

**SOUTH EASTERN
LOCAL COMMISSIONING GROUP**



**Health and
Social Care**

**LOCAL COMMISSIONING PLAN
2010 - 2011**

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FORWARD



Dr Nigel S Campbell
Chairman,
South Eastern Local Commissioning Group

It is my pleasure to be able to introduce this Local Commissioning Plan. The South Eastern LCG has been in existence since April 2009. Along with the other 4 LCGs we have been establishing our Group, engaging with the communities that we represent and meeting relevant stakeholders. We are pleased that in recent weeks we have completed recruitment to our management board with the appointments of dental and elected councillor

representatives.

This Local Commissioning Plan, our first, seeks to give a local feel to the Joint Commissioning Plan, prepared by the Regional Health & Social Care Board and the Public Health Agency earlier in the year. We are aware of the specific features and challenges that our communities are confronting. Our desire, therefore, is to ensure we assess, plan and commission safe and quality health and social care to all our residents with available resources.

We acknowledge the difficult financial climate and will need to ensure we spend every pound appropriately in order to address the increasing demand for services. Inevitably choices will have to be made and we want to make those wisely and sensitively. Where patient pathways are no longer fit for purpose or haven't kept up with advances in technology then we will lead the way in redevelopment. To do this we will need to engage not only with the public but all relevant partners.

This year we will promote the establishment of Primary Care Partnerships (PCPs). One function of these partnerships will be to understand the interface between primary and secondary care and develop innovative solutions to improve the patient pathway.

I acknowledge the work and commitment of our Board Management Members and the staff of the Local Commissioning Office under the leadership of Commissioning Lead Mr Paul Turley.

Nigel S Campbell - October 2010

SECTION 1 – LOCAL CONTEXT

Introduction

The South Eastern Local Commissioning Group (LCG) was established in April 2009. The LCG is comprised of members from different backgrounds including general practice, dentistry, pharmacy, community representatives, elected local government representatives and professionals from both the Regional Health Social Care Board and the Public Health Agency. The Group is chaired by Dr Nigel Campbell, a GP from Lisburn. The LCG is constituted as a committee of the Regional HSC Board, and is the main commissioning organisation for all local Health and Social Care issues as they relate to the south eastern area.

This Local Commissioning Plan represents the first to be produced by the Group, and is focused on our agenda for the remainder of the 2010/11 year, setting out as it does the actions we intend to take forward with our key partner organisations. In developing this Local Commissioning Plan, the Group has drawn on the strategic direction given by the Joint Commissioning Plan, published earlier in the year jointly by the Regional HSC Board and the Public Health Agency. This plan, therefore seeks to localise the regional themes, identifying the actions the LCG will pursue this year and beyond.

The key themes which will occupy the local agenda include: addressing demographic changes, particularly the projected growth in older people within the locality and understanding the implications of the changing resource base and managing the potential implications locally. In association with demographics and patient expectations, the LCG will seek to address issues around the growth in demand, across a range of service areas including issues associated with prescribing. Ensuring the full implementation of the Developing Better Services (DBS) is also a priority within this plan.

Context

The South Eastern Local Commissioning Group has responsibility for commissioning health and social care for a population of 345,914 residents and covers the local government districts of Ards (population 78,567), Down (population 70,731), Lisburn (population 117,167) and North Down (population 79,449) and equates to 19% of the population of Northern Ireland.

Our locality population displays a number of characteristics; it is forecast to grow by 5.17% over the period 2010-2020, and has one of the highest percentages of young people with 21% of the population aged less than 16 years. At the other end of the age spectrum the locality, like many other areas, also portrays an ageing population. The theme of an ageing population is one the LCG will continue to consider and address in the coming year. Our assessment on the 75 plus population indicates a significant increase in the sub-localities of Lisburn and Ards, with projected increases between 2009-15 of 20.7% and 19.4% respectively.

Table 1: Population Projections 2010-2020 (2008 based)

| Population Projections - Totals | | | | | |
|---------------------------------|-----------|-----------|-----------|-------|----------------------------|
| | 2010 | 2015 | 2020 | | % Change 2010 - 2020 |
| Northern Ireland | 1,802,170 | 1,862,229 | 1,916,785 | | 6.36% |
| SOUTH EASTERN LCG | 345,914 | 355,465 | 363,781 | 19.0% | 5.17% |
| Ards LGD | 78,567 | 80,494 | 82,237 | 22.6% | 4.67% |
| Down LGD | 70,731 | 73,058 | 75,097 | 20.6% | 6.17% |
| Lisburn LGD | 117,167 | 121,928 | 126,260 | 34.7% | 7.76% |
| North Down LGD | 79,449 | 79,985 | 80,187 | 22.0% | 0.93% |

Source: <http://www.nisra.gov.uk/demography/default.asp47.htm>

The geography of our locality covers a mix of sparsely settled rural areas, most notably in south Down and the peninsula area of Ards, while large urban settlements are found around Lisburn, Bangor, Newtownards and Downpatrick.

Of concern to the LCG is the level of disease prevalence recorded on the clinical register within (Quality Outcome Framework) QOF (QOF registers are held within General Practice). They indicate that the population within the south east has higher levels in the following disease areas compared to all other LCG areas – asthma, cancer, dementia and stroke, and is second highest in respect of diabetes.

The health and wellbeing of individuals and communities is affected by a wide and varied range of determinants. Whilst there have been significant improvements realised over recent years in the health and wellbeing of the population as a whole there are still individuals and communities who experience reduced life expectancy, higher levels of illness and disability and reduced quality of life as a result of the deprivation which they experience

Within the South Eastern area 13 of the 180 Super Output Areas (SOA's) currently fall within the top 20% most deprived areas in Northern Ireland. It is estimated that 23,860 people live within these areas representing some 7.3% of the South Eastern population. This is reflected in the fact that in 2008, 7.3% (11% NI) of adults and 15.5% (12%NI) of children under 16 were living in "Income Supported Households." Whilst this represents a decrease of 0.5% and 1.5% respectively over the period 2004-2008, it is still of concern that significant numbers of the population are experiencing poor health as a result of their situations and circumstances. (NISRA)

In line with the Regional Strategy for Health and Social Services (DHSSPS, 2004) and the Investing for Health Strategy (DHSSPS, 2002) the LCG is focused on realising real and sustained health improvement for the whole population and in particular to evidence a reduction in the health inequalities experienced by those in the population who have higher

levels of deprivation and poor health as a result. The LCG has prioritised its relationship with the Public Health Agency and locally with the Investing for Health initiative to give continued momentum to the health improvement agenda in tackling inequalities and those factors in early life that can determine the health outcomes for individuals throughout their lives. While the Colin area, in the Lisburn City Council area, remains an important area for the LCG in terms of improving health outcomes the Group has been keen to target all those other areas of high deprivation within the locality for scrutiny with a view to improving health opportunities and outcomes.

LCG ACTIONS IN 2010/11

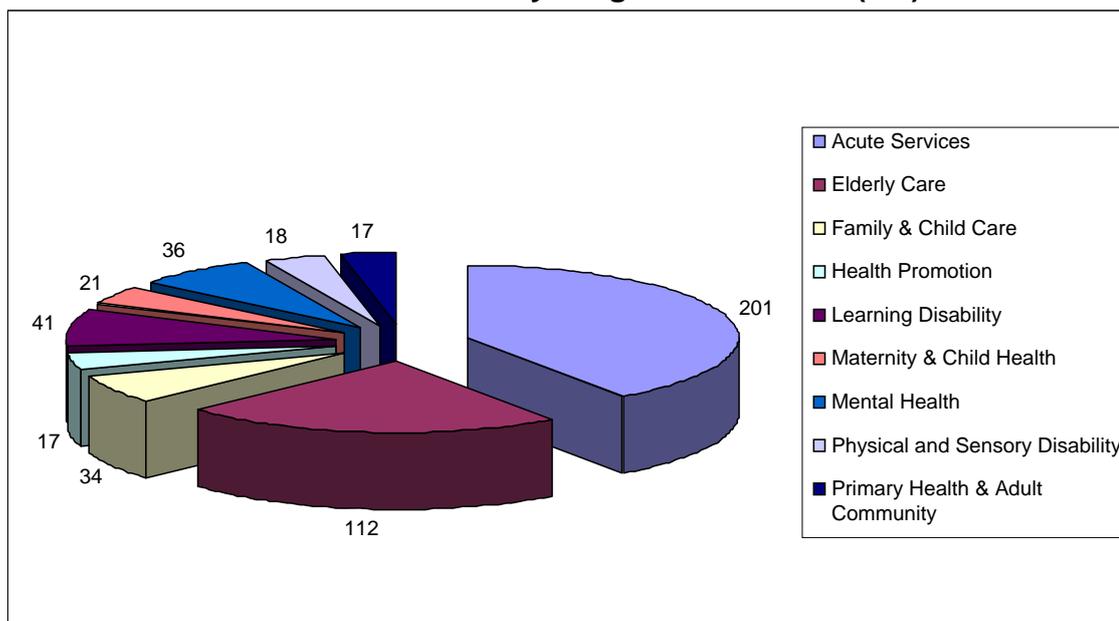
- The LCG will continue to develop its community needs assessment and surveillance processes to ensure that the local health and social care need is captured.
- The LCG will work with the Public Health Agency and particularly our Investing for Health colleagues, Trust counterparts and community organizations and advocates to realise change in the wellbeing agenda and address inequality.

SECTION 2 – RESOURCES

The South Eastern LCG will account for £497m in planned expenditure in 2010/11, representing an increase of 4.5% from the £476m in 2009/10 financial year. This increase reflects new money allocated at the start of the year and any recurrent monies that were made available to the LCG via the Regional HSC Board throughout the previous year.

This £497m will be spent in meeting the health and social care needs of the population of the South Eastern LCG across the range of programmes of care as set out below:

Chart 1: Investment by Programme of Care (£m)



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

Table 2: South Eastern LCG Investments with Trusts

| | £m | % |
|--------------------|--------------|--------------|
| Belfast HSCT | 123.9 | 24.9 |
| Northern HSCT | 0.8 | 0.1 |
| South Eastern HSCT | 331.8 | 66.8 |
| Southern HSCT | 1.1 | 0.2 |
| Western HSCT | 0.1 | 0.1 |
| Other | 39.3 | 7.9 |
| Totals | 497.0 | 100.0 |

The primary factors which contribute to the needs of the LCG are:

- Population Size
- Population Age/Gender profile;
- Differences in levels of Social/Economic profiles (e.g. rurality); and
- Differences in levels of Deprivation.

The main driver of an area's need for resources is its population.

The level of funding for each local area varies depending on the size and age/gender profile of its population, the level of need they experience and any local factors that commissioners are aware of. The planned spend per head of needs weighted population within the South Eastern LCG in 2010/11 is circa £1,563. It should be noted that this figure does not include Accident and Emergency/NIAS, IT Costs, Commissioner Administration, Regional Prison Services and Family Health Services funding (such as GPs and Dentists). The planned spend in 2010/11 in respect of Accident & Emergency services and Family Health Services within the South Eastern LCG will amount to £12.8m and £133m respectively.

It should be noted that the planned expenditure of the South Eastern LCG in 2010/11 also includes a range of planned service developments in 2010/11. The indicative shares of these investments which are attributable to the South Eastern LCG can be summarised as follows:

Table 3: Summary Planned Expenditure.

| | £m |
|----------------------------------|--------------|
| Hospital & Specialist Drugs | 2.634 |
| Acute Services | 0.023 |
| Demographics/Elderly | 2.698 |
| Mental Health | 0.676 |
| Learning Disability | 0.556 |
| Physical Disability | 0.219 |
| Children's Services | 0.186 |
| Stroke Services | 0.263 |
| Child Protection & Gateway Teams | 0.198 |
| Adult Protection Arrangements | 0.047 |
| Totals | 7.500 |

In addition to the above investment the South Eastern LCG will also identify additional investment through securing the appropriate share of significant regional investments in Managing Elective Care (£40m) and Maintaining Existing Services (£30m).

LCG ACTIONS IN 2010/11

- The LCG will seek to ensure maximum value for money from the resources that it deploys.
- The LCG will monitor the investments that were made in 2009/10 and ensure that 2010/11 investments are deployed as effectively as possible.

SECTION 3 – PERSONAL AND PUBLIC INVOLVEMENT

The South Eastern LCG, in its first full year, has formed a clear understanding of the health and social care issues that confront our population, having initiated a programme of engagement throughout the locality.

It is apparent that within the south eastern area there is a strong community development culture which is already being harnessed to address the health and wellbeing agenda. Community involvement is critical to tackling health and social inequality and the LCG will wish to work closely with the Public Health Agency to support and develop work with local communities and to maximise their involvement in the shaping, development and delivery of services to address their specific needs and priorities. The LCG will also work together with the Patient Client Council (PCC) and other groups and organisations that represent the specific needs of users and carers within localities and populations and ensure that they have a strong voice when it comes to shaping and planning the future of local services through our commissioning processes.

In 2010/11 the LCG commenced a phased approach to stakeholder engagement. The focus of our first phase has been on the identification of key partners and linking with well established community networks and partnerships operating across our locality. The workshops undertaken with these groups provided a meaningful exchange of information on the role of the LCG and the contribution networks, working within some of our most deprived communities, are making to the health and wellbeing agenda. The LCG has also taken time to meet on an ongoing basis with the South Eastern HSC Trust. The Trusts continued commitment to LCG engagements is valued.

The LCG is currently in the middle of its second phase of engagement, establishing relationships with local GPs, Dentists, Pharmacists and Optometrists. During the period September to November 2010, the LCG organised nine workshop sessions targeting individual professional groups. These evening events provided the opportunity for the LCG to outline its commissioning function, sharing information in regard to the emerging concept of PCPs and to hear from contractors about concerns within primary care.

The LCG has also been able to facilitate meetings with a number of voluntary organisations which operate locally and appreciates the major contribution made by the voluntary and community sector. The LCG Management Board has confirmed its intention to support a rolling engagement programme and this will be developed and signed off later this year. While the LCG has taken time to meet with some of the local councils and political parties in

the south east it would intend to formalise arrangements in the proposed engagement programme.

The LCG, from its outset, acknowledged a special working relationship with the PCC the Public Health Agency and the Investing for Health agenda, and as such is pleased that local PCC and IfH officers continue to participate in all LCG workshops and events. The LCG also plans this year to develop a database of voluntary and community groups and looks forward to working with the Public Health Agency and the South Eastern Trust in this work.

The Group has also expressed its support for the overall equality agenda, and the promotion of Section 75, and will ensure that its commissioning processes and decisions align with the Board's equality framework.

LCG ACTIONS IN 2010/11

- The LCG will ensure a sustainable programme of engagement with partner organizations and patient and carers advocates as part of its strong commitment to personal and public involvement in the assessment of Health and Social Care need.
- The LCG will sign off an engagement programme for 2010/11 and beyond.
- The LCG will complete a programme of workshops with all independent contractor organisations.
- The LCG will develop a data base of voluntary and community groups within its locality.
- The LCG confirms its support for the Regional Board's Equality agenda and Section 75.

SECTION 4 – CONTRIBUTING TO REGIONAL THEMES

4.1 Public Health and Wellbeing – Tackling Health Inequalities

Addressing health inequality requires the concerted effort of a wide range of groups and organisations that have the ability to address the wider social determinants of health that affect the health and wellbeing of individuals. Within the south eastern area the Investing for Health Partnership has been the key vehicle through which organisations from across the community, statutory and voluntary sectors have worked together to improve health and wellbeing and reduce health inequalities in local communities, populations and on specific issues. The LCG acknowledges these positive acts as taken by the South Eastern Trust in this regard.

Health and Well Being Improvement Action Plans and investment programmes are in place to address key issues and priorities such as mental health, suicide and self harm, fuel poverty, social isolation, physical activity, nutrition, breastfeeding, alcohol and drugs, home accident prevention, tobacco control, teenage pregnancy and sexual health. Whilst the programmes have been developed to address the needs of the whole population there has been particular investment and focus given to those groups who experience particular disadvantage such as looked after children, teenage parents, "at risk" young people, older people, those with a disability and those from black and ethnic minority groups.

A key factor in building a cohesive approach to addressing health inequalities has been the need to work closely with local communities and in particular those who experience particular disadvantage. A major financial commitment has been made to building the assets and capacity of communities, providing resource and support and building joint programmes of action to address their specific needs, issues and priorities.

LCG ACTIONS IN 2010/11

- To support interventions to reduce inequalities in early years and give children the best possible start in life.
- Work with local partnerships to support action that will directly address the issue of poverty within communities
- Maintain support for development of work with Groups and communities where there are particular health inequalities.
- Develop the provision of targeted health improvement and prevention programmes.
- Work with the South Eastern Trust to review priorities and focus on investment on health improvement.
- Enhance the partnership work with local councils and other statutory agencies.

4.2 Primary Care Partnerships

The Joint Commissioning Plan produced by the Regional HSC Board and the Public Health Authority introduced the concept of Primary Care Partnerships (PCPs), under the theme of a better integrated health and social care system. Local Commissioning Groups have a key role to play in introduction and developing the concept. The South Eastern LCG recognizes that this is the beginning of a journey which will see the reshaping of primary and community care with discernable benefits for communities.

Partnerships in the South Eastern locality will be established on the basis of GP practice populations. The LCG is proposing that four PCPs be established centred on the natural communities of Ards (practice population 74,324), Down (practice population 71,242), Lisburn (practice population 85,918), and North Down (practice population 77,228). This arrangement will ensure co-terminosity with other primary care services and Trust community teams, making the coordination of budgets and team-working more manageable.

All primary care independent contractors (GPs, Pharmacists, Dentists and Optometrists) will be deemed to be a member of a PCP. It is particularly important at the outset of their establishment that GP and Community Pharmacy practices are engaged. It will be important too, that the Partnership also includes user, voluntary and community representatives. This will ensure a wide range of local contributions to patient/client management and transparency in the work of the PCP.

The LCG has this year taken forward a specific engagement process to start a local debate on PCPs. Considerable discussion has been timetabled within the LCG management board with valued inputs from the Regional Board's Integrated Care Directorate. During September, LCG members met with community pharmacists across the south east at three separate workshops, while during October the LCG organised four workshops with GPs in each of the proposed PCP areas. The LCG will conclude its engagement process by arranging further sessions with dentists, optometrists and the community and voluntary sectors to include

representation from the well established community networks in the south east. The LCG values the input from the Patient Client Council (PCC) to further ensure the patients' and carers' view on PCPs.

The LCG has also promoted the PCP concept with the South Eastern Trust and will continue to ensure parallel working with the Trust given their central role in the future redesign and service provision.

While the focus on service demand has traditionally concentrated on the interplay between the primary and secondary care systems, the rise in the level of drug prescribing has now become an area for LCG scrutiny. This has become all the more important as the budget for prescribing moved from the Department of Health to Regional HSC Board on the 1st April 2010. The amount of resource the health system spends on drugs continues to rise as demand increases. The South Eastern LCG population accounts for over £76 million of the overall NI drugs budget of approximately £400 million. There are potentially significant savings to be made by bringing drugs costs down to comparable levels in the rest of the UK through improved medicines management and more efficient prescribing and dispensing. While savings could allow for reinvesting in local services, conversely over expenditure may impact on service provision locally.

The LCG in co-operation with the Regional Board's Medicines Management Team will progress improving the quality and cost effectiveness of prescribing at Primary Care Partnership (PCP) level within the LCG. Each practice within the PCP locality will be provided with detailed monitoring reports by the Regional HSC Board showing a comparative analysis of their prescribing in terms of items and costs. This will support peer review among GP practices and inform decision making as to how to improve prescribing practices. Our discussion with GPs and community pharmacists has highlighted wide concerns about co-ordination between hospital based pharmacy and community pharmacists in the drug brands used by hospitals and GP practices, the LCG will promote this issue within PCPs.

In order to support the project timelines associated with PCP's the LCG, aided by local contractors, has been able to propose two initial pathfinder projects, one scoping the opportunities within medicines management reviews in nursing homes in the North Down area and a second project seeking to test the dermatology referral pathway in the Down sector. These projects will represent key work areas for the LCG and its stakeholders this year.

LCG ACTIONS IN 2010/11

- To establish four PCPs in the South Eastern locality in year.
- To engage fully with independent contractors, the South Eastern Trust and other stakeholders on the concept of PCPs.
- To take forward this year two pathfinder projects, one in the Down locality and one in the North Down area.
- Closely scrutinised prescribing activity within the PCPs.

4.3 Understanding Demand – Pathway Redesign

Significant investment has been made regionally in the last two years through elective access funding into acute services, in order to achieve the Ministerial waiting time targets set out in

Priorities for Action (PfA) of 9 weeks for first outpatient appointments, 9 weeks for diagnostic tests and to ensure that the majority of inpatient and day-case patients wait no longer than 13 weeks for treatment. This has been a challenging task and the South Eastern LCG is currently engaged with the Performance Management Service Improvement Directorate of the Regional HSC Board and South Eastern Trust in gauging the gap between the current capacity in the acute hospital system and the pressures upon it from demand into the system.

Demand for services is measured by referrals, mainly from GPs, one of the key tasks for the LCG in 2010/11 will be to work with our partners to ensure that all referrals to consultants are appropriate. Capacity within the system is regarded as the availability of staff, equipment and the necessary accommodation to deliver the work required. In recent years the emphasis has mainly been on increasing the capacity in secondary care – the LCG will ensure that the potential for appropriate services to be provided in primary care is maximized.

As highlighted in Section 4.2, PCPs as they evolve provide a new forum from which local clinical champions can lead service change proposals. This approach will see new engagement with the Trust to review and understand current referral patterns and identify where benefits can be achieved from real partnership. The LCG has already started work to develop new pathways within Dermatology and Ophthalmology and will seek to prioritise other work areas based on performance within specialties. It will work with the multi-disciplinary teams including nurses, medical and allied staff to examine ways of ensuring appropriate and timely referrals. In order to assist General Practice to understand the volumes of referrals to secondary care the LCG will now share with practices, on a quarterly basis, comparative referral data on a range of specialties. The LCG welcomes feedback on this already provided by GPs with the first quarters information. The LCG will work with practices to refine and develop the process going forward.

LCG ACTIONS IN 2010/11

- The LCG will share with GP Practices comparative referral data across selected specialties and work with practices to develop this information tool.
- The LCG will seek to promote pathway redesign across a number of specialty areas this year.
- The LCG will contribute to the project work ongoing within the Regional HSC Board to confirm SBA volumes for 2011/12.

4.4 Reshaping Local Hospitals

Developing Better Services (2003) set out the planned shape of hospital provision across Northern Ireland. The Regional HSC Board intends to ensure the final implementation of this strategy by 2013. This may mean new roles for local hospitals and the concentration of acute inpatient services on fewer sites. In respect of the hospital infrastructure within the South Eastern locality, the LCG has continued its close working relationship on capital developments with the South Eastern Trust.

A key aspect to any new capital development is to ensure close scrutiny of the revenue requirements and availability of additional revenue funding should this be appropriate. This year the Regional HSC Board has confirmed additional revenue funding (£67k) for the opening of two new replacement operating theatres in the Lagan Valley Hospital. In addition, the LCG supported a Strategic Outline Case put forward by the Trust, for the redevelopment

of the Lagan Valley Hospital site. With the commencement of a new midwifery led service at Lagan Valley Hospital, the Trust intends to open a dedicated stand alone Midwifery Led Unit on 2nd February 2011 having refurbished the current unit. This service will be similar to the stand alone unit opened in 2009 in the new Downe Hospital. In respect of community services the LCG also supported a Strategic Outline Case in regard to the replacement of Pound Lane Health Centre. The LCG awaits the full Outline Business Case to understand what options might be progressed.

As mentioned earlier the South Eastern Trust has undertaken an extensive consultation process on a range of reform and modernisation proposals including a review of the urgent care network and specifically a proposal to change arrangements in the emergency department in the Downe Hospital. This proposes the use of Out of Hours GPs to cover the emergency department between 10.00pm and 8.00am. The LCG will review these proposals in November 2010 and confirm its position to the Regional HSC Board.

On the Ulster Hospital site, the Trust has set a date in November 2010 for the opening of the Critical Care Complex. This facility will make available state of the art healthcare providing as it will, new operating theatres, ICU facilities, CSSD and laboratories. The Regional HSC Board has confirmed the additional revenue funding (£2.9m) to allow the service transfer to the new complex. Having completed this major development the Trust has begun to implement plans for Phase B of the Ulster Hospital redevelopment. The LCG will participate with the Trust project team taking forward this development.

On the non-acute side the South Eastern Trust tabled a Strategic Outline Case with the LCG for the reform and modernisation of Learning Disability day-care services in the North Down and Ards localities. The Trust recently concluded a consultation on this proposal, which involves a reduction of the current number of day centres from 3 to 2, with an option for a new build facility in Newtownards and a refurbishment of one of the centres in Bangor. The LCG has confirmed its support for this strategic proposal and now awaits the Outline Business Case to come forward. The LCG will review in detail the reform and modernisation proposals put forward and consulted on by the South Eastern Trust and confirm its position on these to the Regional HSC Board.

LCG Actions for 2010/11

- The LCG will work to ensure the implementation of the Ministerial decision to develop a stand alone midwifery unit on the Lagan Valley Hospital site by February 2011.
- The LCG will work with the South Eastern Trust to deliver a programme of reform and modernisation of services across the locality.
- The LCG will undertake to review all business cases presented to it in a timely manner and ensure that all capital proposals reflect future strategic service requirements.
- The LCG will provide the Regional HSC Board with a view on capital priorities within the South East.

4.5 Living at Home

Enabling people to live at home is a key objective within this Commissioning Plan. People want to continue living in their own homes and communities as long as possible and it is proven that health outcomes for people are better when provided in these environments. This holds true for older people, children, those with disabilities, chronic conditions and those with

mental health issues. Health and Social Care services therefore need to be designed to promote and optimise individual independence, recovery and rehabilitation rather than long term care. In order to achieve this, strong and effective partnerships with families, carers and community and voluntary organisations will be essential so that person centred support to meet people's needs is provided.

Older People

The launch of the plan in January 2010 to develop a Service Framework for Older People's Health and Wellbeing established a strategic context and process to agree evidence-based standards, targets and measurable outcomes for the individuals journey from prevention to ongoing support and care, including where appropriate, palliative care. South Eastern LCG is contributing to this Framework through the involvement of the Group Chair, Dr Nigel Campbell on the Design Group. Similarly, the recently published NI Dementia Strategy, *Improving Dementia Services in Northern Ireland*, recognises the need to support people and their carers so that, as far as possible, people can remain in their own home environment and maintain their independence as long as possible. The LCG will be taking a particular interest to ensure that services provided in the South Eastern locality conform to the principles and standards of patient care and best practice outlined in the strategy.

Work around other Service Frameworks development and implementation, relevant to Older People, continues with the intention of providing professionals and service users with clear care pathways. The LCG will maintain its active involvement in the various work groups for the implementation of the Cardiovascular, Respiratory, Cancer and Mental Health Frameworks. The LCG notes the work that is ongoing on the NI Stroke Strategy and the positive progress that is being made on it in the South Eastern area. To enable older people to remain at home longer.

An ageing population, in an era of restricted funding will require priority to be given to promoting the health of older people. This will necessitate closer integration of primary and community care services and the need to revise the current process for assessment and deployment of resources in domiciliary care. Lessons from best practice are being considered, particularly the application of whole system models of community care based on embedding the ethos of re-ablement and maintaining safe and effective services. The concept of re-ablement will require the re-balancing of services towards prevention and earlier intervention and involves assisting people with a short intensive period of home care, especially those who need to 'get back on their feet' after a period of hospitalisation, in order to maximise their independence. Intensive intervention at an early stage of need is designed to prevent or minimise further deterioration of a patient's condition and hence their ability to live more independently at home. This preventive approach should also reduce the need for further and more costly interventions 'down stream'

In 2009/10 the South Eastern LCG invested some £1.75m to address changes in demographics. Services developed included a tissue viability nurse, additional care packages and domiciliary care services, occupational therapy, community rehabilitation and step-up beds provided by independent providers. In 2010/11 a further £2.69m will be invested by South Eastern LCG for demographic changes focusing on recovery and rehabilitation and to support individuals to live fulfilling lives at home as far as possible.

LCG ACTION IN 2010/11

- The LCG will directly contribute to the Service Framework for older people and other consulting processes in respect of this client group.
- The LCG will work with the South Eastern Trust to ensure the full implementation of the Older People's Service Framework within available resources.
- The LCG will promote the implementation of a reablement model in the commissioning services for older people from the South Eastern Trust.

Mental Health and Learning Disability

A core theme of the Bamford Report and Protect Life Strategy sets out the vision for the reform and modernisation of Mental Health and Child and Adolescent Mental Health Services (CAMHS) for the future. This will entail the need to strengthen community services to promote a recovery based model of care provided predominantly in or close to people's homes. The strategic direction for Learning Disability service developments and improvements is set out in the 'Equal Lives' report of the Bamford Review. This envisages a similar model of community based care so that no one remains in hospital unnecessarily. Key to this will be adequate support for parents and carers as the majority of people with a learning disability live with family members.

A priority for the LCG is to commission services that promote early interventions, are effective, accessible and person-centred and involve carers. Central to this will be the need to work with those community and voluntary sector organisations that can provide evidence based services in terms of building an individual's resilience, family support and counselling for clients.

The South Eastern HSC Trust recently concluded a consultation process in regard to the reform of Mental Health and Learning Disability services and the LCG expects to receive in-year a number of business cases in relation to their final proposals. The LCG will be following closely the progress around the resettlement into the community of mental health inpatients from the Downshire hospital site and notes that this resettlement plan may see the end after one hundred plus years of Mental Health inpatient services provided from the Downshire hospital site.

In respect of Learning Disability services the LCG will scrutinise Trust plans to modernise day-care facilities in the North Down and Ards area and to move to a two centre, rather than the current three centre model for the locality.

In 2009/10 over £500k was invested by South Eastern LCG in Mental Health and Learning Disability services in the locality. This included services such as psychological therapies, resettlements, the treatment of personality disorders and Learning Disability community and speech and language therapy services. In 2010/11 a further £1.2m will be invested by South Eastern LCG in Mental Health and Learning Disability services. This will build on service investments in 09/10 and will include Autism services and Respite Care. The LCG note the substantial progress the South Eastern Trust has made in delivering community based alternatives and will continue to monitor service outcomes.

LCG ACTIONS IN 2010/11

- The LCG will work with the South Eastern HSC Trust to reform and modernise both Mental Health and Learning Disability services as set out in the Trust's current consultation proposals.
- The LCG will continue to monitor the outcomes from the investments made in both 2009/10 and 2010/11.

Children's Services

The context in which services for children are being commissioned by the South Eastern LCG is outlined in departmental strategies such as *Care Matter*, *Families Matter* and *Our Children and Young People – Our Pledge*.

Children's services are subject to a range of PfA targets that reflect the continuum of care covering family support, child protection, looked after children, care leavers and family group conferencing and our approach to these actions is set out in Section 4.

This is the third year of CSR funding to a wide range of family support projects. The primary focus of this investment is on family support services in the most deprived areas and the agenda can only be effectively delivered if the partnership arrangements are maintained, if communities continue to contribute and if quality remains integral to service provision.

To maximize investment the LCG intends to target those children living in compromised care situations due to domestic violence, parental mental health, drug/alcohol misuse or experiencing significant school based difficulties which are likely to exclude them from mainstream education. These children are referred to as on the edge of care or potentially at risk of significant harm should services not be provided.

Gateway, the single point of entry to a Trust's Children's Services, was established following the Inspection of Child Protection Services. Additional funding for 2010/11 is designed to further strengthen the Gateway service by providing a fulltime change coordinator post, contribute to a regional specialist Child Protection nurse post and to develop a skill mix on Trust Gateway teams to free up existing social work time by recruiting team assistants and contact support workers. These service developments in 2010/11 will assist the Trust in delivering against the PfA targets which relate to assessment of children at risk and in need.

LCG ACTIONS IN 2010/11

- The LCG will support the cross agency approach to support children at risk in our most deprived communities and in other "at risk situations".
- The LCG will monitor the effectiveness of the contracts it has made with the South Eastern Trust in 2010/11.

Palliative Care

The *Palliative and End of Life Care Strategy* (December 2009) has been developed in response to what people expect and value most from palliative and end of life care. The Strategy's vision is that any patient, from diagnosis to the advanced non-curative stage of disease, lives well and dies well irrespective of their condition or care setting. This requires a philosophy of care that is patient-centred and which takes a holistic approach to planning,

coordinating and delivering high quality, reliable care that enables people to retain control, dignity and choice in how and where their care is delivered to the end of their life. In 2009/10 South Eastern LCG invested £126k in palliative care services and the LCG will continue to take a particular interest in the commissioning of services to achieve the above objectives in relation to palliative care in the future.

The LCG will follow up with MacMillan Cancer Support and the South Eastern Trust on the opportunities to view the patient pathway in regard to follow-up review appointments for oncology patients. The LCG and the Trust have agreed to hold a joint workshop on Palliative Care in early 2011 to review current services and plan further service improvement.

Chronic Disease Management

The assessment of priorities with Long Term Conditions will be an important work area for the LCG particularly in the assessment of those patients who are most at risk of admission. The LCG has already begun work to map chronic disease information to PCP level. The South Eastern Trust has shared some of their most recent work on further developing schemes for people with diabetes. While the service has been greatly enhanced in recent years, the LCG will continue to focus on this disease area given its increasing prevalence. This year the Trust will be able to take forward a new structured patient education programme, the outcomes of which the LCG will follow up on.

The LCG is aware that there is a gap in primary care services for neurological conditions such as Parkinson's and MS. The LCG will seek to explore this deficit with the SE Trust and investigate what opportunities are available.

The LCG is aware of the investments made in the field of tele-healthcare solutions in recent years through the office of the European Centre for Connected Health and the potential benefits for patients living at home particularly in supporting the remote monitoring of patient who suffer from chronic conditions such initiatives contribute greatly to earlier discharge often allow clinicians to work outside the secondary care environment and closer to the patient's home.

LCG ACTIONS IN 2010/11

- The LCG has nominated a lead board member to oversee local implementation of the patient and end of life care strategy.
- The LCG will explore with MacMillan Cancer Support opportunities to review aspects of Oncology services within the South East.
- The LCG will work with other patient advocates to test the patient pathway for chronic conditions, particularly in regard to neurological conditions.
- The LCG would intend to review these services with the Trust in a year.
- The LCG will work with Board Colleagues and the Trust to support the implementation of new technology initiatives for patient care.

**SECTION 5 – SOUTH EASTERN LCG RESPONSE TO PRIORITY FOR ACTION IN 2010/11
(BY EXCEPTION).**

This section of our Local Commissioning Plan identifies key Priorities for Action (PfA) which the Group intends to address or contribute to this year.

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| <p>Priority Area 1: This section of our LCP identifies key Priorities for Action (PfA) which the group intends to address or contribute to in the year.</p> | |
| <p>Life Expectancy: – plan to address inequalities at local level, including actions arising from the Investing for Health Review.</p> | <p>The LCG is working with the PHA and the South Eastern HSC Trust to develop interventions to reduce inequalities by supporting the work of groups and communities where there are particular health inequalities. The focus will be on helping to develop a greater understanding of the specific needs and issues within these specific communities and together developing local community action plans to improve health and address health inequality; developing the capacity, resource and support provided to local groups and communities through the network of Community Health Development Workers and the work of local community network organisations; working closely with the DSD Neighbourhood Renewal Programme in Colin, Downpatrick and North Down/Ards to support joint action to impact on health inequality and disadvantage in these areas; supporting the ongoing work of the Peninsula Healthy Living Centre to address the specific needs and issues of local communities across the Ards Peninsula.</p> |
| <p>Obesity: - To take forward a strategic framework to prevent obesity by addressing the problem of obesity across the whole course of life.</p> | <p>The LCG is working with the PHA and the South Eastern Trust to promote breastfeeding and targeting action to reduce obesity in children and increase physical activity levels. Improving levels of physical activity amongst those who are sedentary through the greater use of exercise and referral programmes with Primary Care and Leisure Services, the development and provision of community led initiatives and the implementation of the “Active Communities” programme with local Council partners; improving nutrition and reduce obesity levels in children and adults</p> |

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| | through the development of school based programmes, the promotion of healthy eating and cooking skills programmes across communities, support for “Grow It and Eat It” programmes and the development of a pilot community gardens project in Kilcooley Estate, Bangor. Increase physical activity levels and reduce obesity within the Down area through the development of a social marketing approach in conjunction with Council and Trust colleagues from across the southern area; enhance the opportunities for young people in care to access leisure, recreation, sport, youth and community provision with the Trust, Council and community partners in the North Down and Ards area; improve environmental health and increase physical activity levels across the Lisburn City Council area. |
| Smoking: - to reduce the number of people smoking with particular reference to manual workers. | The LCG is supportive of the ongoing work of the PHA and the South Eastern HSC Trust to reducing smoking amongst manual workers and pregnant women through targeted cessation support and the development of a “Total Place” pilot project to reduce smoking in the Colin area. |
| Alcohol and Drugs: - Reduce the harm related to alcohol and drug misuse. | The LCG is through its work with the PHA and the South Eastern HSC Trust, supporting local groups and organisations within communities to address alcohol and drug misuse amongst young people and adults. A particular focus will also be given to the development of a local hidden harm action plan as part of a wider regional strategy. |
| Suicide: - To ensure that the suicide rate is reduced below 14.5 deaths per 100,000. | The LCG will seek with its partners to improve access across communities to programmes and services to address their mental health and wellbeing and reduce suicide and self harm. Priority will be given to improving the profile of local service provision, building greater cohesion and collaboration between the range of service providers within the localities of the south eastern area, implementing a new “Positive Steps” mental health promotion programme, developing a “community response model” on suicide across the area and enhancing access for individuals, families and communities to suicide prevention, intervention and post-vention support services. Implementing a poverty and mental health/suicide prevention project with rural communities in the Lisburn Council area. |
| Mental wellbeing: - to take forward elements of the mental health and wellbeing promotion strategy: | The LCG will support implementing a poverty and mental health/suicide prevention project with rural communities in the Lisburn Council area; implementing the PHA/DARD Maximising Access to Services, Grants and Benefits in Rural Areas Project in South Down and on the Peninsula; implementing a “Safe and Well” |

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| | service to address the particular needs of vulnerable older people within the Down and Lisburn Council areas addressing issues such as the need to provide preventive health programmes, reduce social isolation and loneliness and provide help with everyday living support. |
| Early Years Intervention: – to work with the PHA and the Trust to ensure that updated child health promotion programme is fully implemented. | The LCG is committed to working with the Trust and PHA in the innovative work across this area by adding value to the work of the three local Sure Start programmes; providing an intensive home support service for young/first time parents; piloting the “Roots of Empathy” programme within 15 local primary schools; promoting breastfeeding and targeting action to reduce obesity in children and increase physical activity levels. |
| Births to teenage mothers: – to ensure that the rate of births to teenage mothers under 17 is reduced to not more than 2.7 births per 1,000 | The LCG will work in partnership to improve sexual health and issues related to teenage pregnancy. Action will be targeted at improving sexual health education and support for young people in youth and further education settings and providing targeted parenting support programmes. |
| <p>PRIORITY AREA 2: ENSURE SERVICES ARE SAFE & SUSTAINABLE, ACCESSIBLE & PATIENT-CENTRED <i>Aim: to ensure that patients and clients have timely access to high quality services responsive to their particular needs and delivered locally where this can be done safely, sustainably and cost-effectively.</i></p> | |
| PFA Target | |
| Elective care (consultant-led): by March 2011, the HSC Board and Trusts should ensure no patient waits longer than 9 weeks for a first outpatient appointment and 9 weeks for a diagnostic test, the majority of inpatients and daycases treated within 13 weeks and no patient waits longer than 36 weeks for treatment. During 2010-11, Trusts should take steps to ensure review patients are seen in a more timely fashion; from March 2012, all reviews should be completed within the clinically indicated time. | Commissioners have worked closely with the Trust over the last few years to ensure new investments deliver reduced waiting times and at the end of March 2010, the South Eastern HSC Trust had no patients waiting over the PfA standard. In recent months however, demand has continued to increase and delivering these targets has become a greater challenge for the Trust and primary care. The need for further investment in acute care has been identified and the SE LCG will be working with the Trust to develop those specialties with the greatest pressure. This may not always involve investment in acute care directly but require new ways of working and a greater role for local primary care professionals. Allocations from the £25m available recurrently, and the £15m available non-recurrently will be identified to Trusts in November 2010. |

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| <p>Diagnostic reporting: from April 2010, the HSC Board and Trusts should ensure all urgent diagnostic tests are reported on within two days of the test being undertaken, with 75% of all routine tests being reported on within two weeks and all routine tests within four weeks.</p> | <p>The SE LCG will continue to work with the Service Improvement colleagues and the Trust to identify potential investments and improve diagnostic services through new ways of working, to achieve this target.</p> |
| <p>Elective care (AHP): from April 2010, the HSC Board and Trusts should ensure no patient waits longer than 9 weeks from referral to commencement of AHP treatment.</p> | <p>The SE LCG will work with colleagues in the PMSI and the PHA to ensure that investments made in elective access relating to AHP service deliver this target.</p> |
| <p>Fractures: from April 2010, the HSC Board and Trusts should ensure 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient fracture treatment.</p> | <p>The SE LCG will continue to work with the Trusts and the wider HSC partners as required to ensure no patients wait longer than 48 hours for fracture Treatment.</p> |
| <p>Cancer: from April 2010, the HSC Board and Trusts should ensure all urgent breast cancer referrals are seen within 14 days, 98% of cancer patients commence treatment within 31 days of the decision to treat, and 95% of patients urgently referred with a suspected cancer begin their first definitive treatment within 62 days.</p> | <p>The SE LCG will continue to work with the Trusts and the wider HSC Partners service to ensure that the patients are seen within the appropriate standard and receive prompt and clinically appropriate care.</p> |
| <p>A&E: from April 2010, HSC Board and Trusts should ensure 95% of patients attending any A&E department are either treated and discharged home, or admitted, within four hours of their arrival in the department. No patient should wait longer than 12 hours.</p> | <p>The SE LCG has been working with the Trust over the last year to address A&E treatment times and waiting times. The LCG will wish to see recent improvement sustained.</p> |

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| <p>Stroke services: by March 2011, the HSC Board and Trusts should ensure 24/7 access to thrombolysis and those high risk transient ischemic attacks are assessed and treated within 24 hours. Trusts should also work towards a door to needle time of 60 minutes for thrombolysis by March 2011.</p> | <p>As part of a regional investment in stroke services, the SE LCG will be working with the Trust and other stakeholders to implement local services for the care and treatment of stroke patients. New services will be focused on delivering 24/7 access to thrombolysis and meeting the 60 minute target for door-to-needle time. The LCG will invest £263k in 2010/11 to support achievement of this target.</p> |
| <p>Ambulance services: from April 2010, the HSC Board and NIAS should ensure an average of 72.5% of Category A (life-threatening) calls are responded to within eight minutes, increasing to an average of 75% by March 2011 (and not less than 67.5 % in any LCG area).</p> | <p>The SE LCG is keen to ensure that response times are maintained within its rural communities and will, along with NIAS and the wider HSC continue to invest in new approaches to ensure that these standards are met.</p> |
| <p>HealthCare Associated Infections(HCAI): In the year to March 2011, the Public Health Agency and Trusts should secure a further reduction of 20% in MRSA and C.difficile infections compared to the position in 2009-10.</p> | <p>The SE LCG will continue to keep this key target under review in 2010/11 and will work with the PHA Trust as required to deliver these standards in HCAI and cleanliness.</p> |
| <p>PRIORITY AREA 3: INTEGRATE PRIMARY, COMMUNITY AND SECONDARY CARE SERVICES <i>Aim: to ensure greater engagement between secondary and primary care clinicians and practitioners to agree clinical pathways which reduce the use of hospital services and increase the capability of primary care to manage patients more locally.</i> The HSCB and PHA continue to develop and support initiatives to build a continuum of responsive, integrated health and social care. The South Eastern LCG will play a key role in this process in taking forward the Primary Care Partnership (PCP) agenda within the locality.</p> | |
| <p>PFA TARGET</p> | |
| <p>Palliative Care – By March 2011: The Trust should establish multi-disciplinary Palliative Care teams and support service improvement programmes to provide appropriate Palliative Care in the community to adult patients requiring such schemes.</p> | <p>The LCG will review this target with the Trust in-year and will meet with the Trust in a designated workshop to review palliative care provision.</p> |
| <p>Pathway Management - through PCPs establish</p> | <p>The South Eastern LCG has, in collaboration with independent contractors and other</p> |

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| <p>pilot programmes to evaluate models of integrated care in community settings which incorporate integration along clinical care pathways and address the wider determinants of health.</p> | <p>professionals within the locality identified 2 pathfinder PCP projects to be taken forward in 2010/11. The pathfinder projects are a review of the dermatology care pathway for the Down area and medication reviews for nursing and residential homes in the North Down area. The LCG will work to progress the implementation of these projects and monitor progress. The LCG will also provide support to practices through the provision of information and resources to support projects which contribute to understanding and managing referrals to secondary care.</p> |
| <p>Greater use of generic drugs – The HSCB should ensure the level of dispensing of generic drugs increases to at least 64% by March 2011</p> | <p>The PCP pathfinder project in North Down will address prescribing issues within community nursing and residential homes. Each practice within a PCP area will be provided with a comparative analysis of the prescribing in terms of items and costs. This information will enable the PCP to identify areas of variation and review the appropriateness of prescribing practice across the PCP locality.</p> |
| <p>Unplanned Admissions – by March 2011 further develop early intervention approaches to support identified patients with severe chronic diseases so that exacerbations of their disease which would otherwise lead to unplanned hospital admissions are reduced by 50%</p> | <p>South Eastern LCG through the work of the PCPs will seek to acquire an improved understanding of demand patterns in terms of unplanned admissions and work to develop local plans to support self management by patients and the increased management and monitoring of chronic diseases within primary care.</p> |
| <p>Hospital Discharges – From April 2010 ensure that 90% of complex discharges take place within 48 hours, with no discharge taking longer than 7 days. All other patients should be discharged within 6 hours of being declared medically fit.</p> | <p>South Eastern LCG will continue to work with Trust and community and voluntary providers to ensure that a range of appropriate community based services are available within the community to facilitate timely discharge from hospital.</p> |
| <p>PRIORITY AREA 4: HELP OLDER PEOPLE TO LIVE INDEPENDENTLY <i>Aim: to ensure that older people are able to remain independent in their own homes and communities with a good quality of life for as long as possible. In 2010/11 £2.69m will be invested by SOUTH EASTERN LCG in Older Peoples Services in the locality. These will be designed to promote independence, recovery and rehabilitation and to support individuals to live fulfilling lives</i></p> | |

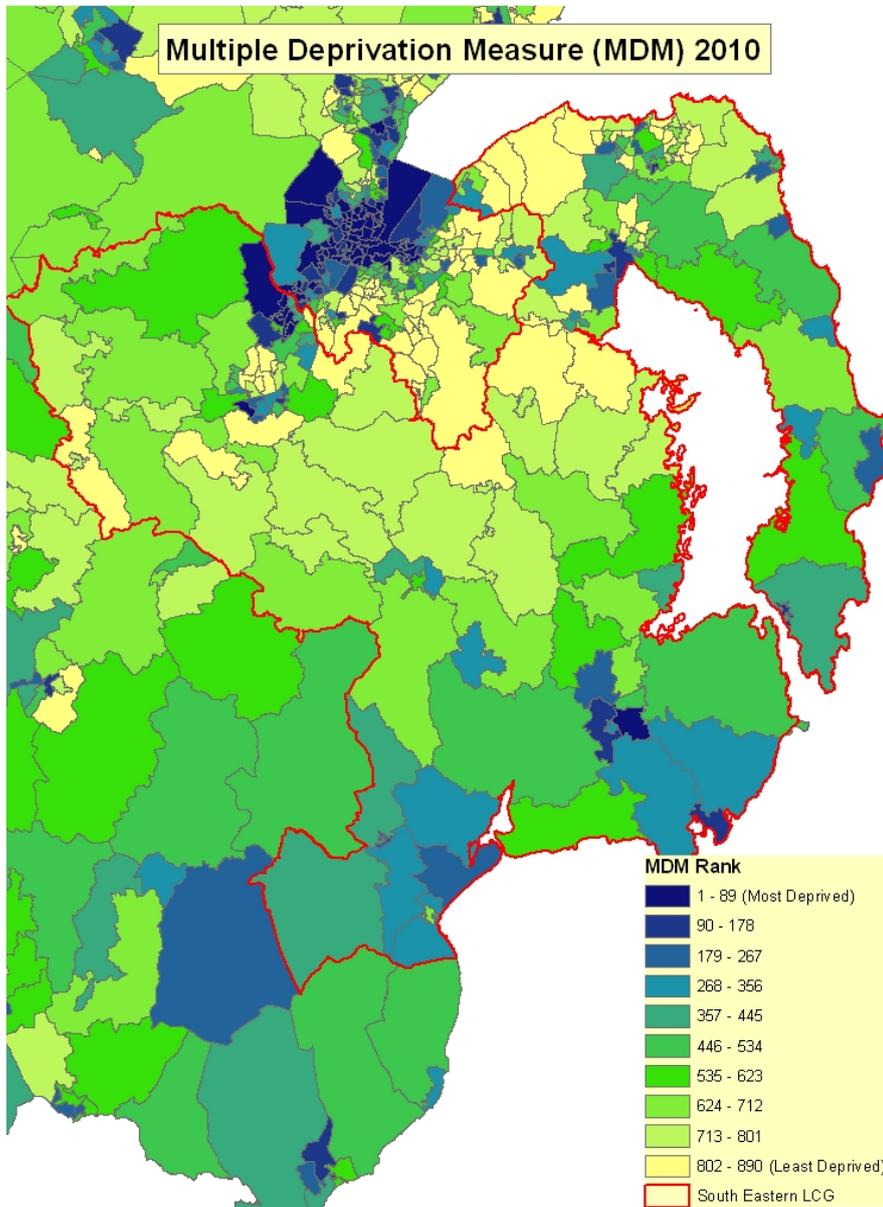
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| <i>where possible in the home environment.</i> | |
| PFA TARGET | |
| Supporting people at home: from April 2010, the HSC Board and Trusts should ensure at least 45% of people in care management have their assessed care needs met in a domiciliary setting. | South Eastern LCG is committed to the development of supported accommodation options and will continue to commission domiciliary care services that support this target. |
| Assessment and treatment of older people: from April 2010, the HSC Board and Trusts should ensure older people with continuing care needs wait no longer than eight weeks for assessment to be completed and should have the main components of their care needs met within a further 12 weeks. | South Eastern LCG is represented on the Regional Community Care Pressures Group which has been established to investigate the demand and capacity profile of community care services for the Older People's programme of care. |
| Individualised Care Plans: from December 2010, the HSC Board and Trusts should ensure any patient receiving a new care package at home is provided with a copy of their individual care plan to enable them to understand the level of care to be provided and who to contact if difficulties arise with care package arrangements. | South Eastern LCG will work with the South Eastern Trust to progress a model of reablement aimed at re-profiling services towards prevention and earlier intervention. This will involve commissioning services providing intensive intervention, especially after a period of hospitalisation, designed to maximise their independence and prevent further deterioration of their condition. |
| PRIORITY AREA 5: IMPROVE CHILDREN'S HEALTH AND WELL-BEING <i>Aim: to improve the health and wellbeing of children, to protect vulnerable children, to help families stay together and to improve outcomes for children and young people including those leaving care.</i> | |
| PFA TARGET | |
| Children in care: from April 2010, the HSC Board and Trusts should ensure children admitted to residential care have, prior to their admission: (i) been the subject of a formal assessment to determine the need for residential care, and (ii) had their placement matched through the Children's | Following on from the Inspection of Child Protection Services, 'Gateway', the single point of entry to Trusts Children's Services was established. South Eastern LCG are investing in South Eastern Trust to ensure the effectiveness of child protection arrangements and services to families through the operation of gateway teams and the production of high quality assessments. |

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| <p>Resource Panel process. For every child taken into care, a plan for permanence and associated timescale should be developed within six months and formally agreed at the first six-monthly LAC review.</p> <p>Family support interventions: by March 2011, the HSC Board and Trusts should:</p> <ul style="list-style-type: none"> • provide family support interventions to 3,000 children in vulnerable families each year • ensure that 90% of family support referrals are allocated to a social worker within 20 working days for initial assessment • ensure all family support referrals are investigated and an initial assessment completed within 10 working days from the date of original referral • on completion of initial assessment 90% of cases deemed to require a family support pathway assessment should be allocated within a further 20 working days | <p>The South Eastern LCG will commission a full-time change co-ordinator post, contribute towards a regional special Child Protection nurse and commission the recruitment of assistants and contact support workers to free up existing social work time.</p> <p>The primary focus of LCG investment is on family support services in the most deprived areas. To maximise investment South Eastern LCG intends to target those children living in compromised care situations due to domestic violence, parental mental health, drug/alcohol misuse or experiencing significant school based difficulties which are likely to exclude them from mainstream education.</p> <p>The investment will provide a range of support services such as day care, holiday schemes, diversionary activities and respite services for children living in households affected by domestic violence, alcohol and drug misuse, parental mental health issues and young people under the age of 18 who are at risk of homelessness or who are homeless. £220k will be invested by South Eastern LCG in relation to the support of Child Protection Gateway Teams. £199k will be invested by South Eastern LCG in Family Support packages and interventions.</p> |
| <p>PRIORITY AREA 6: IMPROVE MENTAL HEALTH SERVICES AND SERVICES FOR PEOPLE WITH DISABILITIES</p> <p><i>Aim: to improve the mental health of the population and to respond effectively to the needs of individuals with a mental health condition or a learning disability or physical/ sensory disability, and to support them to lead fulfilling lives in their own home and communities.</i></p> | |
| <p>PFA TARGET</p> | |

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| <p>Unplanned admissions: by March 2011, the HSC Board and Trusts should take steps to reduce the number of admissions to acute mental health hospitals by 10%.</p> | <p>South Eastern LCG will commission psychological therapy services which appropriately meet the needs of people particularly within levels 1 and 2 of the agreed stepped care model of service provision, including services provided by the voluntary and community sector. £158k will be invested by South Eastern LCG in Trust Psychological Therapy services.</p> |
| <p>Assessment and treatment: from April 2010, the HSC Board and Trusts should ensure no patient waits longer than 9 weeks from referral to assessment and commencement of treatment for mental health issues with the exception of psychological therapies for which no patient should wait longer than 13 weeks.</p> | <p>The HSCB/PHA wish to see the establishment in 2010/11 of a Regional Network of Trust Based Services for people with Personality Disorders and their Carers. This is expected to lead to reduced admissions to and length of stay in hospitals and appropriate management of referrals to generic mental health input and community services. A total of £185 will be invested in South Eastern Trust which includes £100k earmarked in 2009/10 but not committed pending issue of the Regional Personality Disorders Strategy. £185k will be invested by South Eastern LCG in Trust Personality Disorder Services.</p> |
| <p>Card before you leave: from April 2010, the HSC Board and Trusts should ensure that all adults and children who self harm and present for assessment at A&E are offered a follow-up appointment with appropriate mental health services within 24 hours.</p> | <p>The primary objective of this investment is to support the delivery and extension of psychological therapies within CAMHS in line with departmental policy and the stepped care model of service provision. This will include the need for Trusts to consolidate those services designed to support compliance with the Card Before You Leave scheme. £28k will be invested by South Eastern LCG.</p> |
| <p>Discharge (both mental health and those with a learning or physical/sensory disability): from April 2010, the HSC Board and Trusts should ensure that 75% of patients admitted for assessment and treatment are discharged within seven days of the decision to discharge, with all other patients being discharged within a maximum of 90 days. All mental health patients discharged from hospital who are to receive a continuing care plan in the community should receive a follow-up visit within seven days of discharge.</p> | <p>This investment is for the enhancement of community staffing, infrastructure levels and support with an emphasis on achieving and maintaining hospital admissions and discharge targets, and further development of the stepped care model of service provision within the Trust £89k will be invested by South Eastern LCG.</p> |

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| <p>Resettlement of learning disability patients (PSA 6.4): by March 2011, the HSC Board and Trusts should resettle 120 long stay patients from learning disability hospitals to appropriate places in the community compared to the March 2006 total. (Note: PSA target 6.2 for the resettlement of mental health patients has already been achieved.)</p> | <p>LEARNING DISABILITY: South Eastern Trust is asked to bring forward proposals for the resettlement of 1 long-stay patient from hospital to a home in the community which appropriately meets the needs of the individual. The LCG has committed £54k for this purpose.</p> |
| <p>Autism: from April 2010, the PHA, HSC Board and Trusts should continue to progress the ASD action plan, ensuring that all children wait no longer than 13 weeks for assessment following referral and a further 13 weeks for commencement of specialised intervention.</p> | <p>South Eastern Trust is asked to ensure that progress is achieved against the priorities identified in the Regional Autism Spectrum Disorder Action Plan, Priorities for Action and the HSCB's HWIP. The LCG has identified £108k 2010/11.</p> |
| <p>Respite – learning disability (PSA 6.7): during 2010-11, the HSC Board and Trusts should improve access to respite care through innovative approaches and service redesign, providing at least 125 additional respite packages by March 2011 compared to the March 2008 total.</p> | <p>Recognising that parents and carers have an important role to play in supporting people with a learning disability in the community, the Trust is asked to improve access to purposeful respite care through innovative developments. These may include residential, domiciliary, host family, leisure and social schemes which build on previous respite initiatives, in the year £40k.</p> |
| <p>Wheelchairs (PSA 6.6): by March 2011, the HSC Board and Trusts should ensure a 13-week maximum waiting time for all wheelchairs, including specialised wheelchairs.</p> | <p>PHYSICAL DISABILITY: South Eastern LCG will invest in wheelchair services in order to meet this specific target. In addition further monies will be invested in prosthetic services. South Eastern LCG will invest £202k in wheelchairs, including specialist wheelchairs and a further £13k in prosthetics.</p> |

APPENDIX1: Deprivation at Super Output Area Level



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APPENDIX 2: LCG Management Board Members

Dr Nigel Campbell, General Practitioner (Chair)

Dr Garth Logan, General Practitioner

Dr Paul Megarity, General Practitioner

Dr Colin Fitzpatrick, General Practitioner

Miss Louise McCormick, Community Pharmacist

Mr Peter Mullan, Dental Practitioner

Dr Paul Darragh, Consultant in Public Health Medicine, PHA

Mrs Deirdre Webb, Nursing Representative, PHA

Mr Brendan Forde, Allied Health Professional, PHA

Mr John Duffy, Social Work Representative, RHSCB

Miss Joyce McKee, Social Work Representative, RHSCB

Cllr William Ward, Elected Representative

Cllr Dermot Curran, Elected Representative

Cllr Andrew Ewing, Elected Representative

Cllr Angus Carson, Elected Representative

Mrs Heather Monteverde, Community & Voluntary Sector Representative

Mr David Heron, Community & Voluntary Sector Representative