

**ARMAGH & DUNGANNON  
LOCAL HEALTH & SOCIAL  
CARE GROUP**

Primary Care  
Investment Plan  
2003- 2006

Approved July 2003

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## EXECUTIVE SUMMARY

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# EXECUTIVE SUMMARY

## Introduction

This is the first Primary Care Investment Plan of the Armagh & Dungannon Local Health & Social Care Group. The LHSCG was formed in September 2002 and members of the Management Board were selected by a variety of means including recruitment, selection by peers and nomination. Five seats are reserved for General Practitioners who have not yet taken up their positions.

The Primary Care Investment Plan 2003 – 2006 sets out the Group's plans to address local and regional priorities outlines the necessary investment. It takes account of the actions required by Priorities for Action and the SHSSB's Health and Wellbeing Improvement Plan. The plan sets the strategic direction for three years and discusses in detail the plans for 2003 / 04. The first year focuses on building on existing successes, piloting new ways of working, evaluating evidence of good practice and identifying local health and social care priorities.

## Armagh & Dungannon

The boundaries of Armagh & Dungannon LHSCG are coterminous with the Armagh & Dungannon Health & Social Services Trust and includes the Council areas of Armagh & Dungannon. The population served is 103,500.

The Noble measures of deprivation in Northern Ireland indicate that Dungannon and Armagh are ranked as the 6<sup>th</sup> and 14<sup>th</sup> most deprived out of the 26 District Council Areas respectively. In Armagh & Dungannon coronary heart disease, stroke, accidents, lung cancer and breast cancer accounted for 47% of deaths in 2001.

## **Key Areas**

### Developing the Organisation

In 2003 / 04 the LHSCG will build on the organisational development carried out in 2002 / 03. The priorities are to recruit essential staff, develop the infrastructure and identify our training and development needs to support the delivery of our objectives.

As a committee of the SHSSB, the LHSCG will operate in the context of the Governance and Accountability Framework of the SHSSB and we will appoint a Management Board Lead and Subgroup to ensure that we fulfil our Governance obligations.

### Delivering Regional and Local Priorities

In the Primary Care Investment Plan we are committed to working in partnership with the Programme Commissioning Groups at the SHSSB and with the Primary Care Directorate to support the delivery of the targets highlighted in Priorities for Action and the Health and Wellbeing Investment Plan. We have identified a number of specific areas in which the LHSCG will play a key role.

- **Investing for Health**  
The LHSCG is a partner in the Southern Investing for Health Partnership and will contribute to the delivery of “Investing for Health” strategy locally.
- **Smoking Cessation**  
Funding has been allocated to enable 100 additional patients to be recruited to the Community Pharmacy Smoking Cessation Programme.
- **Health Promoting Pharmacies**  
Grants for the development of consulting areas in pharmacies to facilitate health promotion activities will be available for Community Pharmacies in Armagh & Dungannon.

- **Health Promoting Schools**  
Funding has been allocated to this initiative to enable schools in the Armagh & Dungannon area to identify their health priorities and carry out health promotion initiatives.
  
- **Managing Winter Pressures**  
The LHSCG has representatives on the SHSSB Managing Acute Pressures Group and will support community and primary care based initiatives to avoid the need for hospital admission and facilitate timely discharge.
  
- **Chronic Disease Management**  
A multi-disciplinary chronic disease management task group will be set up to look at four chronic diseases in which local development has started i.e. diabetes, coronary heart disease, chronic obstructive pulmonary disease and epilepsy and to take account of any other areas identified through needs assessment.
  
- **Commissioning**  
The LHSCG will undertake delegated commissioning for the elderly programme of care in partnership with the SHSSB and the other LHSCGs. This partnership arrangement will enable the LHSCG to influence the local development of services for older people and intermediate care services.
  
- **Primary Care Prescribing**  
In preparation for future responsibilities for prescribing in Primary Care, the LHSCG will work closely with the SHSSB to secure ongoing access to a Locality Prescribing Adviser to provide advice to the Management Board on prescribing issues and contribute to chronic disease management.
  
- **General Medical Services**  
In advance of the engagement of General Practitioners in the Management Board of the LHSCG the group will work closely with the SHSSB to learn about the management of general medical services.

- Falls Prevention  
The LHSCG will evaluate earlier pilots of falls prevention services and set up a task group to progress this work as part of the Older Peoples Enablement Network Project.
- Intermediate Care  
The LHSCG has funded an intermediate care service for people with dementia. The evaluation of this service will inform future decisions.
- Primary Care Counselling  
A Primary Care Counselling service, which was piloted in Armagh, has been established on a permanent basis through funding from the LHSCG. In 2003 / 04 the LHSCG will develop a pilot of a similar service for Dungannon.
- Inequalities in Health and Wellbeing  
A subgroup will be established to begin a local needs assessment to inform local priorities and decision making.
- Review of fund-holder services  
During 2003 / 04 the LHSCG will review existing fund-holder services and determine their future.
- Wound Care  
The LHSCG will continue funding for a Tissue Viability Nurse for Armagh & Dungannon until December 2003 to enable evaluation of this area-wide project.
- Involving Users, Local Communities, Staff, Professionals and Stakeholders  
A Communications and Public Involvement subgroup will be established to develop strategies for engagement of users, local communities and stakeholders and for communications.

A subgroup will also be established to identify ways of effectively involving local staff and professionals in the work of the LHSCG.

## Finance

The LHSCG has two sources of funding currently available to support the delivery of this plan – the LHSCG Management Allowance and the Primary Care Development Fund. All the Group's funds will be managed in accordance with the standing financial instructions of the SHSSB.

The Management Allowance is fully committed on a recurrent basis, however there is likely to be some in-year slippage which will be allocated to non-recurrent primary care service development.

The Primary Care Development Fund will be allocated to deliver the priorities set out in the Primary Care Investment Plan. It is anticipated that all these funds will be committed for 2003 / 04, however a process will be developed to allocate any slippage on a non-recurring basis.

## Conclusion

The Primary Care Investment Plan sets out the LHSCG's plans to deliver local and regional priorities. The subgroups and specific task groups will undertake the work outlined in the plan and will highlight additional or refine existing priorities for future years. We will seek to adapt to new opportunities and changes which may occur during 2003 / 04 but remain focused on the delivery of the key priorities for the population of Armagh & Dungannon.

## **1.0 STRATEGIC CONTEXT**

The Armagh & Dungannon Local Health and Social Care Group (LHSCG) was established in September 2002 and is one of 15 LHSCGs across Northern Ireland.

LHSCGs have been established to:

- provide a framework within which local professionals, community and service user representatives could work together to improve the delivery of local primary care services
- contribute to the improvement of health and social wellbeing of the local population
- support input from local communities to the planning and commissioning of services at a local level
- commission a range of services from April 2003.

The Armagh & Dungannon LHSCG serves a population of 103,500 and includes the Council areas of Armagh and Dungannon.

## **2.0 THE PURPOSE OF THE PRIMARY CARE INVESTMENT PLAN**

The Primary Care Investment Plan sets out the plans of the Armagh & Dungannon Local Health & Social Care Group to develop local primary care services and to work with and influence other parts of the health and social care system to deliver regional and local priorities. It is part of the SHSSB Health and Wellbeing Improvement Plan. The plan spans the three year period 2003/04 to 2005/06 focusing on the work of the Local Health & Social Care Group in 2003/04. Much of the funding available for 2003/04 will be used to pilot and evaluate new ways of working to inform future investment decisions in 2004/05 and 2005/06. It also builds on existing good practice from the Armagh Primary Care Commissioning pilot, enabling new services to be continued and extended. We are committed to involving staff and users in our decision making and we intend to facilitate this level of involvement through a number of sub-groups and specific task groups. The plan will be updated annually and the Local Health & Social Care Group hopes to be in a position to make longer term investment decisions to build on the successes of work done in 2003/04.

## **3.0 ARMAGH & DUNGANNON LOCAL HEALTH & SOCIAL CARE GROUP**

### **3.1 The Management Board**

The Local Health & Social Care Group is a committee of the Southern Health & Social Services Board and the chair attends SHSSB meetings as an associate member of the Board. The Chief Executive and Directors of the Board meet with the LHSCG Chairs and Managers quarterly as part of the accountability arrangements. The LHSCG Manager is also a member of the SHSSB Senior Management Team through attendance at the monthly Directors Commissioning Group. The relationship between the SHSSB and the LHSCGs is a positive, supportive one, which fosters partnership working towards shared goals.

The Armagh & Dungannon LHSCG is led by a Management Board who represent a range of people with experience in the delivery of health and social care, management and the local community. The 14 current members have been selected in a variety of ways; some appointed to represent their organisations, some selected by their peers and some recruited after public advertisement. Five seats are also reserved for GPs in the area. A full list of all management Board members is included at Appendix A.

We are committed to operating in an open and inclusive way that harnesses the skill, knowledge and energy of all those who seek to improve the health and social status of local people.

### **3.2 The Area Served**

#### Armagh

Armagh area is situated south of Lough Neagh and borders Dungannon, Craigavon, Banbridge and Newry & Mourne District Council Areas as well as County Monaghan in the Republic of Ireland.

## Dungannon

Dungannon area is situated to the West and borders Armagh, Craigavon, Omagh, Fermanagh and Cookstown District Council Areas.

### **Population Density**

<b>Area</b>	<b>2001 Mid Year Population Estimates</b>	<b>Area km<sup>2</sup></b>	<b>Persons per km<sup>2</sup></b>
Armagh	54,462	671	81
Dungannon	47,849	783	61
<b>Southern Board</b>	<b>312,190</b>	<b>3,189</b>	<b>98</b>
<b>Northern Ireland</b>	<b>1,689,319</b>	<b>13,576</b>	<b>124</b>

*Source: 2001 MYE*

## Housing

- 25% of all households in the Armagh and Dungannon area are rented from a public authority. This compares to a NI average of 29%.
- 9.8% of dwellings in the Armagh area are deemed unfit with 10.4% unfit in the Dungannon Area
- The concentration of unfit dwellings located in small settlements or isolated rural areas remains high in both Armagh and Dungannon areas:-  
Armagh = 80%      Dungannon = 76%      (NI average = 52%)
- 26.8% of Persons of Pensionable age in Armagh and Dungannon areas live alone

*Source: 1996 House Condition Survey*

### 3.3 The People Who Live Here

Estimated Population Growth in Armagh and Dungannon since 1991 MYE

Area	1991 Mid Year Population Estimates	2001 Mid Year Population Estimates	% Growth
Armagh	52,260	54,462	4.21%
Dungannon	45,480	47,849	5.21%
<b>Southern Board</b>	<b>290,355</b>	<b>312,190</b>	<b>7.52%</b>
<b>Northern Ireland</b>	<b>1,607,295</b>	<b>1,689,319</b>	<b>5.10%</b>

Source: Northern Ireland Statistics & Research Agency

#### Births

Total Live Births – December 2001

Residence Area	Total Live Births	Total Live Births to Teenage Mums*
	2001	2001
Armagh	720	37 (5%)
Dungannon	740	44 (6%)

\*Percentage of Total Live Births in brackets Source: Child Health Bulletin

#### Deaths

Area of Residence	Cause of Death	1997	1998	1999	2000	2001
Armagh	Accident	20	10	26	13	15
	Coronary Heart Disease	118	134	100	121	108
	Stroke	61	56	51	55	45
	Lung Cancer	16	18	26	21	25
	Breast Cancer	8	4	4	7	14
Dungannon	Accident	32	3	5	9	12
	Coronary Heart Disease	121	99	121	103	107
	Stroke	58	40	39	53	52
	Lung Cancer	18	18	19	15	14
	Breast Cancer	5	9	7	4	9

Source: General Register Office, NI Statistics & Research Agency

- In 2001 there were 455 deaths in Armagh (228 Males & 227 Females) and in Dungannon there were 391 deaths (195 Males & 196 Females)

Suicides

- During 2001 there were 4 suicides recorded in Armagh (3 males & 1 female) and 3 (3 male) in the Dungannon area.

Breastfeeding

Mothers Breastfeeding on Discharge from Hospital – December 2001

Year	Armagh		Dungannon	
	B/F	%	B/F	%
2001	226	31%	242	33%

Breast Screening

There has been a 77% uptake rate for Breast Screening in 2000/2001 in the Armagh and Dungannon area

Deprivation

- Overall, out of 26 District Council areas in Northern Ireland, Dungannon is ranked 9<sup>th</sup> and Armagh ranked 14<sup>th</sup> as being deprived based on the new Measures of Deprivation in Northern Ireland (Noble – July 2000)

### Unemployment and Benefits

- The following table shows the percentage uptake of benefits in the Armagh & Dungannon areas in comparison with Southern Board and Northern Ireland.

<b>Benefits</b>	<b>% Benefit uptake</b>			
	<b>Armagh</b>	<b>Dungannon</b>	<b>Southern Board</b>	<b>Northern Ireland</b>
Income Support (June 2002)	12.80%	18.46%	17.01%	14.98%
Unemployment Benefit (March 2002)	2.7%	2.3%	3.0%	3.0%
Working Family Tax Credit (May 2002)	9.94%	9.74%	11.17%	9.03%
Attendance Allowance (May 2002)	39.27%	44.41%	46.37%	36.61%
Disability Living Allowance (May 2002)	8.36%	10.70%	11.22%	9.29%
Job Seekers Allowance (June 2002)	3.88%	3.55%	4.77%	5.22%

## 4

## VISION AND OBJECTIVES

The vision for the Armagh & Dungannon LHSCG is to *improve the health and wellbeing of the people living in the Armagh and Dungannon area.*

We will do this *by improving the range, quality and accessibility of services, and by supporting local people to choose a healthier lifestyle.*

We will achieve this *through the skills and expertise of local staff and our partnerships with users, local communities, the voluntary and private sector and other public bodies.*

Our objectives for the year April 2003 to March 2004 are:

### **Developing the Organisation**

- Building up the LHSCG infrastructure and developing capacity
- Addressing training and development needs for all those involved in the LHSCG
- Ensuring that appropriate governance and accountability arrangements are in place (financial probity/clinical and social care governance)

### **Delivering Regional Priorities**

- To support the delivery of key regional objectives by developing and delivering local solutions.
- Influencing how other parts of the health and social care system address key regional priorities.

### **Identify and Address Local Priorities**

- To assess local needs for health and social care, and to identify local priorities for development.

- Build on and consolidate those service developments initiated in year 1 that have had a measurable impact on local health and wellbeing.
- To respond to these local priorities by setting up Task Groups involving local staff, users and other key partners. These Task Groups will provide recommendations on how to deliver local priorities in a way that suits local communities.
- Balance the need to deliver on regional objectives with the on-going identification of local priorities through an integrated assessment of local needs for health and social care.
- To develop delegated commissioning for the elderly programme of care in 2003/04

### **Engagement and Involvement of Local Professionals, Users and Communities**

- To develop partnerships with local staff, users and organisations with an interest in health and social wellbeing. These partnerships are seen as critical to the success of the LHSCG.
- Set up a task group to develop an agreed strategy for securing their direct involvement in local decisions.

### **Developing an Understanding of Specific Issues for Primary Care**

- To improve the access to, and range and effectiveness of, primary care services available to the people of Armagh and Dungannon.
- To build up knowledge and understanding of prescribing and general medical services issues in the local area. This objective is framed in the expectation that if GP's do become involved in the LHSCG, the Prescribing and GMS budgets will be devolved to the Group within a short period of time.

## **5 WHAT THE LHSCG HAS DONE SO FAR ...**

### **5.1 Establishing the organisation**

During 2002/03 the LHSCG has established itself as a local organisation, appointing a Management Board as described in 3.1 and recruiting a full-time manager. To date, GPs have not yet taken up their positions on the LHSCG Management Board. In the interests of ensuring that the LHSCG operates in an open and inclusive way, working relationships have been developed with local GPs through the LMC.

The involvement of GPs within the Management Board of the LHSCG would enable the group to begin to profile the provision of GP services within the area and to begin to plan for the development of these alongside other primary care services. The non-involvement of GPs within LHSCG structures makes such planning and development more difficult and emphasises the need for the LHSCG to work co-operatively with the SHSSB.

The LHSCG Management Board looks forward to a position being reached (through current discussions between the DHSS&PS and the British Medical Association) which would enable General Practitioners to be appointed to the Management Board.

### **5.2 Primary Care Development Funds 2002/03**

Prior to the establishment of LHSCGs, the Board amassed a Primary Care Development Fund amounting to £859k. This resource has been committed recurrently against the following areas:

LDS anti-coagulation	£150k
Treatment room services	£ 70k
Pharmaceutical Palliative Care Service	£ 10k
SALT	£200k
LDS hypertension	£130k

GMS staff scheme	£150k
Family planning	£ 25k

Slippage on the above schemes has been used in 2002/03 to fund a range of non-recurrent schemes. Also from this resource, £128k was committed non-recurrently to maintain services established under GP fundholding and the Armagh Primary Care Commissioning Pilot. Actual expenditure against such schemes has totalled £107k.

In this first year, 2002/03, the Armagh and Dungannon LHSCG was allocated £166,000 as Primary Care Development Funds. These funds have initially been invested on a short-term basis only to allow the Group to engage more directly with local people in determining the priority issues for long-term investment. Slippage on projects and the management allowance was also allocated on a non-recurrent basis for short-term initiatives.

A range of local and area-wide projects were funded which address a broad spectrum of need including winter pressures, chronic disease management, audits to identify needs, training, GMS and Primary care ICT modernisation. Grant aid to support community and voluntary groups was also allocated.

A Summary of use of Primary care development funds allocated by the LHSCG for 2002/03 is included as Appendix B.

**6****PRIMARY CARE DEVELOPMENT FUNDS 2003/04**

- 6.1 The total SHSSB recurrent Primary Care Development Fund available in 2003/04 is £1,482k. In addition for 2003/04, LHSCGs will have available to them on a non-recurrent basis, funds freed up following the end of GP fund-holding, this equates to a total of £286k.
- 6.2 2003/04 financial allocations indicated that a further £2m was to be made available for Primary Care; the Boards share of this equates to £361k. This has been allocated as additional funding for Primary Care Development and General Medical Services. £150K has been allocated to General Medical Services.
- 6.3 The Board may also have available to it, non-recurring funds made available under the Prescribing Incentive Scheme; as yet these are un-quantified. Circular HSS (PCD) 12/2002, indicated that any such savings are “available for use by the Board in consultation with LHSCGs and discussion with others as appropriate”.
- 6.4 For 2003/04, the Board will make available to LHSCGs the totality of the recurrent Primary Care Development Fund, any further Primary Care Development Funds allocated by DHSS&PS and the funds freed up on a non-recurrent basis following the end of GP fund-holding.
- 6.5 Armagh and Dungannon LHSCG will receive a share of the Primary care Development Funds on the basis of the combined list size of the GP practices within the Group (as at the end of December 2002). Therefore, the LHSCG has £296K available as recurrent and £92K available as non-recurrent from GP fundholding.

6.6 The Board will have an expectation on LHSCGs, to work where appropriate on a partnership basis to fund area-wide schemes e.g;

- Developments emerging as a consequence of PFA, including winter pressure schemes
- The development of on-going funding streams for locality prescribing advisors
- The implementation of Clinical & Social Care Governance
- The implementation of the GP ICT Modernisation Project (this incorporates also elements of the UPCI project)
- The development of a Board-wide primary care strategy.

### **7.1 Infrastructure and Capacity**

To deliver on the mission and objectives for the LHSCG, we will need to develop an infrastructure that comprises both support from core staff and the establishment of systems that engage all stakeholders in the planning and delivery of local services.

This will be achieved by using the management allowance allocated to the Group to recruit essential staff and to support the direct involvement of a wide range of professionals and service users in sub-groups and task groups. Refer to appendix C for proposed usage.

The capacity of the LHSCG to take on the challenging agenda set for us will also be dependent on the commitment and support of the SHSSB, ADHSST, CAHGT and local independent contractors.

### **7.2 Training and Development**

The breadth of issues to be addressed by the Group will require investment in training and development for Management Board members as well as the wider stakeholders that need to be involved directly in the planning and decision-making processes. We have identified funds from our management allowance specifically for this purpose in 2003/04. A subgroup of the Management Board will be formed to specifically look at training and development.

### **7.3 Governance**

7.3.1 The LHSCG is currently constituted as a committee of the SHSSB and as such is accountable through the Chair of the Group to the Chief Executive of the SHSSB. The Group will operate in the context of the governance and accountability framework for the Board, which includes risk management

arrangements, probity in the use of public funds and meeting the requirements for clinical and social care governance.

- 7.3.2 The Group will appoint a governance lead and sub-group from the Management Board to ensure the proper processes and systems are put in place and managed effectively.
- 7.3.3 The LHSCG will also have an Annual Accountability Agreement with the SHSSB that sets out the expectations of the SHSSB and how the performance of the LHSCG will be monitored.
- 7.3.4 The LHSCG Management Board will also wish to work closely with the SHSSB, and where appropriate with the local representative bodies for independent contractors, in order to learn more about the implementation of clinical and social care governance in independent contractor services.

The LHSCG has a responsibility to support the delivery of the government's Priorities for Action which set out the key priorities for health and social care for 2003/04.

The LHSCG Primary Care Investment Plan forms part of the SHSSB's Health and Wellbeing Improvement Plan (HWIP). The HWIP outlines the SHSSB's proposals to contribute to the delivery of Priorities for Action.

The LHSCG has a key role to play in delivering against some of the targets and will work with partners to contribute to other targets consistent with the plans outlined in the HWIP.

The LHSCG will have a key role to play in delivering against these priorities in the following key areas:

- Health Development
- Making Services More Responsive to Need
- Primary Care
- Child Health
- Community Care (for Older People, for People with a Disability, and those with Mental Health problems)
- Family and Child Care

### **8.1 Health Development**

The Investing for Health Strategy, developed under the Northern Ireland Assembly and launched in March 2002, sets out the Government's views on how the health and wellbeing of people in Northern Ireland can be improved.

The Strategy includes a number of actions to improve health and wellbeing and to reduce inequalities in health.

Locally, a Southern Investing for Health Partnership has been established to deliver the actions within 'Investing for Health', and the Armagh & Dungannon LHSCG is a member of this partnership.

The LHSCG wants to do as much as possible to contribute to the delivery of the 'Investing for Health' Strategy and other regional priorities for Health Development. The LHSCG is aware that much work is going on in the Southern Health and Social Services Board, Armagh and Dungannon Health and Social Services Trust, and general practice and wishes to support this work to implement the actions set out in Priorities for Action 2003/04 under Health Development. Areas where the LHSCG wishes to take specific actions are outlined in 8.1.1 to 8.1.9.

In addition, the LHSCG plans to contribute to the implementation of cross-Departmental Strategies and action plans for:

- Home Accident Prevention, specifically Falls Prevention
- Mental Health promotion
- Teenage Pregnancy and Parenthood.

#### 8.1.1 Increasing the Proportion of Local People Not Smoking

The 1997 NI health and wellbeing survey found that 30.4% of the SHSSB population were smokers. This figure was 27.6% for the Armagh and Dungannon population. In 2001, a smaller Health and Wellbeing Survey found that 31% of the SHSSB population smoke. Figures for the Armagh and Dungannon population were not available from this survey.

Action 2 of the Health Development Section of Priorities for Action 2003/04 tasks the HPSS with increasing the proportion of the adult population who do not smoke to 75% by 2006/07. The LHSCG plans to support the achievement of this target by funding a smoking cessation initiative in community pharmacy. Trained pharmacists will assess smokers referred by GPs and each person will be encouraged to complete a 14-week community based program of advice and support. Nicotine Replacement Therapy will be offered as appropriate. The LHSCG will provide funding to support the recruitment of 100 additional smokers in the Armagh and Dungannon LHSCG area.

The LHSCG also supports the ongoing smoking cessation clinics and the smoking cessation advice offered by pharmacists on the wards in Craigavon Area Hospital Group Trust and the smoking cessation clinics in Armagh & Dungannon HSS Trust.

#### 8.1.2 Increasing Local Uptake Rates for Cervical Screening

Under Action 6 of the Health Development Section of Priorities for Action 2003/04, Boards, Trusts and primary care professionals are required to co-operate to increase coverage of cervical screening to 75% by 31 March 2004, particularly targeting geographical areas where uptake is noticeably low.

The LHSCG is aware of a multidisciplinary group that promotes good practice and monitors performance against this target. The LHSCG is supportive of this ongoing work and will engage in discussions with this group, the primary care directorate at the SHSSB and ADHST to identify those areas of low uptake of cervical screening and to explore the reasons and possible options to improve uptake.

#### 8.1.3 Enhancing Detection and Management of Eye Disease in People with Diabetes

Action 7 of the Health Development Section of Priorities for Action 2003/04 requires Boards and Trusts to work with the Department to enhance the detection and management of eye disease in people with diabetes. The LHSCG intends to contribute to the achievement of this action by collaborating with the Board in taking forward the recommendations of the regional group and in the development of an expanded local service for eye screening.

Again, the LHSCG would wish to work with the Directorate of Primary Care at the Board to explore options to increase the proportion of local people with diabetes who have an annual screening for eye disease. This area will be considered in the work of the chronic disease management task group that will be set up in the LHSCG (ref 8.2.2).

#### 8.1.4 Improving Local Uptake of MMR Immunisation

Under Action 9 of the Health Development Section of Priorities for Action 2003/04, the achievement of a 92% uptake level of MMR at 24 months is set as a target.

In 2002/03, 93.8% of children in the Armagh area had MMR on or before their second birthday. This rate for Dungannon was 87.9%.

The LHSCG plans to work with the Board and the Trust to identify the reasons for areas of low uptake and to explore the options for improving the rates of uptake.

#### 8.1.5 Improving Local Uptake of 'Flu Vaccination

Under Action 10, the HPSS is tasked with achieving a 70% uptake of 'flu immunisation among the 65 years plus population, and 60% uptake among those under 65 with specific medical indications for 'flu immunisations.

In 2002/03, practices in Armagh and Dungannon immunised 73.8% of over 65s and 70.2% of the at risk groups. However, a number of practices failed to reach the targets for over 65 and the at risk groups.

The LHSCG wishes to support the achievement of these targets by working with the Directorate of Primary Care at the Board to identify the reasons for areas of low uptake and to explore the options for improving the rates of uptake.

The LHSCG also wishes to promote 'flu vaccination to the at risk and over 65 groups through community development approaches and in partnership with local professionals.

#### 8.1.6 Supporting the Establishment of 'Health Promoting Pharmacies'

Action 12 of the Health Development Section of Priorities for Action 2003/04 requires Boards to draw up an accreditation scheme for the establishment of 'Health Promoting Pharmacies' by September 2003.

The LHSCG plans to work with the Board's Director of Pharmaceutical Services to contribute to the development of the scheme. We intend to support local Community Pharmacies to achieve accreditation by providing a grant for the development of consulting areas within their premises. The provision of a consulting area will facilitate the delivery of health promotion initiatives.

#### 8.1.7 Working to Prevent Teenage Pregnancy

The LHSCG would wish to work in partnership with the Southern Investing for Health Partnership to address the actions within the Teenage Pregnancy and Parenthood Strategy.

#### 8.1.8 Mental Health Promotion

The LHSCG would wish to work in partnership with the Southern Investing for Health Partnership and the Mental Health PCG to address the actions within the Mental Health Promotion Strategy.

#### 8.1.9 Health Promoting Schools

The LHSSCG has contributed funding to the "Health Promoting Schools" initiative for schools in Armagh and Dungannon. Individual schools will use the funding for specific health promotion initiatives identified as their priorities for health. The LHSCG is very supportive of this work and will continue to work closely with the "Health Promoting Schools" initiative in the future.

### **8.2 Making Services More Responsive to Need**

Over recent years, pressure on all health and social services has continued to grow. The demand for hospital services is increasing. This section of Priorities for Action challenges Boards and Trusts and primary care professionals to improve the capacity and ability of services to respond to demand.

### 8.2.1 Managing Winter Pressures

The LHSCG is aware of the ongoing work of the Board's Managing Acute Pressures Group and is supportive of this work. The Armagh and Dungannon LHSCG has a number of representatives on this group which will be reviewing 02/03 winter pressure plans and developing these for 03/04.

As priorities are identified, the LHSCG plans to fund and support a range of community and primary care based initiatives, as in 2002/3, to avoid the need for hospital admission and facilitate timely discharge from hospital. This work will be done in partnership with the Board, Trusts, local professionals and the Craigavon and Banbridge and Newry and Mourne LHSCGs.

### 8.2.2 Chronic Disease Management

Action 4 of this section in 'Priorities for Action 2003/04 requires LHSCGs to develop at least one project during the year which will increase the capacity of primary care to address chronic diseases in the primary care setting and thus reduce pressures in the hospital sector.

We have identified four chronic disease areas where work has already started and new models of care are being piloted and evaluated. Some audits and projects have been funded non-recurrently through the primary care development fund in 2002/03 and other areas of work were developed through the Armagh Primary Care Commissioning Pilot and the SHSSB. During 2003/04, the LHSCG will review this work and in tandem with our local needs assessment and evidence of good practice from elsewhere, will prioritise future development and investment in chronic disease management.

The LHSCG will set up a multidisciplinary task group to progress this work on chronic disease management. This group will look at the four disease areas where local development has started and will take account of other chronic diseases as these are identified through needs assessment.

Ongoing work and investment from the LHSCG during 2003/04 is outlined below.

8.2.2.1 Primary Care Services for People with Diabetes.

The number of people with Type II (non-insulin dependent) diabetes is expected to rise significantly by 2010. This condition can be managed effectively within the primary care setting. National standards for the care of diabetic patients have been published in Great Britain and we therefore want to ensure that local people with diabetes have access to care that those meets quality standards. Diabetes has been identified by General Practitioners as a local priority in terms of local primary care clinics and access to outpatient clinics.

The following list of local initiatives have been identified and are supported by the LHSCG:

- ◆ In March 2003, the LHSCG funded a comprehensive audit of local people with diabetes who are managed in primary care. This will give us important information on the priorities for improving care and helping people to manage their disease.
- ◆ The LHSCG also funded a multidisciplinary team approach to managing diabetes known as the DAY project. This project began in December 2002.
- ◆ Funding was provided from January 2003 for dietetic and podiatry services to support local GP diabetic clinics.

The results of the audit, the evaluation of the investment in dietetic and podiatry services and the multidisciplinary project, will all help to inform the LHSCG about future developments. In the interim, the following immediate priorities have been identified and funded:

- ◆ The LHSCG will continue to fund the additional Dietetic and Podiatry services to support local GP Diabetic clinics until at least September 2003 to enable the service to remain in place while the results of the evaluation are considered by the task group.
- ◆ Funding will be provided until December 2003 to complete multidisciplinary diabetes project.
- ◆ A further audit in March 2004 will be funded to measure the improvements achieved.

#### 8.2.2.2 Primary Care services for People with COPD

In January 2003, the LHSCG funded an area-wide initiative to help people with COPD manage their illness better by providing a multidisciplinary pulmonary rehabilitation clinic in local primary care settings. During 2003/04, we plan to continue this initiative until at least September 2003 to allow a full evaluation of the effectiveness of this service.

The LHSCG also provided funding for GP practices to purchase spirometers to facilitate diagnosis and management of COPD. The LHSCG will work with the Primary Care Directorate to ensure that the provision of funding for spirometers is accompanied by training.

#### 8.2.2.3 Primary care services for people with coronary heart disease

A number of initiatives are currently ongoing in the management of coronary heart disease. A considerable body of evidence supports secondary and primary prevention of coronary heart disease through interventions to reduce coronary risk. Risk factors such as smoking, obesity, hypertension and raised cholesterol can be modified and reduce the morbidity and mortality associated with CHD.

Local initiatives that have been identified include:

- ◆ CHD Heartwise clinics were set up in GP practices in Armagh by the Armagh Primary Care Commissioning pilot. The LHSCG is supporting the continuation of them until March 2004.
- ◆ The Board has set up a local development scheme for the management of hypertension in primary care. This is a recurrent scheme related to health promotion.
- ◆ The LHSCG has provided a contribution in 2002/03 to an Exercise for Health Scheme for patients with coronary heart disease or obesity.

Evaluations of these initiatives will help to inform the LHSCG's future plans for investing in services for patients with, or at high risk of developing coronary heart disease.

#### 8.2.2.4 Primary care services for patients with epilepsy

Epilepsy is a common serious neurological condition with a prevalence rate of 5-10 cases per 1000. The condition brings patients into contact with many professionals within health and social care and in other agencies. It is important that the wider primary care team are involved in helping people with epilepsy manage their care and that effective communication processes are established between teams in primary and secondary care.

As a first step in seeking to improve the care available within the practice setting, the LHSCG will fund the SHSSB Effective Healthcare Team to undertake an audit of current provision within practices during 2003. This will provide information for each individual practice within the area and facilitate future development plans.

### 8.2.3 Intermediate Care

Action 5 in this section concerns the development of intermediate care schemes to avoid unnecessary hospital admission or support timely discharge from hospital. The LHSCG is aware of plans to develop local intermediate care schemes and is supportive of this work.

As part of the delegated commissioning for the elderly programme of care the LHSCGs, in partnership with the SHSSB will play a key role in the evaluation of Intermediate Care services in the SHSSB and in the development and implementation of a plan for future services. Armagh & Dungannon LHSCG will be represented on the multi-disciplinary steering group for Intermediate Care and the Elderly PCG by Management Board members as outlined in 8.3.1.

The LHSCG also has a specific interest in intermediate care for patients with dementia. Our plans for this patient group are detailed in 8.6.2.

We will also support the development of intermediate care through our role in the Managing Acute Pressures group.

## **8.3 Primary Care Services provided by Independent Contractors**

Investing to further improve primary care services provided by independent contractors (GPs, Pharmacists, Dentists, Opticians) is a key priority for the LHSCG.

In addition to the development priorities identified in the previous sections, the LHSCG plans further investment in services provided by GPs, Pharmacists, Dentists and Opticians to support the delivery of the following regional priorities.

Priorities for Action 2003/04 set a number of areas for development within primary care. The LHSCG plans to contribute to specific actions during 2003/04 in the areas outlined in sections 8.3.1 to 8.3.7.

### 8.3.1 Developing the Commissioning Role of the LHSCG

The Board recognises the potential contribution that LHSCGs can make to the commissioning process particularly when their efforts are married to the commissioning expertise that exists within the Board. At the same time, the Board clearly must also ensure that appropriate lines of accountability are maintained.

In light of this, the Board wishes to see delegated commissioning develop in partnership with an emphasis on collaborative working and joint responsibility for planning and decision making.

The Board and the LHSCGs wish to develop an approach which:

- Evolves at an agreed pace
- Is mindful of the developmental and work pressures on LHSCGs and on Board-based staff
- Contributes to the organisational development of both LHSCGs and the Board, building capacity for future development
- Maintains appropriate and clear lines of accountability
- Avoids duplication of effort and minimises bureaucracy
- Adds value to the commissioning function
- Develops 'whole-system' thinking and approaches

Preliminary discussions within the Board and with LHSCGs have suggested that the Elderly Programme of Care may be the most appropriate first area in which to proceed with delegated commissioning arrangements.

The aim of delegated commissioning in partnership with the Board is to enable LHSCGs to:

- Develop a detailed understanding of the needs of the programme and its delivery at local level. This should cover all aspects of service delivery and expenditure within the programme.

- Equip LHSCGs with the knowledge to enable them to work in partnership with the PCG and with local Trusts to ensure that the delivery of patient care is sensitive to patient needs, is integrated appropriately across all sectors and represents the best possible value for money.

Over the course of 2003/04, actual expenditure within the Elderly POC (which across the Board's area, accounts for approximately £75m per annum, or 24% of the Boards expenditure) would be identified over LHSCGs and this would be compared to information on the national capitation target for each LHSCG. (It should be noted that this apportionment of expenditure might indicate geographical inequities. Over time, the Board would determine a strategy for addressing these in conjunction with LHSCGs taking into account the relative capitation position of LHSCGs across other Programmes of Care, PFA targets and available growth monies.)

Representatives from the Armagh and Dungannon LHSCG will join the Elderly PCG and the Intermediate Care Steering Group. We will form a local task group to take forward work on refining local needs assessment across the range of Elderly POC expenditure.

The LHSCG will also form local Older People Enablement Network (OPEN) Project task groups. The OPEN project will focus specifically on falls prevention and a range of support services that would benefit from local multi-disciplinary and inter-agency working. We will co-operate with other LHSCGs as appropriate in this work to avoid duplication and to ensure consistency.

### 8.3.2 GP Appraisal

The LHSCG is aware of the development of GP appraisal in the SHSSB and recognises the importance of it. However, the current lack of involvement of GPs in the LHSCG limits our role in its development. We are supportive of the ongoing work and the LHSCG has a representative on the Board's GP appraisal group.

### 8.3.3 Medicines Management

The LHSCG will support the development of the community pharmacy medicines management initiative by working with the SHSSB Director of Pharmaceutical Services. We will engage with local community pharmacies through the Armagh and Dungannon locality group. We will seek to integrate medicines management in community pharmacy into our chronic disease management work.

### 8.3.4 Implementing the Community Pharmacy Strategy

The LHSCG will work with the Board to develop a local action plan for the implementation of the Community Pharmacy Strategy by December 2003, identifying priority areas for investment and agreeing a joint funding strategy for 2004/05. We will set up a pharmacy sub-group of the Management Board to gain a better understanding of the local issues relating to community pharmacy services.

### 8.3.5 Improving Dental Registration

The percentages of school children registered with a general dental practitioner varies from 66% in special school/unit, to 69.6% and 83.4% in primary and post primary schools respectively. The rates for 4-5 and 3-4 year olds are 6.4% and 7.1% respectively.

The LHSCG plans to work with the Board's consultant in Dental Public Health support to increase registration of 2 – 5 year olds. We will also promote this issue through locally through our community development networks and our links with SureStart and Health Visitors.

### 8.3.6 Primary Care Prescribing

The LHSCG will work with the Board to secure ongoing access to a locality prescribing adviser for the Armagh and Dungannon locality. This will enable the LHSCG to learn about the issues in prescribing in primary care in advance of taking formal responsibility for this area. The Prescribing adviser will work as part of the Board's area wide team and will build relationships with the Management Board, GP practices, nurse prescribers and community pharmacists in the Armagh and Dungannon

LHSCG area. Their main role will be to identify the local prescribing issues and to support prescribers to deliver high quality, cost-effective prescribing. They will also provide pharmaceutical advice to the LHSCG on prescribing, pharmacy and medicines management issues.

Priorities for Action highlighted the need for a review of prescribing of benzodiazepine medication. The prescribing adviser will work with the Board and general practitioners to conduct this review and will also support the development of chronic disease management programmes in primary care through participation in LHSCG task group.

We will also set up a task group for prescribing and medicines management to the LHSCG to learn about the issues and challenges in preparation for future responsibility.

#### 8.3.7 General Medical Services

The LHSCG Management Board is of the view that the future planning of primary care services within its area will be at its best when it is able to take full account of the myriad of disciplines which exist in the primary care setting, including GP based services.

The non-involvement of GPs within LHSCG structures, makes such planning and development more difficult and emphasises the need for the LHSCG to work co-operatively with the SHSSB. The majority of HPSS investments in General Practice are made under a stream of funding entitled General Medical Services (GMS). Such funds are invested in General Practice in accordance with the Statement of Fees and Allowances (often referred to as the 'red book) which regulates payments to GPs, and in accordance with local policies and decisions made by the SHSSB. Such decisions by the SHSSB are made in consultation with the Local Medical Committee.

GMS cash and non-cash-limited funds are made available for a range of recurrent and non-recurrent areas of investment and reimbursement in GP based services (the proportion of actual practice costs met from these funds varies from area to area). The range of investments includes:

- A range of practice allowances and items of service payments
- Premises (cost-rent schemes; notional rent; rent & rates; and improvement grants)
- Staff (practice employed staff costs; training for non-GPs; the provision of clinical supervision arrangements for Practice Nurses)
- Information Technology (new system developments; system upgrades; maintenance costs)
- The provision of GP out-of-hours services

Over recent years the SHSSB has sought to make changes and developments in each of the above areas. With the involvement of GPs within the LHSCG, it would be anticipated that the LHSCG will play an increasing role in this area.

For 2003/04 the LHSCG will agree with SHSSB and other LHSCGs the level of additional investment for GMS from primary care development funds.

In the immediate future, the LHSCG Management Board will nominate members to join a group with the other LHSCGs to work closely with the SHSSB, and where appropriate with the LMC, in order to:

- Learn more about the specific purposes of the various strands of GMS funds and the various rules and regulations associated with their management
- Understand how such funding flows will change with the possible implementation of the new GMS contract
- Learn more about the service issues, pressures and opportunities which exist for General Practice in relation to areas such as:
  - Increasing patient and professional expectations and demand that exists across the spectrum of GP provided services.
  - The implementation of clinical and social care governance

- The implementation of strategies associated with the GP ICT Modernisation Project
- Understand at a macro-level how GMS funds are invested within the LHSCG.

## **8.4 Child Health**

The LHSCG wishes to support the Priorities for Action targets in respect of:

### **8.4.1. Autism**

The LHSCG plans to work with the Board and Trust to develop proposals for enhancing autism services by 30 September 2003. We would particularly wish to explore the potential for development of local autism services within primary care and will do this initially through engaging in discussions with the Chairs of the relevant PCGs.

### **8.4.2 Therapy Services for Children with Disabilities**

Additional investment has been provided for 2003/04 for therapy services for children with disabilities. We will work with the Board and the Trust raise local issues with respect to this investment. We will also work with existing groups to identify the needs for further development.

### **8.4.3 Services for Children with Complex Needs**

The LHSCG will work with the Board to explore the local issues and needs in relation to services for children with complex needs.

## **8.5 Community Care**

Priorities for Action 2003/04 sets a number of areas for development of community care services. The LHSCG plans to contribute to the development of community care services through our role in delegated commissioning for the elderly programme of care.

## 8.6 Care of Older People

Priorities for Action 2003/04 sets a number of areas for development for the care of older people. The LHSCG plans to contribute to the care of older people via our role in delegated commissioning for the elderly programme of care. We will also contribute to the following specific actions during 2003/04:

### 8.6.1 Falls Prevention

Over the past three years, short term falls prevention initiatives have been put in place in the Armagh area, specifically targeting older people who have either recently fallen or who may be at risk of a fall. The LHSCG will set up a task group to consider the good practice and learning from these and other falls prevention initiatives and to work with the Board to jointly develop a suitable model for a local falls prevention service. It is anticipated that this group may form the basis of an OPEN project group which will focus specifically on falls prevention and a range of support services that would benefit from local multi-disciplinary and inter-agency working.

### 8.6.2 Intermediate Care

In January 2003, the LHSCG funded a 3-month pilot to provide intermediate care services for people with dementia. Initial feedback has indicated that this service has prevented a number of hospital admissions. We will continue to fund this initiative until at least September 2003 to fully evaluate its impact on hospital admissions, supporting carers and how it provides better care to local people with dementia. Based on the outcome of this evaluation, the LHSCG will make decisions on further investment in intermediate care services for local people.

The elderly care task group will look at the outcomes of this evaluation and good practice from elsewhere to provide advice to The Management Board about the most appropriate intermediate care schemes to avoid unnecessary hospital admission or support timely discharge from hospital for dementia patients.

## **8.7 Mental Health**

### **8.7.1 Primary care Counselling**

During the Armagh Primary care Commissioning pilot, a Primary Care Counselling Service was developed and has been evaluated and shown to be very effective. The LHSCG has decided to provide recurrent funding for this service in order to make it permanent. Discussions are also underway to expand the service into the Dungannon area. The Board and the LHSCG will work together on the development of a pilot of a similar service for the Dungannon. A task group for mental health will also be established to facilitate this work and to explore other primary care oriented mental health projects/initiatives.

### **8.7.2 Trauma Counselling/Trauma of the Troubles**

The LHSCG will support the ongoing work of the trauma advisory panel in regard to victims of the troubles. It will also work with the trauma counsellor within the Armagh & Dungannon HSS Trust. The LHSCG will support the work in regard to victims and advise on issues relevant to the Armagh and Dungannon population.

### **8.7.3 Priorities for Action**

The LHSCG recognises that Priorities for Action also has specific actions in relation to drugs and alcohol, CAMHS and eating disorders. The LHSCG will support the work of the PCG and advise on issues relevant to the Armagh and Dungannon population.

## **8.8 Learning Disability**

The LHSCG will support the learning disabilities PCG in commissioning services and care for people with learning disabilities.

## **8.9 Physical & Sensory Disability**

The LHSCG will support the work of the PCG responsible for commissioning for physical and sensory disability to implement the actions from Priorities For Action in relation to Brain injuries, housing, digital hearing aids and wheelchairs.

## **8.10 Family and Child Care**

The LHSCG will support the work of the Board and Armagh and Dungannon Health and Social Services Trust in relation to Family and Child Care. We will engage with the SureStart schemes in the area to identify the opportunities for the LHSCG to work in partnership with SureStart.

### **9.1 Inequalities In Health And Well Being**

The LHSCG is committed to responding to the needs of the population of Armagh and Dungannon. In its first year, the group has had limited opportunities to use the funding available or to influence commissioning to address inequalities in health and well being.

In 2003/04 the LHSCG will establish a sub-group, involving local professionals and stakeholders supported by those experienced in needs assessment, to collate the information available to assess local need and where necessary to commission specific pieces of work to identify needs.

In partnership with the other two LHSCGs, we are funding a one-year post to provide additional information support to inform our needs assessment work and our decision making.

The Primary Care investment plan for 2004/05 will be more targeted towards meeting the needs of the local population as a result of this work.

### **9.2 Review Of Existing Fund-Holder Services**

The LHSCG has committed on a non-recurrent basis to continue funding for services started under fundholding and the Armagh Primary care Commissioning Pilot. During 2003/04, we will work with the Primary Care Directorate to undertake a review of those services to assess the ongoing need and to determine their future. This work will also take account of issues such as equitable access for patients.

### **9.3 Wound Management**

As part of an area-wide project the LHSCG has committed funding for a Tissue Viability Nurse for Armagh and Dungannon until December 2003.

The Tissue Viability Nurses promotes good practice for wound care and the one year project will be evaluated to inform future decisions.

## **10 INVOLVING USERS AND LOCAL COMMUNITIES**

In our mission statement, we have committed to improving the health and wellbeing of the people of Armagh and Dungannon through the skills and expertise of local staff and our partnerships with users, local communities, the voluntary and private sector and other public bodies.

One of the major challenges for 2003/04 is to develop relationships with users and the local community and to have effective public involvement in the LHSCG. We will also need to identify and engage all the relevant stakeholders.

We propose to do this through establishing a sub-group to develop a strategy for effective involvement and engagement of users, local communities and stakeholders. Existing mechanisms for public involvement and engagement will also be used.

This sub-group will also develop a communications strategy to ensure that the profile of the organisation is raised in our local communities and within health and social care.

## **11 INVOLVING LOCAL STAFF AND PROFESSIONALS**

The other important group mentioned in our mission statement are the health and social care staff working within the Armagh and Dungannon LHSCG area.

We propose to set up a sub-group to identify ways of effectively involving and engaging local staff and professionals in the work of the LHSCG. Experiences from the Armagh Primary Care Commissioning pilot and the Health Action Zone will be very valuable in providing us with the benefit of their experiences in involving staff and professionals.

We have supported the development of SALT in the Board to provide teams with opportunities for protected learning time. These sessions provide the teams with unique networking opportunities and we will work closely with the Board to support the ongoing development of this initiative and to build on the networks created through SALT.

Throughout this plan we have indicated our intentions to set up subgroups of the management Board and specific task groups. Members of the Management Board will be involved in all of these groups. However, we intend to involve staff, professionals, users and community representatives in these groups to ensure that we utilise their varied skills and experience. We recognise that this level of involvement will need to be adequately resourced and have identified the funding from our management allowance.

## 12 FINANCIAL SUMMARY

The resources allocated to the Armagh and Dungannon LHSCG for 2003/04 are as follows;

### **Management Allowance** **£335,000**

These funds are allocated to cover management and administration costs and their use is governed by circular HSS(PCD) 2/2002. Details of expenditure plans are set out in Appendix C and cover the following main areas:

- Staffing costs, including compensatory and personal allowances paid to members
- Office expenses
- Funds to support the input of local staff, community and user representatives to Sub groups and Task Groups and to take forward a communications and public involvement strategy.
- Training and development support.

### **Primary Care Development Funds** **£296,000**

The immediate demands on these funds relate to the imperatives for the LHSCG as identified in Priorities for Action and discussed in section 7 of this Plan. The focus will then be on those areas identified as important locally. The processes to be used to allocate these funds will be developed by the Management Board.

Alongside local developments we will work in partnership with the Craigavon & Banbridge and Newry & Mourne LHSCG's to identify any projects that may be more effectively developed and funded across the whole Southern Board area.

### **Non-recurring funds (from GP fundholding)** **£92,000**

Following the end of GP fundholding, £92,000 was allocated to this area on a non-recurrent basis.

## Appendix A

### Membership of Armagh and Dungannon Management Board

#### Role on LHSCG

MRS CATHY McPHILLIPS	Chair
MRS JACQUELINE TONER	Social work representative
MRS CARMEL HARNEY	Nurse representative
MR ROBERT CUMMINGS	AHP representative
MRS ANN MALLON	Community representative
MRS MARIE-THERESE MCSORLEY	Community representative
MR KEVIN TOAL	Community Pharmacist representative
MR ERIC HAMILTON	Appointed Trust representative
MRS MAY THOMPSON	Appointed Trust representative
DR ANNE-MARIE TELFORD	Appointed Trust representative
MR TOM SMITH	Appointed SHSSB representative
MRS MAIREAD McALINDEN	Appointed SHSSB representative
MISS DEIRDRE TUNNEY	MANAGER (non voting member)
MRS SHEILA HENDERSON	SHSSB Finance (co-opted non voting member)

## Appendix B

### ARMAGH & DUNGANNON LHSCG

Allocation of Primary care development fund 2002/03

SCHEME/SERVICE	Brief Description	£k
*Additional support to GPs through winter period	Assist practices in coping with increased workload and pressures during the winter period by providing funding for additional hours	£11,794
Intermediate Care Schemes support	Extra resources to assist early discharge and prevent admission to hospital – would provide additional out of hours support and seek to provide extra service to dementia patients and their carers.	£25,000
*GP Out of Hours	Funding to assist ASADOC GP Doctors on Call to cope with the increased workload and pressures during the winter period	£5,000
Physiotherapy (oncology patients) Out of Hours Weekend Rota for Emergency Chest Care	Provision of physio cover for terminally ill patients over the weekend	£1,000
*Wound Care Formulary	Update and relaunch current wound care formulary in line with recent developments	£2,500
Epilepsy - Training and Audit	Undertake awareness training and audit of epilepsy care	£5,000
Diabetes - AHP Input (£18k)	Additional sessions for dietician/podiatrist	£28,000
- Practice Nurse Training (£3k)	Support training and development of practice nurses in relation to diabetes	
- Audit (£7k)	Roll out the audit to Dungannon	
GP ICT Training	GP training for new computer systems	£5,517
COPD	Multi-professional team approach for care of patients with COPD which is individually tailored	£5,150

Basic Footcare – Skills development for NH/Comm staff	Health promotion and practical training – empower people and their carers to carry out basic foot care as normally fit adults	£8,000
Primary Care Counselling - Audit to identify need	Undertake audit of Dungannon area to identify need for such a service	£1,000
Carer Project - to identify carers in Primary Care/GP records	Project to enable carers to be recognised i.e. when attending the surgery etc (recommendation of Carers Strategy)	£2,000
*Integrated Care Pathway for Schizophrenia Pilot	Development of an ICP for schizophrenia to improve quality of care and communication between professions	£1,000
Sexual Health Promotion in Primary Care	Training package for Primary Health Care Teams within the Armagh/Dungannon area	£4,000
Exercise for Health Scheme for CHD/Obesity	Contribution to recruitment and set up costs for exercise scheme for CHD/Obesity patients	£5,000
ICT for GP Modernisation Project	Replacement of computer systems which are not currently suitable and to facilitate the introduction of Health and Care number and PC ICT Modernisation programme.	£15,000
Improvement Grant shortfall in GMS	Improvement grants for premises to improve practice infrastructure	£31,000
Aids and Adaptations - Waiting List	Specialist equipment, minor and major adaptations to enable clients to continue living in the community, facilitate early hospital discharge	£13,000
Physiotherapy Triage – Armagh sector	To address waiting list pressures in physiotherapy	£13,000
Standardised Assessment Tools	Validated pre and post treatment measurements to support evidence based practice	£5,000
*Risk Management in Primary Care – Prescribing	Workshop(s) to be run for GPs, pharmacists and nurse prescribers in relation to prescribing to improve the health and well being of the local population	£7,500

Love for Life	Grant Aid to organisation which provides training programmes in primary schools and post primary schools and parenting programmes which address sexual health behaviour and other lifestyle issues among young people.	£7,600
NIAMH	Grant Aid to NI Association of Mental Health	£10,000
Equipment for Palliative Care	Equipment for palliative care for children	£2,300
Young Minds Matter	Funding to allow recirculation of the directory across primary care and relevant community care staff locally and to children across the SHSSB area.	£5,300
Men's MH Awareness Leaflet	Awareness leaflet and back up guidance for issues affecting men in the community to be placed in GP surgeries, post offices etc	£5,000
Farmer's Health Checks	Health checks in the Farmer's Market through HAZ, primary care and pharmacy professionals	£3,000
Printing Research on Men's MH	Printing and publishing of Men's Mental and Physical Health Research study which has been conducted within the area through HAZ	£4,000
Orthoptic equipment	Equipment for use in the Orthoptic Clinics in the Armagh & Dungannon Trust	£1,200
Infection Control	Training for Primary Care staff re the Infection Control manual	£1,000
Mouthguard Scheme	Provision of customised mouthguards for Form One children for use during contact sports	£5,000
Powered Toothbrushes	Provision of powered toothbrushes for special needs patients	£4,650
Oral Health Education	Training for Dental Nurses re smoking cessation, dietary advice and 'Change to Cup' programme	£2,790
Sensory Impairment Equipment	Demonstration equipment for people with sensory impairment	£4,650
Comms Lines	APCCP (Full year effect)	£11,104

Sexual Health Website	To update and add further information to the Sexual Health Website	£1,000
No Smoking Day	Purchase of bus shelter posters which would highlight the key message in prominent sites	£935
Infant Mannequins for parenting education	Purchase 5 teen parenting education infant mannequins used to provide realistic experiences of baby management skills	£833
STEP Community Development Worker	Community Development Worker to work with ethnic minorities in SHSSB area	£10,000
Equipment for AHPs		£6,000
MENCAP Schemes	Grant Aid	£10,000
Armagh Confederation of Voluntary Groups	To research, publish and update (and place on internet) annually a directory of all local community and voluntary groups. Grant Aid	£10,000
An Tearmann Project	Grant Aid	£3,500
Senior Citizens Forum	Grant Aid	£2,000
Epilepsy Action Armagh Branch	Grant Aid	£1,500
M.E. Group	Grant Aid	£500
Out & About	Grant Aid	£2,500
Armagh Cardiac Support Group	Grant Aid	£2,500
Health Promoting Schools	Funding to support initiatives in schools in Armagh and Dungannon area	£8,000
Stair Lifts	Purchase of 3 stair lifts for ADHSS Trust	£7,000
Aware Defeat Depression	Grant aid to fund activities of the local groups in Armagh and Dungannon	£2,000
Spirometers in General practice	Allocation to 19 practices to fund purchase of a spirometer for diagnosis and management of respiratory conditions	£23,750
Praxis Support Group	Grant Aid	£2,000

**\*also agreed by other LHSCGs**

**Appendix C**

**Management Allowance Expenditure 2003/04**

	<u>£</u>
<b>Allocation</b>	335,000
<b>Expenditure</b>	
Core Staff Costs	110,000
Management Board Members (Includes Personal & Compensatory Allowances)	88,900
Task Groups	50,000
Estate/Premises	27,500
Establishment costs	32,000
Training & development	<u>25,000</u>
<b>Total Expenditure</b>	<b>£333,400</b>
<b>Balance**</b>	<b>£1,600</b>

\*\* Any management allowance funds not used in 2003/04 will be allocated on a non-recurring basis into local service/project areas