

Background

- 8th May 2018, the Department of Health announced a series of initiatives being funded under the Health and Social Care transformation fund.
- Aim: Service reform in line with the *Health and Wellbeing 2026: Delivering Together* strategic vision,
- 3 overarching priorities; Stabilisation; Reconfiguration; and Transformation.
- Funding non recurrent:
 - £30m elective care waiting list initiatives
 - £70m for remainder of transformational programmes.
- Trust working with Project leads and owners to agree investment proposals and agree sequencing of implementation.
- Workforce assessment informing sequencing of recruitment timelines.
- Correspondence received from Director Finance, Health and Social Care Board 17/08/18 outlining “*any recurrent tails in relation to Transformation Fund projects beyond 2019/20 must be met from reductions in, and re-prioritisation of, expenditure from other areas (19/20 is conditional upon funding being made available*”. Trust is exploring implications of this with HSCB colleagues.
- Work has been aligned to the transformation themes set out in “Delivering Together”, and projects have been clustered into the following main themes:
 1. Enhancing Support in Primary Care;
 2. Workforce Implementation Strategy;
 3. Reforming Community and Hospital Services including Mental Health Services;
 4. Enablers;
 5. Building Capacity in Communities and prevention and
 6. Elective Care – Waiting Lists.

Transformation Update:

Summary included in table below aligned to the themes. This table explains allocation per theme regionally, an indicative allocation for SE Trust, progress to date and any risks/ issues currently identified.



| Transformation Area and Regional Funding Available | How will this transform Health and Social Care: | SET Bids submitted/in development up to end August 2018 for 2 year transformation period | Progress status | Risks & Mitigation |
|---|---|---|-----------------|---|
| <p>1. £15m - Enhancing Support in Primary Care</p> | <p>This will include £5m for the roll-out of Multi-Disciplinary Teams (MDTs) at GP practices. These involve the establishment of practice-based physiotherapists, mental health specialists and social workers – working alongside doctors and nurses to better meet the needs of the local population.</p> <p>The roll-out of MDTs this year will cover two areas initially; the South Eastern Health and Social Care Trust has been selected as one of the areas. Developing Multi-Disciplinary Teams (MDTs) at GP clinics represents health and social care transformation in action, helping provide more care closer to people’s homes. This will have the added benefit of easing demand pressures on hospitals.</p> | <ul style="list-style-type: none"> • £5m –Trust allocation to be agreed: MDT in Primary Care – Trust and GP Federation selected as primary care multi-disciplinary team initial roll out with Down GP Federation. As a significant investment, (value to be agreed) this is an initiative that will require significant commitment from senior Trust management and GP leaders, as well as Trust staff and Practice partners and employees, partly due to the pace of development and the expectation to have staff in post delivering services by Autumn 2018. | <p>G</p> | <p>Inability to have staff in post delivering services by Autumn 2018 - this will require significant commitment from senior Trust management and GP leaders, as well as Trust staff and Practice partners and employees.</p> |



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| | Care Homes/Nurse In-Reach – this proposal aims to enhance the delivery of safe, effective, compassionate care to service users living in care homes. (£298k region) | <ul style="list-style-type: none"> • £68k18/19 and £230k 19/20: Care Homes/Nurse In-Reach. | G | Inability to secure adequate stakeholder engagement; Inability to recruit. |
| | Prison Health Care is unique to SET | Prison Health Care Reforms Total Investment of £839k: <ul style="list-style-type: none"> • £72k: Public Health/BBV Health Protection/Training. • £52k: Pharmacy Management. • £131k: Nursing Skills. • £94k: Co-production and Engagement. • £194k: Discharge Coordination. • £280k: Allied Health Professions. • £16k: Training. | G | Inability to recruit. Some posts will be recruited internally. |
| 2. £15m - Workforce Development | This funding will support a key transformation goal of developing new and innovative ways of working together across health and social care. 1/3 of investment will be for Nursing and Midwifery, remainder for other training investment. | <ul style="list-style-type: none"> • £111k Pharmacy Workforce. | G | Approvals may not be in place in time to ensure full spend against allocation. |
| | | <ul style="list-style-type: none"> • £326k (£152k 18/19 and £174 19/20): Nurse Endoscopy. Training for specialist capability | G | Inability to recruit. |



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| | | <ul style="list-style-type: none"> Implementation of NMC Future Nurse, Future Midwife Standards, Supported by NIPEC. Transforming Nursing and Midwifery – Data Design and Capture – SET allocation to be confirmed. | Investment to be confirmed. | Outline bid submitted by NIPEC will be supported by SET. |
| <p>3. £30m - Reforming Community and Hospital Services, including Mental Health and Pharmacy</p> | <p>This funding will help implement new strategies for key services including: cancer services; stroke services; Paediatric services; medicines optimisation; and diabetes care and prevention. It will also support the reconfiguration agenda, by investing in plans for Elective Care Centres, for Cataract and Varicose veins in the first instance.</p> <p>In respect of proposed elective care centres, Lagan Valley and Downe Hospitals have been shortlisted and site visits have been organised.</p> | <ul style="list-style-type: none"> £284k: Adult Dysphagia – to support the early identification and management. | G | Inability to recruit. |
| | | <p>Palliative Care Reform:</p> <ul style="list-style-type: none"> £35k: Early Identification District Nursing Involvement. £42k: Education. £203k: Enhancing Workforce. £30k: Children’s Palliative Care Medical Lead. | G | Inability to recruit. |
| | | <ul style="list-style-type: none"> £538k: Enhancing the Level of Senior Nurses on Wards (uplift to band 6). | G | Inability to recruit. |
| | | <p>Unscheduled Care:</p> | G | Inability to recruit. |



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| | | <ul style="list-style-type: none"> • £748k: Patient Flow. • £224k: Ambulatory – value requested was significantly higher, SET working with Board to identify and negotiate additional resources. • £1m: Enhanced Care at Home (ECAH). • £1.2m: Intermediate Care (Home based - Intermediate care assessment and interventions supporting admission avoidance, faster recovery from illness, timely discharge from hospital and maximising independent living). | Ambulatory pending | |
| | | Paediatric Strategy: <ul style="list-style-type: none"> • £196k: Alternatives to Admission. • £352k: Age Appropriate Settings, this is to move up from 14 to 16. • £67k: Special Educational Needs Reform. | No IPT issued for alternative to admission or age appropriate settings. | Inability to recruit. |
| | | <ul style="list-style-type: none"> • £230k: Autism/ADHD. • £105k: Building Capacity of Residential Workforce – | | |



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| | | Children's Homes. | | |
| | | <ul style="list-style-type: none"> • £1.2m: Pathology Modernisation. | No IPT issued | |
| | | Mental Health Reform– a range of bids to be released by HSCB. Two released to date: <ul style="list-style-type: none"> • £134k: Talking Therapies Waiting List. • £82k: Psychological Therapies Waiting List. | G | Inability to recruit. |
| | | <ul style="list-style-type: none"> • £59k: Diabetes in Pregnancy. • £314k: Diabetes Prevention Programme. • £367k: Enhanced Foot Protection. | IPT in development for diabetes in pregnancy. | Inability to recruit. |
| | | <ul style="list-style-type: none"> • £62k: Reform of Domiciliary Care – appointment of Band 8a to drive reform across services. | G | Inability to recruit. |
| | | <ul style="list-style-type: none"> • Breast Assessment Services Reform – SET allocation to be confirmed. • £125k: Rheumatology bids Nursing Support and Biologics. | No IPT for breast assessment | Inability to Recruit |
| 4. £5m - Enabling Transformation | This will include a range of targeted actions aimed at strengthening the voice of those who use and those | Bids to be identified and developed. | | |



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| | <p>who deliver HSC services, so that they play a key role in developing and implementing new ways of working. Further areas of investment will build capacity for quality improvement across the system, as well as investment in technology and supporting innovation.</p> | | | |
| <p>5. £5m - Building capacity in communities and prevention</p> | <p>This includes significant investment in children's social services to fund a new approach to working with parents and families and to provide a different offer to children in care to better meet their needs.</p> | <ul style="list-style-type: none"> • £533k: Specialist Foster Care Provision. • £94k: Care proceedings Pilot. • £726k: Peripatetic Support for Children's Residential. • £186k: Post Adoption Permanence Support. • £110k: Mother and Baby Placement Schemes. • £92k: Professional Looked After Children (LAC) Lead. • £258k: Enhancing Family Support Hubs. • £159k: Additional Family Nurses (PHA Bid). • Regional IPT – Signs of Safety. | <p>G</p> | <p>Inability to recruit both staff and foster carers with the appropriate skills and experience.</p> |



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| | | <ul style="list-style-type: none"> • £1.4m: Rapid Response Intervention Service for Adolescents. | No IPT | |
| 6. £30m – Elective Care Waiting Lists | Targeted at reducing hospital waiting times in line with the Bengoa and Delivering Together reports, which cited the need to address waiting times as a stabilisation measure. | <ul style="list-style-type: none"> • £38k: Elective Care Transformation - AHP • £46k: Elective Care Transformation – Diagnostics <p>£3.1m confirmed for 2018/2019 for:</p> <ul style="list-style-type: none"> • EC - Q1 RF/Urgent • EC - Q2-4 RF/Urgent IH • EC - Q2-4 RF/Urgent IS | Separate process – no IPTs required. | |



Challenges

Whilst transformation presents a timely opportunity to drive forward the Trusts reform agenda, there are many challenges and risks which will require effective and robust planning, strong leadership and resilience to ensure the Trust moves forward with confidence and vigour. These include:

- Public confidence, political decision-making.
- Balancing transformation programmes with existing pressures and demands.
- Workforce Challenge –availability of the appropriate workforce, having the right people with the requisite skills available (or can be developed) to deliver the project within the timeframe required. **Estimated additional 1157 staff regionally, 176 staff across disciplines in SET**, not accounting for regional themes/workforce e.g. stroke, imaging. Directors of Planning and Directors of Human Resources are working regionally to prioritise projects based on what is achievable within the timescale and available resources.
- Confidence in ability to spend allocation.
- Rapid pace of reform.
- Financial challenge: allocation for 2018/19 only – *no recurrent funding stream* – Trust to consider this further with Commissioning colleagues.
- Substantial challenge to collate & inform bids and ensure robust monitoring of spend and performance/outcomes once implementation commences.

Executive Management Team (EMT) will ensure challenges and risks are given cognisance and planned for by senior management and business partners at each stage of programme development.

Whilst the volume, breadth and pace of these programmes present a significant challenge, the Trust will continue to instil a commitment to quality improvement and innovation into all transformation programmes, ensuring that services are safe, of a high quality and provide positive experience for service users. This also presents a real opportunity to continue to create unique programmes and service developments which go beyond business as usual and enhance existing infrastructure.

There is now real sense of urgency at the Department of Health and across Trusts, in light of the expectation that projects will be operational by January 2019, and the fact that funds cannot be carried over into the next financial year. The message from the Department is to move ahead with recruitment up until the point of offer, which will be subject to the bid approval process and subsequent release of funds. The Trust has been asked to sequence projects in relation to recruitment readiness and identify as a matter of urgency what is needed for projects to be operational by January 2019.

A significant recruitment risk, in particular in relation to internal recruitment, is the risk of destabilising core services. The Trust is identifying and implementing control measures for example a risk assessment to be completed prior to any recruitment activity. Trust project leads are responsible for informing and alerting regional project owner of any risk of destabilisation to core services. Directors of Planning, Human Resources and Finance have agreed to participate in a conference call every two weeks to drive forward projects and monitor risks.

For Trust Board Noting

- Executive Management Team is engaged in the development, planning, costing and project planning and development of a considerable range of transformation projects within very tight timeframe.
- Directors of Planning continue to coordinate work and collaborate with Department of Health, Health and Social Care Board, Public Health Agency and other key partners. Considerable additional engagement between Trust Service directors has been ongoing to support a coherent approach to the wide range of proposals currently being considered by Department of Health.
- Whilst transformation presents a timely opportunity to drive forward the Trusts reform agenda, there are many challenges and risks. Ability to recruit the staff required to deliver the projects presents the greatest risk whilst maintaining core services. The Trust is working closely with the regional partners to assess, plan and prioritise projects based on workforce availability and recruitment readiness, and is assessing the risk associated with this.
- The management of corporate risk posed by transformation is a priority for Executive Management Team (EMT) and regional Directors of Planning have agreed wording for corporate risk registers, ensuring a consistent approach across the region.
- Moving forward monitoring transformation projects in respect of the financials and achievement of planned outcomes is of critical importance. Whilst Transformation Implementation Group (TIG) has drafted monitoring arrangements and requirements, the Trust will approach monitoring of each of these projects with the same attention to detail and energy it does with all services. At present, Executive Management Team (EMT) is evaluating what robust and effective monitoring arrangements are most appropriate.