Western Health and Social Care Trust

Western Health & Social Care Trust
Reform Plan • September 2015

Overview of this Plan

This plan is consistent with the Western Trust's Aim. Our Aim is to provide high quality patient and client focused Health and Social Care services through well trained staff with high morale.

- This plan represents the reform priorities for the Western Health & Social Care Trust, based on the principles of whole systems reform, Effective Integrated Care, Personalisation of Health and Social Care, and overall reform of how we as a Trust provide services in order to meet the evolving health and social care needs of the population of the West of Northern Ireland.

- This plan and its implementation are based on necessary and ongoing collaboration between HSCB, the Western Health and Social Care Trust, the Western Local Commissioning Group and the Integrated Care Partnerships. The plan aligns with Reform Principles set out in Transforming Your Care (2011), the Western Local Commissioning Plan (2014/15), and the Western Area Reform Plan (2014). It provides an opportunity for the alignment of all pre-existing service improvement and reform strategies across all sectors of health and social care, in a collaborative process aimed at a fully interconnected system of resources and care which is fit for the future and works to optimial outcomes for public investment.

- The Reform priorities in this Plan comprise a series of prioritised projects which together contribute to the development and implementation of a model of Effective Integrated Care (EIC).

- In recognition that the process of change and reform is not static, and that reform will be delivered by the Western Trust as a process based on the principles of Continuous Improvement, this plan references additional opportunities for further reform work linked to core change policies across a range of disciplines and population health issues. It is the intention of the Western Health and Social Care Trust to continue to work with HSCB and other relevant partners in the Western Region to continue to develop and pursue these in the interests of the population we serve. In developing this plan the Western Trust acknowledges the need for whole systems Reform as a necessary feature of the NHS in our region, continuing to provide effective and sustainably-resourced care for future generations. It is also recognised that while there may be shorter-term financial efficiencies linked to Reform projects, the real value of Reform is in its longitudinal impact on how we plan, resource and deliver services now and in the future. In this sense we endorse the need for efficient working and qualitative reform for the longer term.

Overview of this Plan

- This plan details and references the Trust's alignment of reform priorities and activities with the four Regional reform priorities of Reablement, Outpatients Reform, Acute Hospital Reform and Care Pathways. We will implement these priorities in the Western Trust through a combination of theme-specific projects (detailed in this plan) and a wider approach of embedding these four priorities as qualitative features of overall whole systems reform. Additionally, the principles and development of system/ workforce capacity and skills to facilitate regional priorities such as Personalisation Self-Directed Support are acknowledged as a feature of our whole systems reform process into the future. These, and overall Excellence in Community Care, are especially important for a shift left which continues to support social, emotional and physical wellbeing of people in our communities.

- The core accountability priorities of performance and quality are central commitments in the implementation, management and outcomes realisation of all projects and cross-system initiatives described in this plan.

- This plan will drive reform and improvement work within the Trust for some time. Our aim is to ensure that it remains relevant over time and retains its integrity as a strategic guide to change in the provision of health and social care services in the Western Trust Area. While specific savings have not been detailed against individual projects within this plan, likely savings capacity will be gauged over the coming years. In order to protect the integrity and ongoing relevance of the plan for whole systems redesign, it is essential that any project-specific savings targets are deemed realistic and deliverable. The proportion of overall Trust savings which is attributable to reform projects will be managed in the context of the Trust's existing financial governance and monitoring arrangements. It is recognised that all initiatives are aimed at achieving optimal value for money against multiple priorities within the Trust's overall resource.

- **Every proposal in this plan will be developed in line with established requirements and statutory obligations associated with Section 75 of the Northern Ireland Act 1998, and with Personal and Public Involvement duties as per Sections 19 and 20 of the Health and Social Care Reform Act (Northern Ireland) 2009.**

Contents

Section One	Introduction	8
	1.1 Purpose of this Plan	9
	1.2 Background to this Plan	9
	1.3 Transforming Your Care (2011): Principles for Whole-Systems Transformation	10
	1.4 Meeting the Health and Social Care Needs of the Population of the Western Trust Area:	11
	1.4.1 Rising to the Challenge of Tackling Health Inequalities in the Western Trust Area	14
	1.5 Working Upstream for Population Health: Recognising the Role of Prevention and Early Intervention in Effective Integrated Care	17
	1.5.1 Our Children are the Adult Patients and Clients of the Future: Opportunities for Sustainable Reform:	17
	1.6 Implementing a Rights-Based Approach to Health and Social Care Service Delivery: Citizenship	18
	1.7 Planning and Delivering Change in the Western Trust: Process to Date	19
	1.8 Excellence in Community Care	20
	1.9 Listening to Our Stakeholders	22
Section Two	Effective Integrated Care Model	24
	2.1 TYC Reform and Integration	25
	2.2 Eight Domains of Integrated Activities	25
Section Three	Context for Reform in the Western Area	27
	3.1 Considerations	28
	3.2 Addressing Regional Reform Programme Priorities in the Western Trust	29
	3.2.1 Regional Priority: Reablement	29
	3.2.2 Regional Priority: Outpatients Reform	30
	3.2.3 Regional Priority: Acute Hospital Reform	31
	3.2.4 Care Pathways	32

Contents

	3.3 Western Area Priorities	33
	3.4 Developing Pathways Through the Western Area Reform Plan	33
	3.4.1A Frail Older Person Pathway	35
	3.4.1B Respiratory Pathway	36
	3.4.1C End of Life Pathway	37
	3.4.1D Diabetes Pathway	38
	3.4.1E ICP - Stroke Pathway	39
	3.4.1P Cardiology Pathway	40
	3.4.2 GP Quality and productive Pathways	41
	3.5 Additional Cross Directorate/Interdisciplinary	41
	3.6 Cross Border Co-operation and Reform	42
Section Four	Reform Proposals for Primary Care and Older People's Services	44
	4.0 Priorities and Vision	45
	4.1 Older People's Assessment and Liaison (OPAL)	47
	4.2 Reablement and Domiciliary Care	49
	4.3 Reform of Day Care	51
	4.4 Acute Care in the Community	53
	4.5 Workforce Reform: AHP Review	55
	4.6 Reform of Residential Homes	57
	4.7 Reform of Acute Care at Home	59
	4.8 Summary of Reform projects in Primary Care and Older People's Services	62
Section Five	Reform Proposals For Acute Services	64
	5.0 Priorities and Vision	65
	5.0.1 Vision for Reform	66
	5.0.2 Understanding the Vision: Shaping Our Future	66
	5.1 Elective Procedure Unit & Surgical Assessment Area	69
	5.2 Ambulatory Care Stream Pharmacy	70

Contents

	5.3 Pharmacy	71
	5.4 Diagnostics (7 day working)	73
	5.5 Home Dialysis	74
	5.6 Sepsis Screening	76
	5.7 Theatre Productivity	77
	5.8 Team Northwest Urology	79
	5.9 Unscheduled Care	81
	5.10 Implementing Regional Reform Priotities in the Acute Directorate	83
	5.11 Non TYC Reforms, Acute Directorate	85
	5.12 Patient Pathway Programme	87
	5.13 Summary of Acute Directorate Reforms	90
Section Six	Reform Projects in Women and Children's Services	93
	6.0 Priorities and Vision	94
	6.1 Achieving Best Outcomes Through Purposefully	96
	6.2 Strategic Drivers – Policy Context for Our Reform Work	97
	6.3 Redesign of Family and Child Care Services To Looked After Children	99
	6.4 Innovation and Redesign in Paediatric Care	103
	6.5 Emotional Health & Well Being	106
	6.6 Integrated Service Improvement for Children with Disabilities including those with Complex Healthcare Needs	108
	6.7 Summary of Women and Children's Services Projects	110
Section Seven	Reform Projects in Adult Mental Health	112
	7.0 Priorities and Vision	113
	7.1 Review of Day Care	114
	7.2 Supported Living	116

Contents

7.3 Respite Review 117

7.4 Reform & Modernisation of Acute Mental Health Services 119

7.5 Psychosexual Services Review 121

7.6 Reconfiguration of Lakeview Hospital 122

7.7 Summary of projects in Adult Mental Health and Learning Disability 124

Section Eight Facilitating Reform Through Corporate Development 126

8.1 Introduction 127

8.2 Delivering Reform through Workforce Support and Development 127

8.2.1 Nature of Workforce Development and Changes 127

8.3 Corporate Financial Priorities 129

8.4 Delivering Sustaonable Reform for Our Communities: Working With Others in the West 130

8.4.1 Working With our partners in the Health and Social Care Family 130

8.4.2 Working With Other Sectors to Support a People-Focused Health Economy 131

Section Nine Our Reform Proposals on the map of Integrated Care 132

Section Ten Enablers 135

10.1 Enablers: People 136

10.2 Enablers: Culture and Leadership 137

10.3 Enablers: Information and Communications Technology 138

10.3.1 Using technology in the Interests of Enhancing Patient Care 138

10.3.2 ICT-based Patient Information Pathways 139

10.4 Enablers - Finance and Resource Alignment 141

Section Eleven Conclusions 142

Section Twelve Abbreviations 145

Section One
Introduction

Introduction

1.1 Purpose of this Plan:

The purpose of this document is as follows:

- To describe the priorities for reform and future commissioned services in the Western Trust area, the process which has led to the production of this Reform Plan, and the considerations which the Trust will take into account in its implementation;
- To describe a model of Effective Integrated Care;
- To detail the full set of existing priorities for reform in the Western Trust and map these against the model of Effective Integrated Care;
- To identify potential areas for further exploration which can contribute to an optimal model of Effective Integrated Care provision in the Western Trust Area.

1.2 Background to this Plan:

- Following its publication in December 2011 Transforming Your Care (TYC) formed the blueprint for Northern Ireland's Health and Social Care reform. It created an opportunity to reshape the landscape for Health and Social Care.
- Proposals for change were set out in the local Health Economy Population plan; the draft Regional Strategic Implementation Plan mapped change over three years and the proposals for change detailed in the population plan went out to public consultation through 'Vision to Action'. Investment has been made within the Health and Social Care system to drive momentum in rolling out the proposals for change such as the Integrated Care Partnership programme.
- The degree of change required is substantial, and is of a magnitude that has not been undertaken in Northern Ireland before.
- Concurrent with the delivery of TYC, the region faces a significant financial challenge to achieve sustainability, in a system where demand is ever increasing and demographic pressures continue to grow.

Introduction

- This Reform plan will be delivered in cognisance of the core principles of Transforming Your Care, the recommendations of the Donaldson Report (2014), Quality 2020 and the ten-year Public Health Strategic Framework 'Making Life Better' (2013).

This plan is based on a number of key principles contained in the above-referenced policy initiatives which inform the work of the Western Trust, as follows:

1.3 Transforming Your Care (2011): Principles for Whole-Systems Transformation:

Transforming Your Care, published in 2011, represents a vision for the reform and reshaping of our Health and Social Care system in Northern Ireland so that it can continue to meet the needs of the population. As a guideline to development of future commissioned services, Transforming Your Care identifies key Reform principles which the Western Trust will embed through its reform activities in all Directorates:

- Placing the individual at the centre of any model by promoting a better outcome for the user, carer and their family;
- Using outcomes and quality evidence to shape services;
- Providing the right care in the right place at the right time;
- Population-based planning of services;
- A focus on prevention and tackling inequalities;
- Integrated care – working together;
- Promoting independence and personalisation of care;
- Safeguarding the most vulnerable;
- Ensuring sustainability of service provision;

Introduction

- Realising value for money;
- Maximising the use of technology;
- Incentivising innovation at a local level.

1.4 Meeting the Health and Social Care Needs of the Population of the Western Trust Area: Commissioning Priorities:

The Western Local Commissioning Group Population Plan (2014/15) sets out a clear vision of care for the population of the Western Trust area as follows:

- Maximise independence outcomes through a reablement model;
- Work in partnership with the 3rd sector and all Agencies to create a preventative support model and approach;
- Support people to remain in their own homes and provide support to carers to achieve this;
- Develop Housing with Care options;
- Reduce the length of time people spend in long term nursing homes placements;
- Home as the hub with more services provided at home or in the community;
- Introduction of Reablement;
- Greater role for nursing home care in avoiding admissions to hospital;
- More community-based step up/step down beds and respite;
- Focus on early intervention and healthy ageing;

Introduction

- More integrated planning and budgets beyond Health and Social Care
- Holistic needs assessment;
- A diverse choice of provision;
- Personalised care;
- Practical support for carers;

As of April 2015, the HSCB Draft Commissioning Plan (2015/16) for Northern Ireland highlights a number of specific challenges which will inform commissioning priorities from 2015/16 onwards. These are as follows:

- The NI population is projected to increase at an annual growth rate of 0.5% to 2023, to a total of 1.927 million from a total of 1.832 million in 2013;
- From evidence in 2013, the Western Trust's population was calculated at 297,000 people, with the largest proportion of this group being in the 40-64 age group (96,000), followed by the 16-39 age group (95,000), and with 65,000 in the 0-15 age group;
- In 2013 the Western Trust had 42,000 people in the 65+ age group;

Standardised mortality ratios for 2013 (based on 2013 mid-year population estimates from NISRA) for the Western Local Commissioning Group (LCG) area, relating to the main causes of death, indicate the following:

- The Western Trust and Belfast LCG areas exhibited higher than average Standardised Mortality Ratios (SMRs) for all causes of death in 2013 (101.9 for the Western Trust); Within this, the Western Trust had the second highest rate for cancer-related deaths (104.9)- while having the lowest SMR for female deaths from Breast Cancer. The Western Trust also had the second highest SMR for cardio-vascular disease and overall had the second highest SMR for all respiratory diseases. **The Western Trust had the highest SMR in Northern Ireland in 2013 for Pneumonia**;
- Compared to the Northern Ireland average the Western LCG area has a higher prevalence rate (per 1,000 patients) in the areas of Chronic Obstructive Pulmonary Disorder (COPD),Obesity and Mental Health;
- COPD still accounts for the majority of emergency admissions to hospital for Long Term Conditions in Northern Ireland;

Introduction

- The Western Trust area has consistently had the second highest standardised death rate in Northern Ireland for smoking related causes of death;
- Cancer now accounts for the largest number of deaths attributable to a single cause in Northern Ireland;
- From the 2011 Census, it is established that the Western Trust population percentage with a self-reported long term limiting illness was 21.85%, the second highest to Belfast. After Belfast, the Western Trust area population proportion reporting good or very good general health was 78.46%- the second lowest in Northern Ireland;
- 6.6% of the Western Trust population stated that they had an emotional, psychological or mental health condition. This was the 2nd highest in Northern Ireland, after Belfast. All other areas except Belfast had smaller percentages of the population who stated this;
- The Western Trust area has consistently had the second highest standardised alcohol-related hospital admission rates in Northern Ireland;
- Between 2002 and 2013, in Northern Ireland more than 41,000 people died prematurely of things which were potentially avoidable or were potentially treatable.

For 2015/16, the Trust notes Ministerial standards and targets have been set out under the following three overarching themes:

- To improve and protect population health and wellbeing and reduce inequalities;
- To provide high quality, safe and effective care; to listen to and learn from patient and client experiences; and to ensure high levels of patient and client satisfaction;
- To ensure that services are resilient and provide value for money in terms of outcomes achieved and costs incurred.

The Trust's specific responses to the standards and targets under the three themes above are dealt with through established processes with HSCB Commissioning. The Trust's Reform Plan is thematically consistent with middle to long-term strategic Commissioning Priorities and as such the philosophy of Reform as set out in our Reform Plan will continue to inform year-to-year service planning above and beyond the specific initiatives detailed in this Plan.

The Trust is clear that responding to demographic changes and the evolving care needs of the population is a core Reform principle. As such such the Trust is cognisant of the importance of all commissioning resources being deployed

[1]All references in this section relate to Dr Raymond Russell: Health Inequalities in Northern Ireland by Constituency; (NI Assembly Research & Information Service, May 2012)
[2]Dr Raymond Russell: Health Inequalities in Northern Ireland by Consituency; (NIA Research & Information Briefing Service, May 2012)
[3]Ibid, p4: ref also: (Black Report (1980), Acheson Report (1998) and Marmot Review (2010) have identified a social class gradient in health.

Introduction

with a coherent understanding of the link between new services designed to meet demographic needs, and the wider Reform programme. In this context of reform, the Trust will continue to work in partnership with HSCB Commissioning, for example on those projects for the West which have been identified by HSCB Commissioning as appropriate for funding under Demography Allocations in 15/16.

1.4.1 Rising to the Challenge of Tackling Health Inequalities in the Western Trust Area[1]:

In line with the Draft Commissioning Plan (2015/16) the Trust notes that specific challenges to achieving positive health outcomes continue to be experienced by specific groups within the population, notably Travellers, Black and Minority Ethnic Groups, Lesbian, Gay, Bisexual and Transgender (LGBT) groups, Migrants, Prisoners, and people experiencing Homelessness.

Communities in the Western Trust Area experience significantly high levels of multiple deprivation and related health inequalities. As outlined in the Northern Ireland Assembly Briefing Paper entitled 'Health Inequalities in Northern Ireland by Constituency' (2012)[2] we recognise that 'there is a well-established association between health inequality and multiple deprivation'.[3]

The Western Trust area is covered by four of the eighteen Northern Ireland constituencies. These are Foyle, West Tyrone, East Londonderry and Fermanagh & South Tyrone. Foyle and West Tyrone respectively rank as the third and fourth most deprived constituency areas in Northern Ireland, with East Londonderry ranking 9th out of 18, and Fermanagh and South Tyrone ranking 17th. While aggregation at constituency area level produces these rankings, as a Health and Social Care provider covering isolated rural areas, we are also aware of the specific and often hidden issues associated with rural isolation and hidden poverty and take account of the specific need for rural-proofed approaches to tackle these issues.

In 2011 West Tyrone ranked second behind Belfast North as regards percentage of the population in receipt of disability benefits (18.8%). In addition to concentrations of urban disadvantage, the Western Trust area contains large rural areas where population is dispersed. The HSCB Draft Commissioning Plan (2015/16) indicates that research has identified a higher prevalence of rural disadvantage in the western districts of Northern Ireland as compared to rural areas across the UK. In addition to the evidence above, the Draft HSCB Commissioning Plan emphasises that evidence suggests that health inequalities have a significant impact on people living in rural communities. The Draft plan identifies the challenges faced by many people in rural areas, which include deprivation, fuel poverty, social isolation and social exclusion particularly for small, sparsely distributed populations, a growing ageing population and challenges to access services.

Introduction

Based on The Assembly Report from 2012, additional health inequality related statistics for the Western Trust area are as follows:

- The Northern Ireland average life expectancy for men is 76.8 years and 81.24 for women. For both men and women, Foyle constituency has the 4th lowest life expectancy in Northern Ireland, followed by West Tyrone (6th lowest), Fermanagh & South Tyrone (9th), and East Londonderry (12th);
- East Londonderry and Foyle respectively have the third and fourth highest rate of births to teenage mothers;
- In a four year period (2004/5-2008/9) Foyle had the fifth highest rate of admissions for self-harm in Northern Ireland;
- In 2010, Foyle had the third highest number of deaths from suicide in Northern Ireland, followed by East Londonderry which had the 6th highest rate;
- In 2009 the estimated percentage of the population in receipt of prescribed drugs for mood or anxiety disorders, was at 12.8% (ranking third highest in Northern Ireland) followed by East Londonderry ranked sixth (11.1%), West Tyrone ranked tenth (10.6%);
- GP list sizes are large (i.e. fewer GPs) in rural areas and this can be an factor in health inequalities vis-à-vis investment in access to primary healthcare per capita of the population. West Tyrone in 2011 had the third longest GP lists, East Londonderry had the sixth longest GP lists, and Fermanagh & South Tyrone had the eighth longest GP lists in relation to average list size in Northern Ireland;
- Foyle constituency featured the third highest rate of alcohol related deaths in Northern Ireland in the ten year period from 2001-2010;
- Foyle also has the second highest rate of COPD (often associated with smoking) in Northern Ireland.
- Based on Disease Prevalence Rates published in 2011, Northern Ireland average Obesity rates are highest in West Tyrone (142), East Londonderry (135), against a Northern Ireland average of 114;
- Over a five year period 2005-9, Foyle ranked with Belfast West and Belfast North as having the highest standardised death rates for all three main causes of death (ie cancer, circulatory and respiratory diseases);

Introduction

- Foyle's Standard Mortality Ratio for the period 2005-2009, at 123, was substantially higher than the Northern Ireland average of 100.

It must also be said that in spite of the challenges experienced by the Western Trust area which are highlighted above, the communities of the Western Trust area have developed considerable social capital and resilience. There exists within the Western Trust area strong health leadership within both the public and community and voluntary sector. There have been long standing partnerships for health led both by Health & Social Care and third sector managers. These partnerships, both cross sectoral and cross border in nature, ensure that those organisations with the remit and capacity to impact on health determinants work together to do so.

Within the Trust area there has been innovation particularly in the fields of Early Intervention, Women and Children's Health and Care Pathway Development. This is in particularly so the areas of public health promotion, prevention, early intervention, service delivery and patient/client supports. This demonstrates a resilience and a willingness at grassroots community level in the West to develop solutions at local level and to work in partnership with a range of agencies to meet local needs. This resource is acknowledged as an asset to the West in developing a social model of care and opens up choices about how care can be organised and delivered in the future.

Introduction

1.5 Working Upstream for Population Health: Recognising the Role of Prevention and Early Intervention in Effective Integrated Care

Effective Integrated Care includes preventative population health interventions. The Western Trust has initiated co-operation arrangements with the Public Health Agency in the West to ensure that Health Improvement Commissioning can align with the Trust's Reform priorities.

We recognise that Early Intervention in Health terms relates to three things:

1. Age-related Early Intervention (ie children's health and emotional wellbeing) to promote/maximise current and future health and wellbeing;

2. Illness/disease avoidance, behavioural and lifestyle programmes;

3. Illness and disease management - effective and ongoing self management of illness.

In implementing reform trust staff will ensure direct and dynamic linkages between those shaping the delivery of front-line clinical and social care interventions, and those who commission, plan and deliver resources for earlier intervention. As an organisation, we aim to continue to promote and facilitate dialogue and mutually supportive partnerships between Clinical and Social Care professionals, Service Management, Administration, and Commissioning.It is through this approach that we believe a sustainable, whole-systems change can be made for the future.

1.5.1 Our Children are the Adult Patients and Clients of the Future: Opportunities for Sustainable Reform

The Western Trust is committed to the delivery of the UN Six High Level Outcomes for Children. We acknowledge the important messages for longer-term sustainable resource planning which are contained in the findings of the Kaiser Permanente Adverse Childhood Experiences Study (Californian ACE Study). This study, ongoing since the 1990s, provides a longitudinal internationally-recognised evidence base reflecting the link between long term conditions and adverse childhood experiences.

The Californian Ace Study indicates that for every 100 cases where children have been exposed to adverse childhood experiences linked to poverty, deprivation as well as childhood abuse and neglect, society can expect to pay for in middle or old age for (amongst a wide range of physical and mental health consequences):

- One additional case of liver disease;
- Two additional cases of lung disease;
- Six additional cases of serious heart disease and;
- 16% higher rate of anti-depressant prescriptions.

Introduction

These estimates do not include accounting for the economic value of the knock-on effect that preventing and avoiding these adverse childhood experiences will have in reducing the health inequalities of future generations. It is clear that intervening and reforming now to promote future health and wellbeing will have a long-term exponential effect as well as within individual and generational life cycles.

1.6 Implementing a Rights-Based Approach to Health and Social Care Service Delivery: Citizenship

In implementing the reform programme, the Western Trust recognises potential agendas such as the Regional Disability Strategy, Excellence in Community Care and Personalisation. As an organisation we will support a culture where all staff and service partners will have the opportunity to consider the implications of these agendas for service design and new ways of working in their specific areas. We also recognise the importance of a dialogue and new ways of working with service user groups and the wider community. In all of these agendas, the service user is at the heart of decision-making about their care. We will work with and support carers and families for best outcomes for those who use our services. In addition to Reform work to support the UN High Level Outcomes for Children (drawn from the UN Convention on the Rights of the Child), we also recognise the contribution Health and Social Care can make to the empowerment of people of all ages with disabilities, as citizens. As regards service change and redesign within the reform process, as a Trust we will take every opportunity to learn from and implement best practice to support the implementation of the Citizenship agenda in Health and Social Care.

Introduction

1.7 Planning and Delivering Change in the Western Trust: Process to Date:

This plan emerges from a period of assessment and financial analysis which initially produced the Trust's TYC Overarching Report (2013) and more recently resulted in the creation of two change programme initiatives for the Western Trust. These are:

1. Reform Plan: (to which this document relates): Cross-Trust service improvement, redesign and structural reform measures aimed at creating a Health and Social Care service delivery system tomeet the evolving needs of the population of the Western Trust area;

2. QICR Plan: Cross-Trust cost reduction measures aimed at achieving improved and recurring productivity gains and financial efficiencies within the Trust.

The proposed programme of reform will be supported by the Trust Reform team in partnership with Directorates, and in the context of an agreed Reform Programme Governance and Accountability structure. The Trust's Reform activities can be understood at two levels:

1. The redesign and restructuring of services requiring reform towards greater productivity – this is activity which is core business to Directorates and services therein. However, this activity will need to be undertaken in acknowledgement of the whole systems context for any service within a model of Effective Integrated Care;

2. The ongoing implementation, review and improvement of our systems through purposeful focus on effective, high quality and user-orientated patient and client pathways.

Introduction

1.8 Excellence in Community Care

With the advent of Transforming Your Care [TYC] and the "shift left" from secondary to primary care, it is critical that the Trust establishes a strategic and planning overview of all of the key functions that enable an effective community care structure to breathe, grow and develop. The emphasis will be placed on a social model of care and how its underpinning philosophy is supported by [and within] each Directorate and professional structure.

With this in mind, the Western Health and Social Care Trust has established an initiative to provide leadership, co-ordination and planning in respect of assuring the ongoing development of Excellence in Community Care.

This initiative will be led by the Executive Director of Social Work and be attended by the relevant Service Directors and Professional Leads. The group will meet on a quarterly basis and will utilize a range of best practice implementation approaches to deliver on its terms of reference.

As a corporate initiative, Excellence in Community Care will provide the overarching direction, leadership and strategic planning to ensure that there is a synergy with the full range of community care initiatives and professional practice development associated with reform. The initiative will aim to ensure that there is effective professional leadership and accountability. Roles and functions are clearly defined and each Service Directorate is clear in respect of their responsibilities and authority. It also represents an opportunity to highlight innovation and good practice.

Implementation details for Excellence in Community Care (EICC) are available from Kieran Downey, Executive Director of Social Work

Our initiative on Excellence in Community Care will focus on the following priority areas for professional practice development, accountability, risk, governance, and related service design, which are detailed overleaf:

Introduction

Excellence in Community Care: Priorities

Personalisation	Training and Development	Adult Services Improvement
Self Directed Support	Preparation for change	Care Management Forum
Direct Payment	Cultural shift	NISAT
Young Carer[s]	Resilience building	Safeguarding
Carer Assessment	Lone working	Hospital Discharge
Advocacy/ Engagement	Assessment	Domiciliary Care
	Supervision	Delegated Statutory Functions
	Values and Principles	Appointeeship
		Regulated Services
		Caseload Weighting

Introduction

1.9 Listening To Our Stakeholders

The Western Trust is committed to involving patients, clients, the public and our staff in shaping the proposed Reform.

Equality and Personal and Public Involvement (PPI)

The Western Trust sets out in the Trust's Equality Scheme and Consultation Scheme our determination to ensure that there are opportunities for people affected by our work to positively influence how we carry out our functions in line with Section 75 of the Northern Ireland Act 1998, and with the Personal and Public Involvement duties as set out in Sections 19 and 20 of the Health and Social Care Reform Act (Northern Ireland) 2009.

These documents are made widely available to the public through the Western Trust's Website within the Publications Section:

http://www.westerntrust.hscni.net/about/Publications.htm

The Trust is fully committed to the discharge of its Section 75 and PPI duties to ensure that the above mentioned are complied with and that our Equality Scheme and Consultation Scheme are implemented effectively.

Section 75 of the Northern Ireland Act 1998 requires public authorities, in carrying out their functions, to have due regard to the need to promote equality of opportunity and have due regard to the desirability of promoting good relations across a range of categories outlined in the Northern Ireland Act 1998, as below:

- Religious Belief;
- Political Opinions;
- Racial Group;
- Gender;
- Marital Status;
- Sexual Orientation;
- Age;
- Disability;
- Dependent Status.

The Trust considers and assesses the potential impacts of policies, plans and proposals on the nine equality categories above below by undertaking equality screening. when required and in accordance with the Equality Commission for Northern Ireland (ECNI) guidance undertake Equality Impact Assessments (EQIAs).

Introduction

In addition, to the above Section 75 and PPI duties without prejudice to these obligations the Trust is required to have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

Through equality screening processes the Trust also considers whether a policy infringes on the rights set out in the Human Rights Act (1998). This is supported by the remit of the Human Rights Act, which was enacted in October 2000. The Act requires that the Trust's Equality Scheme is compatible with the European Convention on Human Rights. The Trust's current equality screening processes take cognisance of these duties.

The Trust will also consider Disability Discrimination Duties and assess whether a policy or decision meets the duties to:

- Promote positive attitudes towards disabled people;
- Promote public involvement of disabled people.

We realise the important role that the wider community and voluntary sector, other public authorities, including district councils, as well as the general public have to play to ensure that our Section 75 and PPI statutory duties are effectively implemented and we seek to work in an open and transparent manner to support the involvement of the public in the development of our reform plans.

If you require this document in an alternative format please contact the Equality and Involvement Office below:

Equality & Involvement Team
Tyrone & Fermanagh Hospital
Omagh
Co. Tyrone
BT79 ONS

T: 028 82835278
Textphone: 028 82835345

E: Equality.admin@westerntrust.hscni.net

Section Two
Effective Integrated Care

Effective Integrated Care

2.1 TYC Reform and Integration

- Much of the reform in Transforming Your Care is aligned to and can be identified as core elements of an integrated system.
- Shift left in the context of the Reform Plan is about ensuring that patients are managed as close to home as possible, there is a focus on preventing the progression of non-communicable diseases and an emphasis on making the acute system as efficient as possible.
- The Western Trust has utilised a model of Effective Integrated Care to map the components of the reform programme. The following pages describe this approach and how it has been used in developing the Reform Plan.

2.2 Effective Integrated Care Model: The Eight Domains of Integrated Activities

This section and its diagram describe a model of Effective Integrated Care which underpins our Reform agenda. This model locates all care along an integrated continuum involving Primary and Secondary Care. The model divides care into 8 domains which denote the optimal types of intervention necessary to make up a fully functioning Effective Integrated Care system. The 8 domains are further classified (4:4) as either Planned or Unplanned Care.

The overall objectives of Reform are:

a. Where possible, to achieve a transformation of predictable demand for Unplanned Care into Planned Care by meeting this demand with Planned Care Interventions within an Effective Integrated Care Model;

b. To design and deliver improved pathways for Unplanned (Unscheduled) Care within an Effective Integrated Care Model.

In Section 3 of this Plan, the component parts of the pathways being developed by the Western Trust and by the ICP and Local Commissioning Group are mapped across the eight domains.

Unplanned Care	Preventing Patients Getting to ED	Turning Patients Around in ED	Shortening the inpatient stay	Supporting Early Discharge
Describes episodes of care where patients are acutely unwell or are in an accident and services need to be available to respond to these. This care pathway should be minimised as much as possible and made as efficient as possible as much of this response could be prevented through more effective and efficient planned care.	Activities that prevent patients needing ED, they might include additional GP availability or alternative services.	Activities that prevent being admitted from ED, such as starting IV antibiotics to be continued in the community.	Activities that speed the journey through the hospital, such as 24/7 access to labs and radiology.	Activities that support patients being able to be cared for in a non-hospital environment such as a discharge risk assessment tool.

Planned Care	Prevention	Patient Self-Management	Pro-active Management	MDT Case Management
Describes episodes of care where care is planned in advance and routinely delivered. This care pathway needs to be easier to deliver and more opportunistic. It also needs to be more consistent and can be developed through the availability of pathways, shared records and secure communication tools.	Activities that can prevent the development of an ongoing heath or social care need. For example day opportunities or immunisation.	Activities that empower patients to manage their illness or disability. Examples might be self-directed learning or group therapy.	Activities that actively manage disease and disability within primary care such as a Diabetes treatment protocol.	Activities that provide utilise specialist support to the active management of disease and disability in primary care such as access to advice.

Section Three
Context for Reform in the Western Trust Area

Context for Reform in the Western Trust Area

3.1 Considerations:

- The Western Area Health and Social Care Reform Plan describes how the Trust will achieve a substantial shift in care from the hospital into the community by implementing the programme as a coordinated Integrated system at scale across the Western Trust area.

- This plan outlines how the suite of shift left interventions is mapped across the unplanned and planned integrated care continuum.

- The success of all the initiatives is dependent on all projects being connected. In implementing the initiatives, specific consideration will need to be given to the importance of connectivity between services and stakeholders. This will ensure the delivery of high quality, personalised care on the ground and in our communities.

- Issues for consideration include, for example, the question of how the Frail Elderly Integrated Care Pathway (ICP) can interface with other Long-Term Condition Pathways. Additionally, in a systemic context, the importance of the Primary Care and Older People Directorate's overall reform work connecting with ICP work and community networks cannot be overestimated. We recognise how crucial Primary Care and Community Care services are as facilitators of a system which delivers effective, integrated, high quality and safe care closer to home, providing measurable patient, client and carer outcomes. We also emphasise the relevance of initiatives such as Excellence in Community Care in this context.

- In implementing reform, the Western Trust acknowledges the relevance of additional initiatives, (such as the Unscheduled Care Programme), which add value to and enhance the overall impact of a collective commitment to reform.

Context for Reform in the Western Trust Area

3.2 Addressing Regional Reform Programme Priorities in the Western Trust

The Western Trust recognises the Four Regional Reform priorities for system wide reform as follows:

- Re-ablement;
- Outpatients Reform;
- Acute Care Reform;
- Care Pathways.

An overview of our approach to these priorities will be outlined in the following sections. An additional reference is made in Section 4 and Section 5 which contain Directorate-specific Reform proposals for Primary Care & Older People and Acute Services.

3.2.1 Regional Priority: Reablement

The Western Trust is committed to implementing Reablement across the Trust area by 2016.

The Western Trust's Reablement Model has been tailored to suit local organisational and service delivery arrangements. A number of evaluation studies are generally positive about Reablement's contribution to service reform and care delivery.

Following early, local attempts by the Southern and Northern Trusts to implement Reablement the concept was adopted by the Health and Social Care Board (HSCB) in 2011 for consideration and roll-out across the region on a co-ordinated basis. It has been reflected as one of the major change proposals incorporated in Transforming Your Care.

Reablement underpins several of the document's key proposals including:

- Ensuring that home is the hub of care for older people, with more services being provided at home and in the community:
- Encouraging independence and helping to avoid unnecessary admissions of older people into hospital.

The Western Trust acknowledges the Regional definition of Reablement which has been developed, as follows: Reablement is a person-centred approach which is about promoting and maximising independence to allow people to remain in their own home as long as possible. It is designed to enable people to gain or regain their confidence, ability, and necessary skills to live independently, especially after having experienced a health or social care crisis, such as illness, deterioration in health or injury.

Context for Reform in the Western Trust Area

The aim of Reablement is to help people perform their necessary daily living skills such as personal care, walking, and preparing meals, so that they can remain independent within their own home.

"Reablement will help you to do things for yourself rather than having to rely on others".

3.2.2 Regional Priority: Outpatients Reform

A framework for action by the Western Trust to deliver Outpatients Reform is detailed at Section 5 of this Plan.

The Trust recognises the importance of connecting and facilitating joint working between clinicians in Primary and Secondary care, those who manage Outpatients services, and those who manage Patient information pathways and relevant support systems, to ensure that Outpatients Reform is delivered to maximum effect. The Trust also recognises the importance of the Service User voice and supporting a culture of personalised care and patient empowerment in key service change initiatives such as Outpatients Reform. The Trust particularly recognises the potential contribution which innovation and technology can make to this area, in particular the role of personalised medicine which has a clinical evidence base and can improve clinical outcomes.

In line with Regional direction the Trust will continue to develop Outpatients Reform. In addition to clinician-led processes for developing key components for Outpatients' journeys, it is envisaged that the following components of work which is ongoing in the Trust will contribute to effective whole systems Outpatients Reform in the Western Area.

Key Components of Outpatients' Reform
Development of Outpatient Pathways
Working in Partnership with Primary care to develop Pathways for Patients between Primary and Secondary Care
Evidence-based E-health Solutions to Support Personalised Care
Management Systems for Integrated Working and Patient Information Pathways
Clinical and Process Governance Changes
Workforce Development and Culture Shift
* Commissioning of new facilities for Outpatients provision in the Community (LCG)

The 4 Regional priorities for Outpatients Reform are:

- ENT;
- General Surgery; (Including Gastroenterology)
- Gynaecology (Western Trust to lead work on this Regional priority);
- Rheumatology.

Context for Reform in the Western Trust Area

The 15 likely areas for outpatients reform within the Trust are:

- Rheumatology;
- Urology;
- ENT;
- Orthopaedics;
- Frail Elderly;
- Respiratory;
- Diabetes;
- Stroke;
- Cardiology;
- Dermatology;
- Neurology;
- Oral and Maxillofacial Surgery;
- General Surgery (Including Gastroenterology);
- Gynaecology;
- Psychiatry.

The first phase of Outpatients Reform in the Western Trust area will take forward work in Urology, Respiratory, Diabetes, Cardiology, General Surgery (Including Gastroenterology), Gynaecology and Rheumatology. All priorities in Outpatients Reform in the Trust will be rolled out in partnership with Clinicians across the whole Trust area. The process for Reform in each specialty area will be informed by the views of both Primary and Secondary Clinicians and also by Patient and Client feedback. The process will build and draw on best practice from within the Region and beyond.

3.2.3 Regional Priority: Acute Hospital Reform

The Western Trust has taken action in the past to ensure the standardisation of Acute Care provision across the entire Trust area. This preceded the advent of Transforming Your Care and the related Regional Reform Agenda. There is therefore less scope for major efficiency arising from reform of Acute Hospital provision. We do however acknowledge the possibility of further potential for Acute Hospital reform through exploring an optimal model for the provision of Acute Rehabilitation Care. We also acknowledge the relevance for regional Acute Hospital Reform of effective, seamless patient pathways between Trust areas and the impact these can have on patient care and on productivity and performance for individual Trusts.

The Trust acknowledges that there is scope for developing centres of excellence and provision in key Acute specialities within an overall model of Effective Integrated Care and a reformed Regional model of provision.

Throughout the Western Trust there are a range of examples of growing expertise including new Acute services based on collaborative medical/surgical models and reaching into preventative and early intervention services for patients who otherwise encounter complex acute conditions (which diminish quality of life, affect overall health outcomes, require costly treatment and some of which can also generate additional social care and wider social costs).

The Western Trust will participate at regional level in the exploration of how key specialities can assist with the provision of Regional Services within a reformed regional model of provision.

Given the successful development by the Western Trust of cross border shared core services in the area of Radiotherapy and Primary Percutaneous Coronary Intervention, we recognise that we have a specific role as a Border facing Trust. We can play a key part in the development of cross-border approaches through a shared services agenda in the area of Acute provision. We will continue to explore developments where collective efficiency through shared Acute provision can benefit the region (e.g. joint Medical/Surgical Foot Team for Diabetic Foot disease, Women's Surgery/Endometriosis). We will also explore where similar collective value for the cross-border population can also be achieved through co-operation with partners in the HSE in the Republic of Ireland on the basis of complementarity rather than duplication.

We also recognise the role of the Western Trust in supporting a regional growth agenda linked to innovation in healthcare. The Trust will continue to support the work of CTRIC and partners in developing our contribution to the growth of a knowledge economy based on Research and Innovation for positive clinical outcomes.

3.2.4 Regional Priority: Care Pathways
(see also Section 3.3 and 3.4)

The Western Trust's existing and emerging work on care pathways is detailed throughout Section 3.3 and 3.4 of this document which details pathway work we are undertaking. We are fully committed to developing care pathways within a model of Effective Integrated Care and have commenced work on care pathways in the areas of Respiratory, Diabetes, Stroke, End of Life, Frail Elderly and Cardiology.

We recognise the importance of supporting the development of clinical governance, information pathways, skills and re-aligned resources to ensure that care pathways are patient and client-centred. We also recognise the relevance of patient mapping as an ongoing tool for identifying opportunity for improvement.

Given the potential collective impact of multiple patient pathways which involve provision of the right care in the right place at the right time for patients, the Trust also acknowledges the importance of the alignment of service resources and service priorities to support integrated care. The role of all relevant healthcare professionals and support services has been (and will continue to be) examined in light of their roles in facilitating care pathways within a model of Effective Integrated Care. Crucially the reform of staffing and resourcing structures in our existing primary care services will need to take into account the future functionality of these services within a model of Effective Integrated Care.

Context for Reform in the Western Trust Area

3.3 Western Area Priorities:

Consistent with the Regional Reform Framework, the priorities for reform in the Western Trust area relate to the ICP priority conditions. Uniquely and in acknowledgement of population need, the Western Trust has added Cardiology to the five original areas for the development of Integrated Care Pathways. ICP priorities for the Western Area are:

1. Frail Elderly;
2. Respiratory;
3. End of Life Care;
4. Diabetes;
5. Stroke;
6. Cardiology.

Additional and initial discussions took place between all HSC partners on the potential for other pathways including development of an integrated care model for Alcohol risk and misuse at all levels of clinical need. This is referenced in the Conclusions section of this plan as an area of potential future development.

3.4 Developing Pathways through the Western Area Reform Plan

- The Trust is a full partner to the development of pathways through the ICP, as a provider of both secondary and primary /community care services which are relevant for patient journeys on a full range of pathways.
- There is growing evidence that Pathways can have a significant effect on the efficiency of service delivery, contributing to shift left and breaking down healthcare silos.
- Under the governance of the Integrated Care Directorate, ICPs have been tasked to establish Multi-Disciplinary Groups to develop pathways which span the whole continuum of care. These MDGs include members from and were led by the Western Trust.
- Each ICP has set out the commissioning specification for the ICP Clinical Priorities for 2014/15 and, where relevant, 2015/16.
- Current components of each of the pathway areas have been aligned to the unplanned and planned maps (ie Model of Effective Integrated Care - EIC) to ensure that reform can be considered in light of all activities of the Trust, LCG & ICP ongoing in the Western region.

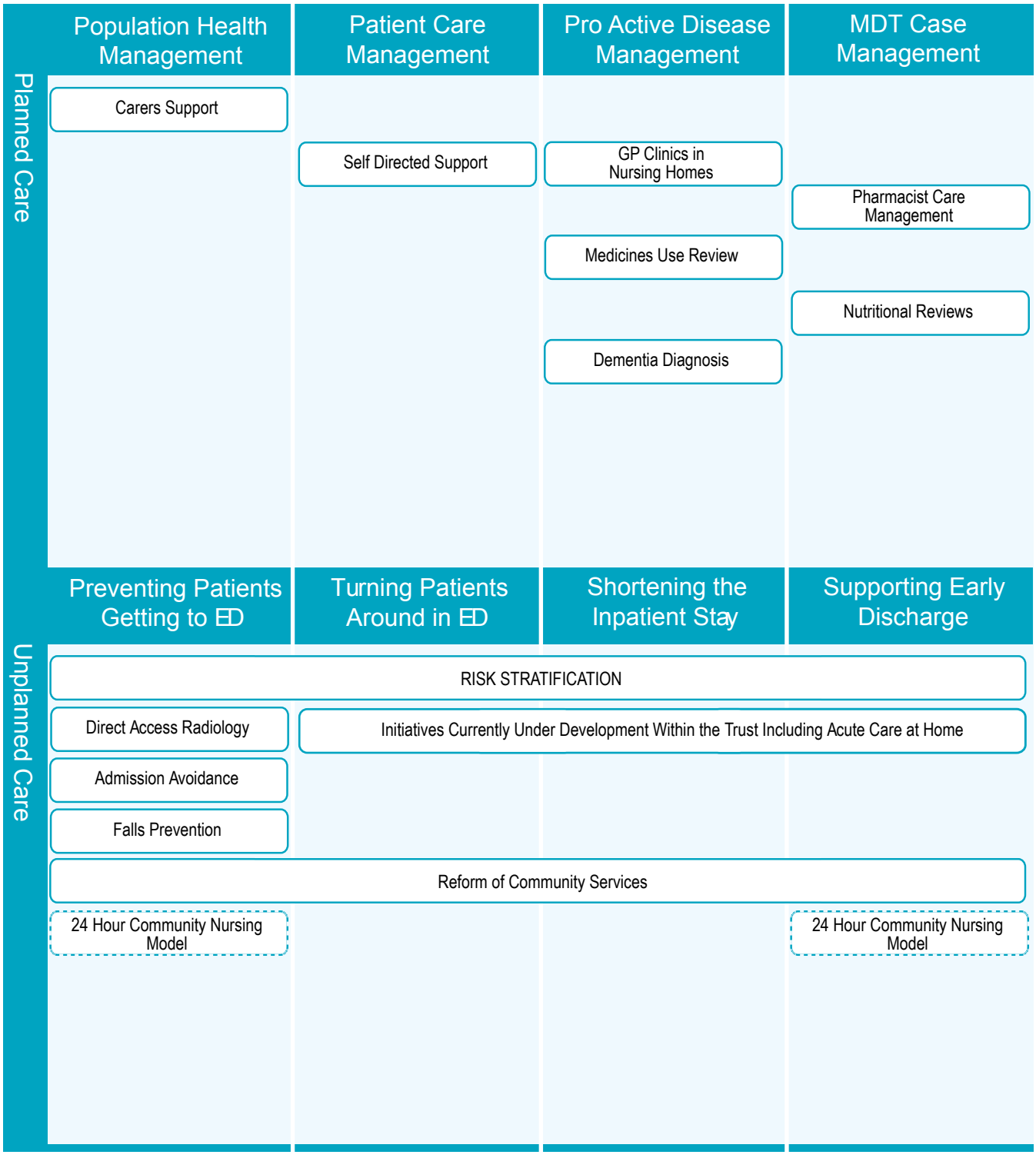
Context for Reform in the Western Trust Area

- Many of the clinical priority areas identified so far can continue to develop effective approaches to signpost and facilitate care delivery options.

The Western Integrated Care Pathways are mapped by service component against the Effective Integrated Care Model and are described in Section 3.4.1 (figures A-F) which follows.

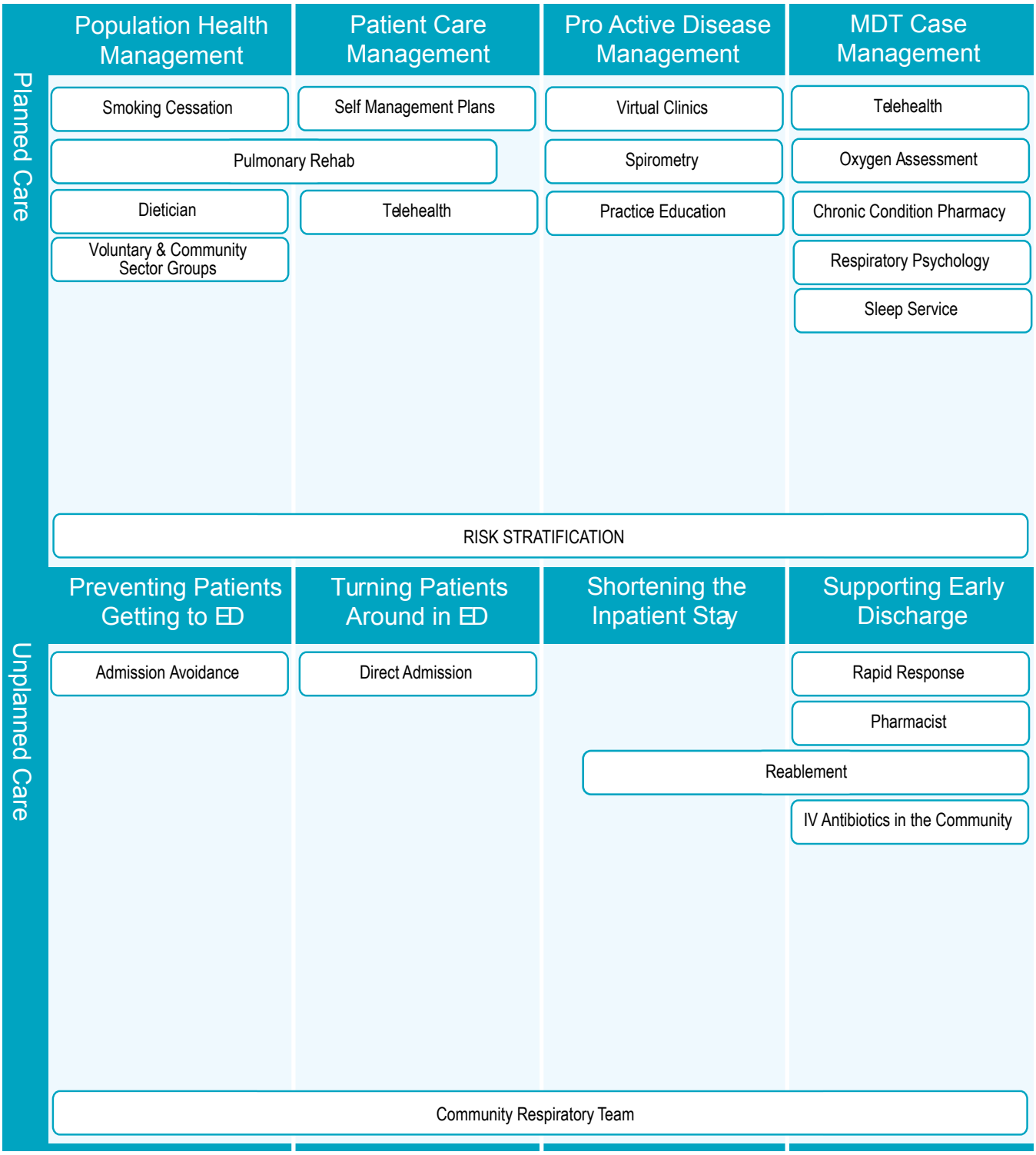
3.4.1 (A-F) Pathways Mapped Against EIC Model

3.4.1A ICP – Frail Older Person Pathway



3.4.1 (A-F) Pathways Mapped Against EIC Model

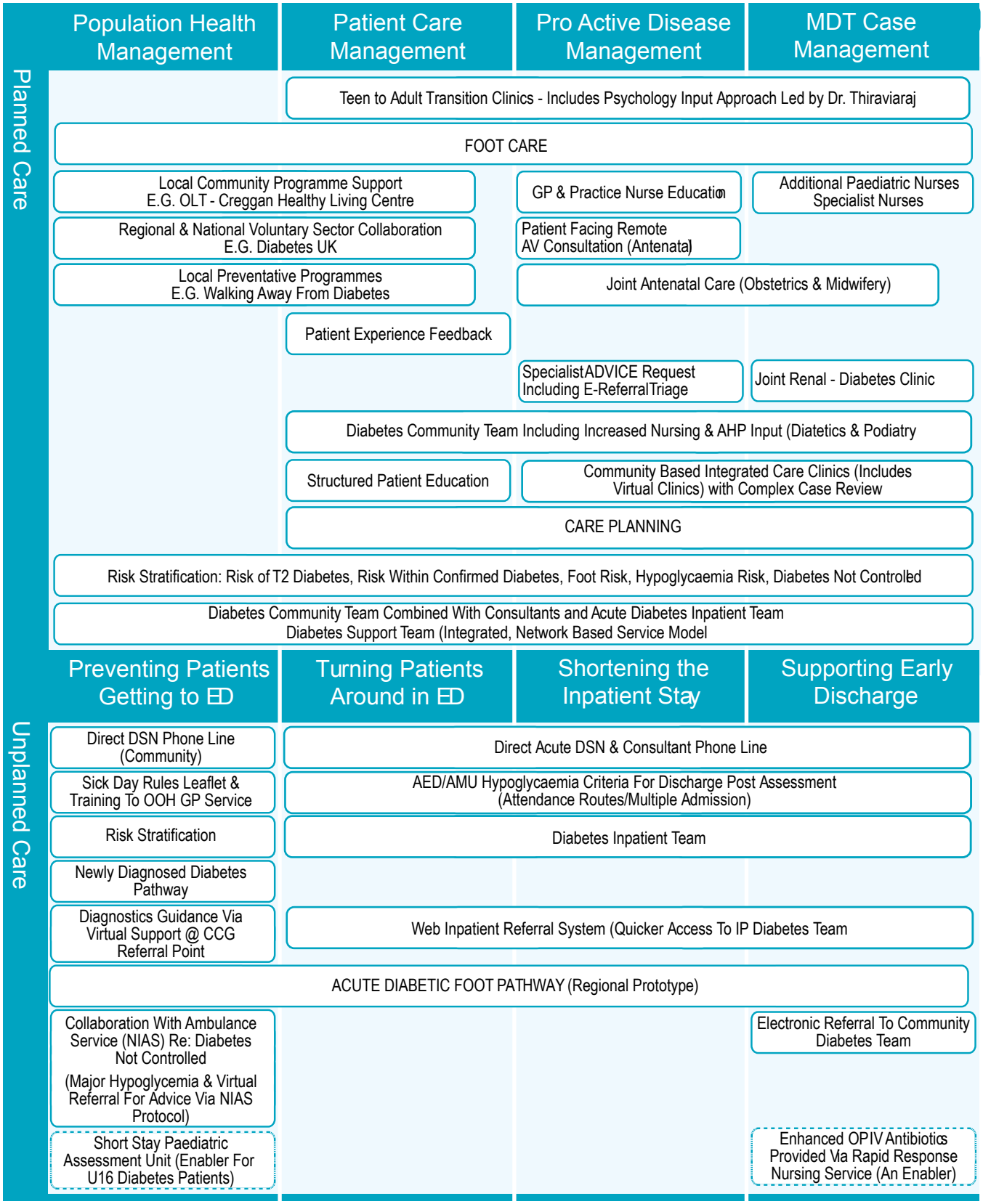
3.4.1B ICP – Respiratory Pathway



3.4.1C ICP – End of Life Pathway i.e. Someone in the Last Year of Life

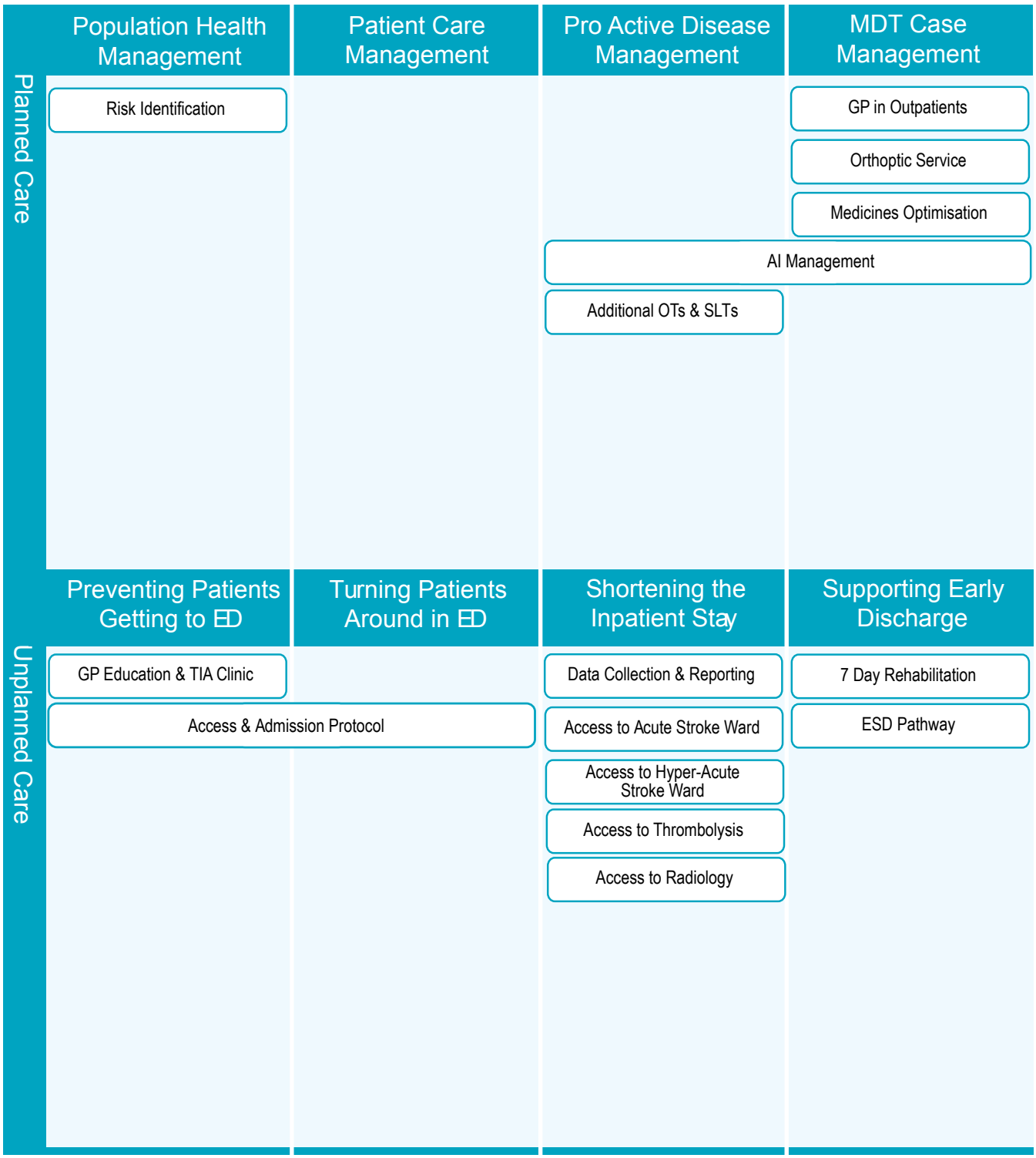
3.4.1 (A-F) Pathways Mapped Against EIC Model

3.4.1D ICP – Diabetes Pathway



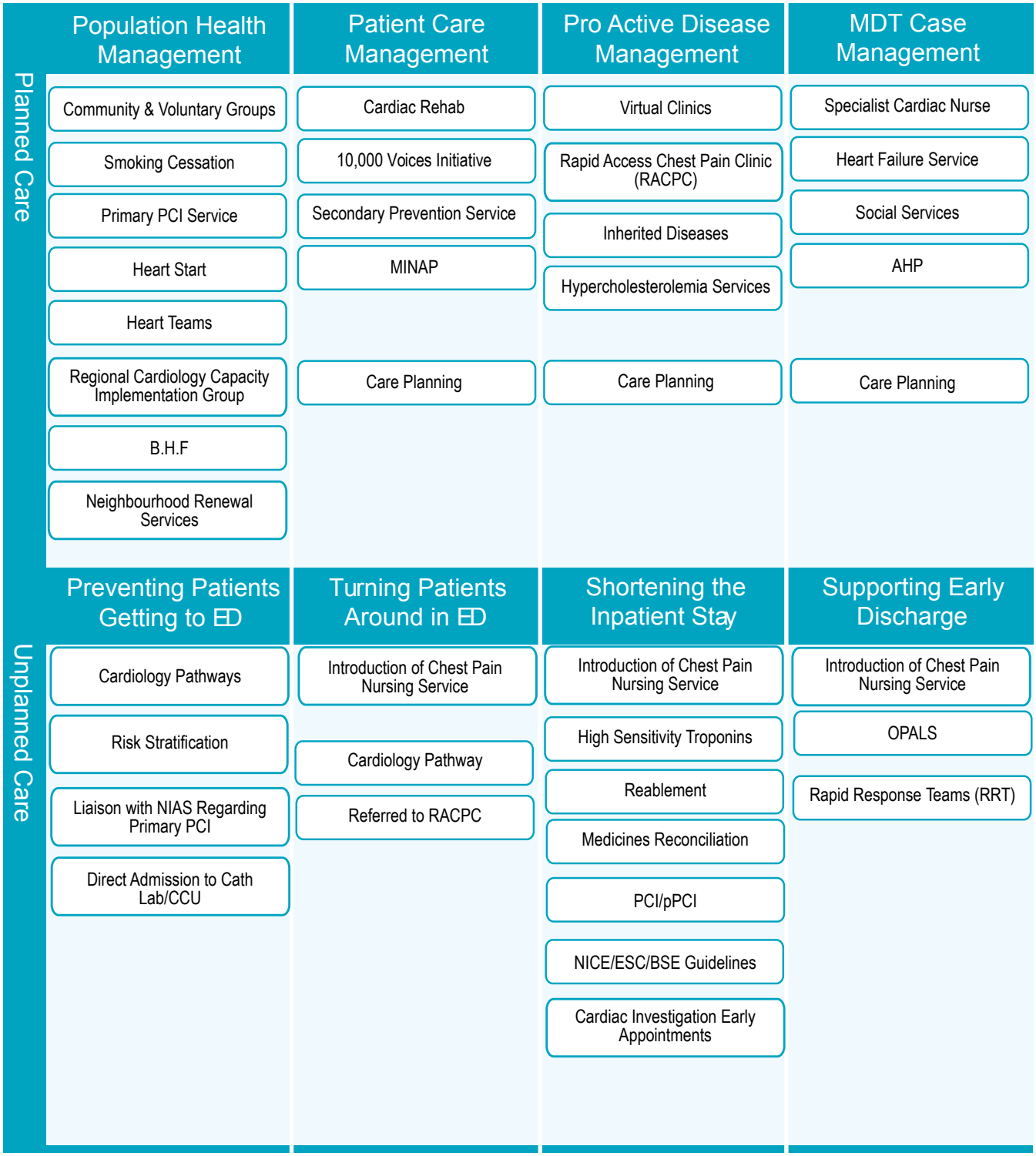
3.4.1 (A-F) Pathways Mapped Against EIC Model

3.4.1E ICP – Stroke Pathway



3.4.1 (A-F) Pathways Mapped Against EIC Model

3.4.1F ICP – Cardiology (Western Area Identified Opportunity)



Context for Reform in the Western Trust Area

3.4.2 GP Quality and Productivity Pathways

General Practitioner (GP) Quality and Productivity Pathways have been a significant enabler for the development of alternative patient pathways in the West. GPs and the Trust has worked in close co-operation to secure the requisite governance and operational arrangements for these pathways to take effect.

Through this process together with GPs we have developed a number of patient pathways facilitating care closer to home for patient groups linked to the ICP priority conditions. These pathways contribute to key reform in a range of areas of unplanned and planned care, and have a specific significance for Outpatients Reform as they represent permanent changes to patient flow. To date the LCG has provided welcome support to the process through the establishment of GP Quality and Productivity Pathways which include the following:

- Long Term Oxygen Therapy Assessment;
- Pulmonary Rehabilitation;
- Falls;
- Diabetes Foot Care;
- Dementia.

3.5 Additional Cross Directorate/ Interdisciplinary Reform Initiatives

The Western Trust recognises the relevance of a whole-systems approach to key elements of reform. In addition to the work currently ongoing across directorates to support the development of integrated care pathways, other patient pathways and patient-centred routes through services linked to commissioning direction, we have identified several initiatives. These are partly detailed within the individual reform chapters for specific Directorates and are subject to further development.

These key initiatives are:

- Unscheduled Care;
- Alcohol Pathways;
- Excellence in Community Care (including Self Directed Support).

Context for Reform in the Western Trust Area

3.6 Cross Border Co-operation and Reform

As a border Trust, the Western Trust recognises the intrinsic nature of our border population and therefore the importance of shared cross-border approaches to tackling population health challenges, service access, capacity and demand issues, and the overall value of collaborative working. The Western Trust is committed to continuing to work with our neighbours in the HSE to further the successful work done to date in establishing the Radiotherapy Unit and the Primary Percutaneous Intervention Service. Both are at Altnagelvin and both serve the needs of a cross-border patient catchment, demonstrating the value of shared approaches to common needs and the benefits to all in the catchment of maintaining clinical speciality provision through these approaches.

As a core governing partner of Co-Operation and Working Together (CAWT), the cross border partnership of the health services in Ireland/Northern Ireland, the Western Trust is committed to delivering thoroughly on any proposals within the INTERREG V programme. Subject to funding being secured, the Trust will ensure that its input and role as a partner in any such initiatives- which have fundamental relevance for health and social care reform, is robust and managed within the Reform Accountability arrangements within the Trust. The Trust acknowledges that the proposals listed below are subject to finalisation and also subject to funding

CAWT INTERREG V Proposals

Mental Health

- Cross Border framework for planning and delivery of Recovery Colleges

Older People's services

- Community Navigator
- Support and Add Value to Age Friendly Initiative
- Co-ordinated, intensive care at home Geriatrician-led OR Advanced Nurse Practitioner led service *straddles Acute (eg Leeds Model)

Disability

- Establish 2 Cross Border Disability Friendly Initiatives
- Increase Day Opportunities
- Skills development for Workforce to respond to needs of Disabled People
- E-health for Service Users and Staff

Population Health

- Universal Prevention Programme: area-based health improvement, involving community-based organisations to maximise resources and impact within local areas
- Long Term Conditions: Proposing a focused approach on Cardio-Vascular Disease (CVD)

Context for Reform in the Western Trust Area

Acute Services

- Improved patient access to acute services, including alternatives to A&E and Outpatients and better utilisation of theatres.
- Access to Diagnostics nearer to patients' domicile and developing access at primary and community level.
- Home as the Hub of Care.
- Development of the Workforce.
- Cross cutting theme - E-health as an enabler to all of the above.

Children's Services

- Design and implementation of a Cross Border Framework for Assessment and Identification of Children/Families at risk from Multiple Adverse Experiences and deliver a programme of individualised Evidence Based, Best Practice Interventions which minimise the impact of adversity on children and vulnerable families.

Human Resources and Workforce Development

- In the Moment Coaching.
- Listening into Action.
- Micro-systems model of quality improvement.
- Cross Border Patient Safety Learning Framework.
- Project Management / Project Development Training Programme. To include a menu of options for training project teams e.g. Principles of project management, Change management, Stakeholder engagement.
- Specialist Training Programmes for: Management of complex / challenging behaviours (Mental Health and Children's Services); Compassionate Leadership (Mental Health and cross border nursing group); Application of e-health solutions (Primary Care and Older People and Acute); Recovery Model (Mental Health); Responding to the needs of an aging population e.g. management of long term conditions (dementia, diabetes, stroke, respiratory).
- Resilience – the need to build capacity within teams.

Section Four
Reform Proposals for Primary Care and Older People's Services

Reform Proposals for Primary Care and Older People's Services

4.0 Priorities and Vision:

The vision within Primary Care and Older People's Directorate is to empower our adult and ageing population with a sense of personal responsibility which challenges individuals who are capable to do so to have regard for their general health and wellbeing. Adults and older people will be supported through highly motivated, well trained staff in accessible services to make healthy lifestyle choices focused on the prevention of illness and disease. All services provided will be of a standard that the public should expect, will provide timely access and ensure that service users continue to be treated with dignity and respect. In addition, the redesign of community services will support the development of system-wide capacity for patients and clients to be supported in care systems closer to home. Reform in Primary Care and Older People's services provides an essential counterbalance to activities to reform Acute Hospital services which is a key part of a wider patient journey. The work of this Directorate will be taken forward in full cognisance of the role of its services in a wider system which supports the right care and intervention in the right place at the right time for patients and clients. In this system we acknowledge the role of multidisciplinary working not only within and between clinical professionals but with social care and social work professionals, and with the wider independent and voluntary and community sector.

Early detection, diagnosis and intervention will be the primary focus of disease management across all acute and long term conditions. Individuals will be supported through the use of new and developing technologies and equipment to manage their own conditions in primary care settings with support from both generalist and specialist professionals across an integrated model of care. Both disease specific and generalist treatment and rehabilitation pathways will be accessible across the Trust with the aim of avoiding hospital admission and reducing the length of time people need to be in hospital.

The focus for those with long term care and support needs will be to enable them to maintain their independence for as long as is safe and appropriate in their own homes with access, if necessary, to a range of high quality care and accommodation facilities including residential and nursing home care. The Patient / Client will be placed at the centre of our assessment and care planning processes which will recognise and support the role of informal carers and their contribution to meeting the needs of the cared for person.

Those with palliative and end of life care treatment and support needs will have access to specialist support and will be given the opportunity to choose where and how they are treated.

Reform Proposals for Primary Care and Older People's Services

Of the 99 proposals contained within the review of Health and Social Care in Northern Ireland published in December 2011, a vast number relate to PCOP – namely the 12 proposals (9-20) contained within the "Older People" section and the 7 proposals (21-27) within the "Long-term Conditions" section. In addition the following are also relevant to the direction that PCOP is intending to move towards:

1. Renewed focus on health promotion and prevention to materially reduce demand for acute health services;

8. Support for the health promotion and prevention role played by Allied Health Professionals, particularly with older people;

31. Better recognition of carers' roles as partners in planning and delivering support, and more practical support for carers;

75. Set targets for the reduction of hospital admissions for long-term admissions and end of life care;

98. Re-allocation of resources estimated to equate to a 4% shift of funds from hospitals into the community.

PCOP will also be significantly involved in cross directorate initiatives such as the development of Self-Directed Support, and in the event of developments to support integrated Alcohol pathways PCOP will be a stakeholder.

Additionally, while PCOP's services largely focus on primary care provision and older people's care, we recognise the role that our community services, appropriately resourced, have in delivering a significant change in Acute patient pathways; we also acknowledge the role which our paediatric-facing services (e.g. AHP Speech and Language Therapy) have in delivering reform. Our reform of such services will take full account of their functionality in the development of integrated care and earlier intervention systems for children and other population groups whom our services support.

The Directorate also acknowledges the significance of Adult Social Work reform for delivery of community infrastructure to support a shift left as well as increased independence and improved range of choice for those who need Adult Social Work interventions.

The Directorate will also support cross-directorate initiatives in recognition of our role within whole-system approaches to:

- Unscheduled Care Improvement;
- Integrated Pathways for Alcohol;
- Excellence in Community Care (including Personalisation and Self-Directed Support).

Reform Proposals for Primary Care and Older People's Services

The following are reform Projects from the Primary Care and Older people's Services.

4.1 Older People's Assessment and Liaison (OPAL)

Description and Aim

Introduction of a comprehensive elderly assessment at the front door and case management approach on general medical and care of elderly wards by the OPAL Team for patients aged 75 years and over. The scheme is for the South West Acute Hospital. The aim of this project is to establish and sustain a change to a comprehensive elderly assessment model which can facilitate a patient pathway based on the patient's needs and in doing so facilitate the more efficient delivery of overall acute care of the elderly in South West Acute Hospital.

Objectives

The objectives envisaged to achieve this aim are as follows:

- Demographic and Capital applications submitted;
- Prepare project brief and project implementation document (PID);
- Convene steering group for Southern sector. Yet to be established awaiting Medical Recruitment;
- Develop operational procedures. These will be mirrored on the Northern Sector of the Trust;
- Criteria for admission and care pathways. The existing criteria and pathways will be used as per the Northern Sector and amended as the service rolls out to meet the needs of the clients in SWAH;
- Develop communication plan for the implementation of the new service. Meetings have already taken place with the Geriatricians in SWAH , the Bed Management Team and Ward managers and Community Colleagues. When we have a confirmed start date " Drop In " information sessions will take place;
- Source accommodation for new team. Accomodation for the team has been sourced on Level 2 adjacent to Interserve;
- Recruitment of team;
- Requisition of capital equipment;
- Training and induction for new staff;
- Commencement of new service. To be confirmed pending Medical Recruitment;
- Monitoring and evaluation after 6 months.

Reform Proposals for Primary Care and Older People's Services

Metrics/Monitoring

The following metrics will be used to monitor OPAL in SWAH:

- OPAL - Number Screened;
- OPAL - Screened Out;
- OPAL – Accepted;
- OPAL – Ongoing;
- OPAL - Verbal Referrals from A&E;
- OPAL - Rapid Access Clinic;
- SWAH Admissions Age 75+ (Gen Medicine & Geriatrics);
- SWAH Discharges & Deaths (Gen Medicine & Geriatrics);
- SWAH Occupied Beddays (Spell) (Gen Medicine & Geriatrics);
- SWAH Average LOS Spell (Gen Medicine & Geriatrics);
- SWAH Complex Delayed Discharges Age 75+ (Gen Medicine & Geriatrics);
- SWAH Escalation Beds (Geriatrics).

All project implementation plans will take account of the requirements associated with appropriate implementation of the Human Resources (HR) element(s) of the project, and will be co-designed and quality assured from a HR management perspective.

The project will be monitored in four ways:

1 Objectives achieved on time;

2 Implementation of the HR elements of the project;

3 Benefits realisation;

4 Impact on resources as per metrics described above.

Implementation details are available from the relevant Assistant Director.

Risks

The proposed project is for a phase 2 rollout of a model which is already operational in part of the Trust area. The risks to implementation are therefore minimal. We will avoid risks associated with lack of uptake of services within OPAL which support patients under the care of their GPs through the development of formal pathways for Frail Elderly care in both inpatient and community contexts.

The main Risk at present is ensuring that adequate Medical Input can be funded and secured on a timely basis for the implementation of this phase of OPAL.

Reform Proposals for Primary Care and Older People's Services

4.2 Reablement and Domiciliary Care

Description and Aim

The aim of this project is to deliver a reformed service which supports reablement and empowerment of clients in a way which supports them to maximize their independence and wellbeing in a community setting.

Reablement aims to enable older people to live fuller-longer, healthier lives with increased independence. It will reduce referral rates to long-term caseloads and increase referral of clients to other supports. The Homecare Service will complement a standardized model of in-house core homecare service. This new model will be based on:

- Outcome Based Referrals;
- Care Runs;
- Localised Care Teams;
- Small Geographically Based Care Teams;
- Improved Structured Working arrangements for Staff.

Objectives

The following objectives have been identified in order to achieve on the aim of the Project, which will be implemented on a three-phase basis, with the objectives below applying as an implementation process for each phase:

- Allow clients to live independently, and enable them to engage with and contribute to society;
- Re-gain their independence following a period of illness / crisis;
- Maximising independence for those clients with existing domiciliary care packages, which have been in place for some time;
- Monitor and manage their own long term conditions;
- Access support within their local communities;
- Increasing choice and autonomy over their future;
- To reduce the need for long-term domiciliary care packages;
- To reduce the need for long-term residential care provision;
- To reduce unnecessary admissions to acute hospital settings. Through early intervention and preventative support through a reablement programme will avoid admission to hospital and allow the individual to remain in their own home with care.

Reform Proposals for Primary Care and Older People's Services

Metrics/Monitoring

The following metrics will be used to monitor the project:

- Total referrals to Older People Services;
- Referrals to Community Rehabilitation Teams;
- Referrals to Homecare Services;
- Number of clients in receipts of Domiciliary Care by Year (snapshot at September);
- Number of discharges from domiciliary care;
- Number of days provided in Residential and Nursing Home care;
- Length of Stay of Permanent Clients in Residential & Nursing Home Care upon Discharge/Death by Year.

All project implementation plans will take account of the requirements associated with appropriate implementation of the Human Resources (HR) element(s) of the project, and will be co-designed and quality assured from a Human Resources management perspective.

The project will be monitored in four ways:

1 Objectives achieved on time;

2 Implementation of the HR elements of the project;

3 Benefits realisation;

4 Impact on resources as per metrics described above.

Implementation details are available from the relevant Assistant Director.

Risks

The following key risks have been identified:

- Lack of availability of resources to ensure workforce changes can be delivered to support the service redesign- impacting on timescale and attainment of project milestones, also overall delivery of recurrent savings;
- Availability of financial enablers to allow the service change to take place, thereby delaying the project;
- Loss of momentum around project management and sequencing of key elements of project implementation if lack of clarity around savings is seen as a reason not to clarify and proceed with implementation in any case.

Reform Proposals for Primary Care and Older People's Services

4.3. Reform of Day Care

Description and Aim

This project will develop and establish a three-tiered model of Daycare provision throughout the Trust area which focuses on prevention, independence and choice through access to multiple services, increasing the use of voluntary, independent sectors and local resource centres. In addition to addressing need and matching services to the need of an individual client, the model proposed has at its core a partnership between the Trusts and the wider community, including community and voluntary organisations whose supports and services can be of benefit to our Daycare Clients. The proposed reform of Daycare will ensure that we can continue to meet the evolving assessed needs for Daycare services within the population of the Western Trust area for Daycare services on a model which is sustainable in terms of client outcomes as well as in operational and resourcing terms. All proposed elements of the Reform will be implemented in line with standards and RQIA recommendations.

Objectives

The following objectives have been identified in order to achieve on the aim of the Project:

- Conduct stakeholder consultations about the introduction of a three-tiered model of daycare;
- Subject to outcome of consultations, we propose to introduce a three-tier model of daycare based on principle of accessibility of provision of all three levels of care within each locality across the Trust;
- Continue to deliver daycare services for those assessed as in need within each locality across the Trust;
- Ensure that we as a Trust stimulate a value-added approach to daycare services and services in the community through developing additional linkages within localities, partnership with communities and voluntary service providers whose supports can enhance the life quality of all our daycare clients;
- Continue to develop our daycare centres and work in partnership with voluntary and community providers to lever a range of choices and supports which are accessible within each locality.

Reform Proposals for Primary Care and Older People's Services

Metrics/Monitoring

The following metrics will be used to monitor the project:

- Numbers accessing level 1 daycare services following assessment;
- Numbers accessing level 2 daycare services following assessment;
- Numbers accessing level 3 daycare services following assessment;
- Frequency of use of direct payments within a self directed support/ personalisation model at all levels of daycare assessed need.

All project implementation plans will take account of the requirements associated with appropriate implementation of the Human Resources (HR) element(s) of the project, and will be co-designed and quality assured from a Human Resources management perspective.

The project will be monitored in four ways:

1 Objectives achieved on time;

2 Implementation of the HR elements of the project;

3 Benefits realisation;

4 Impact on resources as per metrics described above.

Implementation details are available from the relevant Assistant Director.

Risks

The following key risks have been identified:

- All project risks are subject to outcome of the consultation process which is a necessary prerequisite to a decision to implement and which will inform any implementation of the project. Depending on the outcome of the consultation risks may include:
  - Staff redeployment/relocation;
  - Service relocation for clients and subsequent challenges this may pose;
  - Transport issues.

Reform Proposals for Primary Care and Older People's Services

4.4 Acute Care in the Community

Description and Aim

Basing service design and development around all relevant commissioning priorities including Acute Care at Home, this project will develop and expand the range of services and treatments provided within primary care setting in order to move towards a 24 hour community nursing service incorporating;

- District nursing;
- Treatment room nursing;
- Rapid Response Nursing;
- Specialist Nursing Services;
- Specialist Palliative Care;
- Community AHP services;
- Adult Social Work.

The aim of this project is to develop a redesigned network of community nursing services which combines the distinctive functions of district nursing, rapid response nursing and support for long-term conditions pathways within a 7-day 24-hour service model. This involves the creation of an Acute Care at Home Team. This project is a key project in facilitating a system shift left, creating new patient pathways and care closer to home. It is equally important for Regional Reform priorities of Acute Hospital Reform, Patient Pathways, and may also have a role to play as an enabler for Outpatients Reform.

Objectives

The following objectives have been identified in order to achieve on the aim of the Project:

- Analysis and redesign of treatment room services;
- Analysis of Rapid Response Nursing services;
- Analysis of District Nursing Duties (including demand for palliative nursing services within the community);
- Scoping of opportunities for community nursing to support integrated care pathways on ICP priorities and other areas where pathways are developing;
- Development of an integrated, multifunctional model of acute community nursing services as a future commissioned component of an integrated care model in the West of Northern Ireland. Develop and expand the range of services and treatments provided within primary care setting with the community services listed above;
- Complementing the development of appropriate community nursing/AHP/ Social Work infrastructure through developing an Acute Care in the Community model to accommodate patient-centred pathways for a wide range of patient needs, in particular key patient groups within Unscheduled Care.

Reform Proposals for Primary Care and Older People's Services

Metrics/Monitoring
The following metrics will be used to monitor the project:
• Impact of new model on acute hospital reform;
• Unscheduled admissions per relevant patient group;
• Average LOS per relevant patient group;
• Reduction in delayed discharges per relevant patient group.

Additional metrics may be identified in context of sharing patient pathways with GPs.

All project implementation plans will take account of the requirements associated with appropriate implementation of the Human Resources (HR) element(s) of the project, and will be co-designed and quality assured from a HR management perspective.

The project will be monitored in four ways:

1 Objectives achieved on time;

2 Implementation of the HR elements of the project;

3 Benefits realisation;

4 Impact on resources as per metrics described above.

Implementation details are available from the relevant Assistant Director.

Risks

The following key risks have been identified:

- Failure to involve staff in the early stages of visioning a redesigned service will jeopardise the scope, opportunities and deliverability of the project;
- Failure to ensure a unity of purpose across all community nursing divisions and consensus on specific service models as subsets of community nursing will impact on the potential of the project to support a shift left in patient pathways;

Reform Proposals for Primary Care and Older People's Services

- Failure to obtain adequate commissioning investment will jeopardise the potentially wide-ranging and 'game-changing' nature of this project's impacts: this project is a keynote project for shift left and for the development of real care alternatives for patients closer to home. As such, there needs to be an understanding of the role of recurrent investment in this project in order to facilitate the 'system shift' implicit in TYC regional reform objectives;
- Failure of other work within the Trust on patient pathways and unscheduled care to take account of and recognise the facilitative nature of this initiative could mean a loss of opportunity to secure the required functionality and maximise impact of a new community nursing model - joined up working needed between this project and other Acute and PCOP Reform projects in respect of their infrastructural significance for a 'shift left';
- Failure to ensure that this project cross-references in practice with any reform work in AHP groups and in Adult Social Work.

4.5 Workforce Reform: AHP Review

Description and Aim

The aim of this project is to produce AHP services which support reform, changes in patient pathways and population needs and which work at a model of optimal efficiency incorporating innovation, evidence-based best practice and forward thinking.

This project will achieve a structural review of AHP Services which takes account of Reform principles, future commissioning priorities, and the evolving needs of groups of service users. The principles within the review will be; redesign of resources within specific parameters; analysis of existing and historical pressures; identification of continuous improvement processes; workforce resilience; flexibility to plan for recurrent or predictably fluctuating pressures (eg seasonal referral patterns); appropriate skill mix; interdisciplinary working (including input on integrated care pathways throughout the Trust for patients of all age groups including patients with disabilities); prevention and early intervention; innovative working within the community and reform focused on improved patient outcomes.

Reform Proposals for Primary Care and Older People's Services

Objectives

The objectives of the project will be :

- To develop and test a participative (staff and service users) review methodology which identifies optimal service design based on analysis of existing, emerging and future demand, needs of specific patient groups, and which acknowledges the role of professional AHP workforce development and clinical leadership skills in building service excellence;
- On the approach set out above, to conduct a review and service redesign in the following services:
  - Occupational Therapy;
  - Physiotherapy;
  - Dietetics;
  - Orthoptics;
  - Podiatry;
  - Speech and Language Therapy.

Metrics/Monitoring

While each AHP Group will have specific metrics which will indicate improved performance as a result of reform which are specific to their patient groups, the following metrics are typical of those which will be used to monitor the impact of changes proposed and delivered through the implementation of this project:

- Number of AHP Service Reform plans achieved and implemented;
- Improved target activity (post implementation of the change);
- Number of patients receiving assessment and treatment/interventions within standard waiting times;
- Enhanced service user experience;
- (Where relevant), continuity of care for service users;

All project implementation plans will take account of the requirements associated with appropriate implementation of the Human Resources (HR) element(s) of the project, and will be co-designed and quality assured from a Human Resources management perspective.

Reform Proposals for Primary Care and Older People's Services

The project will be monitored in four ways:

1 Objectives achieved on time;

2 Implementation of the HR elements of the project;

3 Benefits realisation;

4 Impact on resources as per metrics described above.

Implementation details are available from the relevant Assistant Director.

Risks

The following key risks have been identified:

- Failure to ensure effective and robust proposals for change which are aligned to patient group needs, commissioning priorities and professional practice standards/rationale. Each group will address this through a thorough examination of pressures, challenges, and opportunities for change as a prerequisite to formally presenting any proposals for consultation and subsequent conditional implementation;

- Specific need to ensure linkage with reform priorities in Unscheduled Care and other service area reforms and patient pathways led by other directorates, for which any AHP group are a provider of care (e.g. Speech and Language Therapy as an interface stakeholder in a Stepped Care Model in Children's Mental Health & Disability, LAC pathway).

4.6 Reform of Residential Homes

Description and Aim

The Western Trust is consulting on the future of 4 statutory residential care homes in our area:

- Thackeray Place, Limavady;
- Greenfield, Strabane;
- Rectory Field, L'Derry;
- William Street, L'Derry.

This is part of a long term piece of work which is necessary to ensure that we have the right services in place to meet the needs of older people in the Western Trust area both now and in the future.

On 29 November 2013 the Health and Social Care Board (HSCB) commenced a public consultation on the proposed criteria for evaluating the future role and function of statutory residential care homes for older people. The consultation closed on 7 March 2014, and the final criteria were published in June 2014. At the same time Local Commissioning Groups (LCGs) were asked by the HSCB to undertake local needs assessments for older peoples' services. Any proposals for change were set within the context of the needs assessment.

Reform Proposals for Primary Care and Older People's Services

On 16 April 2014, the then Minister for Health, Social Services and Public Safety (Edwin Poots, MLA) gave a commitment to the current permanent residents of the statutory residential care homes affected by the public consultation that they would be able to remain in their existing home for as long as they wish and as long as their care needs could continue to be met. This was broadly in line with previous HSCB and Trust commitments to residents, and the Trust reiterates this commitment in this document.

Following HSCB approval, Trusts were asked to apply the final criteria to relevant residential care homes for older people in their area, and subsequently make proposals for change to the LCG and HSCB for consideration.

At a recent meeting in public on 19 May 2015 the HSCB approved a recommendation that Trusts proceed to consult on their individual proposals for change.

The Trust will commence a consultation process on the possible implementation of these proposals and there will be no changes made until the consultation is completed, feedback considered and recommendations for change made and subsequently accepted by the Minister.

The Trust will provide feedback to residents, their families and staff about the outcome of this Consultation as soon as possible following the consultation closure date in late 2015.

Reform Proposals for Primary Care and Older People's Services

4.7 Acute Care at Home

Description and Aim

'Hospital at home' or 'Acute Care at Home' has been defined as "a service that provides active treatment by health care professionals in the person's own home for a condition that would otherwise require acute hospital in-patient care and always for a limited time". Acute Care at Home is a key component within an integrated Community Nursing Service and as such this project has synergies, both strategic and operational, with Acute Care in the Community.

As hospital admissions continue to rise year-on-year despite, efforts continue to reduce unnecessary hospital attendances. Acute hospital care can be associated with adverse health outcomes,particularly for older people; confusion is made worse, confidence is lost and social networks are disrupted. Institutional aspects create continence difficulties with reduced mobility and food intake while individuals are exposed to the risk of healthcare associated infection. Older people benefit from specialist care (comprehensive geriatric assessment) with co-ordinated multi disciplinary working and nationally 'hospital at home'schemes are being developed to provide an alternative to hospital admission.

These schemes have varied widely in their structure and therefore it has been difficult to quantify their benefit as studies have included review of both early supported discharge and 'admission avoidance' services. A recent systematic review and meta-analysis focusing on admission avoidance models has shown that there is no adverse mortality outcome with managing people at home versus hospital while there are significant benefits in terms of patient satisfaction, reduced agitation and improved eating and sleeping.

Current models of acute care at home include the services in Gwent (Wales), Southampton (England), Lanarkshire and Fife (Scotland). The models have included care of patients in urban and rural areas and have included several areas of significant deprivation. The models have demonstrated patient satisfaction and safety while there has been a trend towards falling numbers of older people admitted, or a reduction in the rate of increase of admissions while some areas have reported bed closures.

This initiative will put in place unscheduled care pathways across primary, community and secondary care which will reduce the need for people to be admitted to hospital and will create further capacity within secondary care. The model will provide care in the home rather than in acute hospital, but patients will remain under the care of a named community consultant physician in Care of the Elderly. The service will be a Community based service that will provide hospital 'in reach'. This will be evident in the monitoring of the number of referrals, bed days saved, treatment interventions and number of patient contacts within the community nursing service.

Reform Proposals for Primary Care and Older People's Services

The Acute Care at Home Team will work alongside OPAL to defer admissions of Older People into hospital from ED, AMU and proposed CDU.

There will be a phased implementation of the initiative, initially concentrating on the over 75 population in the northern sector which will be reviewed and monitored with the Commissioner.

Project Leads are: Geraldine Brown, Assistant Director of Secondary Care; Dr Stephen Todd, Consultant Geriatrician.

Objectives

Key project objectives are:

- To develop integrated unscheduled care pathways through primary, community and secondary care to meet the clinical and social care needs of Older People in the first 24 hours of an urgent care episode to avoid hospital admission, which will incorporate and utilise the following services: GP and GP out of hours service; NIAS, Integrated Service Delivery Teams; Rapid Response Nursing Service; Reablement with rapid access for domiciliary care;
- To provide Acute Care at Home to 517 patients per annum who are aged over 75 years and living in the Northern Sector of the Western Trust area;
- To avoid at least 500 non-elective emergency admissions in Altnagelvin Hospital per annum.

Metrics/Monitoring

The following metrics will be used to monitor Acute Care at Home:

- Service in place by 1 November 2015;
- Description of baseline position to assist with performance monitoring in advance of service commencement;
- Caseload of 7-10 patients with length of stay of 5-7 days;
- 16,468 ACAH nurse contacts per annum (Bands 5, 6 and 7);
- Senior doctor (consultant and specialty doctor) home visits and virtual wards rounds;
- Delivery of AHP, social work and pharmacy assessment and interventions as required;
- Avoidance of at least 4,000 acute hospital bed days attributable to the target patient group (assuming each patient would have had an ALOS of 14 days);
- Avoidance of up to 500 ED attendances per annum;
- Agreed GP referral protocols to the service;
- Agreed NIAS referral protocols to the service;

Reform Proposals for Primary Care and Older People's Services

- Agreed clinical governance arrangements for the acute phase of care;
- Agreed discharge arrangements to General Practice;
- Agreed referral arrangements to community services as required, including Reablement.

All project implementation plans will take account of the requirements associated with appropriate implementation of the Human Resources (HR) element(s) of the project, and will be co-designed and quality assured from a Human Resources management perspective.

The project will be monitored in four ways:

1) Objectives achieved on time;

2) Implementation of the HR elements of the project;

3) Benefits realisation;

4) Impact on Resources as per metrics described above.

Implementation details are available from the relevant Assistant Director.

Risks

The following key risks have been identified:

- Medical Recruitment – The Trust is challenged to secure permanent Trust appointments to Consultant Geriatric posts;
- Ability to deliver full service within resources available;
- Recruitment Challenges and Accommodation.

Reform Proposals for Primary Care and Older People's Services

4.8 Summary of Reform Projects in Primary Care and Older People's Services

Scheme	Description
Older People's Assessment and Liaison	Adaptation of current Derry/Strabane/LImiavady OPAL model and rollout in Omagh/Fermanagh.
Reablement & Domiciliary Care	Reablement will enable older people to live fuller, longer, healthier lives with increased independence. It will reduce referral rates to long-term caseloads and increase deferral of clients to other supports. The Homecare Service will compliment a standardised model of in-house core homecare service. This is new model will be based on: • Outcome Based Referrals • Care Runs • Localised Care Teams • Small Geographically Based Care Teams • Improved Structured Working Arrangements for Staff
Reform of Day Care	Reform the current model of daycare service provision to move from the current generic model to a differentiated provision across three tiers of independence and four geographic locations. The review will also look at current utilisation of facilities and explore opportunities for 7 day service provision.
Acute Care in the Community	Review current services. Develop and expand the range of services and treatments provided within primary care setting with the following community services. Moving towards a 24 hour community nursing service within WHSCT, incorporating; • District nursing including 24 hour model • Treatment room nursing • Rapid Response Nursing • Specialist Palliative Care • Community AHP services • Acute Care at Home Team

Reform Proposals for Primary Care and Older People's Services

4.8 Summary of Reform Projects in Primary Care and Older People's Services

Scheme	Description
AHP Review	Structural Review of AHP Services which takes account of Reform principles, future commissioning priorities, and the evolving needs of groups of service users. The principles within the review will be redesign of resources within specific resource parameters, analysis of existing and historical pressures, identification of continuous improvement processes, workforce resilience and resilience of workforce supply, flexibility to plan for recurrent or predictably fluctuating pressures (e.g. seasonal referral patterns), appropriate skill mix, interdisciplinary working (including input on integrated care pathways throughout the Trust for patients of all age groups including patients with disabilities), prevention and early intervention, innovative working within the community, and reform focused on improved patient outcomes.
Reform of Residential Homes	To consult on Making Choices: proposed changes to the provision of statutory and residential care for older people.
Acute Care at Home	Provision of an Acute Care at Home Service.

Section Five
Reform Projects in Acute Services

Reform Projects in Acute Services

5.0 Priorities and Vision

The Regional and Technical context for the Acute Directorate's proposals under Transforming Your Care can be found in the Acute Care section of the 99 proposals of Transforming Your Care. The intention behind the Acute Directorate's proposals is to implement best practice for high quality care and service performance, with particular reference to the Transforming Your Care Review's recommendations on Unscheduled Care, Planned Care, Ambulatory Care and Diagnostics, and Regional Services.

The WHSCT Acute Directorate proposes a programme of activity and an ongoing sustained approach to delivering the transformational change implied in TYC. This programme of activity will have the following principles at its core:

- Right Care, Right Place, Right Time, Right Outcome;
- Organising Sustainable Inpatient Care;
- Improving Access to Diagnostics;
- Engaging Primary Care;
- Creating a Sustainable Service;
- Being responsive to the public;
- Balancing local and central demand with quality and safety; and
- Providing clear information to the public about how to access services.

The 99 Proposals relevant to Acute services are also given expression in the WHSCT Acute Programme of work and these are:

1. To reinforce the development of the Regional Trauma Network set out in the DHSSPSNI document;
2. Over time, to move to a likely position of five to seven major acute hospital networks in Northern Ireland;
3. To ensure urgent care provision is locally available to each population;
4. To set targets for the reduction of hospital admissions for long-term admissions and end of life care;
5. To set targets for the reorganization of Outpatients and diagnostic services between hospitals and Integrated Care Partnerships;
6. To ensure the transition takes full account of Service Frameworks and clinical pathways;
7. To contribute to expeditious implementation of a managed clinical network for pathology;
8. To make the necessary arrangements to ensure critical clinical staff are able to work in a manner which supports the new arrangements.

Reform Projects in Acute Services

The strategic direction for The Acute Directorate is in line with the Western Population plan specifically with the following principles:

- Commitment to reform;
- Patient focused;
- High quality, affordable services;
- Cross boundary, cross border;
- Maximising the use of technology.

Within the 10 programmes of care that will be taking place in the Western Local Commissioning Group Locality, the following are specific to Acute:

- Acute Services Reform;
- Transformation of Unscheduled Care;
- Long Term Condition Management;
- Developing Cross Boundary and Cross Border Services (Building on model of the Urology Services Team Northwest).

5.0.1 Vision for Reform

The WHSCT Acute vision for reform has been based, in line with best practice in vision-based planning, on a desired future model. It takes account of the Acute Directorate's Strategic Plan 'Shaping Our Future'. This vision will drive the technical, quantitative and qualitative outcomes of Transforming Your Care and is aimed at looking beyond the immediate TYC programme implementation period, to a future model which sustains the change and continues to evolve. This vision is:

The Western Trust Acute Directorate delivers patient-centered, sustainable high-quality services based on best clinical and management practices to deliver optimal patient outcomes. Our services are aimed at meeting the evolving acute service needs of the population of the Western Trust Area and delivering the right service, in the right place, at the right time for patients, clients and carers. We continue to lead and champion excellence in clinical practice, flexible service development and health improvement to enhance health outcomes of the population we serve. We do this through supporting a highly skilled and valued workforce and practitioner community, through championing reflective practice and engagement with service users, and through facilitating practice-based service improvement networks which place patient outcomes and experience at their heart. We also do this through driving and facilitating partnership working across traditional service boundaries, and fostering a culture of innovation and continuous improvement.

5.0.2 Understanding the Vision: Shaping Our Future:

Understanding the Vision: Shaping Our Future

The Acute Directorate will operate a strategic programme for improvement which will be underpinned by TYC

Reform Projects in Acute Services

Principles. This programme will be delivered through action on all of the following elements which go to make up a high-performing directorate:

- High Quality Safe Care and Timely Access;
- Leadership;
- A motivated workforce;
- Collaborative Working;
- Accountability;
- Risk Management;
- Efficient Use of Resources;
- Education;
- Financial Planning;
- Divisional Planning;
- Taking account of and responding to Corporate Objectives.

In providing its Strategic Programme for Improvement, the Acute Directorate strives and will continue to ensure that the patient remains at the centre of all care, resource management, service planning and service delivery. The Acute Directorate acknowledges the importance of translating strategic vision into specific divisional direction and has considered the implications of this vision for each of the four divisions within Acute.

The specific understanding of the vision for each division, which in turn informs the division's implementation of intra-divisional and multidisciplinary projects within the TYC programme, is set out below per division:

1. Emergency Care & Medicine:

Services will be planned and delivered on the principle of providing the right Patient with the right Bed at the right Time, reducing emergency bed pressure and focusing on solutions which avoid or provide alternatives to admission. Services will aim to deliver improved patient pathways and in order for service change to be delivered the right staff will be provided with the right support. The Division aims to improve the working environment for staff with due regard for professional development, support and skill mix. Acknowledging the importance of getting the right feedback from the right people, the Division will operate with a culture of reflective practice, engaging service users and taking account of patient experience in order to shape and improve services.

2. Surgery and Anaesthetics:

The Surgery and Anaesthetics Division recognizes the importance of efficient and high quality service delivery in the context of TYC. The division will work to deliver agreed elective waiting time targets, to modernize the surgical pathway for elective and non-elective patients, and to engage with all relevant 'shift left' activities and processes delivered through the TYC programme as appropriate.

Reform Projects in Acute Services

3. Diagnostics and Cancer:

The Diagnostics and Cancer Division is currently examining how it can deliver Diagnostics Services on a 24/7 basis, in recognition of the importance of flexibility in response to service demand in the context of TYC. Diagnostics and Cancer will focus on improving performance against Cancer targets particularly 62 day. As a division which provides services to both secondary and primary care, Diagnostics and Cancer has a strategically significant role to play in delivering and being fully connected in to all relevant activities relating to the shift left and development of integrated pathways with primary care. The Division will support the TYC Shift Left with appropriate Diagnostics services in the right place at the right time, and on developing innovative pathways in partnership with Clinicians in both primary and secondary care. The Division will also focus on maintaining its accredited status in Pathology across the Trust, and in Endoscopy in Altnagelvin with a view to extending accreditation in Endoscopy to the Southern Sector. The Division is also keen to pursue accreditation for Radiology Services, and will examine potential for excellence and innovation in key areas within the overall Diagnostics field.

4. Pharmacy:

Pharmacy will focus on ensuring patients get the right medicine at the right time and that medicines are used safely and effectively. There is a need to extend the clinical pharmacy service to all wards across the Trust (including adult mental health) as well as provide a 7 day dispensing and clinical service in Altnagelvin and SWAH subject to clarification of resources in line with the Board's Commissioning Plan. Prescribing pharmacists will develop their roles to support safe and effective patient care, medicines reconciliation and expedite discharge. New outreach models of pharmaceutical care are being developed to support patients with chronic conditions post-discharge, formally linking with GPs and community pharmacists in a case-management approach. The work in pharmaceutical care of the elderly care will continue to develop with outreach into community clinics, nursing and residential homes. Pharmacy will work with the multidisciplinary team to enable patients to take their medicines post-discharge through implementing self-administration of medicines schemes in intermediate care and developing formal assessment of need for monitored dosage systems/ alternatives. Other specific outreach services will continue to be developed for patients with diabetes and respiratory disease. Pharmacy will identify further invest to save projects to ensure best use of available resources. Pharmacy and HSDU will continue to make procurement efficiencies to ensure value for money and will review skill-mix to ensure best use of staff resource.

Reform Projects in Acute Services

The following are the 11 Reform Projects from Acute Services.

5.1 Elective Procedure Unit & Surgical Assessment Area

Description and Aim

The development of an Elective Procedure Unit (opened June 2014) will streamline the surgical pathway for elective patients. This unit will facilitate the relocation of pre-operative assessment services which will allow these services to be developed, pre-admission and managed within one clinical area to enhance patient throughput and theatre utilisation. This forms part of the larger Acute Reform and bed planning work. There are two elements to this proposal:

- The opening of an Elective Procedure Unit;
- The continuation of the Surgical Assessment Area (SAA).

Objectives

The following objectives have been identified in order to achieve on the aim of the Project:

1. To establish and maintain an Elective Procedures Unit and Surgical Assessment Area within Altnagelvin Hospital in order to achieve the following anticipated outcomes:
   - Decrease pre -operative length of stay;
   - Increase day surgery rates;
   - Conversion Inpatients to 23 hour care and 23 hour care to day case;
   - Reduce day of surgery cancellations / DNA's;
   - Increase theatre utilisation and efficiency;
   - Ensure appropriate pre assessment and increase compliance with pre-assessment standard.

Metrics/Monitoring
The following metrics will be used to monitor this project:
• Reduction of pre-operative length of stay (targets patients being admitted on the day of surgery);
• Reduction in DNA's;
• Reduction of cancellations;
• Increase Theatre Utilisation as a result of increased pre-operative assessment.

All project implementation plans will take account of the requirements associated with appropriate implementation of the Human Resources (HR) element(s) of the project, and will be co-designed and quality assured from a HR management perspective.

Reform Projects in Acute Services

The project will be monitored in four ways:

1 Objectives achieved on time;

2 Implementation of the HR elements of the project;

3 Benefits realisation;

4 Impact on resources as per metrics described above;

Implementation details are available from the relevant Assistant Director.

Risks

The following key risks have been identified:

- Non recurrent funding for staffing.

5.2 Ambulatory Care Stream

Description and Aim

To develop an ambulatory care stream to provide a same, or next day assessment, for patients who would otherwise have been admitted into the hospital. The efficacy of the ambulatory care stream will be complemented by the ongoing developments in diagnostic services and the speciality of Acute Medicine. As this service grows further work will be required to develop pathways in conjunction with relevant ICP leads.

During 15/16, the Trust will be working towards an acute medical model which has consultant cover until 20:00 7 days a week - ensuring the timely development of outcome focussed management plans and offering enhanced support to the junior out of hour's medical team.

Objectives

The following objectives have been identified:

- To provide an admission alternative;
- To provide direct access to a senior clinician for same day/next day advice or assessment.

Reform Projects in Acute Services

Metrics/Monitoring

The following metrics will be used to monitor this project:

- Monitor number of people managed as ambulatory care;
- Monitor no of people discharged with zero length of stay.

All project implementation plans will take account of the requirements associated with appropriate implementation of the Human Resources (HR) element(s) of the project, and will be co-designed and quality assured from a HR management perspective.

The project will be monitored in 4 ways:

1 Objectives achieved on time;

2 Implementation of the HR elements of the project;

3 Benefits realisation;

4 Impact on Resources as per metrics described above.

Implementation details are available from the relevant Assistant Director.

Risks

The following key risks have been identified:

- Services require funding.

5.3 Pharmacy

Description and Aim

Integrated medicines management (IMM) is a process which has been demonstrated to improve staff productivity, communication and ensure patients get the right medicine at the right time.

Objectives

The objective of this project is to implement a suite of schemes framed around better integrated medicines management, a key enabler to ICP and TYC objectives:

- Pharmacy for diabetes;
- Pharmacy oncology/haematology;
- One stop dispensing for Ward 2, SWAH;
- Consultant pharmacist for older people in intermediate care;
- Prescribing pharmacists;
- Anaesthetics clinical pharmacy;
- Mental Health pharmacists;
- 7 days working pharmacy;
- Long term condition management pharmacists;
- Respiratory outreach pharmacist.

Reform Projects in Acute Services

Metrics/Monitoring

The following metrics will be used to monitor this project:

- Improved quality as medicines will be supplied in a more timely and patient-focused way;
- Use of medication at bedside lockers;
- Reduction in number of additional stock for medicines;
- Reduction in number of medication returns to pharmacy (target 20%);
- Improved timing of additional stock;
- Increase in use of patient's own drugs (measured on admission and at discharge);
- Reducing number of omitted/delayed doses;
- Decreased nursing time spent ordering and administering medicines;
- Decreased discharge turnaround time (from 3hrs to 45 mins).

All project implementation plans will take account of the requirements associated with appropriate implementation of the Human Resources (HR) element(s) of the project, and will be co-designed and quality assured from a HR management perspective.

The project will be monitored in four ways:

1 Objectives achieved on time;

2 Implementation of the HR elements of the project;

3 Benefits realisation;

4 Impact on Resources as per metrics described above.

Implementation details are available from the relevant Assistant Director.

Risks

The following key risks have been identified:

- Ability to secure funding;
- Challenges in maintaining current staffing levels within Pharmacy to enable expansion of the service provided within current funded establishment;
- Ability to recruit suitably qualified staff;
- Unable to demonstrate efficiencies or cash-savings in primary care drugs budget. - This risk will be managed in the context of project-specific baseline analysis which will be undertaken in the context of overall project performance and evaluation.

Reform Projects in Acute Services

5.4 Diagnostics (7 Day Working)

Description and Aim

The main purpose of this project is to implement a suite of schemes framed around 7 Day Working in diagnostic services. This will ensure same day reporting and will be of benefit to unscheduled care and add elective capacity. This will improve service provision and reduce waiting times.

Objectives

The objective of this project is to implement a suite of schemes framed around 7 day working in diagnostic services:

- 7 day reporting in plain film;
- 7 day working in ultra sound;
- 7 day working in MRI;
- 7 day working in microbiology;
- 7 day working in cellular pathology;
- 7 day working in blood science;
- 7 day working in Endoscopy.

Metrics/Monitoring
The following metrics will be used to monitor this project:
• Daily reporting;
• Availability of reporting at weekends will impact on all users of service including unscheduled care;
• Productivity gains / better workforce utilization with appropriate skill mix;
• Improved and simplified workflow.

All project implementation plans will take account of the requirements associated with appropriate implementation of the Human Resources (HR) element(s) of the project, and will be co-designed and quality assured from a HR management perspective.

The project will be monitored in four ways:

1 Objectives achieved on time;

2 Implementation of the HR elements of the project;

3 Benefits realisation;

4 Impact on Resources as per metrics described above.

Implementation details are available from the relevant Assistant Director.

Reform Projects in Acute Services

Risks

The following key risks have been identified:

- Revenue funding;
- Staff and radiologist availability;
- There is potential for outsourcing of reporting if radiologists cannot be recruited;
- Workforce skills to be developed.

5.5 Home Dialysis

Description and Aim

This project aims to increase the number of patients on home dialysis treatments. The total number of peritoneal dialysis patients when the programme is mature would double tobetween 40-50 patients. This would represent 20-30% of the total number of patients on dialysis and would be in keeping with recommendation of NICE, representing a doubling of the number of patients currently on peritoneal dialysis.

This project also aims to ensure that the rate of transplant continues at or above current; level (around 10 patients per annum) with adequate follow up.

Objectives

This proposal has the following objectives:

- Provide a balanced renal service, with emphasis on increasing ability to offer patient choice for treatment of end stage renal disease;
- Ensure high number of transplantation amongst patients with end stage kidney disease, and the facilitation of their follow up post-transplant;
- Facilitation of unscheduled care for Renal patients.

Reform Projects in Acute Services

Metrics/Monitoring
The following metrics will be used to monitor this project:
• No of patients on peritoneal dialysis;
• No of transplant patients with adequate follow up continued at current level or exceeded.

All project implementation plans will take account of the requirements associated with appropriate implementation of the Human Resources (HR) element(s) of the project, and will be co-designed and quality assured from a HR management perspective.

The project will be monitored in four ways:

1 Objectives achieved on time;

2 Implementation of the HR elements of the project;

3 Benefits realisation;

4 Impact on Resources as per metrics described above.

Implementation details are available from the relevant Assistant Director.

Risks

The following key risk has been identified:

- Inability to acquire funding;
- Not securing the support and confidence of patients and their carer – this can be managed through providing correct and ongoing communication, information and support.

Reform Projects in Acute Services

5.6 Sepsis Screening

Description and Aim

The main purpose of this project is to assist with the early identification and management of sepsis.

This project aims to fully implement sepsis screening tools, sepsis bundles and monitoring processes across the Trust including acute clinical areas and identified high risk community settings,

Objectives

The following objectives have been identified in order to achieve on the aim of the Project:

- To improve the earlier identification of sepsis for patients within hospital setting;
- To implement the 3 and 6 hour sepsis bundles within hospital settings.

Metrics/Monitoring

The following metrics will be used to monitor this project:

- Number of patients identified as having sepsis using the defined criteria;
- Number of elements of Sepsis Bundle which are delivered – overall compliance and compliance for individual elements of bundle;
- Length of stay for patients which were identified as having sepsis;
- Hospital outcome for patients which were identified as having sepsis;
- Care required in critical care and subsequent length of stay in ICU/HDU;
- APACHE Score for patients with sepsis requiring admission to ICU/HDU.

All project implementation plans will take account of the requirements associated with appropriate implementation of the Human Resources (HR) element(s) of the project, and will be co-designed and quality assured from a HR management perspective.

Reform Projects in Acute Services

The project will be monitored in four ways:

1 Objectives achieved on time;

2 Implementation of the HR elements of the project;

3 Benefits realisation;

4 Impact on Resources as per metrics described above.

Implementation details are available from the relevant Assistant Director.

Risks

The following key risks have been identified:

- Funding for Project Nurses;
- Not having support of clinical teams – mitigated through local clinical teams having support of Project Nurse and having ownership over their own implementation;
- Lack of baseline data – mitigated through effective baseline data gathering being central to the project as the initial stage. This will provide strong baseline for monitoring purposes;
- Funding for 15/16 to be confirmed.

5.7 Theatre Productivity

Description and Aim

The main purpose of this project is to enhance Theatre productivity across the Trust by ensuring implementation of improved and standardized theatre management processes across the whole Trust area.

Objectives

This project forms the operational umbrella for a number of key service improvements relating to specific specialties e.g. Ophthalmology and Varicose Vein Services. The latter are dependent on both capital and revenue resources being made available for their specific strands of activity.

Two work streams have been identified which will both contribute to increased theatre utilisations, these are:

- Pre-op assessment - Being implemented on a phased basis;
- Waiting times office - This project is at early stages, this aims to better manage theatre planning.

Reform Projects in Acute Services

Metrics/Monitoring
Overall aim is to increase Theatre utilisation (this will be an outcome of the two work-streams).
Increased utilisation will be the result of:
• Reduced cancellations (CAN's/DNA's);
• Reduced number of lost minutes.

Theatre utilisation Activity will be measured using "TMS" data which is consistent with Audit committee. Audit committee target is 83% utilisation however it is estimated that given issues with use of TCH theatre 77% is a realistic target for WHSCT.

All project implementation plans will take account of the requirements associated with appropriate implementation of the Human Resources (HR) element(s) of the project, and will be co-designed and quality assured from a HR management perspective.

The project will be monitored in four ways:

1 Objectives achieved on time;

2 Implementation of the HR elements of the project;

3 Benefits realisation;

4 Impact on Resources as per metrics described above.

Implementation details are available from the relevant Assistant Director.

Risks

The following key risks have been identified:

- Failure secure clinical support;
- No inpatient beds in Omagh site limit the types of procedures that can be carried out;
- Ability to secure funding for pre-assessment phase 2 & 3.

Reform Projects in Acute Services

5.8 Team Northwest Urology

Description and Aim

The main purpose of this project is the development of Team Northwest Urology in the context of a three team regional model is unique in that it is the only team which spans two HSC Trusts, therefore this is a collaborative project and will form the basis for the delivery of the 26 Recommendations derived from Northern Ireland Urology Review (2009).

Proposed service change and reform will ensure, through modeling on a range of best practice guidelines, that patients will experience and receive the right service delivered at the right time and in the right place along the continuum between primary and secondary care.

Objectives

The Northern Ireland Regional Review of Urology Services, 2009, proposed the development of a modern, fit for purpose in the 21century, reformed service model for Adult Urology Services which takes account of relevant guidelines (NICE, Good Practice, Royal College, BAUS, BAUN). The future model should ensure quality services are provided in the right place, at the right time by the most appropriate clinician through the entire pathway from primary care to intermediate to secondary and tertiary care.'

An output of the regional review was a Modernisation and Investment Plan which included 26 recommendations to be implemented across the region. A model of three urology teams across the region was recommended to achieve long term stability and viability promoting value for money and clinical excellence thus guaranteeing appropriate patient pathways with appropriate clinical leadership.

Metrics/Monitoring
The following metrics will be used to monitor this project:
• Length of stay;
• Outpatients rates;
• Day Case rates;
• Cost benefit of investment in service per service outputs, patient/client experience, and practitioner experience.

All project implementation plans will take account of the requirements associated with appropriate implementation of the Human Resources (HR) element(s) of the project, and will be co-designed and quality assured from a HR management perspective.

Reform Projects in Acute Services

The project will be monitored in four ways:

1 Objectives achieved on time;

2 Implementation of the HR elements of the project;

3 Benefits realisation;

4 Impact on Resources as per metrics described above.

Implementation details are available from the relevant Assistant Director.

Risks

The following key risks have been identified:

- Funding for the implementation of the NI Urology Review;
- Regional shift in position since the publication of the Review (March 2009);
- Capital funding;
- Revenue funding;
- In order to maximize possibility of securing same, WHSCT has established and submitted a robust business case detailing the viability of the proposal to HSCB. This proposal is as a result of a structured collaborative working and forward planning process between WHSCT and NHSCT. There is a risk that unless performance criteria and indicators are streamlined on a consistent basis between the two Trusts that the added value and productivity offered by this project will be difficult to capture. WHSCT will ensure that if this project receives enabling capital investment that all such matters are addressed in the context of accountability for qualitative and quantitative performance against investment sought.

Reform Projects in Acute Services

5.9 Unscheduled Care

Description and Aim

Since April 2014, the Trust's Unscheduled Care Service Improvement Programme Board has convened on a monthly basis to take forward the unscheduled care reform agenda for Altnagelvin Area Hospital.

This agenda encompasses several main areas of work:

- Altnagelvin's 39 key Actions identified in connection with the North West Commissioning Support Unit that encompasses eight themes of work;
  - New Policy, Practice and Support Tools
  - Workforce
  - Discharge Process
  - Short Stay Treatment Pathways
  - Emergency Department
  - Capital Works
  - Bed Re-Modelling
  - Acute Medical Unit
- The Trust's five 'Immediate' Priorities for Altnagelvin;
  - Recruitment of Speciality Doctors (Middle Grades)
  - Continuation of additional capacity in ED (5 cubicles)
  - Creation of a Clinical Decision Making Unit
  - Recruitment of Resuscitation Nurses
  - Creation of Discharge Lounge
  - The HSCB five Priorities for seven day working
  - Radiology Services 7 days a week that enables same day/next morning investigation and reporting (to include CT,MRI & Ultrasound Scans)
  - Support twice daily Consultant decision making for all inpatients
  - Establish a dedicated minor injury stream in EDs (9am-9pm , 7/7)
  - Embed AHP support (Social Work, Physio, Pharmacy and OT) within EDs (9-5 , 7/7)
  - Ward Rounds – see potential discharges first to facilitate early discharge
- The Trust's wider strategic direction;
  - Development and Implementation of Safer hospital plan
  - Development of a suite of metrics to inform quality
  - Developing of Condition Specific Patient Pathways
  - Creation of frail elderly unit
  - Development of community based enablers to support pathway reform
  - Exploration of extended Consultant Input

Reform Projects in Acute Services

- Review of nursing workforce
- AHP'S inc. Pharmacy - Move to extended days and seven day working

Metrics/Monitoring

The following metrics will be used to monitor this project:

- The Trust's Unscheduled Care Service Improvement Programme Board shall exist as the monitoring forum for the Trust's body of unscheduled care work;
- Collectively the success of the Trust's Programme of Unscheduled Care work shall be measured against the performance of Altnagelvin's ED against the four and 12 hour ministerial standards. A metric that is monitored on a daily, weekly, monthly and quarterly basis;
- A yet to be confirmed list of quality indicators shall also be used as a further monitoring mechanism.

All project implementation plans will take account of the requirements associated with appropriate implementation of the Human Resources (HR) element(s) of the project, and will be co-designed and quality assured from a HR management perspective.

The project will be monitored in four ways:

1 Objectives achieved on time;

2 Implementation of the HR elements of the project;

3 Benefits realisation;

4 Impact on Resources as per metrics described above.

Implementation details are available from the relevant Assistant Director.

Risks

The following key risks have been identified:

- The absence of funding to enable reform;
- The will to adapt established working practices.

Reform Projects in Acute Services

5.10 Implementing Regional Reform Priorities in the Acute Directorate

In accordance with the four areas identified by HSCB as the Regional Priorities for system wide reform, the direction will give specific focus to: Care Pathways; Outpatients, Acute Hospital Reform and Reablement/Domiciliary Care and will be led by the PCOP Directorate.

Care Pathways

Between July and December 2013 Trust clinicians led multi-disciplinary groups which developed care pathways for Frail Elderly, Respiratory, End of Life, Diabetes, Stroke and Cardiology. Supported by Transitional Funding-both via ICP and also direct to Trust funding-there has been progress in implementing all pathways.

Pathway implementation is inextricably linked to both Outpatients and Acute Hospital Reform.

Successful roll out of new care pathways is dependent on both securing enabling resources from the HSCB and management of interface issues across directorates and between acute and primary care.

Respiratory This pathway has received considerable investment enabling a range of new posts and services to be implemented. This has resulted in the provision of an enhanced service for respiratory patients across the Western Trust. Initial outcomes include:

- Reduction in waiting times for home oxygen assessment have reduced by 10 months;
- Significant increase in total inpatients seen by Respiratory Consultants (SWAH);
- Increase in Outpatients appointments new and review (TCH & SWAH);
- Increase in outreach clinics, virtual clinics and consultations.

One of the key developments in 2015/16 is the development of a Community Respiratory Team.

Cardiology Full implementation of the cardiac pathway will support the Emergency Department Reform programme by ensuring that patients with chest pain are seen at a cardiac ambulatory care unit.

Reform Projects in Acute Services

Diabetes In the Western Trust we have made steady progress in developing Integrated Diabetes Care, now a corporate initiative involving co-operation across many service and professional boundaries. At the heart of our success to date has been a historically strong and growing partnership between secondary and primary clinicians providing care for Diabetes patients, and a strong core project team combining clinical expertise, technical and service knowledge with strategic response to population health outcomes and a philosophy of innovation and collaborative working. In January 2015 the Western Trust launched the Integrated Care Pathway for Diabetes patients requiring foot care at all levels. This pathway is being decided in partnership with GPs and facilitated by the commissioning of a GP Quality & Productivity Pathway for Diabetic Foot patients.

Outpatients To date individual Trust clinicians have reformed Outpatients care. This has resulted in fewer hospital based Outpatients within the specialties of: Haematology; Respiratory; Cardiovascular disease and Diabetes. The clinicians responsible for leading reform to date have shared their experience and knowledge. The infrastructure to support OP Reform will be established by September 2015 and will oversee phased reform in 13 specified areas. Discussions will be held with representatives from the regional Outpatients task and finish group to ensure coherence between regional and local work.

Acute Hospital Reform The Western Trust is continuing to implement the Hospital Reform programme established as part of Developing Better Services (DBS). Further Hospital Reform for the Trust will be in the context of any new decisions to develop regional models of care which cross Trust boundaries.

Reform Projects in Acute Services

5.11 Additional Reforms Acute Directorate

Cardiology Primary PCI The Northern Ireland Programme for Government (PfG) 2011-2015 includes commitment to expand catheterisation laboratory capacity by 2015 across the province, to improve access to diagnostic intervention and treatment and further develop a new Primary Percutaneous Coronary Intervention (pPCI) service model to reduce mortality and morbidity arising from myocardial infarction (heart attack). It will also address growing demand and the need to develop a regional primary PCI service model for patients who experience a heart attack. (Northern Ireland Executive 12th March 2012). Following Dr. Stephen Green's report, The Northern Ireland Stocktake of Cardiac Care 2008, it is timely to review and plan for capacity.

Further expansion of the PCI and pPCI service will include providing the same service to patients in the Republic of Ireland in the West/North West Hospital Group (WNWHG). Discussions are ongoing with the planned implementation date of March 2015 for when the first STEMI (estimated 50 per year) patients will attend Altnagelvin Hospital for pPCI. The service will roll out later in the year for PCI/Diagnostics services for a further 670 patients.

Radiotherapy Altnagelvin Hospital's new £50+million Radiotherapy Unit, which is due to open in 2016, will increase Radiotherapy capacity in Northern Ireland. The unique cross border project will be a hospital within a hospital providing treatments to people with cancer both North and South of the Border. It will provide more locally accessible and timely services and improve travelling for thousands of people for generations to come.

The Service will be managed by the Western Health and Social Care Trust working closely with colleagues from the Cancer Centre, Belfast, the Northern Health & Social Care Trust and Letterkenny General Hospital.

The Radiotherapy Unit will provide a patient centred, holistic service for cancer patients at Altnagelvin Hospital.

The Radiotherapy Unit will provide access to Radiotherapy Services to over a half million people. In the region of 417,000 people living in the Derry, Strabane, Limavady, Omagh, Fermanagh, Coleraine, Moyle and Ballymoney local council areas and 110,000 people from North to Mid Donegal will have access to radiotherapy treatments at the new Unit from 2016. About 10% of these people will continue to receive more specialist treatment at treatment centres in Belfast, Galway and Dublin.

Reform Projects in Acute Services

Ophthalmology Ophthalmology services currently cover the Western health and Social CareTrust geographical area and a proportion of the Northern Health Social and Care Trust geographical area. The Southern Local commissioning Group and the Western area local commissioning group are currently in discussion with the Western trust team to explore the expansion of the current service model to increase the geographical area catchment area for the service. This is an approximate increase of a population base of 110,000 that ophthalmology services from the Western Trust would need to serve. The intended high level plan at this stage is that the Western Trust would manage this total catchment area and the majority of the services for the increased population catchment would be provided in South west Acute Hospital and Tyrone County Hospital(new Enhanced Hospital Omagh). An increased service model will include optometry and Orthoptic services and the infrastructure to support such an expansion.

Reform Projects in Acute Services

5.12 Patient Pathway Programme

1. The Acute Directorate is a key stakeholder in delivering Corporate Patient Pathway Programmes, a key cornerstone of a drive for productivity.

The aim of this corporate programme is to reconfigure the bed complement within the Trust (Altnagelvin and South West Acute Hospital) in accordance with the findings of the Regional key analysis.

The key factors driving this initiative are:

1. A growing and aging population – IN Northern Ireland we have one of the fastest growing population's within the UK;

2. Increased prevalence of long term (chronic) conditions;

3. Increased demand and over reliance on hospital beds. The Regional report indicated that - *"it is estimated that the demand for services could grow by 4% per year until 2015. If services continue to be delivered as they are currently this could mean 23,000 extra hospital admissions, 48,000 extra Outpatients appointments, 8,000 extra nursing home weeks, and 40,000 extra 999 responses. Simply providing more beds will not address these challenges and will not lead to improving the quality of our services".*

The report indicated that we need to think differently about health and social care, and how we use and deliver services. The report also highlighted that "evidence has shown that, by all parts of the system working closer together, we can prevent unnecessary hospital visits and admissions".

The derived outcomes for TYC are:

- More services will be provided locally with opportunities to access specialist hospitals where needed;
- More people will be cared for at home;
- Investment in new technology will help people stay at home or receive care locally rather than in hospitals.

Implications for the Patient Pathway Programme include:

- 5% of current budget to be moved from hospital services into primary and community care by 2014/15;
- Fewer hospital admissions, either because of disease prevention or increased primary care provision;
- Reduced admission and length of stay for those who do need to receive acute care in hospital resulting in the requirement for fewer beds.

The report anticipated the reduction of 180 acute hospital beds across Northern Ireland over the next 3 to 5 years, of a current complement of 3600 acute adult hospital beds.

Reform Projects in Acute Services

Altnagelvin PPP

Redesign of Patient Pathway Programme Operational Group

Draft Terms of Reference

Purpose

The purpose of the Redesign of Patient Pathway Programme Operational Group is to provide an accountability function for projects within the overall programme. The group members will attempt to resolve issues associated with the patient pathway programme for the Altnagelvin Hospital Site. A key component of the programme for all directorates is to transform patient pathways in and out of Altnagelvin hospital.

Group members will seek to ensure optimum patient care by ensuring that the right patients are cared for in the right beds and seen in a timely manner by the right clinical staff.

Feedback and updates from the Operational group meetings will be presented to the Patients Pathway Strategic Group meetings.

Objectives:

1. To agree the suite of projects which represent the component parts of the Patient Pathway programme. Where appropriate, to recommend the development of new projects which will support the aims of the Patient Pathway programme;

2. To provide support to project managers responsible for delivery of individual projects within the Patient Pathway programme;

3. To ensure a consistent approach to project management of all individual projects within the Patient Pathway programme;

4. To ensure corporate accountability for delivery of projects within the Patient Pathway programme;

5. To monitor the implementation of all projects to determine the impact against metrics outlined in the IPT;

6. To maintain a standard reporting format for all projects within the Patient Pathway programme and to take reports from Project Managers in accordance with the agreed reporting format;

7. To agree issues for escalation to the Strategic Patient Pathway group and to Strategic CMT;

8. To ensure cross service /directorate input and communication where appropriate in relation to all projects.

Reform Projects in Acute Services

9. To deliver an initial suite of projects within the programme, as follows:
   - Haematology Pathway;
   - Clinical Psychology Pathway;
   - Respiratory Pathway;
   - Clinical Decision Unit;
   - Surgical Assessment Pathway;
   - 7 Day Radiology;
   - ED Minor Injury;
   - ED Pharmacy/OT/Physio/Social Work;
   - Additional 2 Acute Physicians;
   - ED Middle Grade Cover;
   - ED Consultant Cover;
   - Elective Procedures Unit;
   - Acute Care at Home;
   - Acute Care in the Community.

Anticipated outcomes

1. Improved Patient outcomes and experience of care.

2. Improved Emergency Department performance.

3. Shortened Length of stay.

4. Increase in zero length of stay.

Scope of the Group

The projects listed below are those which are the component projects for the patient pathway programme for Altnagelvin.

Accountability Framework

The group will operate within the approved reform accountability structure for the Western Trust.

South West Acute Hospital (SWAH) PPP

The scope and detail of the SWAH PPP will be determined by 2015 when the of the stocktake and data validation exercises have been considered.

Cross Directorate Reform Initiatives

The Directorate will also support cross-directorate initiatives in recognition of our role within whole-system approaches to:

- Unscheduled Care Improvement;
- Integrated Pathways for Alcohol;
- Excellence in Community Care (including Personalisation and Self-Directed Support).

Reform Projects in Acute Services

5.13 Summary of Acute Directorate Reforms

Scheme	Description
Elective Procedure Unit & Surgical Assessment Area	There are two elements to this proposal - Continuation of Surgical Assessment Area (SAA) Pilot and the development of an Elective Procedure Unit. The first (SAA) has already seen considerable benefits to patients, with shortened length of stay in surgery, earlier assessment and prevented 52 patients per month. The development of an Elective Procedure Unit will streamline the pathway for patients undergoing elctive proceedures.
Ambulatory Care	This is a new service which will provide for patient review by a Senior Clinician in a new ambulatory care clinic. Patients will have diagnostic tests arranged and be reviewed again with another appointment date, so that the appropriate treatment will be provided.
Pharmacy	A suite of schemes framed around better integrate medicines management, a key enabler to ICP and TYC objectives: • Pharmacy for diabetes • Pharmacy oncology • One stop dispensing for Ward 2 • Consultant pharmacist for older people in intermediate care • Prescribing pharmacists • Anaesthetics clinical pharmacy • Mental Health pharmacists • 7 days working pharmacy

Reform Projects in Acute Services

5.13 Summary of Acute Directorate Reforms

Scheme	Description
Diagnostics (7day working)	A suite of schemes framed around 7 day working in diagnostic services: • 7 day reporting in plain film • 7 day working in ultra sound • 7 day working in MRI • 7 day working in microbiology • 7 day working in cellular pathology • 7 day working in blood science • 7 day working in Endoscopy
Home dialysis	Project aim is for the home dialysis population to be approximately 20-30% of the total number of patients on dialysis. This project aims to ensure that the rate of transplant continues at or above current; level (approximately 10 patients per annum) with adequate follow up.
Sepsis screening	This project aims to fully implement sepsis screening tools, sepsis bundles and monitoring processes across the Trust including acute clinical areas and identified high risk community settings.
Theatre productivity	Two work streams have been identified which will both contribute to increased theatre utilisations, these are: • Pre-op assessment. • Waiting times office.
North West Urology	The main purpose of this project is the development of Team Northwest Urology in the context of a three team regional model.

Reform Projects in Acute Services

5.13 Summary of Acute Directorate Reforms

Scheme	Description
Unscheduled Care	Since April 2014, the Trust's Unscheduled Care Service Improvement Programme Board has convened on a monthly basis to take forward the unscheduled care reform agenda for Altnagelvin Area Hospital.
Patient Pathway Programme	The aim of this corporate programme is to reconfigure the bed complement within the Trust (Altnagelvin and South West Acute Hospital) in accordance with the findings of the key analysis to ensure best clinical outcomes for patients.

Section Six
Reform Projects in Women's and Children's Services

Reform Projects in Women and Children's Services

Reform Projects in Women and Children's Services

6.0 Priorities and Vision

The priorities and vision for Reform in the Women and Children's Services Directorate are driven by the triple influences of:

A. Responding to the specific needs of children and young people in the Western Trust area (this includes carrying out our Delegated Statutory Functions in relation to children and young people);

B. A corporate commitment by the Western Trust to the six UN High Level Outcomes for Children;

C. A corporate and Directorate commitment to demonstrating best international evidence-based practice in planning, resourcing and delivering outcomes for children through children's services structures which are custom-designed and child and family centred.

Children and families are at the heart of the service. The Directorate's mission statement is that *"from the beginning of life's journey we will work respectfully with families and communities to continually improve health and well-being through the delivery of high quality, safe care by highly skilled and supported staff."*

The Women and Children's reform proposals are central to the overall impact which the WHSCT's services can have on children and young people who are the adult patients and clients of the future. We draw on a track record of pioneering home-grown Reform initiatives such as the Western Trust Infant Mental Health Strategy (2010) and the more recent Children's Health & Wellbeing Strategy. These initiatives are highly significant in the context of a commitment to reform aimed at producing long-term, sustainable change and improved children's outcomes. We also acknowledge the importance for future population health of the range of proposed Children's Services reform initiatives aimed at ensuring upstream working and investment to secure early preventative, and early therapeutic interventions.

Reform Projects in Women and Children's Services

Our integrated health and social care structure in Northern Ireland presents an opportunity for influencing a change in the lifelong health outcomes of our children. The Wave Trust's Document 'Conception to Age 2 - the age of opportunity, continues to inform UK wide policy development on Children's Services' planning. The document highlights a range of international studies whose conclusions (even the most cautious of which) indicate that investment in children's development and wellbeing in the early years realises benefits which range from 75% to 1,000% higher than costs1. The document goes on to state that the rates of return on early year's investment are 'significantly and repeatedly shown to be higher than those obtained from most public and private investments'.[1]

The Wave Trust's research and collation of research highlights that 'where a whole country has adopted a policy of investment in early years' prevention, returns are not merely financial but in strikingly better health for the whole population. The benefits span lower infant mortality at birth through to reduced heart, liver and lung disease in middle-age'.[2]

The Six (UN) High Level Outcomes for Children which the WHSCT and within that, the Women and Children's Services Directorate has committed to delivering in context of Reform are:

[1]Ibid; p100
[2]Ibid;

Reform Projects in Women and Children's Services

6.1 Achieving Best Outcomes Through Purposefully Addressing Need:

The Directorate views its leadership of Integrated Children's Services Planning and Delivery as a cornerstone of its commitment to a reform process which is a generational opportunity to address health inequalities and lifelong health outcomes for the population of the West. A brief overview of the statistics in the Western Trust relating to children in need shows us that:

- There are 76,164 children under 18 living in the Western Outcomes Area, this is 25% of the total population (Mid-Year Estimates for 2010);
- Low Birth Weight Rates were 62.5 per 1000 live births 2010/11, overall in NI it was 61 per 1000;
- 39.1% of mums were breastfeeding their babies on discharge from hospital, the NI average was 44.7%;
- 16% of mums reported smoking during pregnancy in 2011 in the Western Outcomes Group compared with 17% overall in NI;
- Uptake of MMR at 24 months was 94.6% in 2010/11;
- 5.3% of primary one pupils in 2008/09 were obese. This was equal to the NI average, while 18.6% were overweight in 2008/09, the NI average was 17.2% for that year;
- 6% of children are affected by a disability in NI. Prevalence of disabilities is higher amongst boys than girls, 8% of boys aged 15 and under had a disability compared with 4% of girls of the same age;
- The Bamford Report estimates that 10% of the children and young people in NI will have a moderate to severe mental health problem (Bamford Report 2006);
- Over 30% of all domestic violence starts during pregnancy (Women's Aid Federation NI);
- In 2010/11 5.1% of primary and 11.7% of post-primary pupils had less than 85% attendance in the Western Education & Library Board (WELB) area compared with 4.5% and 10.9% respectively overall in NI;
- 73.8% of school leavers in the WELB area gained 5 or more GCSEs (A*-C grades) in 2011, the NI average was 73.3%;
- 2.4% of school leavers in the WELB area left school with no GCSEs in 2011 which is slightly higher than the NI average of 2.2%;

Reform Projects in Women and Children's Services

- 1.2% of children and young people live in overcrowded accommodation;
- 679 families with 1121 children and 28 young people aged 16 to 18 were awarded statutory homeless in 2010/11;
- Approximately 24% of children are living in absolute low income poverty (Highest in NI) the NI average was 16% in 2008/09;
- There has been a rise in the percentage of lone parent families relying on Job Seeker's Allowance and Income Support.

6.2 Strategic Drivers – Policy Context for Our Reform Work:

The Women & Children's Directorate has as its philosophy an increased emphasis on providing the right support to families at times in their lives when they need it. Early and appropriate interventions will help parents to provide better for their children and reduce the need for children to be cared for in institutional settings.

The Regional Strategy "Our Children and Young People - Our Pledge: A 10 Year Strategy for Children and Young People in Northern Ireland 2006 – 2016" sets the context for the work within the Directorate. Safety, partnership and integration are key to all aspects of service provision. Transforming Your Care: A Review of Health and Social Care in Northern Ireland (TYC) sets out an agenda, across the whole sector, of a move to earlier intervention and prevention to reduce the need for more acute or out of home care.

The Directorate has four strategic development workstreams which form the context for our proposed reform projects. These strategic workstreams are:

- Emotional Health & Well Being;
- Service User Involvement;
- Children's Services Improvement;
- Healthcare.

Reform Projects in Women and Children's Services

These priority areas were the basis for the development of proposals that will support the Transforming Your Care (TYC) agenda (set out in Section 1 of this Reform Plan) while continuing to provide quality services based on the needs of the local population.

The Western Trust's Infant Mental Health Strategy, June 2011, demonstrated the Directorate's intention to concentrate on reforming and modernising services using evidence of best practice in relation to early intervention. Early intervention work will be a key component of any service redesign across the directorate and will be a common thread across the Directorate proposals. As a further development, the Children's Emotional Wellbeing Strategy is the Trust's Early Intervention and Prevention Strategy for children and endorses the Trust vision that "every child and young person deserves the best chance in life from conception to their early years as an adult so they can feel positive about themselves, have meaning in their lives and achieve their goals".

The Strategy for Maternity Care in Northern Ireland 2012-2018 outlines the strategic direction for maternity care in Northern Ireland to 2018. This continues the early intervention theme by providing quality care from preconception advice through pregnancy, birth and the postnatal period.

The Children's Residential Care Review: Overview Report and the subsequent request from the HSCB for Trusts to "set out how they intend services to be reconfigured in 3 – 5 year's time" is one of the drivers for the proposal on looked after childcare provision.

The Review of Child and Adolescent Mental Health Services (CAMHS) in Northern Ireland (July 2010). This review made a number of recommendations for Trusts and the HSCB. Recommendations for the Trusts related to the following themes:

- Reporting and Accountability Arrangements;
- Information and Communication;
- Access and Availability;
- Access to Specialist Services;
- Risk Assessment (FACE);
- Governance Arrangements;
- Human Rights Approach;
- Young People in Adult Wards;
- Transitional Arrangements to Adult Mental Health Services from CAMHS.

In addition to the recommendations within the categories above it was recommended that the Western Trust should review the potential resource implications for referrals up to 18 years. It was also recommended the Trust should develop an operational protocol for transitional arrangements to adult services. The recommendations from this RQIA report and the TYC agenda are the drivers for the proposals to develop a single point of entry for CAMHS and ASD (WC07) and the review of transitional arrangements into adult services within the staff productivity proposal (WC10).

Reform Projects in Women and Children's Services

The Directorate will also support cross-directorate initiatives in recognition of our role within whole-system approaches to:

- Unscheduled Care Improvement;
- Integrated Pathways for Alcohol;
- Excellence in Community Care (including Personalisation and Self Directed Support).

The next sections detail the specific Reform projects to which the Women & Children's Directorate is committed:

6.3 Redesign of Family and Child Care Services To Looked After Children

Description and Aim

This project will provide an operational delivery framework for regional activity under the Early Intervention Transformation Programme and represents a further development in the Trust's ongoing delivery of its children's services in line with the OFMDFM Children's Strategy (2006-16). It also represents the Western Trust's ongoing work on pathways to ensure that longer term residential care meets the needs of young people. Through focusing on the edge of care as well as ensuring that a full range of need is met for Looked After Children, this project provides an operational and thematic framework to ensure that edge of care services are sufficient to meet demand, are targeted appropriately, and operate in a joined up manner to reduce the number of young people entering residential care. Other Transforming Your Care projects within the Women & Children's Directorate will assist in underpinning this work.

In its Infant Mental Health Strategy (launched in 2011) the WHSCT referenced the evidence presented through the Kaiser Permanente Foundation's ongoing longitudinal Adverse Childhood Experiences (ACE) Study in California, which clearly links one or more adverse childhood experiences to increased levels of long-term physical conditions and poor adult

Reform Projects in Women and Children's Services

mental health outcomes. This project acknowledges the impact of complex health inequalities in WHSCT combined with the historical implications of socio-economic disadvantage (compounded by a legacy of conflict) for the health and wellbeing of children, families and communities and represents a commitment to intervening with longitudinal approaches to tackle this significant population and economic health issue through continuing to improve connectivity and provision between services for children and families at all levels of need and risk.

The project is based on the advanced multi-tiered infrastructure in the WHSCT Area and will represent a further configuration of existing service infrastructure to ensure improved connectivity between Tiers of provision within the Hardiker Model in the West. This project will in particular focus on service reconfiguration and governance actions which can facilitate greater fluidity of access and co-ordination at the interface between Tiers 2, 3 and 4, recognising the importance of early intervention, family support and the progress that the WHSCT has made in reducing demand for residential childcare through continuing to develop more focused edge-of-care services.

In addition, the project is based on a robust strategic approach which WHSCT has led in the area of Early Intervention, taking account of Heckman's valuation of return on investment in early years provision. WHSCT has robustly engaged in development and support of Family Support Hubs across its geography and aims to increase consistency of provision and access at all locations across the WHSCT area taking into account existing variation and working towards a consistently high standard of provision and co-ordination.

The project proposes to lever a range of practice and process improvements in the areas of Tier 3/4 family support intervention, linking with Tier 2 and 1 provision within the community.

This project will lever best practice in the areas of family support as an interagency and interdisciplinary methodology, best practice in statutory/voluntary/community partnership working, and best practice in social work for the support of our most vulnerable children and families.

The overall aim of the project is to:

- create connectivity and joint working between services at all levels of the Hardiker model of risk;

- address key operational or qualitative gaps through focused interventions based on service redesign, new service provision, capacity building and skilling of practitioners or a combination of all four elements.

Reform Projects in Women and Children's Services

Objectives

The following initial objectives have been identified for this project:

- Reform and Redesign of Looked After Children's Services;
- To develop a specialist foster-care provision to meet the demands of traditionally hard to place children and to ensure they avail of skilled foster-carers who have the resilience to reparent and address attachment trauma deficit issues;
- To promote team parenting as exemplified by the .Team Around the Child Model. to provide timely support and intervention to these specialist foster carers;
- To repatriate those children who are currently in Out of Trust placements close to or within their communities of origin;
- Enhancement of Family Support as a core service and practice methodology at all levels of provision (including establishment of a corporate Family Support Panel function within all localities and adoption of core Family Support-based methodologies at Tier 3 eg the Lifestart approach);
- Reform of Trust Family Centres and standardisation of overall Tier 3 provision including partnership process and client-centred access to continuum of services across Tiered levels of provision within each locality in the WHSCT area, working in conjunction with the Tier 2 Children's Services/Family Support Hubs to ensure a consistent level of connectivity and co-operation in each locality;
- Governance-based linkage of Family and Childcare Service Level Agreements (SLA) supports in voluntary and community sector to care planning through the Family Support Panel;
- Exploration of an embedded, practice-based framework for assessment of need and therapeutic interventions linked to Kaiser Permanente Californian ACE Study Indicators and related UK-based evidence;
- Other initiatives as identified on an ongoing basis.

Reform Projects in Women and Children's Services

Metrics/Monitoring

The following metrics will be used to monitor this project:

- Reduction in Out of Trust placements;
- Reduction in emergency LAC admissions;
- Number of specialist foster carers recruited including carers for children with complex needs;
- Cost avoidance as result of provision of team around the child supporting specialist foster care closer to home (within Trust area);
- Reduction in number of unallocated cases;
- Number of families supported through a Tier 3 Early Intervention approach;
- Number of families/children engaged with Family Support Hubs as result of the Step-Down/Step Up protocol;
- Number of families assessed as in need of Level 3 Family Support receiving interventions within a 12 week period following assessment;
- Subject to funding: number of children receiving targeted therapeutic interventions based on the ACE model;
- There are a number of children's outcomes which need to be monitored over time and this is a separate issue to monitoring operational outcomes relating to a specific short term initiative. The aim of the overall initiative is to improve outcomes for children.

Quality and safety monitoring of project actions will also take place through established social work governance processes within the Directorate. This will include the introduction of additional mechanisms to assist with best decision making in relation to families' needs, such as a redesigned Corporate Family Support panel.

All project implementation plans will take account of the requirements associated with appropriate implementation of the Human Resources (HR) element(s) of the project, and will be co-designed and quality assured from a HR management perspective.

The project will be monitored in four ways:

1 Objectives achieved on time;

2 Implementation of the HR elements of the project;

3 Benefits realisation;

4 Impact on resources as per metrics described above.

Implementation details are available through Kieran Downey, Director of Women's and Children's Services and Executive Director of Social Work.

Reform Projects in Women and Children's Services

Risks

The following key risks have been identified:

- Failure to establish governance arrangements to move to a new continuum of family support and intervention at Tier 3, focusing on early intervention and 24/7 support to foster-carers;
- Staff being trained on new skill-mix required to facilitate the change.

6.4 Innovation and Redesign in Paediatric Care

Description and Aim

This proposal is to further develop the Short Stay Paediatric Assessment Unit (SSPAU) in Altnagelvin Hospital through extending opening hours.

This project is in line with the strategic direction of Transforming Your Care, The Royal College of Paediatrics and Child Health and Facing The Future Standards. It is also in line with the Consultation Document on the Review of Paediatric Healthcare Services in Hospital and Community (DHSSPS November 2013) regarding improving access to urgent and emergency treatment and care:

In order to realise the benefits mentioned the DHSS recommends that:

"A paediatric model such as rapid response clinics, or short stay assessment and observation units, should be developed to allow rapid assessment and treatment by a range of skilled professionals, which avoids unnecessary inpatient admission."

The Paediatric Service has developed a "scaled back" version of a Paediatric Assessment Unit and would propose to further develop the unit over the next number of years. The service has converted a number of ward based nursing posts to Advance Paediatric Nurse Practitioner posts to cover the SSPAU.

Reform Projects in Women and Children's Services

The SS Paediatric Assessment Unit will directly improve the delivery of services to children requiring assessment on an unscheduled basis. The limited service being provided in the Unit has already been proven to reduce the number of inappropriate and unnecessary paediatric medical admissions to Altnagelvin Hospital. This work will continue through partnership working with GPs to improve the delivery of secondary care and diagnostics to children without requiring a hospital admission. It will ensure the delivery of the right service at the right time by the right person.

The project will improve delivery of services firstly in terms of improved outcomes for patients and their families. This project is also in line with the Regional Review of Paediatric Services.

The overall aim of this project is the further development and funding of an extended Short Stay Paediatric Assessment Unit at Altnagelvin Hospital. Anticipated patient benefits and system outcomes (demonstrated by the success of the scaled-back version to date) are:

- reduced waiting times for children for triaging, medical assessment and decision to admit, discharge or monitor;
- reduced paediatric medical admissions to the acute hospital ward through increased management at this short stay unit;
- medical and nursing staff in the acute wards will be able to focus on those acutely ill children admitted to the wards;
- children with chronic conditions will become familiar with the unit and staff which makes attendances less frightening;
- The reduction in medical admissions to the acute ward will release limited capacity for children aged 14-16 who are currently being nursed on adult wards.

Objectives

The objectives of the project are as follows:

- To expand the current operations of the Short Stay Paediatric Assessment Unit and put in place the necessary service coverage in a 24 hour period to achieve project outcomes and benefits outlined above.

Reform Projects in Women and Children's Services

Metrics/Monitoring

The following metrics will be used to monitor this project:

- Number of medical admissions to acute hospital beds;
- Time from arrival at PAU to triage;
- Time from nurse triage at PAU to medical assessment will be reduced;
- Time frame from arrival at PAU to discharge or admission;
- Number of 14-16 year old admissions to acute hospital beds;
- Number of 14-16 year olds receiving Paediatric Outpatients follow-up;

All project implementation plans will take account of the requirements associated with appropriate implementation of the HR element(s) of the project and will be co-designed and quality assured from a Human Resources management perspective.

The project will be monitored in four ways:

1 Objectives achieved on time;

2 Implementation of the HR elements of the project;

3 Benefits realisation;

4 Impact on Resources as per metrics described above.

Implementation details are available from the relevant Assistant Director.

Risks

The following key risks have been identified:

- The physical infrastructure of the Paediatric area in Altnagelvin Hospital continues to present difficulties for all paediatric services. This will prevent the plan to transfer all 14-16 year olds from adult wards into the paediatric ward. Attempts to mitigate this risk include moving the Transitional Care Unit from the paediatric unit to another facility to free up some additional space;
- The impact on Outpatients services when 14-16 year olds transfer from adult to children's services. This requires detailed consideration in the context of Outpatients Reform in the Trust, given that all 14-16 year olds requiring Outpatients services will, regardless of specific clinical condition or need, require Paediatric Outpatients follow-up;
- The SSPAU can only be further developed following the allocation of some additional funding for medical staff and support staff.

Reform Projects in Women and Children's Services

6.5 Emotional Health & Well Being
(incorporating Single Point of Entry and Under 5's Service)

Description and Aim

The Trust's Emotional Health & Well Being Strategy is the Directorate's early intervention and prevention strategy. The Trust has a clear vision that every child and young person deserves the best chance in life from conception, through their early years and into adulthood, to enable them to feel positive about themselves, have meaning in their lives and achieve their goals.

The Directorate will involve key stakeholders to ensure we deliver this strategy as part of the Children and Young People's Strategic Partnership and the Western Area Outcomes Group.

This strategy supports the vision laid out in Our Children Our Young People, Our Pledge which states that *"all children and young people living in Northern Ireland will thrive and look forward with confidence to the future."*

In Families Matter (2009) the DHSSPS made a commitment to improving children's health and emotional wellbeing through the delivery of services to assist parents in the discharge of their responsibilities and improve the outcomes for children. In order to do this they created a vision supported by statements of values and principles.

The Western Trust is coordinating a process to achieve greater integration between CAMHS and wider Children's Services. A Local Implementation Team (LIT) has been established and has identified a range of service interface areas with implications for quality patient and client pathways. The Directorate wishes to secure effective working together to ensure integrated pathways for infants, children and young people and their carers/families.

Through the LIT process the Directorate have established a number of task groups which will focus on specific interface issues and inform measures to improve services. The Task Groups focus on Family Support Hubs, Under 5's Services; Adult Mental Health, Autism and Learning Disability; Youth Justice and Looked After Children's Service. These task groups will work to achieve greater integration between CAMHs and the wider children's services arena in a manner that delivers meaningful, robust and verifiable integrated care to children and young people.

Objectives

- To hold a multi-disciplinary, interagency patient mapping workshop;
- To map pathways and interfaces between CAMHs and the respective Task Group areas and complete a gap analysis;
- To improve working relationships with community and voluntary sector partners.
- To establish a service for Under 5's within the Trust;

Reform Projects in Women and Children's Services

- To bid for the pilot site for the Pioneering Community initiative;
- To create a single point of entry for those families who are wishing to avail of children's mental health services.

Metrics/Monitoring

The following metrics will be used to monitor this project:

- Number of interface protocols in place and operational between CAMHs and all services/stakeholders represented through the LIT process;
- Number of children on an integrated pathway involving one or more service in this area;
- Fewer children presenting at Level 4 of the Stepped Care Model.

All project implementation plans will take account of the requirements associated with appropriate implementation of the Human Resources (HR) element(s) of the project, and will be co-designed and quality assured from a HR management perspective.

The project will be monitored in 4 ways:

1 Objectives achieved on time;

2 Implementation of the HR elements of the project;

3 Benefits realisation;

4 Impact on resources as per metrics described above.

Risks

The following key risks have been identified:

- Inter-agency capacity to commit to the project;
- Resilience of the community and voluntary partners to meet the identified needs within communities.

Implementation details are available from the relevant Assistant Director.

Reform Projects in Women and Children's Services

6.6 Integrated Service Improvement for Children with Disabilities including those with Complex Healthcare Needs.

Description and Aim

This reform project is associated with the review of residential short breaks and aims to offer families a greater choice. Delivery of alternative forms of short breaks will be offered using a menu of community based models of provision, or other options as identified by the Project Team. The project will be implemented in the widest context giving an appropriate future service model for children with disabilities including those with complex healthcare needs.
The Western Trust provides a range of services for disabled children and young people with a learning disability, physical disability and/or with physical health needs, sensory needs or Autism. Our aim is to help disabled children and young people live lives that are as full as possible.

While there is an increasing need for short break services, the nature of what families and professionals aspire to providing is a more personalised provision that meets the specific and unique needs of children/young people.

A review of services highlighted the need to remodel both facilities to reflect the new and emerging needs, for example, those children with complex physical healthcare needs who, due to medical and technological advances, are living longer and who have a right to a quality of life that can only be maintained through intensive support for them and their families. The intensive needs of some children has led to increased staffing levels and/or a reduction in the numbers of children in the facilities at certain periods so that they can be cared for safely.

Objectives

- To establish a range of short break provision for families of children with disabilities including those with complex healthcare needs;
- To work in partnership with service users/ parents to achieve this.

Reform Projects in Women and Children's Services

Metrics/Monitoring

- Number of children availing of residential short breaks;
- Number of children with complex needs, assessed as being in need of service provision;
- Numbers of children availing of the menu of short break provision.

All project implementation plans will take account of the requirements associated with appropriate implementation of the Human Resources (HR) element(s) of the project, and will be co-designed and quality assured from a HR management perspective.

The project will be monitored in 4 ways:

1 Objectives achieved on time;

2 Implementation of the HR elements of the project;

3 Benefits realisation;

4 Impact on resources as per metrics described above.

Risks

The following key risks have been identified:

- Service user/carer concerns;
- Retraining of staff may be required in the event of revised service model;
- Staff Resourcing;
- Funding.

Implementation details are available from the relevant Assistant Director.

Reform Projects in Women and Children's Services

6.7 Summary of Women and Children's Services projects

Scheme	Description
Redesign of Family & Child Care Services to Looked After Children	Key strands as follows: • Reform and redesign of Looked After Children's Services • To develop a specialist foster-care provision to meet the demands of traditionally hard to place children. • To promote team parenting. • To repatriate those children who are currently in Out of Trust placements close to or within their communities of origin. • Enhancement of Family Support as a core service. • Reform of Trust Family Centres and standardisation of overall Tier 3 provision. • Governance-based Linkage of Family and Childcare SLA supports in voluntary and community sector to care planning through the Family Support Panel and ensuring a standardised approach to this process is underpinned within all localities within WHSCT area.
Innovative and Redesign in Paediatric Care	This project aims to redesign and deliver an integrated Acute Paediatrics service with a shift-left element, which can accommodate additional admissions of 14-16 year olds who are currently accommodated in Acute Adult Beds.

Reform Projects in Women and Children's Services

6.7 Summary of Women and Children's Services projects

Scheme	Description
Emotional Health & Well Being	Key Strands as Follows: • Single Point of Entry to services for CAMHs service users. • Under 5's – Coordination of Services to those most in need. • Progression of Pioneering Communities Initiative
Integrated Service Improvement for Children with Disabilities Including those with Complex Healthcare Needs	• Project team comprising Trust staff, parents, Cedar Foundation to explore options for short breaks provision. • Co-operation across Children's Disability and Paediatrics in supporting children with highly complex needs requiring intensive support and their families.
Excellence in Community Care (Directorate of Social Work)	This initiative will provide leadership, co-ordination and planning in respect of assuring the ongoing development of Excellence in Community Care. The project will focus on Professional Practice Development, accountability. risk, governance, and related service design as they apply to Personalisation, Training and Development and Adult Services Improvement.

Section Seven
Reform Projects in Adult Mental Health and Learning Disability Services

Reform Projects in Adult Mental Health and Learning Disability Services

Reform Projects in Adult Mental Health and Learning Disability Services

7.0 Priorities and Vision:

The Adult Mental Health & Disability (AMHD) Directorate has developed a series of proposals which will help deliver the transformation required under Transforming Your Care (TYC). The directorate will continue to provide a high quality service based on the needs of the local population and will maintain a sustained approach to continuous service improvement. Adult Mental Health & Disability services reflect both the distinct needs of their service users and best practice and are designed to respond flexibly to current and emerging need.

The overall Directorate vision is to provide person centred, high quality, safe and effective hospital and community services which deliver positive outcomes for service users and support them to participate in an inclusive society as equal and active citizens.

There are a number of national, regional and local strategies which have had a huge impact on service delivery. Particularly over the last 30 years, there have been dramatic changes in the development of new services and the enhancement of existing services. The most fundamental of these has been the shift from hospital to community based services. There have also been a number of policy and strategic drivers which set the vision and direction for further change and development of services. At national level, changes in policy have affected the strategic direction for primary care and specialist care levels.

TYC supports and strongly endorses the principles of independence and personalisation as central to a model of care which proposes that service users and carers can be treated and, with appropriate tailored support, retain control of their lives as far as is practicable.

Historically, many people could not live with their families and were admitted to long-stay hospital accommodation or residential/nursing facilities. Dependence on hospital services has been reduced by the development of an extensive range of community based services which have been implemented to maximise and promote independence for service users suffering from mental health difficulties, learning disabilities and physical disabilities and to reduce lengths of stay in hospital.

The Directorate will also support cross-directorate initiatives in recognition of our role within whole-system approaches to:

- Unscheduled Care Improvement;
- Integrated Pathways for Alcohol;
- Excellence in Community Care (including Personalisation and Self-Directed Support).

Reform Projects in Adult Mental Health and Learning Disability Services

The following are the Reform Projects from Adult Mental Health and Learning Disability Services.

7.1 Review of Day Care

Description and Aim

The Adult Mental Health & Disability Directorate has three Projects in progress to review the current Day Care provision within Adult Learning Disability (ALD), Adult Mental Health Services and Physical & Sensory Disability sub-directorates.

Health and Social Care (HSC) Commissioner Specification on Independent Living references the changing roles and functions and specifically targets traditional Day Care.

Learning Disability (LD) services have a regional model prescribed which covers the next four to five years and the Western Trust has established a Local Implementation Group to take the recommendations of the Regional model forward in the western area.

The Western Trust will review day care in both statutory and independent sectors and re-design how people in greatest need can access different models of day support e.g. Day Opportunities in a more equitable way, across the Trust, conscious of the limitations on resources.

Objectives

The objectives of the Day Care Review projects are detailed below:

- Review current statutory and voluntary sector provision and identify areas of duplication in terms of service provision;
- Review assessed need for those attending day care;
- Determine an appropriate range of services;
- Extend service to flexible hours;
- Promote client enablement and independence;
- Improve capacity for alternative day opportunities, improved access citizenship options throughout the Trust;
- Equitable access to day support and opportunities for greatest in need.

Reform Projects in Adult Mental Health and Learning Disability Services

Metrics/Monitoring
The following metrics will be used to monitor this project:
• Numbers registered to attend Day Care;
• Attendances at Day Care;
• Numbers registered to attend Day Opportunities;
• Attendances at Day Opportunities.

All project implementation plans will take account of the requirements associated with appropriate implementation of the Human Resources (HR) element(s) of the project, and will be co-designed and quality assured from a HR management perspective.

The project will be monitored in four ways:

1 Objectives achieved on time;

2 Implementation of the HR elements of the project;

3 Benefits realisation;

4 Impact on resources as per metrics described above.

Implementation details are available from the relevant Assistant Director.

Risks

The following key risks have been identified:

- Lack of providers for Day Opportunities (ALD);
- Change process unable to cope with demographic pressures i.e. complex young people transitioning and service users living longer into old age (ALD);
- Not obtaining agreement on model within proposed timescale (AMH);
- Financial implications – if a client using Self-Directed Support (SDS) does not choose to attend Day Centre or Day Opportunities;
- Transport infrastructure;
- Resistance to change from service users/ carers/staff.

Reform Projects in Adult Mental Health and Learning Disability Services

7.2 Supported Living

Description and Aim

The Trust wishes to secure a number of properties to accommodate adults with learning disability and their support staff in various locations across the Western Trust area. These Supported Living proposals will promote social inclusion and full citizenship for Adult Learning Disability (LD) and Adult Mental Health (AMH) service users. In association with this the Trust plans to review the clients currently in residential care. This is aligned with, and will inform the further development of services at Ardavon (LD) and Ferone Drive (AMH) sites and will also review existing accommodation provision to assess its ability to move to a supported living model.

Objectives

- To meet the strategic direction of integrating people with a learning disability as active citizens and providing them with further opportunities to enhance the quality of their lives;
- To secure Supporting People revenue and capital via approved Business Cases to facilitate this strategic direction;
- Fully funded supported living places which are 'future proofed'.

Metrics/Monitoring

The following metrics will be used to monitor Supported Living projects:

- Number of Residents in current model (by facility);
- Number of Tenancies in place under new model (by facility).

All project implementation plans will take account of the requirements associated with appropriate implementation of the Human Resources (HR) element(s) of the project, and will be co-designed and quality assured from a HR management perspective.

The project will be monitored in four ways:

1 Objectives achieved on time;

2 Implementation of the HR elements of the project;

3 Benefits realisation;

4 Impact on resources as per metrics described above.

Implementation details are available from the relevant Assistant Director.

Reform Projects in Adult Mental Health and Learning Disability Services

Risks

The following key risks have been identified:

- Delay in capital build programme (Ardavon);
- Unable to secure capital funding;
- Unable to secure recurring Supporting People revenue funding;
- Unable to secure recurring care revenue;
- Preferred solution not acceptable to tenants and families.

7.3 Respite Review (Adult Learning Disability - ALD)

Description and Aim

This project is based on a review of current Adult Learning Disability respite services and a proposal for change to go to public consultation. This will also require discussion with the Commissioner (HSCB) and Local Commissioning Group (LCG). This review was conducted on the basis of the HSCB Respite Report (2nd Report) 2011. The aim of the review was to obtain views of carers on the future model of service provision i.e. menu of Respite Services which are flexible and accessible and in line with identified need.

Objectives

This review proposes to direct the modernisation of respite care models so as to ensure an equitable service which is:

- Appropriate;
- responsive to individual need;
- flexible;
- provides choice;
- delivers safe effective and positive outcomes for adults with a Learning Disability, their relatives and carers.

Reform Projects in Adult Mental Health and Learning Disability Services

Metrics/Monitoring

The following metrics will be used to monitor this project:

- Hours of respite;
- Number of clients in receipt of respite;
- Number of Direct payments (Number of Adults/Number of Hours);
- Cash Grants (Clients/Hours);
- Uptake for sitting service (number of clients/hours);
- Uptake for befriending service (number of clients/hours);
- Adult placement/Host Carer expansion;
- Independent Nursing/Residential Homes.

All project implementation plans will take account of the requirements associated with appropriate implementation of the Human Resources (HR) element(s) of the project, and will be co-designed and quality assured from a HR management perspective.

The project will be monitored in four ways:

1 Objectives achieved on time;

2 Implementation of the HR elements of the project;

3 Benefits realisation;

4 Impact on Resources as per metrics described above.

Implementation details are available from the relevant Assistant Director.

Risks

The following key risks have been identified:

- Service user/carer concerns;
- Lack of available providers;
- Timescales;
- Lack of new investment to grow the service to meet increased demand of an ageing population of carers.

Reform Projects in Adult Mental Health and Learning Disability Services

7.4 Reform & Modernisation of Acute Mental Health Services

Description and Aim

This proposal relates to the modernisation of Acute Mental Health Services including:

- The continuing development of fidelity model Crisis Response Home Treatment (CRHT) in the Northern Sector;
- The establishment and implementation of the fidelity model in the Southern Sectors through new ways of working.

This proposal delivers shift left by reducing hospital bed provision and focusing on community based early interventions maintaining people as close to home as possible.

Objectives

The objectives of this proposal are as follows:

- Develop a multi-disciplinary crisis service across the Trust to include inpatient, acute day care and fidelity model CRHT and alternatives to hospital;
- The establishment of 'New Ways of Working' with Hospital based Consultants (Northern & Southern Sector);
- Create a robust single point of entry for all referrals;
- Development of a common single assessment framework;
- The implementation of electronic referral;
- Provide urgent care appointments (nine days);
- The reduction of hospital beds from 112 to 56 including 12 integrated Psychiatric Intensive Care Unit (PICU) beds with a supporting model of care.

Reform Projects in Adult Mental Health and Learning Disability Services

Metrics/Monitoring
The following metrics will be used to monitor this project:
• Bed complement – Grangewood/Tyrone & Fermanagh (T &F);
• Admissions – Grangewood/T&F;
• Occupied Bed Days – Grangewood/T&F;
• Average Length of Stay – Grangewood/ T&F;
• Referrals – Crisis/Home Treatment Services.

All project implementation plans will take account of the requirements associated with appropriate implementation of the Human Resources (HR) element(s) of the project, and will be co-designed and quality assured from a HR management perspective.

The project will be monitored in four ways:

1 Objectives achieved on time;

2 Implementation of the HR elements of the project;

3 Benefits realisation;

4 Impact on resources as per metrics described above.

Implementation details are available from the relevant Assistant Director.

Risks

The following key risks have been identified:

- Potential increase in interfaces;
- Availability of staff resource for Crisis Response Home Treatment.

Reform Projects in Adult Mental Health and Learning Disability Services

7.5 Psychosexual Services Review

Description and Aim

This proposal relates to the restructuring and modernisation of Psychosexual Services as follows:

The following functions will move across to the Forensic Service:

- Risk assessment and intervention with non-adjudicated individuals;
- Assessment and intervention work with the spouses/partners of non-adjudicated individuals in respect of their ability to protect children within their care.

The following functions will move to Adult Psychological Therapies Services:

- Treatment and intervention work with adult survivors of sexual trauma;
- Sexual Dysfunction Services.

This Trust-wide realignment of services will mirror recommendations contained within 'The Tackling Domestic and Sexual Violence and Abuse Strategy Northern Ireland (2012)', 'Forensic Care Pathway Northern Ireland (2011)' and 'Regional Mental Health Care Pathway (2013)'.

Objectives

The objectives of this proposal are as follows:

- Development of a responsive cost effective service with improved productivity for the over 18 population within the Western Trust area;
- Enhanced quality and governance agenda with appropriate application of resources and controls;
- Improved opportunity for professional and clinical supervision structures in keeping with the relevant Regional care pathways;
- Greater alignment of therapeutic function in keeping with current best practice, regional and departmental requirements.

Metrics/Monitoring
The following metrics will be used to monitor this project:
• Contacts;
• Longest waiter.

All project implementation plans will take account of the requirements associated with appropriate implementation of the Human Resources (HR) element(s) of the project, and will be co-designed and quality assured from a Human Resources management perspective.

Reform Projects in Adult Mental Health and Learning Disability Services

The project will be monitored in four ways:

1 Objectives achieved on time;

2 Implementation of the HR elements of the project;

3 Benefits realisation;

4 Impact on Resources as per metrics described above.

Implementation details are available from the relevant Assistant Director.

Risks

The following key risks have been identified:

- No risks have been identified at the time of publishing.

7.6 Reconfiguration of Lakeview Hospital

Description and Aim

This proposal is to provide faster resettlement support to those with acute mental illness/behaviours which challenge. This will involve a change in use of the facility to ensure it is well placed to meet the needs of adults with learning disability who require assessment and treatment. The Trust will seek to provide a 10 bedded unit.

Objectives

The objectives of this project are as follows:

- Remodel Lakeview Hospital into a single, assessment and treatment service;
- Reduce current bed numbers to an appropriate level to meet future assessment and treatment demands;
- Provide adapted patient accommodation within Lakeview Hospital to enable safe and responsive services to be delivered;
- Continue to analyse and monitor future patient need and seek improved clinical outcomes and patient experience;
- Seek to have timely discharge into community settings which is contingent on continued and sustained growth in community based accommodation;

Reform Projects in Adult Mental Health and Learning Disability Services

- Offer improved person centered services, and promote opportunities for more efficient and effective patient outcomes and promote timely discharge back to community settings;
- Revise the staffing model within Lakeview Hospital to support the reconfigured service.

Metrics/Monitoring	
The following metrics will be used to monitor this project:	
Current model	Occupied bed days (Brooke/Strule) Number of beds
New model	Occupied bed days Number of beds

All project implementation plans will take account of the requirements associated with appropriate implementation of the Human Resources (HR) element(s) of the project, and will be co-designed and quality assured from a HR management perspective.

The project will be monitored in four ways:

1 Objectives achieved on time;

2 Implementation of the HR elements of the project;

3 Benefits realisation;

4 Impact on resources as per metrics described above.

Implementation details are available from the relevant Assistant Director.

Risks

The following key risks have been identified:

- Resettlement not completed within expected timeframe (End March 2015);
- Opposition to outsourcing of Respite beds;
- Non approval of capital business case;
- Delay in capital works.

Reform Projects in Adult Mental Health and Learning Disability Services

7.7 Summary of Projects in Adult Mental Health and Learning Disability Services

Title	Description
Day Care Review	Review of current Day Care Provision within the following sub-directorates Adult Learning Disability, Physical & Sensory Disability and Adult Mental Health Services. HSC Commissioner Specification on Independent Living references the changing roles and functions and specifically targets traditional Day Care. The WHSCT will review and rationalize day care in both statutory and independent sectors and re-design how people in greatest need can access different models of day support in a more equitable way, across the Trust, conscious of the limitations on resources.
Supported Living	The Trust wishes to secure a number of properties to accommodate adults with learning disability and their Support Staff in various locations across the Western Trust area. This proposal will promote social inclusion and full citizenship for people with a Learning Disability. In association with this the Trust plans to review the clients currently in residential care. This is aligned with and will inform the further development of services at Ardavon and Ferone Drive sites.
Respite	This project will carry out a review of current Adult Learning Disability respite services and remodel the service with an increased menu of Respite Services. This will involve considering alternative models of service delivery to meet a modernized respite service in keeping with identified need, strategic drivers and departmental guidelines, ensuring safe and effective respite services are delivered. The proposal will result in the delivery of effective and efficient respite care services close to home and increase efficiency and productivity.

Reform Projects in Adult Mental Health and Learning Disability Services

7.7 Summary of Projects in Adult Mental Health and Learning Disability Services

Title	Description
Reform & Modernisation of Acute Mental Health Services	Proposal includes the continuing development of fidelity model CRHT in the Northern Sector and the establishment and implementation of the fidelity model in the Southern Sectors through new ways of working. This proposal delivers a shift left by reducing hospital bed provision and focusing on community based early interventions maintaining people as close to home as possible. • Provide urgent care appointments (nine days). • Reduce number of hospital beds from 112 to 56 including 12 integrated PICU beds with supporting model of care. statutory and independent sectors and re-design how people in greatest need can access different models of day support in a more equitable way, across the Trust, conscious of the limitations on resources.
Psychosexual Services	Restructuring and modernisation of Psychosexual Services by allocating some functions across to the Forensic Service and Adult Psychological Therapies Service in line with The Sexual Violence Strategy Northern Ireland (2007) and Forensic Care Pathway Northern Ireland (2011).
Reconfiguration of Lakeview Hospital	The proposal is to provide faster resettlement support to those with acute mental illness. This will involve a change in use of the facility.

Section Eight
Facilitating Reform Through Corporate Development

Facilitating Reform Through Corporate Development

Facilitating Reform Through Corporate Development

8.1 Introduction

In supporting reform, the Trust has committed to a process of Corporate Development which will ensure that optimal new models of care can be delivered, sustained, and adequately serviced and resourced into the future. In this we recognise the importance of supporting a long-term financial planning agenda which models scenarios in a way designed to ensure resilience and accountability in our delivery and resourcing of care. The Trust will work on a corporate programme of both internal development and continuing the development of external relationships which are essential to the delivery of Trust business in all its dimensions. This includes continuing to work with our stakeholders in the Trade Unions in acknowledging the skills and expertise within the Trade Union Sector; in supporting our workforce to develop; in ensuring meaningful consultation on implementation of all proposed Reforms; in ensuring access to employment rights, and in meeting all relevant statutory obligations.

8.2 Delivering Reform through Workforce Support and Development

The Trust acknowledges the importance of attending to the structural, skills, resourcing and cultural workforce changes which can deliver Reform. As an additional reinforcement of operations to support Reform, the HR Directorate will develop a HR Reform Implementation Plan which synthesises all HR activities associated with the implementation of individual Reform projects across the Trust.

The HR Directorate will also implement a strategic approach to whole systems change, which takes account of the following perspectives:

8.2.1 Nature of Workforce Development and Changes:

a) Commitment to a Culture of Sustainable Reform:

In the context of collective corporate accountability, Senior Leadership within the Trust commit to modelling and ensuring collaboration and co-operation across traditional service and organisational boundaries in order to provide leadership for reform. New models of care and the concept of Integrated Care at the core of reform mean that we are working in a collegiate, mutually supportive way towards a system which is agile, fluid, collaborative in nature in order to provide seamless continuity of care along patient pathways. This

Facilitating Reform Through Corporate Development

necessitates a focus on both governance and corporate behaviour which ensures and facilitates collaborative, transboundary working at all service levels.

b) Workforce Changes and Resource Alignment to Support New Models of Care

The Trust acknowledges the crucial role which workforce skills capital has in delivering the proposed whole systems reform agenda. In this context, the Trust will craft a workforce development agenda to support our staff across all groups to develop and grow both individually and collectively as key providers of new models of care.This workforce development agenda will be reflected across all programmes of care and support functions and will support practice change, management and leadership development, and resilient supply of skills to support new models of care into the future. This agenda will also extend to influencing clinical and social care pre-entry training as well as continuous personal and professional development and performance management.The Trust will work with key stakeholders in this area including Trade Unions in acknowledgement of their commitment to supporting workforce skills and development, and in acknowledgement of the significant skills and knowledge of Health and Social Care within the Trade Union membership and leadership.

c) Managing Workforce Realignments and Reductions

In managing any impacts of reform which result in managed workforce reduction or realignment,the Trust HR Directorate will ensure that all development and change takes place within the context of best practice and statutory obligations. In acknowledgement of the knowledge and expertise within the Trade Unions, the Trust will continue to work with stakeholders across the Trade Union Sector to ensure meaningful consultation and engagement.

All implementation timescales for reform activities will take clear account of statutory requirements relating to contracts and consultation.

In this context, the Trust requires all service directorates to work directly with their relevant HR Directorate Leads to develop project implementation plans for reform which contain timescales and activities which have been quality assured as facilitative of all HR statutory obligations.

Facilitating Reform Through Corporate Development

d) Accounting for Workforce Spend

As an element of delivering the change, the Trust acknowledges the importance of ensuring that we are maximising the value of existing investment in the workforce. To this end the HR Directorate, through core initiatives and key other initiatives such as the QICR Programme, will work with all Directorates to ensure that we secure both sustainable supply and deployment of the workforce to an ultimate end of delivering high quality, safe patient care on a resourcing model which delivers best value for money while working to optimal efficiency.

8.3 Corporate Financial Priorities

The Trust will continue to face significant financial challenges in the medium term and as result of this, the Reform Plan will address the need to make recurring savings in conjunction with service reform.

8.3.1 Managing Our PFI Assets

The Trust has 2 PFI assets, the South West Acute Hospital and the Labs/Pharmacy Building on the Altnagelvin Hospital site. This Reform Plan will take into account during implementation any opportunities to ensure full utilization of these facilities to maximise value for money.

Facilitating Reform Through Corporate Development

8.4 Delivering Sustainable Reform for Our Communities: Working With Others in the West

The Western Trust acknowledges that we add value to everything that we do through the development and maintenance of positive and effective working relationships with internal stakeholders and external stakeholders in the wider public and statutory institutional environment that we deliver our services in. As we move into an era of greater community-based care, we understand the importance of these corporate relationships in our external environment, and of establlishing ways of working with others that can enhance work at all levels of service delivery and design.

In addition, we acknowledge the important devolution of planning and development powers to new Council Structures. Specifically, we acknowledge the importance of the Community Planning process for Health and Social Care and are particularly concerned with ensuring that we can play our part in a collaborative relationship with local councils for the good of the popoulation which we serve.

8.4.1 Working With Our Partners in the Health and Social Care 'Family'

The Trust acknowledges the importance of good, mutually supportive and co-operative working relationships between ourselves and other bodies in the wider Health and Social Care family. In addition to quality and performance bodies who support our work and ensure we deliver safe and effective services, we acknowledge the role which both Health and Social Care Board (HSCB) and the Public Health Agency (PHA)have as commissioning partners for the development of integrated care pathways in the West. In addition to the co-operation work currently ongoing with HSCB and the LCG through the TYC Programme Implementation Board and all associated activities, we also acknowledge the potential for further co-operation with the PHA on developing patient and client pathways which link with investment in Health Improvement and preventative approaches.

As reform takes hold, and in the interests of continuity of service and sustaining service improvements, we will also work with commissioning partners and others to ensure that our efforts and the timing of investments can be managed in an agreed and accountable process to ensure a shift to future commissioned services as a result of service redesign and initiation of changes.

Facilitating Reform Through Corporate Development

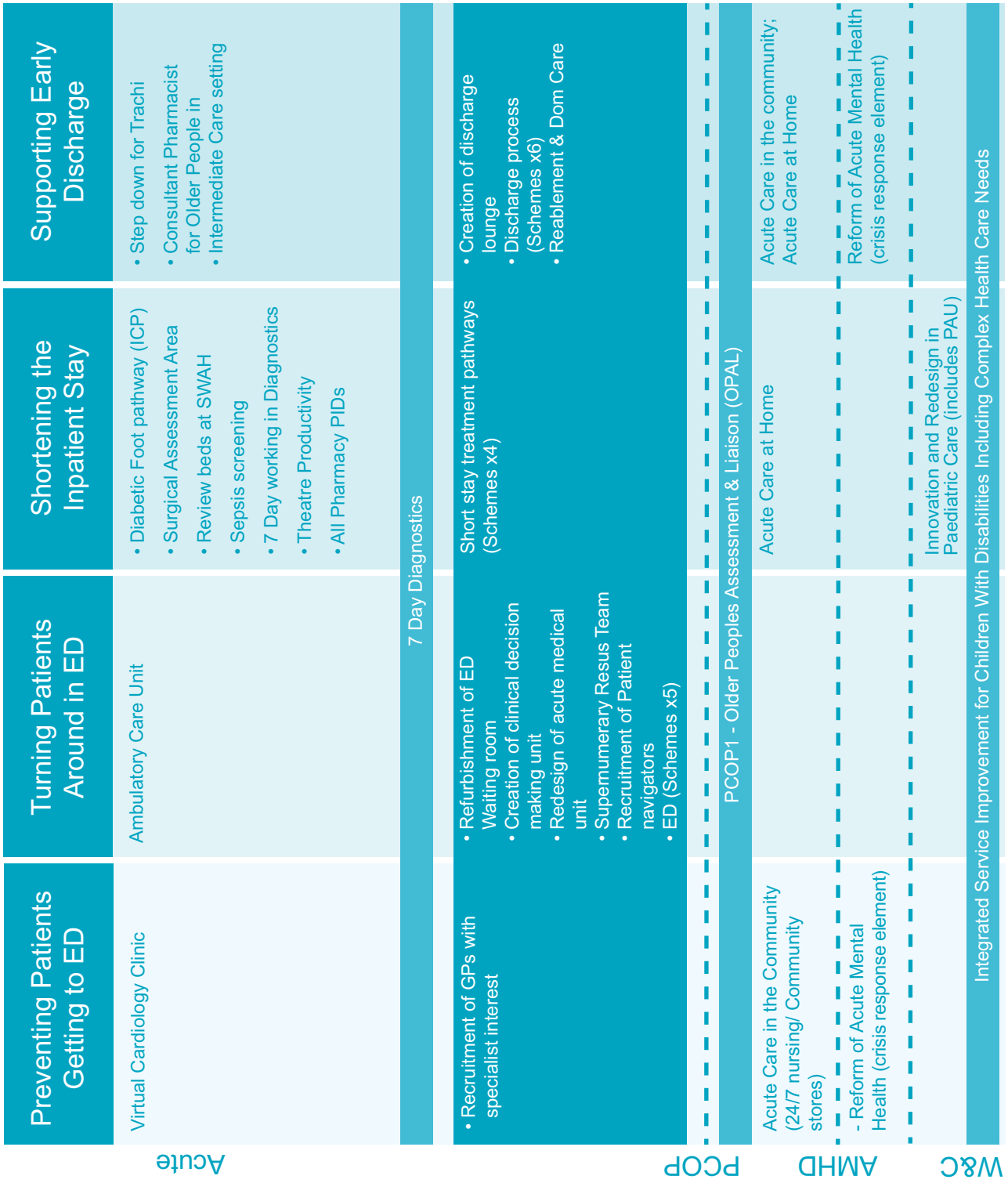
8.4.2 Working With Other Sectors to Support a People-Focused Health Economy

There is huge value for our service users of our co-operation with other sectors such as the Trade Union Sector, Community and Voluntary Sector, Education, Housing, Social Development and Local Government. We take seriously the opportunity to facilitate stakeholders in other sectors in understanding ways in which we can develop synergies in supporting the same population groups, communities, families and children. We acknowledge the important collaborative work to date, for example with Education in the area of Family Support and Children's Mental Health, the Northern Ireland Housing Executive in relation to Alcohol Harm, the Community and Voluntary Sector in relation to a wide range of support services across the whole Trust area, across all service directorates.

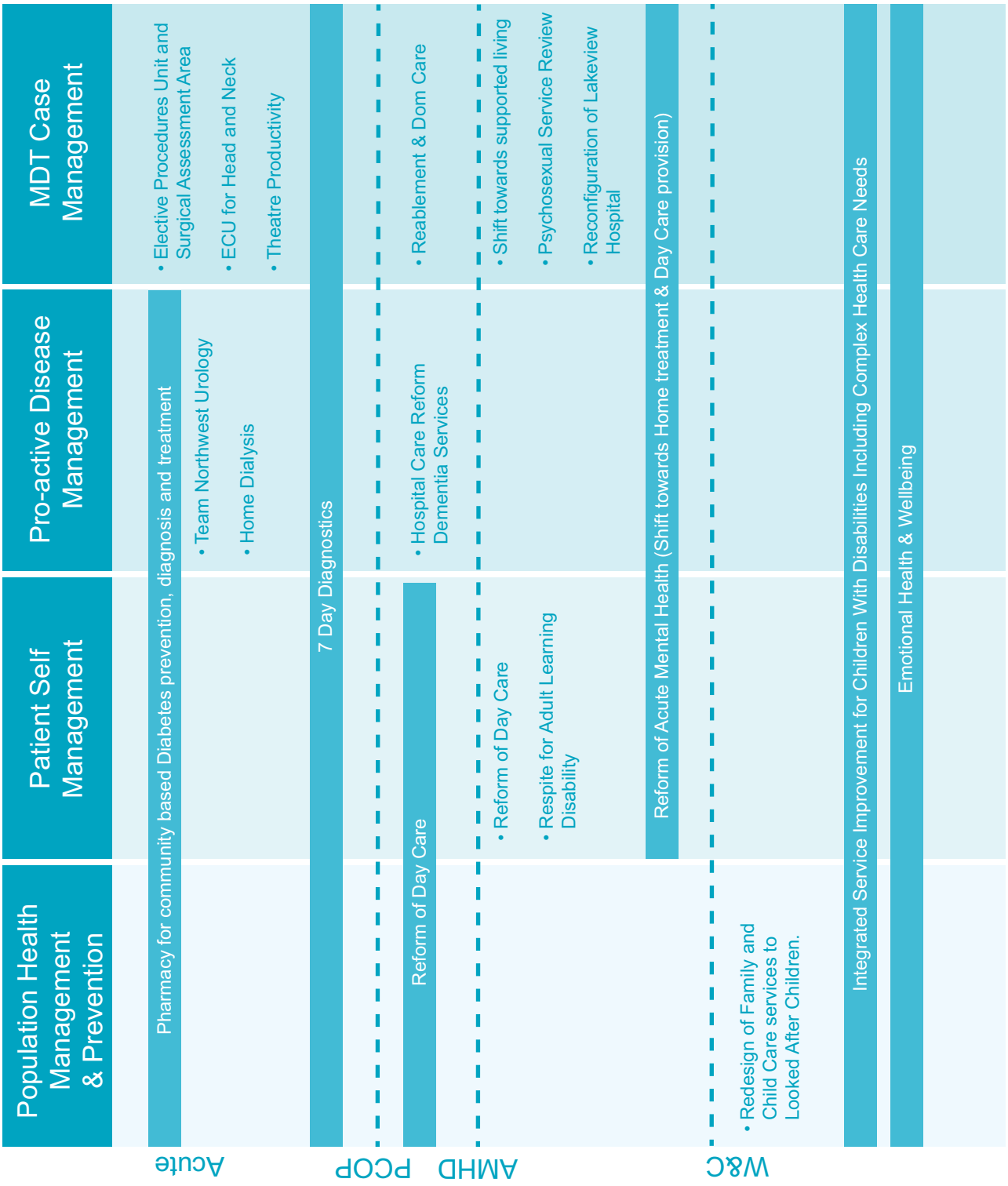
In particular the Trust acknowledges the significant and crucial role of Carers as the fulcrum of home-based care. We will continue to develop our Carers' support agenda and in exploring how we can work to ensure that the support needs of Carers in the West are understood and met.

Section Nine
Our Reform Proposals on the Map of Integrated Care

Our Reform Proposals on the Map of Integrated Care (Unplanned)



Our Reform Proposals on the Map of Integrated Care (Planned)



Section Ten
Enablers

Enablers

Enablers

10.1 Enablers: People

Service Users: As a Trust we fully appreciate the role that our service users, their families and carers have to play in shaping the redesign and ongoing delivery of patient and client-centred services. We recognise that at corporate level this engagement can happen through formal PPI processes and review of patient experience information. We do however have an additional role to play in embedding service user engagement as a feature of 'business as usual' in all services. Within the Trust we have developed a number of innovative and leading models for service user engagement for specific service areas and will continue to promote user engagement as an ongoing feature of how we improve and continue to shape our services to the needs of service users.

Staff: Our staff are our strongest asset and largest resource for change. We will continue to invest in and support their personal and professional development in line with all relevant skills and leadership frameworks. We will also strive to create opportunities for front line and junior staff to engage with the reform agenda, in order for their contribution, views and experience to help shape how we deliver our services in the context of reform and Effective Integrated Care.

Connected Communities: In many areas of care, the Voluntary and Community Sector (Third Sector) are already our key partners in delivery. We recognise the untapped potential of the voluntary and community sector in helping to create connected, caring communities. We also recognise the importance of ongoing dialogue and engagement with organisations throughout local communities and across the Western Trust area.

As a Trust we will support the development of a shared understanding of the implications of Reform in Health and Social Care for activities such as Community Planning and will engage with other agencies in the Western area. We also recognise the potential value of area-based interagency joint resourcing/commissioning of services as a lever for creating added value and service access within the communities we serve.

Enablers

10.2 Enablers: Culture and Leadership

A Culture to Support Strategic Change: We will consider and design key communications to ensure that all relevant stakeholders have a chance to engage with and develop an authentic ownership of the reform agenda. This will allow them to understand what the implications of reform are for their specific area of service, and to identify what opportunities exist for service improvement.

We will ensure that reform priorities are visible, integrated with core business across the Trust, and that a shared understanding is developed of the processes and culture which can underpin successful reform. We also acknowledge the need for realistic planning and a strategic approach to allow reform to take place and take effect. In providing and supporting the growth of leadership for change across the Trust, we recognise the knowledge that has been gained at the front line of services, as well as knowledge, skills and experience which can be accessed and applied from other sectors.

Research & Development - Using Evidence: To support reform in an environment which values evidence, research, and both the emulation and development of leading best practice, we will encourage a culture of Research and Development within the Trust, and will build on developments to date.

Striving for Excellence: As well as emulating best practice models and adapting them for implementation in a Western Trust context, we have considerable opportunity to pioneer and innovate. As such we will support activities in the context of Reform which consolidate and maximise the expertise, knowledge and experience which has been developed in our Trust to address key population health challenges and related clinical service provision. We will support and advocate for the consolidation and development in the Western Trust of key clinical and social care competencies and centres of excellence within an overall Reformed Regional network of Health & Social Care provision.

Enablers

10.3 Enablers: Information and Communications Technology:

10.3.1 Using Technology in the Interests of Enhancing Patient Care: Regional Reform Priorities:

Overall, the Western Trust acknowledges the role of technology and ICT in supporting efficient and balanced service provision and will support the use of technology as a resource which can increase time spent on direct contact and care delivery. This will include continuing to explore opportunities for generic and specific application which can facilitate more efficient and innovative working for healthcare practitioners in a community/ primary care context.

The Trust will continue to focus on facilitating and enabling reform activities through ICT support and innovation in both systems and applications. In line with the four key regional reform priorities, with examples of ongoing work as follows:

Acute Hospital Reform: We acknowledge the role that ICT can have in improved inpatient management and efficiency of patient flow within an Acute Hospital setting. We also understand and have demonstrated the impact of ICT innovation on securing governance and safety in the context of changes within the hospital setting. Examples of ongoing work include:

- Patient Flow System;
- Vocera (system has capability to work across hospital sites in a geographical network of any size).
- Savience.

We are currently also exploring:

- RFID for medical chart management;
- Micro-Guide (mobile app for quick access to clinical best practice, quality and safety guidelines;
- Bar-coding;
- E-prescribing;
- Unscheduled Care Self-Triaging;
- Single Sign-On for Clinicians.

Enablers

Outpatients Reform: The Trust recognises the importance of ICT in supporting Outpatients Reform and will work with Clinicians, stakeholders in Primary Care, and Commissioners to ensure that the necessary facilitation can be explored in a co-ordinated way. The Focus in which ICT can support Outpatients Reform will include:

- Interactive ICT solutions and facilities for Virtual Clinics delivered by Secondary Care Clinicians to support the management of Outpatients;
- Patient Portal;
- Electronic Care Record (ECR);
- CCG Referrals.

Patient Pathways: ICT options which can be explored in the context of patient pathways, particularly in the context of the provision of care in a community/home setting for patients, include:

- Patient Portal;
- E-prescribing in Acute Care in the Community setting;
- NIECR.

Reablement and Domiciliary Care: Management systems to support the delivery of domiciliary care services in the context of a reformed Reablement model will be fully explored and implemented as part of this regional reform priority.

10.3.2 ICT-based Patient Information Pathways:

The Trust is mindful of the important role that ICT has to play in the delivery of appropriate information governance relating to patient information pathways. We also acknowledge the importance of ICT in ensuring the flow of patient information follows the patient in a way which leads to optimal delivery of high quality and safe care on an efficient basis which uses resources to best effect.

Patient Information Pathways:

Electronic Referrals

In considering the role that effective ICT systems can play in Reform the Trust notes the following:

- Electronic referral pathways have great potential to create increased responsiveness to the needs of patient clinical care, GPs and to improve clinical workflow. Electronic methods are speeding up transmission of a clinical referral. Referral triage will be transparent in that the decision and clinical plan will be immediately viewable by the GP and allow better communication and management of expectations. The systems are also traceable and quality of responsiveness can therefore be monitored and assured;
- The ability to communicate using electronic means while including patient information in a secure way supports the

Enablers

delivery of care across organisational silos, and encourages collaboration between providers as well as the achievement of seamless, patient-focuses information pathways;

- For this to be effective it has to be available at point of care, have endpoints across the entire system, needs to have an interface into clinical pathways and the shared record and also be able to be incorporated into patterns of care delivery;

- Tangible benefits for the system may include reduced Outpatients appointments in specialist services, reduced variable costs including tests and office supplies associated with this due to the ability to easily request and respond with advice instead of using an appointment;

- There is significant potential in co-ordinated use of the ECR, single points of referral and Electronic Triaging and are currently piloting these in the context of our Integrated Care Pathway Work.

Patient Information Pathways: Electronic Shared Records and Care Planning:

The Trust notes the following:

- The ability to share activities that have been completed and are planned enables all members of the care team to undertake their role without duplication or gaps;

- This portal needs to be available to all members of the care team in primary care and hospital services. It should be available to the patient and should interface directly with clinical pathways and electronic referrals.

E-Health: There are important opportunities for the exploration and development of solutions using ICT which are linked to solid evidence of clinical patient outcomes. Under the guidance of lead clinicians involved in delivering specific patient pathways and where appropriate these technological solutions will be explored and advanced where resources can be levered.

Enablers

10.4 Enablers - Finance and Resource Alignment

The Trust acknowledges the importance of aligning available financial and general resources with the Reform agenda over the coming years, as follows.

Finance:

- The Trust will continue to utilise investment opportunities to deliver service change in line with reform priorities. We will ensure that all available additional investments and core investments are utilised to allow for existing performance commitments to be fulfilled while also ensuring reform and service change to take place;
- The Trust will continue to emphasise the importance of sustaining service changes and will work with Local Commissioning to ensure that all available and new commissioning resources are deployed in line with reform priorities;
- The Trust recognises the importance of fully-supported reform which considers service change as a way of more effectively meeting established and emerging/projected demand for services. In this context we recognise the value that successful reform will hold for the development of longer-term, strategic financial planning in the context of sustainable change and recovery.

Resource Alignment:

- We recognise that in some cases where additional investments are not available for change, the onus is on the Trust to redesign and realign resources to allow for service change to take place on a managed basis;
- In the context of reform activities which focus on the functionality of staff complements, and productivity within key services, the Trust will ensure that redesign activity takes account of the need to align resources with anticipated service demand. In the context of successful reform, this means that we will encourage scenario-modelling for services who are redesigning in the context of 'shift left' provision moving from Acute to Community care for key patient groups.

Section Eleven
Conclusions

Conclusions

Conclusions

- This plan will be implemented in an environment which is responsive to ongoing policy development. The implementation of the initiatives contained within the plan will therefore evolve and develop to ensure that the reform work of the Western Trust continues to keep step with all regional priorities and with best practice in service design and delivery across all disciplines and specialities. Already emerging examples of this responsiveness and dynamic approach are the development of pathways for patients experiencing alcohol misuse, and patients accessing Acute hospital care who have Mental Health needs.

- Successful reform is dependent on working across traditional service, institutional and agency boundaries within the Health and Social Care family.This Reform Plan will be delivered with corporate and service leadership within the Western Trust that nurtures and supports whole system working.

- We will demonstrate through our work the principles of Health for All as endorsed by the World Health Organisation (WHO). We understand that as a health community and system, we need to work with and involve a wider range of stakeholders throughout the community in order to give meaning to the principles of partnership, participation, equity, empowerment and the basic right to health. As a Trust we understand that addressing health inequalities is a core principle of Health for All and that to tolerate health inequalities carries a cost to the whole of society.

- We strive to address and overcome those challenges and disadvantages that we experience by virtue of being a Border Region. We do this by working with our partners in the HSE and viewing the population of the Western Trust as part of a wider cross-border patient population catchment. Taking this population/area- based approach immediately opens up a range of opportunities and possibilities relating to the viability of speciality development based in the North West Region of the Island of Ireland, serving the common clinical and health needs of a wider cross border regional population. In the Western Trust we will continue our work to develop and maintain speciality services that are tailored to the needs of the population of a wider geographical region, both within in Northern Ireland and beyond.

Conclusions

- The Western Trust will continue to support a culture of research, and evidence-based planning provision and targeting of services and interventions. We recognize the importance of supporting a research and innovation culture and practical initiatives and will continue to integrate this into our work. The Trust will promote a culture of decision-making, resource planning and allocation which bases decisions on evidence and evidence-based best practice and which responds courageously to the challenges that evidence presents.

- Overall, and recognizing that this Reform Plan represents a strategic direction over time, we recognize the importance of maintaining focus, resilience and perspective as we pursue our reform priorities. We recognize the potential challenges which a constrained and difficult financial climate can present to longer-term vision and delivery of fundamental whole systems change. With this awareness, as a Trust we will strive to ensure that we maintain our enthusiasm to do what is right for patients, now and into the future.

Section Twelve
Abbreviations

Abbreviations

The following is a short guide to some key phrases, terms and acronyms which occur in the text of this Document:

CSR	Corporate Spending Review
CMT	Corporate Management Team
ICU	Intensive Care Unit
HDU	High Dependency Unit
HSC	Health and Social Care
HR	Human Resources
HSCB	Health and Social Care Board
HSE	Health Services Executive (Republic of Ireland)
LCG	Local Commissioning Group
LD	Learning Disability
PICU	Psychiatric Intensive Care Unit
Shift Left	A core principle of Reform. Structural shift of resources and spending into service systems which are closer to the patient, in primary care and in the community. The term describes the overall redistribution of resources from one part of the system to another, as implied and envisaged in Transforming Your Care (2011)
SMT	Senior Management Team
WHO	World Health Organisation
SMR	Standard Maternity Ratio
IPT	Investment Proposal Template
ICP	Integrated Care Pathway
AD	Assistant Director
PCOP(S)	Primary Care and Older People's Services

Abbreviations

Trust Service Acronyms:

W&C	Women's and Children's Services Directorate
AMHD	Adult Mental Health and Disability Services Directorate
ECR	Electronic Care Record
AHP	Allied Health Professionals
SWAH	South West Acute Hospital
OFMDFM	Office of First Minister & Deputy First Minister
AD's	Assistant Directors
SSPAU	Short Stay Paediatric Assessment Unit
CAMHS	Child & Adolescent Mental Health Services
PPI	Patient & Public Involvement
ICT	Information & Computer Technology
LIT	Local Implementation Team
PFI	Public Finance Intake
LD	Learning Disability
MH	Mental Health
PD	Physical Disability
CRHT	Crisis Response Home Treatment
PHA	Public Health Agency
OOH	Out of Hours
IP	Inpatient
OP	Outpatient
EIC	Effective Integrated Care