
To: Renfrewshire Integration Joint Board

On: 20 January 2017

Report by: Chief Officer

Heading: Update on 2016/17 Change and Improvement Programme

1. Summary

1.1. At its meeting on 24 June 2016, the IJB approved the Health and Social Care Partnership's 2016/17 Change and Improvement Programme.

1.2. The purpose of the 2016/17 Change and Improvement Programme is to:

- Establish a health and social care service which is managed and delivered through a single organisational model in order to optimise the benefits which can be derived from integration.
- Frame the delivery of social care savings and service improvement work.

1.3. The report (Appendix 1) provides a mid-year update on the steady progress being made by the HSCP to implement this programme of work and deliver its intended benefits and outcomes.

2. Recommendation

2.1. It is recommended that the IJB note:

- The steady progress being made to deliver the HSCP's 2016/17 Change and Improvement Programme (Appendix 1).
- The current programme of work, at present, does not take into account NHSGGC saving targets to be delivered during 2016/17.
- A further update will be brought to the next meeting of the IJB in March 2017, and a final Programme Closure report to its meeting in June 2017.
- The Chief Officer will continue to work with his Senior Management Team (SMT) and with other Chief Officers, and their management teams, to develop a longer term transformational vision and approach to change, which will deliver on the IJB's priorities and outcomes set out in the Strategic Plan in line with its Financial Plan.

- A draft 2017/18 Change and Improvement Programme will also be brought to this meeting for approval.
- An annual report on the delivery of the HSCP's Organisational Development and Service Improvement Strategy will be brought to the IJB meeting on 24 March 2017. This report will provide reassurance to members on the work being progressed by the HSCP to ensure staff and managers are supported through the change process, to build greater capability for change within our organisation, and to ensure staff are appropriately equipped to carry out the requirements of their job roles.

3. 2016/17 Change and Improvement Programme

3.1. The 2016/17 Change and Improvement Programme is being managed in two workstreams:

- Workstream 1: Delivery of 2016/17 Financial Plan (adult social care)
- Workstream 2: Optimising Integrated Working.

3.2. In addition, the HSCP is also involved in a number of other NHSGGC system wide projects and service reviews.

4. Workstream 1: Delivering the 2016/17 Financial Plan

4.1. This Workstream is delivering a range of change programmes which will enable the IJB to mitigate a number of the key demographic and financial pressures identified within adult social care.

4.2. These prioritised areas, set out in Appendix 1 (Section 1: Delivering the 2016/17 Financial Plan), reflect the national policy direction to shift the balance of care, promote independent living and ensure person centred care. The service reviews are critically appraising and challenging our current models of service delivery to ensure our resources are focused on greatest need and delivering the best outcomes for our service users.

4.3. Appendix 1 (Section 1) provides an update on the good progress being made in relation to these programmes of work.

4.4. All Workstream 1 programmes are 'green' (on target) with the exception of the Occupational Therapy Service, Equipment and Housing Adaptations Review which is 'amber'.

4.5. The Occupational Therapy (OT) Service, Equipment and Housing Adaptations Review has made good progress to date including:

- An increased resource allocation in 2016/17 (part uplift, part non-recurring) has successfully enabled the HSCP to significantly reduce the housing adaptation (Care and Repair) waiting list.
- A robust options appraisal of equipment provisioning has been undertaken. Overall the review has found the current service to be efficient and rated highly by service users however considers how the HSCP can best manage the rising demand for this service going forward. A final report with supporting improvement recommendations will be presented to the HSCP Senior Management Team for approval, with a view to being implemented by March 2017.

The 'amber' status reflects the longer term, strategic review of the service which will take more time to implement and embed. Work already underway as part of this review includes:

- Streamlining business processes and exploiting any opportunity for cross skilling within OT workforce to enable the service to more effectively manage rising demand for OT assessments and intervention.
- Introduction of an optimal housing adaptations commissioning and delivery model which will provide the best outcome for our service users and efficient use of resources.
- Active engagement with front line staff and review partner arrangements to identify and embed service change in line with best practice.

4.6. At present this Programme does not take into account NHSGGC saving targets to be delivered during 2016/17.

4.7. If the IJB agree saving proposals to address the identified in-year gap in the health budget, the Change and Improvement Programme's scope will be updated to reflect this and manage the timely delivery of such plans and their agreed outcome(s).

5. Workstream 2: Optimising Integrated Working

5.1. This workstream's core objective is to establish a health and social care service which is managed and delivered through a single organisational model, unlocking the benefits which can be derived from integration. During 2016/17 the HSCP has made a commitment to further develop its ways of working, particularly to build a structured approach to how we involve and engage General Practitioners to ensure they are meaningfully part of our wider team and service based working.

5.2. Appendix 1 (Section 2: Optimising Integrated Working) details a range of change projects being progressed to help inform how the HSCP can best design an effective and dynamic approach to 'locality' and 'cluster'

based working and to build collaboration and joint working between services. These projects are bringing together GP's, Social Work, District Nurse, Rehabilitation Service, Mental Health and other staff to consider how they can improve joint working to better support the needs of local patients and service users.

- 5.3. The IJB cannot transform health and social care services in isolation and as part of this workstream the HSCP is also actively involving other key stakeholders, our parent organisations, community planning partners, NHSGGC Acute Services, the third sector and providers.
- 5.4. Appendix 1 (Section 2) provides an update on the steady progress being made in relation to these programmes of work.
- 5.5. All Workstream 2 programmes are 'green' (on target) with the exception of the ongoing work to develop a more effective interface with Acute Services which is 'amber'. Members will note in Appendix 1 the positive examples of how the HSCP is working with the Clyde Acute Senior Team however it is recognised this must become more structured and strategic in nature. In 2017 the HSCP Senior Management Team will work closely with colleagues in Acute Services to adopt a more joined up approach to strategic planning and service delivery.

6. NHS Greater Glasgow and Clyde Led Initiatives

- 6.1. In addition to our locally led Change and Improvement Programme, the HSCP is also involved in a number of other NHSGGC system-wide initiatives, such as the District Nursing review, Mental Health In-patient Services redesign, the new NHSGGC Community Mental Health Framework and Learning Disability Redesign, which are listed in Section 3 of Appendix 1.

7. Managing Change

- 7.1. An annual report on the delivery of the HSCP's Organisational Development and Service Improvement Strategy will be brought to the IJB meeting on 24 March 2017. This report will provide reassurance to members on the ongoing work by the HSCP to ensure staff and managers are supported through the change process, to build greater capability for change within our organisation, and to ensure staff are appropriately equipped to carry out the requirements of their job roles.

8. Next Steps

- 8.1. A further update report will be brought to the next meeting of the IJB in March 2017.

- 8.2. A Programme Closure report will then be brought to the IJB when it meets on 23 June 2017. This report will review the current programme's delivery, assess the outcomes delivered and identify any lessons learned for future programmes.
- 8.3. The Chief Officer will continue to work with his Senior Management Team (SMT) and with other Chief Officers, and their management teams, to develop a longer term transformational vision and approach to change, which will deliver on the IJB's priorities and outcomes set out in the Strategic Plan in line with its Financial Plan. A draft 2017/18 Change and Improvement Programme will be brought to the IJB's meeting in June 2017 for approval.

Implications of the Report

1. **Financial** – the Change and Improvement Programme will support the delivery of the 2016/17 Financial Plan
2. **HR & Organisational Development** – HR and OD resources will be aligned to the new Change and Improvement Team
3. **Community Planning** – the HSCP will ensure there are appropriate links into the wider community planning process
4. **Legal** – supports the implementation of the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014.
5. **Property/Assets** – property remains in the ownership of the parent bodies.
6. **Information Technology** – technology enabled solutions may be identified as part of the service reviews and pilot work.
7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety** – health and safety processes and procedures are being reviewed to in order to support safe and effective joint working
9. **Procurement** – procurement activity will remain within the operational arrangements of the parent bodies.
10. **Risk** – None.
11. **Privacy Impact** – n/a.

List of Background Papers – None.

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Appendix 1: 2016/17 Change and Improvement Programme

The 2016/17 Change and Improvement Programme is managed in two workstreams:

- Workstream 1: Delivery of 2016/17 Financial Plan
- Workstream 2: Optimising Integrated Working

In addition, the Renfrewshire HSCP is also involved in a number of other NHSGGC system wide projects and service reviews, which are detailed in section 3.

Key:		Complete		On target		Risk of delay		Significant Issues
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1. Workstream 1: Delivery of 2016/17 Financial Plan and ICF

This workstream frames the delivery of social care savings and service improvement work.

Project	Objective(s)	Progress to date
1. Implementation of Living Wage 	Ensure all the HSCP's contracted care providers in Renfrewshire are paying their care staff the Living Wage by 1 October 2016, in line with Scottish Government guidance and Renfrewshire Council's commitment to the Living Wage.	Negotiations have been successfully concluded to bring all providers currently delivering services in Renfrewshire in line with the Living Wage from 1 October 2016. Renfrewshire Council has also undertaken negotiations with two independent providers of care home services who are not covered by the National Care Home contract agreement. Negotiations with one have concluded with agreement of a rate which will enable the provider to pay all staff in scope a minimum rate of £8.25 per hour from 1st October. Negotiations with the other provider are ongoing, however early indications are positive and the Council are confident that a fair rate will be agreed which will support payment of £8.25 per hour to all care staff.

		In partnership with other local authorities across Scotland, Renfrewshire Health and Social Care Partnership are reviewing the rates paid for individuals placed “out of area” across Scotland with a view to adopting the host local authority rates where these have been renegotiated to support payment of the Living Wage.
2. Care at Home Improvement Plan (Home Care) 	I. Attract new recruits into the service through sustained recruitment campaigns to increase service capacity and reduce reliance on temporary agency staff. II. Review staffing structures to ensure appropriate infrastructure exists to enable the service to undertake its functions.	• A number of recruitment campaigns have been undertaken throughout 2016; • An Employability programme has been established with West College which has led to the recruitment of 11 candidates; • Over 70 new staff have been recruited into the service in 2016; • 51 existing staff have increased hours and transferred to a new shift pattern; • 15 successful candidates are currently going through recruitment checks • 37 candidates are currently being interviewed; • A further recruitment campaign scheduled to commence 9th January 2017; • A programme is currently being explored with Invest in Renfrewshire to support Modern Apprentices and longer-term unemployed into work, projected to commence March 2017; and • Agency use has reduced significantly, but further recruitment is required to enable cessation. The following infrastructural developments within the service have been agreed: • Temporary appointment of 2 Service Co-ordinators to support operational demand within the Care at Home Service (staff now in post); • The establishment of a Service Development Team to lead a change programme within the service (team will be fully established by February

		2017); • Temporary appointment of 6 Adult Service Co-ordinators to support the assessment and review function within the Care at Home service (projected start date is February 2017); • Establishment of a dedicated Out of Hours service to support staff management and service delivery. Recruitment challenges have resulted in delays and further adverts are being issued (projected start date is March 2017); • Recruitment underway to establish a Project Implementation team to support the introduction of a rostering and scheduling system A wider review of staffing structures will take place in the second quarter of 2017
III. Develop a business case for a Care at Home Management, Rostering and Monitoring System – to reduce duplication of effort, error and inefficiency and support managing and planning within the service.	The Business Case for the procurement of a rostering and Monitoring system has now been completed and approved. A tender specification currently being finalised and a tender is scheduled to be issued by 31 January 2017. The Phased implementation of the rostering and monitoring system is scheduled to commence August/September 2017. A project implementation team is being established to support the implementation, recruitment is underway.	
IV. Review of business processes and service pathways to improve service provision	A Business Analyst has been recruited to support the review of business processes and this work is scheduled for first half of 2017 A key objective will be to work towards managing the increasing demand within budget constraints. Members should note that the current 2016/17 year end projection is a £1.4m overspend.	

	V. Review of supervision and management capacity to ensure that appropriate infrastructure is in place to manage and supervise staff.	A new staff observation process has been agreed and is scheduled for implementation in January 2017. Additional investment has supported an increase in infrastructural capacity with recruitment ongoing A workstream to review staff management and support processes is scheduled to commence in February 2017.
	VI. Align services with new geographic boundaries and consider opportunities for streamlining and integrating service delivery	Care at Home services are now aligned with locality teams. Work also has been initiated to explore opportunities to align services with GP Clusters, Community Nursing and RES and for more integrated working Revised referral, assessment and review processes scheduled for implementation in March 2017
	VII. Review the balance of internal and external provision to explore the potential to increase the capacity within the external market and review the balance that exists between the internal and external markets.	New rate has been negotiated with Care at Home Framework providers from October 2016. The Care at Home Framework is scheduled for retender in 2017, with a potential short-term extension to the existing contract pending the award of the contract for the new scheduling and monitoring system

3. Occupational Therapy (OT) Service, equipment and housing adaptations review	I. Develop OT referral pathways to improve levels of personalisation in service provision and minimise delays in service provision	An initial pathway review exercise is underway. Based on its findings, recommendations will be presented to the Project Board for approval. These recommendations will also take account of feedback from the wider consultation, engagement and planning process which is ongoing. In the first half of 2017 work will be carried out to align OT pathways with locality structures.
	II. Reduce to a minimum and stabilise the waiting list for OT assessments	This is a key outcome of the wider service review which is currently underway.
	III. Ensure that practices, operating procedures, communications, shared understandings and definitions/ terminology are in line with good practice	A series of workshops with OT staff across all service areas are underway to identify improvements around OT interventions and referrals between services. A staff survey and series of follow up workshops with OT staff across all service areas have taken place. Staff are now successfully addressing a range of service improvements around OT interventions which were identified through this engagement work. Initial proposals on the development of the Equipment Service have been submitted to the OT, Equipment and Adaptations Project Board for review. A number of outputs from this work will contribute to this objective.
	IV. Deliver a programme of workforce development and staff supervision and support	This programme is currently being developed, informed by a range of current development activities including the current staff planning and development workshops and outputs from the professional governance groups. This is scheduled to be rolled out from September 2017.

	V. Reduce current waiting list for Care and Repair Adaptations	Additional resources have been allocated to the Care and Repair service to reduce the current waiting list. The waiting list for adaptations (Care and Repair) in November 2016 stood at 16 people, with the longest wait time being from July 2016. This compares very favourably with the July 2016 figures, when 126 people were on the waiting list and the longest wait period was from February 2015. The strategic service review underway will consider the optimal, sustainable commissioning delivery model going forward.
	VI. Review contractual/SLA relationships with internal and external partners to ensure optimal arrangements are in place and effective working relationships maintained	Review of existing partners arrangement is underway as part of the ongoing strategic service review, specifically in relation to identifying and implementing optimal, sustainable commissioning and delivery arrangements. The providers we work with include: • Renfrewshire Council Housing Development Services • Equipu (Local Authority and NHS partnership contract for equipment provision) • Care and Repair Service (housing adaptation service provided by Bridgewater Housing Association)

4. Self Directed Support (SDS) review 	I. Ensure equity across localities and reduce bureaucracy and time taken to deliver agreed care plan II. Improve 'workers' knowledge and understanding of the SDS processes and promote greater ownership of the process III. Ensure, where possible, that packages are managed within the RAS (Resource Allocation System) allocation and agreed tolerance levels	New streamlined and controlled business processes have been introduced to promote equity and to quickly enable frontline staff to deliver the agreed support plan within the agreed finance rules. The new processes have reduced the time required to agree indicative budget for the service user's support plan from 16 days in 2014 to 4 days in 2016. A new business process diagram published service wide during 2016/17. The HSCP has dedicated resource delivering a training programme, drop in sessions and running educational workshops with teams. As part of the new business processes, all care package commitments approved under Self Directed Support (SDS) are now scrutinised to ensure these are suitable and within the resources calculated by resource allocation systems, prior to approval by budget-holder. This process has enabled greater consistency in the application of SDS and service user's budgets now reflect the impact of the Living Wage.
5. Integrated Care Fund (ICF) 	Maximise the use of the Fund to explore and test innovative new ideas and wider service change, where available adopting evidence based approaches, to shift the balance of care rather than to maintain historic arrangements and relationships.	As approved by the IJB on 16 September 2016, the Integrated Care Fund will now be managed in line with all other HSCP funding streams, using the same governance and scrutiny mechanisms. This approach aligns with recent national guidance which recommends that "planning and reporting arrangements for the ICF should be congruent with the broader requirements on Health and Social Care Partnerships". Members of the Strategic Planning Group (SPG) will have the opportunity to feed into this and other work. This will strengthen the involvement of members of the public and the Third Sector.

Workstream 2: Optimising Integrated Working

This workstream will support the establishment of a health and social care service which is managed and delivered through a single organisational model to optimise the benefits which can be derived from integration.

Project	Objective(s)	Progress to date
1. Developing Clusters and team working 	I. Design an effective and dynamic approach to 'locality' and 'cluster' based working and to build collaboration and joint working between services - bringing together GP's, Social Work, District Nurse, Rehabilitation Service, Mental Health and other staff to better support the needs of local patients and service users.	Locality working The Heads of Health and Social Care are actively working with Service Managers and operational staff to align frontline services to the new localities (Paisley and West Renfrewshire) in a multi-disciplinary team model and to explore opportunities to work effectively with GP Cluster. Some examples of work that has been progressed includes: • Development of a single point of access model for District Nursing • A more integrated referral process, making more effective use of existing ICT systems • Integration of the RES and Social Work in-take systems which will offer a more person centred and efficient model for screening and allocating work Cluster based working A series of half day Cluster Development Sessions were held in 2016 which provided the opportunity for those responsible for the delivery of service to the cluster population to come together to consider how we unlock the benefits of integration and to begin to develop future ways of working. Through these sessions, each cluster developed a Cluster Improvement Plan which was progressed via 30, 60, 90 day improvement approach, with agreed timescales and named lead managers/GPs.

		Some examples of work that has been progressed includes: • Realignment of the HSCPs Prescribing Support Pharmacists to release GP capacity • Shared caseloads (between a practice and HSCP services) to look at improving how we work to support the patient/service users e.g. improving prevention and anticipatory care planning • Regular update of Anticipatory Care Plan practice profile • Direct access to a range of self-referral services • Expansion of the 'Live Well Stay Well' initiative from 1 to 5 practices in Renfrewshire • Provision of HSCP team leader schematic for single point of contact within each cluster.
	II. Build a structured approach to how we involve and engage General Practitioners to ensure they are meaningfully part of our wider team and service based working, in line with Scottish Government Locality guidance	Nominated registered medical practitioners now represent GPs on a number of forums across the HSCP, Acute and NHSGGC including • Integrated Joint Board • Strategic Planning Group • HSCP Senior Management Team • Adult & Children Protection Committees • HSCP Executive Governance Group • HSCP Professional Executive Group • HSCP Quality Care & Professional Governance Locality Group • Health Board Governance Group • Medicines Management Group • Acute Interface Group • Diabetes Interface Group • Unscheduled Care

2. New GP Contract 	I. Establish Practice Quality Lead/ Cluster Quality Leads, in line with the 2016/17 Contract, to support emerging integrated models of working II. Promote and support practices to work more closely together for the benefit of patients, practices and the wider health and social care system, in line with Scottish Government's Localities Guidance, the British Medical Association's (BMA) Scottish GP Committee Vision and UK Royal College of General Practitioners (RCGP) 2022 Vision.	Renfrewshire HSCP has concluded work with local GP Practices to confirm a named GP within each practice (x29) to fulfil the Practice Quality Lead (PQL) role. Work has also commenced to identify and appoint a Cluster Quality Lead (CQL) within each of the six Renfrewshire clusters. To date four CQLs have been appointed and have attended a CQL Induction Development Session, which brought together CQL representatives from across NHSGGC. CQLs will provide a quality improvement leadership role in the cluster working to enable work between practices and between practices and the the HSCP. Work is ongoing to identify and appoint the remaining two CQLs. Practices have being supported by the HSCP to hold regular cluster meetings. Going forward cluster meetings will be chaired by the CQLs and will be attended by the PQLs from each practice. Clusters will review practice-level quality in a peer based manner on quality improvement issues of mutual interest. It is expected that GP clusters will have direct involvement and influence in improving the quality of health and social care services provided to patients registered within their locality.
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3. Primary Care Transformation Fund (PCTF) 	I. Develop proposals consistent with the PCTF process within/across NHSGGC II. Deliver on our local GP practice prescribing improvement pilots and ensure lessons are learned and shared	A number of service review and redesign work strands are underway to maximise effectiveness, resources and improve the patient journey across Renfrewshire. Some examples of the work being undertaken are: • Unscheduled Care in Localities/ Mental Health & Addictions • District Nursing Single Point of Access - to manage referrals in order to impact on patient facing time • School Nursing service and efficiency review • Rehabilitation and Enablement Service – to review and streamline Single Point of Access process. In August 2015 the HSCP approved funding from the ICF to four pilot projects designed as infrastructure investment projects, building capacity in the local third and community sectors to engage in health and well being activity. The four projects are led by Third Sector organisations working in partnership: RAMH, Linstone Housing Association, Active Communities and the Thistle Foundation. The Community Connectors initiative developed as a consequence of shared awareness between the partners and Renfrewshire HSCP, of the impact on Primary Care specifically General Practice, of a significant cohort of 'patients' who sought recurring and regular support from GP's, for what were often issues associated with loneliness, social isolation, lack of community connectedness and associated 'social' issues (housing, physical inactivity and poverty).
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	The Community Links workers managed by RAMH deliver the GP social (non-medical) prescribing service in three GP practices as a pilot service in Linstone, Johnstone and Bishopton. The programme is showing early signs of significant success, delivering non-medical services which are supporting GP practices in helping patients deal with a wide range of issues and engaging local residents in volunteering in health and well being activities. There are early signs that the services, particularly the GP Social Prescribing and Live Well Stay Well projects, are helping to reduce demand on statutory services by some previously high maintenance patients. A newsletter was issued in September 2016 to share learning across Renfrewshire GP Practices. The total number of referrals to the Community Links (GP Social Prescribing) workers based in GP practices overall to the service since October 2015 is 318. The 'Live Well Stay Well' (support programme for self-management of long term conditions) service in Renfrew and Paisley practices, which started at a later date, has had 58 referrals into the programme. 76% (44 people) engaged having an average of 2 appointments each.	
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4. Interface with Acute Services 	Introduce structured ways of working with the Clyde Acute Senior Team with a view to continuing to address and improve: • Management of older people and chronic diseases throughout improved systems and services • Management of Palliative care • Response to service pressures and demands • Issues/service changes arising from the CSR programme	A number of interface meetings have taken place with the HSCP SMT and the Clyde Acute Senior Team and the HSCP Chief Officer and Director of Clyde Acute now link on a number of issues however it is recognised this must become more structured and strategic in nature. In 2017 the HSCP Senior Management Team will work closely with colleagues in Acute Services to adopt a more joined up approach to strategic planning and service delivery. Some examples of the work currently being undertaken are: • Diabetes interface improvement work - to further develop joint working to improve outcomes for people with diabetes living in Renfrewshire • Winter Planning - representatives from Acute are involved in the HSCP annual planning for winter. Most of the actions identified within the plan are required all year round. • Unscheduled Care Pilot (x4) GP Practices – Scottish Ambulance Service provide the services of what is termed a “ Low acuity vehicle“ between 9 and 12 Monday to Friday, for patients that require assessment at the Medical Assessment Unit, who have been assessed as being suitable to wait till the following morning. Three of the four Renfrewshire Development Programme projects will continue throughout the winter period. In particular, the older adults’ assessment unit supported by the in reach Community Out of Hours (OOH) Service and the chest pain assessment unit to prevent unnecessary admissions. Data will be reviewed to identify those care homes which have high levels of hospital admission and offer additional support to them.
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5. Community Planning 	Develop clear links into the community planning process	The HSCP has contributed to the review of Community Planning arrangements in Renfrewshire, and the new structure (approved by Council on 15 December 2016) recognises the Strategic Planning Group (SPG) as the main planning group for health and social care. The current Community Care, Health and Wellbeing Thematic Board will cease, and the HSCP is supportive of this.
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2. NHSGGC Projects and Service Reviews

In addition to our locally led Change and Improvement Programme, the HSCP is also involved in a number of other NHSGGC system wide projects and service reviews, which are listed below:

Project / Service Review	
1.	District Nursing review
2.	Children and Adolescent Mental Health Service (CAMHS)
3.	Named Person / GIRFEC
4.	Health Improvement
5.	Mental Health – unscheduled care
6.	Acquired Brain Injuries
7.	Learning Disability Redesign
8.	Frail Elderly Bed Transfer of Responsibility
9.	Implementation of the Paediatric Framework
10.	Community Mental Health Framework roll out and implementation
11.	Hospice care transfer of responsibility to IJBs
12.	Inpatient Services Redesign