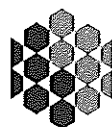


FROM THE MINISTER FOR HEALTH,
SOCIAL SERVICES AND PUBLIC SAFETY
Edwin Poots MLA



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Our Ref: AGY/274/2014

Date: 13 May 2014

Dear Ms McLaughlin

TRANSFORMING YOUR CARE

Thank you for your letter of 9 April requesting information in respect of (i) an outcomes framework for Transforming Your Care (TYC); (ii) an update on the 99 proposals in 'TYC: A Review of Health and Social Care in Northern Ireland'; and (iii) details of the Department's strategy for restoring public confidence that TYC will be implemented. Please accept my apologies for the delay in responding to your correspondence.

In respect of points (i) and (ii) above, may I refer you to the attached Appendices which provide details of the approach to benefits management (Appendix 1) and an update on the 99 proposals from the original report (Appendix 2) as requested.

In respect of point (iii), I am committed to ensuring that progress in delivering the transformational service change as set out in the TYC Review is communicated effectively to all stakeholders.

As the Committee will be aware, I have provided updates on TYC to the Assembly on a number of occasions – most recently in March 2014 – and I also regularly speak on TYC at a range of events. The Health & Social Care Board, who lead on the implementation of many aspects of TYC, have provided an overview of the key communication and engagement work which is being undertaken in respect of TYC implementation. This is set out at Appendix 3.

I trust the Committee will find this helpful.

Edwin Poots MLA
Minister for Health Social Services and Public Safety

Transforming Your Care

Benefits management: the approach to development of a benefits and outcomes framework



Transforming Your Care

Introduction: Why benefits management is at the heart of Transforming Your Care

Patient and User Focus

- ▶ The Transforming Your Care (TYC) change programme will deliver benefits for patients and service users throughout Northern Ireland, placing the individual at the centre of redesigned services - with improvements developed as close to the point of care as possible.
- ▶ According to the principles of TYC, programme activities from the outset must clearly demonstrate the impact and benefits for the patients and service users and should be evidence-based, improve outcomes and address inequalities.

Clinical Leadership and Commitment

- ▶ The challenging context of implementing such a radical change programme during the fiscal constraints encountered in the region, places demands on leaders to very clearly define the changes and benefits planned and financial consequences of the initiatives.
- ▶ Effective engagement, with outcomes and benefits clearly identified, owned by senior stakeholders to champion delivery, will build the correct conditions for change.
- ▶ The views and support of patients, users and staff are key. Clearly articulated benefits will support the imperative for change, the programme vision and values already articulated, and enhance communications.

Rigorous Delivery

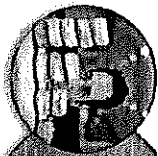
- ▶ A programme as large and complex as Transforming Your Care will not achieve the scale and pace of change needed without genuinely shared commitments at both a local and regional level.
- ▶ A collaborative system-wide approach to planning and monitoring across the whole health and social care system is needed that works at both a local and regional level. A coherent benefits plan, well managed with progress tracking will support successful delivery.
- ▶ With regards to operational delivery, the emphasis is on local ownership - allowing local service teams to shape projects to meet their needs, underpinned by regional delivery capability and support if needed. Existing reporting mechanisms will be used where possible.

Why establish a benefits framework?

Transforming Your Care (TYC) aims to deliver significant health and social care service transformation in Northern Ireland.

Establishing a benefits framework helps to align benefits and outcomes with the principles of the TYC programme, providing a system to clarify and agree outcomes, priorities, project objectives and effectively track delivery progress.

The benefits framework will effectively support the delivery process by building clear understanding of the relationship between the planned projects and their impact on patients, supporting “bottom up” and “top down” engagement and communication around the benefits.



A benefits framework helps us think about benefits in a structured way that identifies the high-level benefits as categories that don't overlap



Identifying benefits will provide a way to measure and track the progress of TYC and enhance delivery progress reports



A benefits framework establishes that we are thinking about the aims of TYC, and that its delivery is aligned across the workstreams



A benefits framework is one of the parts of best practice guidance that any external scrutiny will be looking for

Defining outcomes, benefits and benefit frameworks

As an introduction, it is worth defining some of the terms used within these slides. The Office of Government Commerce (OGC) has provided these widely used definitions for benefits and outcomes. Source: OGC Glossary V06, March 2008

Definition of an outcome

“The result of change, normally affecting real-world behaviour and/or circumstances; the manifestation of part or all of the new state conceived in a programme’s Blueprint”.

Definition of a benefit

“The measurable improvement resulting from an outcome perceived as an advantage by one or more stakeholders”.

Examples of outcomes and benefits

Outcome

Standardisation of care within elective care environment centres

Increased utilisation of theatres

Benefit

Improved clinical standards for patients

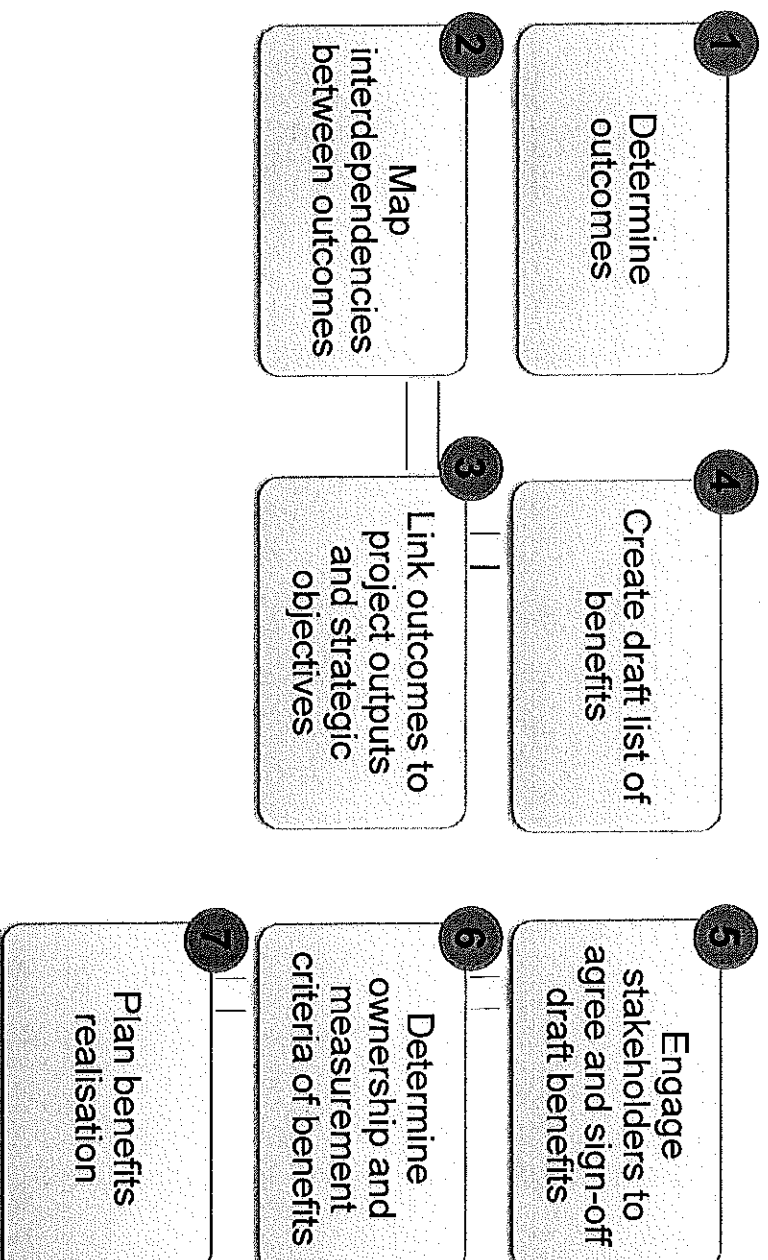
More productive use of resources

Definition of a benefits framework

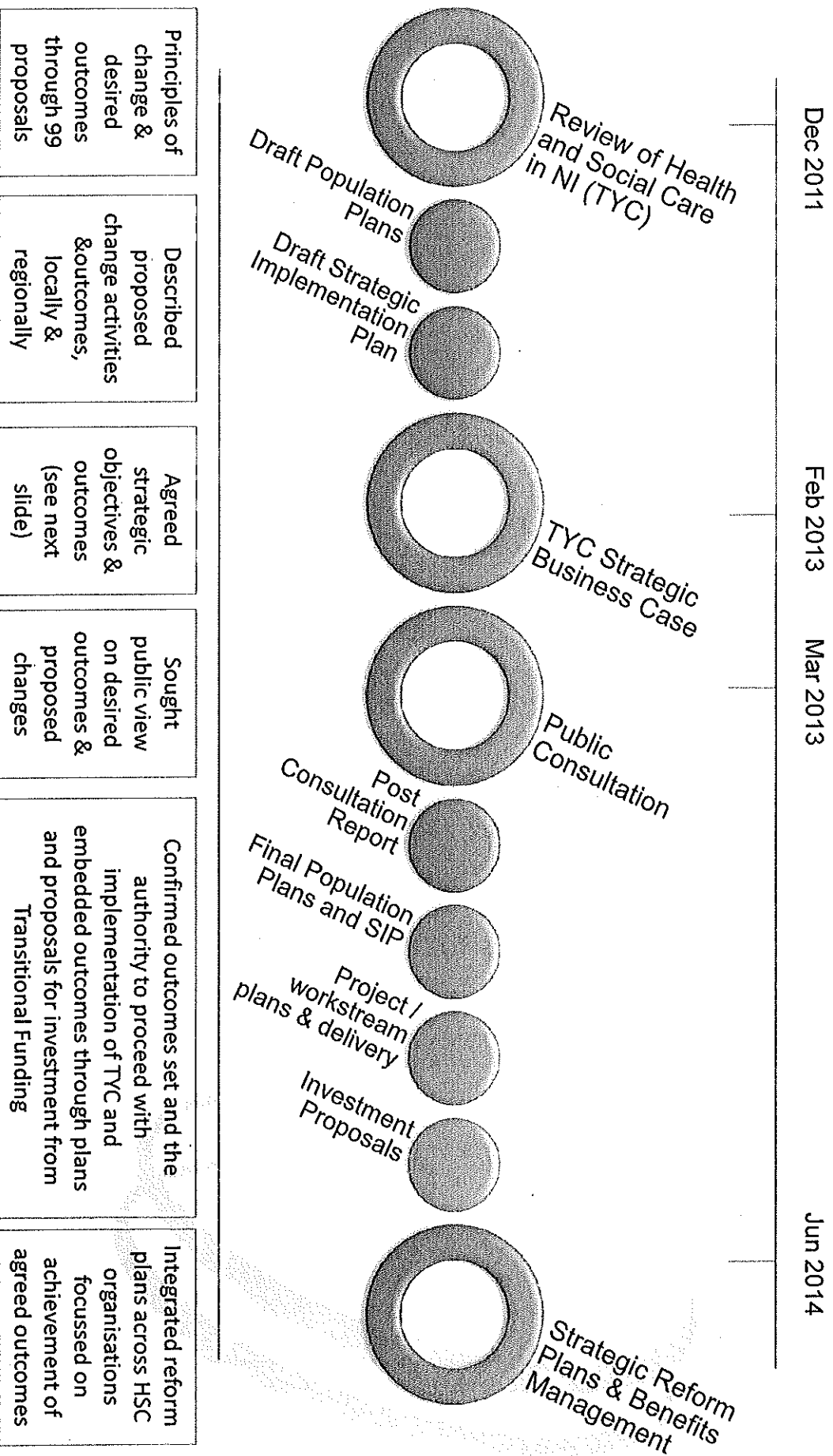
A benefit framework is a system used to classify benefits and establish the value to the organisation. The framework links benefits to the organisation’s strategic goals and objectives and aims to identify, structure, plan and support the realisation process.

What are good practice considerations to developing and implementing a benefits framework?

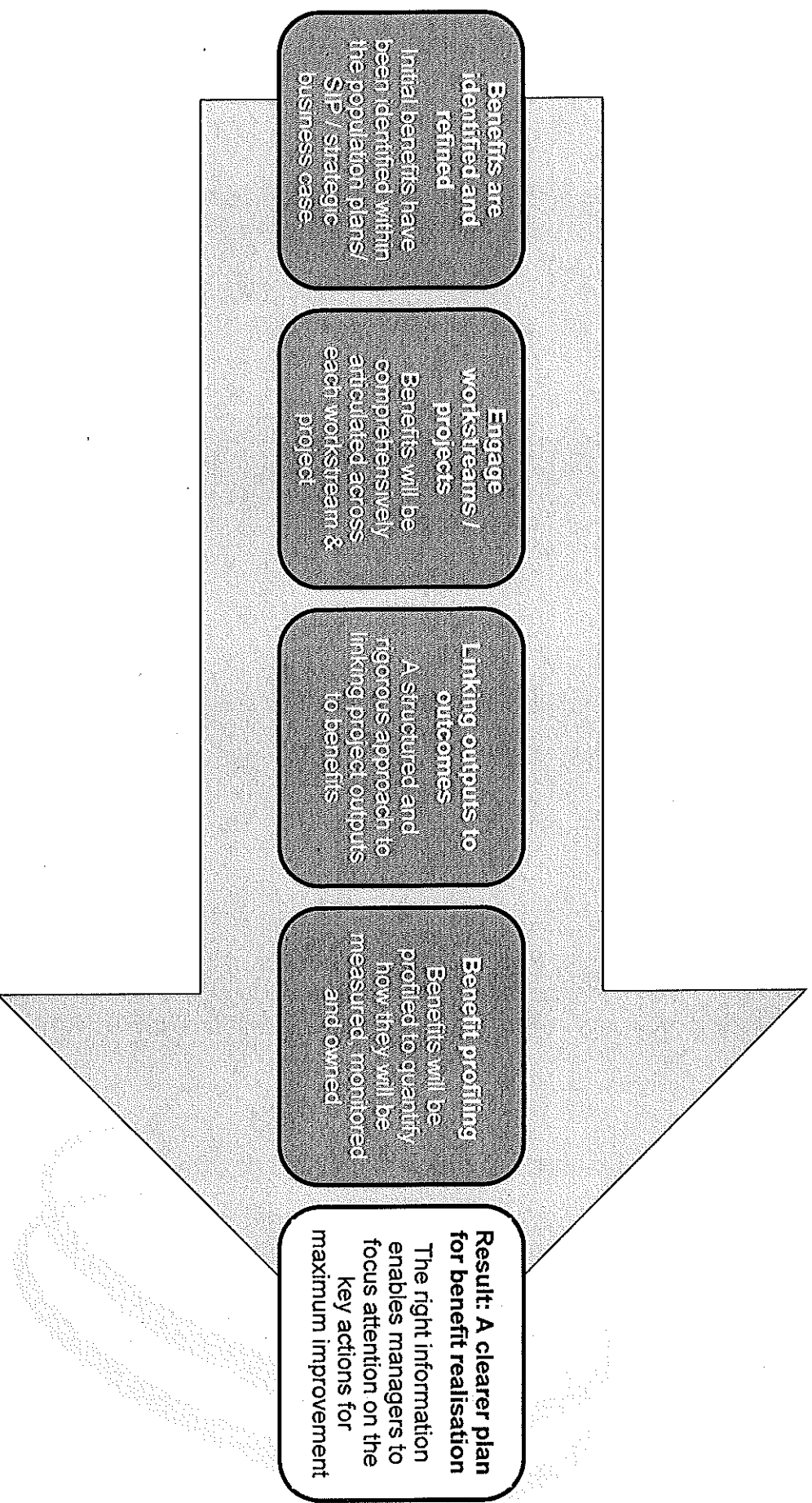
The framework that will be followed is based upon the OGC's 'benefits realisation' methodology. The OGC approach is widely recognised as a robust, efficient and effective process. There is a critical path of seven stages which are outlined below and included in our approach on the subsequent slides.



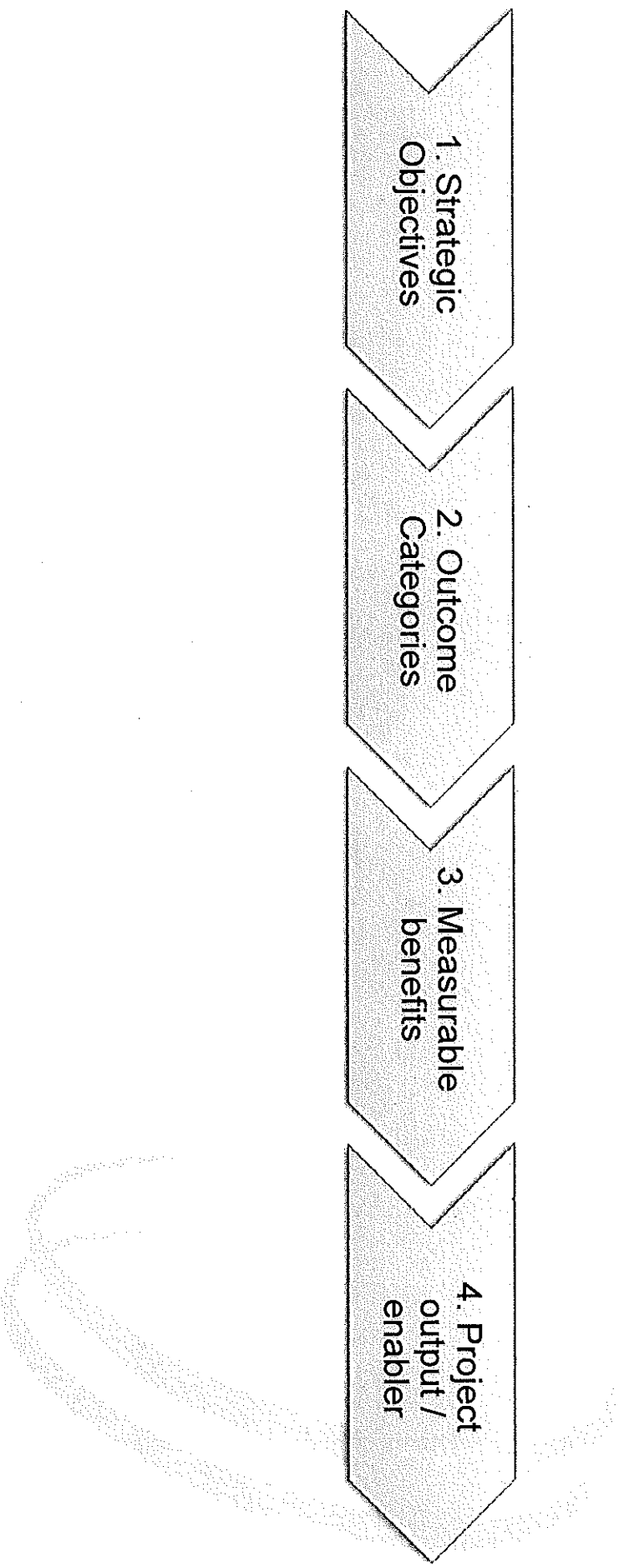
Context and evolution of outcomes set



How will the benefits framework support effective service transformation and benefit realisation?



Mapping project outputs to benefits



1. Transforming Your Care Strategic Objectives are set out in the Business Case

Puts the individual at the centre of the service delivery model for health and social care services

Enables patients, clients and users to live independently at home with greater choice and access

Provides sustainable and resilient services, and ensures the workforce is equipped to deliver care in the right setting

Makes best use of the resources available and has the right enablers in place to deliver

2. Mapping TYC strategic objectives and outcome categories (primary relationships only – all interlinked)

Puts the individual at the centre of the service delivery model for health and social care services

Enables patients, clients and users to live independently at home with greater choice and access

Provides sustainable and resilient services, and ensures the workforce is equipped to deliver care in the right setting

Makes best use of the resources available and has the right enablers in place to deliver

1. Improved patient / care experience

2. Reduction in health inequalities

3. Improvement in public health outcomes

4. More support to stay healthy & manage own conditions

5. More care delivered closer to home

6. More people living independently & cared for at home

7. Increased choice & greater control

8. Improvements to provision of information

9. Better integrated healthcare provision

10. New ways of working / working better together

11. Increased ability to cope with demand

12. More networking between hospitals

13. Increase in technology used in HSC

14. Improved clinical outcomes

15. Improved safety & quality

16. Better Value for Money

No.	Proposal	Put the individual in the centre of the services delivery model of health and social care services															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
		Improve patient/care experience	Radical health inequalities	Improve public health outcomes	More support to stay healthy delivered from own conditions	More care delivered from home	More people living independently & aged local areas	More choice & control	Improve provision of services	Better integrated healthcare provision	New ways of working	Increases ability to work with different people	Identify working between people	More technology used in HSC	Improve clinical outcomes	Improve safety & quality	Great value for money
16	Older People – a holistic and consistent approach to assessment of older people's needs across NI and an equitable range of services.		•	•													
17	Older People – Address a choice of provision to meet the needs of older people, with appropriate regulation and safeguards to ensure quality and protect the vulnerable.	•						•									•
18	Older People – Personalised care designed to deliver the outcomes care users and their families want, with increasing control over budgets, and access to advocacy and support if needed.	•						•		•							
19	Older People – A policy review of current assessments and more practical support for carers, including improved access to respite provision.							•		•							
21	LTC - Partnership working with patients to enable greater self care and prevention.	•			•					•							
22	LTC - Personalised care pathways enabling home based management of the LTC with expanded support from the independent sector.	•			•					•							
23	LTC - Patients to have named contacts for the multi-disciplinary team in each GP surgery to enable more straightforward communication.	•															•
24	LTC - Improved data warehousing of existing information to support care pathways and enable better outcomes to be more closely monitored.			•										•			
25	LTC - A stronger role for community pharmacy in medication management for LTCs				•												•
26	LTC - Development of admission protocols between Secondary Care specialist staff and those in community.	•													•		



No.	Proposal	Put the individual at the centre of the service delivery model (or health and social care services)															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
63	Learning disability - integration of early years support for children with a learning disability into a coherent 'Headstart' programme of services for 0-5 year olds as referenced in the Family and Childcare section (Section 12)	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
64	Learning Disability - Further development of the current enhanced health services on a NI basis.	•															
66	Learning disability - Better planning for dental services should be undertaken	•	•	•													
67	Learning Disability - Further development of a more diverse range of age-appropriate day support and respite and shortbreak services.	•	•	•													
68	Learning Disability - Greater financial control in the organisation of services for individuals and carers, including promoting uptake of Direct Payments with involvement of current recipients to share their experiences, and advocacy and support where needed.	•															
69	Learning Disability - Development of information resources for people with a learning disability to support access to required services.	•															
70	Learning Disability - Advocacy and support for people with a learning disability, including peer and independent advocacy.	•															
71	Learning Disability - Commitment to closing long standing institutions and to completing the resettlement process by 2015.	•															
72	Acute care - Reinforce the full development of the Regional Trauma Network set out in the DHSSPS document		•														
73	Acute care - Over time move to a likely position of five to seven major acute hospital networks in NI. The text of the Report Recommends that LCGs develop proposals for acute hospital service configuration on the basis of an assessment of the services is sustainable and resilient in clinical terms along with the potential to provide services to the ROI.																
74	Acute care - Ensure urgent care provisions is locally available to each population.	•															
75	Acute care - Set targets for the reduction of hospital admissions for long-term conditions and of life care.	•															
77	Acute care - Ensure the Transition takes full account of service frameworks and clinical pathways.	•															
78	Acute care - Expedient implementation of a	•															

Establish patients, clients and users to live independently at home with greater choice and access

Provides sustainable and resilient services and ensures the workforce is equipped to deliver care in the right setting

Makes best use of the resources available and has the right services in place to deliver

No.	Proposal	For the individual at the centre of the service delivery model for health and social care services															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
		Improve patient/care experience	Reduce health inequalities	Improve public health outcomes	More support to stay healthy & manage own conditions	More care delivered closer to home	More people living independently & cared for at home	More choice & greater control	Improve provision of information	Better integrated healthcare provision	New ways of working/better together	Increase ability to cope with demand	More net working between hospitals	More technology used in HSC	Improve clinical outcomes	Improve safety & quality	Better Value for Money
80	Pall & EOL care - Development of a palliative and end of life care register to enable speedy transfer of information required by those providing palliative and end of life care.	•							•	•	•						
81	Pall & EOL care - Enhanced support to the Nursing Home Sector for end of life care.	•				•											
82	Pall & EOL care - Individual assessment, planning, delivery and co-ordination of end of life care needs by a key worker.	•						•									
83	Pall & EOL care - Electronic patient records in place for the patient, their family and staff.									•							
86	Service implications - Creation of 17 Integrated Care Partnerships across NI enabling closer working between and within hospital and community services.	•							•	•	•						
87	Service implications - Development of population plans for each of the the LCG populations by June 2012.		•														
88	Service implications - Establishment of a clinical forum to support the implementation of the new integrated care model, with sub-groups in medicine, nursing/GPs, and social care.								•	•	•						
89	Service implications - Development of clear pathways for networked and regional services.								•								
91	Service implications - Full rollout of the Electronic Care Record Programme	•															
92	Service implications - Development of a data warehouse for GP records to high quality information on care across providers, resulting in reduced variation.		•														
93	Service implications - Introduction of a single telephone number for urgent care	•															
94	Service implications - Introduction of a single robust community information system.									•							
96	Service implications - Development of GPs to assume a critical leadership role in the new integrated care teams.									•							

Implementation that help benefits realisation

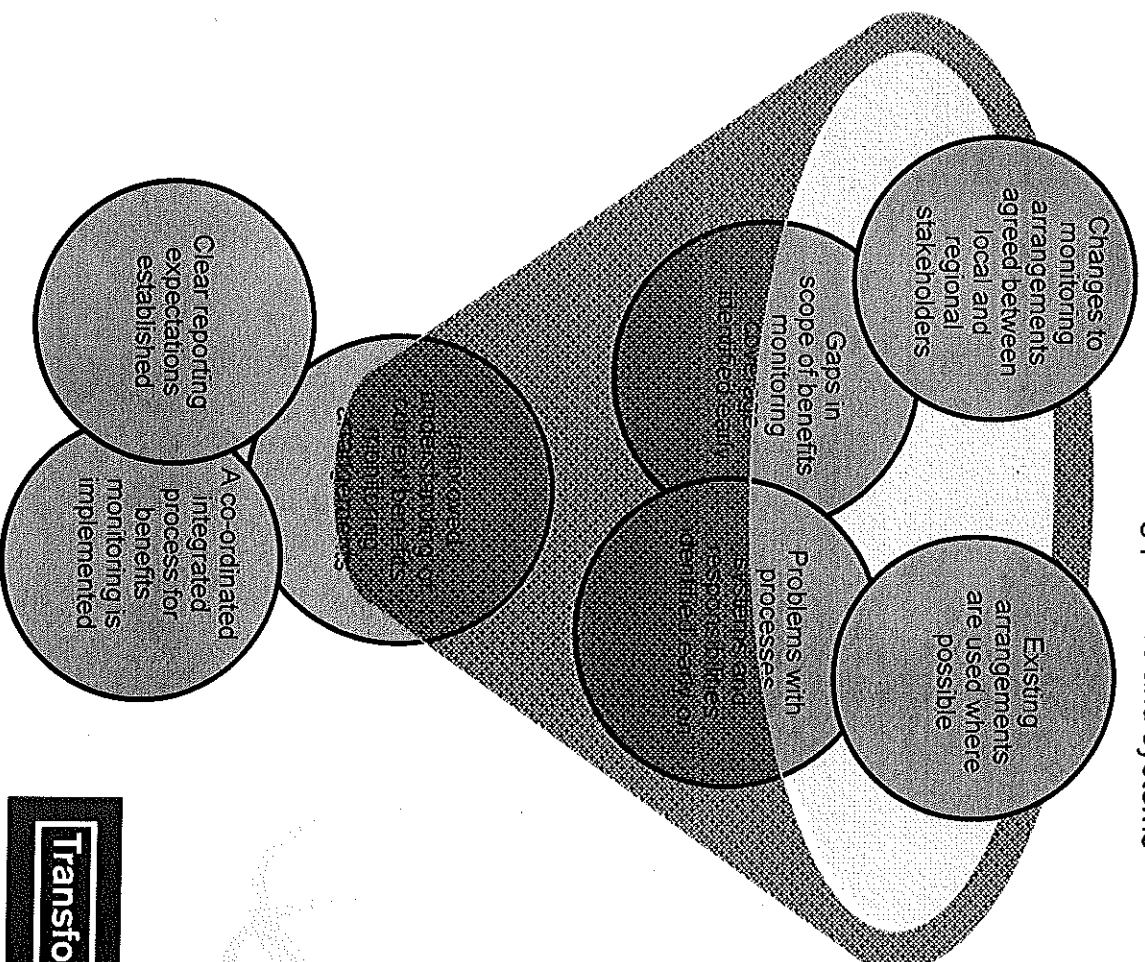
What potential challenges may be encountered when implementing the benefits framework?

OCC Stage	Potential challenge
1 Determine outcomes	<ul style="list-style-type: none"> Outcomes remain undefined and require further time-consuming development among local teams Lack of clarity among local delivery teams regarding the difference between 'outcomes' and 'benefits'
2 Map interdependencies between outcomes	<ul style="list-style-type: none"> There may be limited access to information about interdependencies within the other parts of Northern Ireland
3 Link outcomes to project outputs and strategic objectives	<ul style="list-style-type: none"> There will be numerous linkages between project outcomes, project outputs and TYC strategic objectives. The mapping exercise could occupy much time Teams focus on the local goals rather than the strategic objectives
4 Create draft list of benefits	<ul style="list-style-type: none"> Benefits are not fully defined and require further development Anticipated benefits are not universally agreed
5 Engage stakeholders to agree and sign-off draft benefits	<ul style="list-style-type: none"> Key stakeholders are not agreed/confirmed Stakeholders may not fully support or recognise the value in the process There is limited capacity/time to support the process Teams do not agree on the intended benefits
6 Determine ownership and measurement criteria of benefits	<ul style="list-style-type: none"> Stakeholders may not support the process Benefits lack key information and are not measurable
7 Plan benefits realisation	<ul style="list-style-type: none"> The timetable for delivery is unclear and teams find that it is difficult to be specific about timing and actions more than a year in advance

Implementation will make the most of existing processes and systems

In line with the need to mainstream transformational activity as much as possible, reduce duplication and avoid unnecessary pressure on the system, benefits monitoring will make the most of existing process and systems

- ▶ Reporting already occupies a degree of management time across Northern Ireland.
- ▶ Therefore, this benefit management planning and reporting process should seek to make the most of established arrangements where possible. This approach is preferable to a whole new industry of processes.
- ▶ A member of staff in each LCG Commissioning or Regional Commissioning Team will be identified as being responsible for integrated benefits monitoring.



UPDATE ON THE 99 PROPOSALS SET OUT IN 'TRANSFORMING YOUR CARE: A REVIEW OF HEALTH AND SOCIAL CARE IN NORTHERN IRELAND'

Introduction

1. The original 'Transforming Your Care: A Review of Health and Social Care in Northern Ireland' report was published in December 2011 and contained 99 proposals for the transformation of service delivery across a broad range of health and social care areas. This report, and the subsequent publication of the Strategic Implementation Plan for TYC and the associated local Population Plans, provided a strategic roadmap for the future of health and social care in Northern Ireland.

Approach to implementation

2. Significant work has been undertaken to distil these proposals into actions for implementation. A range of instruments are being deployed to ensure TYC implementation is taken forward in a managed way, and a mixed approach has been adopted to facilitate this process. This includes:
 - Embedding of delivery of key TYC proposals within the standard business planning process;
 - Embedding of delivery of key TYC proposals within the Commissioning Plan process; and
 - Action via dedicated TYC workstreams which report to the HSCB-led Transformation Programme Board.
3. Overall the intention as work on TYC moves forward in 2014/15 and beyond is to embed TYC reporting within the standard monitoring and accountability processes. Individual proposals will therefore be subsumed within the business, commissioning and transformation processes highlighted above and reporting will be undertaken on this basis.

'TRANSFORMING YOUR CARE: A REVIEW OF HEALTH AND SOCIAL CARE IN NORTHERN IRELAND'
- UPDATE ON THE 99 PROPOSALS – APRIL 2014 –

Proposal Number	Narrative of Proposal	Current Lead Responsible Body/Bodies	Current Position
1	<p>Population Health and Wellbeing – Renewed focus on health promotion and prevention to materially reduce demand for acute health services</p>	<p>DHSSPS & PHA</p>	<p>This proposal is being taken forward through a number of strands of work including:</p> <ul style="list-style-type: none"> - Development of the new whole system strategic framework for public health 2013-2023. The draft strategic framework 'Making Life Better' is currently with the Executive for agreement prior to publication. The key themes proposed under the draft framework are as follows: (i) Giving every child the best start; (ii) Equipped throughout life; (iii) Empowering healthy living; (iv) Creating the conditions; (v) Empowering communities and (vi) Developing collaboration. - A major PHA-led programme of work to advance early years intervention. Specific programmes have included: Family Nurse Partnership; parenting support; Breast Feeding; Roots of Empathy; Infant Mental Health training; development of early intervention in areas of social complexity; Early Intervention Community based approaches as well as the establishment of the Early Years Transformation Programme; - A new programme of work has progressed to promote health and wellbeing and reduce social isolation among older people. This has included an arts festival, physical activity, accident prevention, and strength and balance training. A research programme will also be taken forward in relation to physical activity and older people. Work with local government has resulted in home safety checks and equipment being issued to reduce risk of accidents; - PHA has led implementation of the Protect Life strategy, working with the Bamford Group and ensuring that links are developed between different areas of service. This has included ensuring that GPs are aware of support services within the community and voluntary sector and referring patients with milder mental health problems to these services. It has also focused on the promotion of mental health and wellbeing, referral for support at an early stage as well as crisis intervention, including the 24

			<p>hour Helpline service which will impact on demand for acute services;</p> <ul style="list-style-type: none"> - Implementation of the Tobacco Control strategy has led to high levels of uptake of smoking cessation services with a 58% quit rate; - PHA chairs the Long Term Conditions (LTC) Policy Framework Implementation Group which has developed an Action Plan to improve management of LTCs and thereby reduce the frequency of acute episodes. The Action Plan is being finalised with DHSSPS. It includes a proposal to establish quality assured and evidence based self-management programmes for patients and carers. These will meet a Programme for Government requirement and will enable people to develop skills in managing their symptoms and recognising when they need to contact their named worker/ doctor. The programmes will also teach skills in mental health, personal resilience and welfare issues to help address the financial impact of having a LTC.
<p>2</p>	<p>Population Health and Wellbeing - Production by PHA of an annual report communicating progress on population health and wellbeing to the public.</p>	<p>PHA</p>	<p>The publication of the Director of Public Health's (DPH) Annual Report has been a statutory requirement for many years. The Directors of Public Health in the legacy Boards produced annual reports for their respective Board areas and the PHA DPH has continued this role, producing 4 reports since the PHA was established in 2009. The 5th Report is due to be published in June 2014.</p> <p>The Report highlights the many public health challenges that affect the whole population of NI and details how public health teams tackle a complex agenda by working with many statutory, community and voluntary organisations across health, local government, education and other sectors. The Report describes examples of innovative work to address challenges facing communities under the main areas of public health action:</p> <ul style="list-style-type: none"> • improving health and reducing inequalities; • improving health through early detection; • improving health through high quality services; • protecting health. <p>The Director of Public Health produces a set of core tables which accompany the Annual Report. These tables provide key statistical data on population numbers, birth and death rates, mortality by cause, life expectancy, immunisation and</p>

3	<p>Population Health and Wellbeing - Maintenance of existing and implementation of new screening and immunisation programmes where supported by clinical evidence.</p>	PHA	<p>screening.</p> <p>Each year's Annual Report covers a specific public health theme, for example, the 2012 report focused on Older People.</p> <p>Northern Ireland has continued to achieve very good uptake rates for established immunisation programmes, achieving above the UK average (UK figures shown in brackets after NI figures). At two years of age the uptake of the primary vaccines remains steady at around 98.6% (UK: 96.6%). MMR uptake is at an all-time high - NI was the first UK country to achieve 95% in April-June 2012 and has remained above that level since then. The latest figure is 96.3% (UK: 93.3%).</p> <p>Final flu vaccine figures are not yet available for 2013/14, but provisional figures show that NI has again performed well. Latest figures for the established programme are: those aged 65 years and over 73.6% (England 73.2%), under 65 "at risk" groups 74.4% (England 52.3%), pregnant women 51% (England 39.8%).</p> <p>A new flu vaccine programme for all 2-16 year old children is being introduced in a phased way. In 2013/14 the vaccine was offered to 2 & 3 year olds in primary care and to P6 children in schools by school health teams. Both of these went well, with NI achieving the highest uptakes in the UK by quite some margin. Uptake for 2 & 3 year olds: 55% (England 41%), for P6 children 80.8% (53.1%) (<i>Please note all these figures are provisional</i>).</p> <p>Rotavirus vaccine was introduced on 1 July 2013. It is too early for official uptake figures, but reports are that the programme is going well and an unofficial analysis showed uptake of around 92%.</p> <p>In summary, NI has continued to perform very well with established immunisation programmes and has successfully introduced new programmes.</p> <p>The introduction of new screening programmes in Northern Ireland is informed by the UK National Screening Committee.</p> <p>Screening for Abdominal Aortic Aneurysm (AAA) was commenced in June 2012. In</p>
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			<p>the first year of the service, the uptake for the cohort was 81% and a further 225 men self-referred to the programme.</p> <p>Testing for the Human Papilloma Virus (HPV) was introduced to the cervical screening programme in January 2013. HPV testing and test of cure is part of the current programme and will significantly reduce the number of women who require repeat smear tests and annual surveillance.</p> <p>In 2013, bowel cancer screening was extended up to age 71 and from April 2014 the age further extended up to 74 years for men and women.</p> <p>A surveillance programme for women at higher risk of breast cancer was introduced in 2014. This programme has been one of active identification of these women. In Northern Ireland over 300 women are now in the surveillance programme. A further development in breast screening service is a transfer to digital imaging during 2014.</p>
4	<p>Population Health and Wellbeing – Consideration by the Northern Ireland Executive of the wider role of the state in taking decisions impacting on health outcomes, for example, (1) in relation to pricing of alcohol and (2) ‘junk’ food; and (3) further controls on tobacco usage</p>	DHSSPS	<p>This proposal has been closed as implementation plans are already in place as follows:</p> <ul style="list-style-type: none"> • Policy: New Strategic Direction for Alcohol and Drugs (NSD) Phase 2; ongoing policy development and oversight of the NSD Phase 2 is led by the New Strategic Direction Steering Group; • Policy: Work on tackling obesity is underpinned by the Obesity Prevention Framework which is being monitored via the Programme for Government commitments and related milestones; and • Policy: Ten-year Tobacco Control Strategy for Northern Ireland; delivery is being monitored through the strategy implementation group on which the Department is represented.
5	<p>Population Health and Wellbeing – Incentivisation of Integrated Care Partnerships to</p>	DHSSPS	<p>Work on this proposal has been deferred awaiting implementation and subsequent evaluation of the current Integrated Care Partnership model. Action to take forward this proposal will be dependent on the outcome of this evaluation.</p>

	support evidence-based health promotion, for example, clinician-led education programmes in the community		
6	Population health – Joint working pilot projects with other Governments departments that enable resource sharing and control, for example in rural isolation and transport	DHSSPS	<p>DHSSPS has been working with DARD through the 'Maximising Access in Rural Areas' (MARA) project. The project seeks to identify vulnerable rural households, visiting people in their own homes and encouraging them to avail of appropriate services, grants and benefits.</p> <p>DRD has made a Delivering Social Change bid in relation to transport which would assist vulnerable rural dwellers to access hospital appointments. This bid is currently with OFMDFM for consideration.</p> <p>In addition, a joint transport pilot is in the process of being developed which is exploring the possibility of maximising the potential for sharing public transport services in the Dungannon area.</p> <p>Future work on this proposal will be taken forward through the implementation of the whole system strategic framework for public health (described at # 1 above).</p>
7	Population Health and Wellbeing – An expanded role for community pharmacy in the arena of health promotion both in pharmacies and in the community	DHSSPS & HSCB	<p>DHSSPS launched the 'Making it Better' Strategy for Pharmacy in the community in March 2014, setting out the direction for the development of pharmaceutical services over the next 5 years. The strategy includes recommendations for the development of the public health role of community pharmacy. During 2014/15, DHSSPS will develop an implementation plan for the strategy and responsibility for delivery will pass to the HSCB.</p> <p>During 2013/14, arrangements were established by an alliance of stakeholders including DHSSPS, HSCB and PHA for the training and accreditation of community pharmacies to form a health promoting pharmacy network known as Health+Pharmacy. Pharmacists and pharmacy wellbeing advisers from over 100 pharmacies have been trained as part of the Health+Pharmacy initiative, and accreditation will begin in June 2014. This initiative aims to further develop a public health ethos within the pharmacy and increase the role of pharmacy in the</p>

			<p>community.</p> <p>The HSCB and PHA have developed a number of initiatives which will facilitate an expanded role for community pharmacy in health promotion. The HSCB is currently negotiating a specification for a health promotion service to be provided in all pharmacies based on PHA priority campaigns.</p> <p>The community focus for pharmacists also continues to be strengthened through the Building the Community Pharmacy Partnership (BCPP) programme, which continues to support pharmacies and local community and voluntary groups to jointly deliver projects using community development approaches. A total of 57 projects were supported by BCPP during 2013/14.</p>
8	<p>Population Health and Wellbeing - Support for the health promotion and prevention role played by allied Health Professionals, particularly with older people</p>	PHA	<p>The PHA and DHSSPS jointly commissioned the University of Ulster, Jordanstown to investigate and collate Allied Health Professional (AHP) health promotion activity being conducted within Northern Ireland and map against health priorities and research evidence. Information gathering was completed over a 3 month period by researchers from the University of Ulster in collaboration with the PHA and Heads of AHP services/clinical colleagues across the Trusts. The non-exhaustive nature of this study needs to be highlighted. Despite the short time span over which it is was conducted, and the non-exhaustive nature of the study, preliminary findings demonstrate a wealth of evidence for AHP health promotion activity in NI, with over 50% of initiatives underpinned by guidelines. In areas with strong health promotion, factors that have assisted the implementation and evaluation of these initiatives across HSC Trusts need to be explored and best practice shared. This may further extend the reach of these initiatives and build on the evidence already gathered.</p>
9	<p>Older People – Home as the hub of care for older people, with more services provided at home and in the community</p>	HSCB	<p>A range of policy levers are in place to support the implementation of TYC proposal 9. These include Circular HPSS (EPCC) 1/2007 'Enhancing Primary and Community Care – Services Closer to Home'; Circulars HSS (ECCU) 2/2005 and HSS (EPCC) 2/2007 on Intermediate Care and Circular HSS (ECCU) 2/2008: Regional Access Criteria for Domiciliary Care.</p>

			<p>In light of this, action in respect of TYC proposal 9 is being taken forward, led by the HSCB, as follows:</p> <ul style="list-style-type: none"> - A workplan for Older Persons and Community Care has been developed and this sets out the specific actions required over time to deliver this proposal; -The provision of Domiciliary Care as an enabler is important. Expenditure in domiciliary care has been incrementally increasing year-on-year with expenditure in 2010/11 of £153.8m, 2011/12 £157.5m and 2012/13 £160.7m; -Telecare investment has increased in 2013/14 to enable monitoring of older persons to help them remain living independently in their own homes; and - TYC outlined a 'hub and spoke' model for primary and secondary care services. Tranche 1 is progressing well: <ul style="list-style-type: none"> • Lisburn and Newry, procurement progressing; • Omagh local enhanced hospital (hub for area), construction underway; • Ballymena and Banbridge, construction underway.
10	Older People – A major reduction in residential accommodation for older people, over the next five years.	HSCB	<p>The consultation on the proposed criteria to be applied when making decisions about the future of residential accommodation for older people closed on 7 March 2014 and the HSCB will consider the findings in May with a view to publishing these in June.</p> <p>Following publication of the post consultation report on criteria, the HSCB will progress to stage two where the HSC Trusts will apply the criteria to their statutory residential homes and subsequently make proposals for change to their residential homes, which will be submitted to the HSCB for challenge and review prior to further public consultation.</p> <p>The transition to any proposed changes in statutory residential homes are not expected to commence before 2015.</p>
11	Older People – Introduction of reablement to encourage	HSCB	<p>Reablement services are being delivered across all LCG areas.</p>

	independence and help avoid unnecessary admissions of older people into hospital.		<p>Performance indicators for 2013 show:</p> <ul style="list-style-type: none"> • There were on average 400 discharges per month from the service; • Of these discharges 81% were discharged within 6 weeks; • The % of discharges with 'No ongoing care' ranged from 33.8% to 50.2%; and • Recurrent investment in reablement in the last 2 financial years was £3.8m.
12	Older People – A greater role for nursing home care in avoiding hospital admissions	HSCB	NI Local Enhanced Services (LES) was put in place in 2012/13 for nursing homes where GPs develop a care plan and an advance care plan for residents of nursing homes. In 2012/13, 952 Advanced Care Plans were completed across 353 practices.
13	Older People – More community-based step-up/step-down and respite care, provided largely by the independent sector	HSCB	<p>Local Commissioning Groups are currently developing plans for unscheduled care pathways – which will reflect step-up/down as a component. Trusts deploy a mixed economy to the provision of respite and step-up/down, with provision via the statutory sector and independent sector. Increasingly these services are provided in peoples' own homes with support from community teams.</p> <p>Any Trust proposals for change to statutory residential homes will be required to demonstrate robust alternative arrangements for step-up/down services where such services are currently provided within existing statutory residential home facilities.</p>
14	Older People - A focus on promoting healthy ageing, individual resilience and independence	HSCB	The PHA has taken specific action to address the health and wellbeing needs of older people. As set out at #1 above, a new programme of work has progressed to promote health and wellbeing, and to promote active engagement to reduce social isolation including an arts festival, physical activity, accident prevention and strength and balance training. A research programme will also be taken forward in relation to physical activity and older people. Work with local government has resulted in home safety checks and equipment being issued to reduce the risk of accidents.
15	Older People – More integrated planning and delivery of	15'A' – HSCB; 15'B' DHSSPS	Circular HPSS (EPCC) 1/2007 'Enhancing Primary and Community Care – Services Closer to Home' provides the policy context for TYC proposal 15.

	<p>support for older people, with joined up services and budgets in health and social care, and pilots to explore budgetary integration beyond health and social care</p>		<p>Services are currently designed to provide a continuum of care for particular groups of people, for example those who need mental health services will have access to a continuum from care and support at home to acute services. In that context, budgets are integrated across health and social care.</p> <p>17 Integrated Care Partnerships have been established and one of their identified clinical priority areas is the frail elderly. ICPs are currently developing pathways for future service provision for the frail elderly. A key priority for pathway development is integration of service provision across the spectrum of care – primary, secondary and community.</p> <p>In respect of the second element of this proposal ie: joined up services and budgets in health and social care and pilots to explore budgetary integration beyond health and social care, DHSSPS officials explored budgetary integration with DSD colleagues focusing on Part II of the Welfare Reform Act which does not cover NI. In addition, pilots were undertaken in England in connection with Part II of the Welfare Reform Act to extend budgets beyond health and social care but the resulting evidence from these pilots indicates that they did not offer significant benefits to individuals living with disabilities. The Department has therefore taken the decision to close the second aspect of TYC 15.</p>
16	<p>Older People – a holistic and consistent approach to assessment of older people's needs across NI and an equitable range of services.</p>	HSCB	<p>In 2009, the Northern Ireland Single Assessment Tool (NISAT) introduced across the Region, initially in Older Peoples' Services. NISAT replaced existing profession specific general assessment tools. In 2013, £3.75m funding was secured to implement an electronic enabler (eNISAT) with the objective of having the eNISAT implemented in all 5 Health & Social Care Trusts by March 2015.</p> <p>As at the 31 March 2014, there are over 11,000 service user cases recorded electronically and eNISAT is now active in 47% of targeted teams with 2,500 registered users across all 5 Trusts. One of the key challenges is ensuring that the service user information is available within and across Trusts, and part of the project is ensuring that interfaces between the various ICT platforms delivering eNISAT are</p>

	<p>in place by March 2015 and work has commenced on achieving this. The project is currently on schedule and within budget.</p> <p>HSCB has also commenced a regional project to review the domiciliary care model. The project will establish a regional overview of domiciliary care provision, seek to determine areas of service pressure/unmet need, analyse the strengths and weaknesses of the current model, and identify opportunities for improvement.</p> <p>The review will take account of the interface with new services such as the interface with SDS, direct payments, reablement, telecare and the TYC 'personalisation' agenda. Following completion of the domiciliary care review an assessment will be undertaken with regard to how the recommended future service model will be procured.</p>			
17	<p>Older People – A diverse choice of provision to meet the needs of older people, with appropriate regulation and safeguards to ensure quality and protect the vulnerable.</p>	HSCB	<p>In 2013-14 the Northern Ireland Adult Safeguarding Partnership successfully delivered on a number of significant projects and actions including:</p> <ul style="list-style-type: none"> • Published a Strategic Plan for 2013-18; • Exceeded expected activity levels contained in Programme for Government; • Established clear working arrangements with RQIA; • Introduced standardised electronic data collection; • Developed a system to share learning from practice across sectors and settings; • Contributed to development of an action plan to address financial abuse; and • Clarified the threshold for referral to PSNI. 	
18	<p>Older People - Personalised care designed to deliver the outcomes care users and their families want, with increasing control over budgets and access to advocacy and support if needed</p>	HSCB	<p>A range of policy and legislation levers are in place to support the implementation of the inter-linked TYC proposals 18, 32, 61 and 68. These include: The Personal Social Services and Children's Services (Direct Payments) Regulations NI 2004 (with accompanying Guidance); Guidance Circular HSS (ECCU) 1/2012 Direct Payments for Persons who Lack Capacity to Consent - Interim Arrangements; The Bamford Action Plan 2012-15 and Developing Advocacy Services – A Policy Guide for Commissioners published in 2012.</p>	

			<p>All Trusts continue to promote Direct Payments amongst front line carers with a view to achieving an increase of 5% in the uptake.</p> <p>All eligible service users to have in place a record of their personal care budget by 31 March 2015.</p> <p>A project has been established for Self Directed Support (SDS) with Senior level representatives from across HSCB and Trusts. A pilot has been undertaken in SHSCT and a review of this was completed in March 2014. A Regional SDS Communication Strategy is under development.</p>
19	Older People – A policy review of carers’ assessments and more practical support for carers including improved access to respite provision.	HSCB	<p>In accordance with the letter issued by DHSSPS regarding analysis and ownership of TYC Proposals in July 2012, a policy review of carers’ assessments was not required, as a carers’ assessment tool was implemented in 2009.</p> <p>The HSCB, together with its Local Commissioning Groups (LCGs,) and Trusts, is working to increase practical support for carers including greater choice of, and access to, short break/respite activities across all Programmes of Care. Recurrent investment of £750k has been made available in 2012/13 and 2013/14 to support carers across all Programmes of Care.</p> <p>A regional evaluation framework for short break activity is underway.</p>
20	Older People – An overhauled financial model for procuring independent and statutory care, including exploring the potential for a price regulator, a certificate of need scheme and financial bonds for new entrants	DHSSPS	<p>DHSSPS intends to undertake an assessment of the Department of Health’s consultation document on <i>Market Oversight in Adult Social Care</i> and will discuss its implementation in England with the Department of Health. The implementation of this recommendation will be taken forward during 2014/15.</p>
21	Long-Term Conditions -	HSCB	<p>Through the establishment of 17 Integrated Care Partnerships, care pathways for</p>

	Partnership working with patients to enable greater self care and prevention		<p>the initial clinical priorities (stroke, respiratory conditions, diabetes, frail elderly and end of life care as it relates to these other conditions) are being developed. These include, and provide a focus on, the promotion of self-care and prevention. Pathways are currently being finalised. ICP Investment in new initiatives to enable self-care and prevention includes:</p> <ul style="list-style-type: none"> • Provision of the "Walking away from diabetes" module in the 'Diabetes Education & Self Management for Ongoing and Newly Diagnosed' (DESMOND) education programmes for those at risk of developing diabetes. • Delivery of structured education programmes for newly diagnosed diabetes patients. Signposting service established to support dementia service users and their carers avail of services locally.
22	Long-Term Conditions - Personalised care pathways enabling home based management of the LTC with expanded support from the independent sector	HSCB	All action plans for Integrated Care Partnership care pathways are to be finalised by the end of May 2014.
23	Long-Term Conditions - Patients to have named contacts for the multi-disciplinary team in each GP surgery to enable more straightforward communication	HSCB	<p>A risk stratification and proactive care management enhanced service has been issued to GP practices. This has a 92% practice sign up.</p> <p>Within the Integrated Care Partnerships, the GP practices will work with multi-disciplinary professionals (practice clinical representative, community nursing, social care, pharmacy etc. as appropriate), meeting at least quarterly, to develop a shared and integrated approach to the proactive care management of high risk patients.</p> <p>There will be a nominated lead care professional who is responsible for each patient identified for proactive care management. Their role includes undertaking a review and care planning discussion involving the patient, and the carer if appropriate.</p>

24	<p>Long-Term Conditions – Improved data warehousing of existing information to support care pathways and enable better outcomes to be more closely monitored</p>	DHSSPS & HSCB	<p>Development of the Data Warehouse is a continuous process that is managed by the BSO and HSCB. The Regional Information Group (RiG) chaired by the Department approves the work plan and monitors progress by BSO to develop the data warehouse. HSC Trusts, the BSO and HSCB have been asked to consider the information implications of all TYC recommendations to ensure that these are properly reflected in the data warehouse work programme and to bring these before RiG.</p> <p>Recent developments have included the establishment of regional datasets within the data warehouse on: A&E services, cancer referrals, mental health & learning disability inpatients, Northern Ireland Maternity services (NIMATS), whilst work is almost complete on theatre management, stroke register and outpatients with procedures datasets. It is proposed that the ownership of this proposal will shortly be passed to the HSCB for their action, as part of the ongoing schedule of work which is set out above.</p> <p>The Data Quality in Practice (DQIP) project seeks to extract agreed data from all GP Clinical Information Systems in Northern Ireland to a central data repository. The repository is to be in place within 9 months of Business Case approval. It is proposed that the data to be collected in relation to Long Term Conditions would be agreed under the direction of an Editorial Board. This would provide primary care information for the planning and commissioning of services by the HSCB and DHSSPS.</p>
25	<p>Long-Term Conditions – A stronger role for community pharmacy in medication management for LTCs</p>	DHSSPS & HSCB	<p>DHSSPS launched the ‘Making it Better’ Strategy for Pharmacy in the Community in March 2014 setting out the direction for the development of pharmaceutical services over the next 5 years. Medicines management is one of the key themes of the strategy, with recommendations for pharmacy services in the community which focus on helping people (including those with LTCs) to gain the optimal outcomes from their medicines as well as their safe supply. During 2014/15, DHSSPS will develop an implementation plan for the strategy and responsibility for delivery will pass to the HSCB.</p> <p>In addition, DHSSPS is leading the development of a ‘Medicines Optimisation Policy</p>

<p>Framework' which will establish a range of quality standards for medicines use along with relevant regional best practice and performance indicators. The standards will seek to drive a whole system approach to improving the outcomes from medicines' use, with roles and responsibilities for the relevant service providers including community pharmacy.</p> <p>All ICP care pathway design has considered the role of community pharmacy pathways for the initial clinical priorities (Stroke, Respiratory, Diabetes, Frail Elderly, and End of Life Care as it relates to these other conditions). The care pathways are currently being finalised. 2013/14 Investment in new initiatives to promote the role of community pharmacy include:</p> <ul style="list-style-type: none"> • Engagement of a Consultant Pharmacist to examine ways in which Community Pharmacists can assist in extending the medicine review approach; • Appointment of a Community Pharmacist to support a Frail Elderly Rapid Response team in reviewing medicines of patients referred. This will lead to reduced prescribing costs, ensure better medicines compliance and reduced hospital admissions from medicine contraindications; • HSCB has funded 7.5wte Clinical Pharmacists to undertake a review of 11,000 Nursing/Residential Care Home clients to ensure there are no contraindications in relation to medicines prescribed. To include a risk screening service carried out by community pharmacies. 			
26	<p>Long-Term Conditions - Development of admission protocols between Secondary Care specialist staff and those in community</p>	HSCB	<p>All five Trust areas have protocols between hospital specialisms and community staff covering admissions. ICPs are reviewing the effectiveness of those protocols to improve the quality of clinical care and the patient experience.</p>
27	<p>Long-Term Conditions - Maximising the opportunities provided by telehealth in regard to LTC patients.</p>	PHA	<p>From commencement of the telemonitoring service in December 2011, over 2800 patients have been placed on the service across the different condition groups such as heart failure, COPD, diabetes, post-stroke management. A number of initiatives are underway to maximise use:</p> <ul style="list-style-type: none"> • Telemonitoring is included in the draft regional LTC Plan as Objective 6 :-

<p>Support the integration of telemonitoring to include remote assessment/consultation, treatment and the use of patient portals for patients with Long Term Conditions;</p> <ul style="list-style-type: none"> Engagement with regional and local Integrated Care Partnership leads will provide opportunities to work collaboratively in areas such as case-finding via risk stratification work in primary care and utilisation of telehealth and telecare in service improvements for each of the clinical priority areas; GP engagement has been recognised as important to facilitate early intervention and self- management – trust service managers and Centre for Connected Health and Social Care (CCHSC) are working with a number of practices currently; and Clinical leadership within the telemonitoring service has developed with the formation of a Clinical Forum which will share good practice and develop new models of working in primary and community care, building capacity for telemonitoring through workshops aimed at specific key stakeholders from within clinical specialities. 			
<p>The Regional Strategy Implementation Group continues to take forward the recommendations from the regional strategy to improve services and promote independence for disabled people, their families and carers. An action plan has been developed and covers how the HSC will improve personalisation of care, provision of accessible information, advice, advocacy, equipment such as wheelchairs and prosthetics, rehabilitation, respite, transition planning / support, day opportunities, housing and transport among others.</p> <p>A specific action (Action 7), contained in the Action Plan, is 'the provision and delivery of appropriate positive risk taking training for HSC staff which would encompass understanding of risk and improved quality of life'. 'Positive Risk Taking' Guidance is currently being drafted by DHSSPS officials for the adult Health and Social Care Sector.</p> <p>The Regional Strategy Implementation Group has commissioned a number of regional initiatives to date to support this shift including:</p> <ul style="list-style-type: none"> a regional sight loss post diagnostic support service; 	HSCB & PHA	Physical Disability – Promoting independence and control for people with a disability, enabling balanced risk-taking.	28
	HSCB & PHA	Physical Disability – A shift in the role of the health and social care organisations towards	29

	<p>being an enabler and information provider.</p>		<ul style="list-style-type: none"> • a regional hearing loss post diagnostic support service pilot for hearing aid users; • a regional community access pilot support project; and • a regional advocacy service for deaf people.
30	<p>Physical Disability – Joint planning of services for disabled people by the statutory, voluntary and community health and social care providers, and other relevant public services (eg housing) to ensure a wide range of services across NI.</p>	HSCB & PHA	<p>The Regional Implementation Action Plan has developed a number of practical initiatives to meet this proposal including:</p> <p>Action 13 – a wraparound project providing multi-agency/ multi-disciplinary services for children and young people with disabilities is being rolled out in all Trust areas. This is being taken forward under the Children & Young People’s Strategic Partnership.</p> <p>Action 27 – Liaison with NICS Departments to improve joint working with the aim of ensuring that young people with disabilities are offered the same opportunities for learning and personal development. Implementation of this action is being taken forward under the Children & Young People’s Strategic Partnership.</p> <p>Action 31 – A regional community access pilot is underway across the five HSC Trust areas commissioned by the Regional Strategy Implementation Group. Liaison with other NICS Departments to examine ways of working more closely together and with the voluntary/community bodies to support the development of vocational orientation/rehabilitation services for disabled people.</p>
31	<p>Physical Disability – Better recognition of carers’ roles as partners in planning and delivering support, and more practical support for carers.</p>	HSCB & PHA	<p>Carers participate in a wide range of planning and support planning activities at all levels within the HSC, including representation on Integrated Care Partnerships (ICPs).</p> <p>The HSCB works with Trusts and Local Commissioning Groups (LCGs) to increase practical support for carers including greater choice of and access to short break/respite activities across all programmes of care. Total recurrent investment of £750,000 has been made available in 2012/13 and 2013/14 to support carers across all Programmes of Care. A regional evaluation framework is underway.</p>

32	Physical Disability – More control for service users over budgets, with continued promotion of Direct Payments, and a common approach to personalised budget with advocacy and brokerage support where required	HSCB	<p>A range of policy and legislation levers are in place to support the implementation of the inter-linked TYC proposals 18, 32, 61 and 68. These include: The Personal Social Services and Children's Services (Direct Payments) Regulations NI 2004 (with accompanying Guidance); Guidance Circular HSS (ECCU) 1/2012 Direct Payments for Persons who Lack Capacity to Consent - Interim Arrangements; The Bamford Action Plan 2012-15 and Developing Advocacy Services – A Policy Guide for Commissioners published in 2012.</p> <p>All Trusts continue to promote Direct Payments with a view to achieving an increase of 5% in the uptake.</p> <p>All Trusts are working towards having 100% of eligible service users having in place a record of their personal care budget by 31 March 2015.</p> <p>A project has been established for Self Directed Support (SDS) with Senior level representatives from across HSCB and Trusts. A pilot has been undertaken in SHSCT and a review of this was completed in March 2014. A Regional SDS Communication Strategy is under development.</p>
33	Physical Disability – More respite and short breaks provision.	HSCB	<p>The HSCB, together with its Local Commissioning Groups (LCGs) and Trusts, is working to increase practical support for carers including greater choice of, and access to, short break/respite activities across all Programmes of Care. Recurrent investment of £750k has been made available in 2012/13 and 2013/14 to support carers across all Programmes of Care. A regional evaluation framework is underway.</p>
34	Maternity - Written and oral information for women to enable an informed choice about place of birth	HSCB	<p>This work will be taken forward by the Maternity Strategy Implementation Group in conjunction with the Trusts and is in Year 2 (2015/16) of their action plan.</p> <p>Information regarding choices of place of birth has been improved within the pregnancy book which is given to all women at the start of their pregnancy.</p>

35	Maternity - Preventative screening programmes fully in place to ensure the safest possible outcome to pregnancy.	PHA	<p>There is an infectious disease in pregnancy screening programme which benefits both the mother and the infant, in line with UK National Screening Committee policy.</p> <p>The provision of maternity care is in line with the evidenced based relevant NICE guidelines all of which aim to ensure the safest outcome for both mother and baby.</p>
36	Maternity - Services in consultant-led obstetric and midwife-led units available dependent on need.	HSCB	<p>All women in Northern Ireland have access to midwife led and consultant led services dependant on need. However, midwife led services are not yet available in all Trusts, therefore women may need to travel further to avail of these services if this is their choice.</p> <p>This proposal will be taken forward through the Maternity Strategy Implementation Group.</p>
37	Maternity - Promotion of normalisation of birth, with midwives leading care for straightforward pregnancies and labour, and reduction over time of unnecessary interventions	HSCB	<p>Promotion of the normalisation of pregnancy and birth is being led by a Maternity Quality Improvement Group facilitated by the HSC Safety Forum and all HSC Trusts are taking part in this process. All Trusts have developed and are implementing 'Normalising Birth' action plans.</p> <p>Trusts are now able to generate data to populate the Robson Criteria, which is a classification system that allows Units to examine their data to provide a more complete picture of the profile of caesarean sections within their Unit. This will be important to help tackle variation in intervention rates in Northern Ireland.</p>
38	Maternity - Continuity of care for women throughout the maternity pathway	HSCB	<p>Continuity of care is provided to women throughout their pregnancy by utilisation of the Maternity Hand Held Record for Northern Ireland which every woman carries and all Health professionals involved in her care document what care is provided to ensure continuity.</p> <p>The Public Health Agency and NIPEC are leading on a project to review Community Maternity Services which will progress the move of antenatal care into the community for those women who have a straightforward pregnancy and ensure</p>

				those who require consultant led care receive it. This will help to improve continuity of care.
39	Maternity– A regional plan for supporting mothers with serious psychiatric conditions	PHA & HSCB		A Regional Perinatal Mental Health Care Pathway has been produced and launched in December 2012. All Trusts are working towards implementation of this.
40	Child Health – Further development of childhood screening programmes as referenced in the Health and Wellbeing section	PHA		Further development of childhood screening programmes will be taken forward consistent with the UK National Screening Committee guidance. Current screening of the newborn includes hearing screening and examination of the blood for a number of potential deficiencies that can affect normal development. Recent extension to the bloodspot tests include the Medium-chain acyl-CoA dehydrogenase (MCADD) and, in 2012, screening for Sickle Cell disorders. There are several areas of development to improve Child Health Services:
41	Child health included as a component of the Headstart programme referenced in the Family and Childcare section ¹	HSCB & PHA		<ul style="list-style-type: none"> - To ensure equal access to the Universal Child Health Promotion Programme, there are monitoring arrangements being put in place to ensure that all children and young people receive the core programme which includes screening, immunisations, developmental checks, family support and health promotion. It includes a range of early prevention and intervention initiatives which are designed to enhance universal children and family service provision. - A health visiting workforce review and the development of electronic case loads, led through the HSCB/PHA, will secure an appropriate level of workforce to support the provision of universal and targeted services for all children, young people and families. - The Early Years Transformation programme will further support the development of a range of new early prevention and intervention services which are being designed to enhance existing children and family service provision.

¹ DHSSPS and HSCB have discussed the wording of TYC proposals 41, 46 and 63 which each reference 'Headstart'. It has been agreed that the intention was not to recommend 'Headstart' as a specific programme but to indicate the need to continue to build on arrangements which secure effective partnership working to maximise outcomes for children and their families in the early years.

42	Child Health – Promotion of partnership working on children’s health and wellbeing matters with other government sectors	DHSSPS	This proposal is being taken forward through the work on the development of the new whole system strategic framework for public health 2013-2023. The draft strategic framework ‘Making Life Better’ is currently with the Executive for agreement prior to publication. The key themes proposed under the draft framework are as follows: (i) Giving every child the best start; (ii) Equipped throughout life; (iii) Empowering healthy living; (iv) Creating the conditions; (v) Empowering communities and (vi) Developing collaboration.
43	Child Health - Close working between hospital and community paediatricians through Integrated Care Partnerships	HSCB	The initial focus of Integrated Care Partnerships, as set out in the ICP Policy Direction (November 2012) and the ICP Policy Implementation Framework (May 2013) is on Frail Elderly and aspects of long term conditions namely, stroke, diabetes and respiratory conditions. This includes end of life and palliative care in respect of these conditions. However, where a child has diabetes or a respiratory condition they will be included under the ICP clinical priority pathways.
44	Child Health – Completion of a review of inpatient paediatric care to include palliative and end of life care	DHSSPS	The paediatric review and public consultation on proposals has been completed. The consultation document sets out 23 individual recommendations covering enhancing services, networking delivery approaches, delivering age appropriate care, improving access across the whole HSC and in particular addressing the needs of children with complex physical needs. The Department is considering the response to the proposals and is aiming to publish a final strategy by Summer 2014.
45	Child Health – Establishment of formal partnerships outside the jurisdiction for very specialist paediatric services	DHSSPS	The Paediatric Review includes a recommendation that formal partnerships outside the jurisdiction should be established. A key partnership is in the area of Paediatric Congenital Cardiac Services. Minister Poots and Minister Reilly have appointed a team of three international clinicians to carry out an independent assessment of current and future needs for cardiology and cardiac surgery for congenital heart disease in the Republic of Ireland and Northern Ireland recommending the optimal all-island hospital service provision which would meet the respective needs of both jurisdictions. The assessment will be completed by June 2014. Interim SLAs for this service have been put in place by the HSCB with specialist heart centres in Dublin

			and London.
46 ²	Family & Child Care – Restructuring of existing services to develop a new ‘Headstart’ programme focussing on 0-5 year olds.	HSCB	<p>Services, including parenting skills, are under development through the Early Years Transformation programme. The programme starts in the Antenatal period until children are in pre-school.</p> <p>A range of new early prevention and intervention services are being designed to enhance the existing children and family service provision. All parents residing in wards services by Surestart Projects (top 25% most disadvantaged) have access to parenting and early years support.</p>
47	Family & Childcare – Exploration through pilot arrangements of budgetary integration for services to this group across Departments, under the auspices of the Child & Young People’s Strategic Partnership (CYPSP)	DHSSPS & HSCB	<p>An Early Intervention Transformation Programme (EITP) has been established under the Delivering Social Change (DSC) initiative. £30m of Early Intervention Transformation Programme (EITP) funding between 6 NICS Departments & Atlantic Philanthropies has been agreed over 4 years commencing in 2014/15 (DE/DHSSPS/OFMDFM/DoJ/DSD/DEL). The EITP is developing specifications for a range of early intervention services which will be implemented over the next 4 years, with the first of these services being in place during 2014/15.</p> <p>Whilst implementation of this proposal is now part of the DSC programme, including monitoring arrangements, both the HSCB and PHA are actively involved in the implementation process. The CYPSP, which is led by the HSCB, is also part of the implementation arrangements for the Early Intervention Transformation Programme through formally advising the DSC-aligned Programme Board and making the case for longer term sustainable funding from its constituent members.</p> <p>The EITP supersedes the earlier developments initially proposed under TYC proposal 47 to take forward integrated commissioning.</p>

² Please see footnote re: ‘Headstart’ reference at proposal 41 above

48	Family & Childcare - Completion of a review of residential care to minimise its necessity.	HSCB	Review completed Sept 2013. Revised pathway for Looked After Children in Residential Care, Service Model and Service Configuration developed. Trusts to submit plans on how they will meet the review proposals to the HSCB by the end of Apr 14. Trusts to have implemented agreed plans to meet all proposals by 31 Mar 2017.
49	Family & Childcare - Promotion of foster care both within and outwith families.	HSCB	<p>During 2013/14 three Trusts have developed proposals to recruit 35 specialist foster carers to meet the assessed needs of children and young people requiring placements, including where residential child care may have previously been seen as the only choice. The other Trusts will have similar services commissioned in 2014/15 to ensure regional parity.</p> <p>The Regional Adoption and Fostering Taskforce is currently progressing the following throughout 2014/15:</p> <ul style="list-style-type: none"> • Review of foster care services to meet current challenges and dovetail with the regional review of foster care services; • Developing information for kinship foster carers and assessing their support needs. <p>The Regional Adoption and Fostering Team and the on-going development of their website provides a dedicated information service for people interested in all different types of fostering and adoption of looked after children in addition to facilitating on-going carer training and support: http://www.adoptionandfostering.hscni.net/</p>
50	Family & Childcare - Development of a professional foster scheme for those hardest to place.	HSCB	<p>During 2013/14 three Trusts have developed proposals to recruit 35 specialist foster carers to meet the assessed needs of children and young people requiring placements, including where residential child care may have previously been seen as the only choice. The other Trusts will have similar services commissioned in 2014/15 to ensure regional parity.</p> <p>The Regional Adoption and Fostering Taskforce is currently progressing the following throughout 2014/15:</p>

			<ul style="list-style-type: none"> Review of foster care services to meet current challenges and dovetail with the regional review of foster care services; Developing information for kinship foster carers and assessing their support needs. <p>The Regional Adoption and Fostering Team and the on-going development of their website provides a dedicated information service for people interested in all different types of fostering and adoption of looked after children in addition to facilitating on-going carer training and support: http://www.adoptionandfostering.hscni.net/</p> <p>As noted above, proposals have been agreed for 3 Trusts and are being developed in the remaining 2 to ensure regional parity.</p>
51	Family & Childcare – Implementation of the RQIA recommendations in relation to CAMHS	HSCB & PHA	<p>The Department published a Service Model for the provision of Child and Adolescent Mental Health in July 2012. Implementation of this model is being taken forward by HSCB and PHA.</p> <p>All 9 HSCB proposals have been substantially progressed; the HSCB has established a regional steering group which is overseeing the implementation of the DHSSPS CAMHS Model. Each Trust has established a local implementation strategy and are finalising their respective action plans. These plans will support the further integration of Developmental, Emotional and Mental Health Services across all Trusts. By March 2015 all Trusts will have fully established Primary Mental Health and Crisis Intervention and Intensive Support Teams.</p>
52	Family & Child Care – Exploration of joint working arrangements outside the jurisdiction, with particular regards to CAMHS services	HSCB	<p>The potential for joint working has been discussed within the Co-operation and Working Together (CAWT) Children's Service Group and is to be given further consideration.</p>
53	Mental Health – Continued	DHSSPS	<p>£1m per year is allocated to promote mental and emotional health and wellbeing</p>

	<p>focus on promoting mental health and wellbeing with a particular emphasis on reducing the rate of suicide among young men</p>	<p>and £7m per year is allocated for suicide prevention. The next suicide prevention strategy is currently under development and will include an early intervention section on mental and emotional wellbeing.</p> <p>The PHA delivers a wide range of programmes targeted at reducing the suicide rate of young men, particularly in more deprived areas - the suicide rate is highest for males aged between 25 and 54 who live in areas of social & economic deprivation. Programmes aimed at reducing the rate of suicide among young men include:</p> <ul style="list-style-type: none"> • establishment of men's groups to address mental health issues; • men's shed projects; • community based initiatives; and • outreach projects in rural areas and with Opportunity Youth. 	
54	<p>Mental Health – Establishment of a programme of early intervention to promote mental health wellbeing</p>	<p>£1m per year is allocated to promote mental and emotional health and wellbeing. The PHA leads a significant programme which includes training in mental health awareness; mental health in sport; mood matters training; Roots of Empathy training in schools; and parenting programmes.</p> <p>The next suicide prevention strategy is under development and will cover three themes: early intervention; frontline intervention; and 'postvention' (bereavement support). The early intervention section will include mental and emotional health and wellbeing. This will ensure a holistic approach to suicide prevention, building resilience in the early years and extending throughout the life course.</p> <p>Family support, through the development of Family Support Hubs, and increased parental support, through positive parenting programmes, are contributing to the implementation of this proposal.</p>	DHSSPS
55	<p>Mental Health – Provision of clearer information on mental health services should be available to those using them and their families, making full</p>	<p>The project to design and develop electronic access to relevant Mental Health information for service users, carers and HSC professionals was planned for completion by March 2013. Due to some delays with technical development the original target date of March 2013 has not been met. DHSSPS officials continue to work closely with the HSCB, BSO and NI Direct in developing this website. NI Direct</p>	DHSSPS

	use of modern technology resources		have contracted the design of the project to external providers and are anticipating it will go-live by late Spring 2014. After it goes live, responsibility for the maintenance and update of the website will hand over to the HSCB.
56	Mental Health – A consistent, evidence-based pathway through the four step model provided across the region	HSCB & PHA	A New Regional Mental Health Care Pathway has been developed. The Pathway has been modelled on the stepped care model. This pathway is currently being consulted on and will be formally launched in September 2014. The HSCB Regional Psychological Therapies Implementation has also developed a stepped care matrix. This matrix will support the implementation of all mental health care pathways.
57	Mental Health – A consistent pathway for urgent mental health care including how people in crisis contact services, triage and facilities in emergency departments	HSCB	The HSCB has agreed a new mental health emergency care pathway which supports effective triage and ensures citizens at risk will be seen and assessed within a maximum waiting time of 2 hours. This pathway will be launched in May 2014.
58	Mental Health – Review the approach to home treatment services for children and young people, learning disability and psychiatry of old age	HSCB	A review and Audit of Crisis Resolution & Home Treatment Services In Adult Mental Health services is underway across all Trusts and is due to report early May 2014. The HSCB has also provided additional funding to support the further development of Crisis Resolution and Home Treatment Services in CAMHS. These services should be fully functional by September 2014.
59	Mental Health – Further shift of the balance of spend between hospital and community, with re-investment of any hospital savings into community services	DHSSPS & HSCB	This is an ongoing requirement over the course of the TYC implementation period. Work is progressing on developing a systematic monitoring process and monitoring will take place during 2014/15. During 2013/14 the balance of spend continued to shift from hospital to community services, in line with the Bamford Action Plan 2012/15.
60	Mental Health - Greater	HSCB	The initial focus of Integrated Care Partnerships, as set out in the ICP Policy

	<p>involvement of voluntary and community sector mental health organisations in planning provision as part of Integrated Care Partnerships.</p>		<p>Direction (November 2012) and the ICP Policy Implementation Framework (May 2013) is on Frail Elderly and aspects of long term conditions namely, stroke, diabetes and respiratory conditions. This includes end of life and palliative care in respect of these conditions. The ICP Policy Implementation Framework makes clear that, subject to these initial work areas being effectively addressed, additional areas of focus may be proposed by the Department, the HSCB/LCGs and/or the ICPs. Mental Health may be a focus area for ICPs in the future, subject to the implementation and subsequent evaluation of the current Integrated Care Partnership model.</p>
61	<p>Mental Health – Promote personalised care promoting the uptake of Direct Payments among mental health service users with involvement of current recipients to share their experiences, and advocacy and support where needed</p>	HSCB	<p>A range of policy and legislation levers are in place to support the implementation of the inter-linked TYC proposals 18, 32, 61 and 68. These include: The Personal Social Services and Children’s Services (Direct Payments) Regulations NI 2004 (with accompanying Guidance); Guidance Circular HSS (ECCU) 1/2012 Direct Payments for Persons who Lack Capacity to Consent - Interim Arrangements; The Bamford Action Plan 2012-15 and Developing Advocacy Services – A Policy Guide for Commissioners published in 2012.</p> <p>All Trusts continue to promote Direct Payments with a view to achieving an increase of 5% in the uptake.</p> <p>All eligible service users to have in place a record of their personal care budget by 31 March 2015.</p> <p>A project has been established for Self Directed Support (SDS) with Senior level representatives from across HSCB and Trusts. A pilot has been undertaken in SHSCT and a review of this was completed in March 2014. A Regional SDS Communication Strategy is under development.</p>
62	<p>Mental Health – Close long stay institutions and complete resettlement by 2015.</p>	HSCB	<p>As at end of March 2014, 56 of the 99 mental health clients (as identified in November 2012) to be resettled by the end of 2014/15 have taken place.</p> <p>The reconfiguration of current long stay wards is on-going and will continue in line with the resettlement programme and investment in 6 new single site Mental</p>

			Health inpatient hospitals.
63 ³	Learning Disability - Integration of early years support for children with a learning disability into a coherent 'Headstart' programme of services for 0-5 year olds as referenced in the Family and Childcare section (Section 12)	HSCB & PHA	<p>The HSCB via the Children & Young People's Strategic Partnership (CYPSP) subgroup for Children with a Disability (CWD) and the Childcare Partnerships bid, under the Bright Start Childcare strategy, for funds to develop accessibility to mainstream early year's facilities for all CWD.</p> <p>This bid was to deliver training to a range of providers and extended family carers. Independent evaluation of the training showed it to be an exemplar of good practice at a recent European conference on Inclusion.</p> <p>The bid also covered a grants scheme to encourage providers to make childcare places accessible to Children with a Disability. The HSCB has now been advised that funding from the Bright Start initiative is under review.</p> <p>The Direct Enhanced Service for people with a Learning Disability has been successfully evaluated and is continuing to be co-ordinated and implemented throughout Northern Ireland during 2014/15.</p> <p>One of the evaluation recommendations was that Health Care and Health Promotion for people with a Learning Disability should be prioritised. This work has now begun via the establishment of the Learning Disability Health Care and Implementation Steering Sub Group.</p> <p>Out of a total of 353 GP practices, 321 (91%) were contracted to provide the Direct Enhance Service for Adults with a Learning Disability to improve the quality of care provided by enhancing the life and independence of these patients.</p> <p>The initial focus of ICPs, as set out in the ICP Policy Direction (November 2012) and the ICP Policy Implementation Framework (May 2013) is on Frail Elderly and aspects of long term conditions namely, stroke, diabetes and respiratory conditions. This includes end of life and palliative care in respect of these conditions. The ICP Policy</p>
64	Learning Disability – Further development of the current enhanced health services on a NI basis	HSCB & PHA	
65	Learning Disability – Support from integrated care partnerships to improve clinicians' awareness of the	DHSSPS	

³ Please see footnote re: 'Headstart' reference at proposal 41 above

	needs of individuals with a learning disability		<p>Implementation Framework makes clear that, subject to these initial work areas being effectively addressed, additional areas of focus may be proposed by the Department, the HSCB/LCGs and/or the ICPs. Learning Disabilities may be a focus area for ICPs in the future, subject to the implementation and subsequent evaluation of the current Integrated Care Partnership model.</p>
66	Learning Disability - Better planning for dental services should be undertaken	HSCB	<p>In line with the Bamford Action Plan Community, Dental Services are undertaking an annual oral health assessment and are producing an oral health plan for individuals with a Learning Disability. Training is being provided to individuals to increase awareness of diet, teeth brushing and use of fluoride toothpaste.</p>
67	Learning Disability – Further development of a more diverse range of age-appropriate day support and respite and short-break services.	HSCB	<p>As at 13 March 2014, there were 1831 day opportunity places in Northern Ireland.</p> <p>All Trusts are expanding their range of day opportunity placements through TYC transitional funding investment, with the aim of providing at least 205 more day opportunity places for Learning Disabled clients.</p> <p>A regional consultation on day opportunities closed on 10 January 2014. The HSCB has analysed the responses and prepared a report of the findings. This information was recently shared with other Departments on the Bamford Inter Departmental Senior Officers Group. A mechanism for delivering the findings regionally will be agreed and delivered from a newly formed Cross Departmental Day Opportunities Group.</p> <p>Recurrent investment of £750k has been made available in 2012/13 and 2013/14 to support carers across all Programmes of Care. LCGs commenced “short break” pilot activities at various stages during 2012/13. A regional evaluation framework is under development.</p>
68	Learning Disability – Greater financial control in the organisation of services for individuals and carers, including	HSCB	<p>A range of policy and legislation levers are in place to support the implementation of the inter-linked TYC proposals 18, 32, 61 and 68. These include: The Personal Social Services and Children’s Services (Direct Payments) Regulations NI 2004 (with accompanying Guidance); Guidance Circular HSS (ECCU) 1/2012 Direct Payments for</p>

	<p>promoting uptake of Direct Payments with involvement of current recipients to share their experiences, and advocacy and support where needed</p>		<p>Persons who Lack Capacity to Consent - Interim Arrangements; The Bamford Action Plan 2012-15 and Developing Advocacy Services – A Policy Guide for Commissioners published in 2012.</p> <p>All Trusts continue to promote Direct Payments with a view to achieving an increase of 5% in the uptake.</p> <p>All eligible service users to have in place a record of their personal care budget by 31 March 2015.</p> <p>A project has been established for Self Directed Support (SDS) with Senior level representatives from across HSCB and Trusts. A pilot has been undertaken in SHSCT and a review of this was completed in March 2014. A Regional SDS Communication Strategy is under development.</p>
69	<p>Learning Disability – Development of information resources for people with a learning disability to support access to required services.</p>	HSCB	<p>Plans are underway to develop the Learning Disability information portal during 2014/15.</p>
70	<p>Learning Disability – Advocacy and support for people with a learning disability, including peer and independent advocacy.</p>	HSCB	<p>The implementation of actions associated with DHSSPS (2012) Developing Advocacy Services is on-going.</p> <p>Advocacy Network Northern Ireland (ANNI) has been commissioned to work with the sector and have developed an agreed Code of Conduct and Induction Pack. A programme of support to advocacy provider organisations to self-assess against service standards and to develop improvement plans will be on-going until July 2014.</p> <p>Commissioner actions associated with contracting have been completed. Consultation with service user groups to develop key performance indicators will be completed by July 2014.</p>

71	Learning Disability – Commitment to closing long stay institutions and to completing the resettlement process by 2015.	HSCB	<p>As at end of March 2014, 116 of the 163 learning disability clients (as identified in November 2012) to be resettled by the end of 2014/15 have taken place.</p> <p>The HSC is on track to resettle the remaining learning disabled patients by the end of Mar 2015.</p> <p>The reconfiguration of current long stay wards is on-going and will continue in line with the resettlement programme and investment in 3 new Learning Disability Assessment and Treatment Hospitals in Bluestone (Phase 2), Lakeview and Muckamore Abbey Hospital.</p>
72	Acute Care – Reinforce the full development of the Regional Trauma Network set out in the DHSSPS document	HSCB	<p>This is one of a number of TYC proposals for which the Department agreed to review and confirm or establish a proper policy context for implementation by the HSC. On completing its policy review, the Department confirmed that the policy context for this proposal has been in place prior to TYC.</p> <p>The HSCB has submitted draft costings for the network to the Department; these are currently under consideration.</p>
73	Acute Care - Over time move to a likely position of five to seven major acute hospital networks in NI	HSCB	<p>Arrangements are being taken forward to review and, as appropriate and subject to public consultation and Ministerial decision, reorganise the provision of hospital services to ensure that services are provided safely and sustainably and as locally as possible.</p> <p>In 2014/15, the Unscheduled Care Improvement Plans will be developed and implemented for each of the five Trust areas to include:</p> <ul style="list-style-type: none"> • Direct GP admissions to hospital beds; • Seven day working for all key hospital services; and • Enhancement of medical and nursing staff as necessary to respond to demand in emergency departments.
74	Acute Care - Ensure urgent care	HSCB	<p>Arrangements are being taken forward to review and, as appropriate and subject to</p>

	provision is locally available to each population		<p>public consultation and Ministerial decision, reorganise the provision of hospital services to ensure that services are provided safely and sustainably and as locally as possible.</p> <p>In 2014/15, the Unscheduled Care Improvement Plans will be developed and implemented for each of the five Trust areas to include:</p> <ul style="list-style-type: none"> • Direct GP admissions to hospital beds; • Seven day working for all key hospital services; and • Enhancement of medical and nursing staff as necessary to respond to demand in emergency departments.
75	Acute Care – Set targets for the reduction of hospital admissions for long-term admissions and end-of-life care ⁴	HSCB – 75'A' DHSSPS – 75'B'	<p>In respect of the first element of this proposal (TYC proposal 75'A'), this is covered in the 2014/15 Commissioning Plan Direction which contains a target - 'By March 2015, reduce the number of unplanned hospital admissions to hospital by 5% for adults with specified long term conditions (using 2012/13 data as the baseline)'.</p> <p>In order to progress the second element of this proposal (TYC proposal 75'B') in tandem with inter-linked TYC proposal 84, further work is required to agree appropriate and measurable targets. The recently launched Transforming Your Palliative and End of Life Care initiative (HSCB in conjunction with Marie Curie) seeks to redesign palliative and EOL care with more care provided in community/own home and may help inform how this proposal is progressed.</p> <p>The End of Life Care Operation System (ELCOS) has been rolled out to all Trusts – a component of this is patient and families indicate their preferred place to die and Trusts are recording preferred wishes against actual events. Earlier identification of people nearing the end of their life and inclusion on a register leads to earlier planning and better co-ordinated care. This work will impact on TYC proposal 75'B' and should contribute to reducing the inappropriate hospital admissions for end of life care.</p>

⁴ Following discussion between DHSSPS and HSCB, this proposal has been reworded as follows: 'Set targets for the reduction of hospital admissions for adults with long term conditions (75'a') and end of life care (75'b')'.

76	Acute Care – Set targets for the reorganisation of outpatient and diagnostic services between hospitals and Integrated Care Partnerships ⁵	DHSSPS	Following discussion between DHSSPS and HSCB, the intention of the proposal has been clarified to setting targets for the shift of activity out of hospitals into the primary/community setting (rather than specifically to ICPs as originally worded). The setting of targets could only potentially be achieved in the longer term. Establishing effective activity/outcome measures and collation and validation of baseline data will be required as first steps in this process.
77	Acute Care - Ensure the transition takes full account of Service Frameworks and clinical pathways	HSCB	The commissioning of unscheduled care services includes the development of tailored care pathways for specific conditions and is consistent with the key objectives set out in relevant service frameworks.
78	Acute Care – Expeditious implementation of a managed clinical network for pathology	HSCB	This is one of a number of TYC proposals for which the Department agreed to review and confirm or establish a proper policy context for implementation by the HSC. On completing its policy review, the Department confirmed that the policy context for this proposal has been in place prior to TYC. A Clinical Network for Pathology Services was established in 2012.
79	Acute Care – Make necessary arrangements to ensure critical clinical staff are able to work in a manner which supports the new arrangements	DHSSPS	The Department has established a regional workforce planning group to take forward TYC proposals 79, 95 and 97a. The group are focussing on development of a regional framework for workforce planning which will aim to ensure there is an agreed process for identification of the development needs (training/education and skills) to deliver the TYC aim of providing greater care in the community.
80	Palliative & End of Life Care - Development of a palliative and end of life care register to enable speedy transfer of information required by those providing palliative and end of	HSCB	Earlier identification of people nearing the end of their life and inclusion on a register leads to earlier planning and better co-ordinated care. As described at #75 above, an End of Life Care Operation System (ELCOS) has been rolled out to all Trusts – a component of this is recording a patient's status by utilising prognostic indicators.

⁵ Following discussion between DHSSPS and HSCB, this proposal has been re-worded as follows 'Set targets for the reorganisation of outpatient and diagnostic services between hospitals and primary care and community settings'.

81	<p>life care.</p> <p>Palliative & End of Life Care - Enhanced support to the Nursing Home Sector for end of life care.</p>	HSCB	<p>The Regional Palliative and End-of-Life Care Learning and Development Programme for Nursing Homes in Northern Ireland has been delivered in partnership with the four local hospices: Northern Ireland Hospice, Marie Curie Hospice, Foyle Hospice and Southern Area Hospice. Complexity and high dependence levels within nursing homes have implications for staff development to meet residents' end of life needs. This course is designed to support staff to ensure that people living in a nursing home receive high quality palliative and end of life care which promotes dignity, choice and compassion. All 266 nursing homes in Northern Ireland were invited to participate from August 2012 to June 2013. 202 nursing homes enrolled represented a 76% uptake.</p>
82	<p>Palliative & End of Life Care - Individual assessment, planning, delivery and co-ordination of end of life care needs by a key worker.</p>	HSCB	<p>A definition and competencies for the key worker function have been developed and disseminated to Trusts. Biannual palliative care monitoring meetings between Trusts and HSCB/PHA facilitate monitoring of implementation of the key worker role. Key workers are being implemented throughout the region at present.</p> <p>An Advanced Care Planning information booklet has been produced and is being implemented across the region. Electronic Patient passports have been developed in conjunction with the Royal College of General Practitioners. These have been evaluated and are ready to be implemented.</p>
83	<p>Palliative & End of Life Care - Electronic patient records in place for the patient, their family and staff</p>	HSCB	<p>End of Life Care Operation System (ELCOS) has been rolled out to all Trusts – a component of this is recording a patient's status by utilising prognostic indicators.</p> <p>An electronic version of patient passport has been developed and evaluated.</p> <p>The Outline Business Case for the Primary Care Key Information Summary project is currently going through the DHSSPS approval process.</p>
84	<p>Palliative & End of Life Care – Targets to reduce the level of inappropriate hospital</p>	DHSSPS	<p>Earlier identification of people nearing the end of their life and inclusion on a register leads to earlier planning and better co-ordinated care. The End of Life Care Operation System (ELCOS) has been rolled out to all Trusts – a component of this is</p>

	admissions for people in the dying phase of an illness		<p>patient and families indicate their preferred place to die and Trusts are recording preferred wishes against actual events. This activity will impact on TYC principle 84 and should contribute to reducing the inappropriate hospital admissions for people in the dying phase of an illness.</p> <p>This proposal is being taken forward in tandem with TYC proposal 75'8'. Further work is required to agree appropriate and measurable targets. The recently launched Transforming Your Palliative and End of Life Care initiative (HSCB in conjunction with Marie Curie) seeks to redesign palliative and EOL care with more care provided in community/own home and may help inform how this proposal is progressed.</p>
85	Palliative & End of Life Care – Palliative and end of life care for children considered as part of the proposed review of paediatric services as referenced in the Maternity & Child Health section	DHSSPS	<p>The Paediatric Review and public consultation on proposals has been completed. The consultation document sets out 18 recommendations with the ultimate aim of providing high-quality, comprehensive and co-ordinated care and support to these very ill children and their families. The Department is considering the response to the proposals and is aiming to publish a final strategy by summer 2014.</p>
86	Implications for the Service – Creation of 17 Integrated Care Partnerships across NI enabling closer working between and within hospital and community services.	HSCB	<p>Completed. All 17 Integrated Care Partnerships established in June 2013.</p>
87	Implications for the Service - Development of population plans for each of the five LCG populations by June 2012	HSCB	<p>Completed July 2012.</p>
88	Implications for the Service – Establishment of a clinical	HSCB	<p>Expert Panel constituted with regular meetings held throughout 2012/13/14.</p>

	forum to support the implementation of the new integrated care model, with sub-groups in medicine, nursing/AHPs, and social care		
89	Implications for the Service - Development of clear patient pathways for networked and regional services	HSCB	This proposal is routinely addressed as part of the commissioning of services.
90	Implications for the Service - Establishment of a forum to take forward how technology will support the new model of care linking the services to industry and academia.	DHSSPS	<p>In December 2011 the Department and Invest NI established the Connected Health and Prosperity Project Board. The remit of the group is to develop connected health solutions which improve patients' health and well-being and at the same time contribute to sustainable economic growth. Membership of the Board comprises representatives from DHSSPS, DETI, DEL, HSCB, Invest NI, QUB, UU along with a representative from industry. The Board agree a Strategic Action Plan in September 2012. One of the key actions was the establishment of a NI Connected Health Eco-System, bringing together the health, academia and industry sectors to consider and advise on the delivery of health and social care services, including opportunities for the development and implementation of new technologies. The Connected Health Eco-System was established in September 2012.</p> <p>This proposal has been fully addressed through the establishment of the Connected Health and Prosperity Project Board and the NI Connected Health Eco-System and is thus complete.</p>
91	Implications for the Service - Full rollout of the Electronic Care Record Programme	HSCB	<p>The NIECR has over 10,000 registered users with over 60% of the medical workforce using the system throughout the HSCNI.</p> <p>Since going live in July 2013, NIECR users have accessed over 1,000,000 patient records on the system and NIECR has been used in the provision of care to over 250,000 unique patients - around 14% of the N.I. population.</p>

			<p>A recent HSC-wide Outpatient clinic audit revealed that with the use of NIECR approximately 8% less laboratory tests or image investigations were requested.</p> <p>Basic sign off functionality for radiology & laboratory reports is now live, task list & reporting requirements in development.</p> <p>Work is continuing to enhance and embed NIECR in practice, along with on-going benefits measurement and realisation across the HSC.</p>
92	<p>Implications for the Service - Development of a data warehouse for GP records to high quality information on care across practices, resulting in reduced variation</p>	HSCB	<p>The Outline Business Case is in its final stage of completion.</p> <p>The Data Quality in Practice (DQIP) project seeks to extract agreed data from all GP Clinical Information Systems in Northern Ireland to a central data repository. The repository is to be in place within 9 months of Business Case approval. The Outline Business Case proposes that the data will be analysed and reported on by an Analysis Service under the direction of an Editorial Board to provide primary care information for the planning and commissioning of services by the HSCB and DHSSPS.</p> <p>It will assist delivering better patient care and improved patient safety. A fundamental element of the project will be the focus on improving data recorded in Primary Care to ensure accuracy and consistency of the information collated.</p>
93	<p>Implications for the Service - Introduction of a single telephone number for urgent care</p>	HSCB	<p>This proposal is aligned with the GP Out of Hours Strategic Framework which was approved by the DHSSPS in January 2014. The HSCB is currently developing a Business Case for the telephony infrastructure in line with the recommendation in the GP Out of Hours Strategic Framework.</p>
94	<p>Implications for the Service - Introduction of a single robust community information system</p>	HSCB	<p>The HSCB has established a Community Information project. The objective of the project is to have a common set of community indicators and definitions for use by each community care group. The project also aims to put in place a process for the collection of information across the HSC, using an agreed set of indicators and definitions. A secondary purpose is to assist with commissioning, financial benchmarking and procurement.</p>

			<p>An action plan specifying any IT system changes required, is to be developed by June 2014.</p>
95	<p>Implications for the Service - Development of new workforce skills and roles to support the shift towards prevention, self-care and integrated care that is well co-ordinated, integrated and at home or close to home</p>	DHSSPS	<p>The Department has established a regional workforce planning group to take forward TYC proposals 79, 95 and 97'A'. The group is focussing on development of a regional framework for workforce planning which will aim to ensure there is an agreed process for identification of the development needs (training/education and skills) to deliver the TYC aim of providing greater care in the community.</p>
96	<p>Implications for the Service - Development of GPs to assume a critical leadership role in the new integrated care teams</p>	HSCB	<p>A Clinical Leadership Development Programme for 51 clinicians (17 GPs, 17 Pharmacists and 17 Secondary Care Consultants) was launched on 20 September 2013 as part of the Integrated Care Partnerships.</p> <p>Through the Integrated Care Partnerships, the HSCB have retained 17 GP and Pharmacy leads on a sessional basis to provide a dedicated leadership capacity. An organisation development programme to support the partnership committees started in March 2014, and additional development support is in place for the Chairs of the ICP committees, many of whom are GPs.</p>
97	<p>Implications for the Service - More formal integration of workforce planning and capital expenditure into the commissioning process to drive the financial transformation</p>	DHSSPS	<p>A review has been completed into the organisational arrangements for the delivery of functions undertaken by Health Estates Investment Group (currently part of the Department). The Minister has decided that these functions should transfer, in the main, to Central Procurement Directorate (CPD) in the Department of Finance and Personnel, in order to increase collaboration in construction procurement. Capital planning is included within the Commissioning Plan and there is significant ongoing liaison between the HSCB and the Department regarding the identification of priorities for the capital programme. This includes any capital requirements arising from the implementation of TYC.</p> <p>The Department is currently taking forward a project to develop a strategic</p>

			<p>framework for regional workforce planning which will seek, for the first time, to set out and agree specific roles and responsibilities for each HSC organisation in terms of workforce planning. The aim will be to ensure we have the appropriate mechanisms in place to support robust planning at both organisational and regional level. The Department will be engaging with a wide range of stakeholders from across the HSC, in taking forward this important project.</p>
98	<p>Implications for the Service - Reallocation of resources estimated to equate to a 4% shift of funds from hospitals into the community</p>	DHSSPS	<p>This is an ongoing requirement over the course of the TYC implementation period. Work is progressing on developing a systematic monitoring process and monitoring will take place during 2014/15.</p>
99	<p>Implications for the Service Initiation of a sensible debate about growing income within the spirit of NHS principles</p>	DHSSPS	<p>The issue of growing income within the spirit of NHS principles is being actively considered as part of our financial planning processes for 2014/15 and beyond, which includes exploring whether to introduce income generating measures in those years. The Department is also engaging with DFP in seeking to explore alternative and innovative ways of growing income within the context of the broader public sector reform process, for example, the applicability of Social Impact Bonds.</p>

TRANSFORMING YOUR CARE – HSCB COMMUNICATION & ENGAGEMENT ACTIVITY

Background

1. A focus on communications and engagement has been an integral component throughout the Transforming Your Care programme. There was extensive engagement during the Review itself, both with staff across the HSC and the wider public.
2. This was followed by a considerable period of engagement during the development of the Population Plans in Spring 2012, and then with the public consultation on the *Vision to Action* document in late 2012 / early 2013, which resulted in over 2200 responses and strong support for the Transforming Your Care proposals. The public consultation was completed in January 2013 with a consultation report issued in March 2013.
3. Since then the programme moved into implementation phase. From the outset it has been recognised that Transforming Your Care will take 3 to 5 years to be implemented, and requires investment in alternatives and new service models before outcomes and changes can be achieved and demonstrated.

Current Communication & Engagement Activities

4. A range of activities are in place to raise awareness and understanding about TYC implementation, and demonstrate progress:
 - Regular press releases and engagement with media outlets about Transforming Your Care, including numerous media briefings and interviews to explain the change programme and respond to concerns raised;

- Regular engagement with key public sector, staff side organisations and 3rd sector organisations to provide update and information, and listen to feedback and views;
- A series of 'voxpops' – short films with patients, users, carers and staff showing their experience of changes to services in line with Transforming Your Care;
- A regular TYC eZine is issued to 1028 stakeholders, including media, councillors and MLAs, plus all HSC staff every two months;
- A dedicated website and social media channels for Transforming Your Care containing information about implementation and stories about real changes;
- Responded to a vast range of press enquiries and Assembly Questions regarding TYC implementation; and
- HSCB-led process of pre-consultation and consultation on the criteria for the future of statutory residential homes has included extensive engagement with residents, families, groups and the wider older people population. This included the use of visits to each statutory residential home and peer facilitation with Age NI.

Planned Future Activities

3. These activities will continue during the next phase of implementation, and with an increasing focus on the achievement of outcomes for individuals, as the investment in previous years is now coming to fruition. As well as regular and on-going communications and engagement activities, the HSCB is currently planning the following:

- Briefings with media and key journalists to update on latest developments and present real life stories, leading up to a BBC Feature week in June;
- A further series of short films demonstrating how Transforming Your Care is impacting on individual users, carers and staff members;
- Contribution to key events over the coming months, including the Pensioners Parliament;
- A series of meetings with political parties, and their health spokespersons;

- A series of meetings with key professional representative groups including the Royal College of Nursing and Royal College of General Practitioners; and
- Proactive media engagement with Local Commissioning Groups through local press to promote how change is happening locally, and the plans for 2014/15.