			ARDS	DOWN	LISBURN	NORTH DOWN
<b>INCIDENCE OF CANCER</b>						
Standardised incidence - all cancers (2004-08)	100	98.9	90.5	102.4	100.7	93.8
Lung cancer (2004-08)	100	84.4	80.1	87.3	91.6	75.5
<b>CAUSES OF ILLNESS AND DEATH</b>						
Standard death rate: cancer (2004-08)	208.3	204.4	205.2	208.7	203.2	201.8
Standard death rate: circulatory disease (2004-08)	265.5	261.0	274.6	264.1	278.3	233.0
Standard death rate: respiratory disease (2004-08)	106.4	107.4	118.0	98.2	109.6	103.0
Standardised mortality ratio (2007-09)	100	96	97	95	101	91
Standardised mortality ratio (2007-09)	100	96	96	95	95	97
Standard admission for circulatory disease (2008/09)	100	97	93	119	99	82
Standard admission for respiratory disease (2008/09)	100	91	90	109	90	78

Public Health Agency  
 NI Multiple Deprivation Measure 2010 by Super Output Area  
 South Eastern Local Commissioning Group



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 Public Health Agency (Health Intelligence), June 2010

Public Health Agency  
 NI Multiple Deprivation Measure 2010 by Super Output Area  
 North Down Local Government District



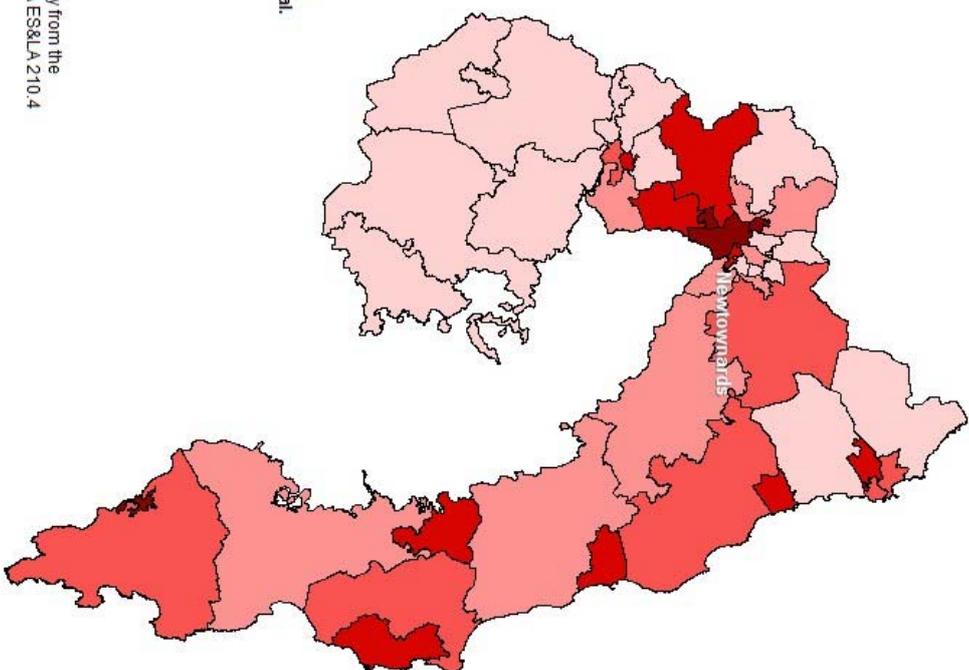
NOTE: Range of deprivation scores have been adjusted to reflect those ranges which exist for NI as a whole. As a result, the number of SOAs in each range will not be equal.

**NI Multiple Deprivation Measure 2010**  
 Range of Scores (No. of SOAs)

32.4 to 82.2	(1)
21.5 to 32.4	(4)
14.3 to 21.5	(5)
8 to 14.3	(10)
1.6 to 8	(20)

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 Public Health Agency (Health Intelligence), April 2011

Public Health Agency  
 NI Multiple Deprivation Measure 2010 by Super Output Area  
 Ards Local Government District



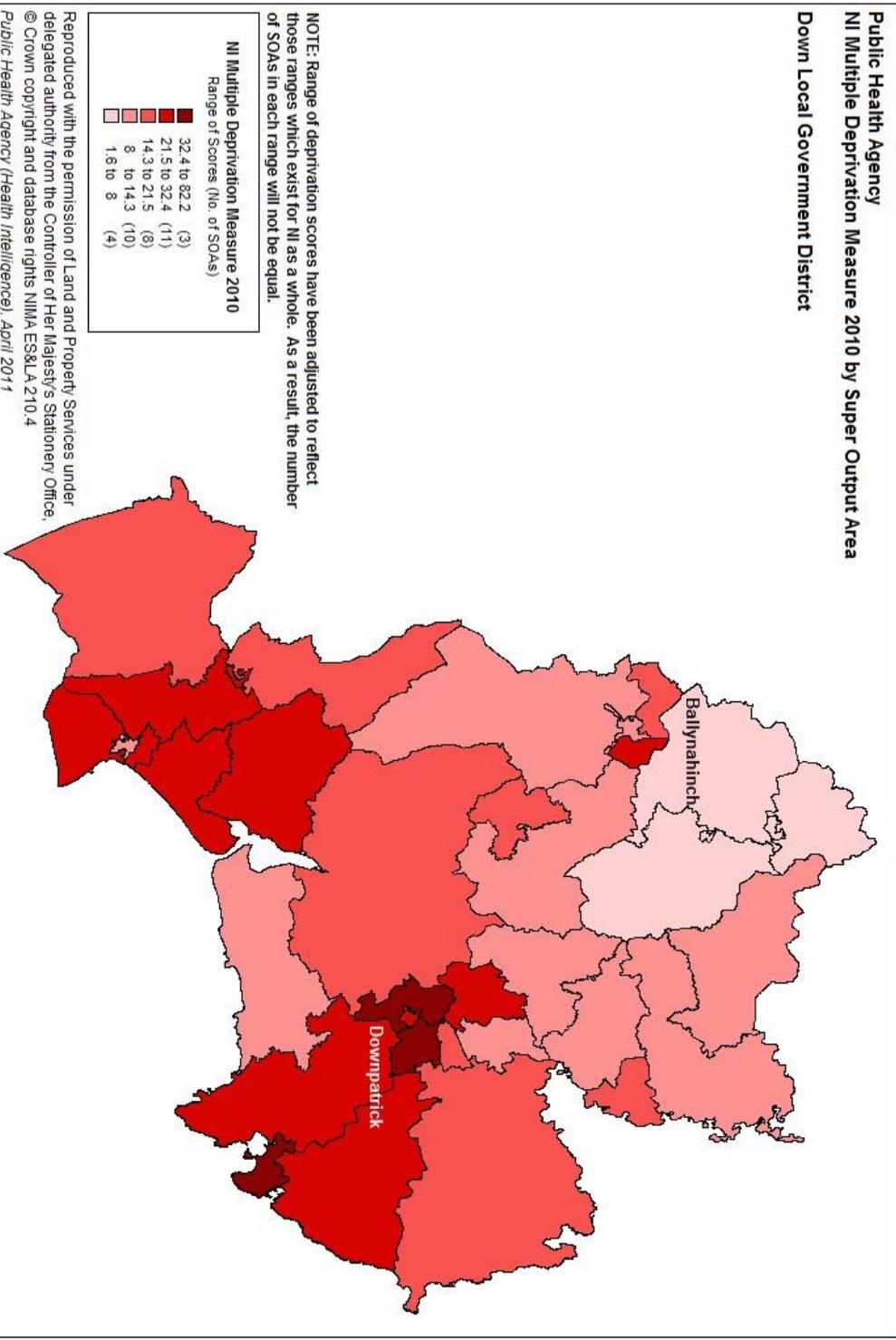
NOTE: Range of deprivation scores have been adjusted to reflect those ranges which exist for NI as a whole. As a result, the number of SOAs in each range will not be equal.

**NI Multiple Deprivation Measure 2010**  
 Range of Scores (No. of SOAs)

32.4 to 82.2	(4)
21.5 to 32.4	(9)
14.3 to 21.5	(7)
8 to 14.3	(9)
1.6 to 8	(17)

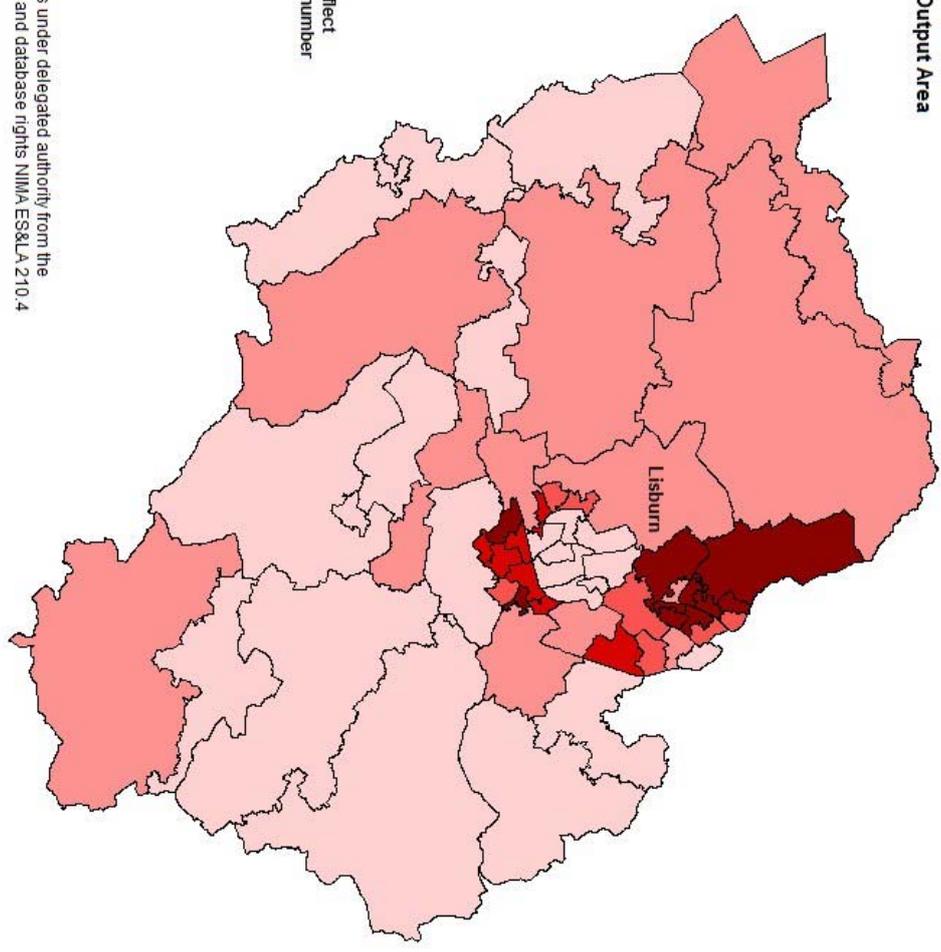
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 Public Health Agency (Health Intelligence), April 2011

Public Health Agency  
 NI Multiple Deprivation Measure 2010 by Super Output Area  
 Down Local Government District



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 Public Health Agency (Health Intelligence), April 2011

Public Health Agency  
 NI Multiple Deprivation Measure 2010 by Super Output Area  
 Lisburn Local Government District



NOTE: Range of deprivation scores have been adjusted to reflect those ranges which exist for NI as a whole. As a result, the number of SOAs in each range will not be equal.

NI Multiple Deprivation Measure 2010	
Range of Scores (No. of SOAs)	
32.4 to 82.2	(10)
21.5 to 32.4	(7)
14.3 to 21.5	(7)
8 to 14.3	(12)
1.6 to 8	(22)

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## **APPENDIX 3: HEALTH AND WELL BEING IMPROVEMENT PRIORITY AREAS**

### **Priority Areas to be addressed through partnership working:**

#### Giving Every Child and Young Person the Best Start in Life

- Maintaining support for the implementation of the “New Parent” Support Programme;
- Supporting the uptake of breastfeeding particularly in areas where there is a low uptake currently;
- Adding value to the work of the three Sure Start Projects and in particular family support programmes and health and wellbeing programmes;
- Implementing the Alcohol Hidden Harm Action Plan;
- Ensuring the ongoing implementation of the pilot “Roots of Empathy” programme in local primary schools;
- Working with other Departments, organisations and the Colin Neighbourhood Partnership to explore the potential of developing an “Early Years Intervention Site” within the Colin area.

#### Older People

Older people represent the single biggest users of health and social care services. People are living longer than ever before with 380,000 now aged over 65 years representing some 19% of the total population. This figure is expected to grow by 53% over the next 20 years. Equally the number of older people living over the age of 85 will grow from a current figure of 85,000 to 190,000 by 2041.

There is a need to recognise the impact of an ageing population on health and social care organisations and to prioritise prevention and early intervention of those conditions that affect health and well being and reduce the health inequalities experienced by older people.

Partnership working with Trust, Councils, Government Departments and their respective agencies, community and voluntary sectors is essential in addressing the factors that affect the health and well being of older people.

In line with the Regional Strategic Framework for Older people the HSCB and PHA will:

- Ensure that Trusts have in place actions to improve the assessment of older people's needs across the life course and targeted multi-sectoral health and wellbeing programmes to address these within communities, mainstream services and treatment and care pathways;
- Increase the focus of Falls Prevention and management and develop a coordinated and comprehensive service model at primary and secondary levels that will add value to current falls services;
- Ensure the implementation of actions to address the nutritional needs of older people within community, residential / nursing homes, day care centres and the acute sector;
- Support the development of coordinated action within local communities to address the social isolation, exclusion and poverty experienced by older people and ensure effective signposting and access to a comprehensive range of services and supports.

#### Ensuring a decent standard of living

- Expanding the work with a range of partners to promote the uptake of benefits to increase income across both urban and rural communities;
- Targeting current health and wellbeing improvement programmes to ensure they address the needs of marginalised individuals, groups across the community such as Looked After Children, lone parents, older people, people with disabilities, Travellers etc;
- Supporting local community partners to develop the potential to grow social economy programmes in both Colin and Kilcooley and as a result the potential for sustained employment opportunities in these areas;
- Work with community partners and education providers to create new opportunities within local areas through which individuals can participate in learning and development programmes to improve their individual knowledge and skill base.

### Building Sustainable Communities

- Working closely with the South Eastern Trust to develop an integrated action plan for personal and public involvement and community engagement in the development and delivery of health and social care services;
- Maintaining support and investment in the network of Community Health Development Workers who work on a day to day basis with individuals, groups and communities experiencing particular disadvantage;
- Continuing to work closely with community networks, neighbourhood renewal partnerships, Councils and community safety partnerships to jointly address the needs of communities across the area;
- Supporting the development of community gardens project in Kilcooley;
- Ensuring the ongoing development of programmes such as “Safe and Well” that are designed to address the needs of vulnerable individuals and in particular the growing numbers of older people across the south eastern area;
- Developing a new programme of joint action across the Ards Peninsula area that will maximise the resource of local partners and the Peninsula Healthy Living Centre to address isolation and health inequality experienced in that area;
- Ensuring that health and social care services and health improvement programmes are accessible and sensitive to the needs of all disadvantaged and marginalised groups such as Lesbians, Gays, Bisexuals and Transvestites (LGBT), Travellers, Disabled etc.

### Making Healthy Choices Easier

#### Tobacco:

- Developing a regional public information campaign targeted at 16-24 year olds;
- Ensuring an increase of 4% in the uptake of smoking cessation services and a particular focus on manual workers, pregnant women and patients prior to elective surgery;

- Increasing the focus of preventive education programmes with children, young people and in communities.

Promoting healthy weight and physical activity:

- Promoting joint action across organisations and partners to develop actions that will promote healthier eating and healthy food choices;
- Expanding the implementation of the community based nutrition education programme “Cook It”;
- Expanding the use of physical activity programmes within treatment and care pathways, in promoting mental health and in general health and wellbeing across all groups within the community
- Developing the opportunities for walking within local areas and communities;
- Developing the regional weight management advice and support for young people (and their families) that are found to be obese during annual BMI assessment for year 8 pupils
- Working with Councils to continue the development of the “Active Communities” programme and the links between health and sport through local sports clubs.

Alcohol and Drug Misuse:

- Developing Phase 2 of the New Strategic Direction on Alcohol and Drugs 2011-2016 through access to local partners and organisations;
- Rolling out the use of the Regional Initial Assessment Tool to improve consistent assessment and referral processes in relation to young people’s substance misuse;
- Expanding the development of brief intervention training programmes in primary care settings;
- Reviewing the provision of education and training for key workers involved in alcohol and drug education;

- Ensuring development of a robust, coordinated drug and alcohol service across community, statutory and voluntary partners;
- Developing the concept of “one-stop shops” in light of the current regional evaluation.

#### Mental Health and Wellbeing and Prevention of Suicide:

- Supporting the ongoing development of a coordinated service model for mental health and wellbeing across the area;
- Developing suicide cluster response plans across the area;
- Supporting the work to promote local services and improving the signposting and referral to these services;
- Developing the Deliberate Self Harm Register within the area.

#### Teenage Pregnancy and Sexual Health:

- Supporting the ongoing development of sexual health services within the area;
- Reviewing the current support programmes offered to young women during pregnancy and after birth;
- Ensuring health improvement programmes to promote good sexual health and reduce teenage pregnancy are in place in a range of arenas including school and youth settings;
- Continue support and education programmes for Looked After Children.

#### Accident Prevention:

- Continuing the implementation of the “Home Safety Check Scheme” with local Councils and partner organisations;
- Developing action to reduce the incidence of Falls in Older People and to implement new programmes to target in particular those who are “at risk” of falling through the provision of a “Strength and Balance “ programme.

## **Settings**

A coordinated approach will be developed to take forward health improvement work within a number of settings including:

- Workplaces;
- Hospitals;
- Primary Care;
- Schools and Youth settings.