



Section 1: Background

On 25 October 2016, the Health Minister announced the publication of her vision for Health and Social Care, ***Health and Wellbeing 2026: Delivering Together***. The vision sets out an ambitious approach for transformation over a ten year period focussing 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.

To support **everyone to lead long, healthy, and active lives**, we need to change the focus of our services, and how and where those services are delivered by:

- **Build capacity in communities and in prevention** to reduce inequalities and ensure the next generation is healthy and well;
- **Provide more support in primary care** to enable more preventive and proactive care, and earlier detection and treatment of physical and mental health problems;
- **Reform our community and hospital services** so that they are organised to provide care when and where it is needed and
- **Organise ourselves to deliver** by ensuring that the administrative and management structures make it easier for staff to look after the public, patients and clients.

On 8 May 2018, the Department of Health (DOH) announced a series of initiatives being funded under the Health and Social Care transformation fund to achieve the vision laid out in Health and Wellbeing 2026. In total, £103m of additional non-recurrent funding has been ring fenced by the DOH for transformation - £30m allocated to elective care waiting lists to support stabilisation of the system and a further £70m to take forward other transformational programmes, which have been identified and

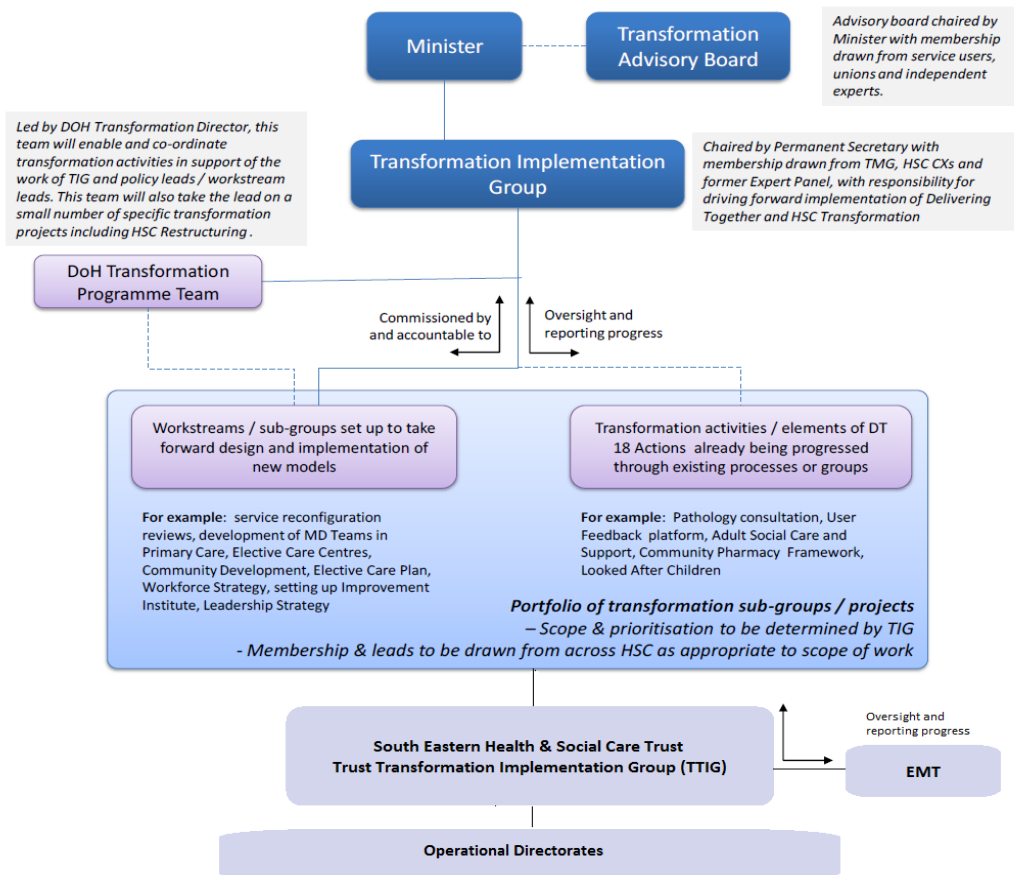
published by the DOH.

The purpose of this paper is to provide Trust Board with an update on the transformation programme which is shaping and reforming services across the Trust.

Section 2: Oversight and Programme Management Arrangements

Diagram 1 below sets out the oversight and programme management arrangements to deliver the change agenda. The Trust has established an internal Trust Transformation Implementation Group (T-TIG) chaired by the Director of Planning - with representatives from HR, Finance and Planning to coordinate and support transformation on behalf of the Executive Management Team (EMT). EMT receive weekly Transformation programme updates.

Diagram 1: Oversight and Project Management Arrangements



Risks and Issues

- Recruitment: Trust continues to work with BSO HSC Recruit colleagues to advance the recruitment process for posts and monitor success against appointments. Concerns remains about availability of staff.
- Destabilisation of core service: Operational team / project leads continue to monitor the deliverability of the projects and potential impact on existing services as a result of recruitment exercises.
- Funding: Transformation Affordability In-Year and Sustainability remains unconfirmed.

Section 3: Transformation in Action

This section contains a highlight report for significant Transformation projects.

Transformation Programme - Snapshot

Transformation Programme		Timeline	Update
Multi-Disciplinary Teams (MDTs) in Primary Care - Down	To define and articulate an agreed model for multi-disciplinary primary care in the North of Ireland based on: (i) an understanding of local population needs, (ii) an appreciation of best practice, (iii) Consideration of the resource base for delivery.	Mar 2020	Work is now underway across Trusts to recruit to new roles across all the Trust/GP Federation MDT - Down.
Service Reconfiguration Reviews	Elective Care Centres	Oct 2019	Varicose veins and cataracts are now operational and taking patients. Work continues to establish Task & Finish for each of the specialties identified in the initial Task & Finish report (Phase 2).
Transforming Cancer Services - Non-surgical Oncology	A structured approach is being undertaken to determine the new service model for cancer services, with new patient pathways developed, clinical risk guidance developed, and capacity modelling tools in final testing for use in NI.	Mar 2019	An early workforce bid is agreed in principle and is due to be submitted to TIG (13 February 2019).
Regional Review of Urgent and Emergency Care	Discussions on project initiation due at Emergency Care Regional Collaborative (ECRC) on 1 February 2019.	Oct 2019	Dr Maxwell, Clinical Co-Chair.

Regional Review of Neurology Services	The Department of Health published terms of reference for the regional review of neurology services on 19/12/2018. The review will identify the optimal service configuration for neurology services for the next 10-15 years. A Review Team, led by Consultant Neurologist Dr John Craig, has been established to take the review forward.	Mar 2019	Interim report due by March 2019 with a final report, including an implementation and investment plan, to be completed by June 2019.
Domiciliary care workforce review	Conduct a review of Domiciliary Care workforce	Mar 2019	The Domiciliary Care Workforce Review 2016-2021 has been published. The first update is due in March 2019. In tandem with this review a regional group has been setup to take forward a new model for domiciliary care.
Leadership Strategy	Implement a HSC-wide Leadership Strategy, over 5 years to develop and embed collective leadership behaviours	Jan 2019	The HSC core values and behaviours were endorsed at TIG on the 16 January 2019. These will be launched at the end of March 2019 and HSC organisation will work to embed the values and behaviours in 2019/20.
Encompass Programme (formerly EHCR)	Programme of work to invest in and develop HSC IT systems to a) address the risk to the continuity of existing systems and services by replacing at-risk systems in a cost effective manner; and b) improve the current service	2022	7/11/18 Chief Medical Officer and Encompass Senior Responsible Owner (SRO)) wrote to the Trust indicating that our Trust was successful in our bid to become the 'lead' Trust.
User Feedback Platform	Consult on proposals for, and complete design of a new user feedback platform open to all those who use and deliver our services.	Mar 2019	The system specification is currently being developed, with the procurement process to be completed by February / March 2019.

Lead: Adults Directorate - Street Triage Pilot / MATT

Trust Mental health practitioners, Northern Ireland Ambulance Service Paramedics and Police Service officers are working together as part of a new pilot project, aimed at providing on-the-spot help to vulnerable adults with mental health difficulties, while at the same time reducing their reliance on hospital, ambulance and PSNI resources.

In this new approach, members of a Multi-Agency Triage Team (MATT) assess and respond to calls made either to the police or ambulance control room using the 999 or 101 numbers. The team may then decide to attend an incident where there appears to be a related mental health issue.

MATT has been operational in the Ards, North Down and Lisburn areas since the start of July and operates on Friday and Saturday evenings. It has been supported by the Public Health Agency from the Department of Health's health transformation fund with £167k made available in the current financial year. Funding options for 2019/20 are under active consideration.

From a pool of more than 55 skilled staff across the NIAS, PSNI and the South Eastern Trust who volunteered to take part in the project, a team of two police officers, one paramedic and a mental health practitioner are on duty over a 12 hour night shift on a Friday and Saturday night. They assess calls and respond to incidents where the person is experiencing an emotional or mental health crisis and they feel they can offer advice or intervene.

One in five people here will have a mental health issue at some point during their life, and each month, around 1600 calls that have a mental health component are made to police.

PSNI lead for the MATT pilot project, says that the model is based on the street triage approach used in other parts of the UK which has proved to be very effective.

Over the period of just one week in Northern Ireland during 2018, police took people to hospital for mental health-related issues on 42 separate occasions – and this was in no way exceptional.

As it approaches its eighth month in operation, the MATT pilot has been involved in around 90 incidents with people experiencing emotional or mental health crises: circa 45 of these required face-to-face interactions with the vulnerable person and the rest involved providing telephone advice or resolutions to emergency service colleagues.

DOH Permanent Secretary and Chief Medical Officer have expressed their support for the service with next phase to roll out to the Belfast area.

Section 4: Transformation Programme

Full details of the Transformation programme portfolio is listed below:

Lead: Adults Directorate

PROJECT
C&S TF224 - HSC Involvement & Co-operation Innovation & Infrastructure Fund - Prison Health
MH Demography Inflationary Pressure
Learning Disability - Development of a Regional Service Model for People with a Learning Disability IPT 2
Chronic Disease
Trauma Network
Trauma Training
Adults with Mental Health Problems whose family care arrangements break down
Physical Healthcare for People with Serious Mental Health Illness
Think Family
Suicide Prevention (Street Triage)
Suicide Prevention (Zero Suicide)
Suicide Prevention (Zero Suicide)
Learning Disability - Development of a Regional Service Model for People with a Learning Disability
Mental Health Recovery Model & Co-production (Sustainability Prog for recovery college)
Mental Health Recovery Model & Co-production (Peer recovery)
Drug and Alcohol Prevention and Substance misuse
Psychological Therapies
Talking Therapy Hubs
Mental Health New Model
Social Prescribing
Expansion of shared lives model into older peoples services
Prison Healthcare-Prison Health Care Training
Prison Healthcare-AHP Support in Prison Health Care
Prison Healthcare-Discharge Coordinators [Social Work]
Prison Healthcare-Prison Peer Support – Co-production and Engagement Project
Prison Healthcare-Nursing Skill Mix / Nursing Assistants
Prison Healthcare-Prison Health Pharmacy Management Lead
Prison Healthcare-Public Health /BBV Programme Health Protection Nurse and associated Laboratory Costs/Training
Total number of projects: 28

Lead: Children's Directorate

PROJECT
Rapid Response
Family Nurse Partnership
Diabetes Prevention in high risk individuals
Child Social Services Signs of Safety
SEN Reform Project
Residential childcare workforce
Autism Pathway Reform
Outworking from service review of children's residential care - peripatetic support
Care Proceedings
Enhancing Family Support Hubs
Transformation of regional facilities for children and young people (LAC Lead)
Establish a Mother & Baby Foster Placement Scheme for vulnerable mothers
Increased capacity to recruit specialist foster parents
Looked After Children – Post Permanence placement support team
Staffing costs for MDTs - Health Visiting
Total number of projects: 15

Lead: Corporate Directorates

PROJECT
Leadership Strategy implementation
C&S TF223 HSC Involvement & Cooperation Innovation & Infrastructure Fund PPI Community of Practice
Regional 24-7 Scoping
Quality Improvement & Flow Coaching
Planning & Finance Workforce requirements to support delivery of transformation projects
HR Workforce requirements to support delivery of transformation projects
Co-production & PPI - Service User/Carer Consultants
Co-production & PPI - Trust Partnership Working officers
Co-production & PPI - Partnership Working Infrastructure
Datix
Health and Wellbeing of HSC Staff
Total number of projects: 11

PROJECT
First Contact Physio - Bangor
C&S TF91 Post Reg AHP Education, Training and Develop- Bridges Programmes - AHP Lead
First Contact Physio - Comber
Reducing Avoidable Waste of ONS in Care Homes B7 Dietitian
S&L Voice Service
Dieticians for Gastroenterology
Coeliac Service Dietician
Post Reg Nursing/ Midwifery Education/ training
Nursing Home In-reach
Dysphagia Project
Neighbourhood District Nursing
Reform of social care - new models of domiciliary care
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Nurse-led School-based Fluoride Varnish Programme for Children
Staffing costs for MDTs (Excludes Health Visiting & District Nursing)
Nurse-led Fluoride Varnish Programme for the Elderly in Care Homes
Delivering Care District Nursing (MDT)
MDT Training
Enhanced Care at Home
Intermediate Care
Palliative Care - TR019 Palliative Care Rapid Response
Palliative Care - TR026 (7.4) Enhancing Specialist Palliative Care Workforce
Palliative Care - TR011 (2.4) Palliative Care Education
Palliative Care - TR005 (1.4) Early Identification – District Nursing Involvement
Total number of projects: 24

Lead: Hospital Services Directorate
PROJECT
Calprotectin
Pharmacy 2 yr development programme
Mesh
Imaging Service Accreditation Scheme (ISAS)
Rheumatology Nursing
Rheumatology Service Reform
Diabetes New Models of care
Diabetes Education
ENT CNS
Case Mix Mega Clinics
Gynae & General Surgery Service Improvement Lead
Gynae Service Reform
Elective Care Centres
Reform of Elective Care
Elective Care Waiting List initiatives
Implementation of Diabetes Strategy - Inpatient Care
Implementation of Diabetes Strategy - In Pregnancy
Implementation of Diabetes Strategy - Foot Care
Nurse endoscopy
Medicines Optimisation
Ambulatory Care
Unscheduled Care (ex -Ambulatory) Patient Flow- Control Room, 7 Day Working, OPAT
Breast Assessment Service
Pathology Modernisation
Implementation of Imaging Review - Obstetrics
Enhance levels of senior nursing staff on designated wards in phase 1 of delivering care
Implementation of Hospital and Community Paediatric Strategy and the Paediatric Palliative Care Strategy (medical Lead)
Implementation of Hospital and Community Paediatric Strategy and Alternative to Admissions
Implementation of Hospital and Community Paediatric Strategy Age Appropriate Settings
Total number of projects: 29

Section 5: Transformation Programme Progress at 25/01/19*Business Case Position:*

IPT Progress	Week ending 25/01/19	Week ending 18/01/19
IPTs received into SET	96	96
IPTs Submitted/approved by Trust EMT	94	94
No. Of IPTs Approved by Commissioner	85	85
Submitted IPTs – Approval pending	9	9
IPTs with Directorates for completion	2	2
Allocation letters issued but no IPT received (regional IPT submission tbc)	6	6

*Recruitment Position by Directorate:**(See key below for colours below)*

Row Labels	Blue	Green	Amber	Yellow	Red	Mauve	Grand Total
Adult Services & Prison HC	9.45	4	13.27	15	0	0	41.72
Children's Services	14.6	8.64	18.38	1	0	0	42.62
Corporate Services	8.15	1.1	3		0	0	12.25
Hospital Services	82.315	19.83	11.61	14.31	3.49	10.82	142.375
Primary Care & Older People	26.4	14	60.2	2	3.7	7.7	114
Grand Total	140.915	47.57	106.46	32.31	7.19	18.52	352.965

Key:

BLUE	Recruitment Process complete – post filled - person in post
GREEN	Recruitment Process complete – post offered (conditional)
AMBER	E-req in progress, waiting list offer in progress/advertisement placed, shortlisting /interviews scheduled – outside Trust control
YELLOW	Recruitment process underway – Scoping complete - background work in progress, Desk top matching in progress, OM Structure in progress – within Trust control
RED	Recruitment planning in progress - discussion on how to recruit, scoping
MAUVE	No Recruitment requirement at present - including Year 2

2018/19 Commitment:

- Trust 2018/19 projected spend equates to £11.6m, including elective.
- Only 5 IPTs are not projected to commence in year (Prison Healthcare Discharge Coordinators, Trauma Training, Shared Lives, Gynae Surgery Lead and PPI).

2019/20 Commitment:

- £17m FYE spend is current forecast if all projects continue, excluding elective.

Transformation Programme Affordability In-Year and Sustainability:

- Regional Transformational Implementation Group (TIG) meetings continue (most recent 30 January 2019).
- 2018/19 spend:
 - regional project owners are responsible for the delivery of projects and for providing a robust assessment of what level of spend will be achieved by 31 March 2019.
 - allocations for transformation funding were made for 1 year only, 2018/19, with no financial commitments made beyond that point given the uncertain political and strategic context
- 2019/20 position:
 - Transformation funding 2019/20 remains uncertain.
 - Work is ongoing to finalise an investment profile for 2019/20 should this money become available.
 - The starting point for the 2019/20 investment profile is the continuation of projects commenced in 2018/19. Initial bids for these projects in 2019/20 amounted to c£179m regionally. This figure assumes investment in elective care waiting lists initiatives of £20m.
 - Work to reduce over commitment continues to identify which projects are:
 - ***Affordable within available financial envelope;***
 - ***Deliverable in the timeframe and***
 - ***Sustainable when the transformation funding ends.***

For Trust Board Noting

- Trust Board to note the scale of transformation Programme.
- To accomplish the goals of transformation the Trust has developed robust and effective governance, monitoring and evaluation processes, which are directed by Executive Management Team (EMT), and used to drive transformation programmes towards successful outcomes.
- 2019/20 indicative transformation commitment within the Trust is likely to generate a financial over commitment.
- A series of meetings with regional project owners has been organised for 12 February. This will provide an opportunity for an intensive discussion on the transformation investment priorities for each area in 2019/20. Deborah McNeilly and HSCB Finance colleagues will support this engagement. The intended outcome for this discussion is to agree a level of investment for 2019/20 that is:
 - Affordable within available financial envelope;
 - Deliverable in the timeframe and
 - Sustainable when the transformation funding ends.