

Health and Wellbeing 2026: Delivering Together

Progress Report - June 2024

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FOREWORD

In recognition of the fact that reforming a complex health and social care system does not happen overnight, a ten-year Health and Wellbeing: Delivering Together 2026 strategy was published in 2016. This progress report highlights some key achievements we have made in the last few years, despite the challenges the system faced that were unexpected and which impacted progress. We are slowly navigating our way back to where we were before Covid and at the same time dealing with new challenges that are emerging.

We know that there is a lot of work to be done to restore the HSC system to better health in a time when severe budgetary challenges and political uncertainty create barriers to this progress. We fully expect the financial difficulties to continue for a considerable period and it is hugely important that we continue to deliver key services and to find better, more cost-effective approaches in how we work whilst also planning and prioritising what is critical.

Much of the work that has been undertaken so far is the kind of necessary preparatory and enabling work that is not immediately visible. It has been critically important to build these foundations and engage with the people who use services, and those who provide them, to ensure that the changes improve outcomes for the population and are sustainable in the long term.

We cannot lose sight of the need to fundamentally reform and transform our HSC so we make the strategic changes necessary to address the health needs of our citizens but also put the health system on a sustainable footing and do not continually go through cycles of decline, crisis and stabilisation.

We have enough evidence to tell us what that reform and transformation needs to do. Firstly, invest in primary and community care so we can provide early interventions to help keep people well, and provide early health support and interventions that prevent referral into acute care or enable speedy return to their community after treatment. Secondly and in parallel to the first, re-design our acute sector so it can be as effective as possible, delivering the services our citizens need with the most effective pathways, and settings.

This is not new and we are already well advanced down this path, for example through our Multi-Disciplinary Teams programme, the development of elective centres and implementation of our urgent and emergency care review. We also know that the key enablers to drive reform include our workforce, harnessing innovation and technology and of course much needed additional funding. The long term plan must be a concerted and collaborative effort to deliver better outcomes for all.



Mike Nesbitt MLA
Minister of Health

SECTION 1: INTRODUCTION

Background

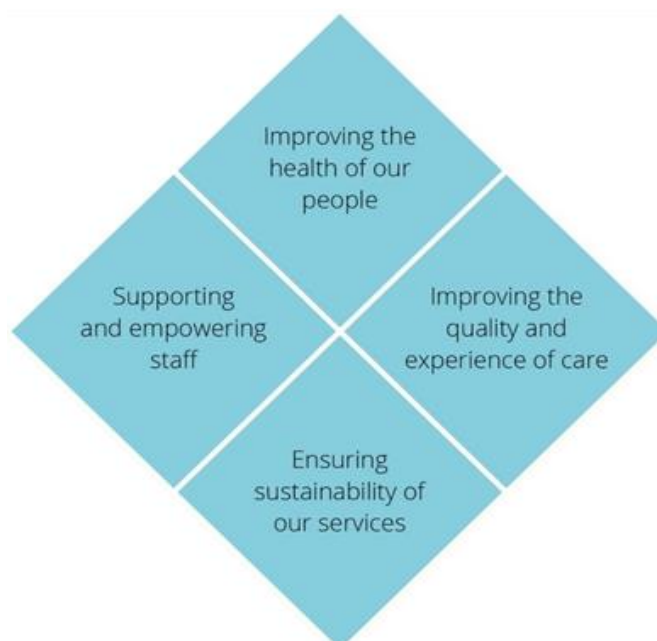
- 1.1 The Bengoa report and accompanying political summit resulted in an agreed vision for the Northern Ireland health and social care system: *“To create a fair and sustainable, including financially sustainable, Health and Social Care system that delivers universal, high quality, safe services that meet the Northern Ireland population’s needs and which deliver world class outcomes for patients and service users.”*
- 1.2 The [Health and Wellbeing 2026: Delivering Together](#) strategy, launched in October 2016, sets out the Department’s response to the recommendations included in the Bengoa Report, with the aim to stabilise, reconfigure and transform Health and Social Care services. [This is our current plan for transforming the health and social care system.](#)
- 1.3 Since 2016, the Department has embarked on an ambitious programme of service reviews which have been clinically led, including working in partnership with those that use the services. There are many major areas of reform and reconfiguration already underway, and this report will highlight the progress made. Reform continues to be progressed through co-production and collaborative working with a wide range of stakeholders, service users, clinical representatives, and Arm’s Length Bodies.
- 1.4 Whilst significant progress has been made, the Covid-19 pandemic put a huge strain on a system already under severe pressure. The pandemic not only presented new challenges, but also enabled us to look at new ways of working.
- 1.5 We are now at the eight-year point of this 10-year plan. The Department published Progress Reports in October 2017¹, May 2019² and November 2021³ detailing how and where we were transforming HSC services and reflecting on the outcomes achieved. These Reports can be accessed on the [Department of Health website](#).

¹ [2026-progress-report-october 2017](#)

² [Systems, not structures - Changing health and social care - Full Report 2019](#)

³ [Transformation of H&SCS Report Draft Transformation Evaluation Report 2021](#)

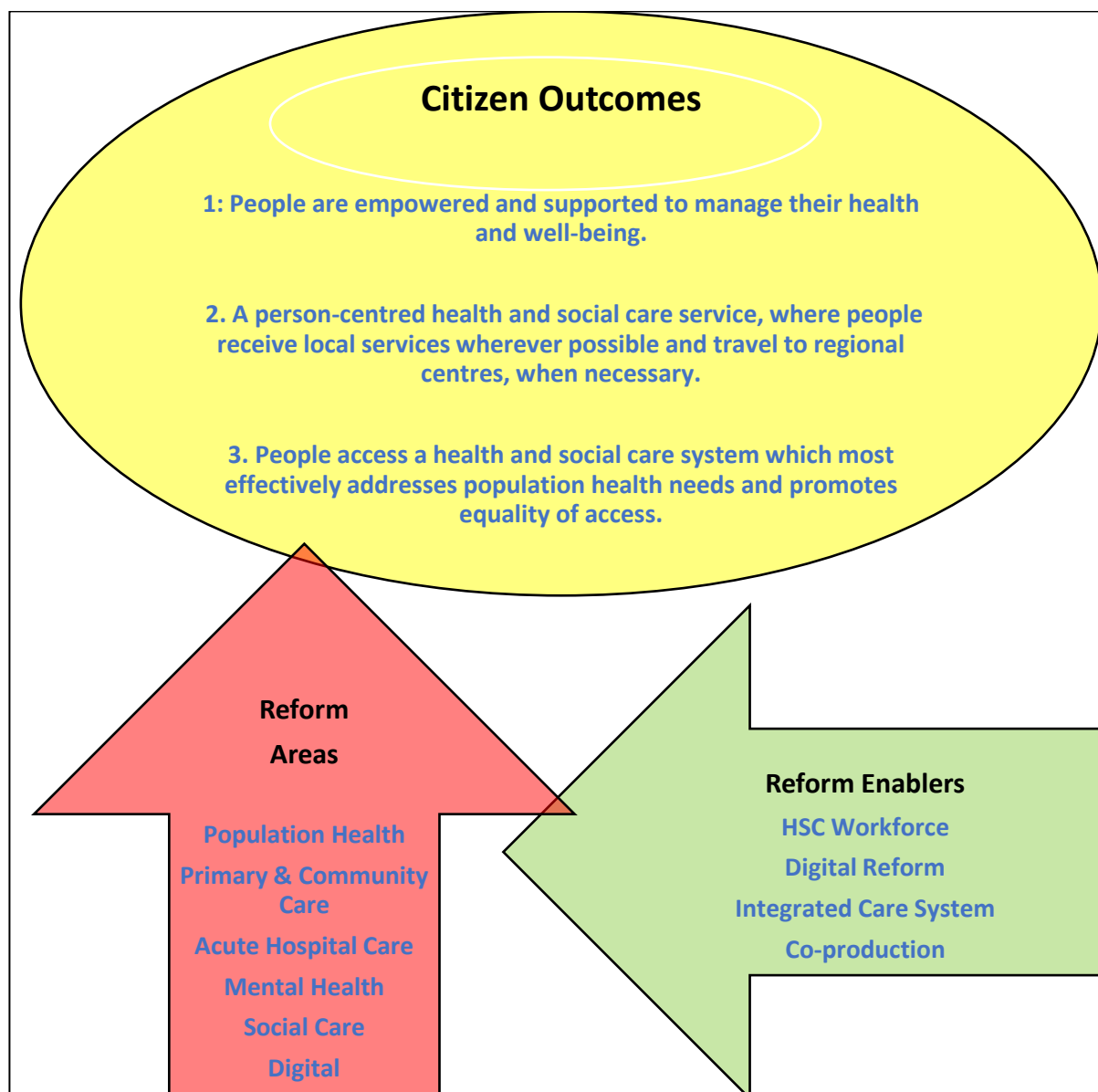
1.6 This latest Progress Report not only builds on what was reported previously but describes a journey of Transformation – now known as Reform - with benefits and better outcomes for our citizens. Our aim is to develop and deliver better services, but we are realistic about what can be achieved, and our focus remains very much about delivering sustainable services against four key objectives:



Reform: Citizen Outcomes

1.7 The overarching objective of any health and social care service reform must be to improve the lives of our citizens, young and old. **Figure 1** below shows the key citizen outcomes that we strive to deliver through our Reform agenda. The main areas of health and social care reform are included in the graphic, alongside important enablers such as workforce, digital reform and co-production.

Figure 1: Reform Outcomes



1.8 In this Delivering Together progress report we focus reporting against eight main themes, which include the six areas identified in Figure 1, alongside workforce and the integrated care system (which are both reform areas in their own right and enablers of reform). A summary of the progress made is included at Section 3 of this report.

Positive Impact of Reform

- 1.9 The impact of the existing strategies and plans is already beginning to materialize. For example, the Elective Care Framework, which emphasises establishment of elective care hubs, including day procedure and overnight care centres, has produced some welcome results. The latest published [inpatient and day case waiting list statistics](#) showed a reduction for the seventh successive quarter. This is the longest sustained reduction since at least 2008.
- 1.10 Service Reviews and associated service plans continue to be progressed through co-production and collaborative working with a wide range of stakeholders, service users, clinical representatives, and Arm's Length Bodies. A key learning point is the importance of continuing to involve both clinicians and service users in the development of plans and solutions.
- 1.11 Reform and transformation will inevitably lead to HSC system wide changes in working practises, staffing, service delivery and patient pathways. Service improvements can arise from both incremental and fundamental reform, and both have a place in driving change. For example, changes can be relatively minor such as tweaking a patient pathway to improve efficiency, or they can be more fundamental such as the development of the elective care centre model.
- 1.12 In terms of introducing new staffing models, one example of a fundamental change is in primary care, with the roll out of Multi-Disciplinary Teams. This has significantly broadened the skills mix in primary care and has helped to improve both quality of care and the resilience of individual GP practices.
- 1.13 Structural changes have also been implemented in the delivery of elective care with the creation of elective care day centres and overnight stay centres. These continue to drive improved efficiency and quality of care, with resultant positive impacts on waiting lists.
- 1.14 In urgent and emergency care fundamental changes are being implemented to introduce phone first, urgent care centres and direct access pathways. This will also ultimately include the integration of the GP Out of Hours Service. This has been made possible through collaborative working between primary and secondary clinicians.

- 1.15 In the area of Population Health, the 'Making Life Better' framework aims to achieve better health and wellbeing for everyone and reduce inequalities in health. A number of prevention strategies have also been developed to help improve population health and well-being, these include: Obesity Prevention; Tobacco Control; Substance Use/Abuse; Suicide Prevention; Skin Cancer Prevention and Breastfeeding. This work is beginning to bear fruit, with, for example, reductions in teenage pregnancies, the percentage of the population who are smokers, and the percentage of mothers who smoke, during pregnancy, as well as positive impacts on the number of adults drinking in excess of recommended guidelines, and alcohol-related hospital admissions.
- 1.16 In the area of Mental Health and Wellbeing, the initial focus has been on delivery of a number of key enabling actions to support the implementation of the Mental Health Strategy 2021-31, including the establishment of a Regional Mental Health service, an Outcomes Framework, a Regional Mental Health Workforce Review, and the development of an Early Intervention and Prevention Action Plan.
- 1.17 For Adult Social Care, 2024/25 delivery plans have now been developed highlighting the priority actions for completion this year, with a view to begin making improvements for adults in receipt of social care services, that will enable them to live as independently as possible, safely, and in a way that as far as possible improve their quality of life. Similarly, 2024/25 delivery plans have been developed for Children's Social Care with ambitions to improve the quality of life of children known to children's social care services and for those responsible for their care.

SECTION 2: PRIORITIES FOR CHANGE

Our Ambition

- 2.1 Delivering Together sought to radically reform the way HSC care services were designed and delivered in Northern Ireland. In subsequent Programme for Government publications, DoH has had lead responsibility for the outcome: We all enjoy long, healthy active lives.
- 2.2 As we move towards the latter years of this ten-year Reform programme there is a renewed focus on rebuilding, collaborating, and promoting innovation and reform to support delivery of better services. It must be said that this report is being written at a time in which we are facing huge challenges whilst recalibrating after the pandemic and the financial environment. Lessons have been learned and efforts are now very much about rebuilding and sustaining the HSC system whilst navigating new and even more difficult challenges.
- 2.3 The budgets that have been set mean difficult decisions need to be taken that will impact our people and the services we deliver. A renewed focus is needed to ensure that we are making the best use of the resources that we do have, as we fully expect the strain on our finances to continue for a considerable period. We acknowledge that the financial difficulties go beyond our HSC system and are being felt far and wide through the cost of living crisis. We know the challenges that we face and fully expect more along the way, however our focus is on the delivery of the Health and Wellbeing 2026: Delivering Together Reform programme and that remains at the fore of everything we do.

Minister's Priorities

- 2.4 A key Ministerial priority is building on this ten-year Delivering Together plan. This will initially involve addressing the current capacity issues in both primary care and social care and reducing our waiting lists. This is necessary to support people to live healthy and independent lives. It is also essential to avoid adding additional pressure to an already stretched hospital system. A further Ministerial priority is to accelerate, as far

as budget allows, implementation of existing key strategies and service reviews.

The Department has completed strategies and service reviews in a range of areas which set out clear plans for the future. These include areas such as cancer, mental health, urgent and emergency care, elective care and social care.

- 2.5 The Minister's vision is to prioritise Primary and Social Care, set out route maps for future acceleration of strategies including cancer, mental health, social care and targeting waiting lists. The pace of progress will be heavily dependent on funding availability. There are hard decisions to be made and the Department cannot do it alone without buy-in from the HSC Trusts, service users and key stakeholders.

SECTION 3: PROGRESS MADE

3.1 The Reform agenda cuts across all areas of the Department. This section reports on key high-level achievements (with further detail provided in Annexes A-H) under eight key Reform themes:

- Population health
- Primary and Community Care
- Acute Hospital Care
- Mental Health
- Adult and Children's Social Care
- Digital
- Workforce
- Integrated Care System (ICS)

Population Health

3.2 Our population's health is primarily determined by economic, social and environmental factors as well as behaviours. In fact, health and clinical services only contribute 20% to improving health outcomes. It follows that health inequalities largely reflect differences across socio-economic and demographic groups. Making Life Better (MLB) is the overarching whole system strategic framework for public health in Northern Ireland. MLB facilitates cross departmental working on reducing health inequality and improving overall population health.

3.3 To improve health and reduce demand on our services we need to ensure a focus not just on treatment but also on prevention, early intervention and rehabilitation. Our focus also needs to adapt over time to changing needs, such as those associated with an ageing population. Furthermore, the Department of Health lead on several strategies designed to help improving population health and wellbeing. This includes policies on: Obesity Prevention; Tobacco Control; Substance Use; Suicide Prevention; Skin Cancer Prevention; and Breastfeeding. These strategies have helped to deliver a reduction in incidence of smoking across the population, monitoring of measures to reduce skin cancer incidence through a multi-sectoral group, increased awareness of

mental health support and ability to access help as well as improved mental health supported by the delivery of a number of programmes funded by the regional small grants programme and ongoing work to develop and agree outcomes and an action plan by the end of 2024 to deliver the obesity prevention strategy.

- 3.4 Further detail on the aims and objectives, outcomes and success measures associated with our population health activities are set out at **Annex A**.

Primary and Community Care

- 3.5 It is critically important that people have access to the right care, at the right time and in the right place. People will have most of their health and social care needs met through accessing our primary care, community pharmacy and other community-based services. These locally available services are therefore critical to maintaining a healthy population. Alternatives to hospital admission must continue to be built upon to best serve our population.

- 3.6 Rollouts of models for 'out of hospital' care, such as intermediate care at home (Hospital At Home), and the work by our HSC Trusts to deliver health care in local communities will support this direction of travel.

- 3.7 In Primary Care, the Multidisciplinary Teams (MDT) roll out has the potential to increase accessibility of services in local communities, to reduce the burden on GPs and on the wider health system. The Department is exploring alternative options for implementation of the MDT model over the coming years, taking account of the anticipated constrained funding outlook, and the availability of staff in key professions. This will prioritise making the benefits of primary care MDTs available as widely as possible, while containing costs and reducing the demand on secondary care services.

- 3.8 In parallel, options to improve patient access to services are being explored. A pathfinder project is under development to explore how optimised implementation of modern telephony can improve patient experience and boost capacity in practices to manage demand. The Department is also reviewing the contracting arrangements for GP services, to make sure they are fit for purpose in the medium and long term.

Simultaneously, work is underway to stabilise GP services by developing new models for management of GP Practices and the delivery of general medical services. Work is also underway to consider the integration of GP Out of Hours under a single HSC 111 number for the NI population, although much additional work is needed to conclude this work stream.

3.9 “Health and Wellbeing 2026: Delivering Together” outlined how pharmacists would work within GP surgery teams to improve the quality and safety of prescribing and improve patient outcomes. Since 2020, every GP practice in Northern Ireland has had a pharmacist working as an integral part of their clinical team. This has not only delivered £39.5m of prescribing efficiencies but also vital non-monetary benefits through improvements in the safety, efficiency, effectiveness and consistency of prescribing within GP practices and in releasing GP capacity to focus more of their time on the care and management of patients with complex medical needs. On 28 February 2024 the Department published GPPNI 2030 – A Strategy for General Practice Pharmacy in Northern Ireland and an impact report titled ‘Key Benefits of Pharmacists working in General Practice. Implementation of the strategic plan will seek to enhance workforce capacity and capability so that general practice pharmacists can fully contribute to optimizing the health outcomes of our population, including through the introduction of new advanced pharmacist practitioner and pharmacy technician roles aligned with future service development priorities.

3.10 Community pharmacies across Northern Ireland provide vital access to medicines, professional advice, and services for health and wellbeing. A new Community Pharmacy Strategy 2030 was published by the Department on 7 May 2024. It describes the vision and strategic priorities for the sector up to 2030. This vision expands the role of community pharmacies to offer more clinical services. These services will seek to utilise the skills of pharmacy teams to offer safe, convenient, and faster access to care making use of advances in medicines, diagnostics and technologies. A commissioning plan between the Department and Community Pharmacy NI (CPNI) covering the period 2022 – 2025 is currently being implemented and the new strategy will inform future service developments.

3.11 Further detail on the aims and objectives, benefits and success measures associated with our primary and community care reform activities are set out at **Annex B**.

Acute Hospital Care

3.12 The Department has developed a draft Acute Hospital Reconfiguration Framework. This shows that we need to manage our hospitals as an integrated system, supported by a workforce that identifies and operates as an entire HSC workforce. We need to ensure that our entire hospital system is sustained and configured to best meet population health needs and recognises that our Urgent Care system is inter- and co-dependent, with unmet pressures in any area having a direct effect on other parts of the system, and on our ambulance service. We intend to embark on a pre-consultation engagement exercise on this Reconfiguration Framework, to be followed by a public consultation later this year.

3.13 Our acute hospital services are supported by the Elective Care Framework (originally published in June 2021) which has expanded the elective care centre model with the establishment of Day Procedure Centres at Lagan Valley and Omagh Hospitals, and Overnight Stay Centres at the Mater, Daisy Hill and South West Acute Hospitals. In addition, elective capacity has been enhanced through continued development of two Rapid Diagnostic Centres at Whiteabbey and South Tyrone Hospitals; a regional Extracorporeal Shock Wave Lithotripsy (ESWL) centre in Craigavon Area Hospital, expansion of 22 Post-Anaesthetic Care Unit (PACU) beds for elective care across all Trusts and the introduction of mega clinics to maximise patient throughput. Given the changes that have occurred in the HSC operating environment, a revised ECF was subsequently published on 24 May 2024 – this sets the strategic direction for the development and reform of effective and efficient delivery of elective care services in Northern Ireland over the next five years and details measures needed to address the unacceptable waiting lists here.

3.14 Service Reviews have been completed in a range of areas including General Surgery and Urgent and Emergency Care, with implementation in progress. The Department has also launched its Cancer Strategy for Northern Ireland 2022-2032, with actions

being progressed. A review of neurology services is underway and a Stroke Action Plan was published in summer 2022.

3.15 A number of Getting it Right First Time (GIRFT) reviews, including for orthopaedics, urology, gynaecology and urgent and emergency care, have been completed with the aim of driving service improvements. There are also programmes of work to improve our imaging and pathology services as increasing our diagnostic capacity is also critical to meeting the growing demands for services and supporting access to treatment.

3.16 Patient safety is always at the forefront of decisions taken in relation to service provision. An example of reconfiguration of services to support and deliver safe services is the reconfiguration of maternity services in the Northern Trust. Causeway Maternity unit was the smallest consultant-led obstetric unit in the region, there were challenges in recruiting and retaining staff and staff were therefore spread too thinly across both the Causeway and Antrim Area Hospital sites, which was impacting on the ability of the Trust to ensure continued safe and sustainable services. Following full public consultation, a step which recognised that current provision of maternity services at Causeway Hospital was unsustainable because of falling birth rates and workforce challenges, the recommendation that better care could be provided in a central location, with staff working together in one department, and all consultant-led births consolidated on the Antrim Hospital site on a permanent basis, was approved. The new model came into effect operationally in July 2023.

3.17 Further detail on the aims and objectives, benefits and success measures associated with our acute care reform activities are set out at **Annex C**.

Mental Health

3.18 The Mental Health Strategy (2021 – 2031) was published in June 2021. The Strategy sets the future direction of mental health services for Northern Ireland and takes a person-centred, whole-life approach to ensure long term improved outcomes for people's mental health. In the absence of additional funding for the Strategy, the Department publishes annual delivery plans setting out the key priority actions to be achieved in the year ahead alongside progress made. The most recent Mental Health

Delivery Plan was published in August 2023 detailing the plans for the 2023/24 year and providing a progress report on the 2022/23 delivery plan. Development of the Delivery Plan for 2024/25 is currently underway which will be co-designed with the input and support of a wide range of stakeholders.

3.19 Throughout 2023/24, the Department has led on an exercise to finalise a service model for adult Learning Disability through a Department-wide Task & Finish approach. Trusts, providers and families have been involved in this work to co-design a service model. Following endorsement of the Learning Disability Service Model by Trust Directors in March 2024, work is now underway to develop a costed implementation plan and engage widely with the sector and people supported. Alongside this, work is progressing to finalise and implement the draft Framework for Children with Disabilities, as well as to develop costed proposals and a delivery plan.

3.20 Further detail on the aims and objectives, benefits and success measures associated with our mental health reform activities are set out at **Annex D**.

Adult and Children's Social Care

Adult Social Care

3.21 Following the consultation on the Reform of Adult Social Care in 2022, the Department published a consultation report in June 2023. The consultation included 48 proposals across six strategic priority areas:

- Strategic Priority 1: Sustainable System Building
- Strategic Priority 2: Valuing The Workforce
- Strategic Priority 3: Individual Choice and Control
- Strategic Priority 4: Prevention and Early Intervention
- Strategic Priority 5: Supporting Carers
- Strategic Priority 6: Primacy of Home

3.22 Some of these reforms will require fundamental change to how we deliver social care, particularly in relation to regulatory oversight and reshaping the care home sector; a significant number will also require political agreement and legislative change. Other

changes can be delivered in the shorter term. To commence the reform programme the Social Care Collaborative Forum has been established to provide a formal mechanism for collaborative working across all sectors to support social care into the future. Eight key workstreams, co-chaired by Forum members, have been developed across a wide range of areas. These include:

- Maximising Capacity
- Workforce Development
- Enhancing Care in Care Homes
- Data, Research and Evidence
- Communications
- Commissioning and Contracting
- Carers
- Supported Living

3.23 Again, some of these workstreams will address the immediate issues facing the care sector, particularly in relation to home care capacity; others will address longer term issues around workforce and how we commission services. The Forum is also driving the implementation of recommendations from external reviews by Commissioner for Older People for Northern Ireland (COPNI); Social care, Health and Management Consultancy (CPEA) and others, and working to address significant challenges faced by carers. Running alongside this work we are also working with the Innovation Lab to consider whether the current care home delivery approach meets the needs of the system and the services users. An enhanced Clinical Care Framework for NI Care Home residents has also been finalised, enabling residents to live their best lives. Implementation of this Framework is being developed alongside the Collaborative Forum workstreams.

Children's Social Care

3.24 In preparation for the Independent Review of Children's Social Care Services concluding and reporting and to begin to strategically address the range of challenges which currently exist within children's social care, a decision was made by the Department to establish a Children's Social Care Services Strategic Reform Programme. The independent review concluded and reported in June 2023.

The Review Report made 53 recommendations; they include a recommendation to establish a new Children and Families Arms-Length Body and to appoint a Minister for Children and Families. Consultation on the majority of the Review recommendations took place between September and December 2023 and the responses are currently being analysed.

3.25 Nine Programme Workstreams have been established under the Strategic Reform Programme as follows: Waiting Lists; Workforce; Residential Placement Capacity; Fostering; Children with a Disability; Regional Care and Justice Campus Implementation; Policy and Legislative Reform; Reducing Bureaucracy; and Family Support.

3.26 The aim of the programme is to address a range of known service challenges, particularly in relation to the increasing volume and complexity of child and family cases. It will also seek to draw together disparate strands of reform work in this area already underway, including the Regional Care and Justice Campus Programme and workforce-related reform. Subject to reform aims being met, we would expect to see an improvement in outcomes for children known to children's social care services, for those responsible for their care and for the groups of staff working with them at all levels.

3.27 Further detail on the aims and objectives, benefits and success measures associated with our adult and children's social care reform activities are set out at **Annex E**.

Digital Reform

3.28 Digital is an important area of reform activity in itself but also a key enabler for our wider health and social care reform agenda. In July 2022 the Department launched its Digital Strategy HSC Northern Ireland 2022 - 2030. This set out a vision to deliver the digital reform needed to improve health and care outcomes alongside the standardisation of services.

3.29 Encompass is our flagship programme and the most significant digital investment, which will provide a single digital care record for every citizen, accessible by all care

providers with a legitimate reason for access, changing the way in which we deliver health and care services across the region to achieve better population outcomes as well as opening up new avenues for innovation in the years to come. The phased implementation of encompass continues with the South Eastern Trust and Belfast Trust having gone live already, with Northern Trust to follow in autumn 2024, and Southern and Western Trust jointly in spring 2025.

3.30 Further detail on the aims and objectives, benefits and success measures associated with our digital reform activities are set out at **Annex F**.

Workforce

3.31 The HSC workforce is the backbone of our health and social care service and remains a key enabler to deliver reform. To ensure we have a safe, sustainable service we need a committed and flexible workforce. In May 2018, the HSC Workforce Strategy 2026: Delivering for Our People was published. This nine-year strategy has the overarching aim that 'by 2026 we meet our workforce needs and the needs of our workforce'. The strategy's second action plan, covering 2022/23 to 2024/25, was published in June 2022.

3.32 The most concrete measure of the Strategy's overall aim is the extent to which the workforce has stabilised and grown since its publication in May 2018. Official government statistics on the number of staff employed directly by HSC Trusts report a 15.7% increase in whole time equivalent staff in post across the HSC in Northern Ireland between March 2018 and December 2023, including increases in medical and dental staff, nursing and midwifery staff and professional and technical staff in post.

3.33 An action plan has been developed that outlines indicative timescales for implementing the recommendations contained in the Pharmacy Workforce Review (2020) and will ensure that the pharmacy workforce has the necessary capability and capacity to fully support the reform of our Health Service in the coming years.

3.34 Further detail on the aims and objectives, benefits and success measures associated with our workforce reform activities are set out at **Annex G**.

Integrated Care System NI

3.35 Our Health and Social Care (HSC) system has been under immense and growing pressure for some time with demand for services outstripping capacity within an extremely constrained financial environment. Whilst there is a recognised need for additional funding it is critical that in the planning of health and social care services the available resources are maximised to deliver the best outcomes whilst also taking account of the changing demographic and the need to improve the health and wellbeing of the population.

3.36 The Integrated Care System for Northern Ireland (ICS NI), as a framework for planning health and social care services in Northern Ireland, represents a shift away from the transactional model of commissioning of the past to one of system-wide collaboration and stronger partnership working.

It seeks to:

- place a focus on people keeping well in the first instance, providing timely, co-ordinated care when they are not, and supporting people to self-care when appropriate; and
- ensure we are using our available resources to the best effect to improve outcomes for our population, optimising our effectiveness and efficiency and reducing duplication.

3.37 There are two key elements to the model:

- The first is how we work together within health and social care to ensure we are planning, managing, and delivering health and care to best effect, optimising our effectiveness and efficiency.
- The second is how we work at both a local and regional level with others to focus in on prevention, early intervention and community health and wellbeing.

3.38 In relation to maximising our effectiveness and efficiency within health and social care, a new approach to setting strategic direction and priorities has been developed. This will operate on two distinct but aligned levels: on a longer-term population-level through

the Strategic Outcomes Framework (SOF), and the shorter-term system-level performance through System Oversight Measures (SOMs).

- 3.39 The SOF will consist of a suite of population-level health and wellbeing outcomes, supported by a series of key indicators, aligned to the draft Programme for Government. The SOMs will represent the shorter-term priorities for the year ahead, aimed at providing a more streamlined direction to the system.
- 3.40 This multi-faceted approach will provide a more comprehensive view of performance across the system and facilitate a better understanding of what is driving current issues and challenges.
- 3.41 The Strategic Planning and Performance Group in the Department of Health, in partnership with the Public Health Agency, having responsibility for the regional oversight of planning of HSC services, will translate the strategic direction to define what is required of the system. Through the establishment of multi-disciplinary Planning and Commissioning Teams they will provide the core intelligence on the effectiveness of what is currently being delivered, where the gaps exist, what good looks like and ultimately where the best return can be gained from investment.
- 3.42 In relation to the second element, the model will see the establishment of five Area Integrated Partnership Boards (AIPBs). An AIPB is a partnership of key representatives from HSC Trusts, Primary Care, local Councils, the Voluntary and Community Sector and service users and carers. The key objective of an AIPB will be to utilise their collective assets, skills, and resources to improve the health outcomes within that local geography in line with the Strategic Outcomes Framework. They will do so with a focus on prevention, early intervention and community health and wellbeing. AIPBs will be supported by a Regional ICS Partnership Forum which will provide both a support function and a mechanism for identifying opportunities for effective collaboration across sectors at a regional level.
- 3.43 In May 2023, a test AIPB was established in the Southern area to trial this key aspect of the ICS NI model in practice. An evaluation report was produced in December 2023 and the findings and recommendations have been incorporated into an action plan

which is now being progressed to support the implementation of ICS NI in shadow form by Autumn 2024.

3.44 Further detail on the aims and objectives, benefits and success measures associated with our ICS are set out at **Annex H**.

Public Consultations

3.45 We have carried out public consultations in several areas to include: a review of Urgent and Emergency Care services (March 2022); the future of Muckamore Abbey Hospital (October 2022); the Autism Strategy (December 2022); among others. You can view these and [all Consultations](#) on the Department's website.

Legislation

3.46 The introduction of **Daithí's Law** in May 2023 is another memorable moment and indeed this was a hugely significant landmark for organ donation in Northern Ireland, changing the way consent was granted, increasing the overall number of donors, and saving even more lives.

SECTION 4: LEADERSHIP & GOVERNANCE

Leadership, Supporting Change and Governance

4.1 Leadership and culture are important ingredients in driving effective change. In recognition of the need to drive the Reform agenda and rapidly rebuild services, the Department reflected on its strategic governance structures, as it moved into the next phase of improvement and reform. In 2022, the Department set up a new HSC Performance and Transformation Executive Board supported by two new advisory boards:

- HSC Performance and Transformation Executive Board (PTEB),
- HSC Improvement and Transformation Advisory Board (ITAB), and
- HSC Expert Clinical Panel (ECP).

4.2 PTEB is chaired by the Department of Health's Permanent Secretary and reports to the Minister of Health who sets the Department's priorities. PTEB's role is to:

- Act in a strategic leadership capacity to oversee the direction of HSC performance, safety, quality, innovation, digital and reform agenda;
- Drive forward and implement regional and system wide operational improvements and reform, receiving assurance that interdependencies across Reform prog/projects are acknowledged and managed at individual prog/project level and through interactions between prog/projects where appropriate;
- Provide oversight and direction, as required, to individual Reform Programme/Project Boards on the delivery of the Minister's priorities;
- Provide strategic oversight to drive better citizen outcomes against investment (capital, resource and workforce);
- Drive forward population health improvement with a focus on health inequalities;
- Receive high level updates on progress against plans to implement the Minister's priorities, consider escalated risks and issues presented from the individual programmes/projects and direct corrective action where required;
- Provide challenge and rigour in the decision making process;

- Act as champions at both a regional level, within their organisations and communities, and to the general public as a whole ensuring coherent and consistent messaging;
- Ensure principles of co-design and co-production are embedded; and
- Identify areas where system intervention would lead to improved services, efficiency or outcomes.

4.3 In terms of reform, PTEB is a strategic oversight group for a number of individual programme and project boards. It receives regular highlight reports, which also include an opportunity for programmes and projects to escalate strategic issues or risks for strategic discussion. Importantly PTEB does not duplicate the role of the individual programme and project boards and the vast majority of issues are resolved and moved forward through the individual boards. PTEB adds value where effective reform and improvement:

- requires a common approach across HSC Trusts;
- cuts across different parts of the system and where there are important interdependencies and interfaces;
- requires different parts of the system to work collaboratively to drive better outcomes;
- needs facilitated by different ways of working, reprioritisation of resources or changes to commissioning models; and
- needs supported by a common message and communication from system leaders.

4.4 In terms of performance, PTEB plays an important role in:

- focusing on areas where there are significant differences in performance across Trusts, with the aim of understanding differences, identifying areas of best practice and opportunities for improvement;
- considering areas of performance that require system wide collaboration to drive improvement, with acknowledgement of the roles and responsibilities of each part of the system;
- considering areas where productivity improvements may be delivered, whilst balancing the need for sensitive handling and communication with staff to

ensure staff morale is not adversely impacted;

- identifying the link between reform and performance improvement; and ensuring that information systems continue to adequately capture relevant metrics when service changes are introduced; and
- identifying areas for strategic collaboration and delivery without duplicating the role of SPPG or Trust Boards.

4.5 ITAB's role is to support and advise the Minister on the strategic approach to HSC Improvement and Transformation. Members will discharge this role based on the knowledge and experience they bring from their respective fields in line with the principles set out within Delivering Together and co-production guidance.

4.6 The ECP brings together senior clinicians to collectively consider key reform initiatives and is co-chaired by the Chief Medical Officer (CMO) and the Chief Nursing Officer (CNO). The key role of ECP is to provide strategic professional advice on major reform and improvement projects.

Collective Leadership

4.7 There is an ongoing commitment within the Health and Social Care Workforce Strategy 2026 to "Continue to align and support a collective leadership culture within the HSC through the full implementation of the HSC Collective Leadership Strategy". This action is the responsibility of HSC employers. HSC Trusts devote resources to learning and development, which include support and training for staff taking on leadership roles.

SECTION 5: CO-PRODUCTION

- 5.1 The development of service reviews and service improvements is based on a co-production model which is clinically led and managerial supported. This approach involves input from across all clinical professions, including medical, nursing and Allied Health Professions etc. Clinicians, including external to Northern Ireland, play a crucial in driving service improvement.
- 5.2 Throughout the Reform journey, the Department recognises the importance of engaging the public and strives to ensure that engagement, consultation and public messaging is timely and appropriate. A key section of our community is those with direct and often long-term involvement with HSC services. Personal and Public Involvement (PPI) offer a structured approach to engage and consult with service users and their unpaid carers, whose lives may be affected by changes in service delivery. While broader engagement encompasses a wide range of stakeholders, Northern Ireland's health and social care sector has a specific duty within its commitment to PPI, which focuses on service users and their unpaid carers. The PPI framework recognises the critical importance of involving service users and their unpaid carers in health and social care sector decision-making processes. It establishes a clear mandate for PPI, emphasising transparency, accountability, and responsiveness to the needs and preferences of service users in shaping and delivering change. Throughout this process, there is ongoing opportunity to embed captured learning from the experiences of service users and carers shared through mechanisms such as the Patient Client Experience. This further ensures that all voices are heard and valued and leads to more responsive, patient-centred, and high-quality healthcare services that ultimately benefit all stakeholders.

SECTION 6: ENABLERS

6.1 This section identifies key enablers to ensure that the whole HSC system remains sustainable into the future and continues to provide our population with essential health and social care services. These enablers have been identified as:

- I. **Workforce** – we need to train, recruit and retain sufficient staff to deliver and care to promote health and wellbeing, with the best possible skills and expertise. We want roles in HSC to be fulfilling and rewarding and to make people feel valued and supported. We also need to ensure that our staff is fully bought in to any new service models that we seek to implement. We therefore commit to work with our Health and Social Care staff as we develop new models of care and implement these in any new locations across NI. The Department published its second action plan for the Health and Social Care Workforce Strategy 2026 in June 2022. The action plan was for the period 2022/23 to 2024/25 and stakeholders are engaged and working towards implementation of actions identified for progression.

- II. **Funding** – we have a responsibility to spend the Health and Social Care budget in the most effective way and that will be a key consideration in any reconfiguration decisions. We recognise that in some cases reconfiguration will require additional money to deliver. Importantly, budget constraint is not seen as an insurmountable obstacle to reconfiguration – instead tight budgets impact on the pace of change. We remain committed to delivering reform and will deliver as quickly as we can in the context of available budget and other resources. To improve efficiency and effectiveness, we need a relentless focus on performance but also continually looking at how we can be more efficient and make better use of the resources we have. The Department continues to provide support to our Trusts in this endeavour, as part of our delivering value programme.

- III. **Communities and people** – we need to not only make the case for change, we need communities to support, embrace and enable that change – reform and reconfiguration cannot be ‘done to’ but must be ‘done with’ communities and service users. Importantly, this must also include supporting individuals when travelling to access health care, where this is appropriate.

- IV. Digital solutions** – we will endeavour to make best use of technology and digital solutions as we transform and reconfigure health and social care services. Improved service user experience and better patient outcomes must be at the heart of any digital innovation. In July 2022 the Department launched its [Digital Strategy HSC Northern Ireland 2022 - 2030](#) which set out its vision to deliver the digital reform needed to improve health and care outcomes alongside the standardisation of services.
- V. Cross HSC Trust Working** – we recognise that to deliver effective reconfiguration we need to work across HSC Trust boundaries. This will need cooperation across our HSC Trusts, coordination, new approaches to the commissioning of services and how we manage staff. Provider collaboratives may play an important role in achieving this.

SECTION 7: LOOKING AHEAD

- 7.1 This Progress Report demonstrates that we have made significant progress on the health and social care reform journey but there is clearly much more to do. We need to continue to adapt to the changing needs of our population and to advances in modern medicine to ensure we have a health and social care service that delivers for the people of Northern Ireland. To do that we will need to make best use of the resources that we currently have but even with gains in productivity and efficiency, additional investment will be required to improve and transform services. At the same time, we need a renewed focus on population health and wellbeing as well as on our prevention agenda.
- 7.2 The Bengoa Report and ‘Delivering Together’ set out why we need to change our HSC system. The health and social care landscape is constantly changing. Thanks to medical advances, people are living significantly longer lives. This is obviously something to be celebrated and is a success story for modern medicine. However, with increasing numbers of older people in society, demand for health care inevitably increases and as we age, the likelihood of developing potentially serious conditions grows. Taking account of this demographic change alongside health inequalities, we need a health service that helps us stay well for as long as possible, and also helps us live with and manage conditions that do develop.
- 7.3 For our hospitals to be able to treat the sickest patients, we will need to enhance both community-based and primary care services. Furthermore, given that 80% of health inequalities can be traced to socio-economic issues, physical environment and behaviours, a focus on reducing overall inequality, tackling deprivation and encouraging behaviours conducive to better health and wellbeing, will contribute to a reduction in health inequalities. Easier access to services by having them based in the community will be an important part of achieving that aim.
- 7.4 Behind every attendance and admission to hospital is an individual. Engagement with our citizens has told us that a shift towards services being provided “out of hospital” within the community is what they want. Indeed, the evidence shows better patient

outcomes and experiences for this approach. Out of hospital care is part of the overall long-term direction to effectively look after an ageing population and an increasing number of people with co-morbidities.

- 7.5 At the same time hospital-based care has been developing rapidly. This has involved greater specialisation among clinicians – specialising in their chosen areas of medicine – and massive advances in technology. That requires larger clinical teams to help enable this sub-specialisation. In order to ensure that clinical teams have sufficient caseloads and case mix to develop and maintain experience and skills, there needs to be a critical mass of patients requiring that treatment. To achieve that, we need to continue to develop regional Centres of Excellence for some inpatient services where the catchment area of our existing hospitals is insufficient to provide this. That approach is necessary to ensure everyone, wherever they live, can have access to the best possible care.
- 7.6 There is widespread recognition that we need to change the way our Health and Social Care system is organised. However, securing agreement and consensus on specific changes is never easy. We recognise the importance of continued engagement and involvement as we continue the reform journey. Health and Social care reform is a dynamic process. Only with the involvement of those that deliver and use the services, alongside broader political and community support can we hope to successfully deliver the outcomes of (i) empowering and supporting people to manage their own health and wellbeing; (ii) developing a person-centred service where people receive local service wherever possible and travel to regional centres when necessary; and (iii) where people access a health and social care system which most effectively addresses population health needs and promotes equality of access.