



# Health and Social Care NI

## A three year plan to:

- stabilise
- reform
- deliver

10 December 2024



Department of  
**Health**

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# CONTENTS



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<b>MINISTERIAL FORWARD</b>	<b>2</b>
<b>OUR COMMITMENTS</b>	<b>6</b>
<b>STRATEGIC CONTEXT</b>	<b>12</b>
<b>STRATEGIC ENABLERS</b>	<b>26</b>
<b>CONCLUSION</b>	<b>29</b>
<b>ANNEXES</b>	<b>30</b>
<b>ANNEX A: SUPPORTING STRATEGIES AND SERVICE REVIEWS - WEBLINKS</b>	

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## MINISTERIAL FOREWORD

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We all have good reason to be eternally grateful for the compassion, dedication and excellence provided every day by our Health and Social Care Service staff. We can reflect too on how the health service has developed in its 75 year history – the tremendous advances in medicine and technology, the routine treatments that would have been unimaginable back then, and the remarkable increase in life expectancy.

Nevertheless, we must acknowledge that we now have a system facing severe and unprecedented challenges. Many of the interlocking causes associated with these challenges were highlighted by Professor Bengoa in his 2016 Review. This includes demographic change, growing demand for care, increased acuity of patients and years of under investment. Whilst progress has been made to address the challenges set out by Professor Bengoa through the Delivering Together 2026 action plan, I acknowledge that there is much more to do.

We also face a high and stubborn level of Health Inequalities. I have said many times before that it is critical that my Department, the wider health and social care system, along with all of the Executive and the wider public sector, support people to stay healthy and live healthy lives. This involves addressing the circumstances in which people live and work which in a large part shape their health. The health and social care system has an important role to play in this, in terms of direct care and treatment provided as well as by supporting people to live well by adopting healthy behaviours and addressing issues such as tobacco use, substance use and obesity. But there is widespread research which shows wider factors such as housing, employment and education play a critical part.

Whilst the challenges can seem overwhelming and indeed there has for too long been a narrative that seems to support this, I am clear that what is needed is a roadmap out of decline and a sense of defiant confidence that this is achievable. Critical to this will be an unrelenting focus on delivery and productivity, so we can make progress against those key issues like the Health Inequalities, and Mental Health issues that affect all parts of our society as well as tackling our long waiting lists and improving our cancer services. I know these are the issues that affect all of us and that we all want to see progress on. That is why I have already made it clear these will be the areas where I place my focus. And alongside that, we should always remember we have much to be proud of as our skilled and committed workforce continue to deliver a huge number of treatments and support that improve the lives of so many.

I am pleased to be publishing this three year strategic plan, setting out a path for the future based on the three pillars of Stabilisation, Reform and Delivery.

- **Stabilisation** of services, including mitigating the inevitable deterioration of some services as a result of budgetary pressures.
- Accelerated **Reform** of our HSC so we make the strategic changes necessary to enable the system to address the health needs of our citizens. We must put the health system on a sustainable footing with a long-term vision supported by a viable plan to deliver it.
- **Delivery** of safe, sustainable, high-quality health and social care services as close as possible to citizens through primary, community, social and hospital care, with our services configured effectively and efficiently to meet demand for both planned and unscheduled care. This also means delivering for the workforce, who are the heart of the HSC.

We obviously have to be realistic about what is attainable in the immediate future, given the wholly inadequate 2024/25 health budget. That is why Stabilisation will be the dominant theme in the first year as we look to sustain key services and where necessary, mitigate the impact of cuts.

At the same time, we must not lose sight of our ambition – to make the changes that can reduce health inequalities, improve mental health, and tackle our long waiting lists. This means prioritising primary care and social care and mental health services, as well as working collaboratively with the community sector and partners across the entire system. This is vitally important to help us all live healthy and independent lives in the community. That also has the significant additional benefit of easing pressure on our acute hospital sector. To do this we need to bring care as close as possible and as early as possible to those who need it, creating the shift to primary and community care, we need our hospitals to be as effective as possible and be centres of excellence in the care they provide. Finally, we need to work collaboratively to prevent ill health and promote well-being. To do this we will empower and enable our workforce, invest in and exploit our digital capability and we must secure sustainable long-term budgets to allow us to deliver.

It is also important to measure our progress towards defined measures of success. That is why I have agreed to a newly developed Strategic Outcomes Framework which will track impact in the long term. I have also introduced a new System Oversight Measures approach designed to track shorter-term progress during the year, across a set of key system measures.

This strategic three year plan sets out a series of actions to be delivered in this mandate and should be read alongside other key strategic documents that I have recently published. These are:

- the **‘Hospitals – Creating a Network for Better Outcomes’** framework document that will form the strategic basis of future decisions on reconfiguring hospital services and individual clinical specialties. At the centre of this framework is the need for NI’s hospitals to operate as one interdependent network, where all parts work together to deliver services across the region to improve outcomes for patients and ensure sustainability into the future. The framework categorises hospitals into specific tiers and identifies some of the core services available at each type of hospital. This will provide the public with greater clarity and certainty on the important roles of hospitals in their communities.
- the **Elective Care Framework**, setting out the actions required to reduce hospital waiting lists and address the current gap between capacity and demand for care. This builds on the Framework published in 2021, which set in train the subsequent establishment of a network of elective care hubs for day case and overnight elective care patients.
- the Cancer Strategy, which sets out a strategic framework to transform cancer services by 2032.
- A further **budgetary assessment** for health and social care in 2024/25 reflecting the position following the outcome of the October 2024 monitoring round. This provided detail on the savings plans being delivered by Trusts to enable them to achieve financial balance and is a necessary corrective to those who believe rapid progress and large-scale investment will be easily achievable in the coming months.

In addition to these documents, this plan also builds on many pre-existing strategy documents, action plans, ongoing policy developments and regional service reviews. A list of weblinks is included at **Annex A**.

The harsh reality is that the budgetary position for the next 12 months will make it much more difficult to improve services despite the unparalleled efforts of those working in health and social care to deliver more savings than ever before while protecting key services.

The purpose of this plan is not however about what we cannot achieve and the challenges we face; it is about improving the health and wellbeing of our population,

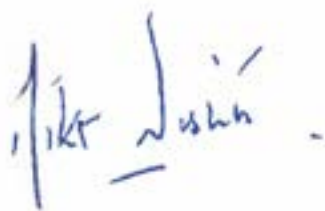
making our health and social care services the best they can be delivering for service users and workers alike. Finally, it is about the power of collaboration to make a real difference:

- between us all and our health service as we collectively share responsibility for our health and support those delivering our care
- between all parts of Government, and our partners in the community and voluntary sectors and healthcare professionals as we tackle health inequalities;
- between all partners and interfaces within our health and social care system, from general practice, community pharmacy, dentistry, through to hospitals and social care settings, as we deliver our goal of an integrated care system; and
- between our hospitals delivering emergency care and tackling our waiting lists, working as a network across Northern Ireland for everyone.

We are not on a unique journey nor do we face unique challenges. You will all be aware the Secretary of State for Health Wes Streeting has commissioned an NHS 10-year plan to be published in Spring 2025 and to be supported by three key shifts: analogue to digital; care closer to home and sickness to prevention. These mirror what I have stated as my priorities for this 3 Year Plan with the shift to community and the use of hospitals only when necessary, supported by the enablers I have identified. I believe this offers a real opportunity to learn from and share learning with colleagues across the UK as we move forward with this Agenda to bring about change in our HSC and deliver for our citizens.

I believe passionately that if we all work together, we can build a brighter future for the HSC system. It will mean taking difficult decisions and making changes, these are better taken collectively. My commitment is to take those decisions and make those changes and to seek to do so collectively. The plan I am publishing today outlines not only what we will seek to do over the next 3 years to advance this agenda but also what we will strive to achieve.

I am acutely aware of the budgetary pressures on all my Executive colleagues. I am, therefore, determined to maximise the efficient use of the Health budget. A pound wasted in HSC is a pound that could have been spent addressing the social determinants of ill health, in education, housing, the environment and the rest.

A handwritten signature in blue ink, appearing to read 'Mike Nesbitt'.

Mike Nesbitt, Health Minister

## OUR COMMITMENTS

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This three year plan sets out a range of actions to address the challenges facing the health and social care system. These actions are organised across three domains.

### **Stabilisation**

The priority must be to stabilise our existing system and critical services within that system, particularly those that face challenges in terms of demand, workforce and funding. Whilst the aspiration is to create services that are fit for purpose and have the necessary workforce and funding, in the short-term given the budget challenges we face in 24/25 a focus will be on prioritisation and mitigating the impacts, as far as possible, of budget reductions that need to be imposed to meet increasing costs and achieve financial break-even. Moving forward a key priority will be to address the gap in finances that exists between the current cost of our services and the funding available.

### **Our Stabilisation Outcomes:**

#### ***Financial Stability***

- by April 2027, building on the £200m efficiency savings target for achievement in 2024/2025, we will deliver a further 2-year programme of efficiency savings to provide a more sustainable budget;
- by April 2027, we will have consulted on potential charges for Prescriptions and Home Care, with the intent of raising additional funding for the Health Service and with public and political support have commenced implementation with the potential to raise up to an additional £35m per annum; and
- by April 2027 deliver a further challenging efficiency target for the Medicines Optimisation Efficiency Programme, in the context of the Valuing Medicines Strategy, of up to £60m.

#### ***Workforce Stability***

- by April 2025, with Executive support, we will continue to work with all staff representatives to settle pay awards, and value our staff;
- by April 2027 we will continue to invest in our workforce through commissioning undergraduate places and post registration training across all professions, with annual investment of approximately £160m per annum;
- on an annual basis, we will seek to increase this investment and ensure future supply for our HSC Workforce meets identified need;
- we will, having undertaken a public consultation exercise, seek to introduce a safe and effective staffing bill to the Assembly during 2025; and
- we will promote the HSC as a career choice, targeting in particular social work and social care encouraging retention and recruitment.

### ***Stabilising our System***

- We will build on our approach in 23/24 which saw an additional £45m invested in community care services (GP, Community Pharmacy and General Dental Services) to ensure the sector is able to provide critical health services to our population;
- we are making the case for further investment in the independent social care sector, building on the additional £70m that was invested in 24/25, with the ambition of making the independent adult social care sector a Real Living Wage sector;
- the Department and Trusts will continue to work collaboratively across the HSC to ensure that all hospital services are maintained and enhanced, where possible, in the short to medium term and work towards system transformation in the longer term;
- we will develop annual Winter Plans to support the entire HSC to maintain services and address the added pressures that the Winter period brings;
- by April 2027, with Executive support, build on the £76m invested non-recurrently in 24/25 to meet demand for time critical services, investing up to £135m per annum to reduce the overall waiting lists, (£135m would deliver approximately 70,000 additional appointments and treatments for patients however the exact number will depend on a variety of factors including case mix). In addition to the £135m, recurrently invest funding of £85m per year for red-flag and time critical (life, limb, sight) waiting lists and recurrently invest funding of £80m per annum to address the demand/capacity gap in planned health care services;
- we will improve quality and safety and public confidence in the HSC through driving forward implementation of recommendations from Public Inquiries and Key Reports; and
- by April 2027 we will have invested £241.5m capital and £89.5m revenue in our critical digital infrastructure replacing vulnerable systems, improving cyber security, replacing necessary devices and maintaining network and WiFi services.

### **Reform**

Stabilisation and efficiency measures can only deliver so much. Long-term improvement and increasing capacity to better meet the needs of our citizens and closing the gap between demand and capacity will require reform and transformation, as we move health care closer to the individual and support early intervention across primary care, community care and social care to improve health outcomes. At the same time there is a need to reconfigure our acute services to maximise capacity, configuring to make best use of resources, so we can better align demand and capacity for those who need acute interventions. Reform is not a silver bullet rather it is about reprofiling healthcare.



A focus is required on early intervention, enabling individuals to take more control of their health. Breaking down what we mean by “Reform” into the different aspects and what needs to happen can be covered under five themes as follows:

1. Population Health, Health Inequalities
2. Adult and Children’s Social Care
3. Primary and Community Care
4. Mental Health
5. Acute Hospital Care (including Waiting lists)

For 24/25 the key will be maintaining momentum on the reform programmes that are already happening across primary and community, social care and acute systems, as well as preparing further reform so we can accelerate both implementation and impact. It would be a mistake to allow the existing budget pressures to push us to take our focus off Reform, but we need to be realistic on what can be achieved. For 25/26 and 26/27 we remain ambitious and have a focus on progressing and implementing key strategies and action plans at pace. However, the scale and speed of delivery will depend on available budget.

## **Our Reform Outcomes**

### ***Improving Public Health***

- By April 2027, with support from Executive colleagues, and building on the pilots delivered in 2024/2025 we will have embedded the Live Better programme approach in business as usual, for example through the Integrated Care System, to tackle health inequalities and improve population health;
- By April 2026 we will have advanced new policies and legislation to improve public health including a new Obesity Strategic Framework; the implementation of the NI provisions in the Tobacco and Vapes Bill and brought forward proposals for Minimum Unit Pricing for alcohol;
- By April 2027, subject to additional funding, we will have a new targeted lung screening programme;
- By April 2027, subject to additional funding, we will have an expanded bowel screening programme;
- By April 2027, subject to additional funding of £3m, we will have implemented a range of citizen-facing digital services which will support and enable improved public health through the proactive management of chronic disease empowering citizens to be equal partners in managing their own health and wellbeing;
- By April 2027 we will have a regulated Pharmacy Technician workforce in Northern Ireland;

- By April 2025 we will have a new Core Grant Funding Scheme in place for 2025/26, co-designed with the Community and Voluntary Sector. Following a review of that Scheme, we will aim to deliver further improvements in subsequent years, including additional investment subject to funding.

### ***Bringing Care Closer – “shifting left”***

- By April 2027, we will have developed and, subject to additional funding, implemented a new model for delivering home care services that better meets the needs of service users and families;
- By April 2027, we will have developed and, subject to additional funding, started implementation of a new strategic service model for Learning Disability Services;
- By April 2027, we will have restructured children’s services to provide consistency and continuity of care, bringing them closer to the communities they serve and increasingly working with families at a much earlier stage to prevent family breakdown;
- By April 2027, we will have implemented a new and regionally consistent contract for securing care home placements;
- By April 2025 we will publish a plan for the completion of the MDT model across all areas of Northern Ireland. Subject to additional funding being secured, by April 2027 phased implementation will be underway with anticipated investment of £19m to expand the model to a further 5 new GP Federation areas with a combined population of 670,000 people;
- By April 2027 we will have completed a review of the funding model for General Medical Services, to ensure that the service is sustainable for the future and improve access for patients, as part of a wider agenda to increase the level of investment in Primary Care. By April 2027, subject to additional funding, we will invest an additional £15m in Community Pharmacy and General Practice Pharmacy for new services and advanced practice roles respectively;
- By April 2027, subject to additional investment, we will invest an additional £17m in mental health services to support greater integration of the voluntary and community sector in service delivery and to improve critical services, including the new Regional Mental Health Service; and
- By April 2027, we will have developed an action plan and programme of work for the reform of General Dental Services.

### ***Building Our Hospital Network***

- By April 2027 we will have completed consultation on “*Hospitals - towards a Network for Better Outcomes*”, and developed an action plan and programme of work to take forward the necessary actions that will support reconfiguration;

- By April 2027, subject to additional funding, we will invest £300m per year to improve our elective care and cancer services and pathways, increasing elective care centres and Rapid Diagnosis Centres;
- By April 2027, subject to additional funding and public consultation, we will take forward and commence implementation of the reform and configuration of a number of key regional services including neurology, stroke and obesity services investing an additional £10m building services and improvement;
- By April 2027, subject to additional funding, we aim to establish a single management structure for all pathology and blood transfusion services, through the Pathology Blueprint Programme, in the form of a new Health and Social Care pathology services agency. We also aim to have established a new regional multi-professional Northern Ireland Imaging Academy, which will begin to increase the supply of locally trained consultant radiologists and advanced practice radiographers; and
- By April 2027, subject to additional funding we will further reform Urgent and Emergency Care through exploring, and subject to analysis, developing a regional 111 Urgent Care Service and through Investment in Hospital at Home and Intermediate Care Services as a better and more appropriate alternative to ED for some of our most vulnerable citizens.

### ***Quality and Safety***

- Following the close of a consultation in March 2025, by September 2025 we will have redesigned and started to implement a new Framework to replace the current Serious Adverse Incident Procedure, through a managed transition process with HSC Trusts;
- Following the close of a consultation in March 2025, implementation of a new Regional HSC Being Open Framework will commence in September 2025; and
- By April 2025, we will agree a policy position on organisational and individual Duties of Candour, that takes account of the UK Government's approach to the Hillsborough Law, that has implications beyond the HSC. Subject to these considerations, we will bring forward proposals regarding any remaining legislative requirements in Northern Ireland by September 2025.

### ***Involvement and Engagement***

- By April 2027, the community and voluntary sector will be more fully and meaningfully integrated as key partners in the planning and delivery of social care and mental health services, working alongside other partners in the statutory and independent sectors.

## **Delivery**

With growing demand, and a constrained budget a key focus must be on delivery, this means ensuring both a focus on the overall system to ensure it operates as effectively, and efficiently as it can, but also ensuring the role of the individual and teams can play as part of optimising service delivery. This will be achieved through a relentless focus on performance so that within the constraints that exist, we can be sure we are getting the best we can for our citizens; it also means harnessing the innovation and expertise of our staff to drive best value and learning from others. In the long term, success will be measured through a Strategic Outcomes Framework. In the short term the Department is piloting a new System Oversight Measures approach, which is designed to track system performance across 6 domains comprised of:

- Performance
- Safety and Quality
- Finance & Governance
- Efficiency and Productivity
- Access Improvement and Tackling Health Inequalities
- Workforce

### ***Our Delivery Outcomes***

- As the HSC continues to rebuild our capacity post pandemic and as we transition onto the new regional Encompass IT system, there is potential to further increase our core capacity through new ways of working and improved productivity and efficiency. With an increased collective effort, an additional **46,000** outpatient assessments and **11,000** treatments could be delivered by 2027. The single biggest action within this increase relates to the HSC meeting a 5% Did Not Attend/ Cancellation target by 2027 - approximately 8,600 additional new outpatients and 9,000 additional procedures could be delivered if the 5% target is met.
- By April 2027 through a focus on performance improvement and management we will have seen year on year improved outcomes and increased service delivery, bringing NI Trust performance in line with Getting it Right First Time (GIRFT) Standards and British Association of Day Surgery day case rates;
- By April 2027 we will have implemented the recommendations of GIRFT reviews in adult and paediatric orthopaedics, urology, and gynaecology and have commissioned further reviews in ENT services, alongside working with clinicians locally through our network of partnerships to promote innovation and improvement.

A detailed Implementation Plan to deliver across the three high level priorities of Stabilisation, Reform and Delivery will be published annually, following budget confirmation, and will provide an update on progress made.

# STRATEGIC CONTEXT

## Introduction

The Health and Social Care system is under extreme pressure across all areas. This is due to a number of factors such as an ageing population, high rates of people experiencing poverty and important medical advances. With increasing numbers of older people in society demand for health and social care will continue to increase. Furthermore, as the population ages more people will develop serious and often multiple conditions that need to be managed at the same time. We therefore need a health and social care system and wider public sector that focus on supporting the population in staying healthy for as long as possible.

## Population Changes

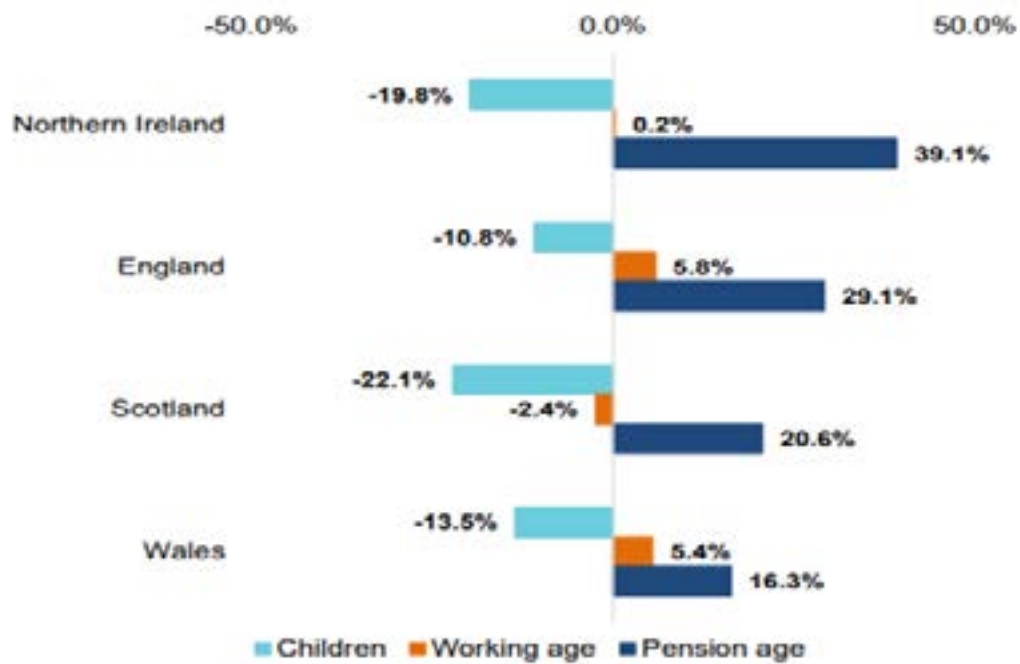
The Northern Ireland (NI) population is growing but we are getting older. There are currently 27 people aged 65+ for every 100 people of working age: this is projected to be 42 in 2043.

**Figure 1**



Ageing of the population across all four nations of the UK is shown in Figure 2 below. Alongside ageing, each UK country is projected to see a decline in the population of children. NI is projected to have the largest increase in pension age population (39.1%) and second largest decrease in the population of children (19.8%) over the next 25 years.

**Figure 2**



### Health Inequalities / Population Health

#### ***Health Inequalities***

Despite the significant advances in health care, we still live in a society where there remain significant health inequalities with those living in the most deprived areas more likely to have both a lower life expectancy and a lower healthy life expectancy. **Figure 3** below sets out this stark reality.

**Figure 3**



Given 80% of health inequalities can be traced to socio-economic issues, physical environment and related behaviours, a focus on reducing overall inequality, tackling deprivation and encouraging behaviours conducive to better health and wellbeing are central to a reduction in health inequalities. More broadly, to progress this agenda meaningfully will require it to be prioritised across Government and across Society.

### **Population Health**

It is clearly also critically important to support the population to stay well, thereby reducing the demand on health and social care services. We need to empower and support healthier lives to improve the health and wellbeing of the population.

A person's health is directly impacted by the socio-economic and physical environment in which they are born, grow, live, learn, work and age. International evidence demonstrates that, while health and clinical services contribute around 20% to health outcomes, a person's health is to a much larger extent affected by economic, social and environmental factors, as well as hereditary factors and individual behaviours. These wider determinants of health are often outside the direct control of the health and social care sector.

We therefore need to work collectively across Departments and agencies, with Local Government, the private sector, and critically with the community and voluntary sector who have the capability, skills and crucially local knowledge and connections that are so important within communities, and with people themselves to address these wider determinants of health. We will therefore build on the Executive's strategic framework for public health, Making Life Better, to tackle the wider determinants of health and we will redouble our efforts to improve the health outcomes of Northern Ireland's population and reduce inequalities.

It is recognised that the socio-economic environment in which people live creates major obstacles to building healthy lifestyle habits. We want to support people to overcome those obstacles and take ownership of their individual journeys towards healthier living. While challenging, there are many steps which people can take themselves to improve their health and wellbeing.

A new initiative which will seek to take a place-based approach to health inequalities - Live Better - is being developed. Live Better is being designed to help address health inequalities by bringing targeted health support to communities which need it most. It will build on the good work developed by the PHA and the HSC over the years, in doing so will seek to pull existing initiatives and programmes together so that they can be delivered intensively in communities to make a real and lasting difference. It will also provide targeted information and initiatives directly to specific communities, as well as signposting to existing areas of support. The Live Better approach has been launched and is operating in parts of Londonderry and West Belfast.

As part of the new Integrated Care System for planning healthcare in line with the needs of our population, new Area Integrated Partnerships are being established across each of our five Trust geographies. These place-based partnerships bring representatives from across Health and Social Care together with the Voluntary and Community Sector, Local Government and service users and carers to bring an increased focus on prevention, early intervention and community health and wellbeing. A key component of this work is the link into the existing Community Planning infrastructure and the opportunity to take an asset-based approach to improving our populations health and wellbeing. Rollout of the partnerships has commenced and is expected to complete in Spring 2025.

There is much work to take forward under this agenda, but by way of example key issues will be:



- **A Whole Systems Approach to Obesity:** We recently consulted on a new strategic framework to reduce the harm for those living with obesity and the £500m this costs us across the economy every year. This approach aims to increase participation in sport and physical activity, and harness opportunities in respect of economic development, education, active travel, environmental sustainability, net zero, and procurement. A programme of action will be developed in the coming year.
- **Tobacco control:** The evidence is unequivocal that smoking tobacco causes disease and it kills people prematurely, as well as driving health inequalities - the costs to hospitals alone of treating smoking attributable conditions are over £200 million annually and the total cost to NI society is estimated to be double this. We will explore mechanisms to further reduce exposure to second hand smoke and target services to further reduce smoking related health inequalities. We will also work with the UK Government and other devolved administrations to crack down on youth vaping and progress the smoke free generation proposals which aim to preventing the uptake of smoking and support our vision of a tobacco free society.

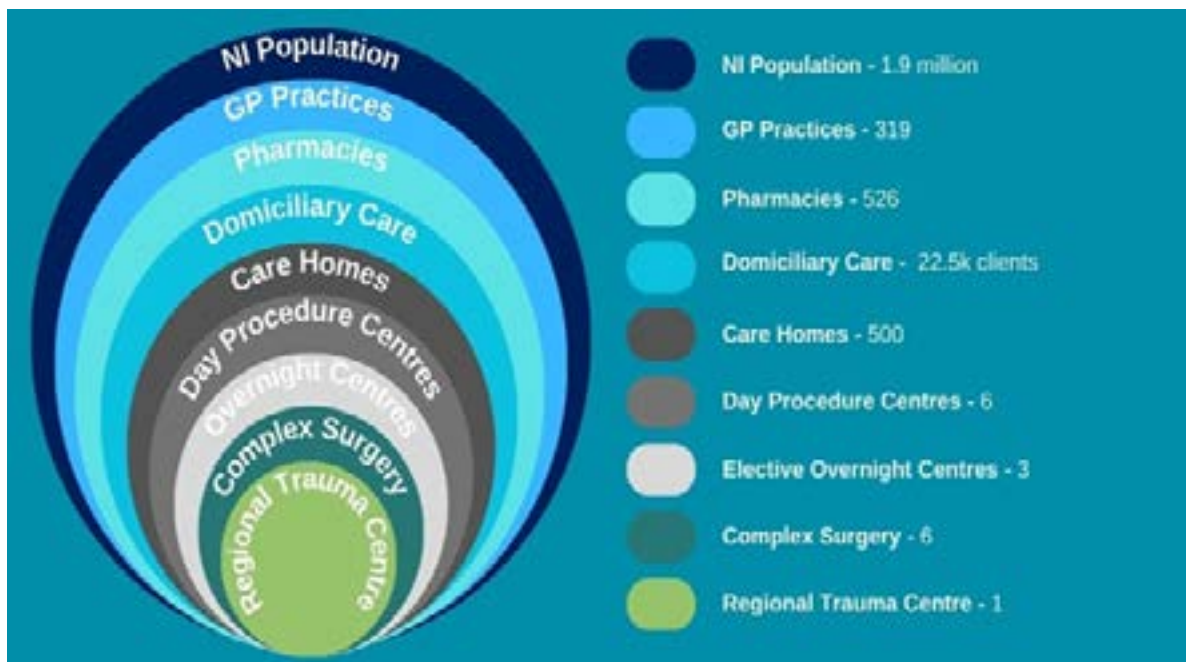
There are also programmes of work ongoing to tackle alcohol and substance use in our population, another major driver of poor health outcomes and health inequalities. In addition, there are programmes focussed on optimising the health benefits of medicines for our population and ensuring their safe, cost effective and sustainable use within the HSC.

### **Right Place / Right Time**

Having easier access to services by locating them in the community will be an important part of achieving greater population health and wellbeing. Engagement with citizens indicates that people value services within the local community. Indeed, the evidence shows better patient outcomes and experiences from this approach. Out of hospital care is part of the overall long-term direction of health service reform to effectively look after an ageing population and an increasing number of people with more than one health condition. We recognise how critical person-centred services are as a means of prolonging or regaining an individual's independence. In addition to the positive impact for the individual, out of hospital services contribute towards capacity and flows across the whole HSC system in line with best practice.

Figure 4 schematises one example of how the Health and Social Care system looks to the NI population and the broad range of HSC locations that deliver care, whether in the community, at home or in hospital, to ensure right treatment and support in the right place.

**Figure 4**



**Figure 5** shows the pyramid model of care using, as an example, the various levels of urgent and emergency care available to our citizens. This includes the importance of self-care and prevention by keeping ourselves well, to local services in the community and hospital services if necessary. Importantly, the vast majority of care is provided at, or close to, the home.

**Figure 5**



Rapid assessment and treatment centres are alternatives to the Emergency Department. People are referred by their GP or taken by ambulance to these services. They provide care on the same day, which also then avoids hospital admission.

Acute (or Hospital) Care at Home provides hospital services in peoples' homes, instead of in the hospital. This leads to better patient experience and ultimately better outcomes.

Urgent Care Services provide a further alternative to Emergency Departments for patients who need urgent care. Trusts can book patients into this service using local Phone First to provide timely and convenient care.

### **Social Care**

The programme of transformation to reform the health and social care system in line with the Bengoa, Delivering Together and Power to People reports was a key priority of New Decade New Approach. A public consultation on the proposal to Reform of Adult Social Care was undertaken in 2022. The views expressed during the public consultation reflected consistent agreement that reform of adult social care is necessary and broad agreement with the general direction of travel set out in the consultation proposals. There were also consistent messages relating to the challenges to making reform happen; to adequately resource the current level of service provision, meeting increasing levels of need whilst also securing investment to implement reforms that in real terms improve the standards, availability, and outcomes of care.

The Department has established the Social Care Collaborative Forum which is aligned to the strategic priorities to reform adult social care set out in the public consultation. The Forum has established eight workstreams each with a specific business focus. These include, strengthening the social care workforce, enhancing care in care homes, supporting unpaid carers, improving contracting and commissioning, and maximising capacity in care homes and home care services.

The Department has also established a Children's Services Strategic Reform Programme to oversee the reform of children's social care services and the implementation of the recommendations of the Independent Review of Children's Services that reported in June 2023. Workstreams under this programme have been established to consider the known range of challenges including families waiting to be allocated a social worker, an insufficient supply of places in residential care and short-break provision for children with a disability, staff recruitment and retention difficulties and falling numbers of foster carers. The programme includes wide representation across sectors, including the voluntary and community sector, education and justice.

Among the programme's priorities is the plan to engage with families earlier and prevent the escalation of children on to protection plans or into care. Building on the initial funding allocation in this area, in October 2024 the Minister of Health announced £13m a year in additional multi-year funding, including up to £2m for the rest of the current financial year, to both increase short breaks capacity and expanding family, therapeutic and behavioural supports in the community.

### **Primary and Community Care**

Primary and Community Care services, including GPs, community pharmacists and dentists, are where most citizens have the majority of their contact with the Health and Social Care system. They are both the provider of health assessments and interventions to meet needs and the gateway to more specialist acute services. As with all other parts of the system these services have experienced capacity pressures and a growth in demand. As an indication of some of this demand in an average week General Medical Services teams are having over 200,000 consultations, 50% of which are face to face.

An ongoing issue is the increasing number of GP contracts that are handed back. From 2022/23 to end August 2024, 27 GP contracts were returned, 13 in 2022/23, 11 in 2023/24 and 4 in 2024/25 at the time of publication. Through working with colleagues in GP federations and Trusts, only one practice closure has resulted from a contract handback. A range of actions have been taken to support Primary Care and improve sustainability, including additional training places, the introduction of a GP recruitment and retention scheme and the creation of new roles within practice both through multi-disciplinary teams but also increases in pharmacy and nursing roles.

A new General Practice Pharmacy Strategy was published earlier this year to inform the development of the pharmacy workforce in general practice up to 2030. Given the importance of primary and community services it is critical this investment is maintained, but without additional funding this will come at a cost elsewhere in the system.

Alongside this, Community Pharmacies across Northern Ireland have a trusted role in supplying prescription and over the counter medicines and offer the public access to professional advice and services without the need for an appointment. In the next three years the implementation of a new Community Pharmacy Strategy will seek to enable pharmacists in this setting to expand their current roles to offer more clinical services.

This will help to increase capacity within the HSC, offering safe, convenient, and quicker access to care for acute and long-term conditions closer to home, making use of advances in medicines, diagnostics, digital and medical technologies.

General Dental Services play a key role in improving the general health of the population and reducing pressure on other areas of the Health Service. The amount of time spent by dentists on health service (i.e. publicly-funded) dentistry has reduced over the last few years. Investment for 2024/25 focused on securing access for patients with an urgent or pressing need, promotion of priority treatments and child registrations. These key areas will continue to be the priority for 2025/26. Looking forward, the strategic focus for oral health improvement will be on the upstream prevention of oral disease to reduce the overall burden on both the population and health services. In August 2024, the Children's Oral Health Improvement Plan and the Older Person's Oral Health Improvement Plan were published and identify a range of strategic and ambitious recommendations for these two sections of the Northern Ireland population.

### **Mental Health Services**

Northern Ireland has the highest prevalence of mental health problems in the UK, with around one fifth of adults showing signs of a possible mental health problem. It is estimated that poor mental health costs the NI economy over £3.4bn per year, recognising both the personal and societal impact of mental ill-health. Mental Health services, for both adults and children, have been under increasing pressure in recent years. These pressures are a consequence of: increased demand for services, including increased numbers of new referrals; increased complexity and acuity of people presenting to the service; and significant workforce pressures as the result of increased vacancy levels. One example of this is the number of adults waiting on psychological therapy which has increased from over 4,000 in 2018/19 to 6,500 in 2023.

The Mental Health Strategy 2021-31 sets out the future strategic direction of mental health services for Northern Ireland. The Strategy, which includes 35 actions set out under three overarching themes, is person-centred and takes a whole life and whole system approach. The Department has been using its existing funding to progress implementation of this critical strategy. While this funding allows the continuation of certain aspects of the strategy, it does not match the levels of funding required as identified in the Mental Health Strategy Funding Plan. Consequentially, the Department needs to continue to prioritise the actions that can be delivered, with delivery being taken forward by way of Annual Delivery Plans which set out agreed actions which can be taken forward year-on-year.

## **Acute Hospital Care**

### ***Diagnostic Capacity***

The vast majority of care pathways will require one or more diagnostic tests to provide clinicians with an accurate diagnosis and help determine the appropriate treatment for their patients. These include pathology tests of patient samples, which are usually processed in a hospital laboratory, or some form of imaging examination (including X-ray, CT, MRI and various scopes).

Ensuring that HSC diagnostic services are equipped with the staff and equipment they need to meet ever-increasing demand is a fundamental enabler of the three pillars of HSC stabilisation, transformation and delivery. Unfortunately, due to budget pressures over several years, it has not been possible to grow diagnostic capacity in line with the increase in demand for these services. However, a number of strategic initiatives are under way to address these gaps.

In November 2021 the Department of Health issued a [policy statement](#) setting direction for the modernisation of HSC Pathology Services. All HSC laboratory information systems have been replaced with a single, regional Northern Ireland Pathology Information Management System (NIPIMS), with investment of over £40m. A pathology workforce plan has been developed, and planning is under way through the Pathology Blueprint Programme to introduce a single management structure for all HSC pathology services over the next few years. This will enable the full benefits of transformation to be realised and ensure that these vital services can continue to meet the needs of patients and clinicians.

In May 2018 the Department published the Strategic Framework for Imaging Services in Health and Social Care, following a comprehensive review of Imaging Services. A Regional Medical Imaging Board was then established in 2021 to oversee the implementation of the Framework's 19 recommendations, most of which have been implemented. However, the main pressure is a lack of workforce capacity to meet demand. The Review recognised that an innovative approach is required to develop the imaging workforce to meet future demand. A business case is currently being developed for a multi-professional Northern Ireland Imaging Academy which aims to significantly increase the supply of locally trained consultant radiologists (from 54 up to approx. 100 per year) and advanced radiographer practitioners. This in turn will benefit all clinical specialties which depend on imaging examinations and will therefore support the reduction of excess waiting lists for diagnosis and treatment, as well as meeting the demands from unscheduled care.

Progress remains subject to business case approval and the availability of funding. Approximately £3.9m has been included in the draft 15-year capital plan to support the costs of the Academy.

### ***Elective Care***

Elective care is scheduled, or planned, as opposed to unscheduled or emergency care. Elective care can take many forms and the patient journey can involve a number of different elements and interfaces; for example, outpatient appointment, diagnostic tests, surgery, review. Elective care waiting times in Northern Ireland are unacceptable and have significantly increased in recent years due to the scale of the gap between funded health service capacity and patient demand, the impact of the wider financial position and the response to the pandemic. In addition to the backlog of patients waiting, the HSC system continues to add new patients for assessment or diagnostic investigation of which a proportion will be added to a treatment waiting list.

Reduction in waiting lists is not a quick fix and it cannot be resolved in a year or two. Even with long term, significant, targeted investment it will take many years to clear waiting lists to acceptable levels.

Published statistical information for outpatient, diagnostic and inpatient/day case waiting times for quarter ended **March 2024** (this does not include South Eastern HSC Trust which is in the process of changing computer systems) shows:

- o **356,229** waiting for a first consultant-led **outpatient** appointment.
- o **164,476** waiting for a **diagnostic test**.
- o **94,537** waiting for **inpatient or day case admission**.

To address this challenge a twin approach is required, securing additional short-term capacity to address backlogs, and at the same time maximising system capacity through service reviews and configuration to improve efficiency and better align demand and capacity. Over the last number of years both these elements have been progressing. In 22/23 and 23/24 we invested a cumulative £162m in waiting list activity, although the majority of this funded capacity (approximately £140m) was targeted at services for red flag and time critical work due to the increasing capacity demand gap. In 2023/24 we delivered 263,000 assessments, treatments and diagnostics with this funding. In terms of transformation and reform, steps have been taken to separate high volume low complexity elective work from unscheduled care. As a result, we have introduced day procedure centres at Lagan Valley and Omagh Hospitals and Elective Overnight Stay Centres at the Mater Hospital, Daisy Hill Hospital and South West Acute Hospital (SWAH) for patients that may require an overnight stay in hospital.

In addition, we have cataracts centres at Downe, South Tyrone and Mid Ulster Hospitals and an orthopaedic hub at Musgrave Park Hospital which includes the Duke of Connaught Unit, a dedicated orthopaedic Day Procedure Centre.

At March 2024 the Day Procedure Centres at Lagan Valley and Omagh had treated approximately 20,000 patients across a range of specialties, including endoscopy and over 12,000 patients had been treated at the Elective Overnight Stay Centres. This electivity capacity is having a positive impact on waiting times. At 31 March 2024, inpatient or day case treatment waiting lists have decreased by 14.3% since the same month last year.

### **Cancer Services**

The 10-year Northern Ireland (NI) Cancer Strategy was launched in March 2022 with 4 themes and 60 actions.

The Strategy sets out 60 high-level recommendations that will enable significant strategic change to be taken forward over the next decade.

The recommendations cut across four key themes:

- **Theme 1: Preventing Cancer** - reduce the growth in the number of people diagnosed with preventable cancers.
- **Theme 2: Diagnosing and Treating Cancer** - to improve survival.
- **Theme 3: Supporting People to Live and Die Well** - to improve the experience of people diagnosed with cancer.
- **Theme 4: Implementing the Strategy.**

The Cancer Strategy indicates that recurrent revenue funding in the region of £145m per year will be required to fully implement the cancer strategy. Capital investment of circa £73m is also required. To date, £10.6m recurrent revenue has been secured.

Haematology pathway reviews have been completed to help improve service delivery and sustainability for the 3 main blood cancers: Myeloma, Lymphoma and Acute Leukaemia.

Rapid Diagnosis Centres, initially delivering a Vague Symptom Pathway, is now regional and will ensure quicker access to red-flag services and will increase the survival chances for patients.

Short term stabilisation measures have been introduced to help relieve pressures across breast services. These measures include the use of additional clinics, independent sector in-sourcing, and inter-Trust transfers, ensuring that patients are able to be seen as soon as possible.



Work is underway to establish a regional booking system for Breast Cancer assessment appointments. In addition, a strategic review of the whole breast cancer pathway has been commissioned to determine what is required to establish a regional service which ensures equity of access, and better outcomes for patients.

A Strategic Review of Radiotherapy Services has been commissioned. Phase one will create a rapid review of current provision and will be completed by summer 2025. The findings of this review will inform further work.

A review has been completed for Adolescent and Young Adults (AYA) Cancer Services, and draft Minimum Standards developed. These standards were officially announced by Health Minister on 3 October 2024, alongside plans to establish a new regionally networked service model in the 2025/26 financial year which will improve equity of access to services for patients across the region.

We continue to implement the approved recommendations of the 'Advanced Communication Skills Training in the Cancer Workforce' (2023) project report. Governance structures to guide this work and to improve accountability are in place with the regional oversight group and HSC Trust operational groups meeting quarterly.

Northern Ireland was the first part of the UK to commit to implement the Pancreatic Cancer Optimal Care pathway. This will be used as a test site for future work on other tumour sites.

The actions identified in the next phase of cancer strategy implementation for the period 2025-2028, will provide a real opportunity to deliver positive change and improved service outcomes.

### ***Emergency Care***

Urgent and emergency care services have been under significant and increasing pressure for at least the past decade. As an illustration of the level of pressures, over 100,000 (106,990, 14.3%) new and unplanned review attendances waited over 12 hours at Emergency Departments (EDs) in 2022/23, almost twenty times the number in 2012/13 (5,560).

The immediate issues currently being faced in EDs relate to overcrowding. At the forefront in tackling this challenge is ensuring that EDs are for emergencies only, to reduce the number of attendances and secondly by improving the flow of patients through the system, so that beds are available to those who need them and there are not undue delays in EDs.

Improved flow requires that those patients who are ready for discharge from the acute system to more suitable care are able to access that care without delay. A number of actions are underway to support these objectives. Under the Urgent and Emergency Care Review a priority has been to provide alternatives to EDs including phone first initiatives and the establishment of Urgent Care Centres. In October 2023 and December 2023 there were 31,694 calls to Phone First and attendances at Urgent Care Centres combined. Of these, 4,927 (15.5%) were referred to a type 1 ED, meaning almost 85% of these contacts did not subsequently attend a type 1 Emergency Department. There have also been significant developments in the areas of performance management and best practice with the Department's multi-disciplinary Unscheduled Care Management Unit which works with the Northern Ireland Ambulance Service (NIAS) and the five geographic HSC Trusts to develop improvement plans to reduce waiting times for admission to EDs for patients arriving by ambulance. However, as with other services sustained investment will be required to deliver improvements in services such as phone first, alternative pathways and initiatives such as intermediate care, which aim to prevent ED attendances and support earlier discharge from the acute setting.

## STRATEGIC ENABLERS

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Stabilisation, reform and delivery can only be achieved through investing in and valuing our workforce, harnessing the capabilities of new technology, and with the right level of investment and funding. We also need to ensure that services are planned and shaped to reflect local priorities and in an integrated way.

### **Workforce**

The HSC workforce is our main asset, we need to ensure that despite budget challenges we continue to invest in our workforce, both in terms of investing in training our future workforce but also supporting our current staff. These aims are at the heart of our Workforce Strategy. We will involve staff in service design reviews, we will look at teams and skills mix and will develop new roles across nursing and allied health professionals to work alongside medical staff. We will prioritise investment in training, and work with Trade Unions and employers to ensure that the HSC workplace is supportive and safe.

### **Integrated Care System (ICS NI)**

ICS NI is the new framework for how we plan health and care services in Northern Ireland. It is a single, joined-up system, based on the different parts of health and social care, and others who have a role in the wellbeing of the population of Northern Ireland, coming together to understand what it is that is needed, and how we can best deliver that with the resources we have.

The ICS NI model is underpinned by a population health approach, with a focus on improving outcomes, and it will change the way we plan health and social care services in two main ways:

- The first is by putting in place ways of working that help us to better work together within health and social care. This will ensure we know and understand: what people need; what good looks like; what each part of our system is doing; where we have gaps and challenges; and how we can work together to meet those. This way, we can provide better care and services that improve outcomes and make the most of what we have in terms of our resources.
- The second is by putting in place ways of working both locally and regionally which focus on how we can keep people well in the first instance (prevention), what we can do to provide early support to stop things getting worse (early intervention) and how we can best do that within specific communities, and across Northern Ireland where its best to do so. This means we need to think about what else may affect our health and wellbeing (such as where we live, what is around us, or where we work) and work closely with others who also look at these aspects of our lives.

To support this, we are creating partnerships that will bring a range of people together so that we can work better across sectors.

### **Digital Strategy**

The HSC Digital Strategy 2022 – 2030 sets out the vision, investment and underpinning strategic framework to implement world class, secure digital technologies and infrastructure to transform the way in which health and social care is provided.

The Digital Vision and Strategy sets out an evolving journey, with the initial stage focused largely on implementation of programmes and projects under the Digital and Data investment portfolio. This aims to address longstanding technical debt from historic underinvestment in technology across the sector. The subsequent phases recognise that the goal is not technology itself but the transformation of Health and Social Care to create economically sustainable services, with better quality and outcomes and improved experiences for staff and service users.

Continued implementation, making best use and transformation will deliver functionally rich IT systems with a data architecture that improves compliance to interoperability and data standards. This will not only enable but ensure data is managed as an asset to deliver improved business intelligence and research.

The technologies span the health and care ecosystem and extend to our service users' homes to transform how people and HSC staff access a range of solutions. Together, these will support decision-making and empower the delivery of personalised, proactive and precision health and care. The benefits of the digital investments will be realised through digitisation of patient and operational data; automation of processes; and streamlining care processes.

For digital and data services to be sufficiently developed to enable the wider reform of the health and social care system will require investment in technologies across primary, community and secondary care services. A significant proportion of the modernisation work required is already underway with plans in other areas being finalised.

### **Funding**

Meeting the aspirations and the challenges set out above for the HSC systems cannot be considered without regard to the funding available which is both an enabler to and a constraint on the delivery of this 3 year plan. Despite the fact we continue to operate with annual budgets, it is important to plan and focus on more than just the immediate, but also what can be achieved in the medium to long-term.

This is not least because some of the reform and transformation we need to deliver takes years not months. Indeed, it is a generational aspiration. That said, despite the current budgetary constraints, we need to provide hope and a pathway to improvements for both our citizens and staff. There is no doubt for 24/25 given the consequences of the budget position mean that we will be trying to manage an inevitable reduction in services and a negative impact on performance by mitigating the worst impacts and prioritising key services, as well as trying to maintain momentum on reform and transformation. For years 2 and 3, assumptions have been made about funding that will enable us to make progress as part of stabilisation and tackling backlogs, progressing reform and transformation as well as delivering the necessary digital and workforce investments. The level of funding will directly impact on the scale of activity and outcomes achievable and it should be noted that these assumed levels are by no means certain.

## CONCLUSION

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This three year plan sets out an ambitious but realistic agenda for the Health and Social Care system for the next 3 years.

It is realistic because it acknowledges there is no easy pathway or magic bullet, delivery will require a relentless focus on Stabilisation, Reform and Delivery. Only by stabilising our system, moving forward with reform and ensuring we maximise delivery across all parts of the system can we deliver the outcomes and benefits we want for our citizens, the HSC workforce and wider society. It is realistic in that it recognises the importance of funding and of working collaboratively across the HSC, and across Government.

It is nevertheless ambitious in seeking to deliver a reformed Health and Social Care system in Northern Ireland, with a real focus on improving health and addressing health inequalities, keeping us as healthy as we can be, both of which contribute directly to better outcomes for individuals and wider society. It also seeks to create a system that gets us the healthcare help we need as quickly as possible, and as soon as possible. This means more healthcare delivered in our primary and community setting, with our acute sector providing healthcare as efficiently and as effectively as possible for those who need it and supporting them to return as quickly as possible to their community. We know workforce and digital capability will be enablers, and that these will require investment, and the level and availability of that funding will impact what we can achieve, but not our ambition to achieve better outcomes. Better Outcomes remains the prize, for patients, service users, the population as a whole and our wonderful HSC staff alike.

## Supporting Strategies and Service Reviews

### Population Health

Programme/Project	Weblinks
Making Life Better (MLB)	<a href="https://www.health-ni.gov.uk/topics/health-policy-public-health-policy-and-advice/making-life-better">https://www.health-ni.gov.uk/topics/health-policy-public-health-policy-and-advice/making-life-better</a>
Substance Use	<a href="https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-substanceuse-strategy-2021-31.pdf">https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-substanceuse-strategy-2021-31.pdf</a>
Tobacco Control	<a href="https://www.health-ni.gov.uk/tobacco-control-strategy-and-reports">https://www.health-ni.gov.uk/tobacco-control-strategy-and-reports</a>
Skin Cancer Prevention	<a href="https://www.health-ni.gov.uk/publications/skin-cancer-prevention-strategy">https://www.health-ni.gov.uk/publications/skin-cancer-prevention-strategy</a>
Suicide and Self Harm Prevention	<a href="https://www.health-ni.gov.uk/protectlife2">https://www.health-ni.gov.uk/protectlife2</a>
Breastfeeding	<a href="https://www.health-ni.gov.uk/publications/breastfeeding-strategy">https://www.health-ni.gov.uk/publications/breastfeeding-strategy</a>
Obesity Prevention	<a href="https://www.health-ni.gov.uk/publications/obesity-prevention-framework-and-reports">https://www.health-ni.gov.uk/publications/obesity-prevention-framework-and-reports</a>
Nutrition Strategy	<a href="https://www.health-ni.gov.uk/publications/promoting-good-nutrition-strategy-and-guidance">https://www.health-ni.gov.uk/publications/promoting-good-nutrition-strategy-and-guidance</a>

### Adult and Children's Social Care

Programme/Project	Weblinks
Reform of Adult Social Care	<a href="https://www.health-ni.gov.uk/topics/social-care-policy/reform-adult-social-care">https://www.health-ni.gov.uk/topics/social-care-policy/reform-adult-social-care</a>
Reform of Children's Social Care	<a href="https://www.health-ni.gov.uk/topics/social-care-policy/reform-childrens-social-care">https://www.health-ni.gov.uk/topics/social-care-policy/reform-childrens-social-care</a>

### Primary and Community Care

Programme/Project	Weblinks
General Practice Pharmacist Strategy 2030	<a href="https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-gpp-ni-2030.pdf">https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-gpp-ni-2030.pdf</a>
Transforming Medication Safety Programme	<a href="https://www.health-ni.gov.uk/news/launch-new-centre-promote-patient-safety-ni">https://www.health-ni.gov.uk/news/launch-new-centre-promote-patient-safety-ni</a>
Community Pharmacy Strategic Plan 2030	<a href="https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-comm-pharm-strategic-plan-2030.pdf">https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-comm-pharm-strategic-plan-2030.pdf</a>
Advanced Care planning	<a href="https://www.health-ni.gov.uk/advance-care-planning-now-and-future">https://www.health-ni.gov.uk/advance-care-planning-now-and-future</a>

Programme/Project	Weblinks
Dental and Oral Health Improvement (including General Dental Services)	<a href="https://www.health-ni.gov.uk/publications/workforce-review-dental-services-northern-ireland-2018">https://www.health-ni.gov.uk/publications/workforce-review-dental-services-northern-ireland-2018</a>  Oral Health Improvement Plans for NI: <a href="https://www.health-ni.gov.uk/sites/default/files/consultations/health/doh-plan-nicohi.PDF">https://www.health-ni.gov.uk/sites/default/files/consultations/health/doh-plan-nicohi.PDF</a>  <a href="https://www.health-ni.gov.uk/sites/default/files/consultations/health/doh-plan-niopohi.PDF">https://www.health-ni.gov.uk/sites/default/files/consultations/health/doh-plan-niopohi.PDF</a>

## Mental Health, Autism

Programme/Project	Weblinks
Mental Health Strategy and Delivery Plans	<a href="https://www.health-ni.gov.uk/publications/mental-health-strategy-2021-2031">https://www.health-ni.gov.uk/publications/mental-health-strategy-2021-2031</a>
Autism Strategy 2023 to 2028	<a href="https://www.health-ni.gov.uk/publications/autism-strategy-2023-2028">https://www.health-ni.gov.uk/publications/autism-strategy-2023-2028</a>

## Acute Hospital Care

Programme/Project	Weblinks
Hospitals – Creating a Network for Better Outcomes	<a href="https://www.health-ni.gov.uk/publications/hospitals-creating-network-better-outcomes">https://www.health-ni.gov.uk/publications/hospitals-creating-network-better-outcomes</a>
Elective Care Framework (ECF)	<a href="https://www.health-ni.gov.uk/publications/elective-care-framework-restart-recovery-and-redesign">https://www.health-ni.gov.uk/publications/elective-care-framework-restart-recovery-and-redesign</a>  Updated Elective Care Framework - May 2024 - <a href="https://www.health-ni.gov.uk/sites/default/files/publications/health/Elective%20Care%20Framework%20-%20May%202024.pdf">https://www.health-ni.gov.uk/sites/default/files/publications/health/Elective%20Care%20Framework%20-%20May%202024.pdf</a>
General Surgery review	Review of General Surgery: <a href="https://www.health-ni.gov.uk/topics/health-policy/review-general-surgery">https://www.health-ni.gov.uk/topics/health-policy/review-general-surgery</a>  Review of General Surgery - Final Report - May 2024: <a href="https://www.health-ni.gov.uk/publications/review-general-surgery-northern-ireland">https://www.health-ni.gov.uk/publications/review-general-surgery-northern-ireland</a>
Urgent and Emergency Care review (including Intermediate Care)	<a href="https://www.health-ni.gov.uk/consultations/consultation-review-urgent-and-emergency-care-services-northern-ireland">https://www.health-ni.gov.uk/consultations/consultation-review-urgent-and-emergency-care-services-northern-ireland</a>
Cancer Strategy	<a href="https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-cancer-strategy-march-2022.pdf">https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-cancer-strategy-march-2022.pdf</a>
Neurology services review	<a href="https://www.health-ni.gov.uk/rns">https://www.health-ni.gov.uk/rns</a>
Stroke Action plan	<a href="https://www.health-ni.gov.uk/stroke-action-plan">https://www.health-ni.gov.uk/stroke-action-plan</a>



Programme/Project	Weblinks
GIRFT reviews – orthopaedics, paediatric orthopaedics, urology, emergency care, gynaecology	<p>GIRFT Elective Orthopaedics - <a href="https://www.health-ni.gov.uk/publications/girft-elective-orthopaedics-service-review-recommendations">https://www.health-ni.gov.uk/publications/girft-elective-orthopaedics-service-review-recommendations</a></p> <p>GIRFT Review of urology services - NI: <a href="https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-girft-urology-report.pdf">https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-girft-urology-report.pdf</a></p> <p>GIRFT Review of urology services - 6 month update: <a href="https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-girft-urology-6-month-update.pdf">https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-girft-urology-6-month-update.pdf</a></p> <p>Progress update January 2024 - <a href="https://www.health-ni.gov.uk/publications/girft-elective-orthopaedics-progress-report-december-2023">https://www.health-ni.gov.uk/publications/girft-elective-orthopaedics-progress-report-december-2023</a></p> <p>GIRFT Review of Gynaecology - <a href="https://www.health-ni.gov.uk/publications/gynaecology-girft-report-january-2024">https://www.health-ni.gov.uk/publications/gynaecology-girft-report-january-2024</a></p>
Imaging services	<a href="https://www.health-ni.gov.uk/publications/strategic-framework-imaging-services-health-and-social-care">https://www.health-ni.gov.uk/publications/strategic-framework-imaging-services-health-and-social-care</a>
HSC Pathology Services (Blueprint Programme)	<a href="https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-modernising-%20hsc-pathology-services-policy-statement.pdf">https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-modernising-%20hsc-pathology-services-policy-statement.pdf</a>

## Digital

Programme/Project	Weblinks
Encompass Programme	<a href="https://encompassni.hscni.net/digital-portfolio/encompass/">https://encompassni.hscni.net/digital-portfolio/encompass/</a>
Digital Strategy	<a href="https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-hscni-digital-strategy-final.pdf">https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-hscni-digital-strategy-final.pdf</a>
Data Strategy	<a href="https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-hscni-data-strategy.pdf">https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-hscni-data-strategy.pdf</a>

## Workforce

Programme/Project	Weblinks
HSC Workforce Strategy 2026 and Strategy Action plans	<a href="https://www.health-ni.gov.uk/publications/health-and-social-care-workforce-strategy-2026">https://www.health-ni.gov.uk/publications/health-and-social-care-workforce-strategy-2026</a>
Nursing and Midwifery Task group	<a href="https://www.health-ni.gov.uk/publications/nursing-and-midwifery-task-group-nmtg-report-and-recommendations">https://www.health-ni.gov.uk/publications/nursing-and-midwifery-task-group-nmtg-report-and-recommendations</a>
Pharmacy Workforce Review 2020	<a href="https://www.health-ni.gov.uk/publications/pharmacy-workforce-review-2020">https://www.health-ni.gov.uk/publications/pharmacy-workforce-review-2020</a>
Workforce Planning: Workforce Review Reports	<a href="https://www.health-ni.gov.uk/articles/workforce-planning-workforce-review-reports">https://www.health-ni.gov.uk/articles/workforce-planning-workforce-review-reports</a>

## Integrated Care System (ICS)

Programme/Project	Weblinks
Integrated Care System NI Programme	<a href="https://online.hscni.net/our-work/integrated-care-system-ni/">https://online.hscni.net/our-work/integrated-care-system-ni/</a>