Quality care – for you, with you

“Changing for a Better Future
2013-2015”

28th March 2013
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Section 1: Setting the Context

“Transforming Your Care: A Review of Health and Social Care in Northern Ireland”, described a compelling case for change in how health and social care is delivered in the future. Wide regional and local engagement has already been undertaken through the public consultation process for “Transforming Your Care” and at a local level, the consultation process has included direct engagement with members of the public, staff, community and voluntary sectors, local Councils, Political Parties, GPs, Dentists, Optometrists and Community Pharmacists and the Patient Client Council Local Advisory Committee.

The views of those consulted were fundamental in influencing the development of the key transformational changes that have been identified for the Southern area. The purpose of this document is to provide clarity about the strategic direction for services delivered by the Trust during the 2 year period 2013-2015 and specifically to identify what implementing “Transforming Your Care” will mean locally for individual services. This plan builds on the Trusts' last 5 year strategic plan “Changing for the Better” and we have called it “Changing for a Better Future”.
Section 2: Vision and Priorities for Change

The Trust’s vision is to deliver safe, high quality health and social care services, respecting the dignity and individuality of all who use them. This vision is underpinned by the Trust’s values which shape what we do and how we do it. These values are:

- We will treat people fairly and with respect
- We will be open and honest, and act with integrity
- We will put our patients, clients, carers and community at the heart of all we do
- We will value and give recognition to staff, and support their development to improve our care
- We will embrace change for the better
- We will listen and learn.

We want to be very clear about what is important to us as a Trust and what we want to achieve in providing health and social care to local people. The Trust’s priorities continue to be:

- Promoting safe, high quality care
- Maximising independence and informed choice for our patients and clients
- Being a great place to work, valuing our people
- Making the best use of resources
- Supporting people and communities to live healthy lives and improve their health and wellbeing
- Being a good social partner within our communities.
Over the next 2 years we must plan to achieve these priorities within a context where funding for health and social care is not increasing but demand for services is expected to grow. We believe that we can do this by changing how we do things including making the most of new technology; adopting best practice; treating people at an earlier stage and enabling them to improve their own health and well-being; and working differently with communities and other providers of services.

In this plan we have therefore summarised what the key areas of change are expected to be, describing these around four key themes that underpin the Trust’s future model of care across its services:

- Promoting early intervention, prevention and “wellness”
- Enabling choice, independence and care within the local community
- Primary, hospital and community care working more closely together
- Optimising our hospital network

We recognise that any proposed change to local health and social care service provision can be challenging and emotive, however we believe that this strategic plan describes how in the Southern area we can improve health and social care outcomes for our population and best protect vulnerable members of our community into the
future. Where we do believe there could be significant changes in how we deliver our services we will consult with you. It is expected that over the coming months we may be consulting on a number of proposals including those relating to:

- Statutory residential care provision
- Statutory day care
- Learning disability respite care
- Hospital services for older people
- Stroke services
- Trust’s Acute Strategy 2015+

We will make you aware of the commencement of any public consultation processes via advertisement in local press and on our website (www.southerntrust.hscni.net) in due course. We will ensure that the relevant documentation is accessible in a range of formats to encourage you to become involved over the consultation period and provide you with an opportunity to have your views heard which will be invaluable in informing decisions for future health and social care delivery in our area.
The Southern Trust provides a wide range of health and social care services across the council areas of Armagh, Banbridge, Craigavon, Dungannon and South Tyrone and Newry and Mourne with a population of some 364,000. The acute hospital services provided by the Trust from Craigavon Area Hospital and Daisy Hill Hospital are also used by people from other areas in Northern Ireland.
The Trust employs almost 13,000 staff; has an income of approximately £532m; and spends almost £1.5m per day delivering care to local people.

Key local factors contributing to the need for change in how we deliver health and social care include:

- **A growing and ageing population.** The Southern Trust population:
  - is projected to grow by 13.5% by 2020 compared to the NI average of 6.5%;
  - has high birth rates with a 12.6% increase in 0-17 population expected by 2020 compared to the NI average of 2.5%;
  - aged over 65 is estimated to grow by 33% compared to the NI average of 27% by 2020;

- **Increased numbers of people with long term conditions**

- **Increased demand and over reliance on hospital services**

- **Ensuring Safety and quality in service provision and meeting national standards and locally defined commissioning criteria.**

- **Financial challenges with no growth in funding at the same time as demand is increasing**
Section 4: Key Strategic Priorities 2013-2015

Section 4.1 Promoting early intervention, prevention and “wellness”

The Trust is committed to improving the health and well-being of the whole population and increasing access to early advice and support to make sure that people get to the right place to get what they need as soon as possible. We believe this will help increase the length of lives and increase the number of years people spend free from disease, illness and disability. This is not something we can do alone and we will continue to work with a wide range of partners in local communities, statutory organizations, voluntary and private providers to ensure a joined-up approach to key health and social care needs and the creation of the concept of Caring Communities.
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<th>Our priorities will be;</th>
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<td>• <strong>Giving children the best start in life</strong> through support from locally based family support hubs and the family nurse partnership</td>
<td>• Reducing the need for health and social care services intervening in people’s lives</td>
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<td>• <strong>Promotion of screening and prevention programmes</strong> particularly with populations/areas of low uptake of health care</td>
<td>• Improving health outcomes and addressing health inequalities</td>
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<td>• <strong>Improving access to early support and advice</strong> for older people through a single point of contact in an access and information center and working with partners to address social isolation</td>
<td>• Making better use of all of the resources available across partners, local communities and individuals</td>
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<td>• <strong>Promoting independence for people with mental ill health and disabilities</strong> through wellness recovery action plans and improved supports in primary and community care settings</td>
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**Section 4.2  Enabling choice, independence and care within the local community**

People repeatedly tell us that they want to be able to live in their own homes with the right support and stay as independent as possible for as long as possible and that they often want more choice and control about the type of care they can access. The Trust wants to respond to these messages ensuring that care needs are assessed around each individual person, that a wider range of supports are available across a range of providers and that home can truly become the hub of care

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<td><strong>Supporting skills and confidence for independent living</strong> by rolling out a re-ablement approach across the Trust area for older people and people with mental health and disabilities and working with other providers to offer a choice of daytime opportunities in a variety of settings</td>
<td>• A greater range of providers of health and social care services and local support and an increase in local social enterprises</td>
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<td><strong>Providing care around the needs of the individual</strong> through individual care plans that support increasing numbers of people to use personalised budgets to</td>
<td>• More domiciliary care being provided by independent, voluntary and social enterprise providers and less by the Trust</td>
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<td></td>
<td>• Reduced need for statutory residential care. <strong>The Trust will review and consult on the future provision of care in its 5 statutory residential homes for older people</strong></td>
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access a greater range of care services across a range of providers

• **Enhancing access to a range of community based assessment and treatment services** such as rapid response community teams to ensure quick access to additional supports that allow people to stay at home when this is needed. Additional community based support and foster care will also be developed to avoid the need for children and young people to come into residential facilities.

• **Ensuring that carers are supported** through specific assessment of their needs and by providing a range of different types of age-appropriate respite.

• **Increasing supported living accommodation options** to enhance choice and provide “own front door” modern, high quality housing solutions for older people and people with mental health and disabilities during 2013 and will cease admissions to these homes from 1st April 2013. Following the outcome of the Regional Review of Residential Care for Children, the Trust will consider the need to further consult on the future provision of residential children’s care

• Reduced need for statutory day care and changes to remaining provision to focus on the specific needs of people with dementia, challenging behavior and complex health care needs. The Trust will review and consult on significant changes to statutory day care services during 2013

• Increased and different ways of providing respite care. The Trust will review current respite provision during 2013 and will specifically consult on changes to learning disability provision.

• Completing the resettlement of people with mental health and learning disability out of long-stay hospitals and closure of these sites
Section 4.3  Primary, hospital and community care working more closely together

People who need health and social care often require support and treatment from a number of professionals and it is usually their expectation that these professionals will work together to share information and plan their care in a joined up way. While this happens in some cases it is not always true and the Trust wants to address this and ensure that, particularly for people with more complex needs and those with long-term conditions, that care is co-ordinated to avoid duplication, repetition for the patient and better outcomes.

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<td>• Supporting <strong>the development of Integrated Care Partnerships</strong> that join up the planning and delivery of care by primary, community, independent, voluntary and acute teams for frail older people and people of all ages with diabetes, respiratory conditions and who have had a stroke</td>
<td>• All areas of health, social care, community and voluntary sector working together to tailor care to the individual</td>
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<td>• <strong>Focusing on people ‘at risk’ of being admitted to hospital</strong> using GP practice populations and information from Trust services to identify individuals who will benefit from joined up care planning and support. Specific</td>
<td>• Less ‘unplanned’ hospital admissions and improved outcomes for people with more complex care needs and a reduction in the number of inpatient beds needed</td>
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<td>• More people with palliative or end of life care needs supported to die at home or in a community setting of their choice</td>
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support will be developed for people with palliative and end of life care needs.

- **Making the Expertise of specialist hospital based staff available** to provide more care and advice within the community to patients and professional staff supporting their care

- **Making effective use of technology** to allow people to actively participate in managing their own care at home supported by access to monitoring equipment and remote advice and to provide a shared view of all the information needed to effectively plan care for an individual

- **Improving facilities** within primary and community care to support team working and increasing access to diagnostic services

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<td>Single, integrated care plans being in place for people with long-term conditions and complex needs supported by agreed care pathways based on best practice internationally</td>
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<td>A least 2 new Community Treatment and Care Centres in the area by 2015 to support integrated team working</td>
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<td>Increased use of technology to connect primary, community and hospital staff around the needs of individual patients</td>
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<td>Reduced duplication of information and diagnostic tests</td>
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Section 4.4  Optimising our hospital network

The Trust is committed to developing and improving its services to continue to provide safe, effective and personal hospital services. We already operate our hospitals in a networked approach, making the best use of infrastructure and skills in delivering a range of specialist, acute, non-acute, dementia assessment and mental health and learning disability services. The Trust recognises that to deliver the most effective, evidence-based care that it is not possible to offer all services or treat all conditions at each of its hospitals. We will be considering how best services can be provided across our hospital sites in the development of a Trust-wide Acute Strategy for 2015+ which we would plan to consult on within the next 18 months. Any significant changes in service location proposed before then will be separately consulted on.

Our priorities will be:

- **Ensuring that growing demand for traditional hospital services can be met through new ways of providing care** outside hospital and working to see more patients within existing resources. This will include working with Primary Care to improve care pathways to better manage referrals and ensure that where appropriate diagnostic, treatment and review procedures are moved from the hospital into primary care

Which will result in:

- **Major acute hospital services and Consultant obstetric care continuing to be provided at both Craigavon and Daisy Hill Hospitals with some movement of service between sites.** This position will be kept under review as regional reviews are completed including those for Maternity and Paediatric services.
- **Reduced numbers of inpatient beds needed in our acute, non acute and dementia assessment hospitals** and increased investment in new community and
**• Re-balancing services across our hospital network** to improve outcomes for patients and make the best use of the skills of clinical and professional generalists and specialists.

**• Increasing use of technology and innovative solutions** to maintain local access to care where possible including use of virtual clinics

**• Increasing the range of services available as day or ambulatory (walk in/out) care** and enhancing access to services to get the right advice and treatment quickly when this is needed

**• Reducing waste of resources** reducing the number of appointments where service users ‘Do not attend’ and the incidence of cancelled operations.

**• Creating capacity to allow some services only provided in Belfast to be provided in our local hospitals**

**primary care services (‘shift- left’)**

**• Review of the numbers and location of hospital beds for older people, stroke care, addictions and people with dementia to ensure we meet national standards, provide centres of excellence and improve patient outcomes. The Trust will review and consult on any significant changes proposed for these services during 2013 taking into account the outcome of the Regional Review of Addiction Services**

**• More outpatient and diagnostic services provided outside the hospital**

**• Further development of local access to sub-regional services such as orthopaedics, urology, and cardiology**

**• Ensuring patient/client quality and safety is maintained and the user experience and satisfaction is enhanced**