



HEALTH AND WELLBEING 2026

DELIVERING TOGETHER

12 Month Progress Report October 2017



Department of
Health

An Roinn Sláinte

Máinnistríe O Poustíe

www.health-ni.gov.uk

SECTION 1: CONTEXT AND AMBITION

1. On 25 October 2016, the then Minister of Health, Michelle O'Neill launched an ambitious 10 year approach to transforming health and social care ***Health and Wellbeing 2026: Delivering Together***¹. *Delivering Together* was based on the report of the Expert Panel, led by Professor Rafael Bengoa, *Systems, not Structures: Changing Health and Social Care*² which was published on the same day.
2. This vision for the future also drew on the findings of previously commissioned reports including *Transforming Your Care*³ and Sir Liam Donaldson's report *The Right Time, The Right Place*⁴. The direction of travel in *Delivering Together* secured universal buy-in at political, system and service user level and is now the single roadmap for radical health and social care transformation.
3. It seeks to radically reform the way services are designed and delivered with a focus on person centred care rather than the current emphasis on buildings and structures. The aim of this report is to demonstrate the progress on the commitments in *Delivering Together* one year into the programme.

The Case for Change

4. *Delivering Together* set out a clear and unassailable case for change. The inability to meet the extraordinary demands and pressures created by an ageing population; the stark differential in health and social care outcomes between the most and least deprived areas; the current service delivery model being no longer fit for purpose and the challenges in attracting and retaining staff to prop up an outdated system means that transformation is not an option, it is an imperative.

¹ <https://www.health-ni.gov.uk/publications/health-and-wellbeing-2026-delivering-together>

² <https://www.health-ni.gov.uk/publications/systems-not-structures-changing-health-and-social-care-full-report>

³ <http://www.transformingyourcare.hscni.net/wp-content/uploads/2012/10/Transforming-Your-Care-Review-of-HSC-in-NI.pdf>

⁴ <https://www.health-ni.gov.uk/publications/right-time-right-place>

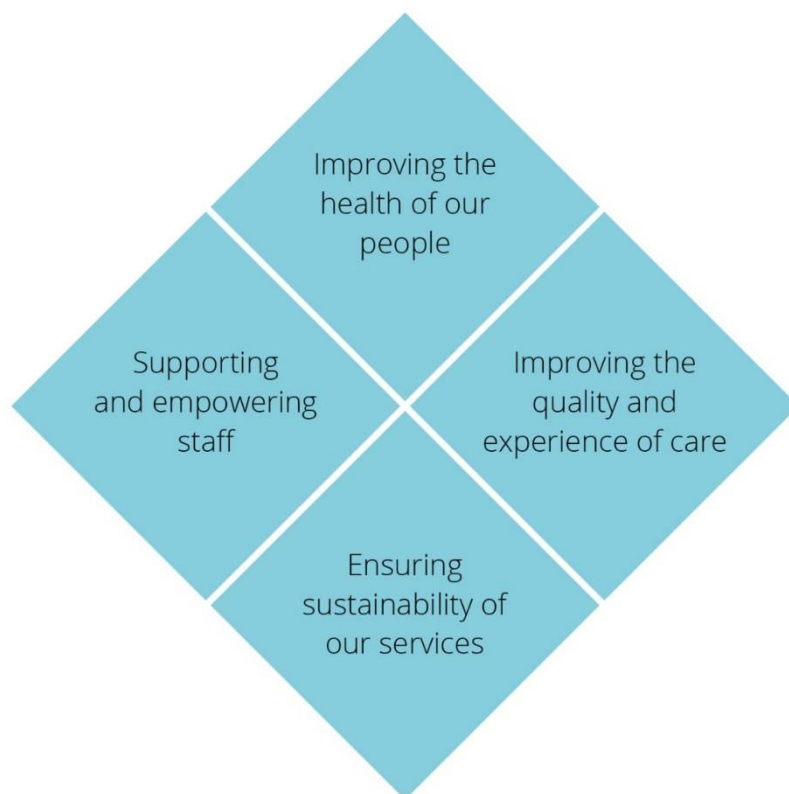


5. It is clear that we have a 20th century model seeking to deliver services for a 21st century population and that the current delivery models continue to have an increasingly negative impact on the quality and experience of care, constraining the ability of Trusts and the wider system to transform itself.

The Ambition

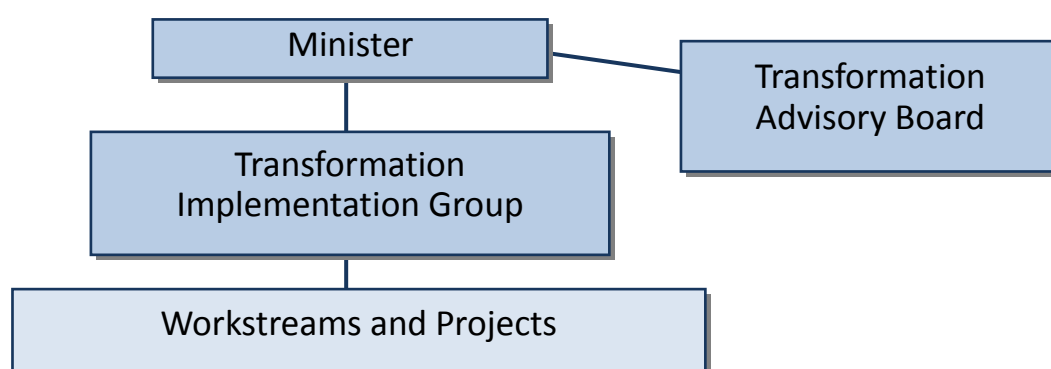
6. *Delivering Together* is driven by the Northern Ireland Executive's draft Programme for Government and sets out an ambition to support people to lead long, healthy and active lives.
 7. The model of person-centred care in *Delivering Together* focusses on prevention, early intervention and supporting independence and wellbeing. This enables the emphasis of health and social care services to move from the treatment of periods of acute illness and reactive crisis approaches, towards a more holistic approach to health and social care where people are supported to stay healthy, well and safe in the first place.
 8. When care is needed, people will have access to safe, high quality care and are treated with dignity, respect and compassion. Staff will be empowered and supported to do what they do best while services will be efficient and sustainable for the future.
-

9. Underpinning this ambition are four key aims, namely:



SECTION 2: LEADING & GOVERNING THE CHANGE

10. The requirement for a transformation oversight structure with membership drawn from within and outwith the HSC was an explicit commitment of *Delivering Together*. In November 2016, a Transformation Implementation Group was established to provide leadership in driving forward transformation. A Transformation Advisory Board was also formed to provide strategic advice to the Minister on the direction of reform.



Transformation Advisory Board

11. The Transformation Advisory Board (TAB) is chaired by the Health Minister, and members include Professor Bengoa, Chair of the Expert Panel, along with trade union, service user and community and voluntary sector representatives, and the Permanent Secretary of the Department of Health. Full details of membership is included at Appendix 1.
12. The TAB met once in February 2017. Due to the current political position, no further meetings of the TAB have been possible, however senior Departmental Officials continue to engage with members.

Transformation Implementation Group

13. A Transformation Implementation Group (TIG) is chaired by the Permanent Secretary of the Department of Health and comprises senior leaders from the Department of Health, HSC and Trust Chief Executives, along with a consultant
-

surgeon and a General Practitioner. Since its establishment, this group has met fortnightly.

14. An opportunity is taken at the start of each TIG meeting to showcase a local project or innovative practice that is strategically aligned and underpins transformation across the HSC. To facilitate this, TIG meetings are held in different venues across the HSC. The notes and actions from TIG meetings are regularly published on the Department's website at: <https://www.health-ni.gov.uk/publications/transformation-implementation-group-tig-meetings-notes-and-action-points>
15. The TIG provides strategic leadership and oversight to the design, development and implementation of transformation, working across the traditional organisational boundaries to lead and manage the change agenda. Details of membership is included at Appendix 1.
16. TIG continues to draw on Professor Bengoa's extensive knowledge of health systems and health reform, along with his awareness of the specific challenges facing the health and social care system in Northern Ireland. Importantly, this also brings an element of continuity to the transformation process following the completion of the Expert Panel report.

Workstreams

17. In taking forward the changes, a number of priority actions have been initiated under the leadership of TIG. In some instances, workstreams were established and in others, work was already ongoing. Taking this work forward at an operational level draws largely on colleagues across the HSC, and indeed beyond, who bring skills, knowledge and experience from a wide range of backgrounds.
 18. Partnership working and co-production remain key tenets of the way change is developed and implemented moving forward. The people who use services and those that deliver them need to be involved in the decisions that are made about the design of services.
-

19. The work undertaken so far has sought to adopt a more inclusive and transparent approach, as illustrated, for example, by the work to reshape stroke services and the design of a Community Development Framework.
20. Important activities which will enable and support transformation continue to happen outside of the formal programme arrangements, with staff in many different disciplines working together to come up with innovative practices and models of care that make a real difference to patients.

SECTION 3: PROGRESS AGAINST OUR AMBITIONS

21. To support people to lead long, healthy and active lives, the focus of health and social care services, and how and where those services are delivered, needs to change. This will be challenging, and will take sustained and incremental effort over the next ten years. This section sets out the progress made towards our stated aims.
22. *Delivering Together* also set out a range of priority actions for the initial 12 month period to make a positive and ambitious start towards the stabilisation, reconfiguration and transformation of the health and social care system. Appendix 2 provides an update on these actions.
23. Reforming a complex health and social care system does not happen overnight. 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.

Changing our models of care

Building capacity in communities and in prevention

To reduce inequalities and ensure the next generation is healthy and well. This includes a focus on working with communities to support them to develop their strengths and use their assets to tackle the determinant of health and social wellbeing. Alongside this, link social care more strongly with improving and safeguarding the wellbeing of individuals, families and communities.

24. A workstream has been established to design and implement a **Community Development Framework**, to provide the community and voluntary sector with the tools, training, and standards it needs to help grow the sector to meet the future demands associated with transformed HSC services. In partnership with HSC staff, the voluntary and community sector, and service users, the workstream will finalise the framework early in 2018.
 25. Through the implementation of the **Healthy Child, Healthy Future programme** parents are being supported to make healthy choices, which promotes the health and wellbeing of their children and families. Whilst progress has been made, due to workforce capacity issues the programme remains to be fully delivered.
 26. The **Making Life Better programme** continues to set the strategic direction for improving population health and addressing inequalities in health. The emphasis has been on working collaboratively to address the factors that impact on health and wellbeing and health inequalities to create the conditions for individuals, families and communities to take greater control over their lives, and be enabled and supported to lead healthy lives. There is already a great deal of work underway, including the **Healthier Lives Programme** led by the Public Health Agency (PHA).
 27. In relation to **Family Support Hubs**, progress has been made with building further connections to other Hub arrangements, and those involved believe there is increased likelihood of better outcomes for children and families. Subject to funding, the Hubs will be further enhanced and expanded.
-

28. A number of projects have been concluded within the **Early Intervention Transformation Programme**, and four new projects have been agreed. Work includes equipping parents with the skills to ensure children have the best start in life, supporting families earlier, and a focus on the development of the children's workforce, including teachers, social workers, doctors, nurses and police officers. A Gateway Review has commenced.
 29. Considerable work continues on the development of the **Looked After Children Strategy**, and an implementation plan has been developed. A series of workshops are ongoing looking at issues relevant to looked after children, and a range of innovative proposals are being developed to meet the aims of the strategy. It is hoped the Looked After Children Strategy will go out to public consultation in the autumn of 2017. Alongside this, consultation on the **Adoption and Children Bill** has concluded and analysis is ongoing.
 30. The implementation of the **Improving and Safeguarding Social Wellbeing Strategy** continues to make progress, with all five HSC Trusts having established a Local Engagement Partnership. A framework for social work/care and social wellbeing, co-produced with people who use services and social workers, has been developed and was launched at the Moving Forward Together Leadership Event in June 2017. A draft Evaluation Framework has been developed to measure the impact of strategy. In addition, an Innovation Overview Report highlighting the innovations funded between 2012 and 2016 has recently been published.
-

Enhancing support in primary care

Providing more support in primary care to enable more preventive and proactive care, and earlier detection and treatment of physical and mental health problems. The future model of primary care will be based on multi-disciplinary teams embedded around general practice.

31. A workstream has been established to take forward the development and implementation of **multi-disciplinary teams in primary care**. Alongside the core membership of the workstream group – which includes a service user, a GP, Trust staff and professionals from the Health and Social Care Board (HSCB) and PHA – members of the group have been meeting with a wide range of partners. A service user reference group has also been established.
 32. In its first phase of work, the group has been reviewing existing models of primary care multi-disciplinary working, from a range of countries and reviewing existing best practice here in Northern Ireland, including a workshop with a wide range of stakeholders. The group has also undertaken research to understand demand and pressures in GP and nursing services.
 33. There has been close working with a number of other workstreams, for instance, to consider how primary care multi-disciplinary teams can link better with the community sector. Drawing on all this work, the group expect to have a draft set of principles to underpin a primary care multi-disciplinary model by the New Year, alongside a plan setting out the immediate next steps to start developing the model on the ground.
 34. Alongside this work, by March 2017, named **District Nurses and Health Visitors for each GP practice** were in place, and there was an increase in the number of **GP training places** from 85 to 97, in August 2017.
 35. Having a pharmacist as part of the primary care team improves the quality and safety of prescribing and supports value for money in medicines prescribing. It relieves work pressure on GPs, freeing up their time for patients with more complex medical needs. **Practice Based Pharmacists** (PBPs) started to take up post in September 2016, it was further expanded in January 2017, and
-

continues to grow. By August 2017, 296 (88%) of the GP practices in a GP Federation had access to a PBP, and it is expected this will increase to 100% by March 2018. By April 2021, nearly 300 PBPs are expected to be in place.

36. In line with the increasing focus on multi-disciplinary and inter-professional working set out in the draft HSC Workforce Strategy, two key programmes have commenced. In January 2017, the first cohort of **Physician Associate** students started a post-graduate programme with Ulster University, which will include placements in primary care.
 37. The new **Advanced Nurse Practitioner** (ANP) programme (also with Ulster University) began in September 2017, and this includes a cohort for primary care who will be supported and facilitated in their clinical practice by the Down GP Federation. The development of the ANP role in primary care is being piloted as a potential nursing workforce solution to increase capacity in primary care services and support the GP workforce in delivering effective primary care services.
 38. The development of a new framework for **Community Pharmacy** has begun, with a Memorandum of Understanding signed in January 2017, and the design of services and cost investigation completed by June 2017. Concluding this work is dependent on budget and consideration by an incoming Minister.
-

Reforming our community and hospital services

Reforming community and hospital services so that they are organised to provide care where and when it is needed. Within this, it is inevitable that the role of our hospitals will fundamentally change as they focus on delivering the highest quality of specialist and acute care.

39. A public consultation on the **Criteria for Reconfiguring Health and Social Care Services** was concluded in February 2017, and the report is awaiting consideration by an incoming Minister.
 40. A workstream has been established to undertake **Service Reconfiguration Reviews**, and under this umbrella, significant progress has been made:
 - **Elective Care Centres** – A clinically led group was established in March 2017 and has been working to collect and analyse evidence that will inform the development of elective care surgery centres. This group is due to deliver its report in autumn 2017.
 - **Stroke** – The pre-consultation on the reshaping of stroke services concluded in September 2017. Working closely with *Chest, Heart & Stroke* and the *Stroke Association*, widespread engagement took place with stroke survivors, their families, carers, charities and other key stakeholders to listen to views, concerns and ideas on how to reshape stroke services. The findings will inform the design of a new model, and it is hoped this will be published for formal public consultation early in 2018.
 - **Diabetes** – Progress has been made with the implementation of the Diabetes Strategic Framework, which was published in November 2016. NI Diabetes Network has since been established, and a number key workstreams are underway (including footcare pathway and structured diabetes education). Workplans for 2017/18 for these areas have been agreed and are currently being progressed.
-

- **Imaging** – Public consultation on a future model for Imaging commenced in October 2017. Preliminary work continues on the review's recommendations.
 - **Paediatrics** – The paediatric strategies were published in November 2016, and a paediatric network has been initiated and is being led by the PHA. Planned completion for network design is January 2018.
 - **Pathology** – Consultation on the proposals for the modernisation of pathology services was completed earlier in February 2017 and the HSCB is working with the Pathology Network to finalise the proposals.
 - **Breast Assessment Services** – A review of Breast Assessment services is underway. Criteria for assessing service options for future service models of care have been proposed. A range of engagement activities have taken place including meetings with major cancer charities, surveys with 500 patients, public meetings and patient focus groups. The HSCB is currently working on final proposals for a new model of care.
 - **Ambulance Services** – The report of the Demand and Capacity Review on Field Operations and Control Room Operations has been approved, and the NI Ambulance Services (NIAS) is currently developing an action plan for implementing the findings of the review.
41. The **Elective Care Plan**, to address the issue of long waiting lists, was published in February 2017. Work is ongoing to monitor progress. However, investment is required to take forward the commitments in the Plan.
42. Progress has been made across the region on the development of the **Acute Care at Home service** with patients receiving treatment at their own home as an alternative to an admission to hospital. These services are providing complex integrated care in peoples own homes, and depends on strong local joined up working across providers. As well as an expansion in geographical coverage, Acute or Enhanced care at home services have seen an increase in the number of referrals over the last year. This service will continue to be expanded over coming years.
-

43. In relation to the **Reform of Adult Social Care and Support**, an Expert Advisory Panel established to identify reform proposals has completed its work, which is to be considered by an incoming Minister, prior to publication and public consultation. As part of this work, the Panel engaged with carers and their representative organisations, and support for carers will continue to be a key focus of this reform agenda as this work moves forward. Work is underway to identify opportunities to continue engagement and to plan for the forthcoming consultation.
 44. Achieving parity of esteem for mental health continues to be a priority, while investment is dependent on funding. In particular, work has progressed on establishing a **Regional Mental Trauma Service** to address the unmet mental health need of trauma associated with the legacy of the conflict in Northern Ireland. A Partnership Board and Implementation Group have been put in place to take forward this service, and recruitment of staff to manage trauma caseload across the Trusts is underway. A paper setting out the options for the future **development of perinatal services**, including proposals for a specialised Mother and Baby Unit, is ready for consideration by an incoming Minister.
-

Organising ourselves to deliver

Organising ourselves to ensure that the administrative and management structures make it easier for staff to look after the public, patients and clients. Embracing new models of care has the potential for harnessing the strengths of different parts of our systems, working and delivering together across traditional boundaries.

45. Within the broad framework defined by previous Ministers, including confirmation that the Health and Social Care Board will close, progress has been made in terms of developing future models for performance and financial management.
46. Proposals for the future role and function of the PHA have been developed and these are currently being considered. Work is now underway to identify the future operating model post closure of the HSCB, for consideration by an incoming Minister. It is critical that any changes permanent or transitional are made in the context of supporting new models of service delivery and the broader transformation agenda.

Enabling Sustainable Transformation

Partnership Working

The health and social care system belongs to all of us and everyone must be treated with respect, listened to and supported to work as real partners within the health and social care system, including the adoption of creative and innovative ways to **maximise partnership working and involvement**.

47. Partnership working is a key tenet of the way change is developed and implemented moving forward. A **Co-production Working Group**, led by the Chief Nursing Officer and involving people with a vast range of relevant experience, are developing a co-production guide to support partnership working across health and social care. This will be published in the coming months.
48. Work continues on the development and procurement of a **Real Time User Feedback System** which would be of benefit to all those who both use and deliver services, and training to support the continued rollout of the Q2020 Attributes Framework is ongoing.

Improving Quality and Safety

We need to establish **an infrastructure capable of supporting, enabling and driving the improvements we seek, with people at its heart**. There needs to be greater alignment between quality improvement, partnership with those who use our services and how we regulate those services.

49. The initial design work for a **Regional Improvement System**, which will enable the health and social care system to take a strong position on quality improvement, was completed by February 2017. A regional workshop to further develop the model was held in June 2017 and a small number of significant areas of practice have been identified which would enable a test of scale and spread. These will be taken forward in Phase 1 (July 2017-March 2018).
-

Investing in our workforce

To ensure we have **the people and the skills needed** to support sustainable models of care, taking account of increasing demand, informed by robust information and analysis, and mapped to configuration of services and increased focus on primary care.

50. Work is well advanced on the development of a **Health and Social Care workforce strategy**. This will include areas such as retention and recruitment, opportunities for introducing new job roles and upskilling initiatives. It will also focus on ensuring that health and social care is a rewarding and fulfilling place to work and train.
 51. Membership of the Workforce Strategy Steering Group, which is leading the development of the strategy, is wide ranging and includes Trusts, primary care, professionals and trade union side. This collaborative approach will be continued into the implementation of the strategy.
 52. In line with the commitment to develop proposals through co-production, three initial 'engage' events were held in January 2017, with over 200 attending. This was followed by a programme of focus groups, open to all HSC workers. The draft Strategy is currently under consideration by the Transformation Implementation Group, in readiness for an incoming Minister.
 53. In addition, **the Nursing and Midwifery Task Group**, was established in December 2016. It is chaired by Sir Richard Barnett, and as well as HSC representation, its membership includes the Royal College of Nursing, the Royal College of Midwifery and Ulster University. It aims to maximise the contributions of nursing and midwifery to improving outcomes for the population, and is conducting a series of workshops across NI to co-produce potential actions. It is due to report in March 2018.
-

Leadership and Culture

If we are to develop a culture of quality improvement and partnership working, it must be underpinned by a **new approach to collective and system leadership**. All those working in health and social care will feel able to effect change and improvement in care.

54. The HSC-wide Collective Leadership Strategy was launched in October 2017 setting out an approach for the creation of a culture of high quality, continually improving, compassionate care and support.
55. The development of the strategy embodied a partnership approach. The work was led by a core group with a wide membership, including HSC, DoH, Trade Union Side, a GP, a service user, and a representative from the voluntary and community sector, and there was engagement events with over 400 people from across different levels, professions and experiences.
56. The implementation and embedding of the strategy across the HSC system is now being mobilised.

eHealth and Care

Making better use of technology and data is essential if we are to move to a model focussed on service users, on improving the health and wellbeing of the population and getting beyond organisational and professional silos.

57. Work continues towards a **new patient portal**, which will allow people living with dementia and their carers to have secure on-line access to their own health and care information, with a delivery date now set for the summer of 2018.
 58. There has been an increase in the number of community pharmacies with access to **Northern Ireland Electronic Care Record (NIECR)**, with the rollout of this continuing to take place during 2017. A proposal for rollout of access to NIECR for all pharmacies is expected to be agreed by March 2018. Work is
-

ongoing to develop an optometry specific view within NIECR, and a pilot is expected to commence early in 2018.

59. The development of a more consolidated and common patient and user record remains a priority. The **Electronic Health Care Record (EHCR)** programme has been rebranded as the **Encompass Programme**. Evidence indicates that investment in a digital record-in-common will dramatically contribute to improving the health and wellbeing of the community including user experience, quality, safety and ultimately, health outcomes. An initial review of the Outline Business Case has been completed by both Department of Health and Department of Finance, and there continues to be significant engagement with HSC professionals on early design.

SECTION 4: LOOKING AHEAD

60. The new models of care will see citizens interact with the HSC system in a different way. This can only happen with the understanding, commitment and involvement of the population, which will require an ongoing and open public debate, and strong political leadership.
 61. Whilst progress can continue to be made in bringing forward proposals for change, difficult decisions will be required, as set out by the Executive and the then Minister upon the launch of *Delivering Together*. The nature of these decisions and their impact on the population warrants Ministerial consideration.
 62. The financial position remains challenging and this is not anticipated to change. The Executive agreed that transformation cannot happen without investment. It is inevitable that the pace of transformation will be impacted by the level of funding available.
 63. Under the funding arrangement provided for by the confidence and supply agreement, £200m will be made available for transformation. A further £50m will be invested in mental health services over 5 years. It is important that this funding is invested in initiatives which will enable and deliver transformation, ensuring our models and systems are fit for the future, rather than addressing current pressures.
 64. The pace and scale of change is dependent on a range of internal and external factors. The Transformation Implementation Group continues to plan, prioritise and sequence actions to ensure that momentum is maintained and impact is maximised.
-

APPENDIX 1

MEMBERS OF THE TRANSFORMATION ADVISORY BOARD:

- Minister of Health (Chair)
- Richard Pengelly (DoH Permanent Secretary and Chair of the Transformation Implementation Group)
- Rafael Bengoa (Chair of Expert Panel)
- Mairead McAlinden (Expert Panel member)
- Seamus McAleavey (Voluntary and Community sector representative)
- Brian O'Hagan (Co-chair of the regional PPI forum)
- Maria Somerville (Person with caring experience)
- John Patrick Clayton (Trade Union representative)

MEMBERS OF THE TRANSFORMATION IMPLEMENTATION GROUP:

- Richard Pengelly (Permanent Secretary, DoH; Chair)
 - Deborah McNeilly (Deputy Secretary, DoH)
 - Jackie Johnston (Acting Deputy Secretary, DoH)
 - Michael McBride (Chief Medical Officer)
 - Sean Holland (Chief Social Services Officer, DoH)
 - Charlotte McArdle (Chief Nursing Officer, DoH)
 - David Gordon (Director of Communications, DoH)
 - Valerie Watts (Chief Executive, HSCB and Interim Chief Executive, PHA)
 - Martin Dillon (Chief Executive, BHSCT)
 - Tony Stevens (Chief Executive, NHSCT)
 - Anne Kilgallen (Chief Executive, WHSCT)
 - Francis Rice (Interim Chief Executive, SHSCT)
 - Hugh McCaughey (Chief Executive, SEHSCT)
 - Shane Devlin (Chief Executive, NIAS)
 - Liam McIvor (Chief Executive, BSO)
 - Alan Stout (General Practitioner)
 - Mark Taylor (Consultant in General and Hepatobiliary Surgery, BHSCT)
-

APPENDIX 2

PERFORMANCE AGAINST DELIVERING TOGETHER ACTIONS

Key Deliverable		Target	Position
1	Develop a comprehensive approach for addressing waiting lists which takes account of the ongoing work the Health and Social Care Board, as well as the recommendations from the Expert Panel	January 2017	Elective Care Plan published February 2017
2	<p>To improve access and resilience, and support the development of new models of care, make significant investment in primary care to ensure there is a multidisciplinary team focussed on the patient and with the right mix of skills. This will be supported by</p> <ul style="list-style-type: none"> increased GP training places; continued investment in Practice Based Pharmacists; ensuring every GP practice has a named District Nurse, Health Visitor and Social Worker to work with; supporting the development of new roles such as Physician Associates and Advanced Nurse Practitioners; and Further rollout of the AskMyGP system. <p>Bring forward a public consultation on the role of GP Federation and whether they should become HSC bodies</p>	March 2017	<p>Research continues into potential models of multi-disciplinary teams in primary care with ongoing engagement with stakeholders.</p> <p>GP Training Places increased August 2017.</p> <p>88% GP practices in a Federation had access to a Practice Based Pharmacist by August 2017, and investment and expansion continues.</p> <p>Named District Nurses and Health Visitors for each GP practice were in place March 2017. Work ongoing with regard to Social Workers.</p> <p>Physician Associates programme commenced January 2017; Advanced Nurse Practitioner programme commenced September 2017.</p> <p>The online triage system, AskMyGP, continued to be rolled out and piloted by 20 practices.</p> <p>Consultation proposals on GP Federations under development.</p>
3	Bring forward proposals relating to the extension of placement options for Looked After Children .	October 2017	A series of alternative placement options for looked after children have been developed through co-production discussions, led by the

Key Deliverable		Target	Position
			HSCB and South Eastern HSC Trust. These are undergoing further testing with wide range of stakeholders and will thereafter be finalised for Ministerial consideration.
4	Following the completion and evaluation of a pilot project, roll out access to the electronic care record (NIECR) to community pharmacists and establish a pilot to test access to the record for independent optometrists .	October 2017	There has been an increase in the number of community pharmacies with access to Northern Ireland Electronic Care Record (NIECR) and rollout continues. Work is ongoing to develop an optometry specific view within NIECR and pilot is expected to commence in first quarter of 2018.
5	Begin development of a new framework to fully realise the potential of community pharmacy services to support better health outcomes from medicines and prevent illness.	November 2016	The development of a new framework has commenced. A Memorandum of Understanding was signed January 2017.
6	Embark on a consultation on the criteria set out in the Expert Panel Report and start a programme of service configuration reviews . These will be clinically led, working in partnership with those that use the services.	November 2016	Consultation on criteria for service reconfiguration completed February 2017, and report drafted for consideration by incoming Minister. Programme of service reconfiguration reviews underway.
7	Following extensive review and engagement, launch a public consultation on proposals to modernise and transform Pathology services designed to improve service and workforce sustainability ensuring a high quality pathology service for the future.	November 2016	Consultation on the proposals was completed in February 2017 and the Health and Social Care Board (HSCB) is working with the Pathology Network to finalise the proposals.
	Move forward with the implementation of the new Diabetes Strategic Framework, which has been, and will continue to be, developed through partnership with patients and their representative groups.	November 2016	Diabetes Strategic Framework published November 2016. NI Diabetes Network has since been established, and a number key workstreams are underway (including footcare pathway and structured diabetes education). Workplans for 2017/18 for these areas have been agreed and are currently being progressed.
	Launch and commence implementation of the Paediatric	November	The paediatric strategies were published in November 2016, and a

Key Deliverable		Target	Position
	Strategies (2016-2026) designed to modernise and further improve the standard of treatment and care provided in hospital and community settings, and palliative and end of life care for children and their families.	2016	paediatric network has been initiated and is being led by the PHA.
	Launch a public consultation on proposals to develop sustainable Stroke services and further improve the standard of treatment and care provided to stroke patients.	February 2017	The pre consultation on the reshaping of stroke services concluded in September 2017, working closely with clinicians, stroke survivors and voluntary groups. Formal public consultation on more detailed proposals for change expected in early 2018.
	Following a recent review, launch a public consultation on the configuration of Imaging services, taking account of advances in technology, demographics and demands, and looking to both national and international best practice.	February 2017	Public consultation launched October 2017.
8	Bring forward proposals for the location and service specification for Elective Care Centres , and Assessment and Treatment Centres .	October 2017	A clinically led group has been established to collect and analyse the data and evidence for future models, and use this to bring forward proposals. The group is due to report in autumn 2017.
9	Develop design for new structures and approaches to support the reform of planning and administration of the HSC	March 2017	A broad structural framework was set out in January 2017, work on detailed operating model design is ongoing.
10	Identify current innovative HSC projects at the local level and develop a rolling programme and implementation plan to scale up these projects across the region.	April 2017	Programme of innovative projects agreed in August 2017. Implementation plans to be developed.
11	Embark on a period of engagement with staff and service users to build a collective view of how our health and social care services should be configured in the future, and encourage a much wider public debate.	November 2016	A series of engagements with staff and service users took place November 2016 to January 2017.
12	Establish and seek members for a transformation oversight structure with membership drawn from within and outwith the HSC.	November 2016	Oversight structures (Transformation Advisory Board and Transformation Implementation Group) in place November 2016.

Key Deliverable		Target	Position
13	Consult on proposals for the reform of adult social care and support , to consider different approaches to ensuring the longer term sustainability of the adult social care system.	April 2017	The work of the Expert Advisory Panel Report on the Reform of Adult Care and Support is complete and its report will be considered by incoming Minister prior to public consultation.
14	Consult on proposals for, and complete design of a new user feedback platform open to all those who both use and deliver our services.	October 2017	A specification and business case is under development for the procurement of a Real Time User Feedback System.
15	Complete the initial design work for the Improvement Institute .	February 2017	Initial design work completed by February 2017. Small number of significant areas of practice identified to test scale and spread model during Phase 1 (July 2017-March 2018).
16	Develop a Workforce Strategy covering all aspects of the HSC workforce, including retention and recruitment; opportunities for introducing new job roles; and upskilling initiatives.	May 2017	Work is ongoing with a wide range of stakeholders. A draft strategy nearing completion for consideration by TIG and incoming Minister.
17	Develop an HSC-wide Leadership Strategy , to consider a 5 year approach and plan for development of collective leadership behaviours across our system.	May 2017	HSC Collective Leadership Strategy launched October 2017.
18	Expand the range of information and interaction available to citizens on-line and development of a patient portal for dementia patients.	October 2017	Work continues on identification of a preferred supplier with a delivery date now set for the summer of 2018.