HSC RESET

STABILISE | REFORM | DELIVER

Department of Health

www.health-ni.gov.uk






Business Plan

2026-2027

MINISTERIAL FOREWORD

I am pleased to introduce the Department of Health's 2026/27 Strategic Business Plan. This plan outlines the key objectives that my Department intends to deliver upon this year in support of our overarching strategic vision to Reset the Health & Social Care system in Northern Ireland.

This year's plan has been developed against a backdrop of unprecedented financial challenge affecting not only the health budget, but the wider public sector. Despite this, it remains an ambitious and focused plan, designed to sustain momentum behind system reform while continuing to deliver high quality health and social care for everyone who needs it.

In this context, it is essential that we maximise every opportunity to invest in transformation and service improvement. Alongside core funding, we have secured targeted investment to support key priorities. This includes £42 million for the ePharmacy programme as part of a wider £100 million Public Service Transformation Fund package, which also supports the 'Together for Families' initiative with £29.2 million and an additional £30 million from the National Lottery. These investments will modernise primary care, improve patient safety and experience, and expand access to services closer to home. In addition, £80 million has been ringfenced this year to increase elective care capacity and reduce waiting times.

I made a commitment in the Programme for Government to prioritise waiting list reduction in 2025/26. I am pleased to say that more than 165,000 patients were seen, diagnosed or treated, exceeding the PfG target of 70,000. While this represents real progress, too many people are still waiting too long. There will be a continued focus on reducing waiting lists further during 2026/27, building on this momentum.

The current financial landscape means I must maintain a focus on reducing our financial deficit in a sustainable way. Difficult decisions will be required, with funding prioritised towards areas that will have the greatest impact on system reset and improved outcomes. Health Trusts and other ALBs will be asked to maintain service delivery within available resources, ensuring services are delivered sustainably and effectively.

The recent publication of the Neighbourhood Care Framework marks a shift towards delivering more care in community settings. Over the coming year, Integrated Neighbourhood Teams will be established to support prevention, early intervention and independent living, helping people stay well for longer while reducing pressure on hospitals.

New technologies are transforming health systems worldwide. The completion of the encompass roll-out in 2025/26 has created a digital care record for every citizen, enabling better use of data to improve services and enhance patient care. In 2026/27, we will build on this by expanding digital services, including the MyCare app, and exploring the responsible use of technologies such as Artificial Intelligence.

While this plan outlines key deliverables for the year ahead, it represents only part of the wider effort to reset our system. Delivering the 2026/27 Strategic Business Plan will be challenging, but with the commitment of staff across the Department, ALBs and frontline services, we can continue to make meaningful progress towards a more sustainable, effective and person-centred system.

Mike Nesbitt MLA
Minister for Health

ABOUT OUR DEPARTMENT

The Department of Health (DoH) has a statutory responsibility to promote an integrated system of Health and Social Care (HSC) designed to secure improvement in:

- The physical and mental health of people in Northern Ireland;
- The prevention, diagnosis and treatment of illness; and
- The social wellbeing of people in Northern Ireland.

Under the Health and Social Care (Reform) Act (Northern Ireland) 2009, the Department is required to:

- Develop policies;
- Determine priorities;
- Secure and allocate resources;
- Set standards and guidelines;
- Secure the commissioning of relevant programmes and initiatives;
- Monitor and hold to account its ALBs; and
- Promote a whole system approach.

The Department is also responsible for establishing arrangements for the efficient and effective management of the Northern Ireland Fire and Rescue Service (NIFRS). It discharges its responsibilities both through direct Departmental action and via its ALBs.

The Department also provides a range of corporate and governance functions that support the overall health and social care system. This includes overseeing HSC Trusts and ALBs, managing public appointments, and supporting workforce development. It also ensures compliance with equality and human rights requirements. Together, these functions help maintain strong accountability, effective use of staff and resources, and the systems needed to deliver Reset priorities and other departmental objectives.

WORKING IN PARTNERSHIP

The Department has 16 Arm's Length Bodies:

HSC Belfast Health and Social Care Trust – caring supporting improving together
HSC Northern Health and Social Care Trust
HSC Southern Health and Social Care Trust
HSC South Eastern Health and Social Care Trust
HSC Western Health and Social Care Trust
HSC Business Services Organisation
NIAS Northern Ireland Ambulance Service
Northern Ireland Social Care Council
PCC Patient & Client Council
Children's Court Guardian Agency for Northern Ireland
HSC Public Health Agency
NIMDTA Northern Ireland Medical & Dental Training Agency
The Regulation and Quality Improvement Authority
NIPEC Northern Ireland Practice & Education Council for Nursing and Midwifery
Northern Ireland Blood Transfusion Service
Northern Ireland Fire & Rescue Service

In addition to its Arm's Length Bodies, the Department relies on collaborative working with other NICS departments, local government, community groups and professional bodies, as well as the Food Standards Agency, a non-Ministerial department with devolved responsibilities in Northern Ireland. The Department also maintains close relationships with two North/South bodies: the Institute of Public Health in Ireland (IPHI) and the Food Safety Promotion Board (Safefood).

DEPARTMENTAL BOARD

The Departmental Board supports the Minister and Permanent Secretary, as Accounting Officer, in directing the business of the Department as effectively as possible to achieve objectives and priorities. Within the overall policies and priorities established by the Minister, and subject to his approval, the remit of the Board is to:

- set the Department's standards and values;
- agree the Department's strategic aims and objectives as set out in the Business Plan
- oversee financial management and corporate governance of the Department in the context of the Departmental Business Plan;
- oversee the allocation and monitoring of the Department's financial and human resources to achieve aims and objectives set out in the Departmental Business Plan;
- monitor and steer the Department towards the achievement of agreed performance objectives as set out in the Departmental Business Plan;
- scrutinise the governance and performance of ALB's; and
- set the Department's 'risk appetite' and ensure appropriate risk management procedures are in place

FINANCE

The Department's annual budget is approximately £8.4 billion, with 97% allocated to the six Health Trusts & other Arm's Length Bodies (ALBs) for service delivery and 3% to departmental programmes and running costs. It also receives a capital budget of approximately £450 million, largely directed to ALBs for major projects, IT, research and development, primary care, mental health, emergency services, and estate maintenance.

The Department opened 2025–26 with a significant deficit and, although no budget has yet been agreed for 2026–27, the draft budget indicates a continued substantial funding gap. This will require careful management to sustain services and meet unavoidable commitments, including pay awards.

Draft Budget proposals include £463 million capital funding for 2026/27. While this would support key pressures, including the New Children's Hospital, it leaves limited scope to progress partially committed or new projects.

INVESTMENT

The Department has secured targeted investment to improve services and patient outcomes amid ongoing financial pressure. This includes:

Transformation Funding

- ePharmacy Programme (£42M) - Supporting delivery of Go Pharmacy NI and Electronic Transfer of Prescriptions (ETP) to modernise pharmacy and GP systems.
- Together for Families Programme (£29.2m) – supporting the delivery of enhanced and new family support services to improve outcomes for children and families, including through reducing the rate of entry of children into state care.

National Lottery Funding

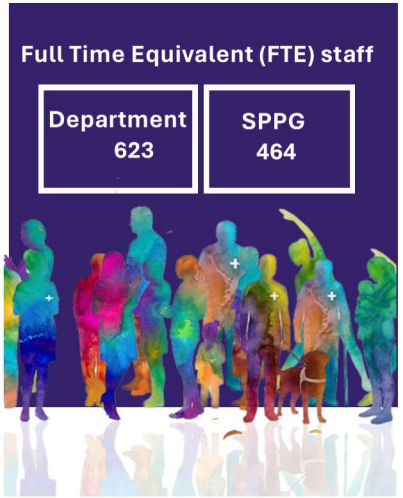
- Together for Families Programme (£30m) – additional investment targeted at voluntary and community sector family support services provided in partnership with transformation-funded services – operating as a seamless model of support.

Elective Care Investment

- £80M (ringfenced in-year) Targeted funding to increase elective care capacity and reduce the longest and most critical waiting times

OUR PEOPLE

In the year ahead, we remain committed to strengthening our Departmental performance, enhancing staff experience and building an inclusive, high-performing culture for both Northern Ireland Civil Service and HSC employees within SPPG and DHCNI. A key common theme for both parts of the organisation is to strengthen organisational capability during 2026/27, through our respective people plans. This is critical as we play a crucial role in supporting the HSC with implementing the significant change programme ahead.

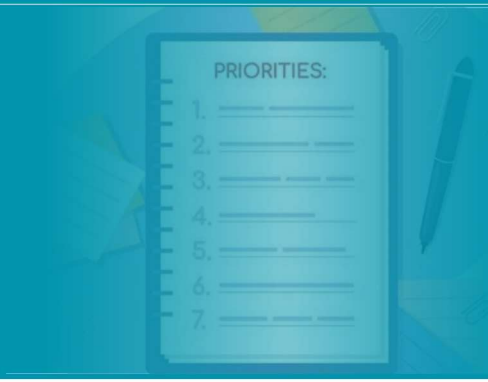


KEY ACHIEVEMENTS 2025/26

- Delivered the 2025 pay award for HSC staff
- The Obesity Strategic Framework was published on 7 November 2025
- The Live Better programme has completed its evaluation and is now informing design of the new Neighbourhood Model
- The system delivered £325M savings to reach a break even position in 25/26
- The Reset commitment in line with the PfG target to reduce waiting lists in Northern Ireland by 70,000 was exceeded threefold, with 385,182 additional assessments, diagnostic and treatments delivered
- The roll out of Encompass completed, meaning every citizen in Northern Ireland has a electronic Health & Care record
- Public adoption of digital services expanded, with the My Care portal exceeding 282,000 registered users
- Committees-in-Common are operational across Trusts, supporting system working and collaborative decision making
- A new co-designed Core Grant Scheme continues to support preventive work in communities, with £1.92m invested across 26 organisations in 2025/26
- The MDT footprint has increased from 116 GP practices in April 2025 to 136 practices by December 2025. MDTs have delivered an additional 260,504 consultations, supporting 104,957 patients
- Launch of a single regional waiting list for breast cancer assessment, reducing average waiting times to approximately 6 weeks and 2 days
- Launch of the enhanced Community Pharmacy Palliative Care Network across around 60 pharmacies in Northern Ireland, improving end-of-life care for patients and families
- Delivery of the Dental Access Scheme, exceeding the target of 25,000 by securing appointments for 29,627 unregistered patients with urgent or pressing needs
- Publication of a comprehensive Needs Assessment for child and adult ADHD in NI on 12th February 2026
- Being Open Framework for Health and Social Care in Northern Ireland was launched on 19 February 2026

HSC RESET

STABILISE | REFORM | DELIVER



The Reset Plan, published in July 2025, sets a clear direction to reform our HSC under the following key themes:

- Prevention and seeing the citizen as an asset in that task (now referred to as 'This is Our Health')
- Investing in Primary Care, Community Care and Social Care; delivering mental, physical and social healthcare in a joined-up way (now referred to as our 'Neighbourhood' model)
- Adopting a whole systems approach; to optimise the whole of NI's health and care workforce and estate through better planning, and to reduce the level of unwarranted healthcare variation (now referred to as 'SENSIBLE' Care)
- Creating the system and structures that support collaborative working and decision making
- Maximising digital investment and the strategic use of data
- Being as effective and efficient as we can with the resources we have
- Exploiting opportunities for increasing levels of research, supporting early adoption of new medical procedures and treatments; with the opportunity to attract the inward investment this brings
- Maximising workforce capability and potential through effective workforce, workload planning and workforce development including leadership development to drive change and improvement

Neighbourhood Model: Care Closer to Home

Professor Cathy Harrison
Chief Pharmaceutical Officer

"The Neighbourhood Model focuses on providing more care in local communities rather than hospitals. By bringing together GPs, community pharmacies, Trusts, service users and the voluntary sector, it supports more joined-up, personalised care closer to home. This helps people stay well, access support earlier, and remain independent, while reducing unnecessary hospital visits. Working in partnership with communities, the model responds to local needs, improves outcomes, and supports a more sustainable health and care system for the future."

Prevention: At the Heart of Reset

"The Department is committed to improving health and tackling inequalities. Key to that is retaining a focus on a preventative model of care, including seeing the citizen as a partner in that process. We are therefore building a new partnership between people and the HSC system through the This is our health programme. We are also reforming our social care system, recognising that social care is fundamentally preventative in nature, playing a key role in maintaining health and wellbeing as close to home as possible. This includes delivery of Together for Families that will transform family support services across NI. And we are maintaining a focus on our vaccination and screening programmes, recognising the better outcomes they deliver for our citizens as well as the significant economic benefits that they deliver for the HSC more widely.

Aidan Dawson
Chef Executive
Public Health Agency

HSC RESET
STABILISE | REFORM | DELIVER

Sensible Care: Improving Quality and Reducing Unwarranted Variation

Professor Sir Michael McBride - Chief Medical Officer

"Sensible Care supports a more consistent, high-quality approach to health and social care, ensuring people receive care that is evidence-based, person-centred, and tailored to their needs. It focuses on getting the balance right — supporting personalised care while reducing unwarranted differences in access, experience, and outcomes. By tackling unjustified variation, Sensible Care improves equity, strengthens care pathways, and applies best practice more consistently. Working across Trusts and regional networks, it supports a more transparent, data-informed, and continuously improving system that delivers better outcomes for all."

Digitisation to Enable System Reset

"We are accelerating the transformation of health and social care through digital, with Encompass at the heart of a more connected, data-driven system. By making the best use of Encompass, we will improve experiences for patients and staff and use data more effectively to support better decisions and outcomes. At the same time, we are building modern, secure, and future-ready digital foundations that enable innovation, support new models of care, and help the system continuously adapt and improve. Together, this represents a step-change towards a smarter, more agile, and high-performing health and care system."

Dr Paul Rice – Chief Digital Information Officer

LEGISLATIVE AGENDA

Legislation introduced to Assembly in 2025/26

- **The Adult Protection Bill** will introduce clear legal safeguards to protect adults at risk and ensure organisations are accountable for keeping them safe. This bill was Introduced to the Assembly on 17 June 2025.
- **The Control of Data Processing Bill** sets out how health and social care information can be safely used while protecting people's confidentiality. The Minister has agreed to introduce a standalone Bill to amend the 2016 Act.

Legislation Planned for 2026/27

- **The Duty of Candour legislation** introduces a legal requirement for organisations and staff to act with openness and transparency, particularly when care does not go as expected. This is on track to proceed in 2026/27
- **The Safe and Effective Staffing Bill** will introduce requirements to plan, monitor, and manage staffing so services can deliver safe and effective care. This is on track to proceed in 2026/27

Bills Being Deferred to next Mandate

TIn light of limited Assembly & Departmental capacity, the following Bills are being deferred for consideration during the next Assembly madate:

- **Pharmacy Profession Regulation Bill -** this Bill will update how pharmacists and pharmacy services are regulated to ensure safe, effective care for patients.
- **Public Health Bill -** this Bill is aimed at strengthening how public health risks are managed and controlled.
- **Mental Health and Capacity Bill** - this Bill provides a legal framework to support people with mental health needs or impaired decision-making, ensuring their care, treatment, and rights are protected.

PUBLIC INQUIRIES

The Department provides central governance and oversight for the implementation of recommendations arising from major health-related public inquiries as follows:

UK Covid-19 Inquiry
Independent Neurology Inquiry
Infected Blood Inquiry
Cumberlege/Hughes Reports
Inquiry into Hyponatraemia-related Deaths
Muckamore Abbey Hospital Inquiry
Urology Services Inquiry

The Department will continue to oversee implementation activity arising from published inquiries while preparing for the receipt of further inquiry reports. In particular, the Muckamore Abbey Hospital Inquiry and Urology Services Inquiry were both published in June 2026, the Department is reviewing the findings and beginning implementation of accepted recommendations.

ANNEX A

STRATEGIC PRIORITIES FOR 2026/27

2026/27 BUSINESS PLAN ACTIVITY

System Financial Management and Reset		
Activity	**Milestones**	**Owner**
Deliver the strategic objectives of the System Financial Management & Reset Group and its eight workstreams to support system-wide reset & the journey to financial sustainability	• **By March 2027,** we will deliver the agreed system outcomes across the following workstreams: Neighbourhood Health; Prevention; Demand Management; System Productivity and Efficiency; Estates; Quality and Safety; Contracts and Market Management; and Central Budget Reduction. • **By March 2027,** we will achieve 6% savings through the delivery of the objectives across the above workstreams, alongside additional efficiency and productivity improvements in service delivery.	• Resource & Corporate Management Group
Implementation of the Neighbourhood Model of health and wellbeing	• **By March 2027,** we will have established 17 Integrated Neighbourhood Teams across NI including targeted proactive care and support for identified vulnerable older people; delivery of co-funded regional condition management programmes; and realignment of agreed hospital services to support Neighbourhood Care. • **By March 2027**, we will align Area Integrated Partnership Boards to Community Planning Partnerships with an increased emphasis on planning prevention and early intervention initiatives.	• Healthcare Policy Group
Implementation of Multi Disciplinary Team (MDT) programme	• **By December 2026,** we will establish monitoring and evaluation arrangements to support value for money assessment • **By March 2027,** we aim to have three GP Federations with their full complement of MDT staff in place • **By March 2027,** we will continue further rollout of MDT programme, funded from Transformation Fund, in line with published plan	• Healthcare Policy Group
Delivery of the Sensible Care Programme	• **By July 2026**, we will identify a small number of high-impact exemplar programmes to scale regionally • **By September 2026**, we will begin coordinated expansion by applying structured implementation approaches. We will Strengthen coordination across Trusts, PHA and clinical networks. Initiate staff and public engagement around new care models. • **By December 2026**, we will move from pilot initiatives to wider system delivery. Transition from projects to embedded operational practice. Put in place dedicated support for implementation and improvement. Track outcomes using consistent measures across the system. Refine delivery based on learning and local context. • **By March 2027**, we will integrate into organisational plans and system-level frameworks. Ensure coordinated delivery across all organisations. Demonstrate measurable system-wide impact. Align with ongoing public engagement and wider reform work. Identify next priorities for further improvement and scale.	• Chief Medical Officer

2026/27 BUSINESS PLAN ACTIVITY

Activity	Milestones	Owner
Delivery of the Sensible Care Programme	**Virtual Wards** • **By July 2026,** we will define initial clinical use cases (Acute Medicine, Respiratory, Cardiology, Hepatology, Endocrinology), establish a workforce model and define evaluation framework and metrics. • **By September 2026,** we will configure digital pathways, identify required equipment and remote monitoring devices and launch the pilot and plan further expansion. **Regional Pathology Demand Optimisation** • **By July 2026**, we will formally launch the regional Sensible Care / Demand Optimisation programme • **By March 2027**, we will establish a system wide demand optimisation data and analytics capability, enabling consistent regional oversight of test activity, variation, and growth. • **By March 2027**, we will secure regional clinical and governance agreement on test ordering standards, including the use of Encompass soft and hard stops where tests fall outside guidance. • **By March 2027**, we will demonstrate system level impact, including reduced low value testing, improved stewardship of laboratory capacity, and identifiable cost avoidance to support reinvestment. **MDT for complex cases** • **By December 2026,** we will demonstrate reduction in discharge delays and improved team working through the MDT discharge planning model • **By March 2027,** we will report improvements in staff engagement and patient experience of care and shared decision-making **Heart failure at Home** • **By September 2026,** we will have identified and agreed the first implementation site and established regional procurement and governance • **By December 2026,** we will have completed planning and resourcing for site 1 and have supported readiness for sites 2, 3, & 4 • **By March 2027,** we will demonstrate reduced hospital use, including fewer admissions and shorter stays	• Chief Medical Officer
Finalise plans for the establishment of a new regional HSC Pathology Services Agency	• **By March 2027** the Pathology Blueprint Programme will deliver an outline business case for a new regional HSC Pathology Services Agency.	• Healthcare Policy Group
Build and Launch Northern Ireland's First Public Health 'Deal' - "This is Our Health" establishing a new, long term social contract between the people of Northern Ireland and the health and care system	• **By July 2026,** we will have delivered a fully scaled national engagement programme, including Ministerial participation, face to face events, online engagement via the website and Citizen Space, and community facilitated sessions. • **By July 2026,** we will have completed the full review and analysis of all engagement insights. • **By September 2026,** we will have co-designed the first version of the public 'deal'. • **By October 2026,** we will have planned and launched the public 'deal' across all channels. • **By March 2027,** we will deliver sustained activation of the deal through campaigns, communications, and community-based activity.	• Social Care & Public Health Policy Group
Implementation of a new and regionally consistent contract for securing care home placements	• **By March 2027**, we will have introduced a revised, regionally consistent contract for all care home placements with all care homes in NI operating in line with the new contract	• Social Care & Public Health Policy Group

2026/27 BUSINESS PLAN ACTIVITY

Activity	Milestones	Owner
Prioritise and deploy available funding to deliver the Elective Care Framework (ECF) Funding and Investment Plan, increasing elective activity and reducing waiting times	• **By March 2027,** we will carry out an evaluation of the Cancer Charity and Waiting Well Grant Schemes on waiting list support and patient outcomes and provide recommendation for future alignment with ECF priorities. • **By March 2027,** to have delivered an additional 70,000 procedures in line with the PfG Commitment • **By March 2027,** we will maintain or reduce the maximum 4 year wait for named procedures in ECF • **By March 2027,** support improvements in elective pathway efficiency, including not exceeding a combined 5% target for Do Not Attends (DNAs) and on the day cancellations across all elective activity; a 5% reduction in number of bed days lost due to unnecessary overnight stays for BADs procedures against the 2025/26 baseline; and a 5% increase in the number of elective inpatients admitted on the day of surgery for relevant specialties. • **By March 2027**, we will have invested in building elective care capacity in line with the ECF commitments with a demonstrable impact on waiting times.	• Healthcare Policy Group
Complete a review of underutilised properties on the HSC estate	• **By March 2027** we will have assessed all underutilised properties and identify opportunities to refurbish, repurpose or dispose.	• Resource & Corporate Management Group
Optimise the use of medicines across the HSC through implementation of the Valuing Medicines Strategy	• **By March 2027,** we will have consulted on cost effective prescribing policies relating to medicines on the Limited Evidence and Stop List, and reimbursement/ renumeration arrangements for specials supplied in primary care. • **By March 2027,** we will have agreed a Green Medicines action plan highlighting priorities to reduce waste and the environmental impact of medicines. • **By March 2027,** we will have developed an action plan for implementing the recommendations from the 2025 Review of HSC medicines access processes, and progressed delivery of priority actions aimed at maintaining equitable access to clinically and cost-effective new medicines on a sustainable basis. • **By March 2027,** we will have advanced the utilisation of data from Encompass and GPIP to assist prescribers to choose cost-effective and lower carbon options in line with NI Formulary choices via the Digital Medicines Workstream. • **By March 2027,** the Controlled Drugs Accountable Officer (CDAO) for primary care will strengthen system-wide assurance for the safe and compliant management of controlled drugs through enhanced governance, audit, and incident learning. This will be supported by the expansion of digital data sources and reporting, enabling improved visibility of prescribing, usage, and risk, and supporting safer, more cost effective practice across all care settings.	• Chief Medical Officer Group

2026/27 BUSINESS PLAN ACTIVITY

Workforce		
Activity	**Milestone**	**Owner**
We will strengthen the sustainability and resilience of the HSC workforce through strategic investment, reform, and optimised workforce planning	• **By March 2027,** we will develop and publish a multidisciplinary retention framework, informed by workforce engagement. This will consider workforce demographics, provide flexibility to meet the needs of the HSC workforce, support career progression, and set out tailored initiatives for specific staff groups and professions • **By March 2027,** we will develop a strategic workforce model to better estimate future workforce requirements at uni-professional level to support efficient commissioning of training places across professional groups • **By March 2027,** we will implement agreed actions to reduce agency dependency across HSC • **By March 2027,** we will introduce a Safe And Effective Staffing Bill to NI Assembly and consider resources needed to ensure implementation of the Bill • **By March 2027,** we will have consulted on the future of pharmacy regulation and professional leadership in Northern Ireland	• Workforce and Transformation Policy Group
Implementation of RLW for independent sector adult social care staff	• **By March 2027**, subject to funding we will pay all social care staff employed in the independent social care sector the RLW backdated to April 2026.	• Resource & Corporate Management Group
Deliver a system-wide reduction in agency and locum dependency	• **By December 2026,** we will ensure consistent regional reporting and reduced reliance on off-framework agency staff • **By March 2027,** we will demonstrate lower locum costs and a more stable workforce • **By March 2027,** we will agree and implement regional recruitment principles for vulnerable specialties to reduce locum dependency	• Workforce and Transformation Policy Group
Optimise workforce skill mix across outpatient services	• **By July 2026,** we will agree standardised approaches to OPD skills mix and establish governance arrangements across Trusts • **By September 2026,** we will implement consistent monitoring of workforce deployment, service activity, and variation across outpatient services • **By March 2027**, we will deliver measurable improvements in productivity and efficiency, including contribution to cost savings and reduced unwarranted variation	• Chief Nursing Officer

2026/27 BUSINESS PLAN ACTIVITY

Digital, Data and Innovation		
Activity	**Milestone**	**Owner**
Strengthen trusted data foundations for system improvement and reform	• **By July 2026,** we will progress core work on data standards, definitions, and governance. • **By September 2026,** we will advance a small number of priority datasets and data linkages. • **By December 2026,** we will support delivery of agreed data roadmaps, including clinical, workforce, and outcomes data. • **By March 2027,** we will review impact and assess readiness for further data-enabled reform in 2027/28.	• **Chief Digital Information Officer Group**
Digitally enable neighbourhood and community models of care	• **By July 2026,** we will confirm digital and data priorities supporting neighbourhood care and INT delivery, including GP/Primary Care priorities aligned to the new GP contract and ETP delivery. • **By September 2026,** we will have agreed digital, data, and evaluation frameworks to support neighbourhood delivery. • **By December 2026,** we will support service design and early implementation in a small number of priority neighbourhood pathways, including primary care and medicines - related pathways where appropriate. • **By March 2027,** we will review progress and agree which approaches are ready to scale, refine, or pause in 2027/28.	• **Chief Digital Information Officer Group**
Maximise value from digital investment, including encompass, equip & evolve	• **By July 2026,** we will agree where digital optimisation will deliver the biggest improvements, aligned to reset priorities, capacity, encompass optimisation, and Equip & Evolve commitments. • **By September 2026,** we will make key digital tools work better for staff and patients through targeted optimisation. • **By December 2026,** we will strengthen the use of digital and data insights to support improvement and decision-making. • **By March 2027,** we will review the improvements achieved and use this to shape 2027/28 priorities.	• **Chief Digital Information Officer Group**
Ensure secure, scalable digital foundations and enablers	• **By July 2026,** we will confirm priorities for the “once for NI” digital foundations, including architecture, identity, legacy and archiving requirements, and portfolio controls. • **By September 2026,** we will progress the agreed enabling activity to support secure and interoperable delivery, including work toward rationalising cloud and application infrastructure. • **By December 2026,** we will strengthen digital assurance and governance • **By March 2027,** we will confirm forward priorities, dependencies, and risks for 2027/28. • **By March 2027,** we will have progressed the ePharmacy programme and two projects will be at contract award stage	• **Chief Digital Information Officer Group**
Strengthen system wide partnerships, innovation, economic opportunities and capability in digital health	• **By July 2026,** we will confirm priorities for partnership working with universities and industry, including digital workforce development and economic health partnerships. • **By September 2026,** we will identify a small number of high-value partnership opportunities. • **By December 2026,** we will develop and test practical partnership propositions or pilots aligned to system need. • **By March 2027,** we will review impact and learning to inform future focus and scale in 2027/28.	• **Chief Digital Information Officer Group**

2026/27 BUSINESS PLAN ACTIVITY

Strategic Enablers		
Activity	**Milestone**	**Owner**
By April 2027, the community and voluntary sector will be more fully and meaningfully integrated as key partners in the planning and delivery of social care and mental health services, working alongside other partners in the statutory and independent sectors	• **By September 2026,** we will agree a prioritised implementation plan for delivery of recommendations in the EY Review of the community and voluntary sector in relation to mental health service delivery. • **By March 2027,** we will progress implementation of recommendations in the prioritised implementation plan to support integration of the community and voluntary sector into the delivery of mental health services.	• Social Care & Public Health Policy Group
Develop a Vision for General Practice	• **By September 2026,** we will publish the Vision for General Practice. • **By December 2026,** we will put in place oversight and operational delivery structures to deliver on identified strategic actions in the Vision document. • **By March 2027,** we will set up monitoring arrangements to facilitate reporting to Minister and stakeholders on progress	• Healthcare Policy Group
Stabilisation and reform of General Dental Services	• **By August 2026,** we will develop a range of immediate and short-term options to support stabilisation • **By March 2027,** we will produce a General Dental Services Action Plan for Reform	• Chief Medical Officer Group
Stabilisation and Reform of General Medical Services	• **By July 2026,** we will agree the new GMS contract for 2026/27 • **By September 2026,** we will develop overarching Framework for contract Reform to include: o Agreed high-level objectives for contract reform o Agreed approach to new contract development o Agreed contract design principles/tests o Develop overall Programme Plan • **By September 2026**, we will agree the overarching framework for substantive GMS contract reform for 2027/28 and 2028/29	• Healthcare Policy Group
Develop an implementation plan for further roll out of Area and Local Collaboratives	• **By December 2026,** we will establish the South Eastern Area Collaborative, with all remaining Area Collaboratives established by March 2027. • **By September 2026,** we will formalise the Local Mental Health Collaborative pathfinder project in West Belfast, with development of the blueprint to support wider rollout available by December 2026. • **By March 2027** we will establish an additional Local Mental Health Collaborative in an area currently without MDT provision.	• Social Care & Public Health Policy Group
Drive improvement and productivity via the Support and Interventions Framework (SIF) Process	• **By March 2027,** deliver improved performance for any escalated areas of concern in line with actions agreed as part of the SIF process	• Strategic Planning & Performance Group

2026/27 BUSINESS PLAN ACTIVITY

Activity	Milestone	Owner
Strengthen Open, Just and Learning HSC Culture including through the implementation of the Being Open Framework, and bringing forward an Organisational Duty of Candour Bill for Northern Ireland and participation in the Public Office (Accountability) Bill	• **By July 2026**, we will work with HSC Trusts to establish a Patient Safety & Quality Committee at each Trust, strengthening oversight, governance and assurance. • **By September 2026**, working with the HSC, we will support implementation of the Being Open Framework and agree a detailed multi-year implementation plan aimed at Strengthening Open, Just and Learning Culture. • **By March 2027,** we will finalise policy development and have progressed legislative drafting in support of the introduction of an Organisational Duty of Candour Bill for Northern Ireland • **By March 2027**, Subject to Westminster legislative timelines, we will progress implementation of the UK-wide Public Office (Accountability) Bill following Royal Assent.	• Healthcare Policy Group
Finalise and commence implementation of a new strategic Patient Safety Incident Framework (to replace the current Serious Adverse Incident Procedure)	• **By July 2026**, we will provide the final draft strategic Patient Safety Incident Framework and supporting strategic documentation to Minister for consideration. • **By March 2027**, working with HSC partners, we will have commenced a period of managed transition and implementation of the new strategic Framework.	• Healthcare Policy Group
Establish the new Maternal and Neonatal Partnership	• **By December 2026** we will establish a new Maternal and Neonatal Partnership to enhance regional collaboration, safety and improvement across these vital services and oversee delivery of priority actions arising from recent service reviews and guidance.	• Healthcare Policy Group
Strengthen governance and accountability in relation to Service Delivery and Safeguarding of Vulnerable Adults	• **By September 2026,** we will have responded to the Muckamore Abbey Hospital Inquiry report and put in place governance mechanisms to oversee the implementation of the recommendations. • **By March 2027,** we will have commenced delivery of the Service Delivery Plan to implement the Learning Disability Service Model across all Trusts. • **By March 2027,** subject to legislative timelines, we will commence implementation of the Adult Protection Bill.	• Social Care & Public Health Policy Group
Publish the first Women's Health Action Plan for Northern Ireland	• **By August 2026** we will receive final report of the Women's Health Listening Exercise from academic & charity partners to enable women's voices to inform final action plan. • **By October 2026** we will complete final rounds of stakeholder engagement and a draft action plan. • **By December 2026** we will launch the Women's Health Action Plan and establish arrangements to oversee progress.	• Healthcare Policy Group
Develop a model for Hyperacute Stroke Care	• **By March 2027** we will provide recommendations on a sustainable model for hyperacute stroke care for Northern Ireland. • **By March 2027** we will complete a comprehensive review of workforce requirements for delivery of stroke care.	• Healthcare Policy Group
Deliver the refreshed Making Life Better plan and advancing key public health priorities	• **By March 2027,** we will launch and commence delivery of the refreshed Making Life Better Thematic Plan to address key social determinants of health. • **By March 2027,** we will commence delivery of a new Breastfeeding action plan. • **By March 2027,** we will implement the provisions in the Tobacco & Vapes Bill commenced during 2026/27 (including the generational change to the sale of tobacco) and extend the tobacco retailers scheme to vape retailers; • **By March 2027,** we will have completed the preparatory work to extend the age range of the NI Bowel Cancer Screening Programme, to include those aged 50 to 59 years of age • **By March 2027,** we will have commenced implementation of suicide awareness training across the NICS • **By March 2027,** we will widen the take home naloxone scheme to save lives from drug overdoses. • **By March 2027,** we will consult on proposals to address promotions of High Fat, Sugar, or Salt Foods	• Social Care & Public Health Policy Group

2026/27 BUSINESS PLAN ACTIVITY

Activity	Milestone	Owner
Finalise and approve a new regionally consistent community mental health model	• **By December 2026**, we will finalise and approve a new regionally consistent community mental health model, setting out key findings, pathways, processes and recommendations. • **By December 2026,** we will agree regional definitions and terminology for community mental health services and community mental health teams. • **By March 2027,** we will develop an implementation plan for the agreed model, including project management structures, workstreams, and a detailed delivery timeline.	• Social Care & Public Health Policy Group
Strengthen the Regional Mental Health Crisis Service (RMHCS) model and pathway ensuring consistent access across NI and alternatives to ED admission	• **By September 2026**, we will complete design, costings and business case for Community & Voluntary Crisis model. • **By December 2026**, we will present a streamlined regional crisis care pathway from first contact through to service access. • **By March 2027**, we will implement agreed pathway improvements, maximising the use of available resources and subject to funding, to improve access, coordination and service user experience.	• Social Care & Public Health Policy Group
Deliver the agreed actions in the Children's Social Care Reform Delivery Plan (2026-2029)	• **By September 2026,** we will have the 2026–2029 Delivery Plan agreed and the revised implementation structures in place. • **By September 2026,** we will have commenced implementation of the Together for Families (TFF) Service Model, have TFF implementation structures in place and commenced work on an evaluation framework. • **By September 2026,** we will have expanded capacity across all 29 Family Support Hubs, commenced work on the design of a competitive grant scheme to support the establishment of 15 new Enhanced Family Support Services and commenced implementation of extended Intensive Support Services in all five HSC Trusts. • **By September 2026,** we will have published the Regional Residential Care Strategic Plan and commenced work on a plan to implement agreed/prioritised recommendations and associated actions. • **By September 2026,** we will have published the Regional Foster Care and Supported Lodgings Strategic Plan and commenced work on a plan to implement agreed/prioritised recommendations and associated actions.	• Social Care & Public Health Policy Group
Deliver the Adult Social Care Delivery Plan (2026–2029), focusing on a new homecare model, a preventative care framework, increased self-directed support uptake, and greater use of assistive technology	• **By March 2027**, we will streamline Direct Payments processes across all HSC Trusts, agree a staff training programme, and complete and evaluate a Managed Budgets pilot across all five Trusts. • **By March 2027**, we will test and trial assistive technology in service users' homes to inform a five-year adult social care assistive technology plan. • **By March 2027**, we will develop a preventative adult care and support framework in collaboration with IMPACTNI and agree an implementation schedule. • **By March 2027**, we will develop a new approach to homecare delivery in Northern Ireland.	• Social Care & Public Health Policy Group
Meaningful involvement of service users and carers in planning, designing, delivering and evaluating mental health services	• **By July 2026,** we will strengthen membership and engagement of the PCC Mental Health Engagement Platform to ensure meaningful involvement of service users and carers across Regional Mental Health Services. • **By September 2026,** we will use the findings from the *From Experience to Empowerment* workshops to develop clear recommendations and priority actions that are co-designed, co-delivered, and communicated across mental health services and sectors.	• Social Care & Public Health Policy Group
Mental Health workforce review implementation	• **By July 2026,** we will finalise the Mental Health Workforce Review costing and prioritisation report to inform future decisions in relation to mental health workforce. • **By March 2027**, in discussion with relevant delivery partners, we will progress remaining recommendations in the Mental Health Workforce Review report.	• Social Care & Public Health Policy Group

HSC RESET
STABILISE | REFORM | DELIVER

Department of Health
www.health-ni.gov.uk

@healthdpt

Department of Health NI

departmentofhealthni

Department of Health NI