2013 No. 1

The Health and Social Care (Commissioning Plan) Direction (Northern Ireland) 2013

The Department of Health, Social Services and Public Safety makes the following Direction in exercise of the powers conferred by section 8(3) of the Health and Social Care (Reform) Act (Northern Ireland) 2009(a):

Citation, commencement and interpretation

1.—(1) This Direction may be cited as the Health and Social Care (Commissioning Plan) Direction (Northern Ireland) 2013 and shall come into operation on 28 January 2013.

(2) In this Direction—
   “the Act” means the Health and Social Care (Reform) Act (Northern Ireland) 2009;
   “LCG” means a Local Commissioning Group appointed as a committee by the Regional Board in accordance with section 9 of the Act;
   “Commissioning Plan” means a plan to be prepared and published by the Regional Board in accordance with section 8(3) of the Act.

Health and Social Care Services that the Regional Board is to include in its Commissioning Plan

2.—(1) The Commissioning Plan to be prepared and published by the Regional Board shall provide details of the health and social care services which it will commission for the period 1st April 2013 to 31st March 2014, in line with the standards and targets set out in the Schedule, for consideration and approval by the Minister.

(2) The Commissioning Plan shall provide details of how the services being commissioned by the Regional Board align with and support the Executive’s Programme for Government (PPG), its Economic Strategy and its Investment Strategy; the Minister’s vision and priorities for health and social care; extant statutory obligations, including Equality duties under the Northern Ireland Act 1998(b); requirements under Personal and Public Involvement (PPI); the standards, policies and strategies set by the Department; and Departmental Guidance and Guidelines.

(3) The Commissioning Plan shall provide details of how the services being commissioned by the Regional Board and the Regional Agency represent an equitable use of the resources made available for health and social care to the Northern Ireland population, based on relative need. In doing so the Commissioning Plan must:

(a) include the Strategic Context – the environmental factors and drivers for change influencing the priorities and future service development and design, taking account of the strategic policies and priorities set by the Department;

(b) set out fully the services to be commissioned with details of specific commissioning intentions designed to deliver on targets, standards and strategic priorities in this Direction. This should include the values and volumes of services commissioned and how

(a) 2009 c.1 (N.I.)
(b) 1998 c.47
they relate directly to meeting the assessed needs of the population and the delivery of standards and targets;

(c) include the five LCG Commissioning Plans as a part of the Commissioning Plan and set out clearly how the LCG plans are reflected in the overall Plan. This should reflect the use of an evidence-based methodology, including the Capitation Formula (subject to approval by the Department), to assess the relative needs of the populations of the LCG areas and hence each LCG’s target fair share, and the actual resources deployed for the respective populations;

(d) reflect the principles, values and standards set out in the Quality 2020 Strategy to improve the safety, effectiveness and patient/client experience;

(e) support the aims and outcomes of the Public Health Strategic Framework 2012-22 and address health inequalities;

(f) support the implementation of agreed service delivery changes arising from the proposals set out in Transforming Your Care;

(g) demonstrate how the commissioning of services drives improvement and how performance management of the HSC Trusts and other providers is used to ensure that commissioning of services meets assessed needs and delivers the targets and standards through effective and efficient use of the available resources; and

(h) include specific commissioning intentions designed to support the six PFG commitments led by DHSSPS, to achieve PFG milestones for 2013/14, and also plan for the achievement of PFG milestones for 2014/15.

3.—(1) The Commissioning Plan shall demonstrate how the commissioning proposals deliver on the following key strategic priorities and statutory obligations:

(a) To improve and protect health and well-being and reduce inequalities, through a focus on prevention, health promotion, anticipation and earlier intervention;

   The Commissioning Plan must demonstrate how the services to be commissioned reflect the contents of the Public Health Strategic Framework and related population health strategies and are conducive to the improvement of the health and social well-being of, and the reduction of health inequalities between, people in Northern Ireland to fulfil the requirements of Section 2(3) (g) of the Act. There should be a strong focus in the Plan on the preventative and early intervention measures being taken by the Regional Board and Regional Agency.

(b) To improve the quality of services and outcomes for patients, clients and carers through the provision of safe, resilient and sustainable services;

   The Commissioning Plan must demonstrate how services to be commissioned will fulfil the statutory duty on the Regional Board under Article 34(1)(a) of the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003(a). The Plan must explain the outcomes which will be delivered for patients and clients through commissioning. The design and delivery of services must be based on research and a sound evidence base. The Commissioning Plan should set out how commissioning of services will meet the assessed need and support the delivery of changes to health and social care services arising from the proposals in Transforming Your Care.

(c) To improve the management of long-term conditions in the community, with a view to improving the quality of care provided and reducing the incidence of acute hospital admissions for patients with one or more long term conditions;

   The Commissioning Plan must demonstrate how the services commissioned will improve access to treatment, care and support closer to home, and facilitate people to live as independently as possible in their own community. This should include preventing people unnecessarily entering hospital and enable them to return home safely as soon as they are

(a) S.I. 2003/431 (N.I. 9)
fit to do so. The Plan should set out how services being commissioned will meet the requirement for more effective chronic condition management. The Plan should demonstrate how fostering innovation in the delivery of services has been adopted working with a range of providers to improve patient and client care, including through the use of eHealth.

(d) To improve the design, delivery and evaluation of health and social care services through involvement of individuals, communities and the independent sector;

The Commissioning Plan must detail how the Regional Board propose to take forward the design and delivery of services developed around the local needs of patients and clients through strengthened local commissioning and performance management systems, and working in partnership with other organisations, as appropriate.

(e) To improve productivity, by ensuring effective and efficient allocation and utilisation of all available resources in line with priorities;

The Commissioning Plan must act as a driver for improvements in quality, productivity, efficiency, effectiveness and patient and client outcomes. It must demonstrate how the Regional Board and Regional Agency intend to incur expenditure within their budgets, how the Regional Board intends to ensure that HSC Trusts do not exceed budget allocations, and how proposed expenditure makes best use of the resources available to meet its statutory obligations under section 8(2)(b)(iii) of the Act. It must also demonstrate how the Regional Board and Regional Agency will adopt and implement learning from relevant benchmarking studies; the experience of other organisations and how they intend to promulgate and share best practice.

(f) To ensure the most vulnerable in our society, including children and adults at risk of harm, are looked after effectively across all our services;

The Commissioning Plan must demonstrate that the services being commissioned are sufficient to ensure that statutory responsibilities to assess needs, safeguard, protect and support vulnerable groups will be met. There should be an emphasis on prevention and early intervention, in particular in connection with those families whose children are on the edge of care. The Plan will demonstrate how all HSC Trusts, as corporate parents, will be expected to meet the specific needs of looked-after children by providing high quality, enduring placements for them and supporting their transition out of care and into adult life.

Costs incurred in commissioning

4.—(1) The Commissioning Plan shall include details of how the total available resources, as specified by the Department in its respective budget allocation letters to the Regional Board and Regional Agency respectively for the financial year from 1st April 2013 to 31st March 2014, have been committed to the HSC Trusts or other persons or bodies, from which the Regional Board and Regional Agency commission health and social care. This should include a breakdown of planned commitments at programme of care level covering both the Regional Board and Regional Agency resources.

(2) This information shall be provided separately for resources allocated to the Regional Board and resources allocated to the Regional Agency.

(3) This information shall be provided separately for each of the five LCGs, for provider organisations and for services commissioned regionally by the Regional Board and Regional Agency in the manner specified by the Department in its budget allocation letters.

(4) This information shall include an analysis of how the Regional Board plans to shift the proportion of spend from hospital services to community services in accordance with Transforming Your Care.

Andrew McCormick
Permanent Secretary
A senior officer of the
Department of Health, Social Services and Public Safety
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<th>Priority</th>
<th>Standard/ Target</th>
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| To improve and protect health and well-being and reduce inequalities through a focus on prevention, health promotion, anticipation and earlier intervention | **Bowel cancer screening**
1. The HSC will extend the bowel cancer screening programme to invite in 2013/14 50% of all eligible men and women aged 60-71, with a screening uptake of at least 55% in those invited; and will have in place all the arrangements necessary to extend bowel cancer screening to everyone aged 60-74 from April 2014.

**Family Nurse Partnership**
2. By March 2014, improve long-term outcomes for the children of teenage mothers by rolling out the Family Nurse Partnership Programme beyond the first test phase to one further test site. |
| To improve the quality of services and outcomes for patients, clients and carers, through the provision of safe, resilient and sustainable services | **Hip fractures**
3. From April 2013, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.

**Cancer care services**
4. From April 2013, ensure that 95% of patients urgently referred with a suspected cancer, begin their first definitive treatment within 62 days.

**Unscheduled care**
5. From April 2013, 95% of patients attending any Type 1, 2 or 3 Emergency Department are either treated and discharged home, or admitted, within 4 hours of their arrival in the Department; and no patient attending any Emergency Department should wait longer than 12 hours.

**Hospital re admissions**
6. By March 2014, secure a 10% reduction in the number of emergency re admissions within 30 days.
7. From April 2013, at least 70% of patients wait no longer than nine weeks for their first outpatient appointment, increasing to 80% by March 2014; and no patient waiting longer than 18 weeks, decreasing to 15 weeks by March 2014.

8. From April 2013, no patient waits longer than nine weeks for a diagnostic test and all urgent diagnostic tests are reported on within 2 days of the test being undertaken.

9. From April 2013, at least 70% of inpatients and daycases are treated within 13 weeks, increasing to 80% by March 2014; and no patient waiting longer than 30 weeks for treatment, decreasing to 26 weeks by March 2014.

Healthcare acquired infections

10. By March 2014, secure a further reduction of x% in MRSA and *Clostridium difficile* infections compared to 2012/13.[x to be available in March 2013]

Organ transplants

11. By March 2014, 30% of kidneys retrieved in Northern Ireland through DCD are transplanted in Northern Ireland.

Specialist drugs

12. From April 2013, no patient should wait longer than 3 months to commence NICE approved specialist therapies for rheumatoid arthritis, psoriatic arthritis or ankylosing spondylitis; and no patient should wait longer than 9 months to commence NICE approved specialist therapies for psoriasis decreasing to 3 months by September 2013.

Stroke patients

13. From April 2013, ensure that at least 10% of patients with confirmed ischaemic stroke receive thrombolysis.
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<tr>
<th>Medicines Formulary</th>
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<tr>
<td>14. From April 2013, ensure that 70% compliance with the Northern Ireland Medicines Formulary is achieved within primary care.</td>
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<tr>
<th>Allied Health Professionals (AHP)</th>
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<td>15. From April 2013, no patient waits longer than nine weeks from referral to commencement of AHP treatment.</td>
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<th>Telemonitoring</th>
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<td>16. By March 2014, deliver 500,000 Telehealth Monitored Patient Days (equivalent to approximately 2,800 patients) from the provision of remote telemonitoring services through the Telemonitoring NI contract.</td>
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<tr>
<td>17. By March 2014, deliver 720,000 Telecare Monitored Patient Days (equivalent to approximately 2,100 patients) from the provision of remote telecare services including those provided through the Telemonitoring NI contract.</td>
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<th>Long term conditions</th>
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<td>18. By March 2014, develop and secure a range of quality assured education, information and support programmes to help people manage their long term conditions effectively.</td>
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<th>Unplanned admissions</th>
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<tr>
<td>19. By March 2014, reduce the number of unplanned admissions to hospital by 10% for adults with specified long term conditions.</td>
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<tr>
<th>To improve the design, delivery and evaluation of health and social care services through the involvement of individuals, communities and the independent sector</th>
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<tr>
<td>Integrated Care Partnerships</td>
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<td>20. During 2013/14, to implement Integrated Care Partnerships across Northern Ireland in support of Transforming Your Care.</td>
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<tr>
<th>To improve productivity by ensuring effective and efficient allocation and utilisation of all available resources, in line with priorities</th>
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<td>Unnecessary hospital stays</td>
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<tr>
<td>21. By March 2014, reduce the number of excess bed days for the acute programme of care by 10%.</td>
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<td>Patient discharge</td>
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<td>22. From April 2013, ensure that 99% of all learning and disability and mental health discharges take place within 7 days of the patient being assessed as medically fit for discharge, with no discharge taking more than 28 days; 90% of complex discharges from an acute hospital take place within 48 hours, with no complex discharge taking more than 7 days; and all non-complex discharges from an acute hospital take place within 6 hours.</td>
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<th>Learning disability and mental health</th>
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<td>23. By March 2014, resettle 75 of the remaining long-stay patients in learning disability hospitals and 23 of the remaining long-stay patients in psychiatric hospitals to appropriate places in the community, with completion of the resettlement programme by March 2015.</td>
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<th>Children in care</th>
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<td>24. From April 2013, increase the number of children in care for 12 months or longer with no placement change to 85%.</td>
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<td>25. From April 2013 ensure a 3 year time-frame for 90% of all children to be adopted from care.</td>
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<td>26. By March 2014, increase the number of care leavers aged 19 in education, training or employment to 75%.</td>
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<th>Mental health services</th>
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<td>27. From April 2013, no patient waits longer than 9 weeks to access child and adolescent mental health services; 9 weeks to access adult mental health services; and 13 weeks to access psychological therapies (any age).</td>
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<th>People with care needs</th>
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<td>28. From April 2013, people with continuing care needs wait no longer than 5 weeks for assessment to be completed, and have the main components of their care needs met within a further 8 weeks.</td>
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EXPLANATORY NOTE TO ACCOMPANY THE HEALTH AND SOCIAL CARE
(COMMISSIONING PLAN) DIRECTION (NORTHERN IRELAND) 2013

1. The direction sets out the focus for the Regional Board and Regional Agency in the
commissioning of Health and Social Care services during the year 1st April 2013 to 31st
March 2014.

2. The Minister’s vision for the integrated health and social care system is to drive up the
quality of health and social care for clients and patients and their carers, to improve
outcomes, to safeguard the vulnerable, and to ensure that patients, clients and carers have
the best possible experience in every aspect of their treatment, care and support.

3. The Commissioning Plan needs to have a strong focus on improvement in outcomes and
services for individuals, families and communities. This requires planning improvements
in health and social well-being, including the promotion of civic responsibility and social
inclusion, over the longer term, and specifying the contribution that each year’s
commissioning of services will make to the longer term goals. In this regard, the Quality
2020 Strategy including service frameworks, Public Health Strategic Framework 2012-22
and related population health and social care strategies should inform the Regional Board
and Regional Agency approach to commissioning. The Plan should set out very clearly
the linkages to these Strategies and to the relevant commitments included in the
Executive’s Programme for Government (see Annex A) and Economic Strategy.

4. Quality 2020 defines quality as:

Safety — avoiding and preventing harm to patients and clients from the care, treatment
and support that is intended to help them.

Effective — patients and clients receiving the right care, at the right time, in the right
place, with the best outcome.

Patient and Client Focused — all patients and clients are entitled to be treated with
dignity and respect and should be fully involved in decisions affecting their treatment,
care and support.

5. The three dimensions of quality need to be addressed in commissioning plans in a
coherent and integrated manner. Quality 2020 should be a reference point for all service
development and delivery in future commissioning.

6. The overall outcomes sought for patients, clients and their carers across the integrated
health and social care services are as follows:-

- preventing people from dying prematurely;
- helping people to recover from episodes of ill-health, or following injury or other
traumatic event;
- treating and caring for people in a safer environment, empowering them and
helping safeguard them from avoidable harm;
- enhancing the quality of life for people with long term conditions;
- ensuring people have a positive experience of treatment, care and support;
- helping to improve the wider determinants of health and social well-being and the
promotion of healthy sustainable communities;
- improving life choices of children who are unable to live with their birth parents.

7. In pursuit of the achievement of these outcomes, the Minister’s priorities are to:-

a. improve and protect health and well-being and reduce inequalities, through a
focus on prevention, health promotion, anticipation and earlier intervention;
b. improve the quality of services and outcomes for patients, clients and carers, through the provision of safe, resilient and sustainable services;

c. improve the management of long-term conditions in the community, with a view to improving the quality of care provided and reducing the incidence of acute hospital admissions for patients with one or more long term conditions;

d. improve the design, delivery and evaluation of health and social care services through the involvement of individuals, communities and the independent sector;

e. improve productivity, by ensuring effective and efficient allocation and utilisation of all available resources in line with priorities;

f. ensure the most vulnerable in our society, including children and adults at risk of harm, are looked after effectively across all our services.

8. Commissioning must also support the direction set by Transforming Your Care which presents a model with the individual not the institution at the centre of the system, with treatment, care and support provided as close to the home as possible, and services which are safe, resilient and sustainable. The Commissioning Plan should indicate how agreed service changes arising from the Transforming Your Care proposals will be supported by commissioning decisions. It should also recognise that service redesign must reflect evidence of good practice, innovation, workforce development and skills mix. Commissioning Plans each year will support the implementation of agreed changes arising from the TYC proposals and deliver the shift of resources from hospital to primary and community care services.

9. Transforming Your Care recommended the production of a Population Plan for each LCG area which were to assess the needs of the local population based on demographics and population health trends, and identify how those needs would be met in future. The Plans are complemented by an overarching Strategic Implementation Plan which draws together the key elements of the Population Plans, including cross-cutting regional aspects. The final agreed Strategic Implementation Plan and five Population Plans will inform the commissioning of services in 2013/14 and beyond.

10. The objective is to have in place standards and targets which reflect a strong outcome focus in helping to drive forward improvements in the quality and safety of care. Quality 2020 recognises the importance of standards (including service frameworks) and evidence of good practice. It commits to the identification and development of a set of quality indicators for use in monitoring strategic improvements embracing the 3 components of safety, effectiveness and patient / client / carer experience. A regional annual quality report will be published covering all bodies from 2013/14 onwards. The targets and standards should also reflect relevant actions for the Executive's Programme for Government Delivery Plans and the Economic Strategy Comprehensive Action Plan.

11. The Commissioning Plan Direction for 2013/14 supports the Minister's vision and priorities and pursuit of outcomes as set out above and the use of commissioning to help drive change. There should be a shift in focus from an over-emphasis on activities to the quality of care delivered. The targets and standards included in the Schedule to the Direction do not imply that other services or standards are less important. Indeed, there needs to be a focus on improving performance across the health and social care system. They represent particular areas for focus in the coming year and are complemented by identified indicators of performance included in a separate Indicators of Performance Direction to the Regional Board.

12. Effective performance management of the health and social care system requires availability of a range of indicators to help track trends. The Indicators of Performance Direction has been produced alongside the Commissioning Plan Direction to ensure that the HSC has a core set of indicators in place, on common definitions across the sector. The Regional Board, Regional Agency and HSC Trusts are expected to monitor the trends
in indicators, and take appropriate and timely action as necessary in light of emerging trends.

13. The targets, standards and indicators for 2013/14 are intended to provide a coherent and timely set of measures in key areas of HSC activity, to inform assessments of the effectiveness of actions taken and use of resources, aligned to the Minister’s strategic priorities for health and social care services. The Commissioning Plan and the commissioning intentions within the Plan should demonstrate an understanding of the relationship between the targets and indicators of performance and the delivery of the Minister’s objectives and strategic direction. The Commissioning Plan should contain details of how the Regional Board intends to ensure that performance management information is used effectively in the decisions on the commissioning of services and that the best use is made of the resources available to achieve service improvements during 2013/14. The Plan should explain how the Regional Board will use analysis to investigate variations in unit cost and performance and detect deteriorating trends, and take early action to address them. This should particularly be the case in regards to emergency departments and waiting lists. There should be a clear explanation of the actions the Regional Board will take to address significant under performance against requirements by providers.

14. The Plan should include a review of what was achieved in 2012/13, including the effectiveness of actions which were taken to ensure that the targets were met and that standards maintained, and for relevant services, an assessment of why performances did not meet the levels set.
PROGRAMME FOR GOVERNMENT (PFG) COMMITMENTS AND MILESTONES

The Department leads on six PFG Commitments each of which has three annual milestones. The Commissioning intentions within the Commissioning Plan must support the continued delivery of milestones set for 2012/13, must support the achievement of milestones during 2013/14 and also plan for the achievement of milestones in 2014/15. Specific attention should be given to the commissioning intentions relevant to the following Commitments (with associated milestones shown in italics for each):

**PFG Commitment 22:** Allocate an increasing percentage of the overall health budget to public health

2013/14 – *The HSC will have in place all the arrangements necessary to extend bowel cancer screening to everyone aged 60-74 from 1st April 2014*

2014/15 – *Invest an additional £10m in public health (increase based on 2011/12 spend)*

**PFG Commitment 22:** Enrol people who have a long-term (chronic) condition, and who want to be enrolled, in a dedicated chronic management programme

2013/14 – *Health and Social Care Board and Public Health Agency should work with key stakeholders to develop and secure a range of quality assured education, information and support programmes to help people manage their long-term conditions effectively, alongside full application of the Remote Telemonitoring contract*

2014/15 – *People with a long-term condition will be offered access to appropriate education, information and support programmes relevant to their needs, including innovative application of connected health*

**PFG Commitment 45:** Invest £7.2 million in programmes to tackle obesity

2013/14 – *Invest £2.4m in tackling obesity through support of Obesity Prevention Framework*

2014/15 – *Invest £2.8m in tackling obesity through support of Obesity Prevention Framework*

**PFG Commitment 61:** Introduce a package of measures aimed at improving safeguarding outcomes for children and vulnerable adults across Northern Ireland

2013/14 - *Open new Sexual Assault Referral Centre at Antrim Area Hospital*

2014/15 – *Develop an updated inter-departmental Child Safeguarding Policy Framework*
PFG Commitment 79: Improve Patient and Client outcomes and access to new treatments and services

2013/14 – Improve long-term outcomes relating to health, well-being, education and employment for the children of teenage mothers from disadvantaged backgrounds by rolling out the Family Nurse Partnership Programme beyond the first test phase to one further test site.

2014/15 – Expand cardiac catheterisation capacity to improve access to diagnostic intervention and treatment and further develop the primary percutaneous coronary intervention (PPCI) service to reduce mortality and morbidity arising from myocardial infarction (heart attack).

PFG Commitment 80: Reconfigure, reform and modernise the delivery of Health and Social Care services to improve the quality of patient care

2013/14 – As part of a shift in the delivery of services to primary and community settings reduce by 2013/14, the number of days patients stay in acute hospitals unnecessarily (excess bed days) by 10% compared with 2011/12.

2014/15 – Secure a shift from hospital-based services to community-based services together with an appropriate shift in the share of funding in line with the recommendations of Transforming Your Care.