



Health and Social Care NI Reset Plan

STABILISE

REFORM

DELIVER

Index

01 Ministerial Foreword



02 Strategic Context



03 Our Commitments - What We Will Deliver



04 New ways of Working



05 Working Together



06 Conclusion – Strategic Reset

01 Ministerial Foreword

In December 2024 I published my 3 Year Strategic Plan for the Health and Social Care System, which was based around the three pillars of **Stabilisation, Reform and Delivery**. I believe these are the foundations that are essential to deal with the multiple financial and service challenges we face, and that will enable us to create the high quality, sustainable, safe Health and Social Care system we need for the future.

That will be one based on a neighbourhood centred system of care, that brings care as close as possible to those who need it, that tackles health inequalities, and that supports individuals to improve their own health and well-being. But also, one that recognises that healthcare interventions are only one element of improving well-being, alongside the equally important contributions of employment, housing, education for example and the many other services delivered across our Executive, which is why our plan to reset our Health and Social Care system can be delivered only through a whole government approach.

I have been clear that whilst I will always make the case for investment in our Health Service, I do not view this as a competition for the finite funds our Executive has to deliver its wide Agenda and Programme for Government. I do however believe we need focused and targeted investment to allow us to reform and stabilise our system so we can make the Health Service more financially sustainable. On our current funding trajectory, the Health Service without reform and reset, will consume more and more of the NI Budget as we try to meet ever increasing demand. This would be at the expense of our schools, our infrastructure, and our society, an outcome that I, as Health Minister, will not oversee, because these are the social determinants of ill health. It is imperative the Executive tackles those determinants if we are to deliver better outcomes for our people. But neither am I prepared to face an ever-increasing gap between what our system costs and the funding we have available, resulting in continuing decline in our services, longer waiting lists, poorer outcomes, and an increasingly frustrated and demoralised workforce.

This makes it all the more critical that we focus on resetting our Health and Social Care system to deliver the three strategic pillars. Since I published my Strategic Plan, as an Executive we have agreed our Budget and published our Programme for Government. Whilst welcome, these have not made my tasks any easier. The Budget has created an immediate financial challenge this year for the Health and Social Care system. Our current analysis indicates a likely gap of over £600m between what we project we need and what our budget provides. In addition the Programme for Government has made a clear commitment to reducing our waiting lists and has ring-fenced £165m of the Health Service budget, plus committed to an additional £50m from June Monitoring, totalling £215m for that purpose. I have been clear I will rise to both these immediate challenges for 2025/26 but will require Executive support.

I am also determined to drive forward the reform we need for the medium to longer-term to create what I believe can, in the next 3-5 years, be a world leading Health and Social Care system. This will be based on a greater emphasis on prevention and early intervention, a refocused community and

01 Ministerial Foreword

neighbourhood approach to health and social care, with a high quality, safe and efficient acute hospital network delivering the highly specialised services for those who need them. I have seen on a weekly basis the workforce with the skills and commitment to achieve my vision.

I recognise that these ambitions have been stated before, but this plan signals a need to renew and provide the focus on implementation of those areas of action that will make the most difference and lead to real change on the ground. As a consequence, we will this year begin to **reset** our system, in terms of its financial sustainability, its focus and its priorities, its culture and self-belief. The actions and commitments contained within this document create the road map for delivering this change, but it will require support, from my Executive Colleagues, from all those working in the Health and Social Care System and from us all as citizens.

I am determined that we will:

(1) **Stabilise** our system, through:

- a. a new approach to **Systems Financial Management**, with a focus on reducing the budget deficit and driving efficiencies in every area of the system, and at every level. I have established a **Systems Financial Management Group** led by my Permanent Secretary, to develop and drive forward a work programme that will deliver budget savings today and build financial sustainability for the future, and which involves the Trusts working as 'one financial unit' for the first time;
- b. Valuing our Workforce, without which there can be no stability, for that reason I have accepted in full the pay award recommendations of the **Pay Review Bodies** and have written to my Executive Colleagues seeking their support for implementation;
- c. Reducing our waiting lists through delivering increased investment, and increased activity in line with **Programme for Government** commitments.

(2) Drive forward our system **Reform**, through

- a. a renewed and concerted focus on **prevention, health literacy, and empowering people to manage their own health; by beginning a dialogue with them about what health means to them and how they can help us to help them when they most need us;**
- b. working more closely with the local **care planning process** to impact positively on people's lives; enabling our Area Integrated Partnership Boards to work more coherently with local Government;
- c. Working with all partners in primary care, social care and community care to develop a **new**

01 Ministerial Foreword

holistic model of primary care and early intervention, focused on providing enlarged and empowered **Neighbourhood** population healthcare management, and fundamentally refocusing how we deliver health services. This will include continued expansion of primary care services through the roll-out and expansion of our **Multi-disciplinary teams (MDTs)** programme and a continued focus on the programmes to reform the adult and children's social care systems;

- d. ongoing implementation of our clinical Strategies and Strategic service Reviews, in line with available finance.

(3) Increase and improve how we **Deliver** our services, with the resources we have, through:

- a. Working effectively and collaboratively to better manage the additional pressures put on our system through the winter and demand for unscheduled care, developing a “whole” care approach for our elderly citizens who face the greatest risks during this period and for whom our system must do better;
- b. Increasing the efficiency of our system by working to drive out unwarranted clinical variation and supporting all our teams deliver to the highest level of performance.

As important as *what* we must do is *how* we do it, with the rapid adoption of new ways of working. For example, I am determined that the Health and Social Care system in Northern Ireland is one that is founded in an open and transparent system where everyone is respected, and no-one feels unable to speak out. One where constant learning, even where things go wrong, is the core objective, where patient safety and delivering a quality service are the fundamental objectives. We will address past failings and I will ensure all the recommendations and learnings from the various Inquiries here, and across the UK are implemented.

I am also clear that we must seek to maximise our strengths and seek to build on those, so, the opportunities to drive improvement through our digital investments need to be grasped, I also want Northern Ireland to exploit our size, our high levels of clinical expertise and the partnerships with our universities to play a much greater role in clinical research, developing opportunities for investment and access to medical advances for our citizens. To do all this there must be greater collaborative working and we are establishing a new governance approach to enable our Trusts to take shared decisions that will enable them to genuinely work as one system whilst avoiding the distraction of structural change. As Professor Bengoa said so wisely in 2016, reform is about systems, not structures.

Above all, I am confident that together we have the ability to meet the challenges we face and deliver the reform and reset we need to create a leading Health and Social Care system in Northern Ireland. As we move forward with implementation of my Strategic Plan, the challenges have not diminished, but it remains the right pathway to delivering a leading Health and Social Care system for us all. What is needed now is urgency, determination and collective effort.

01 Ministerial Foreword

I am firmly of the view that 2025/26 can and must be a watershed year for the Northern Ireland Health and Social Care system, one when we grasp the core issues of demand, sustainable funding, and productivity, and a year in which we begin the **reset** to create the system that will help us address these challenges now and in the future.

Mike Nesbitt MLA
Health Minister

02 Strategic Context

The Health and Social Care system is under extreme pressure across all areas. This is due to a number of factors such as an ageing population, high rates of people experiencing poverty and important medical advances. With increasing numbers of older people in society, demand for health and social care will continue to increase. We therefore need a Health and Social Care system and wider public sector that focus on supporting the population in staying healthy for as long as possible. Put simply, it is no longer tenable to think we can increase capacity to meet demand, we have neither the workforce nor the funding. We need to focus on how we reduce and then meet demand.

There is also the stark reality of the Northern Ireland finances and financial outlook. NI has seen an increasing share of its block allocation needed to be spent on health and social care. In 2016 this percentage figure stood at 46% and by 2022 it had risen to just under 52%; and whilst there has been some recent movement downwards (largely attributable to the withdrawal of short term COVID-19 injections of extra funds), the long term trend of the increasing share would see NI required to spend between 70-75% of its budget on health and social care by 2050. This is not sustainable, but more importantly it is not what Northern Ireland needs, if such spending were to come at the expense of other key services, education, housing, policing, transport and the economy.

During this period of the rapid percentage increase, it is also fair to say that there has not been a commensurate improvement in the quality of care, shorter waiting times for urgent or planned care, or indeed, in better health outcomes. This again makes the case for urgent change.

With the Programme for Government, clarity on the restrictions in the immediately available budget, but with movement towards multi-year budgets, the time is now when we must build longer-term financial sustainability whilst reducing costs in the short term. Consequently, we must deliver better services with the resources we have through change and transformation, and we must fundamentally drive forward the longer-term improvement of the Health and Social Care system.

This Plan sets out how we will achieve the two fundamental goals of delivering the Minister's strategic vision for Health and Social Care and meeting the Programme for Government priority of reducing waiting lists within the available resources. We believe that by delivering on the commitments and actions outlined below we will make the progress we need to reduce costs, begin to build a platform for financial stability and to move forward on our process of reform. This in turn, will allow us to improve efficiency and productivity across the system, and deliver improved outcomes. We know that to deliver this level of **reset, without a significant level of new investment** will require a clear focus on those areas that will make the most impact. We are also aware that the constraints on investment may mean the reset will take longer to achieve, however, we also know from international experience and practice what can be achieved when we have these key building blocks in place and take the right actions. This Plan draws on that evidence base.

02 Strategic Context

As such, it is focused on 7 key areas:

- Prevention and seeing the citizen as an asset in that task;
- Investing in Primary Care, Community Care and Social Care; delivering mental, physical and social healthcare in a joined up way;
- Being as effective and efficient as we can with the resources we have;
- Adopting a whole systems approach; to optimise the whole of NI's health and care workforce and estate, and to reduce the level of unwarranted clinical variation;
- Maximising digital investment and the strategic use of data;
- Exploiting opportunities for research, supporting early adoption of new medical procedures and treatments; with the opportunity to attract the inward investment this brings; and
- Creating the system and structure that supports collaborative working and decision making.

The remainder of this plan outlines our high-level goals and how we will achieve them.

We recognise that with the immediate financial challenges we may have to take actions to live within this year's allocations but believe that through system reset we will move in future years to balancing out the demand for expenditure with the available resource.

We will publish an update in September 2025 on what we achieved in our detailed 2024/25 Implementation Plan, set out the quantum of savings to be delivered in 2025/26 and 2026/27, and provide details on how we will measure the impact of the wider reset plan objectives over the next three years.

03 Our Delivery Commitments

Stabilisation

The key priorities are: to address the gap in finances, currently estimated at £600m, that exist between the current cost of our services and the funding available; to identify a sustainable level of funding for the Health and Social Care system within the NI Block as an ongoing percentage; to pay our workforce the recommended pay awards; and to reduce our waiting lists.

Stabilisation Outcomes:

Financial Stability

- By March 2026, we are aiming to deliver £300m savings, in addition to the £200m delivered in 2024/25. This can only be achieved through taking forward the most ambitious efficiency programme in HSC history. This includes a suite of actions focused on strengthening Trust financial controls, reducing locum and agency costs, increasing workforce availability through absence reduction, removing unwarranted variation in clinical care, and procurement; optimising medicines spend, and reducing central budgets and administrative costs (levels of savings targeted will be set out in our September publication). If successful, these efficiencies will halve the current gap between the costs and funding for the system and by 2027/28, in line with the Minister's strategic plan, will have moved significantly towards eradicating Trust deficits and creating a sustainable funding model for both the Health and Social Care System and the Northern Ireland Executive;
- by Sept 2025, to have agreed with Executive colleagues a plan and approach to managing the remaining 2025/26 funding pressure of £300m (including HSC pay pressures of £200m), to build the platform for sustainable finances for the benefit of both the HSC and wider NI finances. This will include maximising the income the HSC can attract through research and innovation but also consulting on proposals for charges in relation to prescriptions, and home care.

Workforce Stability

- We continue to seek the Executive support necessary to settle all pay awards. This is important to demonstrate our commitment to, and value of, our staff;
- by March 2026, we will have continued to invest in our workforce through commissioning undergraduate places and post registration training across all professions, with an increase of 171 places maximising the impact of our annual investment;
- we will have introduced a safe and effective staffing bill to the Assembly during 2025/2026.

03 Our Delivery Commitments

Stabilising our System

- In 2025/26, we will invest an additional £65m in community care services (GP, Community Pharmacy and General Dental Services) to ensure the sector is able to provide critical health services to our population;
- in 2025/26, we will commit to an investment of an additional £25m in the independent social care sector to support the introduction of the Real Living Wage, building on the additional £70m that was invested in 2024/25;
- in 2025/26, the Executive has committed £215m for waiting list activities – in line with the Programme for Government. The plan for tackling waiting lists is set out in the Department's Elective Care Framework – Funding and Implementation plan and we will have acted to deliver this;
- we will improve quality and safety and public confidence in the HSC through driving forward implementation of recommendations from Public Inquiries and Key Reports;
- invest in children's social services' teams to address workforce issues and to address the increased demand for child protection and family support services.

Reform

Stabilisation and efficiency measures can only deliver so much, long-term improvement and increasing capacity to better meet the needs of our citizens. Closing the gap between demand and capacity will require reform and transformation. We are committed to moving health care closer to the home and support early intervention across primary care, community care and social care to improve health outcomes. At the same time there is a need to reconfigure our acute services to maximise capacity, make best use of resources, and better align demand and capacity.

Reform Outcomes

Delivering Preventive Health and Care in Practice

- By October 2025, we will have commenced a new dialogue with the public through a new public health programme 'This is Health' designed to incentivise people to take action to maintain and improve their own health;
- by March 2026, we will have developed a new citizen centred approach to public health, as an integral part of the Executive's Making Life Better framework, that encourages and supports healthy choices;

03 Our Delivery Commitments

- by March 2026, subject to evaluation, we will have embedded the 'Live Better' initiative within our new approach to prevention and public health;
- by March 2026, we will have completed preparatory work to expand the bowel screening programme;
- by March 2026, we will have delivered a new co-designed Core Grant Funding Scheme, which will have provided Community and Voluntary Sector organisations with contributions totalling £1.8m towards their fixed core costs;
- by March 2026, we will have re-designed and re-orientated the Area Integrated Partnership Boards to support local care planning.

The new Northern Ireland Neighbourhood Model of Care

- By March 2026, working with partners we will have developed a new neighbourhood model for primary, community and social care, which will deliver greater levels of care for citizens, including children and families, in their communities, alongside a funding plan to support delivery from April 2026. This model will see Community Pharmacy, GPs and their Federations, Voluntary and Community organisations, Trusts, independent providers, other statutory bodies and Local Government working closely together in formal partnership to provide integrated care. (This will require a new contractual model for GMS and we have invited GPs in NI to work with us to design and negotiate such a model).
- in 2025/26, we will continue to expand the MDT model. The Department has recently published a plan for the completion of MDT across all areas of Northern Ireland in two phases over the next 8 years. Phase 1 of the plan will see £6.8m invested in 2025/26 to commence completion of the MDT model within the existing MDT footprint and commence implementation in a further 5 GP Federation areas. The expansion of MDT in phase 1 will see an additional 670,000 people gain access to MDT. This investment will in turn support the development of the Neighbourhood model.

Further Measures

- In 2025/26, we will continue to progress work to establish the Regional Mental Health Service. This will include development of a new regionally consistent community mental health model and further expansion of Local and Area Collaboratives;
- by December 2025, the Department will have concluded a public consultation on a regional adult learning disability service model, which aims to address the significant variation in services, pathways and criteria across HSC Trusts;

03 Our Delivery Commitments

- in 2025/26, the Department will continue to implement a Framework for Children with Disabilities.

Building Our Hospital Network

- By September 2025, we will publish the report of the consultation “Hospitals – Creating a Network for Better Outcomes” and by December 2025 we will have finalised the oversight arrangements to take forward the necessary actions to support re-configuration;
- by March 2026, we will take forward and commence implementation of the reform and configuration of a number of key regional services including neurology, stroke and obesity services, subject to funding investing an additional £10m building services and improvement;
- by March 2026, we will work to improve our diagnostic services and capacity, seeking to maximise value for money and impact of investment.

Quality and Safety

- By September 2025, we will have redesigned and started to implement a new Framework to replace the current Serious Adverse Incident Procedure;
- following the close of a consultation in March 2025, we will implement a new Regional HSC Being Open Framework in September 2025;
- a legislative Duty of Candour is a priority for the Department. Work continues to take account of the UK Government’s emerging approach to the Hillsborough Law. Subject to these considerations, we will bring forward proposals regarding any remaining legislative requirements in Northern Ireland in relation to an organisational and individual Duties of Candour by October 2025.

Involvement and Engagement

- By March 2026, 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 March 2026, we will have improved our links with District Councils and other Departments to promote whole system working and alignment of strategy and delivery at local level to maximise benefits for improved health, employment, educational attainment and economic growth.

03 Our Delivery Commitments

Delivery

With growing demand, and a constrained budget a key focus must be on delivery. This means ensuring not only a focus on the overall system to ensure it operates as effectively, and efficiently as it can, but also being clear about the role that the individual Trusts and their local teams need to play in their contribution to optimising service delivery.

Our Delivery Outcomes

- By March 2026, we will have fully embedded the Strategic Outcomes Framework, Strategic Outcomes Measures and Support and Intervention Frameworks to support improved performance;
- by August 2025, we will have established a new Committees in Common structure enabling our Trusts to take shared decisions on a 'whole system' basis;
- by March 2026, we will have undertaken a programme of work to reduce fragmentation of service planning and delivery by taking a whole systems approach to health and social care;
- by March 2026, we will have taken forward work to identify and rectify unwarranted clinical variability at all points in the health and care system;
- by March 2026, through a focused programme of work, building on the recommendations from GIRFT reviews, informed by improved data from our encompass programme and harnessing clinical skills we will have improved the efficiency of our system, reduced waste and increased productivity. We will be using data to improve the efficiency of our health and care system, reduce wastage and increase productivity, leading to the delivery of more outpatient assessments and treatment;
- by August 2025, we will have developed a plan for Winter Pressures including a new whole system approach to providing the right care at the right time and the right place for our elderly population, including those with dementia to reduce ED attendances and delayed discharges, and provide better, timely quality care;
- by January 2026, we will have established a new strategic partnership between the HSC, our universities and commercial partners to create an NI approach to health innovation building on the platform of Health Innovation Research Alliance Northern Ireland and the other current organisations in the health and life sciences research and innovation ecosystem.

04 New Ways of Working

If we are to make progress against the strategic objectives of stabilisation, reform and delivery, then we need to reset the Health and Social Care system culture and operating model. In short, we need to adopt some new ways of working.

This can only be achieved if we change, both how the HSC operates, and critically how various elements of the HSC interact with each other, their communities and align with other strategic priorities of the Executive and its Programme for Government.

To achieve this the DoH and HSC will:

- operate as one system, with one vision, one mission and one version of the truth based on accurate shared data and insights;
- delegate and mandate decision making and planning/organisation of services to the right level, in particular promoting, incentivising and enabling collaborative working;
- enhance the accountability at the level of Trust Boards;
- improve clinical engagement and empowerment at all levels;
- establish and support leadership development and delivery;
- promote openness, honesty and a supportive culture, even when things may go wrong whilst avoiding all forms of bullying and harassment;
- we will set high ambitions for success for the NI population and its Health and Social Care system.

In addition to new ways of working and a new culture and approach, success will require us to make best use of and exploit the capabilities we have to maximum effect and impact. This can only be achieved through investing in and valuing our workforce, harnessing the capabilities of new technology, and with the right level of investment and funding. We also need to ensure that services are planned and shaped to reflect local priorities and work in an integrated way. Finally, we need to put in place structures and governance arrangements that support collaboration, effective decision making and delivery at pace.

A Confident and Empowered Workforce

The HSC workforce is our main asset, we need to ensure that despite budget challenges we continue to invest in our workforce, both in terms of investing in training our future workforce but also supporting our current staff. Success will see increased levels of skills, improved teamworking and delivery, a more confident and empowered workforce, reduced absence levels, and a more open and transparent culture.

04 New Ways of Working

Exploiting Digital Transformation and Data

There has been significant investment in our digital capability. This investment has not only been in the new products that have been deployed, including the encompass programme which now places Northern Ireland at the forefront of all jurisdictions on these Islands in having a single integrated system across all our Trusts, but also in the capabilities of our workforce. It is now critical that we maximise the impact of this investment to help us deliver our priorities. There are real opportunities to use our new sources of data and digital capability to ensure we have a common understanding of our business and the business of external providers; to support our elective work by driving improved performance and new ways of working, to realise efficiencies by identifying variation and best practice, and by digitising tasks. Finally, enhanced data also provides an opportunity to enable individuals to play a greater role in their care, their engagement with the HSC, and to make informed decisions about preventing ill-health, managing their conditions and enabling them to stay safe and well at home.

Funding

Meeting the aspirations and the challenges set out above for the HSC systems cannot be considered without regard to the funding available. It is clear we must work towards a more sustainable budget position, and as described above significant work is ongoing to realise real savings and budget reductions. It is also clear we will need Executive support to meet some of our immediate pressures and allow us to build the foundations for a sustainable budget position going forwards. This is necessary to deliver the critical and quality health services we need and to underpin the long-term sustainability of the NI Executive Budget, including its ability to invest in all of the Executive's priorities. It is important that we also do not let short term funding pressures become a barrier to medium and longer term investment, especially where that investment is critical for reform and service improvement. We will explore every opportunity to secure additional investment in the Health and Social Care System, and we will bring forward bids to the Transformation Fund, building on the success of our MDT bids. We will also collaborate with colleagues to bid to the Shared Island Fund and explore social finance opportunities. Finally, we believe there is a real opportunity to promote Northern Ireland as a centre for health innovation, enabling us to attract inward investment and speedy adoption of new life sciences advances.

Oversight and Decision Making

Delivery and change at this pace requires us to both think and organise differently by adopting a systems approach. At Departmental level we will institute new oversight and co-ordination arrangements. This includes the recently established Senior Leadership Group (Formerly HSC Performance and Transformation Executive Board (PTEB)), which is focused on finances and our structures for reform and performance, to ensure that they align with and support our reset agenda, with decision making and leadership at the right level. It is critical that our system leaders, particularly our Chief Executives and Chairs are at the centre of leading and driving this agenda,

04 New Ways of Working

Oversight and Decision Making

Delivery and change at this pace requires us to both think and organise differently by adopting a systems approach. At Departmental level we will institute new oversight and co-ordination arrangements. This includes the recently established Senior Leadership Group (Formerly HSC Performance and Transformation Executive Board (PTEB), which is focused on finances and our structures for reform and performance, to ensure that they align with and support our reset agenda, with decision making and leadership at the right level. It is critical that our system leaders, particularly our Chief Executives and Chairs are at the centre of leading and driving this agenda, both in their local area with their local delivery partners, and at a regional level. That is why we have supported Trusts, as a first step, to establish a Committees in Common governance arrangement that allows them to come together to solve regional challenges and facilitate collaborative decision-making.

Working Collectively Across Departments

We have put in place the building blocks for greater community and stakeholder engagement in shaping health services through our integrated care system. We now need to accelerate this form of integration, not just with HSC structures and partners but with wider Government, so that we can support local plans for Economic Development, Education, Justice, Welfare, Regeneration and Housing, and in turn they can support improved health and well-being. This means a much greater focus on joined up activity at NI and local level with for example, Council's Community Plans, Regeneration and Housing, schools and colleges. It would also herald enhanced support from DoH for such programmes as:

- tackling poverty and improving early years of life for children;
- reducing offending and reoffending;
- creating integrated public sector working in councils and local government;
- using our spending to support life sciences investment and jobs;
- enabling the police and health to deploy resource more effectively on our streets in respect of mental health and addiction problems;
- using health as a platform to discuss expectations on public expenditure with the NI public;
- working with education to address the rise in SEN and other children's problems such as ADHD.

05 Conclusion – Strategic Reset

This is a pivotal year in the delivery of the Minister's 3-year Strategy. We now have clarity of the Executive's Programme for Government Priorities, we know and can quantify the financial challenge the system faces, and we also know that continuing to do what we have done, working in the ways we have, and making the limited progress we have, is no longer tenable.

We do, however, have a number of core building blocks and foundations which can give us confidence that with support, a renewed focus, a greater emphasis on preventative approaches and a relentless focus on delivery, we can succeed, and create the leading Health and Social Care system, the people of Northern Ireland need and deserve.

This means doubling down on financial management and control, removing variation and waste wherever it exists. It also means giving the authority and power to make decisions at the right level, together with accountability.

It means working as a single system, with a single vision based on the provision of high quality, safe care delivered in an open and just culture, where everyone's voice is heard and respected.

Finally, it means completely re-engineering our Health and Social Care system to maximise community and neighbourhood delivery of services, shaped by local need, informed by local communities and accessed by informed individuals.

This Plan remains true to the 3 Year Strategy, it is realistic because it acknowledges without firm foundations through **Stabilisation**, we cannot make the necessary progress on **Reform** and without maximising **Delivery**, which in the medium to long-term will be dependent on successful Reform, we cannot make the impact on our citizens and the health and well-being of our society we strive to achieve.