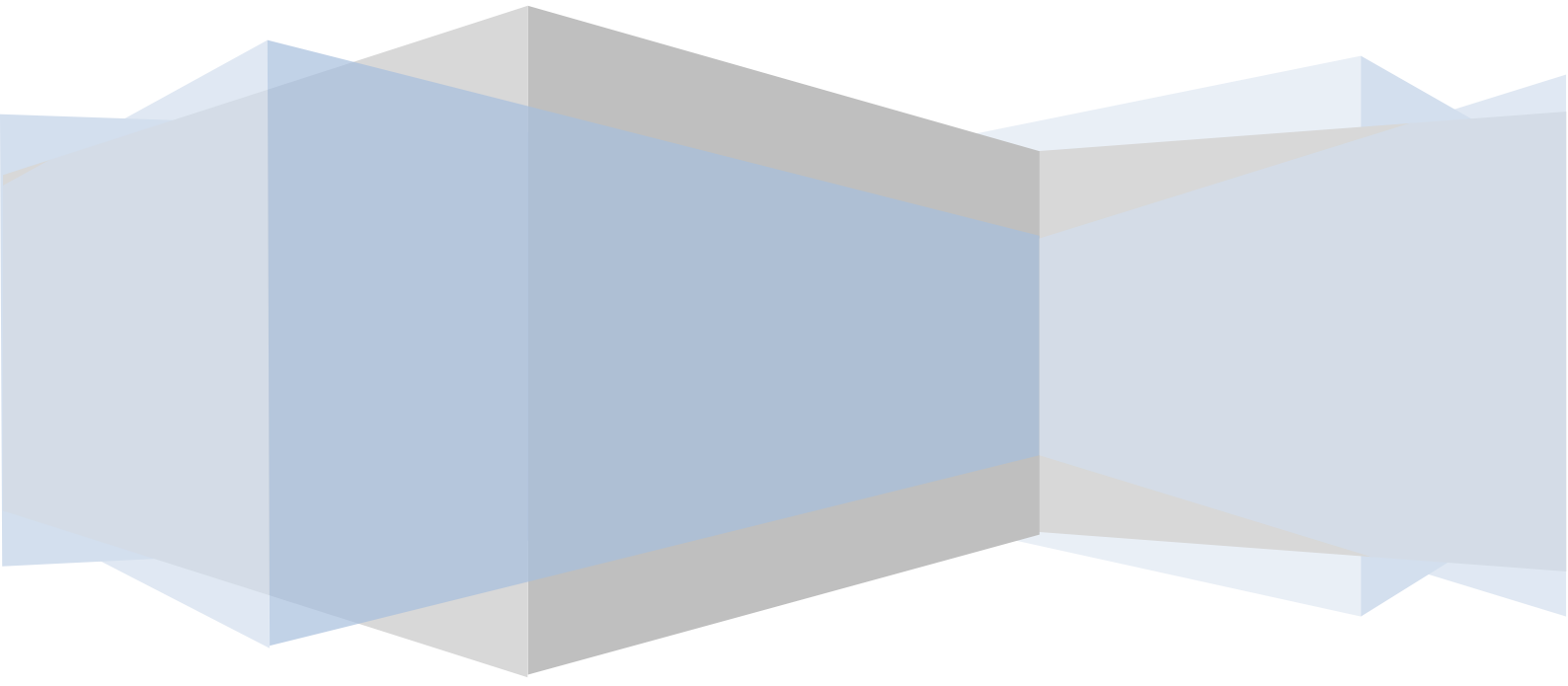
Health and Social Care Board

Public Health Agency

Draft Commissioning Plan 2017/18

Final Draft



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Foreword

The 2017/18 draft Commissioning Plan (the draft Plan) describes the actions that will be taken across health and social care during 2017/18 to continue to provide effective services to maintain and where possible, secure improvement in the health and wellbeing of the people of Northern Ireland within the available resources. The draft Plan has been developed in partnership by the Health and Social Care Board (HSCB) and the Public Health Agency (PHA), and responds to the draft Department of Health (DoH) Commissioning Plan Direction.

The draft Plan also identifies the key priority areas to be commissioned regionally and locally, with a particular emphasis on how providers will respond to demographic changes and service risks to the delivery of the modernisation and transformation agenda.

However, it should be noted that the draft Plan does not seek to highlight all of the work being taken forward by HSCB and PHA in 2017/18. Rather, the draft Plan focusses on a number of key strategic and service priorities which are likely to yield the greatest benefit in terms of patient outcomes and experience of health and social care services at both a regional and local level.

The draft Commissioning Plan, once again, has been produced within a challenging commissioning and financial context with continuing direct oversight by the Department. The draft Plan outlines a number of key investments to be made in 2017/18 consistent with prior discussion with the Department. Trusts have once again been provided with indicative financial allocations – from these allocations Trusts will be required to respond appropriately to the changing patient and client needs and to the specific service pressures identified within the draft Plan. The HSCB and PHA will continue to prioritise those planned investments that, previously and to date, have been unable to be progressed.

1.0 Introduction and Context

1.1 The Purpose of the Plan

The draft Commissioning Plan sets out the priorities to be taken forward by HSC and providers. The draft Plan has been developed in partnership by the Health and Social Care Board and the Public Health Agency, and responds to the DoH draft 2017/18 Commissioning Plan Direction The priorities outlined within the draft Commissioning Plan also take account of the 2017/18 investments.

The draft Commissioning Plan aims to respond to the four strategic aims, linked to Delivering Together which are set out within the draft 2017/18 Commissioning Plan Direction:

- to improve the health of the population;
- to improve the quality and experience of care;
- to ensure the sustainability of the services delivered; and
- to support and empower the staff delivering health and social care services.

In line with established commissioning arrangements, the draft plan provides an overview of Regional Commissioning priorities for 2017/18 (Section 5) together with detail on the priorities at a local level (Section 6) as identified by the Local Commissioning Groups.

Within these sections, the draft Plan makes explicit reference to areas of service development, service delivery, service reform and modernisation required from providers, who will be expected to respond in their delivery plans for 2017/18. These sections will also highlight known unfunded areas where applicable. The HSCB and PHA will, through existing mechanisms, monitor the performance of providers against these plans.

Under each strategic aim the draft Commissioning Plan responds to each of the key outcome areas identified by the draft 2017/18 Commissioning Plan Direction:

- Reduce health inequalities
- Ensure people using health and social care services are safe from avoidable harm
- Improve the quality of the healthcare experience
- Ensure health and social care services are centred on helping to maintain or improve the quality of life of people who use them
- Ensure people, including those with disabilities, long term conditions, or who are frail, receive the care that matters to them
- Support those who care for others
- Ensure the sustainability of health and social care services
- Support the HSC workforce

The draft Plan specifically responds to each of these strategic aims and outcome areas within Section 4.

In addition to the aims and outcomes, there are a number of specific objectives/ goals for improvement. A summary of how the draft Plan responds to each of the objectives can be found in Appendix 1.

The draft Plan also incorporates funding from the most recent June monitoring round. These investments are reflected across both the regional and local Commissioning sections. Trusts are expected to respond to the draft Plan via the submission of Trust Delivery Plans. The financial allocation for 2017/18 includes a block sum to Trusts and as such the draft Plan outlines the 2017/18 commissioned values and volumes as a baseline. It is expected that values and volumes will be amended following the submission of the Trust Delivery Plans, which should reflect planned services and associated activity across demography, transformation and inescapable allocations.

The draft Plan provides a view of the strategic transformation, reform and modernisation aims across all programmes of care both regionally and locally, reflecting strategic direction of services and in 'Delivering Together'. The draft Plan does not seek to highlight all of the work being taken forward by HSC in 2017/18.

In compiling the draft Commissioning Plan, input from service users, carers and the public was drawn from a variety of sources, ensuring that HSC commitment to the principles, practice and duty of Personal and Public Involvement was respected. Information, input and guidance was drawn from a very diverse and wide range of reference groups, advisory groups, advocacy organisations and patient and service users themselves.

1.2 Delivering on Key Policies and Strategies

This section provides an overview of a range of key policies and strategies which inform the key regional and local priorities set out in sections 5 and 6 of this draft Plan. While the majority of these strategies are specifically referenced within the draft Plan, the HSCB and PHA remain committed to the delivery of all policies, frameworks, guidance and strategies highlighted below. It should be noted that it is not an exhaustive list.

- Draft Programme for Government (2016-2021)
- Delivering Together
- Quality 2020
- Institute of Healthcare Improvement Liaison
- Service Frameworks
- Workforce Planning and Development
- Sexual Health Strategy
- Domestic Violence and Sexual Violence Strategy
- Adult Safeguarding: Prevention and Protection in Partnership
- Making Life Better
- Maternity Strategy
- Physical and Sensory Disability Strategy
- Delivering Care: Nurse Staffing in NI
- Primary and Community Care Infrastructure
- eHealth and Care strategy
- Living Matters Dying Matters
- RQIA Reports
- NI Rare Disease Implementation Plan
- NICE guidance

1.3 Maximising Opportunities for Innovation, Transformation and Service Reform

There are a number of enablers within the HSC which have and will continue to be utilised in order to deliver service transformation and reform, as set out in 'Delivering Together'. These include:

- Managed Clinical Networks,
- Integrated Care Partnerships,
- Project Echo,
- the Regional Unscheduled Care Network,
- IHI Triple Aim Framework,
- the NI Genomes Medicine Centre,
- Pathology Services
- Diabetes Services
- Paediatric Strategies
- Stroke Services
- Imaging Review

In addition GP Federations will be an invaluable tool working alongside secondary care to deliver outpatient reform during 2017/18.

Trusts and HSCB will continue to work in all programmes of care/outcome headings to maximize the benefit of procurement, Buy Social and other procurement policy initiatives.

1.3.1 ICT and eHealth

Investment in eHealth solutions and services is critical to supporting safe, efficient and resilient services, and maximising opportunities for innovation. The HSCB is responsible for the development and maintenance of implementation plans across the HSC to deliver the objectives in the HSC eHealth and Care Strategy, published in March 2016.

Key priorities to be taken forward in 2017/18 include:

- Finalising the business case for the establishment of “Encompass”, an integrated record for citizens and patients to build on the success of the NI Electronic Care Record, in order to commence procurement by March 2018.
- Extending the scope of the award winning NI Electronic Care Record (NIECR), to further support care professionals to deliver safer, faster care, including support for medications management, and for the development of individually consented ‘Key Information Summaries’ to support increased sharing of GP information for those with long term conditions. Access to the NI Electronic Care Record (NIECR) will be extended to Community Pharmacists in line with the commitment made within Delivering Together.
- With the support of funding made available through ‘Atlantic Philanthropies' and the Executive Office to fulfil the commitments made in Delivering Together:
    - Develop a ‘patient portal’ building on the success of the NI Electronic Care Record (NIECR), with the initial phase supporting access to personal health records for Dementia patients and their carers.
    - Develop an analytics platform to support improved use of Dementia data for planning and targeting of services for Dementia patients.
- Commission new HSC public sector data centres, to support increased responsiveness and resilience for this vital infrastructure, and create a platform for more resilient and cost effective data storage infrastructure across the HSC.
- In light of the severe impact in some UK Trusts of the ‘Wannacry ‘ Ransomware attacks, immediate measures across NI will be undertaken to support increased resilience, and to test and further strengthen the resilience of HSC networks and services to cyber-attack.
- Develop a Directory of Services to support care professional staff to rapidly access and safely refer to appropriate HSC services to avoid unnecessary interventions
- Implement the Regional Information System for Oncology and Haematology (RISOH) to create an electronic patient record for Cancer

patients, supporting improved care coordination and decision making, including the improved management of medications through an electronic prescribing system.
- Complement and support emerging transformation opportunities across both the Acute and Community sectors, e.g. Elective Care Transformation and meeting those IT/E-Health requirements to support innovation.

1.3.2 Delivering Together

The Health Minister's 'Delivering Together' strategy proposes a whole system transformation plan which requires cultural and operational change in order to meet future demand. This proposed transformation of health and social care services is a long term goal.

Delivering Together provides the roadmap to take forward the work of transformation, reform and modernisation with the overarching aim to:

- Improve the health of the population;
- Improve the quality and experience of care;
- Ensure the sustainability of the services delivered; and
- Support and empower the staff delivering health and social care services.

Two key groups are in place to provide strategic oversight to this work – the Transformation Advisory Board and the Transformation Implementation Group. The Transformation Advisory Board acts in an advisory capacity to the Minister to oversee the direction of reform.

The Transformation Implementation Group oversees the design, development and implementation of the Transformation Programme. The Transformation Implementation Group is chaired by the DoH Permanent Secretary, and includes leaders and clinicians from across the Department and the Health and Social Care system.

The draft Commissioning Plan 2017/18 reflects the Minister's vision of transformation, reform and modernisation.

1.4 Achievement of Ministerial Objectives

The draft Commissioning Plan Direction (CPD) sets out the key aims, outcomes and objectives for the HSC for 2017/18, in many cases building on the targets and standards in 2016/17.

While there are a number of performance targets within the draft CPD which, due to the current level of performance and the wider financial challenges, will not be achievable in 2017/18, the HSCB and PHA will continue to work with Trusts to seek to secure improved performance consistent with the approach set out in the draft HSC Performance Management Framework which has recently been issued by the Department.

Although the draft Framework cannot be fully implemented until it has been approved by an incoming Minister, the HSCB and PHA will work with Trusts to develop Performance Improvement Trajectories which set out the expected level and pace of improvement that Trusts can reasonably be expected to deliver in 2017/18. This will be a first step on a journey towards achievement of draft CPD targets in light of financial and workforce pressures and other circumstances. The initial focus for Performance Improvement Trajectories in 2017/18 will be on Unscheduled Care (4 hour), Ambulance response times, Elective Care (delivery of core activity), Cancer waiting times and Mental Health waiting times.

In parallel, the HSCB and PHA will continue to work with Trusts to identify and share good practice to improve services and to facilitate regional approaches and collaboration to address service delivery challenges.

2.0 Summary of Key HSC Demographic challenges

This section provides a high level overview of the demographic status of the NI population in 2017 and outlines future population projections as well as providing information relating to lifestyle and health inequalities. Consideration has been given to these within the needs assessments outlined within sections 5 and 6 in order to inform the commissioning of services at both regional and local level.

NI Resident Populations by Local Commissioning Group - 2017

Table 1

Age Band (Yrs)	Belfast	Northern	South Eastern	Southern	Western	NI
0-15	69,117	96,773	71,920	87,195	64,884	**389,889**
16-39	124,799	141,288	102,990	120,503	92,609	**582,189**
40-64	108,043	155,239	117,759	118,606	97,475	**597,122**
65+	54,371	82,130	65,823	55,427	46,551	**304,302**
All ages	**356,330**	**475,430**	**358,492**	**381,731**	**301,519**	**1,873,502**
%	**19%**	**25.4%**	**19.1%**	**20.4%**	**16.1%**	**100%**

Source: NISRA, Based on 2014 Population Mid-Year Estimates

Some of the key demographic changes which will have an impact on the demand for health and care services in NI are noted below:

- Mid-Year Estimates for the 2017 year indicate that there are approximately 1.874m people living in NI.
- Approximately 20.8% of the population is aged 15 or under with 16.24% of the population aged 65 and over
- The highest percentage of the NI population (25.4%) currently resides in the Northern LCG Area (25.4%). The lowest percentage (16.1%) currently resides in the Western LCG Area
- The Belfast LCG Area currently has the lowest proportion of its population in the 0-15 age bracket (@69,100 – 19.4%), in comparison to the Southern Area which has 22.8% (@87,200) of its population in this age bracket.
- There are currently a total of @304,300 older people (65+ years) in NI equating to 16.2% of the population. The South Eastern Area has the highest percentage of its population in this age bracket (@65,800 - 18.4%) while the Southern Area has the lowest percentage (@55,400 - 14.5%)

Population Projections

- Current population projections anticipate the population will rise by 4.68% (87,700) to 1.961m by 2027.
- This increase will range from 2.6% in the Western LCG Area to 9.8% in the Southern LCG Area.
- Ageing of the population is set to continue and by 2027, the percentage of the population over 65 is expected to increase by 28% to 390,000. This will represent 19.9% of the population – up from 16.24% currently.
- All LCG areas are projected to see significant increases in their levels of residents aged 65 and over – ranging from 21.75% in the Belfast Area to 32% in the Southern Area.

Other Demographic Issues

- Births in NI decreased slightly by 0.7% from 24,394 in 2014 to 24,215 in 2015.
- 15,548 deaths were registered in NI during 2015, an increase of 5.9% on 2014 and the highest number recorded since 1999.
- Almost 2 out of every 3 deaths were of people aged 75 or over.
- 22% of deaths occurred in HSC Hospitals with a further 20% occurring in other hospitals or Nursing Homes.
- Life Expectancy in NI is currently 78.3 years for males and 82.3 years for females. Males living in the least deprived areas in NI could expect to live on average approximately 7 years longer and females, approximately 4 years longer than their counterparts living in the most deprived areas.
- The main cause of death was Cancer accounting for 28% of deaths in NI (4,353) followed by Circulatory Disease at 24% (3,731).
- The prevalence of long term conditions such as COPD, Diabetes, Stroke, Asthma and Hypertension is increasing. In conjunction the number of people coping with co-morbidities is also increasing.

Deprivation has an impact on health and wellbeing, resulting in the lack of social support, low self-esteem unhealthy life-style choices, risk taking behaviour and poor access to health information and quality services.

3.0 Commissioning and the use of Financial Allocations

The draft 2017/18 Commissioning Plan Direction requires the draft Commissioning Plan to explain how services will be commissioned within the available budget. This includes providing details of how the total available resources, as specified by the Department in its respective indicative budget allocation letters to the HSCB and PHA for the financial year 2017/18 have been committed to the HSC Trusts and other organisations.

This chapter sets out:

- A summary of income sources for the HSCB and PHA in line with Department of Health (DoH) 2017/18 indicative Budget Allocation letters.
- A summary of HSCB spend areas for the planned additional investments in 2017/18.
- An analysis of HSCB and PHA allocations by Provider including HSC Trusts.
- An analysis of HSCB and PHA allocations by Programme of Care.
- An analysis of HSCB and PHA allocations by LCG area.

In response to the draft Plan, Trusts are required to provide Trust Delivery Plans which will incorporate individual financial plans for each Trust. These plans will provide further information for the HSC on the details behind pressures and savings plans and are analysed by Programme of Care. These plans can then be incorporated into an overall Strategic Resource Framework for the whole HSC.

Summary of Income Sources - Budget Allocations HSCB and PHA

When the NI Assembly dissolved in January, no Budget had been set for the NI Executive for the 2017/18 financial year. In the absence of a budget, Section 59 of the NI Act 1998 and Section 7 of the Government Resources and Accounts Act NI 2001 provide for the Permanent Secretary of the Department of Finance to issue cash to Departments from the NI Consolidated Fund. These powers, which have been deployed, are an interim measure designed to ensure that services can be maintained until such times as a budget is agreed and a Budget Act passed.

In a statement to the House of Commons on 24 April 2017 the Secretary of State for NI outlined an indicative Budget position for NI Departments in order to provide clarity in the absence of an Executive. This position was based on the advice of the Head of the NI Civil Service in conjunction with the NICS Board.

Further to this announcement, it became apparent that an Executive would not be formed before Autumn. Recognising that pressures would continue to build, particularly within health and education services, the Secretary of State announced adjusted indicative budget positions for the Department of Health in July 2017.

The Departmental indicative allocations set out by the Secretary of State provide the basis on which Departments are now planning for 2017/18. At both stages, when announcing indicative budget positions, the Secretary of State, was clear that these positions did not constrain the ability of an incoming Executive to adjust its priorities during the year.

The DoH issued separate indicative allocation letters for 2017/18 to the HSCB and PHA. These allocation letters show the budgeted income, along with administrative savings reductions for each respective organisation. These are set out in **Table 2** below.

Income 2017/18

Table 2

Income 2017/18 - based on indicative allocation letters	**HSCB £m**	**PHA £m**	**TOTAL £m**
Opening Allocation	4,399.7	85.8	4,485.5
DOH Additional Funding	184.9	0.4	185.3
Transformation *	29.8		29.8
Commissioning, admin and other reductions	(7.2)	(1.5)	(8.8)
TOTAL	**4,607.2**	**84.6**	**4,691.8**

**This relates to ongoing transformation activities commenced in previous years*

HSCB and PHA spend areas and funding sources

The DoH indicative allocation letters set out how the additional resources available for each organisation are to be applied in the financial year beginning April 2017.

Additional resources are planned to be used to address the carried forward pressures from 2016/17 which did not previously have a recurrent funding source and inescapable pressure areas in 2017/18. **Table 3** summarises the expenditure areas and funding sources.

In the absence of a Minister no decision can be taken to implement a pay award, and thus at this stage the cost implications of the pay review body's recommendations, estimated at £26 million, has not been factored into the financial position. Doing so would obviously have an impact on the level of savings that would need to be found from other areas.

2017/18 Summary of expenditure areas and funding sources

Table 3

2017/18			
PRESSURES	**Carried Forward Pressures 2016/17**	**£m**	**£m**
	Revenue Consequences of Capital Schemes 16/17	(16.9)	
	Trust 16/17 Budget Settlement Pressures	(95.6)	
	Primary Care	(6.0)	
	16/17 Service Developments	(19.3)	
	Transformation*	(29.8)	*Table 4*
	HSCB/PHA Inescapable pressures 2017/18		
	Family Health Services	(28.5)	
	National Living Wage, Apprenticeship Levy & Non Pay	(51.8)	
	End of Pharmaceutical Price Regulation Scheme	(9.0)	
	Inescapable Service pressures	(38.4)	*Table 5*
	Demography	(27.7)	*Table 6*
	Total Pressures		(323)
SOURCES	Additional Indicative Allocation from DOH	185.3	
	Savings/Opportunities in Trusts	70.0	
	Family Health Service savings i.e. Prescribing efficiencies	38.0	
	Transformation Funding*	29.8	
	Total Sources		**323**

**This relates to ongoing transformation activities commenced in previous years*

Pressures

Carried forward pressures from 2016/17 are the full year effect of inescapable pressures and transformation funding in 2017/18 for which funding was not recurrently secured in 2016/17.

The 2016/17 unfunded Trust pressures of £96m includes the 2016/17 Pay award, Non pay inflation, Employers NIC increases, National Living Wage and demographic pressures.

Details of the planned transformation areas are set out in **Table 4** and have been funded non-recurrently by DoH at this time (subject to review). Expenditure on these areas commenced prior to 2017/18.

Transformation funding*

Table 4

Area of Expenditure	2017/18 Allocation £000s
ICP Initiatives excl ICP Infrastructure	8,420
Trust & HSCB Reform Infrastructure incl ICP infrastructure	3,310
GP Federations Elective Care/Quality Improvement	2,720
Practice Based Pharmacists	2,500
Medicines Optomisation	2,000
Diabetes Navigation Insulin Guidance (SEHSCT)	1,227
Rapid Assessment and Interface Discharge / Medicines Optimisation and Innovation Centre (NHSCT)	1,160
Diabetes Strategy	1,000
ICT Reform	1,000
Helicopter Emergency Medical Service	976
District nursing and Health Visiting – Delivering Care standards	850
Paediatric and obstetrics services at Causeway Hospital	760
Day Opportunities and Self Directed Support	717
NIAS Alternative Care Pathways & Clinical Support Desk	714
Project ECHO	474
Delivering Social Change – Dementia project	321
Family Support Hubs	295
Stroke Services (NHSCT)	292
Care Pathways Reform (Regional) Heart Failure & Asthma	280
Community Resuscitation Development Officers	260
Others	248
Stereotactic Ablative Radiotherapy (Lung and Oligometastatic Cancer)	180
Direct Physio Access	100
Total Transformation funds	**29,803**

**This relates to ongoing transformation activities commenced in previous years*

Details of the 2017/18 inescapable service pressures, including Revenue Consequences of Capital Expenditure (RCCE), are set out in **Table 5**.

Inescapable service areas

Table 5

Description	CYE £000s
Specialist Hospital Services - non drugs - Total Parental Nutrition Service Pressures/Goods & Services RBHSC	200
Specialist Hospital Services - non drugs -Renal services and transplantation	125
Cost per Case relating to high cost cardiology implants, cochear implants, and neurosurgery implant	1,800
Specialist Hospital Services - drugs Growth in existing approved NICE therapies	10,000
Specialist Hospital Services - drugs Orphan Enzyme Drug Therapies	160
Acute services – pathology – H Pylori and calprotectin	20
Acute Services – Pathology – genetics	502
Learning disability - Adults with learning disability whose family care arrangements break down	1,000
Learning disability - Young people transitioning to adult services	2,250
Learning disability - Complex discharges from hospital	1,000
Learning disability - Additional Community Infrastructure for crisis / out of hours	375
Mental Health - Adults with Mental Health problems whose family care arrangements break down	750
Mental Health - Physical Health Care	150
Macmillan agreement to recruit 75 wte additional staff for cancer care.	284
BHSCT Brachytherapy Seeds (consumable cost) 17/18	125
Childrens - Going the extra mile (GEM)	415
Childrens - Lakewood redesign	386
Childrens - Supported Temporary Accommodation of Young (STAY) SHSCT	71
Physical Disability - Physical & Sensory Disability strategy	527
Unscheduled Care - Building Capacity & 7 Day Working	4,125
Paediatric investment at Ulster Hospital to support Neonatal rota : 2-3 staff	300
Diabetes in Pregnancy	125
Children's Services - Autism	400
Major Trauma Centre	750
Altnagelvin Revenue Consequences of Capital Expenditure	200
Specialist Hospital Services - drugs Drugs & therapies - 2016/17 new NICE TAs 2016/17 not yet funded (included in June Monitoring)	3,100
Other	2,000
Inescapable Pressures Total	**31,140**
Revenue Consequences of Capital Expenditure (RCCE)	
WHSCT	460
NHSCT	652
SHSCT	768
NIAS	590
BHSCT	4,760
RCCE Total	**7,230**
OVERALL TOTAL	**38,370**

Table 6 provides an indicative split of demographic pressures across Programme of Care. These are informed by extrapolating per capita expenditure and population projections by Programme of Care and they reflect the projected reduction in births and increase in the older population.

Demography by Programme of Care

Table 6

CYE	TOTAL
POC	£000s
Acute Non Elective 1	9,854
Maternity 2	(337)
Family & Child Care 3	332
Elderly Care 4	14,109
Mental Health 5	1,522
Learning Disability 6	757
Physical and Sensory Disability 7	553
Health Promotion and Disease Prevention 8	676
Primary Health and Adult Community 9	221
TOTAL CYE	27,688

Sources

Allocations from DoH

The DoH issued separate indicative allocation letters for 2017/18 to the HSCB and PHA. These allocation letters show the budgeted income, along with administrative savings reduction, for each respective organisation.

Prescribing Efficiencies

DoH has set a regional target of £38m. This challenging savings and efficiencies target has been established for medicines optimisation / prescribing across both primary care (£25.5m) and secondary care (£12.5m). The secondary care element in relation to medicines optimisation is shown in Table 7 below.

Savings/Opportunities in Trusts

As part of the overall financial plan for 2017/18, Trusts were tasked by DoH with developing draft savings plans to deliver their respective shares of a total of £70m of savings. Trusts are required, as part of this process, to inform the public about all savings options under consideration, and specifically indicate those that are considered to be major and/or controversial. This public consultation

will run until 5 October 2017 and will inform final plans for consideration by the HSCB and DoH.

Table 7 provides the detail by Trust and takes account of equity and efficiency positions. Investment in demography and RCCE may be reviewed for slippage in order to meet savings targets.

Trust Savings Plans Targets

Table 7

Trust	Savings Opportunities in Trusts £m	Medicines Optimisation efficiencies in Trusts £m	Total £m
BHSCT	(26.30)	(5.98)	(32.28)
NHSCT	(13.00)	(1.87)	(14.87)
SEHSCT	(10.80)	(1.55)	(12.35)
SHSCT	(6.40)	(1.55)	(7.95)
WHSCT	(12.50)	(1.55)	(14.05)
NIAS	(1.00)		(1.00)
TOTAL	**(70.00)**	**(12.50)**	**(82.50)**

HSCB Allocations to Providers

Table 8 shows how the total of the HSCB and PHA indicative allocations of £4,692m are planned to be allocated across providers.

Allocations to Providers

Table 8

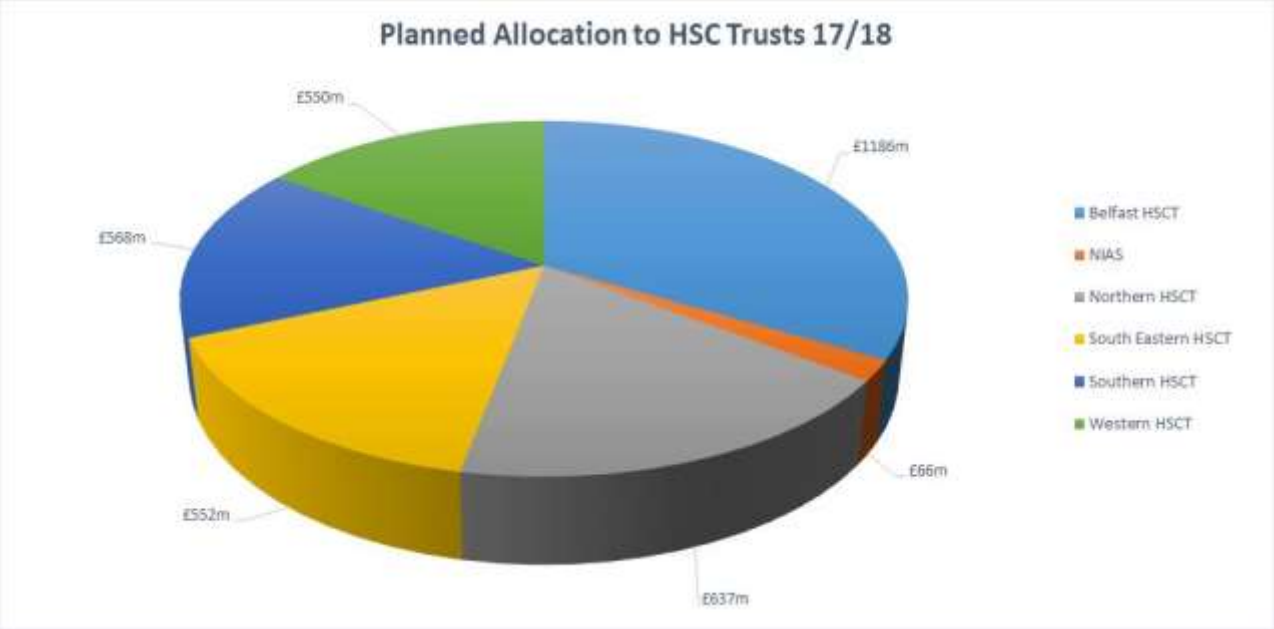
Allocation to Providers	£m
HSC Trusts	3,559
FHS	881
Other*	252
Total	**4,692**

*managed at HSCB and PHA including Elective and non-Trust contracts

Figure 1 provides a sub analysis of the indicative allocations to HSC Trusts.

Planned Allocations to HSC Trusts

Figure 1



The HSCB and PHA financial plan allocates out the indicative funding received from the DoH to providers. The planned indicative allocations to Trusts may not be sufficient to address all Trust pressures. The TDP process will reflect this and how it impacts on individual Programmes of Care.

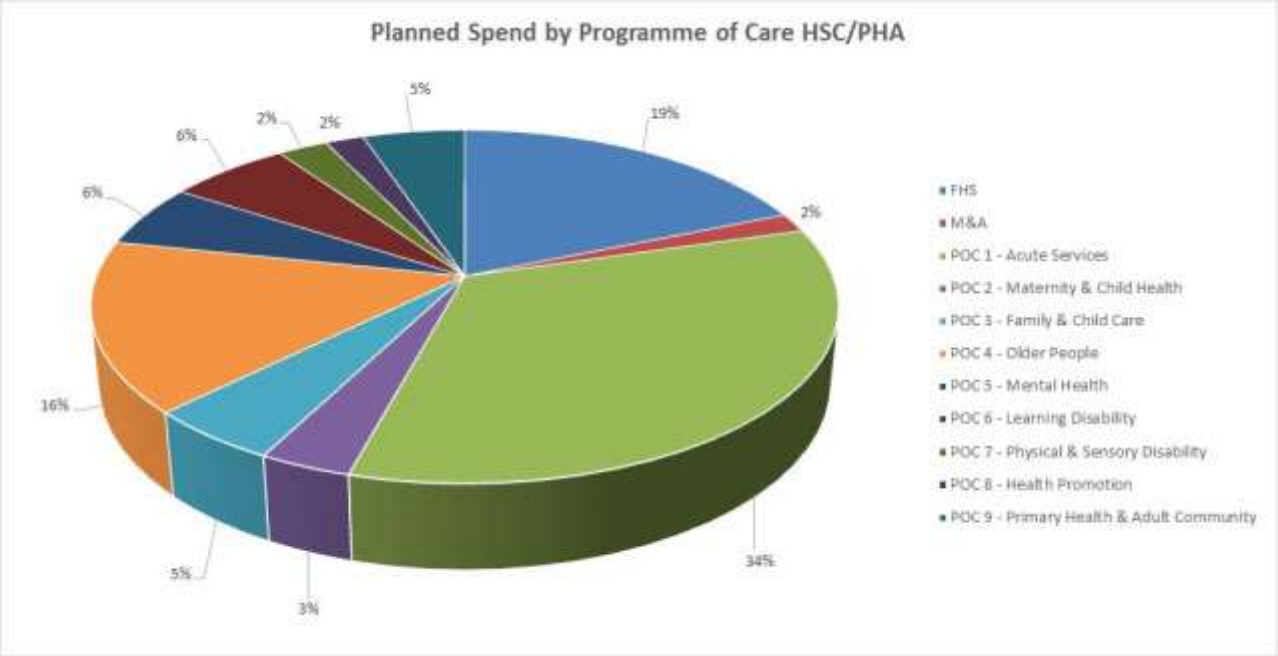
The HSCB will review these plans including any efficiency and savings proposals to ensure their deliverability and acceptability in the context of the need for financial breakeven, safety and quality considerations.

HSCB planned spend by Programme of Care

Figure 2 provides an analysis of the HSCB and PHA indicative allocations of £4,692m across Programmes of Care. A more complete picture of planned investment across the HSC by Programme of Care will be available when Trusts have completed their TDPs.

Planned spend by Programme of Care

Figure 2



HSCB planned spend by Local Commissioning Group

The following table provides an analysis of the HSCB and PHA indicative allocations of £4,692m across each Local Commissioning Group.

Planned spend by Local Commissioning Group

Table 9

	LCG								
Trust	**A&E**	**Belfast**	**Northern**	**South Eastern**	**Southern**	**Western**	**Regional**	**FHS**	**Grand Total**
Belfast HSCT	47	592	134	115	51	29	218	0	1,186
Northern HSCT	22	1	579	1	0	1	32	0	637
South Eastern HSCT	22	51	3	421	6	0	48	0	552
Southern HSCT	23	1	8	6	504	3	23	0	568
Western HSCT	16	0	11	0	4	489	29	0	550
NIAS	66	0	0	0	0	0	0	0	66
Non-Trust**	1	34	39	29	30	30	8	881	1,052
Grand Total	**197**	**679**	**776**	**573**	**596**	**551**	**358**	**881**	**4,611**
Not Assigned to LCG*									81
Grand Total									**4,692**

*includes management & admin, BSO and DIS

** Non-Trust includes voluntaries and Extra Contractual Referrals

The HSCB carries out an annual equity review to assess whether its total resources have been fairly deployed across local commissioning group

populations. This will be carried out later in the year, following the submission of Trusts' TDPs.

Key Challenges

The success of the plan is dependent upon securing funding sources from highly challenging FHS and Trust savings plans to jointly contribute in excess of £100m of funding solutions.

Significant savings will need to be delivered recurrently to avoid an opening deficit being carried again into the 2018/19 financial year.

4.0 Overarching Strategic Themes

This section demonstrates how services will be commissioned in line with the four overarching strategic themes as set out within the draft Commissioning Plan Direction 2017/18, namely:

- To improve the health of the population.
- To improve the quality and experience of health and social care.
- To ensure the sustainability of health and social care services provided.
- To support and empower staff delivering health and social care services.

4.1 Improving the health of the population

4.1.1 Reduction of Health inequalities

Improving health and reducing health inequalities requires coordinated action across health and social care, government Departments and a range of delivery organisations in the statutory, community, voluntary and private sectors. The Department of Health published Making Life Better in 2014, a whole system strategic framework for public health which sets out key actions to address the determinants of health.

The draft Programme for Government (2016-21) fosters such a whole system approach. Investment in prevention is a key contributor to reducing future demand for health and social care. A healthy population also contributes to economic prosperity, better educational attainment, and reduced reliance on welfare. Delivering Together has further underlined the importance of prevention and the active participation of communities in achieving these goals. In particular, the need to expand and support community development approaches to health is highlighted as a key area of the HSC Transformation and Reform agenda.

In NI between 2010 and 2015 more than 23,500 people died prematurely of disease which was potentially avoidable through public health interventions or potentially treatable through high quality healthcare. Nearly 380,000 life years were lost. In 2015, 4,041 people died of illness which could either have been

prevented in the first place (84%) or if detected early enough could have been treated successfully.

Men are most likely to die prematurely, evidenced in the four year gap in life expectancy between men and women[1]. Residents of the most deprived areas are two and a half times as likely to die prematurely of preventable causes as those in least deprived areas. This increases to a factor of four for drug and alcohol related deaths and nearer three times for suicide, respiratory problems and lung cancer[2].

The DoH disaggregation of life expectancy differentials in NI[3] highlighted the reducing impact of circulatory disease on premature mortality with the increased contribution of cancers and accidental injuries and suicide amongst the younger age groups, particularly in more deprived areas. Known inequalities in health have been identified across a range of groups including:

- Travellers
- Young men
- Ethnic minorities
- Lesbian, Gay, Bisexual and Transgender (LGB&T) People
- Migrants
- Carers
- Prisoners
- Homeless People
- Disabled People
- People living in more deprived areas
- People living in Poverty

[1] https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/datasets/nationallifetablesnorthernirelandreferencetables accessed 07/08/2017

[2] https://www.health-ni.gov.uk/publications/health-inequalities-regional-report-2016

[3] http:/www.dhsspsni.gov.uk/life-expectancy-decomposition

In keeping with HSC equality good practice, the groups above are taken into account by LCGs, health improvement programmes and support services in the normal course of commissioning. Likewise any health improvement programmes, information and support services will assess any necessary additional requirements in order to enable full engagement or access for these population groupings.

The PHA aims to improve the health and wellbeing of the population of NI and to reduce health inequalities. This work is founded on partnership with many different sectors and disciplines in order to maximise the benefits that can be gained through these collective efforts.

Health and Social Wellbeing Improvement activity is underpinned by six themes set out in Making Life Better, which include:

- Giving Every Child the Best Start
- Equipped Throughout Life
- Empowering Healthy Living
- Creating the Conditions
- Empowering Communities
- Developing Collaboration

During 2017/18 the PHA will advance these objectives by building strong connections across society to improve health and wellbeing and reduce inequalities.

In particular, these objectives are an essential part of community planning processes with eleven local councils. Alignment with community planning and the development of associated action plans as well as the Delivery Plans for Programme for Government offer new opportunities to improve health and wellbeing and influence the determinants of health inequalities.

The PHA will continue to progress the early years intervention agenda, in particular through the work-streams of the Early Intervention Transformation

Programme, sponsored by a consortium including Government Departments. Work with communities and organisations will continue to focus on reducing some of the structural barriers to health and seek the active engagement of communities wherever possible.

In response to the draft Commissioning Plan Direction, the PHA will advance the following specific objectives:

Giving Every Child the Best Start

The PHA will continue to prioritise investment in early years' interventions. Specific commissioning intentions during 2017/18 will include:

- Expansion of the Family Nurse Partnership Programme, within all five Trusts to cover the whole population of NI, ensuring an increased level of availability to eligible mothers to provide "a healthier pregnancy" and give our children and young people the best start in life, providing developments in health visiting, early intervention services and family support hubs.

- Expansion of evidence based parenting support programmes which will support the implementation of the infant mental health action plan and the implementation of the Early Intervention Transformation Programme.

- Implementation of the breast feeding strategy across all trust areas with specific attention to the training of staff, peer support and maintaining the accreditation of facilities to meet the World Health Organisation UNICEF Baby Friendly standards, and expansion of the Breast Feeding Welcome Here scheme (helping to normalise breast feeding).

- Contribution to the health improvement and safeguarding focus of LAC as a key target group and continue to contribute to the achievement of the goals for adoption and placement of LAC through support for the HSCB Residential Care, Fostering and Adoption Commissioning Leads.

- Continuing to work with DoH, HSCB and Trusts to ensure that the complete range of universal contacts as outlined in the Healthy Child, Health Future Child Promotion Programme is delivered to every child entitled to receive them.

- Quarterly performance monitoring, using regionally agreed measures will continue until March 2018. Efforts relating to workforce planning, and securing sufficient education and training places for student health visitors, will continue.

Equipped Throughout Life

The PHA is focusing attention on reducing the levels and consequences of frailty among older adults, enabling them to live healthier and more fulfilling lives. Key areas of focus will be:

- Falls prevention.
- Promotion of Continence.
- Management of Mild Cognitive Impairment.
- Social Isolation.
- A range of local health development programmes through community networks.
- Keep Warm initiatives with vulnerable populations.

Empowering Healthy Living

The PHA will continue to implement a range of public health strategies to empower healthy living. Specific commissioning intentions for 2017/18 include:

- Addressing rates of obesity in children and adults through the rolling action plan of the multi-agency Regional Obesity Prevention Implementation Group.
- Focusing on providing individuals with the knowledge, skills and opportunities to make healthier choices in relation to nutrition and physical activity including the 'Choose to Lose' community weight loss programme.
- Implementation of the "Tobacco Control Strategy" including smoking cessation services, which plan to reduce the population of 11-16 year olds, adults and numbers of pregnant women who smoke.
- Continuing to work with DoH on the development of a new strategy for the prevention of suicide and self-harm and the promotion of positive mental health, including:

- Preparation of procurement processes required to secure a range of services, including 24/7 crisis intervention support across adult and children's mental health services.
- Offering training courses on suicide prevention and mental health awareness.
- Develop a partnership approach with EA to supporting vulnerable young men and women including under 18s.
- Community-led prevention support programmes and bereavement support services.
- Further development of the Self Harm Registry and the new Self Harm Intervention services.
- Support to address alcohol/substance misuse
- Local research into suicide.
- Development of cluster response plans, to continue to ensure Health and Social Care Trusts are involved in any activation of community response plans and the reporting of 'SD1s.'
- Continue to develop sexual health services, including evaluation of Relationship and Sexuality Education programmes.
- Implementation of the New Strategic Direction for Alcohol and Drugs including the evaluation of One Stop Shops and their future development.

Creating the Conditions

Specific commissioning intentions for 2017/18 will include:

- Build capacity of local people to support vulnerable adults to live independently in caring and responsive communities, such as Creative Local Action Response and Engagement (C.L.A.R.E.).
- Lead and implement programmes which tackle poverty (including fuel, food and financial poverty) and maximise access to benefits, grants and a range of social inclusion services for vulnerable groups.
- Develop and implement a consistent approach to health and social wellbeing programmes, working with local government and other partners.

Empowering Communities

The PHA will continue work with a range of partners to use sports, arts and other leisure opportunities to improve the health and wellbeing of local populations. Specific commissioning intentions for 2017/18 include:

- Implementation of the Action Plan of the Regional Travellers Health Forum.
- Expansion of the NI New Entrants service; and support to a range of community development and health programmes.

Developing Collaboration

Strengthening community development approaches as part of HSC Transformation highlights the importance of engaging meaningfully with communities. The HSCB and PHA, in particular the LCGs, will continue to support and extend strategic multi-agency partnerships in 2017/18, in particular making a full contribution to community planning processes with local government, to improve health and social wellbeing and reduce health inequalities. A key focus of developing collaboration should include strengthening and embedding Making Life Better across all HSC organisations.

In addition, members of the public especially those at most risk of a preventable hospital admission, will be encouraged to take actions that will help them stay well during winter, and when they need care, assist them, their families and carers to make informed decisions on the best services to use. This includes getting a flu vaccination, keeping homes warm and getting advice from a pharmacist as appropriate at the first sign of illness. It aims to help reduce hospital admissions and ease pressures on finite services.

4.1.2 Screening

Screening is an important public health function that involves inviting members of the public, who have no symptoms of a particular disease, to be tested to see if they might have the disease, or are at risk of getting it.

Population screening allows certain diseases and conditions to be identified at an early stage when they are more amenable to treatment. The PHA is the lead organisation for commissioning and for quality assuring population screening programmes.

During 2017/18 specific commissioning intentions include:

- Implementing an electronic interface between the Laboratory Information System and the NI Child Health System, to increase efficiency and reduce manual processes in the reporting of new-born blood spot screening results.
- Planning to expand the New-born Blood Spot Screening Programme.
- Commissioning a managed service to support the New-born Hearing Screening Programme to reduce the risk of adverse incidents, improve quality assurance and eliminate the need for manual processes within the programme.
- Introducing surveillance clinics within the Diabetic Eye Screening Programme and consulting on a new model of service delivery.
- Initiating a quality assurance management system for images taken within the Abdominal Aortic Aneurysm Screening Programme.
- Planning for the introduction of a new screening test within the Bowel Cancer Screening Programme.
- Planning for the introduction of human papilloma virus (HPV) testing, as the primary screening tool in the Cervical Screening Programme, as soon as an appropriate IT system is in place to support this.

4.2 Improving the quality and experience of Health and Social Care

The HSCB and PHA place the quality of patient care, in particular patient safety, above all other issues, and are continually working to monitor and review services. This is more important than ever in the context of the current unprecedented resource difficulties. While health and social care is both complex and pressurised, the HSCB and PHA are focused on ensuring that the experiences of patients, clients and carers are shared, understood and acted upon; appropriately influencing commissioning.

In line with the goals of Q2020 Strategy and the recommendations from both 'Systems Not Structures' and 'Delivering Together', the need to take a strong position on Quality Improvement, with the patient and service user represented as part of this, is fundamental to our aspiration to delivering a sustainable world class service.

During 2017/18 and beyond, the HSCB and PHA working closely with HSC Trusts and other organisations through existing regional structures will continue to lead and support the implementation of key quality improvement priority areas.

4.2.1 Ensuring that people using Health and Social Care services are safe from avoidable harm

Health Protection

The health protection service delivers on statutory responsibilities of the Director of Public Health, with respect to protecting the health of the NI population from threats due to communicable diseases and environmental hazards. The Health Protection Service is a multidisciplinary service in the Public Health Directorate in the PHA. It comprises Consultants in health protection, nurses in health protection, epidemiology and surveillance staff, and emergency planning staff. It provides the acute response function to major issues, such as outbreaks of infection and major incidents. The PHA Health Protection Duty room is the first point of call for all acute issues in relation to infectious disease incidents and for notifications of infectious diseases.

During 2017/18 the PHA will support the introduction of a surveillance system for antimicrobial resistant organisms and a region wide programme on antimicrobial stewardship.

Communicable diseases disproportionally affect certain groups in the population including those at social disadvantage, living in poor housing conditions, migrants from countries that have higher prevalence of infectious diseases, and those with drug and alcohol problems. Thus, prevention and control of communicable diseases is a key component of

tackling health inequalities. Healthcare Associated Infections (HCAIs) are an important cause of morbidity and mortality. Levels of infections are increasing across Trusts. Tackling antimicrobial resistance is a key priority for the Chief Medical Officer and DoH.

Commissioning priorities for 2017/18 include:

- *Healthcare Associated Infections (HCAIs)*
  - Trusts, supported by PHA will continue to develop and deliver improvement plans to reduce infection rates. This will be monitored via PHA surveillance programmes for HCAIs.

- *Flu immunisation*
  - Health Protection is piloting the introduction of a standardised data system for flu vaccine uptake in health care workers.
  - PHA has commissioned NHS Employers to deliver their flu fighters® campaign for the 2017/18 season. Flu fighters® will support Trusts throughout the season and provide guidance and campaign resources to increase uptake of flu immunisation among healthcare workers.

- *Antimicrobial Resistance and Stewardship*
  - Trusts and Primary Care, supported by HSCB and PHA, will work to monitor antimicrobial resistance and develop improvement programmes for antimicrobial stewardship.

Enhancing provision of nursing care

During 2017/18 the HSCB and PHA, working with the DoH will continue to support nursing and midwifery staff, in securing change to professional practice which enhances the patient and client experience. This work will be complemented by a standardised approach of measuring and monitoring key performance indicators (KPIs). A number of KPIs are currently being developed across the spectrum of care.

Other priority areas in 2017/18 include:

- Development of a suite of Career Frameworks to support Nurses who wish to develop their practice within the clinical pathway of Specialist Practice Nursing (SPN), including Diabetes and Cancer.
- Competency Framework for Adult Safeguarding Nurses.
- Dementia Learning and Development Framework for all staff working in the HSCA regional Neurology Nurse Group has been established by the PHA to support the modernisation of neurology services.
- Re-launch the Stroke Nursing Network.
- Delivering Care: Addressing nurse staffing requirements across a range of hospital and community settings.

To date the HSCB and PHA working with the Department, Trusts and RCN, has focussed on nurse staffing levels in medical and surgical hospital wards. During 2015/16, the required nurse staffing levels for each medical and surgical ward were developed and agreed with Trusts across NI. In total, some £12m has been recurrently invested for additional permanent nursing staff. The HSCB and PHA will continue to work closely with Trusts to ensure timely and effective implementation and ongoing monitoring against agreed targets.

During 2017/18 the HSCB and PHA will continue to support the regional work being taken forward in relation to the implementation of the staffing principles and recommendations for the other areas of the nursing workforce that have been identified as part of the Delivering Care policy framework including Emergency Departments, District Nursing and Health Visiting. However, given the available resources in 2017/18, it is not expected that workforce levels within these areas can be brought fully in line with expected levels proposed within Delivering Care.

Significant developmental work will continue within the regional project plan for Delivering Care to progress the policy framework for additional areas which will include Neo-natal nursing, General Practice Nursing, Mental Health and nursing homes.

The regional project-RETAIN (improving recruitment and retention in Nursing older people awarded by the Burdett Grant UK) to improve Nurse recruitment and retention in identified older peoples care hospital environments.

The HSCB and PHA will work collaboratively with the Republic of Ireland to address the reliance on Bank and agency spend by the development of enhanced care guidelines for therapeutic support in acute hospitals.

Specifically within District Nursing, the HSCB and PHA will continue to seek to provide a district nursing service that is provided 24 hours a day 7 days a week throughout NI.

Specific issues and opportunities for 2017/18 are as follows:

- Development of a community nurse-led model of care prototype.
- Development of a regional caseload weighting tool for the district nursing service. This will support work already completed for Delivering Care Phase 3 District Nursing.
- Ensuring each General Medical Practice has a named District Nurse as outlined in the publication of 'Health and Wellbeing 2026'.
- Implementation a standard interface to electronically transfer data from the regional CIS solutions (PARIS and LCID) to eCAT following a successful pilot in Belfast Trust

Medicines Optimisation

All Trusts have medicines optimisation leads and local implementation teams responsible for delivery of the Medicines Optimisation Model and Quality Standards of the Medicines Optimisation Quality Framework (MOQF). The MOQF aims to help reduce variance and improve consistency in best practices in medicines use within the HSC.

The Medicines Optimisation Model also describes what patients can expect when medicines are included in their treatment plans in the four main care settings of hospital, general practice, community pharmacy and social care.

In 2016 all Trusts completed baseline assessments of their compliance with the Medicines Optimisation model which informed local action plans for improvement. Planned re-assessment of compliance will enable progress to be monitored.

The HSCB has developed a plan to deliver £21.7m of savings within primary care and will work with HSC Trusts, DoH to support the delivery of further efficiencies in order to meet the £38m target.

Safeguarding

The HSCB, and in particular the Social Services directorate, will continue to work with Trusts to discharge a number of Statutory Functions including Safeguarding. During 2017/18, the reporting arrangements for these Delegated Statutory Functions will be reviewed.

The majority of adults live full, independent lives free from harm caused by abuse, exploitation or neglect. However, there is a growing recognition that some adults, for a wide variety of reasons, may have been harmed or may be at risk of harm. The full extent of the incidents of harm caused to adults in NI is not known but it is suspected to be significantly under-reported.

During 2017/18 the HSCB and PHA will continue to roll out the implementation of the regional policy, Adult Safeguarding: Prevention and Protection in Partnership and associated procedures. This will include the development of new and innovative alternative safeguarding responses, developed with the service user at the centre of any and all decision-making.

The HSCB and PHA will continue to seek the views of service users on the quality and effectiveness of services designed to protect them from further abuse, neglect or exploitation.

Work will continue on the development of a new system to record and analyse safeguarding activity. This will focus on the outcomes achieved for service users.

Quality Improvement Plans (QIPs)

The HSCB and PHA is required through the HSC framework (DHSSPS, 2011) to provide professional expertise to the commissioning of health and social care services that meet established safety and quality standards and support innovation.

The HSCB and PHA provides support to HSC Trusts and gain assurances on progress with regional safety and quality priorities through Quality Improvement Plans (QIPS). During 2017/18 the QIP priorities are as follows:

Falls

Falls are a significant cause of harm to patients in receipt of HSC services. Effective arrangements should be in place to implement and measure falls safe interventions to reduce harm. During 2017/18 Trusts should continue to improve compliance with agreed elements of part A and Part B of the falls safe bundle and demonstrate a percentage reduction in those which cause moderate to severe harm.

Pressure Ulcers

Pressure Ulcers are a largely preventable adverse event and an important measure of the quality of care within organisations. Effective arrangements should be in place to adhere to the SKIN bundle requirements in order to reduce harm from pressure ulcers. During 2017/18 Trusts should continue to monitor and report the number of pressure ulcers grade 2 and above; and measure the incidents of Pressure Ulcers grade 3 and 4 and the number of those which were avoidable.

Venous Thrombosis Embolism (VTE)

VTE is an important cause of death in hospital patients, and treatment of non-fatal symptomatic VTE and related long-term morbidities is associated with considerable cost to the health service. NICE guidance has been endorsed by DHSSPS and implemented in NI. Trusts should have effective arrangements in place to assess the risks of VTE and bleeding which is a key priority for implementation of the guidelines. By March 2018 Trusts should continue to

improve compliance with VTE risk assessment across all adult inpatient hospital wards.

Sepsis6

Emergency Departments provide a key role in identifying patients with Sepsis and initiating resuscitation and treatment. The HSCB and PHA will continue to work with Trusts and the HSC Safety Forum to improve the management of patients with suspected sepsis in the emergency department setting by embedding the use of the Royal College of Emergency Medicine sepsis care bundle. During 2017/ 2018, Trusts should embed the use of the sepsis care bundle into Type 1 emergency departments with the aim of ensuring that 95% of adult patients receive all elements of the sepsis bundle in accordance with RCEM standards.

National Early Warning Scores (NEWS)

Identifying early deterioration in patients' conditions is an important factor in improving outcomes. Effective arrangements should be in place to implement and measure National Early Warning Scores (NEWS) to identify early deterioration and prompt specific action. Trusts should embed the use of NEWS charts in all adult inpatients areas and will continue to monitor the compliance with accurately completed NEWS charts, and record the percentage of appropriate escalations above 5.

Implementing Quality and Safety Standards

The HSCB and PHA has a system in place via the Safety and Quality Alerts Team (SQAT) to provide the appropriate assurance mechanism that all HSCB and PHA actions contained within RQIA reports are implemented. This system of assurance takes the form of a 6 monthly report to Governance Committee (March and September each year) which details the progress on implementation of a range of quality and safety recommendations from a range of organisations including NICE, RQIA etc.

Currently the HSCB and PHA are taking forward a range of recommendations including:

- Review of Community Respiratory Services.
- Review of the Implementation of the Palliative and End of Life Care Strategy.
- Review of the HSC Trusts Arrangements for the Registration and Inspection of Early Years Services.
- Review of Medicines Optimisation in Primary Care.
- Review of Risk Assessment and Management in Addiction Services.
- Review of the Care of Older People in Acute Hospitals.
- Review of Discharge Arrangements from Acute Hospitals.
- Review of Specialist Sexual Health Services in NI.
- Review of the Regional Plastic Surgery Service in NI.
- Report on an announced inspection of Maghaberry Prison.
- NICE Reports
- Residential Nursing Care Reviews
- Cancer Peer Review
- Imaging Review
- NCEPOD reports

The impact of the NCEPOD report "Time to Get Control" (November 2016) on the management and clinical pathways used for acute major gastrointestinal (GI) haemorrhage is currently being assessed by a Task and Finish group and will require all acute hospitals to have a lead clinician who is responsible for both upper and lower GI bleeding and their clinical governance, including identifying named consultants responsible for the emergency and ongoing care of all major GI bleeds.

The HSCB and PHA will take forward the recommendations and action points consistent with the specified requirements and within relevant timelines.

4.2.2 Improving the quality of the Healthcare experience

Partnership Working - Personal and Public Involvement, Co-Production and Patient and Client Experience

In "Delivering Together" a clear emphasis was placed on the importance of meaningful involvement of service users, carers, the public and our staff. This reinforces the advice in "Systems, Not Structures" which advocates the need to mobilise and engage communities and individuals to become involved in the way health and social care is planned and delivered, availing of opportunities for collaboration and a culture of openness.

In Delivering Together, the concept of involvement and partnership working is further endorsed, as is the move towards co-production. Co-production is the pinnacle of involvement, enhancing the partnership approach set out in Delivering Together. A model of person centred care, designed for and with people and communities rather than by organisations and services will be embraced and creative and innovative ways to maximise involvement will be adopted.

The advances achieved through the promotion and adoption of Personal and Public Involvement (PPI) policy and practice, supported by Co-Production has been instrumental in helping to move towards achieving this culture change, whereby the experience and expertise of the service user and carer is respected and regarded as equally valuable to those within HSC organisations.

As the system further embeds PPI and adopts co-production, working within the Department's PPI framework and the legislative context for Involvement, there will be need for further guidance and resources to enable the system and the service to achieve the transformation required.

Working through the Regional HSC PPI Forum, the HSCB and PHA continue to lead and support the HSC system to embrace Involvement into its ethos, culture and practice. A range of involvement and co-production advice, guidance and support has been provided which has instrumental to ensuring meaningful involvement in critical work areas, such as a number of

Transformation Work stream projects, Unscheduled Care and the Electronic Health and Care Record.

There has been a significant improvement on levels of uptake of various aspects of the Engage and Involve training programme amongst HSC staff. The programmes provide a rationale for involvement and provides insights as to how involvement can be embedded into practice for the benefit of service users and carers. The HSCB and PHA also continue to commission other formal training programmes. Involving People and Finding Your Voice both are ILM accredited and are open to staff, service users and carers.

Monitoring of HSC Trusts for compliance against PPI Standards and Key Performance Indicators and assessment is a key role. The HSCB and PHA have continued to modernise our monitoring process, in partnership with service users and carers, and continue to determine the progress of HSC Trusts in respect of their statutory Duty of Involvement. This process has once again brought forth evidence of some excellent practice across HSC Trusts. However, it has also revealed the depth and range of challenges facing such large and diverse organisations in truly embedding PPI, supported by co-production.

In 2016/17 the HSCB and PHA launched the research report 'Personal and Public Involvement (PPI) and its Impact. The findings will inform a range of actions that will help drive forward PPI (supported by co-production) in the HSC system.

The HSCB and PHA will continue to work with HSC partners, service users and carers to take forward a diverse and challenging work programme in regards to involvement and co-production during 2017/18. This will include:

- Working with the DoH, other HSC partners and service users and carers to collectively drive forward the embedding of involvement and co-production into culture and practice, including the provision of professional leadership, advice and guidance.

- Completing and launching the Engage Website.
- Further developing of PPI leadership capacity within Health and Social Care.
- Enhancing the Engage and Involve training programme to include a co-production training module and an e-learning module accessible by service users and carers along with further roll out of Involving People and Finding Your Voice Programmes.
- Developing a plan to maximise the use of social media to promote PPI practice and integration.
- Identifying further opportunities to ensure adequate resources are aligned to deliver the Statutory Duty of Involvement.
- Implementing the recent review of Endometriosis (Stage IV) services and imbedding relevant recommendations into regional Gynaecology service planning.
- Continuing to progress service development across recurrent miscarriage, Chronic Pain, ME/CFS and the continuation of work on elderly carers.

Patient Client Experience and 10,000 Voices

Listening to and acting upon patient and client experience is recognised as a key element in the delivery of quality HSC. The HSCB and PHA are responsible for monitoring and reporting to the DoH on the Patient Client Experience (PCE) Standards. Through the regional Patient and Client Experience Steering Group, HSC organisations continue to implement a comprehensive programme of work, including the continued roll out of 10,000, to measure experience, drive quality improvement, inform commissioning and ultimately enhance overall experience.

Based on the outcomes from the Patient Client Experience /10,000 More Voices work streams, the HSCB and PHA is committed to the following priorities in 2017/18:

- In line with Q2020 Task group and using Always Event methodology, Trusts should test on a small scale a specified always event using quality improvement techniques.

- All Trusts should continue to identify and share processes to reduce Noise at Night in hospital wards.
- NIAS should continue to raise the profile and monitor the implementation of 'Hello my name is…' across all settings.
- Trusts should have effective arrangements in place to adhere to their policy for the provision of safe and effective care and treatment in mixed gender accommodation and All Trusts should work with the PHA to measure and report compliance with their policy for mixed gender accommodation, testing and scaling
- Undertaking a comprehensive Patient Client Experience work programme using various methodologies to capture the experiences of patients/clients and staff in a range of settings.
- Working with Trust to continue to roll out the 10,000 Voices programme of work in a range of settings during 2017/18, highlighting themes and trends, identifying areas for improvement and implementing these into local and regional commissioning priorities.
- Ensuring analysis of Patient Client Experience information is communicated to all staff involved in the commissioning and delivery of services.
- Engaging with education providers to ensure that findings inform training for pre and post registration medical, nursing and Allied Health Professional staff.

Community and Practice Based Pharmacy

Community pharmacies provide a number of services which contribute to improving the health of our citizens e.g. smoking cessation, needle exchange, methadone substitution etc. In 2017/18, more needle exchange sites will be commissioned to meet the community need for harm reduction and safer injecting practice.

Furthermore, the HSCB and PHA will seek to establish a pharmacy health promotion service – the Living Well Service (subject to agreement of the overall community pharmacy contract). This will confirm a series of health promotion /

health improvement campaigns to be delivered at set points throughout the year.

The HSCB has been also been working with GP Federations to support the delivery of practice based pharmacists across NI and the expansion of this service model will lead to improved quality, effectiveness and efficiency of medicines management within general practice. Notwithstanding the development of practice based pharmacists, HSCB intends to commission a reconfigured minor ailments service – Pharmacy First (subject to agreement on the community pharmacy contract). This will seek to displace minor ailments from General Practice and GP Out of Hours to community pharmacy.

4.2.3 Health and Social Care services are centred on helping to maintain or improve the quality of life of people that use them

Delivering Care Same Day/Next Day

While the over-riding aim is to provide care for people at home or as close to home as possible, there will nonetheless be occasions where access to more specialist assessment, diagnosis and treatment services are required, typically in a hospital setting. Access to these services should not however always require patients to be admitted to hospital, rather they should be available, where clinically appropriate, on an ambulatory basis, allowing the patient to return home as soon as possible without a lengthy hospital stay which, for elderly patients in particular, can significantly impact on their ability to return home and live independently.

Ambulatory care is used as an umbrella term to describe a range of pathways and models of care aimed at avoiding admission or reducing length of stay for both acute and chronic disease. Clinical staff in hospital Emergency Departments and the main acute specialties already aim to avoid unplanned admission where possible, with ambulatory services being delivered on a same day/next day basis, as appropriate. However the potential to which ambulatory care services have been maximised varies by individual Trust, site, time of day, day of week, special interest and availability of clinical staff, community service options and the configuration of the HSC estate.

During 2017/18 the HSCB and PHA will continue to work with providers (individually and through ICP and wider network arrangements) to secure greater consistency of service provision in relation to ambulatory care. Within available resources we shall seek to improve ambulatory services for unscheduled care patients and to explore opportunities to use such same day/next day models as an alternative to existing outpatient clinics for planned patients.

Providing care closer to home

A key priority for the HSC is to allow people to be cared for in their own home or as close to their home as possible potentially avoiding the need for visits to hospital.

During 2017/18 the HSCB and PHA will continue to work with providers (individually and through ICPs and wider network arrangements) within available resources to enhance both the range of community services available to support people to remain at home, and to ensure the better Primary and secondary care services, both in-hours and out of hours, including acute/enhanced care at home Statutory services and integration of services, including linkages between:

- services provided by the independent sector, and by community and voluntary organisations
- the range of services provided in the community and those provided by the NI Ambulance Service.

Through the enhancement and better integration of community services – organised around the needs of patients and the maximisation of opportunities presented by technology, the expectation is that significantly more patients can be cared for at or near their homes, allowing them to retain their independence for as long as possible.

Plans have been developed covering a wide range of unscheduled care areas including provision of enhanced primary and community care to allow sicker

patients to continue to be cared for at home and in the community and to allow earlier discharge of patients from hospital; improving the provision of a range of diagnostic and treatment services at the "front door" of hospitals to avoid the need for patients to be admitted for an in-patient stay; arrangements to optimise the flow of patients through hospitals and enhance capacity as appropriate, as well as ensuring the timely discharge of patients. These plans remain under regular review by Unscheduled Care Locality Network Groups.

Improving the patients journey through hospital

Even with more effective services in the community (to allow patients to remain at home) and at the "front door" of hospitals (to allow them to receive specialist ambulatory care, avoiding the need for admission), there will continue to be some patient for whom admission to hospital is appropriate. The expectation is that such patients will be admitted to an appropriate hospital bed in a timely fashion, typically less than four hours and always less than 12 hours. Once admitted patients should be pro-actively managed throughout their hospital stay to ensure their period in hospital is as short as possible and allowing them to return to their home with appropriate support as required – living as independently as possible.

During 2017/18 the HSCB and PHA will work with providers (individual and through ICP and wider local network group arrangements) to improve the patient journey through hospital, both in the period of admission to the patient being declared medically fit to being discharged.

Key to improving patient flows and reducing the length of time patients spend in hospital will be the continued move towards seven day working.

Trusts will continue to be supported to put in place Service Improvement initiatives including the '100% Challenge Programme' facilitated by NWUMU and the development and implementation of Improvement Science methodologies.

During 2017/18 the HSCB and PHA will continue to work with providers (individually and through ICP and wider network group arrangement) to secure improved patient flow through hospitals with a particular focus on ensuring

timely, multi-disciplinary decision making on wards, and to ensuring that, once declared medically fit, patients are discharged from hospital in a timely fashion, ensuring hospital beds are available for those patients with truly acute needs.

Modernising Pathology Services

Pathology is an extremely important but often unseen service which is essential for the effective delivery of health and social care, with 70-80% of patient diagnoses depending on a pathology result in order to determine appropriate treatment pathways. HSC Pathology Services cost around £100 million to deliver each year, employ over 1,100 staff, and provide a service 24 hours a day, seven days a week. The service faces significant challenges to service and workforce sustainability which can only be overcome with investment and through a regional programme of reform and improvement. For this reason the modernisation of HSC pathology services was identified as one of the first key areas for reform in the Minister's agenda to deliver world class health and social care services, as outlined in 'Health and Wellbeing 2026: Delivering Together'.

On 28 November 2016 Health Minister Michelle O'Neill launched a twelve week public consultation on proposals to improve Pathology Services in Health and Social Care, including the Blood Transfusion Service (NIBTS), in order to ensure a high quality service for the future. The consultation document explained the issues and opportunities faced, and sought stakeholders' views on three key proposals for improving services based on evidence of best practice in Pathology service modernisation – consolidation of services, investment in infrastructure and managerial reform.

During 2017/18 and beyond, the HSCB and PHA, working in partnership with the Pathology Network, will seek to take forward the modernisation of HSC pathology services specifically:

- Implementation of Department of Health recommendations arising from the consultation.
- Understanding the variation in cost per tests

- Standardising laboratory resource utilisation through the development and implementation of agreed clinical care pathways and associated testing profiles.
- Development of new regional on call rota arrangements for pathology consultants.

4.2.4 People, including those with disabilities, long term conditions, or who are frail, receive the care that matters to them

Supporting recovery from ill health

It is important that, following a period of ill health, patients are supported to recover and return to independence. Reablement services are now in place across NI to provide short term support to help people perform the necessary daily living skills such as personal care, walking and preparing meals so that they can regain their confidence within their own home. Reablement helps people to do things for themselves rather than having to rely on others.

During 2017/18 the HSCB will seek to further integrate services across NI, specifically:

- Each local health economy should work with ICPs to support the implementation of the New Stepped Care Model for Older People.
- Develop a comprehensive understanding of population need by systemically adopting and implementing anticipatory care approaches and through needs/risk stratification target preventative intervention in response to identified population needs.
- Require a stronger focus on evidence based preventative health and social care interventions particularly in addressing frailty, falls prevention, incontinence, poly-pharmacy dementia and social Isolation.
- Enhance and integrate community nursing, AHP and Social Care professionals into single care teams.
- Make more effective use of enabling technologies.
- Develop a social enterprising approach in partnership with Local Councils and Third Sector organisations.

- Consolidate and integrate intermediate care services including Acute/Enhanced care at home into a single system.
- Consolidate discharge function into a single integrated team. This team, working in partnership with acute specialities and community services should 'pull' through all discharges. This work should be organised around three key re-enabling pathways:
    - Pathway 1:- Low Intensity
    - Pathway 2:- Medium Intensity
    - Pathway 3:- High Intensity

Transforming Diabetes Care

In November 2016 the Diabetes Strategic Framework was launched and a high level implementation plan put in place. The Diabetes Network was established to take this work forward and since this time a number of workstreams have been launched to manage and implement the necessary change 'once for Northern Ireland'.

Trusts are represented at every level within the Project Board, overseeing network development and within the 'Innovation Sub-Groups' themselves.

Network Development

Proposals were agreed at the end of June 2017 to formalise the leadership of the Network including:

1. Formation of the Network Board and appointment of a Clinical Director.
2. Formation of the Innovation Collaborative to oversee the Innovation Sub-Groups.
3. Development of accountability systems to support local services, implement redesign or new models of care. Currently this envisaged as an enhanced role for the ICP as 'local network'.

Transformation funding for diabetes services is expected to support the development of services and the Diabetes Network project team are now scoping out the longer term financial plan in discussion with the Department of Health.

Specific issues and opportunities in 2017/18 are as follows:

- Commencement of the regional Diabetes Feet Care pathway. This will require a significant change in working arrangements across the entire pathway, from the delivery of screening, through to primary and community care support, into secondary care in all areas including specialist support through orthopaedics and vascular services. Change is not expected to be rapid but it must be sustainable and supported by strong clinical leadership in all areas and across the spectrum of care.
- Development of Structured Diabetes Education for newly diagnosed patients and a catch-up programme for those unable to access it.
- Development of the role of technology in supporting people to manage their diabetes.
- Commencement of improvements of inpatient care across NI. The latest Inpatient Audit results will be published shortly and underline the requirement in all Trusts for significant improvement.
- Commencement of workstreams for data, new models of care and secondary prevention and workforce and education.

During 2017/18, The Diabetes Network Project Team will liaise with Trusts and the wider health economy to discuss how these changes will be implemented. Detailed actions in relation to above can be found in Section 5.12.2.

Allied Health Professionals (AHPs)

Allied Health Professions (AHPs) are critical to the ongoing assessment, treatment and rehabilitation of patients throughout the illness episodes whether transient or long lasting. AHPs enable children and adults to make the most of their skills and abilities and to develop and maintain healthy lifestyles. They play a crucial role in 'transitioning' patients between different care settings and across service boundaries within health services, e.g. from secondary care to primary care.

In NI on average 30,000 referrals a month are made to 'elective AHP services' equating to around 360,000 elective referrals per year. As the population ages and with the anticipated increase in the burden of Long Term Conditions this is

expected to increase. In addition to elective services patients also require timely access to AHP services in acute hospital services, specialist tertiary services and in hospital outpatient settings.

During 2017/18, the HSCB and PHA will work with Trusts to agree the steps to be taken to implement the outcomes from the demand and capacity exercise and to address the waiting time position as far as possible within available resources.

AHP services are committed to the transformation, reform and modernization agenda and will work with key stakeholders in 2017/18 to deliver the following:

- Enhanced access to timely, effective and evidenced based AHP intervention for patients in both primary and secondary care, in particular developing AHP models of care that assist in meeting the current Primary and Elective care challenges in line with the Delivering Together Framework e.g. Direct Access Physio and First Contact Practitioners.
- Appropriate timely access to full swallow assessment and treatment by speech and language therapy for patients identified with swallowing difficulties/dysphagia and provision of dysphagia awareness training for relevant staff.
- Maximised AHP capacity to provide interventions that aim to reduce ED admissions and facilitate safe, timely and appropriate discharge from Secondary care to appropriate Primary care facilities.
- Evidence the safety and quality of home enteral feeding regimens meets International Standard (ISO 80369)and ensure that the required standards for home enteral feeding is available across primary care particularly in nursing homes.
- Services meet the legislative requirements set out in the 2016 NI Special Educational Needs and Disability (SEND) Act and meet the legislative requirements of the 'NI Children's Service Co-operation Act (2015)
- Non-Medical Prescribing within AHP services in particular podiatry and physiotherapy to optimise timely access to appropriate medicine in primary and secondary care.
- Improve skill mix in radiology to include best practice utilisation of radiographer capacity and develop plans to gain ISAS accreditation.

4.2.5 Supporting those who care for others

Families and friends take on significant levels of caring for their loved ones making enormous contributions both to the HSC and society as a whole. For many carers, this commitment is life-long. As the needs of carers change, so too the type and nature of the support provided through HSC needs to change.

It is vital that carers have access to reliable, accurate information at a time that best suits them. In 2017/18 work will continue with NI Direct to ensure that information to support carers is available through this website.

Assessment of the needs of individual carers should be straightforward, requiring the least amount of bureaucracy as possible. In 2017/18 an electronic version of the NISAT Carers' Assessment will be rolled out, so increasing both the speed of assessment and reducing unnecessary duplication. Alongside this there is a requirement that the Trusts will provide staff training to promote carers' assessments ensuring that they are routinely offered and that carers are encouraged to participate in support planning.

The HSCB and PHA will ensure that the Standards and Key Performance Indicators in relation to support for carers contained in all Service Frameworks are adhered to and reported on regularly so that improvements can be identified.

The needs of young carers will continue to receive a particular focus, building on links with the voluntary sector who can offer support to meet the specific emotional and practical needs of young people who find themselves in the caring role. During 2017/18, the HSCB and PHA will seek to increase the number of Understanding the Needs of Children in Northern Ireland (UNOCINI) assessments provided to young carers.

Finally, work will continue within the Carers Strategy Implementation Group to ensure that the needs and views of carers are central to the development of new and innovative ways to support carers, including the use of personalised budgets and self-directed support as appropriate.

4.3 Ensuring the sustainability of Health and Social Care services

The NI Health and Social Care System faces the same basic challenges moving forward as those experienced by health and care systems in other developed countries. Major drivers for change include a continuing increase in the average age of our population, increasing prevalence of long term conditions and co-morbidities, the rising cost of new technologies in healthcare and the need to address the balance between care in the community and that delivered within a hospital setting. Of more immediate consequence are the financial challenges facing the health and social care system in 2017/18 and beyond. For these reasons it is essential that all appropriate opportunities to improve productivity and cost effectiveness are identified and taken.

At the highest level the HSCB seeks to ensure that the allocation of the additional funds available to it in any given year:

- Is in line with the strategic intentions of the Minister and the Department, including Delivering Together; and
- Contributes to the change agendas identified in the draft 2017/18 Commissioning Plan Direction.

The HSCB and PHA is committed to improving quality and safety across all HSC service provision. As part of the wider transformation and reform agenda this will involve a more collaborative approach to quality improvement across all key HSC stakeholders.

This will include a greater focus on securing improved value to the public. A more integrated approach by key HSC stakeholders will be encouraged to secure improved patient focused care, reduce waste, adopt innovation in clinical care and ensure quality and safety are a priority.

The solutions to achieving and maintaining sustainable services differ according to the complexity of interventions, their frequency and the availability of skilled staff and equipment. For certain high cost, low volume, specialist services, this

may require the service to be commissioned from GB (such as liver transplantation), or from a single location in NI (such as certain specialist paediatric services, or the major trauma centre). Challenges also exist in sustaining higher volume local services, such as breast assessment, or ED services. In 2017/18 the HSCB and PHA will work proactively with Trusts and local communities to develop solutions to any emerging service sustainability challenges.

Breast Cancer Assessments

The HSCB and PHA are committed to ensuring that people referred to hospital with suspected cancer are seen and assessed as quickly as possible. In regards to women referred with breast symptoms, there are significant challenges sustaining the current provision of care. There are dedicated assessment clinics in all Trusts across NI at which people are expected to be seen within two weeks. Women referred from Breast Screening are seen in separate screening assessment clinics, in four locations across NI. Due to staff shortages, and challenges in recruiting and retaining specialist staff, there are pressing difficulties in ensuring everyone is seen and assessed within the target timescales and some people are waiting longer than is acceptable.

While a number of measures have helped to improve the waiting times for those referred for breast assessment, the HSCB and PHA recognise the need for a more sustainable model of care which can provide an assessment within target timescales for all people with a suspicion of breast cancer. A Project Board has therefore been established to consider the future configuration of the service. The Project Board, which includes patient representation, is expected to report before the end of 2017, after which public consultation on this matter should be completed.

Daisy Hill Pathfinder

During 2017 difficulties in recruitment of consultant and middle grade doctors in Daisy Hill Hospital Emergency Department (ED) became increasingly problematic. A regional summit, convened by DoH in May, secured temporary region-wide support to enable Southern Trust to address immediate pressures

and plan to stabilise the provision of ED services at DHH. Subsequently a DHH Pathfinder Project was established to develop an operational model for a long term ED service model for the Newry and Mourne area, with identification of regional learning. The Project Director reports via Southern Trust to an Emergency Care Regional Collaborative (ECRC) chaired by CMO, which in turn reports on progress to the DoH Transformation Implementation Group (TIG). The project, which has a strong emphasis on community engagement, co-production and co-design, is scheduled to submit a final report in mid-November.

Community and Voluntary Partnerships

The HSCB and PHA recognise the vital role of Community and Voluntary Organisations in enabling and empowering people to improve their health. It is recognised that in order to maintain stability of statutory services full partnership is required with local communities to draw on existing assets and in the delivery of programmes and services which enable people to live well in their local community. Given the introduction of Community Plans during 2017 it is imperative that sustaining these partnerships is strengthened.

4.4 Supporting and Empowering Staff delivering Health and Social Care Services

4.4.1 Supporting the HSC Workforce

Health and Social Care need in NI has continued to change over the last 10 years due to an aging population with increasing levels of complex and chronic conditions. Changing demographics in NI continue to drive the need to change service provision to meet this demand. It is essential that NI accelerates the development of the HSC workforce to meet the challenging demands of health and social care and respond to the requirements of professional and care standards across all sectors.

The Delivering Together strategy re-affirmed that effective workforce engagement and planning are key enablers to HSC transformation and that co-ordinated care delivery around patient and client need at population health level, requires the ongoing commitment and engagement of workers across every grade if it is to succeed.

As part of this vision the HSCB and PHA will continue to work with the DoH and key stakeholders in the development of a regional workforce strategy for NI. The development of the strategy will focus on:

- Retention and recruitment
- Opportunities for new job roles
- Reskilling and up skilling initiatives.

The HSCB and PHA will continue to develop the appropriate workforce requirements as part of the Regional HSC workforce planning framework to meet existing demand and planned future service provision and appropriate skill mix, in partnership with Trusts and DoH. Trusts should undertake ongoing assessment of current and future staffing requirements to ensure that services are safe and sustainable to continue to meet the needs of the population of NI.

Additionally, to extend the GMC requirements to hospital based training in NI, funding has been secured to provide hospital based trainers with the additional time in their job plans to adequately and safety supervise trainees who are

placed in hospital training units. For postgraduate medical training in NI to be confirmed to be recognised by the GMC, it is essential that the GMC standards for recognising and approving trainers are met. This increased level of training provision will ensure that NI delivers medical postgraduate training on a par with the rest of the United Kingdom.

Other specific issues and opportunities for 2017/18 are as follows:

- Mitigate gaps in medical training needs to match service demands through ongoing collaboration with HSCB/PHA/Trusts and NIMDTA.
- Development of the General Practice nursing framework recommendations for general practice.
- Development of qualitative workforce intelligence data for safer caseload management for community nurses and Health Visitors.
- Continue international recruitment of staff to support the NI HSC workforce requirements.
- Progress the multi-disciplinary review of specialist palliative care workforce across NI.
- Encourage HSC staff to access training available in their localities to enhance their skills and knowledge in relation to suicide awareness and intervention.
- Reduce Trust staff sick absence levels by a regional average of 5% compared to 2016/17 figure. The HSCB and PHA continue to monitor workforce data including absence and sickness levels on an annual basis.
- Ensure 30% of the HSC workforce should have achieved training at level 1 in the Q2020 Attributes Framework and 5% to have achieved training at level 2.
- Progress the NI AHP Workforce Reviews and subsequent recommendations
- Progress the recommendations within the DOH Imaging review to maximise the capacity within the radiography workforce to meet current and future diagnostic service demand.
- Develop supernumerary and paretic AHP posts where there is a known high level of maternity leave to ensure sustainability of clinical service provision.
- Develop and deliver post graduate and clinical training locally.

5.0 Regional Commissioning

There are a number of services which are commissioned at regional level. These include:

- Unscheduled Care
- Elective Care
- Maternity and Child Health
- Family and Childcare services
- Care of the Elderly
- Mental Health Services
- Learning Disability
- Physical Disability
- Family Practitioner Services
- Specialist services
- Cancer Services
- Long Term Condition
- Sexual Health
- Palliative and End of Life Care
- Prisoner health
- NI Ambulance Service

Commissioning priorities for 2017/18 for these areas are outlined below. Regional commissioning priorities complement the local commissioning priorities. To avoid duplication, priorities are reflected once in the draft Commissioning Plan, either locally or regionally.

5.1 Unscheduled Care Services

Service Context

The delivery of safe and effective unscheduled care remains a challenge for commissioners and providers. Improving performance as well as the patient experience remains a priority for the HSCB and it will continue to work with Trusts under the regional unscheduled care arrangements, jointly led by the HSCB and PHA, to take this work forward during 2017/18.

Achievement of Ministerial Targets

Unscheduled Care Waiting Times - it is clear that it will take time and significant recurrent and non-recurrent investment to meet Ministerial targets and increase capacity to meet current demand.

The HSCB and PHA will continue to work with Trusts and other partners to take forward implementation of the unscheduled care agenda during 2017/18. It is important to note that the reforms of unscheduled care, older people's services, long term conditions and ambulatory services are inextricably linked. All service improvement actions should recognise this interdependency. The primary objective of these reforms is to enable people to safely live more days independently at home.

Issues and Opportunities

During 2017/18 and beyond, the HSCB and PHA will continue to work with Trusts seek to improve the availability, accessibility and patient experience in relation to Unscheduled Care services.

Specific issues and opportunities in 2017/18 are as follows:

ISSUES/OPPORTUNITIES		**PROVIDER REQUIREMENT**
1.	Effective, integrated arrangements – organised around the needs of individual patients – should be in place in community settings to provide care for people at home, avoiding the need for hospital attendance/admission.	Trust responses should demonstrate how core primary and community care teams will be effectively resources and organised around the needs of individual patients. Trust responses should demonstrate how, working with appropriate partners, Acute Care at Home services and equivalent (offering

		demonstrably more specialist services than those that should routinely be delivered by core primary and community care teams) will be made available for patients throughout the Trust area, 24/7; and how these services will be integrated with other services delivered in the community, including linkages to core primary/community care teams and NIAS Alternative Pathways.
2.	Effective arrangements should be in place at the front door of hospitals to provide ambulatory, rapid-response services for patients on a same-day or next-day basis, avoiding the need for patients to be admitted to hospital.	Trust responses should demonstrate how, working with appropriate partners, comprehensive ambulatory care services will be made available for patients, initially at the larger hospital sites, on a seven-day basis and where appropriate linked to planned (elective) services.
3.	Effective arrangements should be in place to optimise patient flow through hospital, both before and after the patient being declared medically fit.	Trust responses should demonstrate the particular actions to be taken in 2017/18, working with appropriate partners, to further improve LOS through timely, multi-disciplinary decision making and effective discharge arrangements on a seven-day basis, to include embedding the learning from participation in the '100% Challenge Days' supported by NWUMU. Trusts should ensure that improved arrangements to affect the timely discharge of patients, in particular for delayed discharges, from hospital settings are in place including regionally agreed discharge documentation, streamlining of services which support safe and effective discharge(e.g. equipment , transport, pharmacy, provision of a comfortable effective discharge lounge)and Discharge to Assess models.
4.	Effective arrangements should be in place to manage ambulance demand across hospital sites, consistent with regional planning assumptions.	The NIAS response should demonstrate how the Trust will ensure effective arrangements for ensuring equitable demand across sites on a rolling, seven-day basis.
5.	Effective arrangements should be in place to complete the implementation of a NI Major Trauma Network by April 2018 to improve the outcomes of patients	All Trusts, through their participation in the regional Trauma Network, should continue to collaborate to deliver high quality care for patients who have experienced major trauma.

	experiencing major trauma. This should include appropriate bypass arrangements to the MTC and a reverse referral process to return patients with ongoing acute and rehab needs closer to their homes.	Trusts should demonstrate how referral and reverse referrals will operate and outline how patients will receive multi-disciplinary care. Trusts should support the Network to improve patient care in major trauma through a regional approach to audit and service improvement.
6.	Effective arrangements should be in place to manage Winter Pressures demand across the Trusts.	Trust responses should demonstrate the actions to be taken in 2017/18, working with appropriate partners to ensure effective arrangements to manage unscheduled care pressures to include the preparation of seasonally-adjusted, evidence-based resilience plans.
7.	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments (where appropriate to each Trust) **Inescapable funding:** • Pathology – Genetics • Pathology – H Pylori and calprotectin • Altnagelvin - RCCE • BHSCT Brachytherapy Seeds (Consumable Cost) 17/18 • CPC relating to high cost cardiology implants, cochlear implants, and neurosurgery implant • Macmillan agreement to recruit 75 wte additional staff for cancer care. • Major Trauma Centre • Paediatric investment at Ulster Hospital to support neonatal rota : 2-3 staff • Building Capacity & 7 Day Working

5.2 Elective Care

Service Context

Demand for Elective Care services continues to exceed current Trust capacity, resulting in increasing waiting times to access elective services across NI.

Until mid-2014, a programme of planned recurrent and non-recurrent investments had the effect of reducing Outpatient, Diagnostic, Inpatient and Day case waits, however the challenging financial position since then has resulted in a deterioration in waiting times. Long term service redesign and modernisation will be expected to continue across 2017/18 and future budget years to deliver improved patient journeys within and between primary and secondary care.

The HSCB and PHA are working with Trusts, Integrated Care Partnerships (ICPs) and GP Federations to reform elective care services, subject to the availability of funding, consistent with the commitments set out in the Minister's Elective Care Plan, published in February 2017. There is a DoH led working group exploring the establishment of elective care centres and alongside this the Board are working with Trusts to identify opportunities to maximise current unfunded theatre and scope capacity in the more immediate term. It is important to note that the planned Transformation, Reform and Modernisation agenda will take several years to deliver across all specialties. In parallel, there will be a need for substantial non-recurrent funding to reduce the backlog of patients waiting. The HSCB and PHA will continue to support the Modernising Radiology Network (MRCN) to transform and reform imaging and pathology services.

The HSCB/PHA is actively working with Trusts and users of services to ensure women experiencing problems following mesh surgery are seen and assessed promptly by Trusts.

Achievement of Ministerial Targets

Elective Care Waiting times:- It is clear that it will take time and significant non recurrent and recurrent investment to bring waiting lists back to an acceptable level while simultaneously increasing capacity to meet demand for a first outpatient appointment, and for inpatient or daycase treatment.

The HSCB plans to further invest, subject to the availability of funding, in both core service and waiting list initiatives to reduce waiting times and deliver sustainably shorter waiting times by ensuring capacity is sufficient to meet demand. In addition, to minimise the increase in waiting times, the HSCB will continue to work with Trusts to maximise the delivery of funded capacity and ensure the application of good waiting list management.

Issues and Opportunities

Specific issues and opportunities in 2017/18 are as follows:

ISSUES/OPPORTUNITIES		PROVIDER REQUIREMENT
1.	Effective arrangements should be in place in primary and community care settings to minimise the need for patients to be referred by GPs to hospital consultants for specialist assessment.	Trust responses should confirm that they will continue to engage with and support the regional scheduled care reform process, working with appropriate partners, to support the development of new enhanced services in primary and community care settings in a range of specialities including: • General Surgery • Gastroenterology • ENT • Gynaecology • Dermatology • Rheumatology • MSK/Pain Management • Trauma & Orthopaedics • Cardiology • Neurology • Urology • Ophthalmology
2.	Effective arrangements should be in place at the interface between primary and secondary care, organised around the needs of patients with effective communication between GPs and hospital consultants.	Trust responses should confirm that they will continue to engage with and support the regional scheduled care reform process, working with appropriate partners, to include further roll out of e-referral and e-triage arrangements. • Actions to improve the efficiency and effectiveness of outpatients, diagnostics and treatment services in line with the Transformation, Reform and Modernisation agenda, which includes partnership working with ICPs.

		Plans should include consideration of: ➢ Direct access diagnostics across cardiology ➢ Audiology and Radiology ➢ Implementation of a regional Photo Dermatology service ➢ Secure Direct Access Physio and First Contact Physio service models
3.	Opportunities exist to improve further the efficiency and effectiveness of elective care services (outpatients, diagnostics and inpatients/daycase treatment) delivered by Trusts.	Trust responses should describe the specific actions being taken in 2017/18, working with appropriate partners, to improve elective care efficiency and effectiveness including: • Development of one stop 'see and treat' services, linked to unscheduled care services as appropriate • Application of Transforming Cancer Follow Up principles to transform review pathways • Maximisation of skill mix opportunities in the delivery of assessment, diagnostic and treatment services • Plans to implement the recent AHP demand and capacity exercise and actions detailed in Section 4.2.4.
4.	Effective arrangements should be in place to support the larger programme of service reconfiguration in 2017/18.	Trust responses should confirm that they will continue to engage, participate and support service reconfiguration across • Pathology • Diabetes • Imaging • Stroke • Paediatric Strategies Plans should include proposals for action in 2017/18.

5.3 Maternity and Child Health

Service Context

The Maternity Strategy 2012-2018 sets the context for the delivery of maternity services across NI, promoting improvements in care and outcomes for women and babies from pre conception through to the postnatal period. The HSCB and PHA will also seek to take forward the recommendations of the RQIA review into the implementation of the Maternity Strategy.

The HSCB and PHA have recently completed a review of neonatal services. It will be used to inform the future planning of safe, high quality, sustainable neonatal services for the population.

The Department has launched the Paediatric Strategy and the Paediatric Palliative Strategy and has handed responsibility for implementation of those Strategies to the HSCB. Confirmation of the funding available for implementation is awaited from the Department of Health.

Northern Ireland has higher rates of congenital anomaly than many other areas across the UK due to differences in the legal framework around terminations of pregnancy. When perinatal mortality rates are corrected to take this into account, Northern Ireland's rates are currently in line with those experienced elsewhere in the UK.

Issues and Opportunities

During 2017/18 and beyond, the HSCB and PHA working through the existing regional structures will continue to seek to further improve the quality, accessibility and patient experience in relation to maternity and child health services.

Specific issues and opportunities for 2017/18 are as follows:

ISSUES/OPPORTUNITIES		PROVIDER REQUIREMENT
1.	Effective arrangements should be in place to ensure that appropriate pre-conceptual advice and care is available to women at low and higher risk to ensure women are supported to be as healthy as possible at the time of conception to improve outcomes for mother and baby.	Trusts should work with the HSCB, PHA and other partners through the maternity strategy implementation group to develop population based approaches and pre-conceptual pathways for women who may become pregnant.
2.	Effective arrangements should be in place to ensure that maternity services are arranged to meet the needs of all pregnant women. Effective arrangements should be in place to ensure that the agreed regional antenatal care pathway is delivered. This pathway, developed by the Maternity Strategy Implementation Group, is designed to promote a healthy pregnancy and improve outcomes for mothers and babies – including a reduction in low birth weight – through a range of actions including reducing smoking and high quality antenatal care. Effective arrangements should be in place to ensure that women with more complex pregnancies are offered the best possible care in line with national evidence based guidelines. Effective arrangements should be in place to offer early pregnancy assessment pathways for women. Effective arrangements should be in place to care for women who have recurrent miscarriages.	Trust responses should include the development of midwifery hubs in the community which will improve access to a number of services for women in their locality. They should evidence that they implement UNICEF Baby Friendly Initiative Standards. Trust responses should demonstrate how they will implement the agreed regional care pathway for antenatal care for women with low risk pregnancies. Trusts should also demonstrate how they will deliver services to meet the needs of more complex pregnancies. Responses should evidence: • Recent investment in ante-natal diabetic services. • Plans to implement the 'Weigh to a Healthy Pregnancy' programme targeting women with a BMI of >40. • Plans to implement the NICE guidelines on multiple pregnancy, including the delivery of dedicated 'twin clinics'. • Plans to implement the regional care pathway for women with epilepsy. Trusts should continue to work with the HSCB and PHA on the development and implementation of early pregnancy assessment pathways based on NICE guidelines. Trusts should also work with the HSCB and PHA to standardise and implement an agreed clinical pathway for women who have recurrent miscarriages.

3.	Effective arrangements should be in place to ensure that required data is captured to monitor service activity, compliance with standards and to underpin quality improvement work.	Trust responses should demonstrate commitment to collecting data to evidence best practice and identify opportunities for further service improvement. Plans should include evidence of full utilisation of NIMATS and Badgernet. Assurance should be provided on the collection of data to facilitate the regional outcome focused dashboards developed for maternity and neonatal care under the Maternity Collaborative and Neonatal network.
4.	Keeping mothers and babies together should be the foundation of new-born care. Effective arrangements should be in place to ensure that mothers and babies are not separated unless there is a clinical reason to do so.	Trusts should demonstrate how antenatal and postnatal services aim to prevent avoidable admissions to neonatal units.
5.	Effective arrangements should be in place to ensure that opportunities to offer early intervention and prevention of long term disability by enhanced therapy services in neonatal units are realised.	Trust responses should evidence how recent investment in AHP services for neonatal units is being deployed and how they will ensure that the input will focus on neurodevelopment and nutritional support.
6.	Effective arrangements should be in place to ensure that all Trusts provide children the full range of accessible, timely and high quality local healthcare services. These local services should be supported by diagnostic and support services appropriate to the needs of children Effective arrangements should be in place to offer, short stay assessment and ambulatory models of care in all paediatric units. These should be available during times of peak demand. Trusts should provide direct access to senior decision makers to support primary care in the management of acutely unwell children Trusts should have arrangements for same day and next day assessment of children where this is deemed appropriate. Effective arrangements should be in place to ensure that care is provided as close to home as possible with children only being	Trust responses should demonstrate how they will ensure that clinical staff working in all relevant areas maintain and develop skills in the assessment and management of children to ensure that the Trust provides safe, sustainable and high quality care for children. Trust responses should demonstrate how they will ensure the delivery of short stay assessment models of care for acutely unwell children and the hours during which the services are available. Responses should also describe arrangements for primary care to access senior decision makers and how same day and next day assessment is facilitated. Trusts should continue to work with the HSCB and PHA to develop and test models of care which reduce the reliance on in-patient and secondary care paediatric services.

	transferred to the regional children's hospital for a tertiary service which is not provided locally.	Trust responses should demonstrate how they will work through the developing paediatric network and the existing critical care network to develop pathways of care and ensure they can safely provide a range of interventions including high flow oxygen for children in line with the regional pathway being developed.
7.	Effective arrangements should be in place to ensure children and young people receive age appropriate care and that the regional upper age limit for paediatric services of 16th birthday is implemented.	Trust responses should demonstrate that their paediatric services operate a minimum upper age limit of 16th birthday. Trust responses should also demonstrate how they ensure that children's care is supported by all specialties and support services required to provide high quality and safe care only transferring to the regional centre to access a tertiary service. Trusts should also describe how they will ensure that children aged up to their 16th birthday, who are admitted to non-paediatric areas e.g. day surgery units, are cared for in an age appropriate environment by staff with paediatric expertise with input from paediatricians where necessary.
8.	Effective arrangements are in place to support multidisciplinary learning and service improvement through regular multi-disciplinary morbidity and mortality review.	Trust responses should evidence how they are taking forward Departmental direction to implement a child death process which is based on multi-disciplinary mortality review. Trust responses should detail how the multi-disciplinary aspect of this is being developed.
9.	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments (where appropriate to each Trust) **<u>Inescapable funding</u>** • Diabetes in Pregnancy

5.4 Family and Childcare Services

Service Context

The Child and Family Care Programme is a heavily legislated service which all aspects should be adhered to through the Delegation of Statutory Functions. Children are presenting with increasingly complex needs which continues to place demand on resources. An increased focus on societal awareness and responsibility for the wellbeing of children is required to ensure that all children have a positive experience of childhood. Where additional support for families is required, it should be made available at the earliest opportunity to help prevent future trauma as well as inputting positively to a child's emotional and mental well-being.

Achievement of Ministerial Targets

The increasing demand for CAMHS remains a challenge and the HSCB will continue to work with Trusts to complete and implement the regionally agreed CAMHS Integrated Care Pathway and to reconfigure existing investment to establish a Managed Care Network for Children and Young People with Acute and High Intensity Care Needs to ensure a more standardised approach and streamlined access to services.

In working to ensure, as far as possible, that children grow up in a stable environment, the HSCB will build on the work carried out with Trusts in actively reviewing and promoting residential care structures. Trusts should also complete the evaluation of the impact of Understanding the Needs of Children in Northern Ireland (UNOCINI) on improving outcomes for children and families.

Issues and Opportunities

During 2017/18 and beyond, the HSCB and PHA working through the existing regional structures will continue to seek to improve the availability, accessibility and patient experience in relation to family and childcare services.

Specific issues and opportunities in 2017/18 are as follows:

ISSUES/OPPORTUNITIES	PROVIDER REQUIREMENT

1.	Effective arrangements should be in place to appropriately manage the increasing number of children with complex health care needs and challenging behaviour.	Trusts responses should demonstrate how service provision will meet the needs of children with complex health care needs and challenging behaviour.
2.	Effective arrangements should be in place to appropriately manage the increasing number of Looked After Children (LAC) entering the system.	Trusts responses should demonstrate how: • criteria will be set to ensure children become looked after where there is a clear indication that their long term outcomes will be improved or removal is required in order to safeguard the child/young person; • initiatives will be put in place to increase the number of placements and specify how these will be provided; • support will be provided to young (16/17 year olds), homeless individuals who are seeking to achieve a safe, stable return to a family; • Specialist Therapeutic Foster Carer placements in keeping with the needs of children and in line with regional criteria will be provided which will be monitored as part of the DSF process; • appropriate safeguarding measures will be put in place for extra-ordinary placements; • intensive edge of care interventions and family support will be provided to enable children to remain within their families where this is in the child's best interest. • required volumes of service activity for 2017/18 will be delivered.
3.	Effective arrangements should be in place to meet the ever increasing demand for Autism Services to include the creation of an integrated care system for Children, Young People with Developmental, Emotional and Mental Health services.	Trusts responses should demonstrate plans to address autism waiting lists in line with Autism Access Standard and support the development of an integrated service model to include assessment, early intervention, diagnostic and transitional services.
4.	Effective arrangements should be in place to establish a Managed Care Network for Children and Young People with Acute and High Intensity Care Needs as recommended by the independent review into CAMHS Inpatient Services.	Trusts responses should demonstrate plans to establish a Managed Care Network for Acute CAMHS which includes Secure Care, Youth Justice and Forensic CAMHS to deliver a more consistent service across the region and equitable access to acute services.
5.	Effective arrangements should be in place to prevent the increasing threat of Child Sexual Exploitation (CSE) as identified by the Marshall Inquiry.	Trusts responses should outline their reporting arrangements to the HSCB in relation to the regional action plan.

6.	Effective arrangements should be in place to safeguard children and promote their welfare in line with Co-operating to Safeguard Children (2016).	Trusts responses should demonstrate plans to • provide effective safeguarding services • ensure robust HSC child protection processes are in place • ensure safeguarding policy and procedures are in place relating to referrals, assessment, service planning, case management and record keeping • monitor and audit effectiveness of policy, practice and service provision in achieving specified outcomes for children and young people. • to ensure access to an effective range of therapeutic supports based on assessed needs.
7.	Effective arrangements should be in place to appropriately manage the increasing number of unplanned/emergency placements where children are known to a Trust.	Trusts responses should demonstrate plans to ensure that admissions to care are planned and children are provided with placements matched to their assessed need to provide stability and continuity.
8.	Effective arrangements should be in place to manage the increasing demand in CAMHS and the continued implementation of the stepped care model focusing on: improvement of the interfaces between acute and CAMHS community care including secure care and Youth Justice; integration of CAMHS and children's neurodevelopmental (autism and ADHD) provision.	Trusts should demonstrate plans to: • Demonstrate the management of demand • Improve interface arrangements between CAMHS acute and community care, secure care and with Youth Justice • Integrate CAMHS, Autism and ADHD services to ensure effective access based on assessed needs to children, young people and their families • Ensure implementation of the CAMHS Integrated Care Pathway (expected October 2017)
9.	Effective arrangements should be in place to ensure a seamless care pathway for LAC which promotes stability and permanency for children.	Trusts responses should demonstrate how effective arrangements are in place to ensure a stable care pathway for looked after children j (where placement moves are kept to an absolute minimum) and to deliver permanency for them within the quickest possible timeframe.
10.	Effective arrangements should be in place to ensure that children's care plans explicitly state what is to be achieved by the admission to care, the child and young person's views about their care plan, what is expected from parents in order for the child to return home and the anticipated duration of the placement.	Trusts responses should demonstrate how robust assessments (in keeping with policy and procedures) will be undertaken for all children who are to return home, enabling the Trust to determine the feasibility of such a move and to identify any support required to maintain the placement and discharge any existing Care Order. This assessment should outline how the

		child/young person's views have been taking into account in agreeing the care plan.
11.	Effective arrangements should be in place to improve data collection in CAMHS services to capture need, demand activity, outcomes and service user experience.	Trusts responses should demonstrate how they will use information to assess the effectiveness of CAMHS and evaluate outcomes, fully implement CAPA and ensure effective case management in line with NICE guidance. Trusts responses should demonstrate plans to strengthen NICE approved Psychological Therapies to include a skills analysis and workforce plan to identify gaps in the delivery of evidenced based therapies and skill mix requirements to deliver a range of therapeutic interventions. Trusts should demonstrate how the findings from the Sensemaker Audit on service user experience of CAMHS will drive any required service improvements.
12.	Effective arrangements should be in place to manage an increasing number of children who are looked after, those who are placed in kinship and non-kinship foster carers, in keeping with the provisions and entitlements of GEM	Trust responses should demonstrate how recent investments will ensure equitable access by all young people in foster care to avail of GEM.
13.	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments (where appropriate to each Trust) **<u>Inescapable funding:</u>** • Going the extra mile (GEM) • Lakewood redesign • Children's Services - Autism - further pressure (27/11/15 bid FYE was £2.8m - have been funded £2m recurrently) • Supported Temporary Accommodation of Young (STAY) SHSCT

5.5 Care of the Elderly

Service Context

The most significant demographic change impacting on health and social care services is the increase in the number of people aged over 65, particularly those over 85. Whilst many have healthy and active lives older people place significant demands on acute and community services. Whilst there is a need to continue to promote healthier lifestyles, encourage independence and support carers, the challenges associated with managing the interface between acute and community services and sustaining a viable network of community based support services are priorities which need to be addressed. Additional funding has been made available through the Transformation fund to support the ongoing Dementia project during 2017/18.

Issues and Opportunities

During 2017/18 and beyond, the HSCB and PHA working through the existing regional structures will continue to seek to improve the availability, accessibility and patient experience in relation to services for older people.

Specific issues and opportunities in 2017/18 are as follows:

ISSUES/OPPORTUNITIES		**PROVIDER REQUIREMENT**
1.	Effective arrangements should be in place to optimise recent demography funding to meet domiciliary care demand and wider demographic demand.	Trust responses should demonstrate plans to deliver the recent demography in investment to meet the needs of the aging population.
2.	Effective arrangements should be in place to optimise capacity to meet the numbers of people aged over 65 and over 85 which are projected to increase by 12% and 22% by 2022 respectively.	Trust responses should demonstrate plans to actively promote a range of health ageing initiatives in areas such as promoting good nutrition, social inclusion and falls prevention.
3.	Effective arrangements should be in place to optimise capacity to meet the number of people with dementia which is projected to increase by 35% by 2025.	Trust responses should demonstrate plans to work within the regional strategic implementation arrangements to develop early intervention models and timely access to memory services.

4.	Effective arrangements should be in place to ensure the implementation of requirements contained in Adult Safeguarding and Protection in Partnership (2015).	Trust responses should demonstrate plans to promote the development of the Adult Protection Gateway model.
5.	Effective arrangements should be in place to address the issue of delayed discharges from the acute sector and other institutional settings due to the non-availability of independent sector community based services especially domiciliary care.	Trust responses should demonstrate plans to examine the potential for progressing the tendering of services based on a more outcomes based approach to domiciliary care provision.
6.	Effective arrangements should be in place to support services for carers that can be developed to maintain individuals to live as independently as possible in their own home.	Trust responses should demonstrate plans to expand and promote the assessment of needs and the availability of short breaks.
7.	Effective arrangements should be in place to ensure the promotion of personalisation through Self Directed Support to increase individual choice and facilitate responsive remodelling of service models.	Trust responses should demonstrate plans to deliver progress with the regional project implementation targets to optimise opportunities for services tailored to user needs and include the training and development needs of staff.
8.	Effective arrangements should be in place to review existing day opportunities for older people to ensure that they meet current needs and expectations.	Trust responses should demonstrate plans to review existing day care provision to make best use of resources.
9.	Effective arrangements should be in place to further develop ICP initiatives targeted at frail older people.	Trust responses should demonstrate plans that engage with the range of integrated care initiatives/projects designed to maintain older people in the community.
10.	Effective arrangements should be in place to support the full implementation of the regional model of reablement.	Trust responses should demonstrate a review of local progress with reablement, in line with the regional model and targets.
11.	Effective arrangements should be in place to support an appropriate balance of services between the statutory and independent sectors in relation to domiciliary and residential care.	Trusts should remain engaged with both the current reform of statutory residential care and the Reform of Adult Social Care. These projects are seeking the most appropriate balance and focus of statutory/independent sector domiciliary and social care provision.

12.	Effective arrangements should be in place to support the development of intermediate/step down care to relieve pressures on acute care and promote rehabilitation.	Trust responses should demonstrate review options for remodelling existing provision or negotiating options with the independent sector to increase availability of these services.
13.	Effective arrangements should be in place to provide a standardised model for the delivery of services to older people and individuals with Dementia.	Trust responses should outline plans to work with ICPs to implement the New Stepped Care Model for Older People and for people with Dementia.

5.6 Mental Health

Service Context

The development and delivery of mental health services is governed through the implementation of the Regional Mental Health Care Pathway and the Mental Health Service Framework. The development and delivery of mental health care has been organised around a Stepped Care framework. The framework supports the integration of systems and practices across primary, secondary and specialist mental health care services. This model aims to promote a culture of earlier intervention, facilitates co-production and enables the development of outcome, recovery orientated approaches across all mental health care services. Other areas impacting on future service provision include the outcome of the Bamford evaluation (Autumn 2017).

Achievement of Ministerial Targets

Mental health services:- The HSCB has previously identified the funding gap between need and provision in respect of mental health services and the level of funding available to invest in psychological therapies is likely to result in significant numbers continuing to wait longer than 13 weeks, particularly in adult heath psychology services. Growing demand for core and specialist mental health and addictions services, alongside the funding gap noted above is also likely to impact negatively on people having to wait longer than 9 weeks for a routine appointment, and the target of discharge from hospital target of within 7 days of being declared medically fit. This is being further compounded by cuts to funding in other sectors such as housing.

The HSCB will continue to work with Trusts to identify opportunities to address this position, including plans to strengthen the range and scope of psychological therapies, arrangements for ensuring safe and effective case management and the promotion of Primary Care Talking Therapy Hubs to help manage demand in to Community Mental Health services in the longer term.

The HSCB will also continue to highlight areas of service pressures within core and specialist mental health services and invest in enhancing the capacity of these services when resources allow.

Issues and Opportunities

During 2017/18 and beyond, the HSCB and PHA working through the existing regional structures will continue to seek to improve the availability, accessibility and patient experience in relation to mental health services.

Specific issues and opportunities in 2017/18 are as follows:

ISSUES/OPPORTUNITIES		**PROVIDER REQUIREMENT**
1.	Effective arrangements should be in place to manage the increased demand for psychological therapies.	Trust responses should demonstrate the particular actions to be taken in 2017/18 to further develop and implement Primary Care Talking Therapy Hubs in partnership with ICP leads.
2.	Effective arrangements should be in place to enhance clinical and personal outcomes by improving access to evidence based NICE approved psychological therapies including increasing the range and scope of Talking Therapies in primary care.	Trust responses should demonstrate how the range and scope of psychological therapies will be strengthened, including arrangements to ensure safe and effective case management.
3.	Effective arrangements should be in place to ensure that people with mental health needs and their families receive the right services, at the right time by the right combination of professionals.	Trust responses should demonstrate what specific measures will be taken in 2017/18 to further embed the Regional Mental Health Care Pathway and to strengthen the provision of psychological care within the role and function of Community Mental Health Services.
4.	Effective arrangements should be in place to improve the effectiveness of Crisis and Acute mental health interventions through the integration of Crisis Resolution, Home Treatment and Acute Inpatient Services and through the provision of modern therapeutically focused inpatient care to safeguard those people who are experiencing acute mental health needs	Trust responses should demonstrate plans to align and integrate their respective Crisis Home Treatment and Acute Inpatient Service into a single care service consistent with the development of a new regional High Intensity Care Pathway. Furthermore, Trust responses should outline plans to strengthen Acute Hospital Liaison Services in line with the principles of the RAID model.
5.	Ensure the effective provision of community based Addiction services to address growing demand, including opiate substitute prescribing (Tier 3). Likewise, in-patient and residential rehabilitation	Trusts should participate in the planned review of community based Addiction services, the outcome of which should be to ensure that a more effective service provision model is in place given increasing demand (this will include

	services (Tier 4A & 4B) must be provided within a regional Network arrangement accessible by all Trusts.	exploring the potential for service coordination regionally). A key focus will be the future design of opiate substitute prescribing services (encompassing appropriate harm reduction measures). Additional investment, being deployed promptly, should be evidenced through increased service activity and reduced waiting times. The provision of in-patient and residential rehabilitation services (Tier 4 A and 4B) must become based within a regional Network arrangement accessible by all Trusts.
6.	Effective arrangements should be in place to support the new Regional Mental Health Trauma Network arrangements to enhance services and integrate all existing mental health trauma care into a new single managed care network.	Trust responses should demonstrate plans to support and participate in the development and implementation of the Network in line with NICE guidance and to nominate two staff to undertake advanced Trauma Care training to facilitate the development of a dedicated psychological trauma clinical team.
7.	Effective arrangements should be in place to strengthen approaches to support people on their recovery journey in line with the principles and objectives of the Regional ImROC Programme.	Trust responses should demonstrate how, building on the findings of the Sense Maker Audit, co-production across their mental health services will be strengthened, including the appointment of Lived Experience Consultant, Peer Support Workers and Peer Educators and Peer Advocates. Trust responses should also provide details of the next phase of recovery college development and demonstrate the actions to be taken to promote the role and influence of carers across mental health services.
8.	Effective arrangements should be in place to develop and integrate condition / service specific care pathways in order to improve the physical wellbeing of people with mental health needs.	Trust responses should demonstrate how the recommendations of the RQIA Review into Eating Disorders and Peri-natal Mental Health services will be implemented.
9.	Effective arrangements should be in place to ensure full implementation of the Choice and Partnership Framework in	Trust responses should demonstrate that the Choice and Partnership Framework has been fully implemented across all mental health

	order to ensure the effective delivery of mental health and psychological care to patients.	services. Trust responses should also demonstrate that a full demand and capacity analysis has been completed in line with regional guidance and that each community mental health professional has an agreed job plan.
10.	Effective arrangements should be in place to ensure that the workforce delivering mental health care is appropriately skilled.	Trust responses should demonstrate the actions to be taken to implement the Mental Health Learning Together Framework. Details of Trusts' mental health workforce plans should also be provided.
11.	Effective arrangements should be in place to provide evidence of the impact of all mental health services.	Trust responses should demonstrate what measures are in place to ensure that an annual comprehensive analysis will be provided in line with the indicators set out in the new Mental Health Services Framework and that this will include an overview of presenting need, the volume of interventions provided, the outcomes achieved and the quality of people's experience of using the services.
12.	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments (where appropriate to each Trust) **Inescapable funding:** • Adults with Mental Health problems whose family care arrangements break down • Physical Health Care

5.7 Learning Disability

Service Context

The number of people with a learning disability and the levels of accompanying complex physical and mental health needs continues to grow in NI. A lifelong service response is required to support people to live as healthy, fulfilling and independent lives as possible. Crucial to this is support for families and other carers who in NI continue to provide the bulk of care and support which people need.

Issues and Opportunities

During 2017/18 and beyond, the HSCB and PHA working through the existing regional structures will continue to seek to improve the availability, accessibility and patient experience in relation to learning disability services.

Specific issues and opportunities in 2017/18 are as follows:

ISSUES/OPPORTUNITIES		**PROVIDER REQUIREMENT**
1.	Effective arrangements should be in place to increase the number of individuals availing of community based Day Opportunities.	Trust responses should demonstrate what specific actions will be taken in 2017/18 to further develop partnership working with community / voluntary / independent sector organisations to meet the needs of individuals already in services or coming through transition.
2.	Effective arrangements should be in place to manage the increased demand on Day Centres for those individuals with complex physical and health care needs or behavior support needs.	Trust responses should demonstrate what measures are in place to ensure facilities are appropriately designed and meet the needs of individuals with complex needs.
3.	Effective arrangements should be in place To appropriately manage people with LD developing dementia and other conditions associated with old age including short breaks/respite which are varied and flexible in nature.	Trust responses should demonstrate how short breaks/respite will be extended outside of the traditional model in order to meet the needs of families/carers including Dementia Memory Services and other appropriate services.

4.	Effective arrangements should be in place to complete the resettlement of people from learning disability hospitals to appropriate places in the community.	Trust responses should demonstrate what processes are in place to complete the person centred resettlement of individuals from learning disability hospitals into the community, with appropriate long term support, in line with recent investments.
5.	Effective arrangements should be in place to manage the demand from individuals living with carers, specifically older carers, for future housing and support needs.	Trust responses should demonstrate what plans are in place to address future housing and support needs of those in the community through community integration.
6.	Effective arrangements should be in place for discharge once the patient has been declared medically fit for discharge.	Trust responses should outline clear protocols, processes and procedures to ensure timely discharge from hospital with appropriate support, where required.
7.	Effective arrangements should be in place to manage the increased demand for specialist services to respond to specific additional needs such as forensic services, behaviour support services etc.	Trust responses should demonstrate that specialist services are in place to meet the increased demand from individuals with complex needs in the community.
8.	Effective arrangements should be in place to further enhance the current Learning Disability Service Framework including arrangements to provide an appropriate range and type of day opportunities for people with a learning disability transitioning from school.	Trusts should demonstrate plans to ensure that standards outlined within the LDSF Framework including the extension of the Transitions Planning Scheme.
9.	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments (where appropriate to each Trust) **<u>Inescapable funding:</u>** • Additional Community Infrastructure for Crisis / Out of Hours • Adults with learning disability whose family care arrangements break down • Complex discharges from hospital • Young people transitioning to adult services

5.8 Physical Disability and Sensory Impairment

Service Context

Recent developments for people with a disability have been shaped by the implementation of the regional Physical and Sensory Disability Strategy (2012-15). This work has been led by the HSCB in conjunction with statutory and voluntary sector partners. Limited funding has been made available to support this process but the expectations of service users and their carers remain high as the current phase of implementation is reviewed. The principles of independence and autonomy have underpinned all of the work to date and will shape any future decision making.

Issues and Opportunities

During 2017/18 and beyond, the HSCB and PHA working through the existing regional structures will continue to seek to improve the availability, accessibility and patient experience in relation to physical disability and sensory impairment Services.

Specific issues and opportunities in 2017/18 are as follows:

ISSUES/OPPORTUNITIES		PROVIDER REQUIREMENT
1.	Effective arrangements should be in place to further develop services for the increasing number of people who are deaf-blind as a result of an ageing population.	Trust responses should demonstrate how existing services will be developed, awareness of the condition will be improved and appropriate staff training provided.
2.	Effective arrangements should be in place to manage the increased number of high cost packages due to increased life expectancy and an increased focus on supporting people at home.	Trust responses should demonstrate how domiciliary, equipment and staffing budgets will be targeted to provide appropriate service responses for individuals with increased support needs.
3.	Effective arrangements should be in place to ensure individuals are transitioned from children's to adult services in a timely manner.	Trust responses should outline clear protocols, processes and procedures to facilitate transition planning which includes inter programme coordination.
4.	Effective arrangements should be in place to further enhance the current PDSI Strategy arrangements.	Trusts should demonstrate plans to support, participate and lead in maintaining coordinated strategic planning arrangements outlined within the PDSI Strategy.
5.	Effective arrangements should be in place	Trust responses should demonstrate how it will

	to ensure there are appropriate accommodation options for people with severe disabilities in the community.	work within the existing Supporting People arrangements to examine the potential for further accommodation options.
6.	Effective arrangements should be in place to ensure service information and advice is accessible to all service users and that Trusts have a skilled and informed workforce.	Trust responses should demonstrate plans to ensure that all health and social care staff have access to disability, equality and human rights training and are trained to communicate appropriately with people who are blind or partially sighted.
7.	Effective arrangements should be in place to ensure that people with a disability receive a personalised package of care.	Trust responses should outline plans to change the pattern of service allocation including the promotion of Self Directed Support.
8.	Effective arrangements should be in place to ensure the appropriate provision of Day Opportunities.	Trust responses should demonstrate how it will partner with the Community and Voluntary Sector to develop alternatives to existing service provision.
9.	Effective arrangements should be in place to ensure that wheelchairs and equipment, and the maintenance and repair of the same continue to be made available in line with demand.	Trust responses should demonstrate their compliance with the regional criteria for wheelchair provision in order to ensure equitable allocation of equipment.
10.	Effective arrangements should be in place to ensure that people with Neurological conditions are supported to live as independently as possible.	Trusts should demonstrate plans to review the needs of people with neurological conditions, particularly those with life limiting circumstances, ensuring equitable access to support.
11.	Effective arrangements should be in place to ensure to provide appropriate communication support for people who are deaf.	Trusts should demonstrate plans to use transformation funds to provide appropriate services and support.
12.	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments (where appropriate to each Trust) **<u>Inescapable funding:</u>** • Physical & Sensory Disability Strategy

5.9 Family Practitioner Services

Family practitioner Services comprise the following key areas:

- General Medical Practitioners Services
- General Ophthalmic Services
- General Dental Services
- Community pharmacy provision
- Primary Care Infrastructure Development

Primary care and adult community services play a critical role in terms of supporting people to stay well, for as long as possible in the community and avoiding unnecessary hospital attendance and admissions. The development of these services in line with the transformation agenda is key to reducing pressure on scarce resource within secondary care.

5.9.1 General Medical Practitioner Services

Service Context

General Medical Practitioners (GPs) play a key role in ensuring that health service provision in NI is effective and efficient. GPs provide:

- The main point of entry to the health care system
- Person focused, on-going care covering whole episodes of ill health
- Delivery of the majority of care for all but the most uncommon conditions
- Coordination of care provided by others

Issues and Opportunities

During 2017/18 and beyond, the HSCB and PHA working through the existing regional structures will continue to seek to improve the availability, accessibility and patient experience in relation to General Medical Practitioner Services.

Specific priorities for 2017/18 are as follows:

ISSUES/OPPORTUNITIES	PROVIDER REQUIREMENT

1.	Effective integrated arrangements should be in place to; • Support patients with Long Term Conditions, • Manage Elective Care services and • Deliver Out of Hours pathways	As part of the HSCB's wider reform priorities, GMS will: • promote enhanced services for the management of patients with chronic conditions • develop common pathways across unscheduled care • evidence integrated working across GP Federations to provide innovative alternatives to hospital based elective services • Promote Direct Access Physiotherapy • Support the utilisation of non-medical prescribing by AHP services for patients with Long Term Conditions to optimise timely access to appropriate medicine.
2.	Effective arrangements should be in place to improve access to GP services, both in and out of hours.	FPS will develop pathways to improve access for unscheduled services at the interface between in hours and out of hours GP services and support practices in managing demand.
3.	Effective arrangements should be in place to optimise recruitment and retention challenges and ensure safe and accessible GP services.	FPS will develop plans to: • Support 12 additional GP training places (Total 97 training places) • Implement and monitor the impact of the revised GP Retainer Scheme • Improve current working arrangements to attract more OOH GPs and implement skill mix, including both in hours and out of hours services
4.	Effective arrangements should be in place to develop Practice Based Pharmacists within GMS to help improve capacity for GPs.	FPS will develop plans to release GP time spent on prescribing to increase overall GP capacity and assist collaborative working through GP Federations. This will further improve quality and safety of prescribing whilst achieving prescribing efficiency and cost effectiveness.

5.9.2 General Ophthalmic Services (GOS)

Service Context

Ophthalmology accounts for around 8% of all outpatient demand and first outpatient attendances of 30,705 appointments in 16/17. "Developing Eyecare Partnerships; improving the commissioning and provision of eyecare in NI" (DEP) (DHSSPSNI, 2012) is a five year strategy aimed at taking a partnership, clinical networks and pathway approach to transforming how and where services are to be provided, enhancing skills mix and improving interfaces, and treating people closer to home where safe and appropriate.

Issues and Opportunities

During 2017/18 and beyond, the HSCB and PHA working through the existing regional structures will continue to seek to improve the availability, accessibility and patient experience in relation to General Ophthalmic Services.

Specific issues and opportunities in 2017/18 are as follows:

ISSUES/OPPORTUNITIES		PROVIDER REQUIREMENT
1.	Effective integrated demand management arrangements should be in place to address the increasing levels of age related long term conditions such as glaucoma, macular degeneration, Diabetes mellitus and complications such as sight threatening retinopathy.	FPS will develop plans to: • In line with Delivering Together 2026, FPS will plan to expand capacity and capability in ophthalmic primary care in order to meet the needs of this demographic increase, managing what can be, safely and effectively, in primary care, and integrating better with secondary care. • Facilitate integration by introducing GOS-generated electronic referral, fostering eTriage and referral-for-advice • Promote robust data quality and participate in the development of regional performance indicators • Evidence full utilisation of skill mix opportunities
2.	Effective arrangements should be in place to support improvement science and quality improvement initiatives that have the potential to improve patient flows, experience and outcomes.	FPS will advance plans to improve the examination, application and implementation of Improvement Science in healthcare to the following areas of Ophthalmology; • Eye Casualty

		• Cataract Pathway Plans will also indicate a method of capturing and reporting patient centred outcome and experience measures.
3.	Effective arrangements should be in place to ensure the transformation of eyecare services. Demand-management initiatives (Local Enhanced Services) such as glaucoma referral refinement, minor eye conditions, and primary care based post-operative cataract assessment schemes have the potential to positively impact on treating more people closer to home, away from secondary care.	FPS will ensure the provision of placements for primary care optometrists undertaking independent prescribing training. (DEP Objective 10) HSC Board will introduce Local Enhanced Services (LES) to facilitate primary care led management of non-sight-threatening acute eye presentations, and offer ophthalmic primary care delivered step-down care and monitoring for low risk ocular hypertension and post-operative cataract review. HSCB will engage with GOS providers in the development of training to support this transformative care and facilitate participation in innovative governance and training models such as Project ECHO, building knowledge networks to expand capacity and capability in primary care and improve the interface between primary and secondary care.

5.9.3 Dental Services

Service Context

There are 1,050 General Dental Practitioners (GDPs) in NI working across 380 practices. Approximately 1.1m people are registered with a GDP for Health Service care and each year under the General Dental Services (GDS) over 1.7m courses of treatment are provided. In the past, the NI population had poor oral health, however, in recent years significant improvements have been observed in both children's and adult's dental health.

Issues and Opportunities

During 2017/18 and beyond, the HSCB and PHA working through the existing regional structures will continue to seek to improve the availability, accessibility and patient experience in relation to Dental Services.

Specific issues and opportunities in 2017/18 are as follows:

ISSUES/OPPORTUNITIES		PROVIDER REQUIREMENT
1.	Effective arrangements should be in place to reduce the number of patients referred to Trust Oral Surgery/OMFS services by increasing the service capacity of alternative providers.	• Establish a pilot PDS in Oral Surgery to increase the amount of treatment provided by High Street Oral Surgery Specialists and therefore reduce Trust referrals • Provide training to GDPs in basic Oral Surgery treatments to reduce referrals from dental practices to High Street Oral Surgery Specialists and Trusts
2.	Effective arrangements should be in place that evidences a new GDS contract, which focuses on prevention, provides a sustainable business model for GDPs and allows cost control	FPS will review the 11 pilot practices that have completed the 1 year pilot period and engaged in the evaluation process. University of Manchester to produce evaluation report by 31 March 2018
3.	Effective arrangements should be in place to improve the turnaround times for GDS	A new prior approval process will be piloted in 2017/18 with the aim of reducing the number of submissions breaching the 8-week turnaround target time and the current resources required to deliver the service.
4	Effective arrangements should be in place to allow secure electronic communications with GDS practices and to facilitate electronic referrals between dental practices and Trusts.	FPS will set up the email and CCG elements of the eDentistry Strategy with 50% and 10% of all GDS practices respectively by the end March 2018.

5.9.4 Pharmaceutical Services and Medicines Management

Service Context

Medicines are the most frequently used intervention in healthcare with over 40 million prescriptions issued each year in primary care and several million more prescriptions in secondary care. Pharmaceutical services are commissioned from a range of providers in primary and secondary care and with the volume and complexity of medicines being used; there is a requirement for on-going medicines management and optimisation. Indeed the DoH has set out a range of quality standards associated with its Medicines Optimisation Quality Framework and it is expected that services will be commissioned to take this forward in 2017/18.

In primary care, demand for GPs impacts on their ability to manage prescribing processes. There are increasing expectations around community pharmacy provision in line with DoH policy while at the same time there has been an on-going financial dispute that will require resolution. There is recognition of the need to develop pharmaceutical care models within both primary and secondary in order to maximise the quality and safety of service provision while at the same time deliver substantial efficiencies. In 2017/18, £38m prescribing efficiencies have been identified for delivery.

Issues and Opportunities

During 2017/18 and beyond, the HSCB and PHA working through the existing regional structures will continue to seek to improve the availability, accessibility and patient experience in relation to Pharmaceutical Services and Medicines Management Services.

Specific issues and opportunities in 2017/18 are as follows:

ISSUES/OPPORTUNITIES		**PROVIDER REQUIREMENT**
1.	Effective plans should be in place to improve compliance against the regional Medicines Optimisation Model	Trusts should demonstrate plans to achieve 70% compliance with the regional Medicines Optimisation Model against the baseline established at March 2016.
2.	Effective plans should be in place to deliver £25.5m efficiencies in primary care through the Pharmaceutical Clinical Effectiveness programme (requiring support from secondary care) and deliver further additional efficiencies of £12.5m in secondary care	FPS will develop plans to achieve the maximum efficiencies possible within 2017/18.
3.	Effective plans should be in place to ensure services are centred on helping to maintain or improve the quality of life of people who use them, particularly within General Practice.	FPS will develop plans to provide more services within community pharmacy including 'Pharmacy First' and the supply of emergency medicines.

5.9.4.1 Primary Care Infrastructure Development

Service Context

In 2011/12, the then Minister indicated that he wished to invest in the development of the primary and community care infrastructure as part of the strategy for improving the overall health and well-being of the community and for improving the delivery of integrated primary, community and secondary care services.

In 2014/15 a Strategic Implementation Plan was developed based on the hub and spoke model which sets out the regional plan for investment in primary care infrastructure. It includes an outline of the prioritised hub projects within the programme and proposed funding plan.

Each hub will be a 'one stop shop' for a wide range of services including GP and Trust led primary care services. This model will improve access to, and responsiveness of, primary and community care services, particularly making available more specialised services nearer to where people live and work. This includes provision of an enhanced diagnostic and treatment capability where appropriate.

Issues and Opportunities

During 2017/18 and beyond, the HSCB and PHA working through the existing regional structures will continue to seek to improve the availability, accessibility and patient experience in relation to Primary Care Infrastructure Development.

Specific issues and opportunities in 2017/18 are as follows:

ISSUES/OPPORTUNITIES		**PROVIDER REQUIREMENT**
1.	Effective arrangements should be in place to improve the quality of primary care facilities to meet all statutory standards	For Trust owned facilities, responses should demonstrate that facilities meet the minimum standards and provide adequate accommodation for services to be provided. For GP owned/ leased facilities, FPS should assist and support GPs in examining opportunities to improve the quality of their facilities, including the promotion of funding routes where applicable.

5.10 Specialist Services

Service Context

Specialist acute hospital services include tertiary or quaternary level services delivered through a single provider in NI or designated centres in Great Britain/ROI. High cost specialist drugs are supported through this branch of commissioning. A process is underway to revise the process for consideration Individual Funding Requests (IFRs). The implications of any changes to the current arrangements will need to be taken account of by the HSCB.

Specialist Acute Hospital services have and will continue to develop strong clinical alliances with specialist peers in GB, ROI and with local clinicians across the region making best use of available information and communication technologies to facilitate delivery of care.

Issues and Opportunities

During 2017/18 and beyond, the HSCB and PHA working through the existing regional structures will continue to seek to improve the availability, accessibility and patient experience in relation to specialist services.

Specific issues and opportunities for 2017/18 are as follows:

ISSUES/OPPORTUNITIES		PROVIDER REQUIREMENT
1.	Effective arrangements should be in place to address the growth in the number of patients accessing approved specialist drug therapies for a range of conditions. Each year there is growth in the number of patients receiving specialist drug therapies previously approved by NICE.	Trusts responses should demonstrate how they will engage with the HSCB to inform the projected requirements associated with the increase in the number of patients on existing treatment regimens across a range of conditions including rheumatoid arthritis, psoriasis, IBD, Hep-C, MS, HIV, specialist ophthalmology and cancer conditions.
2.	Effective arrangements should be in place to develop the model for specialist neuromuscular services.	Belfast Trust response should demonstrate the agreed service model /pathways for adults and children (including transitional care) with specialist neuromuscular conditions incorporating baseline resources as well as more recent investment. The proposed model and implementation plan to be submitted by end of March 2018.

3.	Effective arrangements should be in place to continue to support the implementation of the NI Rare Disease Implementation Plan through a programme of in-reach and networked services through formal alliances with tertiary and quaternary providers outside NI.	Building on progress to date with the implementation of the NI Rare Disease plan, Belfast Trust should outline, by the end of September 2017, the key priorities for development to further support the delivery of the NI Rare Disease Implementation Plan. The Belfast Trust should bring forward a proposal for a clinical lead for rare disease in paediatrics. The lead will work closely with the specialist paediatric network manager in establishing pathways and interfaces with highly specialist paediatric units in GB/ROI and the wider group of stakeholders. This development will be fully evaluated with a view to extending the role for adult services in 2018/19.
4.	Effective arrangements should be in place to ensure access to genetic tests in line with UKGTN recommendations.	Belfast Trust should submit an IPT by the end of September 2017 to ensure timely access to UKGTN tests approved for 2017/18 net of baseline costs.
5.	Effective arrangements should be in place to ensure access to new NICE TAs and other NICE recommended therapies approved during 2017/18.	Trust responses should demonstrate how they will deliver on the requirements of new NICE TAs and other recommended therapies in line with planned investment.
6.	Effective arrangements should be in place for the provision of Paediatric Congenital Cardiac Services in line with Ministerial decision on the establishment of an All-Island Network including: • SLAs, with specialist centres to provide a safe and robust service for children from NI during the implementation period for patients with paediatric cardiac conditions. • Improved antenatal detection rates of structural cardiac anomalies by issuing a standardised regional protocol for the cardiac scan and putting in place a training and audit programme for staff in this area.	Belfast Trust should demonstrate how they will work with the HSCB and PHA through the specialist paediatrics group to take forward the implementation of the service model for Congenital Cardiac Services as set out in the Full Business Case for the All Island CHD Network. Specifically this will address local developments in NI e.g. Paediatrician with Specialist Interest in Cardiology role, centralisation of paediatric cardiology waiting lists for the region to include move to tertiary referral to this service etc. Progress has been made in developing a fetal scanning protocol for cardiac anomalies and all sonography staff providing this service have received training in this regard. All Trusts should ensure implementation of the regional scanning guideline during the second half of 2017/18.
7.	Effective arrangements should be in place to ensure the opening of the Phase 2B Critical Care Unit to accommodate the transfer of ICU/HDU capacity with service to be fully	All Trusts will be expected to participate in work led by the NI Critical Care Network in improving timely monitoring arrangements on bed availability, escalation measures, staffing levels

	operational in 2017.	and timely discharge. All Trusts should commit to full collaboration across Trust boundaries in the provision of safe, effective, accessible and patient focussed critical care support. Work will continue to progress during 2017/18 on the current role, scope of responsibility and accountability arrangements offered by the NI Critical Care Network and how it might best develop consistent with the vision set out in Delivering Together.
8.	Effective arrangements should be in place to ensure the development of weekend access to neuroradiology intervention for patients with subarachnoid haemorrhage, arising as a result of recommendations from the NCEPOD report 'Managing the Flow'. The feasibility of expanding the availability of thrombectomy for stroke should also be included in this development.	Belfast Trust response should demonstrate that it will submit an IPT to achieve the NCEPOD recommendations with a project plan for establishment of the weekend access. Services expected to be in place by March 2018.
9.	Effective arrangements should be in place to ensure the further expansion of the NISTAR (NI Specialist Transport and Retrieval Service) for neonates, children and adults across NI and ROI. The service will ensure critical and supported clinical transports undertaken are managed consistently and to best effect. NISTAR will also work closely with the fixed wing Air Ambulance / Air Transfer provider.	Belfast Trust through the NISTAR group should bring forward proposals to identify phases of development for this service delivered on behalf of the region. The proposals should include the consolidation of the adult element of the service, appointment to lead medical and nursing posts, development of an ANP role for specialist transport, additional transport nurse capacity and additional dedicated ambulance capacity. This will include consultation with DGH and NIAS colleagues. The Belfast Trust should submit a final IPT by end of October2017 with a view to services expanding on a phased basis from 1 January 2018.
10.	Effective arrangements should be in place to improve access to specialist immunology services for adults and children through establishment of tertiary referral pathways for a number of diagnoses.	Belfast Trust will work with the Board to put operational arrangements in place to progress a number of pathways for this service that will ensure that this is delivered as a tertiary referral service by the end of March 2018.
11.	Effective arrangements should be in place to improve access to specialist paediatric services through the establishment of regional networks.	Belfast Trust, working with the Paediatric Specialist Services group, will continue to develop clinical networks both within and outside NI ensuring that paediatric patients have their needs met as locally, as possible. Belfast Trust should develop a framework to support leads in paediatric cardiology, specialist

		paediatrics, paediatric network, NISTAR and the critical care and trauma networks in improving communication and ensuring complementary service planning and delivery for the paediatric population.
12.	Effective arrangements should be in place to ensure the introduction of cranial stereotactic radiotherapy in NI to reduce the need to send some patients for treatment in GB and provide more accessible service and plans to expand stereotactic ablative radiotherapy (SABR) to include the treatment of oligometastatic and oligo-progressive advanced cancer disease.	Belfast Cancer Centre should demonstrate that sustainable arrangements are in place to provide cranial stereotactic radiotherapy to treat approximately 50-60 patients with cerebral metastases in in 2017/18. Belfast Trust will bring forward plans to extend SABR in the treatment of oligometastatic and oligo-progressive advanced cancer disease.
13.	Effective arrangements should be in place to optimise drug efficiency savings.	A Regional Medicines Optimisation Efficiency Programme has been established to achieve £38m of savings. Trust responses should demonstrate that proposals in respect of specialist medicines are consistent with the key principles shared with Trusts in March 2015.
14.	Effective arrangements should be in place to appropriately manage the service need of patients requiring specialist services.	The Trust response should demonstrate how the Trust will deliver the required volumes of service activity in light of the changing population need and demand for specialist services in 2017/18.
15.	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments (where appropriate to each Trust) **Inescapable funding:** • Drugs & therapies - 2016/17 new NICE TAs 2016/17 not yet funded (included in June Monitoring) • Drugs growth in existing approved NICE therapies • Drugs Orphan Enzyme Drug Therapies • Non Drugs - Total Parental Nutrition Service Pressures/Goods & Services RBHSC • Non Drugs -Renal Services and Transplantation

5.11 Cancer Services

Service Context

In NI around 24 people are diagnosed with cancer each day, around 9,000 per year. With the increasing age of the population, this number is expected to rise by 25% for men and by 24% for women by 2020. Current estimates suggest that there are around 69,000 people living with cancer in NI today. With more new diagnoses and improvements in care and survival, this figure is increasing every year. As the population grows, ensuring they have the right care and support across their care pathway is becoming increasingly important.

Achievement of Ministerial Targets

The main challenges relate to the 14 day breast performance and 62 day waiting times in urology, skin, upper GI and lower GI cancer pathways. The HSCB and PHA will continue to work with Trusts through the specialty-specific regional groups that have been established to develop innovative long term solutions to the ongoing workforce and capacity issues in these services. Pending the implementation of longer term solutions, the HSCB will continue to meet with all Trusts on a monthly basis via the cancer service improvement and AD forum to share best practice across the region and identify opportunities for delivering improved performance.

Issues and Opportunities

During 2017/18 and beyond, the HSCB and PHA working through the existing regional structures will continue to seek to improve the availability, accessibility and patient experience in relation to cancer services.

There are particular and growing pressures in the provision of non-surgical oncology. The drivers for this are: demographic changes and the ageing population; emerging treatments; workforce pressures within oncology; challenges sustaining the current service delivery model; and patient expectations.

Specific issues and opportunities for 2017/18 are as follows:

ISSUES/OPPORTUNITIES		PROVIDER REQUIREMENT
1.	Effective arrangements should be in place to deliver cancer access times.	Trust responses should demonstrate plans to improve compliance against cancer access standards across all relevant services.
2.	Effective arrangements should be in place to identify the optimum sustainable model for breast assessment services in NI.	The Trusts should work closely with commissioners to improve and sustain timely access to breast assessment services and contribute to a sustainable model of service for NI.
3.	Effective arrangements should be in place for patients that require radical surgery for prostate cancer to have timely access to treatment.	Belfast Trust should demonstrate plans to ensure patients are able to access treatment in line with cancer access standards.
4.	Effective arrangements should be in place to ensure appropriate and timely access to systemic therapies for cancer. Arrangements should also be in place for appropriate skill mix and the development of a sustainable model for non-medical prescribing across NI.	Trust responses should demonstrate how the provision of systemic therapies for cancer services will be modernised to maximise current capacity and improve patient experience. Trusts should also demonstrate how they will progress the expansion of non-medical prescribing.
5.	Effective arrangements should be in place to deliver acute oncology (AO) services across NI in line with the regionally agreed service model and to consider further development of the service to provide a more sustainable AO service for patients across all Trusts.	Trust responses should demonstrate how acute oncology services are being provided in line with the regionally agreed service model. Trust responses should also indicate how the acute oncology service will be developed to meet patient needs and how the service activity and impact will be audited.
6.	Effective arrangements should be in place to address issues arising from the peer review of cancer multidisciplinary teams to ensure the quality of cancer services can be sustained or, as needed, improved.	Trust responses should demonstrate that arrangements are in place to take timely action to address matters highlighted by the peer review team, and that priority will be given to immediate and serious risks where these have been identified.
7.	Effective arrangements should be in place to ensure that there is compliance with the service specification on skin cancer issued by the HSCB in 2017.	Trust responses should demonstrate that plans are in place to comply with the 2017 service specification on skin cancer.
8.	Effective arrangements should be in place to ensure that there is compliance with the	Trust responses should demonstrate that plans are in place to comply with the 2017 service

	service specification on head and neck cancer issued by the HSCB in 2017.	specification on head and neck cancer. Trusts should also demonstrate steps to improve service provision in line with peer review recommendations.
9.	Effective arrangements should be in place to implement a regional Teenagers' and Young Adults' (TYA) Cancer Service in NI and supported by the development of a TYA service specification.	Trust responses should demonstrate what measures are being put in place to provide age appropriate care to TYA patients with cancer consistent with the 2017 TYA regional service model.
10.	Effective arrangements should be in place to improve the patient experience of cancer care services. Commissioners will take forward steps to undertake a further Cancer Patient Experience Survey (CPES) in spring 2018.	Trust responses should demonstrate how the key findings from the 2015 Cancer Patient Experience Survey are being addressed, in particular, the specific actions to be taken to: work more closely with primary care to improve early detection; improve access to patient information across the pathway; improve access to clinical nurse specialists; and, increase recruitment to clinical trials. Trust responses should also demonstrate how they will work with commissioners to deliver the 2018 Cancer Patient Experience Survey.
11.	Effective arrangements should be in place to expand the clinical nurse specialist (CNS) workforce in NI in line with national benchmarks and the agreed regional CNS development plan.	Trust responses should demonstrate the particular actions to be taken in 2017/18 to expand the CNS workforce and, in doing so, how this will increase opportunities to modernise cancer care pathways and improve the patient experience of care.
12.	Effective arrangements should be in place to continue delivery of the Cancer Awareness Programme and to encourage people to seek medical advice at the earliest opportunity.	Trust responses should demonstrate plans to provide sufficient capacity to respond to potential increases in primary care referrals for patients with signs and symptoms suggestive of cancer.

5.12 Managing Long Term Conditions

Maintaining good health requires people to be empowered to make healthy lifestyle choices and to be aware of risk factors for preventable diseases e.g. heart disease, stroke and Type 2 diabetes. When patients are diagnosed with a long term condition (LTC), they need to be supported in managing their condition effectively through the provision of information and patient education programmes and develop the knowledge and skills they need to maintain or enhance their health and well-being as well as their clinical, emotional and social outcomes.

There are a number of regional and local forums that provide an opportunity for professional staff, service users and carers to meet regularly to discuss areas of concern and need for development. Examples of regional groups include the stroke network, the chronic pain forum and the respiratory forum. Locally in each of the 5 Trust areas there are Integrated Care Partnerships (and GP Federations in the future) involving Trust, primary care staff and users in the design and delivery of local services.

Using data to improve outcomes of care for people with long term conditions is now a reality through projects such as the Data Quality in Practice (DQIP) initiative which uses pseudo anonymised data extracted from general practice, which is risk stratified for diabetes, respiratory, stroke and frail elderly. This will facilitate the targeting of services to those in greatest need and those most likely to benefit from interventions.

With an aging population, the need to design services to deal with co-morbidity (patients with more than one LTC) will increase as LTCs are more common in older age groups. The HSCB and PHA have selected three LTC clinical areas for outcomes based accountability (OBA) in 2017/18 to promote health and improve outcomes for patients, namely:

- Prevention and treatment of stroke
- Diabetes in Pregnancy
- Chronic Obstructive Pulmonary Disease

It is planned to expand the number of clinical areas subject to OBA in the next few years.

5.12.1 Stroke

Service Context

In NI around 1,000 people die each year and between 2,600 and 2,800 people are admitted to hospital every year with a diagnosis of stroke. There is a significant long term care cost associated with stroke.

Approximately a quarter of all nursing home residents have had a stroke, and around 300 stroke patients are newly admitted to residential care each year in NI. Current community stroke services treat around 2,000 new stroke patients every year. There are many opportunities to reduce the burden of stroke through the provision of better preventative, acute and community care. National audits and the 2014 RQIA report into stroke services have made several recommendations for improving stroke care in NI many of which are included in this draft Commissioning Plan. It will also be the intention of the HSCB to consult on a regional modernisation plan for stroke services in 2017/2018.

Issues and Opportunities

During 2017/18 and beyond, the HSCB and PHA working through the existing regional structures will continue to seek to improve the availability, accessibility and patient experience in relation to stroke services.

Specific issues and opportunities for 2017/18 are as follows:

ISSUES/OPPORTUNITIES		**PROVIDER REQUIREMENT**
1.	Effective arrangements should be in place to provide appropriate stroke services for younger people as 20% of all stroke occurs in people aged under 65	Trust responses should demonstrate plans to improve stroke services for younger stroke patients in line with the recommendations of the RQIA inspection report (2014) to include vocational rehabilitation
2.	Effective arrangements should be in place to ensure that all stroke patients are admitted directly to a stroke unit in line with NICE guidance	Trust responses should outline plans to review their operational protocols for admission and develop processes that ensure that more than 90% of acute stroke patients are admitted to a stroke unit as the ward of first admission.
3.	Effective arrangements should be in	Trust responses should outline plans to work

	place to provide appropriate specialist spasticity services for stroke survivors.	with the regional stroke network to develop a regional pathway for the management of spasticity after stroke.
4.	Effective arrangements should be in place to provide thrombolysis with alteplase as a possible treatment of acute ischaemic stroke.	Trust responses should demonstrate initiatives to ensure at least 15% of acute ischemic stroke patients, attending each of its hospitals, receive thrombolysis and that those patients who receive thrombolysis do so within 60 minutes of arrival.
5.	Effective arrangements should be in place to provide mechanical thrombectomy for large vessel stroke as an effective intervention for selected stroke patients	The Belfast Trust response should demonstrate plans for the continued development of regional stroke mechanical thrombectomy services as per the NICE guidance.
6.	Effective arrangements should be in place to provide weekend outpatient assessment for TIA patients with high risk TIA patients assessed within 24 hours of an event and commence appropriate treatments to prevent stroke.	Trust responses should demonstrate plans to provide ambulatory services for suspected high risk TIA patients seven days a week, in line with NICE guidance.
7.	Effective arrangements should be in place to facilitate, where appropriate, early supported discharge (ESD) of acute stroke patients from hospital.	Trust responses should detail how ESD services for stroke patients will be made available over seven days a week, able to respond within 24 hours of discharge, and provide required levels of therapy in line with transformation fund or demography investments.

5.12.2Diabetes Care

Service Context

There are 85,000 adults (aged 17+) in NI living with Type 1 and Type 2 diabetes at the end of March 2015. This represents a 65% increase in prevalence of diabetes in N Ireland since 2004/05. Type 2 diabetes accounts for 90% of all cases of diabetes in adults and the increase in cases can be explained by rising levels of obesity and an ageing population.

There are 1,092 children and young people Type 1 diabetes attending paediatric clinics. 5.2% of all pregnancies are complicated by diabetes, a 12-fold increase in

numbers since 2001. This increase in diabetic pregnancies can be explained by rising levels of obesity, changes to diagnostic thresholds for diagnoses of gestational diabetes (GDM) and older women having babies. This rapid increase in numbers of women with diabetes in pregnancy, particularly GDM, requires consideration of new models of care delivery.

Issues and Opportunities

During 2017/18 and beyond, the HSCB and PHA working through new regional Diabetic Network structures will continue to seek to improve Diabetic Service availability, accessibility and patient experience in line with the Diabetes Strategic Framework.

Specific issues and opportunities for 2017/18 are as follows:

ISSUES/OPPORTUNITIES		**PROVIDER REQUIREMENT**
1.	Effective arrangements should be in place to support the Diabetes Strategic Framework, participate in and contribute to the transformation and reform of Diabetes Services across NI.	Trust responses should demonstrate the necessary actions and plans to deliver and implement: • The commencement of the diabetes foot care pathway • The development of structured Diabetes education • The development of appropriate innovation and technology to support those managing their condition, inpatient care and structured Diabetes education
2.	Effective arrangements should be in place to support Primary prevention of type 2 diabetes	Trust responses should demonstrate a commitment to participate in an approach to the prevention of Type 2 diabetes for NI which is congruent with emerging evidence.
3.	Effective arrangements should be in place to support the improvement of transition to adult services for children with diabetes.	Trust responses should demonstrate a commitment to : • Implement a plan to improve experience of transition to adult services for young people and implement a standard, regional offer of service to patients. This plan should include a commitment to: • Scope out of transition services across NI.

		• Increase self-management, self-efficacy and self-advocacy. • Agree on the service metrics. • Establish keyworker roles within Trusts to facilitate transition and ensure continuity of care.
4.	Effective arrangements should be in place to support improvement across diabetes in pregnancy services.	Trust responses should demonstrate a commitment to : • Implement NG3 NICE guidance as standard across NI • Achieve measurable improvement in service capacity to meet the needs of pregnant women with diabetes. • Test and implement reliable systems to support early detection and follow up for women with Gestational Diabetes. • Achieve measurable increase in the number of women who are pre-pregnancy and at risk who avail of pre-pregnancy counselling services. • Agree appropriate risk stratification for early identification of women at risk of Gestational Diabetes.
5.	Effective arrangements should be in place to support improvement across paediatric diabetes.	Trust responses should demonstrate a commitment to : • Organise services to meet demand and where appropriate develop plans with HSCB and PHA colleagues to expand current service provision. • Expand access to insulin pumps for children and young people • Update school health plans to ensure a common approach is used across all Trust areas • Greater use of technology to continuously monitor blood glucose in children

5.12.3Respiratory

Service Context

Respiratory disease is the most commonly reported physical long term illness in children and young people and the third most commonly reported one in adults,

after musculoskeletal and circulatory disorders. Respiratory disease continues to be one of the main causes of death and disability in NI, together with cancer, mental ill health, musculoskeletal and circulatory disorders, all of which contribute to multiple disadvantages, high levels of disability and the risk of dying prematurely for people living in socioeconomic deprivation.

Care for people with respiratory diseases is a major contributor to overall expenditure on health and social services. A report on the burden of respiratory disease by the British Thoracic Society stated that respiratory disease cost the United Kingdom (UK) £6.6 billion in 2004. This equated to £3billion in NHS care costs, £1.9billion in mortality costs and £1.7billion in morbidity costs. A more recent report by the British Lung Foundation uses a different methodology and is therefore not directly comparable, but increased the overall cost estimate to £11 billion in 2014, thereby almost doubling it in just a decade.

In 2015 the Department of Health issued the Revised Strategic Framework for Respiratory Health and Well Being. It remains the long term plan for the implementation of service standards and improvements towards better outcomes for patients; 2017/18 takes us towards the end of the second and beginning of the third year of developments in this context.

Issues and Opportunities

During 2017/18 and beyond, the HSCB and PHA, working through existing and evolving regional structures, will continue to seek to improve the availability and accessibility of and patient experience with respiratory services.

Specific issues and opportunities for 2017/18 are as follows:

ISSUES/OPPORTUNITIES		**PROVIDER REQUIREMENT**
1.	Effective arrangements should be in place to ensure local health economies deliver appropriate integrated pathways for adults and children across community, primary, secondary and tertiary care.	Trust responses should demonstrate that plans are in place to deliver: • Ongoing implementation of the paediatric asthma pathway in remaining Trusts, including primary care elements • Working with colleagues in HSCB to develop

		effective counting and coding methodologies to record relevant service and patient level data • Completion of the implementation of recommendations from the RQIA Review of Community Services • Effective arrangements for managing the 'local network' for respiratory care through Integrated Care Partnerships amongst others, including senior level clinical and managerial leadership
2.	Effective arrangements should be in place to deliver findings from the annual respiratory baseline assessment (subject to some alterations to targets agreed with DoH and limitations of recording mechanisms).	Trust and NIAS responses should demonstrate that plans are in place to deliver: • Maintenance of current service standards and, where applicable, meeting minimum standards as outlined in the baseline review undertaken in years 1 and 2 of the revised Respiratory Service Framework. • Development of services in line with Year 3 requirement arising from the baseline assessment (where not otherwise explicitly mentioned in this summary)
3.	Effective arrangements should be in place to support the development of networked services across NI for the following: • Interstitial Lung Disease (ILD) • Neuromuscular related respiratory disease (NMD) • Non-Invasive Ventilation (NIV) • Obstructive Sleep Apnoea (OSA) • Bronchiectasis Services • Ambulatory Care Pathways in the Unscheduled Care Reform Programme • Home IV antibiotics service • Difficult asthma guidelines • COPD audit recommendations	Trust responses should demonstrate a commitment to: • Participation in the NI ILD (clinical) Network as a conduit for referral, treatment and advice across HSCTs and via standardised pathways • Proceed in BHSCT with plans for one stop shop clinics between neurology and respiratory services to manage the low volume cohort of patients with specialist needs due to neuromuscular diseases across NI according to one cohesive care pathway including diagnostics • Note progress of the ongoing regional procurement exercise for NIV methods • Continue to reduce waiting lists for sleep studies in BHSCT. Opportunistic strategies must be explored to manage this issue in conjunction with the Elective Care Reform programme • Respond to the output of the recent

		bronchiectasis audit, including the further development of community based support via ICPs • Where possible and appropriate, facilitate respiratory teams to develop ambulatory care pathways for patients requiring same day respiratory care • Participate in a regional task and finish group to standardise the Home Intravenous Anti biotic and Anti-Viral service for respiratory patients (OPAT) • Deliver difficult asthma services for children, young people and adults to ensure the implementation of NICE TAs • Implementation of audit recommendations for COPD services
4.	Effective arrangements should be in place to: • promote self-management and, self-directed care and other suitable training programmes for patients. • Reflect the concepts of co-design and co- production in improving and developing services in line with the 'Delivering Together' agenda for the HSC sector	Trust responses should demonstrate plans to deliver: • In-house or onward referral pathways to appropriate self- management programmes • Demonstrate how co-design for and co-production of service delivery is being taken forward at a local level by Trusts or ICPs with people with respiratory diseases and their carers

5.12.4 Pain Management

Service Context

More than 400,000 people in NI suffer from pain persisting beyond the expected period of recovery; it is often the most distressing and disabling symptom of many long term conditions like diabetes, other cardiovascular diseases and arthritis, as well as being a long term condition in its own right. Persistent pain can be prevented and sufferers treated successfully in community, primary and secondary care, but delays in managing painful conditions promptly and appropriately because of capacity restraints are common place and leas to often irreversible and lifelong suffering.

Issues and Opportunities

During 2017/18 and beyond, the HSCB and PHA working through existing regional structures and processes including the NI Pain Forum will continue to seek to improve Pain Management Service availability, accessibility and patient experience.

Specific issues and opportunities for 2017/18 are as follows:

ISSUES/OPPORTUNITIES		**TRUST REQUIREMENT**
1.	Effective arrangements should be in place to enhance the skills and capacity of secondary care pain management teams and their scope for integrated working in line with *Core Standards for Pain Management Services in the UK* published by the Faculty of Pain Medicine at the Royal College of Anaesthetists in 2015. This needs to include capacity for a leadership role in educating and training practitioner colleagues in other secondary, primary and community care services.	Trust responses should demonstrate plans to: • Support staff education and training for improved and integrated bio psychosocial management of persistent pain patients. • Contribute to the development and delivery of pain related public awareness, information and education projects through the NI Pain Forum. • Develop plans to ensure more patients with complex needs can be seen earlier to prevent or halt irreversible deterioration.
2.	Effective arrangements should be in place to ensure patients have timely access to supported self-management options as part of a stepped care model, including those provided with the help of expert patients, peer and lay trainers.	Trust responses should demonstrate plans for a range of supported self-management options in line with the NI Pain Forum's service specification. Depending on local service configuration and priorities, this may include: • reworking of existing contracts with voluntary providers of self-management programmes and local support groups, • reconfiguration of community and primary care services , • collaboration with other government agencies to booster condition management programmes (CMPs), and • increasing capacity of pain management programmes (PMP) provided by specialist pain management teams.
3.	Effective arrangements should be in place to ensure regional and local prescribing	Trust responses should demonstrate plans to optimise prescribing practice, reduce the risk of

	guidelines are followed and supported through regular medication reviews in line with NICE recommendations.	side effects, misuse and addiction, as well as reducing prescribing costs by supporting services in secondary, primary and community care.
4.	Effective arrangements should be in place to ensure patients are managed along regionally agreed integrated pathways to improve outcomes and patient experience.	Trust responses should demonstrate plans to support ICPs in developing integrated patient pathways including initial assessment for painful conditions of MSK conditions, fibromyalgia, endometriosis and other long term surgical and medical conditions.
5.	Effective arrangements should be in place to ensure patients with persistent pain have equitable access to evidence based services, including interventional techniques like neuromodulation and radiofrequency ablation.	Trust responses should demonstrate plans to optimise patient flows by improving referral pathways for patients with painful conditions. This should include consideration of: 1. cross speciality triage criteria between primary care, core physiotherapy, ICATS, rheumatology, orthopaedics and pain management 2. the use of the Clinical Communication Gateway (CCG) 3. improved access to evidence base interventional pain management treatments as well as discontinuing treatment modalities that are no longer considered effective
6.	Effective arrangements need to be put in place to deliver a sustainable regional multidisciplinary persistent pain management service for children and young people with complex needs.	Belfast Trust Response needs to demonstrate plans to reconfigure existing resources and support delivery of this service on a sustainable basis in line with accepted multidisciplinary models of good practice.
7.	Effective arrangements need to be put in place to develop a medically led regional diagnostic service for patients with ME and related conditions supported by locally available management support services.	Trust responses should demonstrate a commitment to participate in the development of a sustainable and effective regional service model for diagnosis in partnership with service users and carers.

5.13 Sexual Health

Service Context

Sexual health is a broad human concept including healthy sexuality along the lifecourse, reproduction, family planning, contraception, prevention, detection and management of sexually transmitted disease (STI) including HIV and illnesses caused by other blood borne viruses like hepatitis in its various forms, as well as human rights aspects of culturally determined behaviours related to sexual practices and identities. It encompasses both the promotion of good sexual health and the provision of sexual health and social services to prevent, manage and improve sexual health impairment. The development and delivery of sexual health services in NI are informed by the 2008 Strategy for Sexual Health Improvement and the 2013 RQIA Review of Clinical Specialist Sexual Health Services.

Issues and Opportunities

In view of this challenging situation, the HSCB and PHA have collaborated with HSCTs to identify immediate priorities for improved patient access, safety and service experience for 2017/18 as part of a longer term strategy consisting of: Specific aims for 2017/18 are:

ISSUES/OPPORTUNITIES		PROVIDER REQUIREMENT
1.	Effective arrangements should be in place for evidence-based promotion of sexual health and wellbeing for young people and adults, including HIV awareness, STI prevention, with a particular focus on those most at risk.	Trust responses should demonstrate plans to provide targeted sexual health promotion messages, focusing on those most at risk and explore the potential of social media and other technologies in collaboration with PHA.
2.	Effective arrangements should be in place for Trust Health promotion staff to support the whole schools model of RSE education provided by the BHSCT Sexual Health team.	Trust responses should demonstrate plans to continue to provide support through their staff to those schools who receive whole school RSE training in their area as required.
3.	Effective arrangements should be in place to ensure all relevant staff are trained in sexual health issues, including core skills such as awareness, attitudes, information, communication skills, sexuality and relationships.	Trust responses should demonstrate actions to ensure the identification of staff who require training in sexual health promotion and deliver of training as required.
4.	Effective arrangements should be in place to support the sexual health needs of	Trust responses should demonstrate plans to ensure uptake of learning disability sexual health

	individuals with learning disabilities.	training for all relevant staff.
5.	Effective arrangements need to be put in place to ensure sustainability of clinical sexual health services	Trust responses should demonstrate actions to identify staff training and replacement needs and communicate these to appropriate regional workforce planning colleagues.
6.	Effective arrangements should be in place to provide integrated sexual health services to vulnerable parts of the population	Trust responses should demonstrate plans to develop the co-location of GUM and SRH service delivery in geographical areas of need, and to vulnerable populations e.g. in prisons and children's homes.
7.	Effective arrangements should be in place to ensure provision of clinical sexual health services in higher education settings, including services such as condom distribution, pregnancy testing, contraception advice and STI testing.	Trust responses should demonstrate actions that continue to refine and develop the Further Education model for delivering sexual health and wellbeing services/initiatives to youths under 25 years of age.
8.	Effective arrangements should be in place for patients to access telephone and online advice for clinical sexual health matters including family planning and sexually transmitted infections.	Trust responses should demonstrate plans to: • Prioritise responses to patients seeking sexual health services and triage these according to need; this requires enough administrative support staff to respond to all telephone calls by patients within a clinically justifiable time frame • support consolidation of electronic patient management systems across NI and exploration of online and postal testing services for uncomplicated sexual health, contraceptive and STI related needs of patients.
9.	Effective arrangements should be in place for safe and clinically governable SRH and GUM services to respond to patient need within 48 hours	Trust responses should demonstrate plans to improve patient access times and clinical governance arrangements by appointing the required clinical support staff particularly in the NHSCT and SHSCT areas. Trust responses should demonstrate actions to strengthen sexual health service provision for uncomplicated patients closer to home in collaboration with Primary Care Providers through partnership and collaborative working.

5.14 Palliative and End of Life Care

Service Context

Palliative care, as it relates to adults, focuses on the provision of care to those in the population who have an advanced progressive illness.

End of life care, is described as the period of time during which an individual's condition deteriorates to the point where death is either probable or would not be an unexpected event, within the ensuing 12 months. It is estimated that at any one time 1% of the NI population are in the end of life phase (approximately 19,000 people). Of the actual deaths in NI each year (approximately 15,000) it is estimated that 11,250 of these individuals will have palliative care needs.

Given the choice most people would prefer to be cared for in their own home (or nursing home) at the end of life. In 2015, 47% of all deaths occurred in hospital. While only 29% of people are deemed to die at home (most people's preferred place of death). The provision of good palliative and end of life care is complex as it covers a range of condition areas and relies on excellent partnership working between primary and secondary care, the voluntary sector and urgent care services.

The former Living Matters: Dying Matters strategy has been preceded by a new wider regional initiative – 'Palliative Care in Partnership' which has joined all stakeholders in a comprehensive new rolling workplan.

Issues and Opportunities

During 2017/18 and beyond, the HSCB and PHA working through revised regional structures will continue to seek to improve the availability, accessibility and experience of patients, their families and carers in relation to palliative care services.

Specific issues and opportunities for 2017/18 are as follows:

ISSUES/OPPORTUNITIES	PROVIDER REQUIREMENT

1.	Improved arrangements for identifying patients in their last year of life will support timely needs assessment and lead to more effective advance care planning for these patients.	Trusts in collaboration with the palliative care locality board, including ICPs, should set out the specific arrangements to be put in place during 2017/18 to increase the number of patients identified as being in their last year of life and to ensure that this information is communicated across the HSC system.
2.	The keyworker function needs to be embedded within Trust arrangements to support care planning processes, improve communication with patients and their carers and ensure continuity of care for patients and families in hospital, community and other care settings.	Trusts in collaboration with the palliative care locality boards, including ICPs, should set out the specific actions to be taken during 2017/18 to further embed the keyworker function across all aspects of patient care.
3.	Support arrangements for patients and families should be in place out of hours (in conjunction with the voluntary sector as appropriate).	Trusts in collaboration with the palliative care locality boards, including ICPs, should ensure that out of hours arrangements are in place for generalist palliative care 24 hours per days 7 days per week.
4.	Effective arrangements should be in place to provide a range of specialist palliative care services.	Trusts in collaboration with the palliative care locality boards, including ICPs, should ensure that there is access to specialist palliative care services.

5.15 Prisoner Health Services

Service Context

In 2016 there were 3,857 prison committals and the average daily population was 1467 across the three prison estates; a reduction for the second consecutive year. Prisoner Health Services are delivered within the three prison establishments of Maghaberry, Hydebank Wood College and Magilligan and are managed by the South Eastern Health and Social Care Trust. The HSCB supports the principle of ensuring that people in prison are entitled to the same level of healthcare as those in the community. However, security considerations may modify exactly how healthcare is structured and delivered. In this regard, there is a need to strengthen co-operation between the Criminal Justice System and Health and Social Care.

There is a particular need to address the healthcare needs of vulnerable groups such as young persons, women, older people and ethnic minorities. Rates of mental ill health for those in prison are higher than the general population, with the prison population having a much greater risk of depression, psychosis, suicide, self-harm or a plurality of such illnesses. Work continues on developing better integration with community and secondary care services on committal and discharge. There is also a need to ensure that, following the identification of prisoners' healthcare needs at committal, these are followed up with appropriate action. There remain issues associated with the misuse of prescribed medicines and the supply of illicit drugs.

Issues and Opportunities

During 2017/18 and beyond, the HSCB and PHA working through the South Eastern Trust will continue to seek to improve the existing level of healthcare in relation to prisoner health services. There are a number of factors arising from the prison environment and the nature of prison populations which need to be taken into account in taking forward service development and change agendas.

Specific issues and opportunities in 2017/18 are as follows:

ISSUES/OPPORTUNITIES		PROVIDER REQUIREMENT
1.	There is a particular need to address the healthcare requirements of vulnerable groups within the prison population.	SEHSCT should demonstrate plans to progress the development of healthcare services and chronic disease management in line with the principle of equivalence and identify a chronic disease candidate area for further development and improvement.
2.	Effective arrangements should be in place to develop Mental Health services in line with the Bamford Action Plan 2012 – 2015 for people with Mental Health and Learning Disability	SEHSCT should demonstrate how mental health services will be provided in line with the recovery ethos and develop registers for individuals with alcohol addiction, drug addiction, personality disorder and learning disability and in line with NICE guidelines [NG66] Mental health of adults in contact with the criminal justice system (March 2017).
3.	The social care needs of the prison population should be reviewed in the context of current provision with a view to identifying unmet need.	SEHSCT should demonstrate how the Trust will co-operate with DoH, NIPS and the Probation Board to collate and analyse information/data about the prison population to identify current support and/or social care needs of prisoners and any unmet social care needs.
4.	Effective arrangements should be in place to develop care pathways for prisoners with complex needs, both in and out of prison.	SEHSCT should implement care pathways they have developed for individuals with complex needs between Primary Care and Secondary Care
5.	Effective arrangements should be in place to develop Trust based information systems to help facilitate a whole systems approach to prisoner healthcare.	SEHSCT should develop improved healthcare information systems to increase inter-agency working Including monitoring of chronic medical conditions (utilising disease registers). SEHSCT should develop recommendations for service development / improvement and implementation of the NICE guideline [NG57] physical health of people in prison (Nov 2016) and NICE guideline [NG66] Mental Health of adults in contact with the criminal justice System (March 2017)
6.	Effective arrangements should be in place to implement a Health & Social Well-being Strategy for Prisoners throughout 2017/18	SEHSCT should produce an action plan to support health improvement initiatives, including mental health promotion, smoking, healthy eating & nutrition, healthy lifestyles, sexual health and relationships, drugs and other substance misuse.
7.	Effective arrangements should be in place to develop alternatives to prison transfers for specialist and/or emergency	SEHSCT should develop a plan to reduce the number of prisoner transfers outside of prison to access health and care services by exploring

	assessments and reviews including tele-health options.	alternative proposals including in-reach and remote viewing (tele-monitoring) SEHSCT should provide an options paper based on their analysis of activity (i.e. emergency attendance, outpatient new/review, diagnostic, daycase or inpatient) and volume (over a 3-5yr timespan) and outlining 2017/18 proposals for improvement.
8.	Effective arrangements should be in place to engage stakeholders in any service area undergoing development	SEHSCT should demonstrate how the Trust will engage with stakeholders and provide an Annual Report on findings from the analysis of the Committal User Survey.
9.	Effective arrangements should be in place to appropriately manage the service demands associated with prison population.	SEHSCT response should demonstrate how the Trust will deliver the required volumes of service activity in light of the changing population need and demand for prisoner health services in 2017/18. SEHSCT should produce a 2017/18 full Health Needs Assessment inclusive of each prison site to help inform commissioning priorities moving forward.

5.16 Northern Ireland Ambulance Service (NIAS)

Service Context

Increasing demand for emergency ambulance services is placing considerable pressure on the NI Ambulance Service to deliver against 8-minute response targets despite additional investment in recent years. Ambulance plays an essential role in supporting effective unscheduled pathways, maximising patient flow through hospitals and assisting patients to access elective care. Due to continued increase in demand for ambulance services, the Board has supported NI Ambulance Service to undertake a capacity-demand review for emergency ambulance services, including Control, which has reported its findings in August 2017. The review has also proposed the introduction of a new Clinical Response Model in line with the rest of the UK.

The HSCB and PHA working with NIAS and with the designated charity, Air Ambulance NI, has established a dedicated Helicopter Emergency Medical Service (HEMS) for NI in the context of the emerging Trauma Network.

Issues and Opportunities

During 2017/18 and beyond, the HSCB and PHA working through the existing regional structures will continue to seek to improve the availability, accessibility and patient experience in relation to Ambulance Services.

Specific issues and opportunities in 2017/18 are as follows:

ISSUES/OPPORTUNITIES		PROVIDER REQUIREMENT
1.	Effective arrangements should be in place to ensure that available capacity within NIAS is maximised in the context of increasing demand for services.	The Trust's response should: • demonstrate plans to improve emergency response times across NI • outline how the capacity-demand review will ensure alignment of NIAS resources with predicted demand.
2.	While there have been some improvements in recent years, ambulance turnaround times in hospitals are too long, with more than half of ambulances spending more than 30 minutes at Emergency Departments	The Trust's response should describe how NIAS will improve significantly the handover time for patients, with at least 70% of handovers being completed in less than 30 minutes from March 2018.
3.	A new approach is required for the training	The Trust's response should outline how NIAS

	of paramedics in the context of accreditation difficulties with existing programmes	will work with HSCB and DoH to develop proposals to support the training of new paramedics which may include a university degree route.
4.	Demand for non-emergency transport continues to grow and is delivered on a 'first come' basis which fails to ensure the most in need gain access to transport support.	The Trust's response should outline how NIAS will work with the HSCB to introduce eligibility criteria for non-emergency transport which prioritise patients with mobility difficulties.
5.	Hospital-related non-emergency transport is deployed by NIAS and the other 5 HSC Trusts in response to demand. Opportunities exist to better coordinate this transport and to maximise benefits of procuring independent providers on a regional basis.	The Trust's response should outline progress in relation to the pilot with Belfast and Southern Trusts which is coordinating hospital-related non-emergency transport and efforts to realise this to cover the whole region long-term.
6.	Effective, integrated arrangements, organised around the needs of individual patients, should be in place in community settings to provide care for people at home, avoiding the need for hospital attendance admission.	The Trust's response should demonstrate how NIAS is embedding the range of alternative care pathways across all localities in NI during 2017/18, including the establishment of a paramedic-led clinical decision desk.
7.	A Helicopter Emergency Medical Service (HEMS) is now established in NI to support the existing road-based emergency service.	The Trust's response should demonstrate how NIAS will monitor the performance of HEMS during 2017/18 in line with the Commissioning Specification.
8.	Effective arrangements should be in place to facilitate and promote collaboration, coordination, communication, learning, sharing of information between different agencies providing resuscitation training.	The Trust's response should demonstrate how NIAS will work with existing providers of community resuscitation and ensure a smooth transition to the new model of community resuscitation that reflects the recommendations of the 2014 NI Community Resuscitation Strategy
9.	Effective arrangements should be in place to deliver appropriate CPR and BLS training programmes.	NIAS should provide plans to increase access to CPR training across NI and Basic Life Support (BLS) in community and educational settings via: • Engagement with CPR training providers • Engagement with Voluntary and Community organisations • Further development of Community and first responder schemes
10.	Effective arrangements include the development of public information /	NIAS should provide plans to develop website

	guidance about Automatic External Defibrillators covering purchasing, maintenance, location, access and signage possibly via a development of an app.	literature and guidance information materials on AEDs.
11.	Effective arrangements should be in place to appropriately manage the increasing demand on emergency ambulance services in the winter period.	The Trust should bring forward a winter plan which outlines how it will manage increased demand in winter 2017/18, working collaboratively with Unscheduled Care Local Network Groups.
12.	Effective paramedic professional governance arrangements should be in place to support reform and modernisation of paramedic practice, education and development.	The Trust's response should demonstrate its plans to ensure clear paramedic professional accountability arrangements within NIAS to include plans for the implementation of supervision arrangements.
13.	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments: **<u>Transformation funding:</u>** • Infrastructure : Trust staff backfill • Ambulance Alternative Care Pathways • ICP North – Transport Northern Patients to Direct Assessment Unit

6.0 Local Commissioning

6.1 Belfast Local Commissioning Plan

Context

Based on Census Day (27 March 2011), the resident population of the Belfast LCG area was 348,253, accounting for 19% of the NI total. Population projections indicate an increase in population to 360,302 by 2020, with the highest increases forecast in the 0-14 and 75+ age groups. The increase in people aged 75 and over is significant as this group tends to have the greatest need for Health and Social Care services. The extent of deprivation in the Belfast Trust area is greater than other local government districts in NI. 46% of the population is estimated to be living in multiple deprivation (NINIS 2010). Changes in population referenced in the following tables have been sourced from NISRA (2016 Mid-Year Estimates and the Population Projection (2014 based)). These were the most up to date available as at August 2017.

The population of the Belfast LCG has poorer life expectancy, higher mortality rates for Cancer, circulatory and respiratory diseases and higher incidence of suicide than other LCG areas. QOF data show higher prevalence of COPD, learning disability and mental health conditions such as depression, than any other LCG area and has an over reliance on hospital care.

Issues and Opportunities

This section provides further detail on local commissioning priorities by Programme of Care (POC), over and above the regional priorities for all LCG / Trust areas identified in Section 5 of this plan. For each PoC, the section details issues and opportunities arising from the local assessment of need and inequalities, outlines the associated Commissioning requirements and what action needs to be taken to secure delivery.

POC 1 Acute

LOCAL ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT
BL1	By 2020 there is expected to be a 1.6% increase in the total Belfast LCG/Trust population, a 5.3% increase in the population aged over 75 years, and a 5.3%	The Trust's response should demonstrate how the change in population need and demand for unscheduled care services will be managed in 2017/18, to include specific arrangements:

	increase in the population of children aged less than 16. These population changes will impact on the demand for unscheduled care services.	1. To address each of the regional unscheduled care priorities set out section 5. 2. To deliver the required volumes of service activity for 2017/18.
BL2	Effective arrangements should be in place to ensure unscheduled care services in the Belfast LCG/Trust area are safe, sustainable and accessible.	The Trust's response should demonstrate how it will make optimal use of all its facilities and resources to improve patient flow through services, manage discharges and minimise disruption to elective care.
BL3	Effective arrangements should be in place to ensure patients have equitable access to regional and sub regional services which the Trust is commissioned to provide to the residents of other Trusts.	The Trust's response should demonstrate how it will ensure equitable access where there is current variation such as in Ophthalmology and Neurology.
BL4	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments[4]: **<u>Transformation funding:</u>** • Infrastructure : Trust staff backfill • Care Pathways Reform (Regional) HF & Asthma

POC 2 Maternity & Child Health

LOCAL ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT
BL1	By 2020 there is expected to be a continued increase in complex births in the Belfast LCG/Trust area. The level of births, complicated by diabetes has increased to 5.2% of all pregnant women across NI and 15% of all pregnant women smoke across NI. Increasing pregnancies amongst women with high BMI levels also add to birth complexity. Children less than 16 years are	The Trust's response should demonstrate how the change in population need and demand for Maternity & Child Health services will be managed in 2017/18, to include specific arrangements: 1. To address each of the regional Maternity and Child Health priorities as set out in section 5.

[4] This relates to ongoing transformation activities commenced in previous years.

	predicted to grow by 5.3% in the Belfast LCG / Trust area These population changes and complexities will impact on the demand for Maternity & Child Health services.	2. To ensure sufficient capacity in the existing maternity hospital , and in the designs for the new hospital, to meet the projected demand and increased birth complexity with a view to facilitating up to 20% of total births through a midwife led service once the co-located midwifery led unit is available as part of the new maternity hospital
BL2.	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments[5]: **<u>Transformation funding:</u>** • District nursing and Health Visiting – Delivering Care standards • Infrastructure : Trust staff backfill

POC 3 Family & Childcare

LOCAL ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT
BL1	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments[6]: **<u>Transformation funding:</u>** • District nursing and Health Visiting – Delivering Care standards • Infrastructure : Trust staff backfill

[5] This relates to ongoing transformation activities commenced in previous years.

[6] This relates to ongoing transformation activities commenced in previous years.

POC 4 Care of the Elderly

LOCAL ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT
BL1	By 2020 there is expected to be a 5.3% increase in the population aged over 75 years in the Belfast LCG/Trust population. This population change will impact on the demand for Care of the Elderly services.	The Trust's response should demonstrate how the change in population need and demand for Care of the Elderly services will be managed in 2017/18, to include specific arrangements: 1. To address each of the regional Care of the Elderly priorities as set out in section 5 and highlighting how community services will be reformed 2. To deliver the required volumes of service activity for 2017/18. 3. To ensure there is sufficient capacity in intermediate and community care to avoid unnecessary admissions and avoid delays in discharging patients from hospital. 4. To demonstrate how ICP initiatives, targeted at frail older people, will be developed further, including moving towards full implementation of a 7 day Acute Care at Home model.
BL2.	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments[7]: **<u>Transformation funding:</u>** • District nursing and Health Visiting – Delivering Care standards • Infrastructure : Trust staff backfill • Day Opportunities • Self-Directed Support

[7] This relates to ongoing transformation activities commenced in previous years.

POC 5 Mental Health

LOCAL ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT
BL1	The population of NI is 25% more likely to present with a mental health condition, than the rest of the United Kingdom. By 2020 there is expected to be a 1% year on year increase[8] in prevalence within the Belfast LCG area. These population changes will impact on the demand for Mental Health services.	The Trust's response should demonstrate how the change in population need and demand for Mental Health services will be managed in 2017/18, to include specific arrangements: 1. To address each of the regional Mental Health priorities as set out in section 5. 2. Deliver the proposed volumes of service activity for 2017/18
BL2	Effective arrangements should be in place to ensure the provision of a sustainable substitute prescribing service across the Belfast Trust area.	The Trusts response should demonstrate what specific measures will be taken in 2017/18 to • Stabilise and align the workforce across the Addiction Teams, specifically the Substitute Prescribing Team • Reduce the current internal waiting list through a phased induction to treatment plan • Work with PHA colleagues to address the needs of those who present with Hepatitis C • Work with designated local GPs to move stabilised patients on to primary care • Work with local community & voluntary services and expert by experience groups to support those on the waiting list and those not yet requesting treatment through the local DACT Forum
BL3	Effective arrangements should be in place to reduce the increasing number of people presenting to ED for Suicide and Self-Harm which are higher in Belfast area than the NI average.	The Trust's response should demonstrate plans to address the cultural / lifestyle issues that may be contributing to self-harm / suicide with partner agencies.
BL4	Effective arrangements should be in place to provide appropriate supported housing options across the Belfast LCG/Trust area.	The Trust's response should plan to review current supported housing schemes in line with the current NIHE review of Supporting People funding.
BL5	Effective arrangements should be in place to appropriately manage increasing occupancy rates related to increased	The Trust's response should demonstrate plans to redesign the current service to assist the implementation of the Community Forensic

[8] Delegated Statutory Functions reports submitted by Trusts

	length of stay in the Medium Secure (Shannon) Unit.	Service. This is to help to address case complexity, the increase in demand, adult safeguarding and assertive outreach.
BL6	Effective arrangements should be in place to appropriately manage bed occupancy rates within the Belfast which remain higher than the NI average.	The Trust's response should demonstrate plans to ensure that inpatient bed requirement are in line with the approved Business Case for the Single Unit, including development of a High Intensity Care Pathway to align and integrate the Crisis Home Treatment and Acute Inpatient Service into a single care service
BL7.	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments[9]: **<u>Transformation funding:</u>** • Infrastructure : Trust staff backfill • Self-Directed Support

POC 6 Learning Disability

LOCAL ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT
BL1	By 2020 there is expected to be a 1.6% increase in the total Belfast LCG/Trust population. Prevalence data estimates that people with a Learning disability make up 1% to 2% of the total population of NI. These population changes will impact on the demand for Learning Disability services.	The Trust's response should demonstrate how the change in population need and demand for Learning Disability services will be managed in 2017/18, to include specific arrangements: 1. To address each of the regional Learning Disability service priorities as set out in section 5. 2. To deliver the proposed volumes of service activity for 2017/18.
BL2.	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be

[9] This relates to ongoing transformation activities commenced in previous years.

	and finance processes.	delivered in 2017/18 from the following investments[10]: **Transformation funding:** • District nursing and Health Visiting – Delivering Care standards • Infrastructure : Trust staff backfill • Day Opportunities • Self-Directed Support

POC 7 Physical Disability and Sensory Impairment

LOCAL PRIORITY		PROVIDER REQUIREMENT
BL1	By 2020 there is expected to be a 1.6% increase in the total Belfast LCG/Trust population. Prevalence increases with age, from 5% among young adults to 67% among those who are 85+ years. These population changes will impact on the demand for Physical Disability services.	The Trust's response should demonstrate how the change in population need and demand for Physical Disability services will be managed in 2017/18, to include specific arrangements: 1. To address each of the regional Physical Disability service priorities as set out in section 5. 2. To deliver the proposed volumes of service activity for 2017/18.
BL2.	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments[11]: **Transformation funding:** • District nursing and Health Visiting – Delivering Care standards • Infrastructure : Trust staff backfill • Day Opportunities • Self-Directed Support

[10] This relates to ongoing transformation activities commenced in previous years.

[11] This relates to ongoing transformation activities commenced in previous years.

POC 8 Health Promotion

LOCAL PRIORITY		PROVIDER REQUIREMENT
BL1.	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments[12]: **<u>Transformation funding:</u>** • District nursing and Health Visiting – Delivering Care standards • Infrastructure : Trust staff backfill

POC 9 Primary Care and Adult Community

LOCAL ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT
BL1	By 2020 there is expected to be a 1.6% increase in the total Belfast LCG/Trust population. The population of Belfast LCG have poorer life expectancy, higher mortality rates for Cancer, circulatory and respiratory diseases and higher incidence of suicide than other LCG areas. These population changes will impact on the demand for Primary Care and Adult Community services.	The Trust's response should demonstrate how the change in population need and demand for Primary Care and Adult Community services will be managed in 2017/18, to include the proposed volumes of service activity to be delivered in 2017/18.
BL2	Effective arrangements should be in place to plan appropriate care for people at risk of hospital admission in the Belfast LCG/Trust area.	The Trust's response should demonstrate how it will continue to work closely with ICPs to implement a fully integrated model of care which supports GP practices which Trusts' will embed multi-disciplinary teams of community nurses, AHPs and other professionals around general practice to support the pro-active management of high risk patients and how these teams will work collaboratively with local communities to support self-management by patients.
BL3	Effective arrangements and infrastructure should be in place to support an integrated model of care across the Belfast LCG/Trust area.	The Trust should demonstrate how it will re-configure its community estate to support multi-disciplinary working embedded with general practice, including co-location.

[12] This relates to ongoing transformation activities commenced in previous years.

BL4	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments[13]: **<u>Transformation funding:</u>** • District nursing and Health Visiting – Delivering Care standards • Infrastructure : Trust staff backfill • ICP Belfast - COPD inc. HOSAR • ICP Belfast - Acute Care at Home • ICP Belfast - Stroke ESD Services • Care Pathways Reform (Regional) HF & Asthma

[13] This relates to ongoing transformation activities commenced in previous years.

6.2 Northern Local Commissioning Plan

Context

On Census Day (27 March 2011), the resident population of the Northern LCG area was 463,297 persons accounting for 26% of the NI total. Population projections indicate an increase in population to 480,881 by 2020, with the highest increases forecast in the 75+ age group. The increase in people aged 85 and over is also significant as this group tends to have the greatest need for Health and Social Care services. The extent of deprivation in the Northern LCG area evidences that one tenth of the 228 Super Output Areas would be classified as being included in the 20% most deprived areas in NI. Changes in population referenced in the following tables have been sourced from NISRA (2016 Mid-Year Estimates and the Population Projection (2014 based)). These were the most up to date available as at August 2017.

Almost all of the Northern LCG health outcomes were better than, or similar to, the NI average. There are, however, issues relating to hypertension and diabetes with obesity and meeting physical activity needs highlighted as particular risk factors in the Northern area.

Issues and Opportunities

This section provides further detail on local commissioning priorities by Programme of Care (PoC), over and above the regional priorities for all LCG / Trust areas identified in Section 5 of this draft plan. For each PoC, it details the issues and opportunities arising from the local assessment of needs and inequalities and outlines the associated Commissioning requirements and what actions needs to be taken to secure delivery.

POC 1 Acute

LOCAL PRIORITY		PROVIDER REQUIREMENT
NL1	By 2020 there is expected to be a 1.6% increase in the total Northern LCG/Trust population, a 16.5% increase in the population aged over 75 years, and a 0.9% increase in the population of children aged less than 16. These population changes will impact on the demand for unscheduled care services.	The Trust's response should demonstrate how the change in population need and demand for unscheduled care services will be managed in 2017/18, to include specific arrangements: 1. to address each of the regional unscheduled care priorities as set out section 5.1. 2. to deliver the required volumes of service

		activity for 2017/18. The response should include plans to progress a Paediatric Ambulatory Unit (PAU) in Antrim Hospital in line with Commissioning intentions. This response should include plans to progress an Acute Care at Home (ACAH) service in the Northern area outreaching from Antrim and/or Causeway Hospitals in the first instance. To continue to progress improvement in the 4 and 12 hour targets in Antrim, building on the outcomes achieved at the end of 2016/17.
NL2	Effective arrangements should be in place to ensure unscheduled care services in the Northern LCG/Trust area are safe, sustainable and accessible.	The Trust's response should demonstrate how it will seek to maintain safe, sustainable, accessible unscheduled care services across the LCG/Trust area with a particular focus on strengthening services at Causeway Hospital.
NL3	Effective arrangements should be in place to deliver a general paediatric surgery service in Causeway Hospital.	The Trust's response should demonstrate how it will progress the general paediatric surgery service in Causeway in tandem with BHSCT.
NL4	Effective arrangements should be in place to address growth in demand for microbiology.	The Trust's response should demonstrate plans to increase capacity in microbiology to meet demographic growth and changing service patterns.
NL5	Effective arrangements should be in place to establish a nurse led service for family planning and the prevention of sexually transmitted infections.	The Trust's responses should demonstrate plans to establish, in partnership with the University of Ulster, the Genito-Urinary Medicine (GUM) & Family Planning Comprehensive Sexual Health Service to be delivered across the Coleraine and Jordanstown sites.
NL5.	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments[14]: **<u>Transformation funding:</u>** • Paediatric and obstetrics services at Causeway Hospital

[14] This relates to ongoing transformation activities commenced in previous years.

		• Infrastructure : Trust staff backfill • Stroke Services (NHSCT) • Care Pathways Reform (Regional) HF & Asthma

POC 2 Maternity and Child Health

LOCAL PRIORITY		**PROVIDER REQUIREMENT**
NL1	By 2020 there is expected to be a continued increase in complex births in the Northern LCG/Trust area. The level of births, complicated by diabetes has increased to 5.2% of all pregnant women across NI and 15% of all pregnant women smoke across NI. Increasing pregnancies with high BMI levels also add to birth complexity. Children less than 16 years are predicted to grow by 0.9% increase in the Northern LCG / Trust area. These population changes and complexities will impact on the demand for Maternity & Child Health services.	The Trust's response should demonstrate how the change in population need and demand for Maternity & Child Health services will be managed in 2017/18, to include specific arrangements: 1. to address each of the regional Maternity and Child Health priorities as set out in section 5.3. 2. to deliver the required volumes of service activity for 2017/18.
NL2	Effective arrangements should be in place to ensure Maternity & Child Health services in the Northern LCG/Trust area are safe, sustainable and accessible.	The Trust's response should demonstrate how the change in population need and demand for Maternity & Child Health services will be managed in 2017/18. This should include specific arrangements to provide safe and sustainable services on the Causeway site.
NL3.	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments[15]: **<u>Transformation funding:</u>** • District nursing and Health Visiting – Delivering Care standards • Paediatric and obstetrics services at Causeway Hospital • Infrastructure : Trust staff backfill

[15] This relates to ongoing transformation activities commenced in previous years.

POC 3 Family & Childcare

LOCAL PRIORITY		PROVIDER REQUIREMENT
NL1.	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments[16]: **Transformation funding:** • District nursing and Health Visiting – Delivering Care standards • Infrastructure : Trust staff backfill

POC 4 Care of the Elderly

LOCAL PRIORITY		PROVIDER REQUIREMENT
NL1	By 2020 there is expected to be an 16.5% increase in the population aged over 75 years in the Northern LCG/Trust population. This population change will impact on the demand for Care of the Elderly services.	The Trust's response should demonstrate how the change in population need and demand for Care of the Elderly services will be managed in 2017/18, to include specific arrangements: 1. to address each of the regional Care of the Elderly priorities as set out in section 5.5. 2. to deliver the required volumes of service activity for 2017/18.
NL2	Effective arrangements should be in place to accommodate the increase in the older population in the Northern LCG area with an increasing range of well-being and prevention requirements.	The Trust's responses should demonstrate the continued support of: • the Community Navigator posts. • the Dalriada Pathfinder and the IMPACT model to reduce social isolation and improve access to services. • appropriate links between health improvement, Falls Prevention Team and LCG/ICP to reduce the number of falls in the community.
NL3.	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be

[16] This relates to ongoing transformation activities commenced in previous years.

		delivered in 2017/18 from the following investments[17]: **<u>Transformation funding:</u>** • District nursing and Health Visiting – Delivering Care standards • Infrastructure : Trust staff backfill • Self-Directed Support • RAID / MOIS (NHSCT)

POC 5 Mental Health

LOCAL PRIORITY		**PROVIDER REQUIREMENT**
NL1	The population of NI is 25% more likely to present with a mental health condition, than the rest of the United Kingdom. By 2020 there is expected to be a 1% year on year increase[18] in prevalence within the Northern LCG area. These population changes will impact on the demand for Mental Health services.	The Trust's response should demonstrate how the change in population need and demand for Mental Health services will be managed in 2017/18, to include specific arrangements: 1. to address each of the regional Mental Health priorities as set out in section 5.6 2. deliver the proposed volumes of service activity for 2017/18.
NL2.	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments[19]: **<u>Transformation funding:</u>** • Infrastructure : Trust staff backfill • Self-Directed Support • RAID / MOIS (NHSCT)

POC 6 Learning Disability

LOCAL ISSUE/OPPORTUNITY		**PROVIDER REQUIREMENT**
NL1	By 2020 there is expected to be a 2% increase in the total Northern LCG/Trust population. Prevalence data estimates that people with a Learning disability make up	The Trust's response should demonstrate how the change in population need and demand for Learning Disability services will be managed in 2017/18, to include specific arrangements:

[17] This relates to ongoing transformation activities commenced in previous years.

[18] Delegated Statutory Functions reports submitted by Trusts

[19] This relates to ongoing transformation activities commenced in previous years.

	1% to 2% of the total population of NI. These population changes will impact on the demand for Learning Disability services.	1. to address each of the regional Learning Disability service priorities as set out in section 5.7. 2. to deliver the proposed volumes of service activity for 2017/18.
NL2.	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments[20]: **<u>Transformation funding:</u>** • Infrastructure : Trust staff backfill • Day Opportunities • Self-Directed Support

POC 7 Physical Disability and Sensory Impairment

LOCAL PRIORITY		**PROVIDER REQUIREMENT**
NL1	By 2020 there is expected to be a 1.6% increase in the total Northern LCG/Trust population. Prevalence increases with age, from 5% among young adults to 67% among those who are 85+ years. These population changes will impact on the demand for Physical Disability services.	The Trust's response should demonstrate how the change in population need and demand for Physical Disability services will be managed in 2017/18, to include specific arrangements: 1. to address each of the regional Physical Disability service priorities as set out in section 5.8. 2. to deliver the proposed volumes of service activity for 2017/18.
NL2.	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments: **<u>Transformation funding:</u>** • District nursing and Health Visiting – Delivering Care standards • Paediatric and obstetrics services at Causeway Hospital

[20] This relates to ongoing transformation activities commenced in previous years.

		• Infrastructure : Trust staff backfill • Day Opportunities • Self-Directed Support • ICP North – Home Oxygen Service • ICP North – Enhanced Community Respiratory Team • ICP North – Nursing at Home In-Reach Programme (including Expansion) • ICP North – Diabetes Foot Team • Stroke Services (NHSCT) • RAID / MOIS (NHSCT) • Care Pathways Reform (Regional) HF & Asthma

POC 8 Health Promotion

LOCAL PRIORITY		PROVIDER REQUIREMENT
NL1.	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments[21]: **<u>Transformation funding:</u>** • District nursing and Health Visiting – Delivering Care standards • Infrastructure : Trust staff backfill

POC 9 Primary Care and Adult Community

LOCAL PRIORITY		PROVIDER REQUIREMENT
NL1	By 2020 there is expected to be a 1.6% increase in the total Northern LCG/Trust population. The population of the Northern LCG / Trust have high levels of hypertension and diabetes with obesity and CHD. These population changes will impact on the demand for Primary Care and Adult Community services.	The Trust's response should demonstrate how the change in population need and demand for Primary Care and Adult Community services will be managed in 2017/18, to include the proposed volumes of service activity to be delivered in 2017/18.
NL2	Effective arrangements should be in place to develop a Local Enhanced Service (LES) for people with dementia that will allow	The Trust's response should demonstrate integrated plans with the Northern ICP in supporting the Dementia Shared Care Local

[21] This relates to ongoing transformation activities commenced in previous years.

	the release of sufficient Psycho-geriatrician time to allow for interventions in Primary Care complex cases.	Enhanced Service.
NL3.	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments[22]: **<u>Transformation funding:</u>** • District nursing and Health Visiting – Delivering Care standards • Infrastructure : Trust staff backfill • ICP North – Home Oxygen Service • ICP North – Enhanced Community Respiratory Team • ICP North – Nursing at Home In-Reach Programme (including Expansion) • ICP North – Diabetes Foot Team

Within the Northern LCG area, work will continue under the auspices of community planning, using co-production, to develop initiatives with other statutory and community and voluntary sector partners, to tackle ill health and reduce health inequalities.

[22] This relates to ongoing transformation activities commenced in previous years.

6.3 South Eastern Local Commissioning Plan

Context

On Census Day (27 March 2011), the resident population of the South Eastern LCG area was 346,911 persons accounting for 19% of the NI total. Population projections indicate an increase in population to 364,460 by 2020, with the highest increases forecast in the 75+ age group. The increase in people aged 85 and over is also significant as this group tends to have the greatest need for Health and Social Care services. *Changes in population referenced in the following tables have been sourced from NISRA (2016 Mid-Year Estimates and the Population Projection (2014 based)). These were the most up to date available as at August 2017.*

The population of the South Eastern LCG area is one of the least deprived in NI. 10% of the super output areas in the south east would be classified as the most deprived while 35% would fall into the least deprived category. When comparing the locality as a whole to the region, differences across health outcomes were small but typically better in the south east than in NI. While this describes an overview position, individuals and families who live in the areas of relative deprivation fair less well than their counterparts in the least deprived communities, males who live in the 20% most deprived SOH in the south east can expect to live 3.4 years fewer than the average, while females can expect to live 1.6 years less.

Issues and Opportunities

This section provides further detail on local commissioning priorities by Programme of Care, over and above the regional priorities for all LCG / Trust areas identified in Section 5 of this draft plan. For each PoC, it details the issues and opportunities arising from the local assessment of needs and inequalities and outlines the associated Commissioning requirements and what actions needs to be taken to secure delivery.

POC 1 Acute

LOCAL PRIORITY		PROVIDER REQUIREMENT
SE1	By 2020 there is expected to be a 2.2% increase in the total South Eastern LCG/Trust population, a 19.2% increase in	The Trust's response should demonstrate how the change in population need and demand for unscheduled care services will be managed in

	the population aged over 75 years, and a 1.3% increase in the population of children aged less than 16. These population changes will impact on the demand for unscheduled care services.	2017/18, to include specific arrangements: 1. To address each of the regional unscheduled care priorities as set out section 5.1. 2. To deliver the required volumes of service activity for 2017/18. In responding account should be taken of investments in 2016/17 to improve flow and expand capacity at the Ulster Hospital and the impact of the Enhanced Care at Home model. Plans should also reference the development of ambulatory care solutions.
SE2	Effective arrangements should be in place to ensure unscheduled care services in the South Eastern LCG/Trust area are safe, sustainable and accessible.	The Trust's response should demonstrate how it will seek to maintain safe, sustainable, accessible unscheduled care services across the LCG/Trust area with a particular focus on the Lagan Valley and Downe Hospitals. The Trust and ICPs response should include proposals for the introduction of a weekend minor injuries service at Lagan Valley.
SE3	Effective arrangements should be in place to support Sexual and Reproductive Health services.	The Trust's response should demonstrate plans to work with the Belfast Trust to establish locally managed family planning services and development proposals for an integrated sexual and reproductive health model.
SE4.	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments[23]: **<u>Transformation funding:</u>** • Infrastructure : Trust staff backfill • DNAV • Care Pathways Reform (Regional) Heart Failure & Asthma

[23] This relates to ongoing transformation activities commenced in previous years.

POC 2 Maternity and Child Health

LOCAL PRIORITY		PROVIDER REQUIREMENT
SE1	By 2020 there is expected to be a continued increase in complex births in the South Eastern LCG/Trust area. The level of births, complicated by diabetes has increased to 5.2% of all pregnant women across NI and 15% of all pregnant women smoke across NI. Increasing pregnancies with high BMI levels also add to birth complexity. Children less than 16 years are predicted to grow by 1.3% increase in the South Eastern LCG / Trust area. These population changes and complexities will impact on the demand for Maternity & Child Health services.	The Trust's response should demonstrate how the change in population need and demand for Maternity & Child Health services will be managed in 2017/18, to include specific arrangements: 1. To address each of the regional Maternity and Child Health priorities as set out in section 5.3. 2. To deliver the required volumes of service activity for 2017/18.
SE2	Effective arrangements should be in place to provide a resilient, skilled consultant 24 hour cover for paediatric and neonatal services	The Trust response should demonstrate how team job planning across community, acute and neonatal services will be used to develop resilient 24 hour cover for paediatric and neonatal services. The response should reference how sessions will be built into job plans to support all consultant staff participating in the rota to maintain competence in acute paediatrics and neonatal care. The Trust response should also demonstrate how a resilient rota will be developed.
SE3	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments[24]: **<u>Transformation funding:</u>** • District nursing and Health Visiting – Delivering Care standards • Infrastructure : Trust staff backfill

[24] This relates to ongoing transformation activities commenced in previous years.

POC 3 Family & Childcare

LOCAL PRIORITY		PROVIDER REQUIREMENT
SE1	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments[25]: **<u>Transformation funding:</u>** • District nursing and Health Visiting – Delivering Care standards • Infrastructure : Trust staff backfill

POC 4 Care of the Elderly

LOCAL PRIORITY		PROVIDER REQUIREMENT
SE1	By 2020 there is expected to be a 19.2% increase in the population aged over 75 years in the South Eastern LCG/Trust population. This population change will impact on the demand for Care of the Elderly services.	The Trust's response should demonstrate how the change in population need and demand for Care of the Elderly services will be managed in 2017/18, to include specific arrangements: 1. To address each of the regional Care of the Elderly priorities as set out in section 5.5. 2. To deliver the required volumes of service activity for 2017/18.
SE2	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments[26]: **<u>Transformation funding:</u>** • District nursing and Health Visiting – Delivering Care standards • Infrastructure : Trust staff backfill • Day Opportunities • Self-Directed Support

[25] This relates to ongoing transformation activities commenced in previous years.

[26] This relates to ongoing transformation activities commenced in previous years.

POC 5 Mental Health

LOCAL PRIORITY		PROVIDER REQUIREMENT
SE1	The population of NI is 25% more likely to present with a mental health condition, than the rest of the United Kingdom. By 2020 there is expected to be a 1% year on year increase[27] in prevalence within the SE LCG area. These population changes will impact on the demand for Mental Health services.	The Trust's response should demonstrate how the change in population need and demand for Mental Health services will be managed in 2017/18, to include specific arrangements: 1. To address each of the regional Mental Health priorities as set out in section 5.6 2. To deliver the proposed volumes of service activity for 2017/18
SE2.	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments[28]: **<u>Transformation funding:</u>** • Infrastructure : Trust staff backfill • Self-Directed Support

POC 6 Learning Disability

LOCAL ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT
SE1	By 2020 there is expected to be a 2.2% increase in the total South Eastern LCG/Trust population. Prevalence data estimates that people with a Learning disability make up 1% to 2% of the total population of NI. These population changes will impact on the demand for Learning Disability services.	The Trust's response should demonstrate how the change in population need and demand for Learning Disability services will be managed in 2017/18, to include specific arrangements: 1. To address each of the regional Physical Disability service priorities as set out in section 5.7. 2. To deliver the proposed volumes of service activity for 2017/18.
SE2.	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be

[27] Delegated Statutory Functions reports submitted by Trusts

[28] This relates to ongoing transformation activities commenced in previous years.

	and finance processes.	delivered in 2017/18 from the following investments[29]: **<u>Transformation funding:</u>** • Infrastructure : Trust staff backfill • Day Opportunities • Self-Directed Support

POC 7 Physical Disability and Sensory Impairment

LOCAL PRIORITY		PROVIDER REQUIREMENT
SE1	By 2020 there is expected to be a 2.2% increase in the total South Eastern LCG/Trust population. Prevalence increases with age, from 5% among young adults to 67% among those who are 85+ years. These population changes will impact on the demand for Physical Disability services.	The Trust's response should demonstrate how the change in population need and demand for Physical Disability services will be managed in 2017/18, to include specific arrangements: 1. To address each of the regional Learning Disability service priorities as set out in section 5.7. 2. To deliver the proposed volumes of service activity for 2017/18.
SE2.	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments[30]: **<u>Transformation funding:</u>** • District nursing and Health Visiting – Delivering Care standards • Infrastructure : Trust staff backfill • Day Opportunities • Self-Directed Support

POC 8 Health Promotion

LOCAL PRIORITY		PROVIDER REQUIREMENT
SE1.	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18,	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of

[29] This relates to ongoing transformation activities commenced in previous years.

[30] This relates to ongoing transformation activities commenced in previous years.

	in line with already established planning, SBA and finance processes.	investment and expected volumes to be delivered in 2017/18 from the following investments[31]: **<u>Transformation funding:</u>** • District nursing and Health Visiting – Delivering Care standards • Infrastructure : Trust staff backfill

POC 9 Primary Care and Adult Community

LOCAL PRIORITY		PROVIDER REQUIREMENT
SE1	By 2020 there is expected to be a 2.2% increase in the total South Eastern LCG/Trust population. These population changes will impact on the demand for Primary Care and Adult Community services.	The Trust's response should demonstrate how the change in population need and demand for Primary Care and Adult Community services will be managed in 2017/18, to include the proposed volumes of service activity to be delivered in 2017/18.
SE2	Enhanced Care at Home implementation	The ICP, working with the SET should finalise the implementation of the ECAH scheme phased roll-out of the initiative across the Down and Lisburn localities and seek to ensure the effectiveness of the schemes based on local and required learning.
SE3	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments[32]: **<u>Transformation funding:</u>** • District nursing and Health Visiting – Delivering Care standards • Infrastructure : Trust staff backfill • ICP South East – Enhanced Care At Home (Down & Lisburn) inc. LES • ICP South East – Home Oxygen Service • ICP South East – Falls Prevention • ICP South East – Enhanced Care At Home (North Down & Ards) incl. LES • DNAV

[31] This relates to ongoing transformation activities commenced in previous years.

[32] This relates to ongoing transformation activities commenced in previous years.

6.4 Southern Local Commissioning Plan

Context

On Census Day (27 March 2011), the resident population of the Southern LCG area was 358,034 persons accounting for 20% of the NI (NI) total. Population projections indicate an increase in population to 393,503 by 2020 – an increase of 9%. By 2020 the 65+ population in the Southern area will have increased by 8%, including a 15% growth in the population aged 85 and over.

Within the Southern LCG, 16% (25) of the 157 Super Output Areas are classified as being included in the 20% most deprived areas in NI and a tenth (15) of areas in the Trust are classified as being among the 20% least deprived areas in NI. *Changes in population referenced in the following tables have been sourced from NISRA (2016 Mid-Year Estimates and the Population Projection (2014 based)). These were the most up to date available as at August 2017.*

Issues and Opportunities

This section provides further detail on local commissioning priorities by Programme of Care, over and above the regional priorities for all LCG / Trust areas identified in Section 5 of this draft plan. For each PoC, it details the issues and opportunities arising from the local assessment of needs and inequalities and outlines the associated Commissioning requirements and what actions needs to be taken to secure delivery.

The Daisy Hill Pathfinder has become a central strategic priority within the Trust and the process has its own timeline. However where it has an effect on core delivery, in particular around unscheduled care and infrastructure in Daisy Hill Hospital, as well as new ways of working across the Trust sites, known detail should be shared within the Trust Delivery Plans.

POC 1 Acute

LOCAL ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT
SL1	By 2020 there is expected to be a 4.3% increase in the total Southern LCG/Trust population, a 15.9% increase in the population aged over 75 years, and a 4.9% increase in the population of children aged	The Trust's response should demonstrate how the change in population need and demand for unscheduled care services will be managed in 2017/18, to include specific arrangements: 1. To address each of the regional unscheduled

	less than 16. These population changes will impact on the demand for unscheduled care services.	care priorities as set out section 5.1. 2. To deliver the required volumes of service activity for 2017/18. In responding account should be taken of investments in 2016/17.
SL2	Effective arrangements should be in place to ensure unscheduled care services in the Southern LCG/Trust area are safe, sustainable and accessible.	The Trust's response should demonstrate how it will seek to maintain safe, sustainable, accessible unscheduled care services across the LCG/Trust area with a particular focus on Daisy Hill Hospital.
SL3	Effective arrangements should be in place to ensure patients in the Southern LCG/Trust area have access to high quality ophthalmology services, to be delivered in 2017/18 by Belfast and Western Trusts.	The Trust's response should demonstrate how it will work with the LCG and Western and Belfast Trusts to ensure the seamless introduction of new ophthalmology services during 2017/18
SL4	Effective arrangements should be in place to deliver safe and sustainable breast care services.	The Trust's response should outline its plans to address current service pressures within the breast care service and the longer term plans to deliver safe and sustainable breast care services.
SL5	Effective arrangements should be in place to ensure that all children presenting with a fracture that does not require specialist intervention by the paediatric orthopaedic service in RBHSC receive appropriate and timely care locally.	The Trust response should demonstrate how they will ensure children presenting with a fracture which does not require specialist intervention will be cared for locally. The response should also specify the pathway that will be followed to ensure those children who do require input from the regional team receive this and that this is agreed with Belfast Trust.
SL6.	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments[33]: **<u>Transformation funding:</u>** • Infrastructure : Trust staff backfill • Stroke Co-ordinator • Care Pathways Reform (Regional) HF & Asthma

[33] This relates to ongoing transformation activities commenced in previous years.

POC 2 Maternity and Child Health

LOCAL ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT
SL1	By 2020 there is expected to be a continued increase in complex births in the Southern LCG/Trust area. The level of births, complicated by diabetes has increased to 5.2% of all pregnant women across NI and 15% of all pregnant women smoke across NI. Increasing pregnancies with high BMI levels also add to birth complexity. By 2020, the number of children less than 16 years is predicted to grow by 4.9% in the Southern LCG / Trust area. These population changes and complexities will impact on the demand for Maternity & Child Health services.	The Trust's response should demonstrate how the change in population need and demand for Maternity & Child Health services will be managed in 2017/18, to include specific arrangements: 1. To address each of the regional Maternity and Child Health priorities as set out in section 5.3. 2. To deliver the required volumes of service activity for 2017/18.
SL2.	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments[34]: **<u>Transformation funding:</u>** • District nursing and Health Visiting – Delivering Care standards • Infrastructure : Trust staff backfill

POC 3 Family & Childcare

LOCAL PRIORITY		PROVIDER REQUIREMENT
SL1.	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments[35]: **<u>Transformation funding:</u>** • District nursing and Health Visiting –

[34] This relates to ongoing transformation activities commenced in previous years.

[35] This relates to ongoing transformation activities commenced in previous years.

		Delivering Care standards • Infrastructure : Trust staff backfill

POC 4 Care of the Elderly

LOCAL ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT
SL1	By 2020 there is expected to be an 4.9% increase in the population aged over 65 years in the Southern LCG/Trust population. This population change will impact on the demand for Care of the Elderly services. Within this, the highest increase is predicted in the 75+ population, which will see a 15.9% growth rate between 2017 and 2020 – higher than the overall NI growth rate of 14.6%.	The Trust's response should demonstrate how the change in population need and demand for Care of the Elderly services will be managed in 2017/18, to include specific arrangements: 1. To address each of the regional Care of the Elderly priorities as set out in section 5.5. 2. To deliver the required volumes of service activity for 2017/18 The Trust should also outline plans to meet the unscheduled care needs of the growing older population in the coming year, including plans for the completion of the final phase of Acute Care at Home across the Southern area.
SL2.	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments[36]: **<u>Transformation funding:</u>** • District nursing and Health Visiting – Delivering Care standards • Infrastructure : Trust staff backfill • Day Opportunities

POC 5 Mental Health

LOCAL ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT
SL1	The population of NI is 25% more likely to present with a mental health condition, than the rest of the United Kingdom. By	The Trust's response should demonstrate how the change in population need and demand for Mental Health services will be managed in 2017/18, to

[36] This relates to ongoing transformation activities commenced in previous years.

	2020 there is expected to be a 1% year on year increase[37] in prevalence within the Southern LCG area. These population changes will impact on the demand for Mental Health services.	include specific arrangements: 1. To address each of the regional Mental Health priorities as set out in section 5.6 2. Deliver the proposed volumes of service activity for 2017/18. The Trust should outline plans to extend the Wellmind Hub across the Southern area, to ensure equitable access to a range of psychological therapy services. The Trust should evaluate the range of services in place to meet the needs of persons who present to unscheduled care services due to mental health issues.
SL2	Effective arrangements should be in place to meet the needs of the growing older population and those with dementia.	The Trusts response should update on ongoing work to consider demand/capacity and the current service model for people with dementia.
SL3.	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments[38]: **<u>Transformation funding:</u>** • Infrastructure : Trust staff backfill

POC 6 Learning Disability

LOCAL ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT
SL1	By 2020 there is expected to be a 4.3% increase in the total Southern LCG/Trust population. Prevalence data estimates that people with a Learning disability make up 1% to 2% of the total population of NI. These population changes will impact on the demand for Learning Disability services.	The Trust's response should demonstrate how the change in population need and demand for Learning Disability services will be managed in 2017/18, to include specific arrangements: 1. To address each of the regional Learning Disability service priorities as set out in section 5.7. 2. To deliver the proposed volumes of

[37] Delegated Statutory Functions reports submitted by Trusts

[38] This relates to ongoing transformation activities commenced in previous years.

		service activity for 2017/18. The Trust should outline plans to meet the assessed needs of those young people who will transition into adult services during 2017/18.
SL2.	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments[39]: **<u>Transformation funding:</u>** • Infrastructure : Trust staff backfill • Day Opportunities

POC 7 Physical Disability and Sensory Impairment

LOCAL PRIORITY		**PROVIDER REQUIREMENT**
SL1	By 2020 there is expected to be a 4.3% increase in the total Southern LCG/Trust population. Prevalence increases with age, from 5% among young adults to 67% among those who are 85+ years. These population changes will impact on the demand for Physical Disability services.	The Trust's response should demonstrate how the change in population need and demand for Physical Disability services will be managed in 2017/18, to include specific arrangements: 1. To address each of the regional Physical Disability service priorities as set out in section 5.8. 2. To deliver the proposed volumes of service activity for 2017/18.
SL2	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments[40]: **<u>Transformation funding:</u>** • District nursing and Health Visiting – Delivering Care standards • Infrastructure : Trust staff backfill

[39] This relates to ongoing transformation activities commenced in previous years.

[40]

POC 8 Health Promotion

LOCAL PRIORITY		PROVIDER REQUIREMENT
SL1.	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments[41]: **<u>Transformation funding:</u>** • District nursing and Health Visiting – Delivering Care standards • Infrastructure : Trust staff backfill

POC 9 Primary Care and Adult Community

LOCAL ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT
SL1	By 2020 there is expected to be a 4.3% increase in the total Southern LCG/Trust population. These population changes will impact on the demand for Primary Care and Adult Community services.	The Trust's response should demonstrate how the change in population need and demand for Primary Care and Adult Community services will be managed in 2017/18, to include the proposed volumes of service activity to be delivered in 2017/18. The Trust should address the timing anomaly in the 24 hour provision of the Marie Curie Rapid Response Service.
SL2.	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments[42]: **<u>Transformation funding:</u>** • District nursing and Health Visiting – Delivering Care standards • Infrastructure : Trust staff backfill • ICP South – Diabetes Podiatrist

[41] This relates to ongoing transformation activities commenced in previous years.

[42] This relates to ongoing transformation activities commenced in previous years.

6.5 Western Local Commissioning Plan

Context

On Census Day (27 March 2011), the resident population of the Western LCG area was 294,417 persons accounting for 16% of the NI total. Population projections indicate an increase in population to 304,517 by 2020, with the highest increases forecast in the 75+ age group. Changes in population referenced in the following tables have been sourced from NISRA (2016 Mid-Year Estimates and the Population Projection (2014 based)). These were the most up to date available as at August 2017.

One in four people (25.3%) residing within the Western area in 2013 were living within the most deprived of the NI deprivation quintiles. Across NI, 18.8% of the population live in the most deprived quintile.

Despite high levels of deprivation, Western population shows equivalent or better health outcomes than the NI average, apart from for respiratory conditions, i.e. asthma and chronic obstructive pulmonary disease (COPD). Mental health however is considerably worse, particularly due to anxiety and depression. Smoking remains higher than average. More people are likely to suffer pain and discomfort than for NI as a whole. There is higher rate of children in need.

Issues and Opportunities

This section provides further detail on local commissioning priorities by Programme of Care, over and above the regional priorities for all LCG / Trust areas identified in Section 5 of this draft plan. For each PoC, it details the issues and opportunities arising from the local assessment of needs and inequalities and outlines the associated Commissioning requirements and what actions needs to be taken to secure delivery.

POC 1 Acute

LOCAL ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT
WL1	By 2020 there is expected to be a 1.4% increase in the total Western LCG/Trust population, a 15.6% increase in the population aged over 75 years, with a 0.5%	The Trust's response should demonstrate how the change in population need and demand for unscheduled care services will be managed in 2017/18, to include specific arrangements:

	increase in the population of children aged less than 16. These population changes will impact on the demand for unscheduled care services, including at both Altnagelvin and South-West Acute hospitals.	1. To address each of the regional unscheduled care priorities as set out section 5.1. 2. To deliver the required volumes of service activity for 2017/18. The Trust's response should include consideration of the introduction and impact of: • Clinical Decision Unit, • Ambulatory Care Unit, • Paediatric Assessment Unit, • Acute Care at Home, • the bolstering of seven day working, • the continuation and evaluation of the Integrated Cardiac Ambulatory Care model, • consideration of medical and nursing workforce in both emergency departments, and • the role of the frail elderly hospital pharmacist.
WL2	Effective arrangements should be in place to address the deficit in trainee doctors in both Altnagelvin and SWA hospitals	The Trust's response should demonstrate plans to continue to work with NIMDTA for more equitable allocation of junior doctors, reflecting workload and population shares with a view to reducing capacity and financial strains on a number of acute specialties.
WL3	Effective arrangements should be in place to extend the minor surgery scheme which provides patients local access to experienced GP minor surgeons	The Trust's response should outline plans to extend the LCG minor surgery scheme including consideration of additional procedures which could be provided by GP minor surgeons.
WL4.	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments[43]:

[43] This relates to ongoing transformation activities commenced in previous years.

		Transformation funding: • Infrastructure : Trust staff backfill • Care Pathways Reform (Regional) HF & Asthma

POC 2 Maternity and Child Health

LOCAL ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT
WL1	By 2020 there is expected to be a continued increase in complex births in the Western LCG/Trust area. The level of births, complicated by diabetes has increased to 5.2% of all pregnant women across NI and 15% of all pregnant women smoke across NI. Increasing pregnancies with high BMI levels also add to birth complexity. Numbers of children less than 16 years are expected to increase by 0.5% Western area. These population changes and complexities will impact on the demand for Maternity & Child Health services.	The Trust's response should demonstrate how the change in population need for Maternity & Child Health services will be managed in 2017/18, to include specific arrangements: 1. To address each of the regional Maternity and Child Health priorities as set out in section 5.3. 2. To deliver the required volumes of service activity for 2017/18.
WL2.	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments[44]: **Transformation funding:** • District nursing and Health Visiting – Delivering Care standards • Infrastructure : Trust staff backfill

[44] This relates to ongoing transformation activities commenced in previous years.

POC 3 Family & Childcare

LOCAL PRIORITY		PROVIDER REQUIREMENT
WL1.	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments[45]: **<u>Transformation funding:</u>** • District nursing and Health Visiting – Delivering Care standards • Infrastructure : Trust staff backfill

POC 4 Care of the Elderly

LOCAL ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT
WL1	By 2020 there is expected to be a 15.6% increase in the population aged over 75 years in the Western LCG/Trust population. This population change will impact on the demand for Care of the Elderly services.	The Trust's response should demonstrate how the change in population need and demand for Care of the Elderly services will be managed in 2017/18, to include specific arrangements: 1. To address each of the regional Care of the Elderly priorities as set out in section 5.5. 2. To deliver the required volumes of service activity for 2017/18.
WL2	Effective arrangements should be in place to appropriately manage the increasing number of older people over 75 years which is impacting on hospital demand, length of stay and delayed discharge.	The Trust's response should outline plans to complete the establishment of 24-hour community nursing across the Western area, building on investment to date in district nursing, Rapid Response nursing and treatment rooms, and including the establishment of Clinical Intervention Centres in Enniskillen, Strabane and Limavady within the next two years.
WL3	There are an increasing numbers of older people who experience a fall which leads to reduce independence and increased reliance of health and social care.	Western Trust, working through Integrated Care Partnerships, to put in place a coordinated integrated falls pathway.

[45] This relates to ongoing transformation activities commenced in previous years.

WL4	In line with the regional strategy for palliative and end of life care and building on the work of Western ICPs, the commissioner recognises the importance of developing community-based palliative care options.	The Trust response should outline plans to continue ICP-led day hospice services in partnership with Foyle Hospice.
WL5.	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments[46]: **<u>Transformation funding:</u>** • District nursing and Health Visiting – Delivering Care standards • Infrastructure : Trust staff backfill • Day Opportunities • Self-Directed Support

POC 5 Mental Health

LOCAL ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT
WL1	The population of NI is 25% more likely to present with a mental health condition, than the rest of the United Kingdom. By 2020 there is expected to be a 1% year on year increase[47] in prevalence within the Western LCG area. These population changes will impact on the demand for Mental Health services.	The Trust's response should demonstrate how the change in population need and demand for Mental Health services will be managed in 2017/18, to include specific arrangements: 1. To address each of the regional Mental Health priorities as set out in section 5.6 2. To deliver the proposed volumes of service activity for 2017/18.
WL2.	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be

[46] This relates to ongoing transformation activities commenced in previous years.

[47] Delegated Statutory Functions reports submitted by Trusts

		delivered in 2017/18 from the following investments[48]: **Transformation funding:** • Infrastructure : Trust staff backfill • Self-Directed Support

POC 6 Learning Disability

LOCAL ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT
WL1	By 2020 there is expected to be a 1.4% increase in the total Western LCG/Trust population. Prevalence data estimates that people with a Learning disability make up 1% to 2% of the total population of NI. These population changes will impact on the demand for Learning Disability services.	The Trust's response should demonstrate how the change in population need and demand for Learning Disability services will be managed in 2017/18, to include specific arrangements: 1. To address each of the regional Learning Disability service priorities as set out in section 5.7. 2. To deliver the proposed volumes of service activity for 2017/18.
WL2.	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments[49]: **Transformation funding:** • Infrastructure : Trust staff backfill • Day Opportunities • Self-Directed Support

POC 7 Physical Disability

LOCAL PRIORITY		PROVIDER REQUIREMENT
WL1	By 2020 there is expected to be a 1.4% increase in the total Western LCG/Trust population. Prevalence increases with age, from 5% among young adults to 67% among those who are 85+ years. These population changes will impact on the	The Trust's response should demonstrate how the change in population need and demand for Physical Disability services will be managed in 2017/18, to include specific arrangements: 1. To address each of the regional Physical Disability service priorities as set out in

[48] This relates to ongoing transformation activities commenced in previous years.

[49] This relates to ongoing transformation activities commenced in previous years.

	demand for Physical Disability services.	section 5.8. 2. To deliver the proposed volumes of service activity for 2017/18.
WL2.	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments[50]: **Transformation funding:** • District nursing and Health Visiting – Delivering Care standards • Infrastructure : Trust staff backfill • Day Opportunities

POC 8 Health Promotion

LOCAL PRIORITY		PROVIDER REQUIREMENT
WL1.	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments[51]: **Transformation funding:** • District nursing and Health Visiting – Delivering Care standards • Infrastructure : Trust staff backfill

POC 9 Primary Care and Adult Community

LOCAL ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT
WL1	By 2020 there is expected to be a 1.4% increase in the total Western LCG/Trust population. The population of Western LCG/Trust have declining Mental health particularly due to anxiety and depression.	The Trust's response should demonstrate how the change in population need and demand for Primary Care and Adult Community services will be managed in 2017/18, to include the proposed

[50] This relates to ongoing transformation activities commenced in previous years.

[51] This relates to ongoing transformation activities commenced in previous years.

	Smoking remains higher than average. More people are likely to suffer pain and discomfort in the Western LCG/Trust, than for NI as a whole. There is higher rate of children in need. These population changes will impact on the demand for Primary Care and Adult Community services.	volumes of service activity to be delivered in 2017/18.
WL2	Effective arrangements should be in place to appropriately manage the number of patients registered to Western GP practice as there are approximately 25,000 more patients registered with Western GP practices than live in the Western LCG area, some of whom may live in ROI.	The Trust's response should demonstrate plans to keep under review requests for healthcare from residents of the Republic of Ireland and ensure these are from cross-border workers entitled to receive NI HSC services.
WL3	Building on the successful direct access physiotherapy pilot and the evident benefit to General Practice, opportunities exist to roll the approach out in the West. Furthermore embedding physiotherapist within emerging primary care multidisciplinary teams will be an important step forward in future years, in line with Ministerial strategy, *Delivering Together*.	The Trust response should demonstrate how it will introduce direct access physiotherapy by April 2018, including outlining how it will put in place a peripatetic physiotherapy team which it is anticipated would underpin the approach.
WL4	Regional requirements for palliative care support arrangements for patients and families to be in place out of hours mean the existing arrangements in the Northern Sector need to be rolled out to the Southern Sector as soon as practicable.	The Trust response should consider how the existing out-of-hours service provided by Marie Curie and Western Urgent can be more closely aligned to Trust community nursing services and bring forward proposals to roll out support arrangements across the Western area.
WL5.	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017/18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017/18 from the following investments[52]: **<u>Transformation funding:</u>** • District nursing and Health Visiting – Delivering Care standards

[52] This relates to ongoing transformation activities commenced in previous years.

		• Infrastructure : Trust staff backfill • ICP West – Diabetes Foot Pathway & Raising GP Awareness • ICP West – Ensuring access to Community Specialist Respiratory Team • ICP West – Stroke(Orthoptist Access & Vascular Visual Assessment & follow up) • ICP West – Integrated Cardiac Ambulatory Care Model • ICP West – MacMillan GP Sessions • ICP West Frail Elderly Hospital Pharmacist

Appendix 1: Commissioning Plan Direction Outcomes Framework

COMMISSIONING PLAN DIRECTION OUTCOME	SECTION
Outcome 1: Reduction of health inequalities	
1.1 By March 2018, to have delivered the "Choose to Lose" community weight loss programme. This programme as one element of the Departmental strategy A Fitter Future For All, aims, by March 2020, to reduce the level of obesity by 4 percentage points and overweight and obesity by 3 percentage points for adults, and by 3 percentage points and 2 percentage points for children	4.1.1
1.2 By March 2020, in line with the Department's ten year Tobacco Control Strategy, to reduce the proportion of 11-16 year old children who smoke to 3%; reduce the proportion of adults who smoke to 15%; and reduce the proportion of pregnant women who smoke to 9%.	4.1.1
1.3 By March 2018, to have further developed, tested and implemented a "Healthier Pregnancy Programme" to improve maternal and child health and to seek a reduction in the percentage of babies born at low birth weight for gestation	5.3
1.4 By March 2019, ensure the full delivery of the universal child health promotion programme for NI, *Healthy Child Healthy Future*. By that date: • The antenatal contact will be delivered to all first time and vulnerable mothers. • 95% of two year old reviews must be delivered. These activities will include the delivery of core contacts by Health Visitors and School Nurses, which will enable and support children and young adults to be successful healthy adults through the promotion of health and wellbeing.	4.1.1
1.5 By March 2018, ensure the full regional roll out of Family Nurse Partnerships, ensuring that all teenage mothers are offered a place. The successful delivery of this objective will directly contribute to the PfG Outcome to provide "a Healthier Pregnancy" and give our children and young people the best start in life.	4.1.1
1.6 By March 2018, to increase the number of families utilising Family Support Hubs by 5% over the 2016/17 figures and work to deliver a 10% increase in the number of referrals by March 2010. By improving access to, co-ordination of, and awareness of early intervention family support services the aim is to create the conditions to enable families to remain together and to provide loving, caring and nurturing environments for their children.	4.1.1

1.7 By March 2018, the proportion of children in care for 12 months or longer with no placement change is at least 85%; and 90% of children, who are adopted from care, are adopted within a three year time frame (from date of last admission). The aim is to secure earlier permanence for looked after children and offer them greater stability while in care.	4.1.1 / 5.4
1.8 By March 2018, to have enhanced out of hours capacity to de-escalate individuals presenting in social and emotional crisis. This is an important element of the work to reduce the differential in suicide rates between the 20% least deprived areas and 20% most deprived areas by March 2020.	4.1.1 / 5.6
1.9 By March 2018, to have devised an agreed implementation plan and outcome measures for the delivery of Phase 1 of the Diabetes Strategic Framework along with establishing a Diabetes Network Board and governance arrangements to support the Framework. Phase 1 will focus on implementation of a foot care pathway and revision of structured education.	4.2.4
Outcome 2: People using health and social care services are safe from avoidable harm	
2.1 By March 2018, 100% of GP practices to have access to a practice based pharmacist.	5.9.1
2.2 By March 2018, all HSC Trusts should have fully implemented the first four phases of Delivering Care, to ensure safe and sustainable nurse staffing levels across all medical and surgical wards, emergency departments, health visiting and district nursing services.	4.2.1 / 4.4.1
2.3 By 31 March 2018, to secure a regional aggregate reduction of 15% in the total number of in-patient episodes of Clostridium Difficile infection in patients aged 2 years and over and in-patient episodes of MRSA infection compared to 2016/17.	4.2.1
2.4 By March 2018, to ensure that all patients treated in Type 1 Emergency Departments and identified as “at risk of Sepsis” receive the “Sepsis bundle”	4.2.1
2.5 Throughout 2017/18 the clinical condition of all patients must be regularly and appropriately monitored in line with the NEWS KPI audit guidance, and timely action taken to respond to any signs of deterioration.	4.2.1
2.6 By March 2018, all Trusts must demonstrate 70% compliance with the regional Medicines Optimisation Model against the baseline established at March 2016. Reports to be provided every six months through the Medicines Optimisation Steering Group.	4.3 / 5.9.4
2.7 During 2017/18 the HSC, through the application of care standards, should continue to seek improvements in the delivery of residential and nursing care and ensure a reduction in the number of (i) residential homes, (ii) nursing homes, inspected that (a) receive a failure to comply, and (b) subsequently attract a notice of decision, as published by RQIA.	4.2.1
Outcome 3: Improve the quality of the healthcare experience.	
3.1 By March 2018, to have reported on the evaluation of the impact of Understanding the	5.4

Needs of Children in Northern Ireland (UNOCINI) on improving outcomes for children and families.	
3.2 During 2017/18 the HSC should ensure that care, permanence and pathway plans for children and young people in or leaving care (where appropriate) take account of the views, wishes and feelings of children and young people.	5.4
3.3 By March 2018, patients in all Trusts will have access to the Dementia portal.	1.3.1
3.4 By March 2018, to have arrangements in place to identify individuals with a palliative care need in order to support people to be cared for in a way that best meets their needs. In 2017/18, the focus will be on undertaking and evaluating a pilot identification project.	5.14
Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use them	
4.1 By March 2018, to increase the number of available appointments in GP practices compared to 2016/17	5.9.1
4.2 By March 2018, to have 95% of acute/ urgent calls to GP OOH triaged within 20 minutes.	5.9.1
4.3 From April 2016, 72.5% of Category A (life threatening) calls responded to within 8 minutes, 67.5% in each LCG area.	5.16
4.4 By March 2018, 95% of patients attending any type 1, 2 or 3 emergency department are either treated and discharged home, or admitted, within four hours of their arrival in the department; and no patient attending any emergency department should wait longer than 12 hours.	5.1
4.5 By March 2018, at least 80% of patients to have commenced treatment, following triage, within 2 hours.	5.1
4.6 By March 2018, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	5.1
4.7 By March 2018, ensure that at least 15% of patients with confirmed ischaemic stroke receive thrombolysis treatment, where clinically appropriate.	5.12.1
4.8 By March 2018, all urgent diagnostic tests should be reported on within two days.	5.2
4.9 During 2017/18, all urgent suspected breast cancer referrals should be seen within 14 days; at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat; and at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.	5.11
4.10 By March 2018, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment and no patient waits longer than 52 weeks.	5.2

4.11 By March 2018, 75% of patients should wait no longer than 9 weeks for a diagnostic test and no patient waits longer than 26 weeks.	5.2
4.12 By March 2018, 55% of patient should wait no longer than 13 weeks for inpatient/ daycase treatment and no patient waits longer than 52 weeks.	5.2
4.13 By March 2018, no patient waits longer than: nine weeks to access child and adolescent mental health services; nine weeks to access adult mental health services; nine weeks to access dementia services; and 13 weeks to access psychological therapies (any age).	5.6
Outcome 5: People, including those with disabilities, long term conditions, or who are frail, receive the care that matters to them	
5.1 By October 2017, to have Healthier Care Programme objectives set for the first phase of work to reorient services to better support those living with long term conditions. Proposals developed by local partnership to enable early adopters to implement from February 2018..As the work underpins the delivery of Programme for Government Outcome 4, reporting will be through established PfG mechanisms.	5.12
5.2 By March 2018, secure a 10% increase in the number of direct payments to all service users.	4.2.5 / 5.5 / 5.8
5.3 By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach, and will be offered the choice to access direct payments, a managed budget, Trust arranged services, or a mix of those options, to meet any eligible needs identified.	4.2.5 / 5.5 / 5.8
5.4 By March 2018, no patient should wait longer than 13 weeks from referral to commencement of treatment by an allied health professional.	4.2.4 / 5.2
5.5 During 2017/18, ensure that 99% of all learning disability and mental health discharges take place within seven days of the patient being assessed as medically fit for discharge, with no discharge taking more than 28 days.	5.6 / 5.7
Outcome 6: Supporting those who care for others	
6.1 By March 2018, secure a 10% increase (based on 2016/17 figures) in the number of carers' assessments offered to carers for all service users.	4.2.5 / 5.6 / 5.7
6.2 By March 2018, secure a 5% increase (based on 2016/17 figures) in the number of community based short break hours (i.e. non-residential respite) received by adults across all programmes of care.	5.5 / 5.7
6.3 By March 2018, secure a 5% increase (based on 2016/17 figures) in the number of short break hours (i.e. non-residential respite) received by young carers	5.5 / 5.7
6.4 By March 2018, secure a 10% increase in the number of Understanding the Needs of	4.2.5

Children in Northern Ireland (UNOCINI) assessments provided to young carers (against the 2016/17 figures)	
Outcome 7: Ensure the sustainability of health and social care services	
7.1 By October 2017 extend access to the Electronic Care Record (ECR) to Community Pharmacists and to have a pilot programme in place to test appropriate access for independent optometrists. Reporting to be provided via ECR Project structures	1.3.1
7.2 By March 2018 to have concluded discussions on the future of community pharmacy services; to have new arrangements agreed, and commenced implementation of contract arrangements or frameworks.	5.9.4
7.3 By March 2018, to review the reporting arrangements for Delegated Statutory Functions (DSF), to produce an interim reporting framework that will demonstrate the impact and outcome of services on the health and wellbeing of service users, and by March 2019 to have established the outcomes framework and the baseline activity to measure this.	4.2.1
7.4 By March 2018, reduce by 20% the number of hospital-cancelled consultant-led outpatient appointments.	5.2
7.5 By March 2018, to reduce the percentage of funded activity associated with elective care service that remains undelivered.	5.2
7.6 By March 2018, ensure that 90% of complex discharges from an acute hospital take place within 48 hours, with no complex discharge taking more than seven days; and all non-complex discharges from an acute hospital take place within six hours.	5.1
7.7 By March 2018, to obtain savings of at least £38m through the Regional Medicines Optimisation Efficiency Programme as a portion of the £90m prescribing efficiencies sought, separate from PPRS receipts by March 2019.	5.9.4
Outcome 8: Supporting the HSC workforce	
8.1 By December 2017, to ensure at least 40% of Trust staff (healthcare and social care staff) have received the seasonal flu vaccine.	4.4.1
8.2 By March 2018, to reduce Trust staff sick absence levels by a regional average of 5% compared to 2016/17 figure.	4.4.1
8.3 By March 2018, 30% of the HSC workforce should have achieved training at level 1 in the Q2020 Attributes Framework and 5% to have achieved training at level 2.	4.4.1
8.4 By March 2018, to enhance the programme of suicide awareness and intervention training for staff across the HSC.	4.4.1

Glossary of Terms

Acute care– Traditionally refers to services provided in a major hospital setting including unscheduled (or emergency) care, elective (or planned) care and specialist services

Bamford Report – a major study commissioned by the DHSSPS in N Ireland to provide a long term strategic plan for the development of mental health and learning disability services. It takes its name from its former Chairman, the late Professor David Bamford of the University of Ulster.

Chronic / long term conditions – illnesses such diabetes or heart disease that can affect people over long periods of their lives and which need regular treatment and medication.

Clinical Guidelines (NICE) - are recommendations on the management of people with specific diseases and conditions – regarded as standards that the HSC is expected to achieve over time.

Commissioning – is the term used to describe all the activities involved in assessing and forecasting the health and social care needs of the population, links investment to agreed desired outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place. Joint commissioning is where these actions are undertaken by two or more agencies working together (in this case the HSCB & PHA), typically health and local government, and often from a pooled or aligned budget.

Commissioning Plan Direction – A document published by the Minister on an annual basis which outlines the key messages, targets and indicators of performance for the year ahead.

Community and Voluntary Sector – the collective name for a range of independent organisations which support the delivery of health and social care but are not publicly funded. Also referred to as the 'third' sector.

Comorbidity – Where a person is living with two or more conditions or diseases in addition to a primary diagnosis (e.g. someone with diabetes who is also suffering from asthma and hypertension).

Demography - the study of statistics such as births, deaths, income, or the incidence of disease, which illustrate the changing nature of a country's population.

Evidence Based Commissioning – seeking to provide health and social care services which have proven evidence of their value.

Healthcare Associated Infections (HCAI) - Healthcare-Associated Infections are those infections that develop as a direct result of any contact in a healthcare setting.

Health Inequalities – the differences in health and the rates of illness across different sections of the population and different areas where people live. For instance, we know that in areas of social and economic deprivation, more people tend to suffer from illnesses such as heart disease.

Health and Social Care Board (HSCB) – The HSCB role is to commission services, working in partnership with Trusts to deliver services and manage the annual budget given by the NI Executive

Integrated Care - progresses "joined up" health and social care; the overarching theme being a more efficient patient journey secured through co-operation of a range of practitioners including GPs, community pharmacists, dentists and opticians.

Integrated Care Partnerships (ICPs) – these evolved from Primary Care Partnerships and join together the full range of health and social care services in each area including GPs, pharmacists, community health and social care providers, hospital specialists and representatives from the independent, community and voluntary sector as well as service users and carers.

Lesbian, Gay, Bisexual & Transsexual (LGBT) – abbreviation that collectively refers to "lesbian, gay, bisexual, and transgender" people.

Local Commissioning Groups – committees of the regional Health and Social Care Board and are comprised of GPs, professional health and social care staff

and community and elected representatives. Their role is to help the HSCB arrange or commission health and social care services at local level.

Local Health Economies – the term most commonly used for collaborative working between Local Commissioning Groups and Trusts.

Looked after children - The term 'looked after children and young people' is generally used to mean those looked after by the state, according to relevant national legislation. This includes those who are subject to a care order or temporarily classed as looked after on a planned basis for short breaks.

Managed Clinical Networks – the provision of clinical services to patients through expert, closely linked and effective teams of staff

National Institute for Health and Care Excellence (NICE)– NICE develop guidance and other products by working with experts from the NHS, social care, local authorities as well as the public, private and voluntary sectors - including patients and the public.

Palliative Care – The active, holistic care of people with advanced, progressive illness such as advanced cancer, heart failure, COPD, dementia, stroke or other chronic conditions.

Patient and Client Council (PCC) – this is a separate organisation from the HSCB and PHA which provides a strong independent voice for the people of N Ireland on health issues.

Personal and Public Involvement (PPI) – the process of involving the general public and service users in the commissioning of services

Primary Care – the care services that people receive while living at home in the community from people such as their GP, district nurse, physiotherapist or social worker.

Public and stakeholder engagement – the process of meeting, discussing and consulting with people and communities who use the health and social services.

Public Health Agency (PHA) – the role of the PHA is described under its four primary functions; health and social wellbeing improvement, health protection, public health support to commissioning and policy development, research and development.

Reablement - range of services focused on helping a person maximise their independence by learning or re-learning the skills necessary for daily living and the confidence to live at home.

Secondary Care – services provided by medical specialists usually delivered in hospitals or clinics and patients have usually been referred to secondary care by their primary care provider (usually their GP).

Technology Appraisal (NICE TA) – A drug, medical device or surgical procedure is appraised by NICE to determine if they should be funded by the NHS, based on its cost-effectiveness (in most cases a TA refers to high cost drugs).

Trust Delivery Plans (TDPs)– In response to the Commissioning Plan and Local Commissioning Plans, the six Trusts detail how they plan to deliver the Ministerial targets, key themes and objectives outlined for the year ahead.