agenda

Title of Meeting	138th Meeting of the Public Health Agency Board
Date	18 November 2021 at 1.30pm
Venue	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

standing items

1 1.30	Welcome and apologies		Chair
2 1.30	Declaration of Interests		Chair
3 1.30	Minutes of Previous Meeting held on 21 October 2021		Chair
4 1.35	Matters Arising		Chair
5 1.40	Chair's Business		Chair
6 1.45	Chief Executive's Report	**PHA/01/11/21**	Chief Executive
7 2.00	Finance Report	**PHA/02/11/21**	Director of Finance
8 2.15	Update on COVID-19		Chief Executive

items for noting

9 2.30	Outcomes and Impacts of HSC R&D Funding	Dr Bergin
10 2.50	Communication with the Public	Chair

closing items

10 3.00	Any Other Business

11 Details of next meeting:

Thursday 16 December 2021 at 1.30pm

Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast, BT2 8BS

HSC Public Health Agency

minutes

Title of Meeting	137th Meeting of the Public Health Agency Board
Date	21 October 2021 at 1.30pm
Venue	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

Present

Mr Andrew Dougal	-	Chair
Mr Aidan Dawson	-	Chief Executive
Dr Stephen Bergin	-	Interim Director of Public Health (*via video link*)
Ms Michelle Tennyson	-	Acting Director of Nursing and Allied Health Professionals (*on behalf of Mr Morton*)
Mr Stephen Wilson	-	Interim Director of Operations
Alderman Phillip Brett	-	Non-Executive Director
Ms Anne Henderson	-	Non-Executive Director
Mr Robert Irvine	-	Non-Executive Director
Professor Nichola Rooney	-	Non-Executive Director
Mr Joseph Stewart	-	Non-Executive Director

In Attendance

Ms Catherine Cassidy	-	Deputy Director of Social Care and Children, HSCB (*on behalf of Mr Whittle*)
Ms Tracey McCaig	-	Interim Director of Finance, HSCB (*via video link*)
Mr Robert Graham	-	Secretariat

Apologies

Mr Rodney Morton	-	Director of Nursing and Allied Health Professionals
Mr John Patrick Clayton	-	Non-Executive Director
Ms Deepa Mann-Kler	-	Non-Executive Director
Dr Aideen Keaney	-	Director of Quality Improvement
Mr Brendan Whittle	-	Director of Social Care and Children, HSCB

109/21	**Item 1 – Welcome and Apologies**
109/21.1	The Chair welcomed everyone to the meeting and extended a particular welcome to the three newly appointed Non-Executive Directors, Alderman Phillip Brett, Mr Robert Irvine and Ms Anne Henderson, who were attending their first meeting. Apologies were noted from Mr Rodney Morton, Mr John Patrick Clayton, Ms Deepa Mann-Kler, Dr Aideen Keaney and Mr Brendan Whittle.

110/21	**Item 2 – Declaration of Interests**
110/21.1	The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.
111/21	**Item 3 – Minutes of previous meeting held on 16 September 2021**
111/21.1	The minutes of the Board meeting held on 16 September 2021 were **APPROVED** as an accurate record of that meeting.
112/21	**Item 4 – Matters Arising**
112/21.1	There were no matters arising.
113/21	**Item 5 – Chair's Business**
113/21.1	The Chair presented his Report and noted that there had been a discussion about the issue of peer vaccinators during the confidential session. He advised that a workshop had taken place to discuss the ALB Self-Assessment and that another workshop will be organised to look at Board papers.
113/21.2	The Chair said that he has asked for an update on the development of the Project Initiation Document (PID) regarding the new operating model for PHA following the recent workshop. He advised that a letter of appreciation was sent to all staff involved in contact tracing and that following the Internal Audit report on contact tracing he has written to the Deputy Chief Medical Officer regarding one of the recommendations.
113/21.3	The Chair expressed concern about the increasing number of cases of COVID-19 and advised that Dr Diane Anderson will be joining the meeting later to participate in discussion about this and will also respond to the points raised in his Chair's report and the information from Professor Martin McKee and from the article in the Financial Times.
113/21.4	The Chair shared correspondence that he had received from the Permanent Secretary regarding a further pause in sponsorship and governance activities. He said that although there is no Accountability Meeting taking place, PHA should be taking time to looks at its own strategic agenda and continue to be mindful of such long-term issues as the health of future generations, AMR as well as the health implications of climate change.
114/21	**Item 6 – Chief Executive's Report**
114/21.1	The Chief Executive advised that it was his intention that this would be the last Report he would bring to the Board in this format. Going forward, he said that his Report would look at emerging issues, risks and areas that need to be addressed. He added that there would be a performance management every two months or every quarter which

	would update on the objectives set out of the Business Plan or the Corporate Plan.
114/21.2	The Chief Executive reported that PHA remains in business continuity mode and although society is slowly opening up and normalising, the HSC will lag behind in this and the PHA will be one of the last organisations to return to normal and this could take up to two years.
114/21.3	The Chief Executive said that testing numbers for COVID-19 remain at around 7,000 per day and that these figures are still too high. In terms of the number of daily positive cases, he described the situation as an "undulating plateau" with cases sitting between 1,100 and 1,600 each day. He noted that during the first peak cases were between 300 and 400 per day, but now numbers are much higher.
114/21.4	Ms Henderson commented that the testing numbers are very high which indicates that a lot of individuals are aware of symptoms and believe they have them. The Chief Executive said that the positivity rate is around 20/23%. He added that when schools returned, the number of daily tests reached 20,000. Ms Henderson still felt that the number of people getting tested was high given the positivity rate and asked if people know when they are supposed to get tested. The Chair said that the testing numbers include individuals who have been "pinged". The Chief Executive agreed that the number of tests carried out needs to be reduced because Northern Ireland only gets a certain quota as per the Barnett formula.
114/21.5	The Chief Executive reported that at one point 89 PHA staff had been redeployed to assist with contact tracing and while this number has reduced to 30, all staff will be repatriated back to their normal duties by the end of the month. As we head into the winter months, he said that RSV and flu are likely to create pressures.
114/21.6	The Chief Executive advised that the HSCQI team was very heavily involved in the recent NICON conference and he had received good feedback on their work.
114/21.7	Mr Irvine commented that this report did not contain the type of information that he would wish to see. He said that it should contain information about issues that are pertinent to the organisation and that require decision by the Board. He added that there should be a principle of "no surprises". He said that the Board should be aware of any areas where there is deviation from policy direction. While the information contained in this Report was useful, he said he would wish to be made aware of any threads that need to be dealt with, or where a change needs to be made, a rationale being brought for that change.
114/21.8	Ms Henderson agreed that she would wish to see information on emerging issues. She praised the campaigns work but noting the low vaccination uptake, she asked who has responsibility for the booster

vaccine. The Chief Executive explained that the responsibility for the vaccination programme still sits with the Department of Health and that there is a regional board which is chaired by the Chief Medical Officer (CMO). He added that PHA is leading on the work to get 12 to 15 years old vaccinated, but responsibility for the booster sits with the Department and the CMO.

114/21.9 Alderman Brett also agreed that the Report should focus on emerging strategic issues instead of being a general update. He said that a performance report would be a useful addition. The Chief Executive sought clarity from members in terms of how often they would wish to see a performance report and it was agreed that this would be a quarterly report. Professor Rooney suggested that instead of a report by directorate, it should link back to PHA's statutory functions **(Action 1 – Chief Executive)**.

114/21.10 Professor Rooney asked about education as she had some concerns about how PHA was portrayed in the media. The Chief Executive advised that the number of daily cases in schools fluctuates between 350 and 500, but he hoped that would start to flatten out soon. He said that PHA's relationship with schools has improved and that the new more targeted approach is causing less disruption. He noted that there has been a small number of complaints from parents and also concerns expressed about staff not being vaccinated. He said that PHA will continue to work with the Education Authority. He advised that PHA has a direct link with special schools and all other schools are asked to contact the Education Authority in the first instance.

114/21.11 The Chief Executive said that from a business continuity perspective, there is a number of public health doctors and consultants who are working in the school cell and are therefore not working in other areas. Professor Rooney said that she would like to see more about the impact of PHA's work as she felt it should be celebrated. The Chief Executive noted that the Chair had written to all those staff involved in contact tracing and in the education cell to thank them for their work on behalf of the Board.

115/21 Item 7 – Finance Report (PHA/01/10/21)

115/21.1 Ms McCaig presented the latest Finance Report and explained that at the end of August there is an underspend of approximately £1m with a forecast year-end surplus of £800k. She advised that this has increased since the previous month's report. She explained that where some of the surplus is in areas where funds are ring fenced, this money will have to be handed back.

115/21.2 Ms McCaig said that there has been an increase in Trust expenditure between month 4 and month 5. She explained that the next section of the Report relates to direct programme expenditure which is where PHA releases funding through SLAs on a monthly or quarterly basis. For

month 5, she advised that there is a £613k variance but this relates to a timing issue and is not of concern.

115/21.3 Ms McCaig reported that there is a £224k surplus in areas where there is ring fenced funding, but reiterated that any surplus cannot be utilised elsewhere. She said she expected any surplus to be retracted by the Department and she would be linking with the Department regarding that.

115/21.4 Ms McCaig explained that PHA has a management and administration budget of approximately £28m, and that the SBNI element of this is ring fenced so again any surplus in the SBNI budget would have to be returned to the Department. She drew attention to the surplus and added that this is partly to the length of time it can take to fill posts with a recruitment process taking up to six months.

115/21.5 Ms McCaig said that the next section looked at capital expenditure and reminded members that for the last 5/6 years, spend in the area of Research and Development (R&D) is now classed as capital. She noted that a high proportion of the budget is usually spent at the year end and that the team has a good track record of using their full budget.

115/21.6 Ms McCaig advised that PHA's prompt payment performance is one of the best in the HSC. She moved on to the last section of the Report which she said contained more information on COVID-19 related expenditure. She advised that the business case for contact tracing is currently being revised and that process is almost complete. She said that she was not expecting any deficit in this area and that PHA will receive any funding that it requires.

115/21.7 The Chair thanked Ms McCaig for the Report and noted that PHA's R&D budget per head of population is only half of the R&D budget allocated in Scotland and Wales.

115/21.8 Ms Henderson asked if the Agency Management Team (AMT) has a list of priorities for the £800k underspend. Ms McCaig advised that there would be priorities set through the business planning process and that AMT will also look at funding any other core strategic areas. She said that this process is presently being worked through. Mr Stewart said that the Board should have sight of the areas that the AMT deem to be priority. He noted that within the Report there is a deficit within the PHA Board spend line. Ms McCaig advised that this cost centre is where some areas are funded centrally, and it may be a profiling issue but she would look into it **(Action 2 – Ms McCaig)**.

115/21.9 Mr Irvine noted some rounding up issues in some sections of the Report and asked whether this was simply an issue within the system. Ms McCaig confirmed that this was the case and it is not possible to eliminate all of them totally.

115/21.10	Alderman Brett asked about the number of vacant posts and if there is a plan to recruit to these. The Chief Executive advised that he has set up weekly meetings with HR to progress the number of vacant posts, particularly those at senior level. He added that there are some posts, for example in health protection, where funding has come from the Department for these, but has not yet been spent as PHA is working out its new structures. He reiterated that it is a slow process. Ms McCaig commented that PHA is emerging from a period of significant challenge which is also linked to the delays. Alderman Brett said that he would be concerned that if PHA has a surplus, the Department may think that PHA does not need the funding. Ms McCaig explained that there are some staffing costs marked against COVID-19 expenditure which makes it more difficult to get the full picture. The Chief Executive noted that sometimes when a recruitment process has been completed it is not possible to make an appointment. He also pointed out that there is presently a national deficit of public health nurses and doctors. He assured members that the Department will not retract funding as it acknowledges that going forward PHA's workforce needs to be boosted.
115/21.11	Professor Rooney said that in terms of the format of this Report she would like to know that PHA is spending its funds in the right areas. Ms McCaig said that in terms of Trust spend there is a lot of work goes into that area as business cases are reviewed and there is monitoring to ensure that funding is being spent in line with set objectives. She said that within the management and administration budget, there is a directorate structure and she would be content to look to see what more information could be provided.
115/21.12	Ms Henderson said that she would like to understand more about how services to Trusts are commissioned and if there are SLAs in place. She suggested that there may be historical arrangements and commitments in place and so she would like to know what is short term and what is long term. She added that the information is so aggregated that it is difficult to understand. Ms McCaig advised that that would be a question for the Health Improvement team to answer as it manages the budget and determines how the funds are allocated. The Chair said that it would be his intention to invite representatives from Health Improvement to a future meeting in order to gain a better understanding of this issue. Ms Henderson said that would be helpful. Alderman Brett asked if any business cases are approved by the Board and Ms McCaig replied that it would depend on the delegated level as outlined in the Scheme of Delegated Authority (SoDA). Mr Stewart advised that he had had a conversation with the Chief Executive about the PHA Assurance Framework and what is brought to the Board for approval and for noting and suggested that there needs to be a discussion about this at Board level. Mr Wilson suggested that rather than focusing solely on Health Improvement, the Operations directorate could also provide some level of induction as it has oversight of the procurement process.
115/21.13	The Board noted the Finance Report.

116/21 **Item 8 – Update on COVID-19**

116/21.1 Dr Bergin gave members an overview of the latest data in relation to COVID-19. He showed how during the second and third waves of the pandemic these waves lasted for up to six months and that the current wave is now in its third month so will last throughout the winter. He said that the present situation is different than previous waves because of the impact of the Delta variant. He explained that the virus is mutating and that similar to flu, variants will become more potent and will require different vaccines to fight them.

116/21.2 Dr Bergin showed that the cases in Northern Ireland are spread across all Local Government Districts but it is possible to identify hotspots. He showed data giving a breakdown of the number of cases by age which indicated that there is now a greater impact on younger people with almost 50% of current cases among people under the age of 20. However, he noted that these people are disproportionately less impacted by the possibility of requiring hospital treatment and are less likely to die. Following the vaccination programme, he reported that most care homes are not seeing as many cases as previously.

116/21.3 Dr Bergin presented information showing Northern Ireland's infection rate compared to other countries and he suggested that socio-economic factors may partly explain why it is performing worse. He advised that hospital admissions are at half the rate they were at previously now that the vaccination programme is in place. In terms of hospital care he noted that it is worth pointing out that at the turn of the year many areas of elective care remained on pause, but now hospitals are trying to carry out this work as well as dealing with COVID-19.

116/21.4 Dr Bergin said that although society is trying to return to normal, the health protection team in PHA remains stretched with the majority of staff still tasked with dealing with COVID-19, He noted that there are opportunity costs as health improvement staff have been diverted from their core work, for example dealing with issues as smoking and obesity. He said that PHA needs to be robust in terms of getting back to its programme work. He added that health inequalities may increase citing the example of the increasing costs of fuel.

116/21.5 The Chair asked what work is being done to target those harder to reach groups, as well as young people, to improve vaccination uptake. Dr Bergin replied that PHA has a dedicated approach to this work. He advised that Mr Maurice Meehan and Ms Deirdre Webb are working on this by linking with colleagues in communications, health intelligence and data analytics to identify and subsequently target low uptake areas or specific employment sectors can be identified and targeted with information. He said that the booster vaccine will be important in the battle to shorten the latest wave.

116/21.6 Professor Rooney asked how PHA's intelligence and expertise is used

to influence decisions when the uptake rates remain lower. Dr Bergin said that a lot of the work is driven centrally by Government, but assured members that PHA shares its information and has daily communication with the Department. He added that work to address low uptake remains a battle across Europe and that COVID-19 will take hold if the vaccination uptake rate decreases. Professor Rooney said that there is a perception that PHA is the font of all knowledge, and said that if it has all this information and expertise it should be able to have greater influence. Dr Bergin said that vaccination is voluntary, but PHA has aimed to put centres in the heart of areas where there is low uptake. Professor Rooney commented that it is all about behaviour change. The Chief Executive said that Professor Ian Young has been key in this work and that PHA has held meetings with him. He added that he, as well as Mr Meehan and Dr Jillian Johnston attending the Vaccination Programme Board and said that over the summer there was a campaign aimed at targeting students which Mr Meehan and Ms Hilary Johnston, who has links with the universities, were involved in. He said that PHA's work has had an impact, but ultimately the policy direction comes from the Department.

116/21.7 Ms Henderson commended the presentation but she said that at present, she would not know where to get a COVID-19 vaccine and she felt that there is a cohort of people who do not think about COVID-19 and so are unlikely to get a vaccine. Mr Wilson advised that the PHA communications team has been working with the Department since the start of the pandemic in terms of pushing out public information. He said that PHA has been using community pharmacies and will do again during the month of November in terms of both the booster vaccine and the flu vaccine. He advised at present approximately 200 pharmacies are engaged with the Programme Board whether that is dealing with first doses, or subsequent doses, and PHA has provided promotional materials for them. He said that shortly in the meeting there will be a presentation, part of which will look at the public's understanding of the vaccination programme. The chair expressed concern that there was not clarity about where people in younger age groups would receive the booster vaccine. Mr Wilson replied that GPs are proactively contacting patients and will be doing so in the same order as the first vaccination programme. Therefore, he explained that it is care home residents and then different age groups starting with the oldest. Professor Rooney asked if there is a KPI for this work. The Chief Executive said that any target would sit with the Programme Board and not with PHA. Mr Stewart commented that from the outside, the booster programmes appears a little disjointed and it is not immediately obvious how to get one so communication needs to be improved.

Presentation on Insights on the Northern Ireland Public's Knowledge, Awareness and Intended Behaviours Associated with the COVID-19 Response ***(PHA/02/10/21)***

116/21.8 The Chair welcomed Dr Diane Anderson to the meeting and invited her

to deliver her presentation.

116/21.9 Dr Anderson thanked members for the invitation and said that she was going to present findings of a PHA survey. By way of background she explained that at the start of the pandemic the population was dealing with a fatal and contagious disease and in the absence of any vaccine, the only protection was for people to change their behaviour. She said that PHA has always had a role in producing guidance but this required people to change completely their behaviour. She explained a theory where changes in behaviour start from knowledge of an issue which impacts on people's attitudes and belief and ultimately behaviours.

116/21.10 Dr Anderson said that during the third wave the spread of the virus has been complex to track and there have also been changes in behaviours because of the easing off of some of the restrictions. She added that hospitalisations were down even though the number of cases was at similar levels to previous waves. She reported that hospitalisation and mortality levels were highest in Northern Ireland compared to other UK countries.

At this point Ms Cassidy left the meeting.

116/21.11 Dr Anderson noted that there have already been references to obesity and poverty in the earlier discussion. She advised that obesity rates are similar and poverty is currently no worse, but it depends on the calculations being looked at.

116/21.12 Dr Anderson reported that the UK infection rate is higher than neighbouring countries and coming into the winter months, there continues to be a backlog for planned admissions and an increasing demand for urgent care.

116/21.13 Dr Anderson said that in the early days of the pandemic PHA surveyed people's knowledge of the symptoms and generally there was good knowledge. However, she noted that the symptoms of the Delta variant and the cold may have led people being unaware that they had COVID-19 and that these people may not have self-isolated or had themselves tested. She added that healthy children could pass the virus on and looking specifically at people with children under the age of 15, half of them believed that children should be vaccinated compared with three quarters of people who do not have children. With regard to the booster vaccine, she said that people do intend to get a booster, but the speed at which the UK pushed out its first vaccine programme means that boosters need to be pushed out very soon.

116/21.14 The Chair asked how the data from the presentation can be used to formulate policy. Dr Anderson said that she can report on findings and say where decisions may be made. For example, she noted that many people are uncomfortable with face masks not being mandatory. She added that people are up to 1.5 times more likely to test positive for

COVID-19 if they do not wear a mask in a confined space.

116/21.15 Ms Henderson said that it is her understanding that vaccinations are a priority and that PHA is responsible for communication, but it is not responsible for accessibility to the vaccination centres. The Chief Executive advised that there were mass vaccination centres, but now Trusts are providing services through outreach centres. He added that PHA provided advice as to where those centres should be located and Trusts set up a number of walk-in clinics so PHA does not have some influence. Ms Henderson asked where the responsibility lies for increasing the uptake. The Chief Executive replied that this lies with the Department of Health but the communications teams work together to get the messaging out to the public. Ms Henderson said that it is therefore the Department's role but PHA also makes a contribution. The Chief Executive said that PHA has been proactive and gave the example of the Farm Families programme, but Ms Henderson said there needs to be an organisation that is clearly in the lead role. She felt that PHA is seen as the public face of COVID-19 and it is working with schools and the education sector. The Chair said that when normality returns PHA has a primary role in responding to the public, but during COVID-19 he felt that the Department has taken over that role. Alderman Brett noted that there is a lot of messaging which is carried out by the Executive. Mr Wilson said that the strategy for communications is clear, and that it is led by the Department and it agrees the tactical rollout of messaging. He assured members that it is a top priority for his team and they are working full time in this area. He added that there is the Executive Information Service but PHA aims to provide value for money and impact from its messaging. In terms of providing insight, he said that everything that Dr Anderson reported on will be fed back to the appropriate fora to see how it can be used to effect behavioural change.

116/21.16 The Chief Executive thanked Dr Anderson for her presentation. He said that he wanted to show that PHA has all of this information available but it is does not have is a behavioural science unit to guide us. He added that he would like to look at this and get support from the Board to take the PHA in that strategic space where it has a behavioural science unit. The Chair said that the Board has been asking for this for a long time as PHA does harvest a lot of data but it may not readily have the expertise to translate those data into practice. Professor Rooney said that everything that PHA does should be about behavioural change and she said that she enjoyed reading this Report. She felt that these types of report can sometimes end up on a shelf whereas it is important that the findings drive what PHA does and a behavioural science unit can bring credibility to the organisation. She said that she would be happy to assist in any way she can with this approach. Dr Anderson felt that the Health Intelligence Unit is one of PHA's best kept secret and she noted that the team does have staff who have the required qualifications, even if behavioural science does not appear in their job title. She said that a lot of work PHA does is behavioural and welcomed the opportunity to

	further develop this.
116/21.17	The Chair thanked Dr Anderson and her team for compiling this Report. He said that he sees Health Intelligence as a critical element of the work of the PHA.
116/21.18	Ms Henderson asked if there were any actions coming out of this Report. The Chief Executive advised that the Report was presented to AMT and he would like to see action on the back of it, but given the present focus on COVID-19 it is difficult to find the space to do this. The Chair said that it is important to ensure that when research is carried out, that the Board sees the outputs of the work of the Health Intelligence Unit.
116/21.19	Mr Stewart commented that the Non-Executive Directors have always been keen to engage on workforce planning and to look at where resources are best deployed.
116/21.20	The Board noted the Report about the Insights on the Northern Ireland Public's Knowledge, Awareness and Intended Behaviours Associated with the COVID-19 Response.
117/21	**Item 9 - Update from Chair of Governance and Audit Committee (PHA/03/10/21)**
117/21.1	Mr Stewart updated members on the last meeting of the Governance and Audit Committee (GAC). He drew members' attention to the discussion in the minutes of the meeting of 7 October regarding the progress against outstanding audit recommendations and passed on his concern about the need for the procedures on rota and timesheet management for the contact tracing services to be completed as soon as possible. He said that the GAC was advised that a reason for the delay is due to the number of PHA staff having been directed to other COVID-19 facing work. He added that while he was pleased to hear the Chief Executive's comments that staff will be repatriated back to their normal duties by the end of the October, he said that the GAC would wish to see progress on these recommendations, if not by December, then as soon as possible thereafter.
117/21.2	Ms Henderson asked whether there was clarity as to whether the responsibility for contact tracing has transferred to the PHA. Mr Stewart advised that the Chair was seeking that clarity.
117/21.3	Mr Irvine noted that the Chief Executive had already advised how he is tracking current audit recommendations and suggested that the Board should be informed about how these are being dealt with and closed.
117/21.4	Mr Irvine felt that there was a lot of work coming to the Board which would be more appropriate for a sub-committee and he gave an example of the previous paper. He said that it was the type of report

	where a smaller number of Non-Executive Directors could consider the findings and make recommendations to the Board. He added that the Board should be looking at strategic issues with a sub-committee bringing options to the Board, and that the Board could make use of the talent at its disposal. The chair advised that he has For a long period of time been advocating the need for additional committees of the Board.
	At this point Ms McCaig left the meeting.
117/21.5	The Chief Executive said that it was his decision to bring the report on the previous item to the Board because he was keen for the Board to see this information and this represented the best mechanism to showcase this work. He added that he was new in post and that while he agreed that there is a lot of talent on the Board, it will take time for the Board to work together in partnership to draw out that talent. He commented that it has not been helpful that the organisation has not had a permanent Chief Executive for some time and that going forward he wants to work with the Board in partnership and using all of the skills that are available. He agreed that there needs to be more time to consider strategic matters as they are not getting the attention they require at present and there should be a workshop to discuss this. Professor Rooney said that when she applied for the role of NED, the specification asked for an individual with a background in mental health and psychology, but her skills in that area have never been used and there is now an opportunity for NEDs to use their skills going forward.
117/21.6	The Chair commended the GAC for their commitment in dealing with all of these issues.
117/21.7	The Board noted the update from the Committee Chair.
118/21	**Item 10 – PHA Mid-Year Assurance Statement (PHA/04/10/21)**
118/21.1	The Chief Executive advised that PHA is normally required to submit a Mid-Year Assurance Statement but following receipt of correspondence from the Department this is no longer required. However, he said that PHA intends to share a copy with its Sponsor Branch.
118/21.2	The Chief Executive said that the Mid-Year Assurance was approved by the Agency Management Team and also by the Governance and Audit Committee. He added that the Statement follows a set template.
118/21.3	The Board **APPROVED** the PHA Mid-Year Assurance Statement.
119/21	**Item 11 – Annual Quality Report (PHA/05/10/21)**
	Ms Denise Boulter joined the meeting for this item.
119/21.1	Ms Boulter said that PHA is required to submit a joint Annual Quality Report with HSCB to the Department of Health in advance of World

	Quality Day on 11 November. She explained that this Report covers a shorter period than the previous Report and is for the period October 2020 to March 2021. She advised that the Report follows the five themes of Quality 2020 and gives examples of work that has been done against each theme and the impact of that work. She asked for members' approval of the Report.
119/21.2	The Chair commended the excellent design of the report and how it has been presented in a way that is understandable by the public. He said such success is a key performance indicator for the PHA. The Chair also asked that congratulations should be conveyed to all involved and in particular to the company which led on the design.
119/21.3	Professor Rooney asked about the role of the Director of Quality Improvement in terms of this Report. Ms Boulter said that the responsibility for producing this Report has always sat with the Director of Nursing and that this is the 8th Report that has been produced. She advised that parts of Quality 2020 are going to be revisited to look at the future. She noted that the work of HSCQI is well represented within the Report and that while she helped to compile the Report, the contributions come from across the whole organisation. The Chief Executive said that he agreed with what Ms Boulter said and added that the Report follows a standardised template, but he has been involved in discussions with the Director of HSCQI and Mr Andrew Dawson in the Department and it may be that HSCQI produces its own separate report. He explained that while the Director of HSCQI role sits within PHA, it also reports to the HSCQI Alliance which is made up of Trust Chief Executives. He said that while the Director of HSCQI would prefer to be outside this process, PHA does have a responsibility to produce a report in this format.
119/21.4	Professor Rooney noted that RQIA is another responsible for quality and asked about its role. She also said that she remains unclear about PHA's role in relation to Serious Adverse Incidents (SAIs). The Chief Executive said that there have been discussions with RQIA and agreed that there is some confusion in terms of which organisation is responsible for leading on quality, and said that there is a need to clarify that confusion.
119/21.5	Mr Stewart commented that the Board has been asking for some time about clarity on SAIs as he said that the section in this Report on SAIs is giving him cause for concern. He added that within this Report it is difficult to delineate what PHA's responsibilities are which he said makes it difficult to assess performance. The Chief Executive said that this is an issue in terms of the format of the Report.
119/21.6	Professor Rooney asked if PHA will in future do its own Report once the functions of HSCB migrate into the Department. The Chief Executive said that theoretically this should be the case. He advised that there has been a series of joint workshops taking place with HSCB looking at roles

and responsibilities, governance and links with the new planning model.

119/21.7 Ms Boulter said that this Report has always been a conjoined piece of work between HSCB and PHA and does not distinguish between the two organisations.

119/21.8 The Board **APPROVED** the Annual Quality Report.

120/21 Item 12 – ALB Self-Assessment 2020/21 (PHA/06/10/21)

120/21.1 The Chair noted that work has taken place over the last few months to complete the ALB Self-Assessment and that Non-Executives were much more involved in its completion. He asked if members were content to approve the final Assessment following the recent workshop. The Chair thanked Board members for their input and commended the Board Secretary for his very extensive and highly skilled contribution.

120/21.2 The Board **APPROVED** the ALB Self-Assessment.

121/21 Item 13 – Any Other Business

121/21.1 Mr Stewart sought clarity on what actions were agreed following the workshop held after the last Board meeting to look at the PID relating to the outworking of the Hussey Review. The Chief Executive replied that there will be a further iteration of the PID, but conceded that due to work relating to the COVID-19 response, there has not been as much progress on this as he would have liked. He advised that he has been attempting to recruit a Project Manager to commence this work but a recent exercise run by the Leadership Centre did not come up with any suitable applicants.

121/21.2 Mr Stewart asked how the PID would be approved and how the work will be taken forward. The Chief Executive said that although the PID will be jointly approved the work will be led by the Department. Mr Stewart felt that the best placed people to lead on this are in the PHA as they know the organisation and that they should be able to influence this work. The Chief Executive agreed with Mr Stewart's comments. Professor Rooney said that the PID needs to be brought back to the Board.

121/21.3 Mr Irvine requested that in future documents there is a table outlining any acronyms used.

121/21.4 The Chair thanked members for their contributions to today's meeting.

122/21 Item 14 – Details of Next Meeting

Thursday 18 November 2021 at 1:30pm

Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast, BT2 7ES

Signed by Chair:

Date:

PERFORMANCE MANAGEMENT REPORT

Monitoring of Targets Identified in

The Annual Business Plan 2021 – 2022

As at 31October 2021

This report provides a mid-year update on achievement of the actions identified in the PHA Annual Business Plan 2020-21.

The updates on progress toward achievement of the actions were provided by the Lead Officers responsible for each action.

There are a total of 53 actions in the Annual Business Plan. Each action has been given a RAG status as follows:

	On target to be achieved or already completed		Will be completed, but with slight delay
	Significantly behind target/will not be completed		

Of these 53 actions 47 have been rated green, 6 as amber and 0 as red.

Outcome	Red	Amber	Green	Total
1) Covid 19 Response	-	2	13	**15**
2) Health Protection	-	1	5	**6**
3) Health Improvement	-	1	14	**15**
4) Shaping future health	-	1	9	**10**
5) Our organisation works effectively	-	3	4	**7**
Total	**-**	**8**	**45**	**53**

The progress summary for each of the actions is provided in the following pages.

1. Covid 19 Response

	Action from Business Plan:	Progress	Achievability (RAG) Oct	Achievability (RAG) Mar	Mitigating actions where performance is Amber / Red
1	Continue to provide professional Health Protection leadership to effectively manage the impact of the Covid-19 pandemic on our population.	The Health Protection service has secured support and assistance from other PHA Directorates during the Covid-19 pandemic. Health Protection has also secured staff for the contact tracing service via an HSCNI workforce appeal and HSCNI recruitment service. Clinicians have also been secured via local recruitment agencies to support the contact tracing service, acute response service, care home teams and the PHA education cell. Recruitment is currently underway to enhance the Health Protection service. The Director of Public Health office/function (to address COVID) has been enhanced through the appointment of a deputy Director of Public Health			S.Bergin, Director of Public Health (interim)
2	Maintain a professional Contract Tracing service that will have the capability and capacity to respond effectively to changes in infection levels and ensure people in receipt of a positive test result are	Performance of the CTC has largely been in line with agreed indicators for the year. July and August saw an exponential rise in cases which meant a small dip below the 80%/24 hour measure for contacting cases. This was resolved in September. The Service has an escalation plan agreed with DoH which is used to maintain operations when case volumes rise. This includes promoting use of Digital Self Trace. CTC has expanded rapidly over the year to meet the demands of not only volume but complexity of cases.			S.Bergin, Director of Public Health (interim)

1. Covid 19 Response

	Action from Business Plan:	Progress	Achievability (RAG) Oct	Achievability (RAG) Mar	Mitigating actions where performance is Amber / Red
	contacted as quickly as possible.	The staff complement has been increased and a number of PHA staff have been trained and deployed to support the service in the latest surge. We have developed a skills retention programme to allow us to utilise this resource should it be needed in future waves. A robust programme of monitoring and control has been developed and refined to provide assurance as to the quality of the service provided. Additional information on performance of the service is attached as appendix 1.2			
3	Ensure there is continued appropriate timely access to testing services both in Pillar 1 (HSC) and Pillar 2 (National testing service). Identification of variants of concern through timely reflex assays and whole genome sequencing of positive cases. Ongoing support for roll out of lateral flow devices across the community and in	Timely access to testing continues across Pillars 1 and 2. Up to 31 Oct 2021: • Number of individuals tested in total: 2,286,800 (11.8% positivity) • Number of individuals tested in: - HSC laboratories: 598,309 (26.2% of total tests) - National Testing Programme: 1,688,491 (73.8% of total tests) Procedures are in place for identification of variants of concern. • We are currently undertaking 1000 whole genome sequencing tests per week for surveillance purposes. Lateral flow device roll out continues across multiple settings, facilitating, for example, safer workplaces, care homes, domiciliary care and schools:			S.Bergin, Director of Public Health (interim)

1. Covid 19 Response

	Action from Business Plan:	Progress	Achievability (RAG) Oct	Achievability (RAG) Mar	Mitigating actions where performance is Amber / Red
	specific settings e.g. care homes, healthcare workers, education.	• 960,010 lateral flow tests were recorded as being performed as at 31 Oct 2021. (N.B.This understates the total number of tests used, as not all test results are recorded by members of the public.) • We are currently collating reports on the tests distributed across the different settings.			
4	Strengthen PHA capacity to provide the intelligence needed to meet organisational goals by supporting staff to develop their knowledge and skills; providing tools needed to deliver intelligence effectively and efficiently; and by designing organisational and governance arrangements enabling sharing knowledge and skills across topic areas.	Progress has been made on this objective with further activity planned in the short term. • A small data science team has been formed, using mainly temporary and external staff, which has been working with PHA analysts to support data engineering and analysis to meet PHA information needs. • Modern data science infrastructure has been adopted for data engineering for several key work programmes. • PHA analysts have benefited from numerous online courses, seminars and conferences, relating, for example, to the application of statistical programming, automation, data visualisation, dashboarding and bioinformatics. • AMT has approved the formation of a group to lead this work, starting with describing the existing data science capacity in PHA and the information needs of PHA teams, and developing plans to strengthen capacity. • From a strategic perspective, to develop capacity over the medium-long term, a specific group has been established: this will identify potential requirements to enhance data and intelligence capabilities (required for 2022 onwards).			S.Bergin, Director of Public Health (interim)

1. Covid 19 Response

	Action from Business Plan:	Progress	Achievability (RAG) Oct	Achievability (RAG) Mar	Mitigating actions where performance is Amber / Red
5	Ensure that the health protection service has robust surveillance systems in place to respond to the current Covid-19 pandemic. Review the current IT systems such as the Covid-19 surveillance dashboard and the data analytics systems.	Work is ongoing to continually improve the surveillance systems and outputs with regards to COVID-19: • The PHA HP Surveillance team continues to work with colleagues in the rest of the UK and ROI to support work on the COVID-19 pandemic. • The HP surveillance team have been working with external colleagues (e.g. SIB, Ernst and Young, Kainos and QUB) to produce and improve reporting around Whole Genome Sequencing of COVID-19 samples, nosocomial infections of COVID-19, COVID-19 outputs. • Work is continuing around developing, accessing and utilising the COVID-19 vaccination data held in the Vaccine Management System and using this data to respond to requests for information to inform multiple areas of work within the PHA and responding to requests from DoH and other external colleagues. The contact tracing service now produces a range of reports to assist in monitoring and managing the Covid-19 pandemic: • Weekly performance metrics (https://www.publichealth.hscni.net/covid-19-coronavirus/testing-and-tracing-covid-19/contact-tracing-service-management-information) • Weekly cluster reports (https://www.publichealth.hscni.net/publications/covid-19-clusteroutbreak-summary) • Weekly data on schools (https://www.publichealth.hscni.net/publications/coronavirus-bulletin) • CT Huddle Dashboard (produced 3 times daily and circulated to Senior PHA team – summary headline numbers on cases and contacts and key performance measures), and a Daily			S.Bergin, Director of Public Health (interim)

1. Covid 19 Response

	Action from Business Plan:	Progress	Achievability (RAG) Oct	Achievability (RAG) Mar	Mitigating actions where performance is Amber / Red
		report circulated to Senior PHA team with detailed measures of call numbers, performance e.g. 24/48/72 age breakdown, % using Digital self-trace etc.) Reports are used for a range of purposes, such as: • to seek to identify common exposure settings (e.g. workplaces), • to provide a twice weekly multi-disciplinary Covid overview (assessing HP Surveillance data, schools data and estimated transmission patterns data from a number of sources (Virology database, cluster data from CTC etc.)), • a 2-Weekly Travel Report (summary of cases for DOH Travel Programme Board).			
6	Lead the Regional Infection Prevention Control Response. This will include the Development of New Managed Care IPC Network. New IPC Resource Framework, and development of professional guidance in the modelling and use of PPE Operationalise the updated Infection Protection and	We are in the final stages of developing the Regional IPC Framework which will be shared with the Regional IPC Cell for consultation before submission to the DoH for consideration. Following the submission of the Regional IPC Framework a Regional Managed Care IPC Network will be developed and will replace the current Regional IPC Cell. The Managed Care Network will be multidisciplinary and will provide an opportunity to promote consistency, standardisation and shared learning. Northern Ireland currently follows the UK Health Security Agency (formally PHE) national guidance which outlines the PPE requirements in various settings. Updated guidance is due to be published in November 2021. BSO are engaged in forecasting PPE based on historical usage and volume data, through the last 3 surges. In relation to modelling, it has been agreed that it is no longer required to scientifically correlate other factors and			R.Morton, Director of Nursing, Midwifery and AHPs Regional IPC Framework to be finalised and issued for consultation as soon as possible. We aim to submit the framework to DoH before Christmas.

1. Covid 19 Response

	Action from Business Plan:	Progress	Achievability (RAG) Oct	Achievability (RAG) Mar	Mitigating actions where performance is Amber / Red
	Control (IPC) infrastructure including anti-microbial resistance stewardship	therefore modelling PPE has been stood down. The IPC infrastructure will be operationalised when the DoH have approved the Regional IPC Framework and following development of the IPC Managed Care Network.			
7	Provide input to the development of professional guidance on how to effectively manage Covid 19 in various settings and reduce the risk of spreading the virus, based on up to date evidence and best practice.	The PHA has continued to provide detailed Health protection advice to a range of professional audiences – eg. the School's team worked extensively with DE, EA and Trade Unions to implement the outworking of the change in policy regarding close contacts definition in Education settings. In addition the acute Duty Room team provides advice across a wide range of settings, both HSC and non HSC settings (eg. wider public sector, private/commercial sector, and to other individual organisations and groups). This input and advice is provided on a seven day basis with a 24/7 on call service to encompass the full weekly period. The Public Health team continues to provide expert advice to DoH strategic programme Boards including, Testing, Tracing and Vaccination and is also contributing to specialist cells eg. Modelling. A Health protection guidance cell provides evidence based advice to a range of partner organisations and the Health protection team continues to facilitate management of outbreak situations. The availability of clear, accurate and up to date public and professional communications has been of paramount importance at each stage of the Pandemic and the Agency's Communications team continues to ensure that appropriate communications are delivered on a timely and effective basis meeting the specific needs of a diverse range of audiences.			S.Bergin, Director of Public Health (interim) / S.Wilson, Director of Operations (interim)

1. Covid 19 Response

	Action from Business Plan:	Progress	Achievability (RAG) Oct	Achievability (RAG) Mar	Mitigating actions where performance is Amber / Red
8	Rebuild the screening programmes post COVID to ensure that services are operating to the standard required and that capacity for all programmes is maximised to ensure as many people as possible from the target populations are able to access services	All screening programmes impacted by Covid continue to build capacity and reduce delays for screening invites. The current position across each screening programme is below and more detail is available at Appendix 1.8 **Bowel cancer screening:** The delay in routine invitations is currently 23 weeks (reduced from 29 weeks). The catch up exercise will be completed by August 2022. **Breast screening:** The round length is currently 38 months. This is down from 41 months in September 2020 (although it remains above the standard of 36 months). This is being achieved through the provision of additional screening clinics. Progress will not be linear as it is dependent upon the continued availability of staff. **Diabetic eye screening:** The programme continues to use a risk stratified approach to invite individuals for screening. Additional in year funding was secured via the June monitoring review to support recovery, and further expansion of capacity is being taken forward with the Trust to move towards reintroducing routine screening. This programme has faced significant logistical challenges due to the impact of covid. As well as a reduced patient throughput required for infection control purposes, programme has had to develop a new model of service delivery. **AAA screening:** Surveillance scanning for men with small/medium AAA is operating as normal. Approximately 56% of men in the 20/21 cohort for primary screening have now been called for their initial appointment.			S.Bergin, Director of Public Health (interim)

1. Covid 19 Response

	Action from Business Plan:	Progress	Achievability (RAG) Oct	Achievability (RAG) Mar	Mitigating actions where performance is Amber / Red
9	Continue to support the roll out of the Covid 19 Vaccination programme and any subsequent booster programmes and ensure that action is taken to improve uptake rates for vulnerable populations or in specific localities where uptake is low	Reduction in hospitalisation rates and mortality from Covid 19 due to increased levels of immunity achieved through high levels of vaccine uptake. .The Covid Vaccine Programme is now being offered to all 12-17 year olds. The Booster Programme is being offered to everyone over 50 years and others at risk. The PHA continue to support the implementation of the programme. PHA has taken forward a number of actions to improve uptake of vaccine for vulnerable populations including : • Workplace interventions to target Ethnic Minority & Migrant communities in food processing sector; • Moy Park (May/June 2021) • NI Meat Exporters Association and NI Pork & Bacon Association (July – Sept 2021) • Low vaccine uptake data shared with Trusts (July/Aug/Sept) to influence locations of mobile vaccination clinics – targeting low vaccine uptake areas. • Communications developed (translated materials & videos) to encourage vaccine uptake in Ethnic Minority & Migrant communities. • Engaged with DAERA & PHA funded Farm Families health Check Programme (Sept/Oct) to target low vaccine uptake in targeted rural areas. • Engaging with Community Pharmacy (Oct onwards) to encourage primary dose vaccination options in targeted low vaccine uptake areas across NI • Established a 6 week vaccine uptake clinic programme for those returning to Colleges and Universities to increase vaccine uptake in the 16-29 age group in particular.			R.Morton, Director of Nursing, Midwifery and AHPs

1. Covid 19 Response

	Action from Business Plan:	Progress	Achievability (RAG) Oct	Achievability (RAG) Mar	Mitigating actions where performance is Amber / Red
10	Expand the routine adult and child influenza vaccines to help manage the impact of the ongoing Covid -19 pandemic. The 2021/22 influenza programme will be targeted at: people aged 50 years and over in the age based programme; School age children to year 12; and other at risk groups and HSCNI workers.	The flu vaccine programme officially commenced on 4th October and is progressing for the public in GP Practices, Community Pharmacy and schools, and for health and social care workers, through the Trust Health and Social Care worker campaign, including mobile visits to Care homes, and community pharmacy. The PHA is responsible for delivering flu vaccine uptake monitoring. In previous years monitoring was carried out using HSCB GP claim returns and auto-extraction of limited data from GP clinical systems. This year, however, a new regional Vaccine Management System (VMS) has been introduced to record COVID and flu vaccines. To date, there are issues with GP use of VMS for seasonal influenza with incomplete use of the system and difficulties recording data in a timely way (due to lack of admin support within practices): this is currently being addressed. There is a risk therefore that uptake may be reported as artificially lower than the true uptake, until the VMS is fully utilised by GPs. The first vaccine uptake report, reflecting implementation of the programme regionally is due 24 November 2021 (this will cover uptake over the Sept-October period).			S.Bergin, Director of Public Health (interim)
11	Ensure Incident Management Teams are established to effectively manage outbreaks, especially in responding to clusters and new variants, to minimise the potential for wide spread infection.	The Health Protection service continues to provide expert advice and support to all stakeholders in relation to new Covid-19 variants and clusters. Health Protection consultants also provide advice and support to Trusts and external stakeholders by joining IMT's and outbreak control management teams to ensure the health and wellbeing of the N. Ireland population.			S.Bergin, Director of Public Health (interim)

1. Covid 19 Response

	Action from Business Plan:	Progress	Achievability (RAG) Oct	Achievability (RAG) Mar	Mitigating actions where performance is Amber / Red
12	Take forward the implementation of the Health Improvement Recovery Plan and work with wider stakeholders, to continue to support those individuals and communities who have been adversely affected by Covid.	Health Improvement Recovery Plan presented to AMT and PHA Board in May 2021, focussed on short term actions (2021-22), medium term (2022-25) and lone term (2025 +). Actions outlined in the recovery plan are currently being re-profiled into population health outcomes using a theory of change approach. Update to be presented to AMT by end of December 2021.			S.Bergin, Director of Public Health (interim)
13	Use research funding programmes (CHITIN, NIHR, Opportunity Led, Research Fellowships) to effectively manage the COVID 19 pandemic and ensure we save lives, protect our health and social care services and rebuild services to ensure the health and wellbeing needs of society are effectively addressed	Nine studies funded through the HSC R&D Covid-19 call are ongoing as well as those funded through the national prioritisation exercise. Over 26,000 people from NI including staff, patients, carers, students, children and the wider public have now been invited Findings have identified new therapies to prevent and treat Covid-19 including vaccines as well strategies to address the longer term physical and psychological impacts of Covid-19 meaning the evidence base to deal with the ongoing and future pandemics is ever expanding. Seven studies were funded/co-funded through the COVID-19 Rapid Response Funding Call: • A mixed methods study of the community pharmacy workforce's preparedness for, and response to, the COVID-19 pandemic • Effectiveness of staff well-being interventions in response to			S.Bergin, Director of Public Health (interim)

1. Covid 19 Response

	Action from Business Plan:	Progress	Achievability (RAG) Oct	Achievability (RAG) Mar	Mitigating actions where performance is Amber / Red
		COVID-19 in Northern Ireland • A survey of hospital dialysis patients during the COVID-19 pandemic in Northern Ireland • Modulation of the innate immune response to SARS-CoV-2 with bradykinin inhibition • Advance care planning for nursing homes in a COVID-19 outbreak • Health & Social Care Workers' quality of working life and coping while working during COVID-19 Pandemic • Seroprevalence and symptomatology of SARS-Cov-2 infection in healthy children across the UK (The COVID Warriors Study). A further eight were funded as needs/opportunity-led projects: • The REALIST Study - Repair of Acute Respiratory Distress Syndrome by Stromal Cell Administration • COVID-19 Possible options for analysis and intervention via social media • The SIREN Study • Repurposing FDA-approved drugs for treatment of 2019-nCoV-induced disease • Estimate of Northern Ireland community seroprevalence of antibodies against SARS-CoV-2 from anonymised residual blood samples • Student Psychological Intervention Study (COVID-specific extension) • Optigene Saliva Test • COVRES2: Identifying temporal immune responses associated with COVID-19 severit			

1. Covid 19 Response

	Action from Business Plan:	Progress	Achievability (RAG) Oct	Achievability (RAG) Mar	Mitigating actions where performance is Amber / Red
		These studies will add new knowledge in terms of the wellbeing of young people, patients and staff, staff and community infection levels and antibody status efficacy of treatments and tests for infection. The impacts of each study will be reported separately, and reports will be made available on the HSC R&D Division website, but will include recommendations for staff, student and patient support, treatment and testing options, and contribute data to modelling and public health messaging plans.			
14	Continue to progress quality improvement work linked to Covid learning / recovery	**Regional Learning System** On 24th April 2020 Trust CEOs asked the HSCQI Network to provide support to Trusts and to the wider system in order to develop a regional learning system focused on lessons learned from COVID-19 to date. Harvesting of examples during a 90 day cycle resulted in regional agreement to focus the collective improvement effort on 3 key themes: virtual visiting, virtual consultations and staff psychological wellbeing. Work has been progressing in these 3 areas. Next steps: In order to support regional scale and spread within these learning themes, HSCQI have carried out a literature review to identify a robust framework for scale and spread. A proposed framework has been discussed with QI Leads and the HSCQI Leadership Alliance. If endorsed, this regional scale up framework will become an integral part of HSCQI Learning			Dr A. Keaney, Director HSCQI HSCQI Hub Team returned from contact tracing end September 2021. Since then the work has been progressed with HSCQI carrying out a literature review to identify a robust framework for scale and spread. A proposed framework has now been discussed with QI Leads and the HSCQI Leadership Alliance. If endorsed, this regional scale up framework will become an integral part of HSCQI Learning System

1. Covid 19 Response

	Action from Business Plan:	Progress	Achievability (RAG) Oct	Achievability (RAG) Mar	Mitigating actions where performance is Amber / Red
		System going forward. Additional information on the work progressed is provided in Appendix 1.14			going forward.
15	Develop a regional and consistent approach to promoting staff health and wellbeing across HSC through the HSC Healthier Workplace Health Network. Ensure support systems are in place to mitigate and understand impact of COVID on staff.	HSC Healthier Workplace Health Network continues to meet and share best practice across all HSC organisations. Best practice has been shared across the Network on: • Menopause • Prostate cancer • Nutrition • Maintaining health and wellbeing in later years. • Support for carers Regional HSC Workforce Wellbeing group has developed a Regional Staff Health and Wellbeing mini-website to collate and streamline resources across all HSC organisations for ease of access and signposting for staff. Website will be maintained and updated by the Regional Workforce Wellbeing Group and will carry the branding of all membership organisations. A Workplace Charter has been developed on behalf of all organisations and discussions are ongoing with DOH Workforce Branch to integrate with the emerging Workplace Staff Health and Wellbeing Health Framework and strategy.			S.Bergin, Director of Public Health (interim)

2. Health Protection

	Action from Business Plan:	Progress	Achievability (RAG) Sep	Achievability (RAG) Mar	Mitigating actions where performance is Amber / Red
1	Drive increased uptake of childhood and adult preventable disease vaccines, through targeting low uptake groups.	**Flu/COVID** At this time of year, the PHA immunisation team prioritises the flu vaccine programme. In addition, the team is attending and supporting the DOH led COVID vaccine programme implementation and is responsible for delivery of the children's COVID vaccine programme. An Implementation Group for the children's programme has been established with key stakeholders and meets weekly. The children's COVID vaccine programme commenced in a limited way on 4th October and has expanded with majority taking place during November. Uptake as of 11th Nov is 17.5%. Additional weekend clinics have been agreed and additional funding has been provided to school nursing teams to enable this COVID vaccine uptake surveillance that provides additional information to that provided on the public facing dashboard has been established to assess uptake by school, age and deprivation. This will enable us the target agreed clinics at end of November / December and the new year to low uptake areas. **Pregnancy vaccines** The HP consultant lead for pregnancy vaccines has prioritised COVID vaccine uptake. Monitoring has been established via NIMATS and through the analytics platform system. Uptake as of end of September is 30%. Working with maternity commissioning colleagues to increase training for midwives and vaccinating sessions within antenatal setting.			S.Bergin, Director of Public Health (interim) Monitoring will enable us the target agreed clinics at end of November / December and the new year to low uptake areas. PHA team is also carrying out a quantitative study to identify causes of low uptake in preschool children

2. Health Protection

	Action from Business Plan:	Progress	Achievability (RAG) Sep	Achievability (RAG) Mar	Mitigating actions where performance is Amber / Red
		Other children's vaccines Since prior to pandemic, preschool vaccines were falling in a small but persistent way, similar to England, especially in 12mt and 24mt age groups, and is now appearing to plateau at a lower level. It is too early to see the impact of the pandemic on uptake but early indications suggest that there has not been further decline. Further analysis to assess falling uptake is being carried out to identify causes of low uptake in preschool children. Trusts child health teams are aware and have been following up.			
2	Based on learning from responding to the pandemic, increase the PHA's Health Protection capacity to effectively manage on-going issues arising from the Covid 19 and enable it to develop the skills, knowledge and capacity to ensure that it can respond effectively to other health Protection issues and plan for managing future	The Health Protection service has secured funding from DoH to enhance the service. Recruitment is underway to establish and enhanced a robust Health Protection service for the future. The posts range from consultant to administrative level. Recruitment should be completed with all new staff in post by the end of 2022.			S.Bergin, Director of Public Health (interim)

2. Health Protection

	Action from Business Plan:	Progress	Achievability (RAG) Sep	Achievability (RAG) Mar	Mitigating actions where performance is Amber / Red
	pandemics that may arise.				
3	Update the Emergency Plan and Pandemic Plan with partners, in light of learning from the COVID 19 pandemic, to ensure preparedness and response readiness	The Senior Emergency Planner for the PHA is working with the HSCB and BSO on the update of the Joint Response Emergency Plan. In addition the PHA emergency response plan is also being updated. Organisational training and resource implications for both plans are being reviewed as part of the update, the outcome of which will be incorporated into an agreed training programme for 2022-2023.			S.Bergin, Director of Public Health (interim)
4	Ensure the timely availability of intelligence about antimicrobial use, antimicrobial resistance and healthcare-associated infections in secondary care by publishing regular reports and through an integrated dashboard.	HCAI/AMR surveillance team produce monthly 'Target' reports for each HSC Trust on secondary care antimicrobial prescribing data, in addition to the three key gram-negative bacteraemia (E.coli, Pseudomonas aeruginosa and Klebsiella spp), as well as MRSA and C. difficile. There are also interactive dashboards with Trust and NI level data for: • HCAIs (C. difficile, S. aureus and gram-negative bacteraemias) • Antimicrobial prescribing data (can be filtered by antibiotic) • Hospital acquired COVID-19 dashboard.			S.Bergin, Director of Public Health (interim)
5	Undertake a multi-channel programme of proactive public	Working strategically with DoH, PHA Comms has undertaken a sustained and agile programme of multi-channel communications to inform, advise and influence behaviour change within key			S.Wilson, Director of Operations (interim)

2. Health Protection

	Action from Business Plan:	Progress	Achievability (RAG) Sep	Achievability (RAG) Mar	Mitigating actions where performance is Amber / Red
	communication to influence public behaviour around a range of health protection issues, including vaccination and infectious diseases, and providing emergency response communications as required on clusters and outbreaks.	target audiences across Covid and wider Health protection issues. Key activities have included: Corporate and Public Affairs: • proactive news releases and managing significant volumes of media requests (complex/fast moving), social media messages development/publishing including the development of infographics and video content, and stakeholder engagement • delivering a 24/7 service to promote PHA messaging and facilitate media enquiries on health protection issues Outputs: On average – 10 daily outputs across all channels. Campaigns: Monthly mass media campaign programme including: 1) *Covid Vaccination tactical campaign* - raise awareness of the age call up 2) *Every vaccination brings us closer campaign* - promote and encourage uptake of the COVID vaccine particularly among younger cohorts. 3) *Revised youth campaign* including BIG Jab Weekend promotion, Grab a Jab, Moderna Community Pharmacy promotion. Results: Vaccination uptake approaching 90%. Campaign tracking survey results available. 4) Digital Self Trace campaign – to raise awareness of the Digital Self-Trace service and to encourage usage of it by those who test positive for coronavirus. The campaign also highlighted the importance of contact tracing and insights			

2. Health Protection

	Action from Business Plan:	Progress	Achievability (RAG) Sep	Achievability (RAG) Mar	Mitigating actions where performance is Amber / Red
		from research and contact tracing informed social messaging. Outputs: campaign ran from 1 August – 27 September 2021 supported by PR, organic social media and via online materials (publications); posters and PVC banners were displayed at test sites; and 125,000 easy explainers for the service were distributed via test sites from 2 August 2021. Results: • Use of the service increased during the campaign period – hitting a peak at 29%. • Campaign media exposed over one million times and it is estimated that 91% of NI adults saw/heard the campaign at least once. Publications: Bespoke range of professionally designed publications developed across key topic areas eg. Vaccination programme, Testing, Contact tracing. Outputs: 124 titles produced. Materials available in 17 (max) languages Alternative formats produced on demand – including easy read / braille, ISl/BSL .			
6	Use research funding programmes (CHITIN, NIHR, Opportunity Led, Research Fellowships) to protect the	Seven studies were funded/co-funded through the COVID-19 Rapid Response Funding Call: • A mixed methods study of the community pharmacy workforce's preparedness for, and response to, the COVID-19 pandemic • Effectiveness of staff well-being interventions in response to COVID-19 in Northern Ireland • A survey of hospital dialysis patients during the COVID-19			S.Bergin, Director of Public Health (interim)

2. Health Protection

	Action from Business Plan:	Progress	Achievability (RAG) Sep	Achievability (RAG) Mar	Mitigating actions where performance is Amber / Red
	community (or any part of the community) against communicable disease and other transmissible dangers to health and social well-being including dangers arising on environmental or public health grounds or arising out of emergencies.	pandemic in Northern Ireland • Modulation of the innate immune response to SARS-CoV-2 with bradykinin inhibition • Advance care planning for nursing homes in a COVID-19 outbreak • Health & Social Care Workers' quality of working life and coping while working during COVID-19 Pandemic • Seroprevalence and symptomatology of SARS-Cov-2 infection in healthy children across the UK (The COVID Warriors Study). A further eight were funded as needs/opportunity-led projects: • The REALIST Study - Repair of Acute Respiratory Distress Syndrome by Stromal Cell Administration • COVID-19 Possible options for analysis and intervention via social media • The SIREN Study • Repurposing FDA-approved drugs for treatment of 2019-nCoV-induced disease • Estimate of Northern Ireland community seroprevalence of antibodies against SARS-CoV-2 from anonymised residual blood samples • Student Psychological Intervention Study (COVID-specific extension) • Optigene Saliva Test • COVRES2: Identifying temporal immune responses associated with COVID-19 severity			

2. Health Protection

	Action from Business Plan:	Progress	Achievability (RAG) Sep	Achievability (RAG) Mar	Mitigating actions where performance is Amber / Red
		These studies will add new knowledge in terms of • the wellbeing of young people, patients and staff, • staff and community infection levels and antibody status • efficacy of treatments and tests for infection The impacts of each study will be reported separately, and reports will be made available on the HSC R&D Division website, but will include recommendations for staff, student and patient support, treatment and testing options, and contribute data to modelling and public health messaging plans.			

3. Health Improvement

	Action from Business Plan:	Progress	Achievability (RAG) Sep	Achievability (RAG) Mar	Mitigating actions where performance is Amber / Red
1	Establish a Health Inequalities Network to improve access to data, co-ordination of resources and implementation of evidence based practice in Health & wellbeing improvement	Health Improvement are involved in local Community Planning Partnerships and continually are looking at the planning of more effective co-ordination of resources for better health outcomes for local communities. Also discussions are progressing with HSCB/DfC/DARA/Big Lottery to develop community development practitioners forum to look at the implementation of evidence based practice in Health & Wellbeing improvement. Taking a whole organisation perspective, a wider review of data/intelligence capability will be undertaken: with the aim to enhance our use of data/intelligence, this will enable the PHA to target initiatives at those most in need (therefore helping to address health inequalities).			S.Bergin, Director of Public Health (interim)

2	Progress the planning and commissioning of health improvement services including:
	• Procurement of the new Regional Sexual Education service that meets specifications of diversity, communication methods and measurement of impact and implement in
		RSE
		Revised Regional Sexual Education service specifications finalised and approved by AMT to proceed to tender. Tender to be advertised Friday 12th November with new contracts to be awarded by 01 April 2022.
		
		Protect Life 2
		• An Involvement Plan for Consultation processes related to community based suicide prevention completed.
		• Stage 1 of this 3 stage process has been completed with 1 x pre-consultation process developed and delivered which involved
		  • 6 x online engagement events held with 154 attendees
		  • 2 x focus groups on the needs of ethnic minority and LGBT+ communities with 19 attendees
		  • 99 completed online surveys
					S.Bergin, Director of Public Health (interim)

3. Health Improvement

	Action from Business Plan:	Progress	Achievability (RAG) Sep	Achievability (RAG) Mar	Mitigating actions where performance is Amber / Red
	target areas • Protect Life 2 services that have completed the engagement and consultation processes including; training framework and bereaved by suicide support service. Community-led approaches to addressing health inequalities	• 3 x organisation based written responses received. • Stakeholder report published on PHA website with notification sent to all participant consultants. Working with Health Intelligence research has been carried out to explore effective community based suicide prevention initiatives. This has involved telephone interviews with 46 CVS organisations to identify effective interventions • Feedback from 7 academics based in UU & QUB • 5 x telephone interviews with academics • 1 x report outlining findings • 7/10 rapid reviews completed by Health Intelligence on initiatives identified. Stage 2 of the involvement process which requires the development of discussion papers in relation to bereavement services and community based suicide prevention services is in development. Training Framework has been completed and approved by both AMT and the PL2 steering group. Timeframes in relation to procurement to be agreed with Operations and PaLs.			
3	Deliver through multi-disciplinary working, a programme of 5 public information campaigns as part of the 'Living Well' programme in specific	Alcohol, mental health and cancer campaigns developed and delivered in 521 community pharmacies. All 3 campaigns included public-facing materials (e.g. printed materials, promotional items, briefing newsletter for pharmacy teams, engagement activities and FAQs.			S.Wilson, Director of Operations (interim)

3. Health Improvement

	Action from Business Plan:	Progress	Achievability (RAG) Sep	Achievability (RAG) Mar	Mitigating actions where performance is Amber / Red
	areas (eg. smoking, alcohol, physical activity, Covid transmission and mental well-being) based on behavioural science.	Additional online materials produced and a supporting social media schedule issued with each campaign (posts also go out on PHA channels), along with a media release.			
4	Deliver a sustained and varied programme of communication though PR, mass media advertising campaigns, features, social media, video and graphics on the range of health improvement portfolios to raise awareness, influence behaviour and signpost to support.	PHA Corporate and Public Affairs has been steadily increasing its programme of messaging and content development on health improvement portfolios, balancing this with the ongoing priorities and pressures of managing the pandemic. As the Health Improvement team has been restarting activities that were paused during the height of the pandemic, CPA has been working with respective leads to develop messaging. Core health improvement messaging has also been disseminated throughout this financial year, including on issues such as smoking cessation, mental health, physical activity, weight management and drugs and alcohol. Reach: Between April and October 21 there were: • 950 posts published on the PHA's Facebook page • FB 'likes' increased from 88,409 to 98,677 • PHA's posts on Twitter had 5 million impressions. • There were approximately 5,700 retweets of PHA posts without comment, and 6,000 post likes.			S.Wilson, Director of Operations (interim)

3. Health Improvement

	Action from Business Plan:	Progress	Achievability (RAG) Sep	Achievability (RAG) Mar	Mitigating actions where performance is Amber / Red
		• In total, there were 45,300 link clicks from PHA Twitter posts. • Followers for the PHA on Twitter rose from 28,909 to 30,736 • the number of page likes for the PHA on Instagram rose from 10,000 to 11,762. Public Information Campaigns (PICs) Obesity campaign developed and media planning/booking underway. Campaign will launch post- Christmas. Campaign to raise awareness and encourage public support and adherence of new smoking regulations. The regulations aim to protect children and young people from the harmful effects of smoking and vaping. Work on campaign production and media planning underway. Campaign live post-Christmas FAST campaign media planning/booking in progress. Campaign live December Reach: Between April and October 21 there were: • 950 posts published on the PHA's Facebook page • FB 'likes' increased from 88,409 to 98,677 • PHA's posts on Twitter had 5 million impressions. • There were approximately 5,700 retweets of PHA posts without comment, and 6,000 post likes.			

3. Health Improvement

	Action from Business Plan:	Progress	Achievability (RAG) Sep	Achievability (RAG) Mar	Mitigating actions where performance is Amber / Red
		• In total, there were 45,300 link clicks from PHA Twitter posts. • Followers for the PHA on Twitter rose from 28,909 to 30,736 • the number of page likes for the PHA on Instagram rose from 10,000 to 11,762.			
5	Work towards implementing a Whole Systems Approach (WSA) to obesity and align Fitter Future for All and Physical Activity in a new strategic approach to the prevention of obesity through Regional Obesity Prevention Implementation Group (ROPIG).	A draft schema for a WSA approach to obesity prevention has been developed, along with a proposed new ROPIG structure, with input from DoH Policy Branch. This was presented at a workshop with ROPIG on 18th October 2021, for consideration and comment. Individual meetings with key stakeholders are ongoing to discuss in more detail and revise the approach accordingly. This schema has also been shared with members of OPSG for consideration. PHA will present at the All Island Obesity Action Forum's Workshop on WSA on 16th November 2021. PHA is represented on the project board for the development of a new obesity strategy (3 meetings have been held) and an evidence base for WSA is being developed as part of the strategy development.			S.Bergin, Director of Public Health (interim)
6	Lead, champion and inform strategic and operational responses to improve health and wellbeing through community-led approaches	The revised Strengthening Communities for Health Steering Group met in June 2021 and an action plan has been development for Phase 2 implementation of the Community Development Framework which aligns to PfG, Making Life Better and the Community Development Outcomes Framework. Terms of reference have been drafted for both a Capacity Building and Funding Subgroup to take forward some of the key			S.Bergin, Director of Public Health (interim)

3. Health Improvement

	Action from Business Plan:	Progress	Achievability (RAG) Sep	Achievability (RAG) Mar	Mitigating actions where performance is Amber / Red
		actions from the Phase 2 Action Plan. Planning is underway for the establishment of a Community Development Practitioners' Forum in partnership with Project ECHO which will share learning and seek to benchmark practice against National Occupational Standards.			
7	Lead implementation of the current Breastfeeding Strategy 2013-2023 and inform the development of a new Strategy for 2024 onwards	Breastfeeding Strategy implementation in Q1 &Q2 **Outcome 1** - Supportive environments for breastfeeding exist throughout Northern Ireland. **Action**: Breastfeeding Welcome Here Scheme new high profile members signed up in this period includes: Translink (47 Stations) University of Ulster (4 campuses) and HSBC branches across NI (5 banks) **Outcome 2** – HSC has the necessary knowledge, skills and leadership to protect, promote, support and normalise breastfeeding. **Action**: 5 Online Baby Friendly Initiative training courses provided and 74 Neonatal conference places funded by PHA. raining participants included: 32 Sure Start staff, 32 midwives and health visitors and 12 Train the Trainer places. In addition 74 NI delegates from across health, academia and the CV sector funded by PHA to attend the UNICEF Virtual Neonatal Conference in June. **Outcome 3** - High quality information systems in place that underpin the development of policy and programmes, and which support Strategy delivery. **Action**: NIMATS and CHS Data used in the Annual Health Intelligence Breastfeeding Briefing, the July 2021 report finalised			S.Bergin, Director of Public Health (interim)

3. Health Improvement					
	Action from Business Plan:	**Progress**	**Achievability (RAG)** Sep	Mar	**Mitigating actions where performance is Amber / Red**
		for online publication. Focus Group research and a report 'Impact of the Covid-19 pandemic on breastfeeding support' shared and used to inform programmes and training. **Outcome 4** - An informed and supportive public. **Action**: Breastival was funded to deliver a series of online events in August and reached 1,117 delegates			
8	Improve, protect & promote the sexual health and well-being of the population of Northern Ireland	A Sexual Health Action Plan 2021-2026 is sitting with CMO for approval. A draft implementation plan template is with DoH intention is to populate by 31st March 2022. Review of Sexual Health Information Network (SHIN) membership completed. Engagement to increase membership (currently30) especially outside of the health sector e.g. criminal Justice and Education at annual Sexual Health Conference 24th November 2021. Current RSE Tender providers adapted services to online delivery during COVID which kept targets on track. In partnership with Health protection the contents of BBV training programme for professionals and C&V sector has been drafted. Training programme to be commissioned by 31st March 2022. Youth health advice services in further education settings were closed during lock down and telephone services were made available. Through monitoring and progress reports all sexual health contracts are on target.			S.Bergin, Director of Public Health (interim)

3. Health Improvement

	Action from Business Plan:	Progress	Achievability (RAG) Sep	Achievability (RAG) Mar	Mitigating actions where performance is Amber / Red
9	Progress the development of evidence based family support and parenting programmes	Early Intervention Support Service is well established in all 5 HSCT areas, with 3,369 families supported between August 2015 and March 2021. Funding has been allocated from PHA baseline & DoH to maintain 5 existing services to September 2022. OBA framework is used to demonstrate outcomes. Attached as Appendix 3.9 is a regional summary report card for 2020/2021. Stats for 2021/2022 have not been collated at time of report. A number of workforce training evidenced based programmes have been commissioned including Parents Plus and Incredible Years to build the workforce capacity contributing to the development of sustainable infrastructures for future programme delivery.			S.Bergin, Director of Public Health (interim)
10	Lead on the implementation of the Tobacco Control Strategy 2012-2022 for Northern Ireland and inform the development of a new Strategy from 2022 onwards	Work continues to implement the Tobacco Control Strategy for NI 2021-2022. DoH has issued an extension (time frame unconfirmed at present) to the current strategy. Currently work is progressing in the form of the actions as stated in the mid- term review of the strategy. Services have been impacted by decreased capacity in community pharmacies as they are supporting Covid 19 vaccine and Flu vaccine roll out, however negotiations are ongoing between PHA, HSCB and CPNI. Service outcomes are currently producing quit rates of 51%, which is greater than NICE guidelines for commissioners which recommends achieving a 35 % quit rate from services. The reinstating of CO monitoring in services is currently being addressed and this is envisaged that it will also help increase uptake of services in the remainder of the financial year. Collaborative working between DoH, PHA, Local Government and PSNI has been completed in preparation for new legislation for NI			S.Bergin, Director of Public Health (interim)

3. Health Improvement

	Action from Business Plan:	Progress	Achievability (RAG) Sep	Achievability (RAG) Mar	Mitigating actions where performance is Amber / Red
		in relation to 'Age of Sales of E-cigarettes' and also 'Prevention of smoking in cars with minors present'. The PHA commissioned Tobacco Control services in all 11 local councils will be responsible for the enforcement of this legislation jointly with the Police Service of Northern Ireland. Legislation is due to become operational February 2022.			
11	Use research funding programmes (CHITIN, NIHR, Opportunity Led, Research Fellowships) which have involved patients and public in their design to develop an evidence base to inform health and well-being at individual, community and regional levels by developing and securing the provision of programmes and initiatives which have been designed with patient and public involvement to secure the improvement of the health and social	PPI continues to be a prerequisite in all funding programmes including the doctoral fellowship programme which closed in October with 20 applications from across HSC disciplines. A PPI Sub group has been established as part of the NI Clinical Research Recovery, Resilience and Growth Taskforce, co-chaired by a member of PIER and a clinical researcher. This work will include a plan to increase the diversity of participants to trials including those seldom reached and ensure patients and public are involved in priority setting exercises.			S.Bergin, Director of Public Health (interim)

3. Health Improvement					
	Action from Business Plan:	**Progress**	**Achievability (RAG)** Sep	Mar	**Mitigating actions where performance is Amber / Red**
	well-being of and reduce health inequalities between people in Northern Ireland.				
12	In line with the Nursing and Midwifery Task Group set up the infrastructure to develop a New Nursing and Public Health Nursing & Midwifery Framework	Within the £20m Delivering Care Investment for 21/22, in line with the NMTG, the PHA is leading on the development and establishment of a new Public Health and Population Health Nursing Network. These new roles will work with Public Health Consultants and other Public Health and Social Care Roles to ensure that prevention, early intervention and recovery are at the heart of all nursing and midwifery practices. It is also anticipated these roles will support the nursing and midwifery contribution to the development and implementation of the new NI Population Health Planning model, and will be expected to support the development of population health planning across ICS's. Posts are expected to be appointed before Year end 21/22.			R.Morton, Director of Nursing, Midwifery and AHPs
13	Lead and implement the UK AHP Public Health Strategy in NI	Multi- AHP professional group established led by PHA and identified actions against the UK AHP Public Health Strategy feeding into the National work plan. Increased application of evidenced based practice to address health inequalities. Improved access and understanding of emerging data on health inequalities to inform services delivered by partner organisations.			R.Morton, Director of Nursing, Midwifery and AHPs.

3. Health Improvement					
	Action from Business Plan:	**Progress**	**Achievability (RAG)** Sep	Mar	**Mitigating actions where performance is Amber / Red**
		Improved multi sectorial collaboration to address health inequalities in Northern Ireland supported by AHP profession.			
14	Develop A Public Health Model For Homeless Services and develop a business case for the expansion of homeless health care hubs. Develop a strategic plan for the reduction of Hepatitis C and HIV through case finding, harm reduction and treatment planning	The Homeless Inclusion service has now been extended to each Trust area. The Belfast Inclusion Hub will offer support to other Homeless Hub Nurses. The Homeless Inclusion teams have played an important role in Covid support to the Homeless Sector. Business case for the. A Business Case will be developed to expand the range of services available in the 4 other Trusts to ensure there is appropriate provision across the region in responding to the Homeless Population needs. Unfortunately the strategic planning has not been progressed to date due to limited resource within the team, particularly with the focus on COVID-19. However, work is ongoing in relation to the HIV and Hep C outbreak, so there has been a focus on work with the highest risk groups, with an increase in testing in prisons, People who inject Drugs and people who are homeless.			R.Morton, Director of Nursing, Midwifery and AHPs Additional business planning support will be sought to enable business case and strategic plan to be progressed.
15	Deliver improved health care outcome across criminal justice through reviewing, progress and implement the Health in Criminal Justice Action Plan.	HSCB/PHA Improving Health Within Criminal Justice Planning & Commissioning Team continue to work on progressing up to 21 actions emanating from The DoH/DoJ Improving Health Within Criminal Justice Strategy and Action Plan (2019). This strategy and action plan sets out a collaborative approach to address the health inequalities and unmet health needs faced by those within the criminal justice system. HSCB/PHA planning and commission team contributed to a refresh of the DoJ/DoH action plan to ensure resources are better aligned to meet need, enhance access to services, improve			R.Morton Director of Nursing, Midwifery and AHPs

3. Health Improvement					
	Action from Business Plan:	**Progress**	**Achievability (RAG)** Sep	Mar	**Mitigating actions where performance is Amber / Red**
		continuity of care, develop workforce and the way collaboration operates and also to increase diversion of vulnerable people & improve health protection and health promotion. HSCB/PHA planning and commissioning team commenced work on addressing fourteen of sixteen recommendations made by RQIA in their October 2021 Review of Services for Vulnerable Persons Detained in Northern Ireland Prisons. A series of task and finish groups will be established to address recommendations to be implemented within 6 months/12 months and 18 month period from publication of the report PHA AHPs have contributed to the Health & Therapeutic Workstream of the DoJ/DoH led Review of Regional Facilities for Children and Young people (1.2 Health to provide advice on improving the health and social care model in Police, Courts and YJA.) – Following AHP professional input, a proposal for a Core MDT team within the secure unit now includes OT, SLT and Art Therapy and Nursing alongside other professions.			

4. Shaping future health

	Action from Business Plan:	Progress	Achievability (RAG) Sep	Achievability (RAG) Mar	Mitigating actions where performance is Amber / Red
1	Work with DoH and HSCB to establish a population health approach within the new integrated care systems, as part of the new HSC planning model.	PHA has worked with DoH and HSCB colleagues to ensure a population health Planning approach has been embedded into the draft Framework document for establishing a new planning model to support an integrated care system (issued for consultation in June 2021). PHA is represented on the Project Board and various project planning teams that have been established to take forward the implementation of a new planning model for HSC and will continue to ensure population planning is integrated into any new operational structures agreed.			All Directors
2	Establish a 'lived experience' network across NI and use information as a source of evidence to inform all our core activities	PHA has been successful in supporting HSC organisations to encourage and facilitate those with lived experience to become more actively involved in the work of the HSC. This has been done by: • Investing in the Partnership Working officers posts • Recent recruitment of Per Mentor Lead for SU/C in PHA • Initial funding in PCC to take forward work around advancing the concept and practise of remuneration of SU/C who partner with the HSC.			R.Morton, Director of Nursing, Midwifery and AHPs
3	Support the development of multi-disciplinary strategic Planning teams that will agree future priorities for the agency on specific thematic areas, starting with an initial planning team to look at Mental and	AMT agreed the establishment of a Mental Health, Emotional Wellbeing and Suicide Prevention Multi-disciplinary strategic planning team in July 2021. The team was scheduled to meet at the end of July but this had to be postponed due to staff being re-purposed to support contact tracing. The first meeting of the Team is scheduled for 30th November 2021. Work was initiated in July 2021, with HSCB colleagues, to establish a Multi-disciplinary planning team to take forward the new Drug and Alcohol Substance Misuse Strategy. Again this work has been delayed and the first meeting is now scheduled for 23 November 2021. Work is now being progressed to look at further developing multi-			S.Wilson, Director of Operations (interim)

4. Shaping future health					
	Action from Business Plan:	**Progress**	**Achievability (RAG)** Sep	Mar	**Mitigating actions where performance is Amber / Red**
	Emotional Wellbeing, Suicide Prevention and Drugs and Alcohol	disciplinary strategic planning teams within PHA and how such teams would support the new Planning Model currently being developed by DoH.			
4	Develop a population health planning guide for the HSC NI	A population health planning guide for HSCNI is underway and the final draft of the document will be complete in January. Plans on how to launch the guidance are currently being developed and will take into consideration necessary timings relating to the implementation of the new planning model			S.Wilson, Director of Operations (interim)
5	Expand and develop population health intelligence resources which enable the organisation to fulfil its role in improving and protecting health and wellbeing, planning and policy development.	There are two elements to this action1.Maintaining the provision of a timely and relevant flow of insights across the organisation, and where appropriate external stakeholders, to enable strategic analysis to be at the heart of strategic decision making. Over the past six months analyses have been produced on a wide range of topics, for example: • COVID-19 - Public knowledge, attitudes and behaviours associated with COVID-19 and the measures put in place to mitigate it's spread; HSC workforce knowledge, attitudes and behaviours associated with COVID-19 vaccination • Early years - Impact of lockdown on breastfeeding support available to mothers in Northern Ireland; evaluation of Intimate Partner Violence Innovations for Home Visiting Programs • Mental Health – review of evidence on what works in suicide prevention interventions • Obesity – evaluation of the Physical Activity Referral Programme			S.Wilson, Director of Operations (interim)

4. Shaping future health

	Action from Business Plan:	Progress	Achievability (RAG) Sep	Achievability (RAG) Mar	Mitigating actions where performance is Amber / Red
		2.Reviewing and enhancing our range of strategic analyses to ensure they match organisational goals to reduce health inequalities and improve population health. This process began at the onset of the pandemic when it became clear that there was a need for our practice to become more agile and responsive in addressing emerging knowledge gaps. Our work on this continues and is focused on the following core functions in strategic analysis: • Descriptive analytics – what is the world like now and in the past for our population/communities? • Explicative analytics – why is the world the way it is? • Predicative analytics – what might the future hold for our population/communities? • Evaluative analytics – did it make a difference and was it worth it?			
6	Support DoH colleagues to ensure that public health policy is embedded in the development and delivery of Programme for Government eg transport, housing, air quality, greenways, economic development.	Further to the public consultation on the draft outcomes framework for PfG that closed at the end of March 2021, PHA officers continue to support DoH colleagues in public health policy discussions, when approached for input.			S.Bergin, Director of Public Health (interim)

4. Shaping future health

	Action from Business Plan:	Progress	Achievability (RAG) Sep	Achievability (RAG) Mar	Mitigating actions where performance is Amber / Red
7	Continue to work with each of the Local Councils and their Community Planning Partnerships to take forward implementation of agreed action plans.	PHA has continued to work collaboratively with local councils and Community Planning Partnerships to take forward agreed actions. Since April 2021, the key focus has continued to be on working collectively to develop and deliver programmes aimed at supporting those most affected by Covid 19. This has included supporting vulnerable families and individuals with direct assistance; addressing issues of social isolation for older people and promoting programmes aimed at improving mental health and well-being.			S.Wilson, Director of Operations (interim)
8	Deliver a rolling creative communications programme to educate, empower and assist communities to improve their health and wellbeing by taking a range of steps, focused on core areas identified as presenting challenges.	PHA Communications has undertaken a sustained programme of messaging and content development on both COVID-19 and non-COVID issues, striking a balance between the ongoing priorities and pressures of managing the pandemic, aligned with the priorities of the agency. Between 1 April 2021 and 30 September 2021 the agency reached 25,917,868 individual people organically (ie without paid promotion) through Facebook, reflecting how the programme of social messaging is resonated beyond the jurisdiction. This has seen reach on individual days regularly exceed 1 million people (9.4 million were reached on 21 July.) This has run in parallel with proactive messaging through the mainstream media – 49 news releases were issued in this period on issues as diverse as drugs and alcohol, mental health, sun safety, bowel screening, physical activity, smoking cessation, home accident prevention, weight management, RSV, early years and R&D, on top of a range of COVID-related topics and changing advice on issues such as testing, symptoms, schools, contact tracing and general advice. With this has come a significant requirement to manage media.			S.Wilson, Director of Operations (interim)

4. Shaping future health

	Action from Business Plan:	Progress	Achievability (RAG) Sep	Achievability (RAG) Mar	Mitigating actions where performance is Amber / Red
9	Scope baseline QI capability across all PHA Directorates Scope Quality Improvement training for Boards.	<u>Scope baseline QI capability across all PHA -</u> HSCQI have completed a scoping exercise with HSC Trusts to identify QI trained staff (aligned with the Q2020 Attributes Framework) from across the region. In the next quarter of 2021/22, HSCQI will extend the scoping exercise across all PHA Directorates to obtain baseline data for the organisation for future planning of the PHA Quality and Improvement strategy. <u>Scope Quality Improvement training for Boards</u> In accordance with the Q2020 Attributes framework Level 4 QI training should be offered to staff who are charged with leading QI across organisations and the HSC system. These individuals are also responsible for ensuring QI is embedded in the day to day work of their organisation. The HSCQI Hub team are currently exploring options with a range of potential suppliers.			Dr A Keaney, Director HSCQI HSCQI Hub team members returned from contact tracing end September 2021. HSCQI Hub team therefore aim to progress this work in the next quarter.
10	Ensuring that all Northern Ireland legislation, regulations and media are conducive to the health and social well-being of	PHA is actively contributing to DOH scoping of evidence of increase in gambling particularly among school aged young people. The All Party Group Report on 'Reducing Harm related to Gambling' includes recommendations on legislation, regulations and media and PHA will contribute to DOH input, as relevant, on the Department of Community led Inter-Departmental Group.			S.Bergin, Director of Public Health (interim)

4. Shaping future health

	Action from Business Plan:	Progress	Achievability (RAG) Sep	Achievability (RAG) Mar	Mitigating actions where performance is Amber / Red
	our young people and of future generations	A Young Peoples Messaging Group was established by PHA to support appropriate and platform specific public health messaging to young people during the pandemic. Young people and Young Peoples Organisations across NI were involved in the design and content of the messages whilst PHA Health Improvement and Communications supported the work by ensuring the integrity and accuracy of the public health messages remained in place. A series of focus groups were held with young people to consider language and graphics around Covid-19 messaging to promote government guidance. Social media posts were designed and issued to raise awareness of government guidelines e.g the social distancing cow infographic recorded 181,000 clicks and over 5000 reactions, whilst the Vaccination promotion social media facebook posts achieved 18,207 clicks and 1111 shares. These ran from 24 June to 30 July 2021.			

5. Our organisation works effectively

	Action from Business Plan:	Progress	Achievability (RAG) Sep	Achievability (RAG) Mar	Mitigating actions where performance is Amber / Red
1	Finalise the new PHA Corporate Plan for 2021/22-24/25 in line with DoH requirements and timescales. (when notified)	DoH has written to PHA on 23rd September 2021, confirming that 'the intention will be to align ALB Corporate Plans to the next Assembly mandate (2022-2027). Although it will not be possible to have agreed plans in place for April 2022, further guidance will issue to commence this process as early as possible in the next Assembly mandate'.			S.Wilson, Director of Operations (interim) PHA Business plan in place for 21/22. This will be reviewed and updated for 22/23 in line with DoH guidance to ensure key strategic priorities for PHA continue to be addressed.
2	Work with DoH colleagues to oversee the reform and transition of the PHA to a new operating model, taking into account lessons learned from responding to Covid 19 and manage the process of organisational change in line with further clarification from the DoH, ensuring appropriate and timely internal and external communication.	A draft PID for taking this work forward has been developed and is currently being finalised by DoH. Progress of this work has been delayed due to the requirement for senior PHA and DoH staff that need to be involved in this important programme of work, to direct their capacity to manage the 3rd wave of the Covid 19 Pandemic which peaked between June and September 2021.			All Directors CEO has maintained regular contact with the CMO and agreed to take forward establishing a new Digital Health Information and Intelligence function within the Agency as an early development, in line with the recommendations of the Hussey review.

5. Our organisation works effectively

	Action from Business Plan:	Progress	Achievability (RAG) Sep	Achievability (RAG) Mar	Mitigating actions where performance is Amber / Red
3	Maintain operational workforce capacity to deliver core duties and deliverables identified for the PHA in 2021/22	The PHA has expanded operational capacity, where required, to ensure it has the necessary professional skills to continue to respond effectively to the Covid 19 pandemic. In particular, from June – Oct circa 70 WTE additional Band 6 staff have been employed to enhance the Contact tracing service (including support provided to education facilities) to enable it to manage the increase in demand.			All Directors
4	Scope out accommodation requirements to allow staff to return to work safely in line with Covid 19 guidelines and work with BSO colleagues to develop appropriate policies and procedures to facilitate new working arrangements	The PHA worked with BSO colleagues to ensure that safety inspections were completed in all offices and that appropriate measures were in place for staff safety during the pandemic. Policies and procedures for new working arrangements are being developed regionally and the PHA will implement these when they are published. A “Report on a Review of the Accommodation Needs for the Public Health Agency” has been completed and a number of recommendations were made. Implementation of these recommendations has been delayed due to the prioritisation of the covid response, but Terms of Reference have been drafted for an Accommodation Project Board to take these forward. The process of implementing some of the recommendations from the Review will integrate very closely with implementation of the regional policies and procedures that are being developed.			S.Wilson, Director of Operations (interim)
5	Develop a comprehensive outcomes -based	Although the COVID response has delayed progress, work is underway to develop an outcomes based performance management and reporting system across PHA.			S.Wilson, Director of Operations (interim)

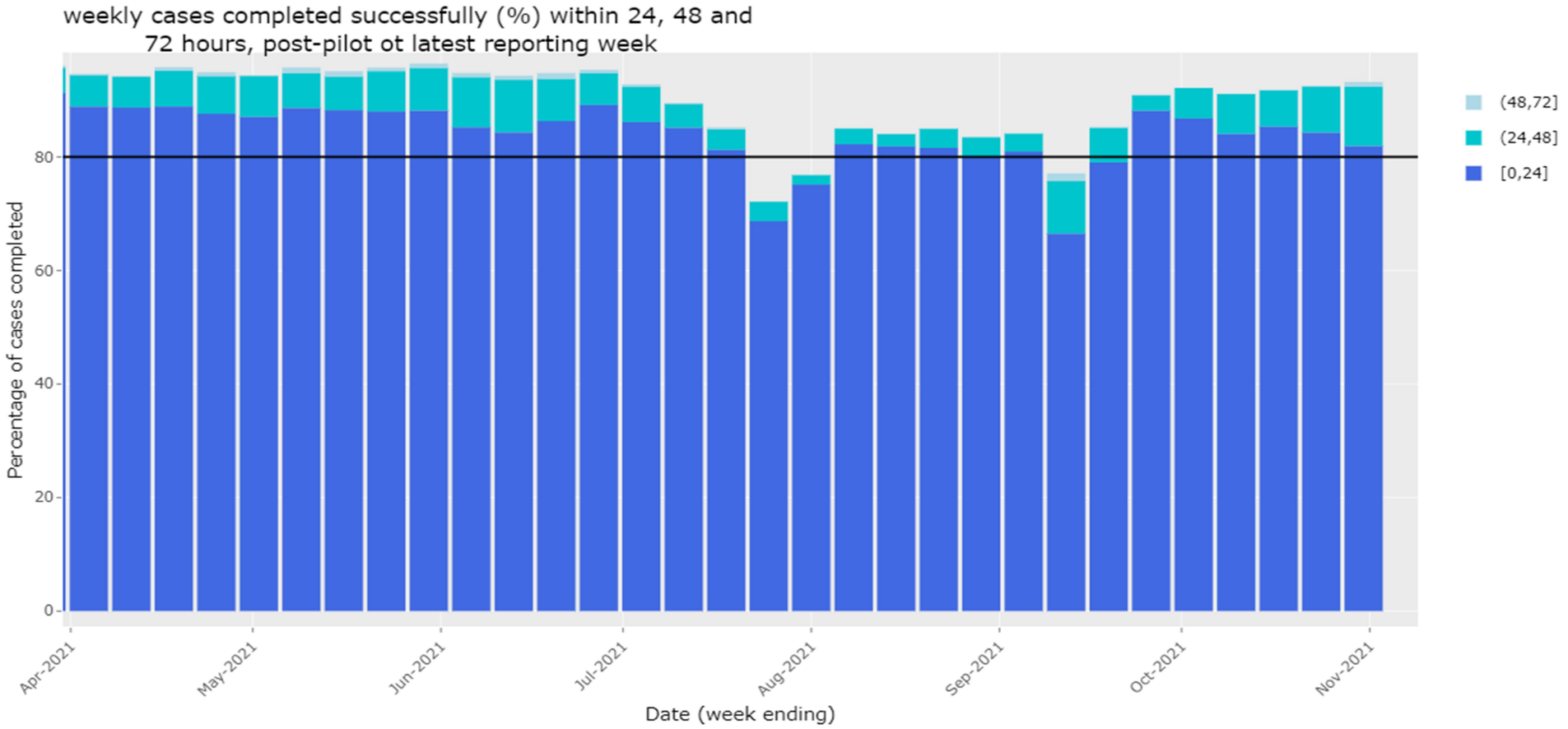
5. Our organisation works effectively

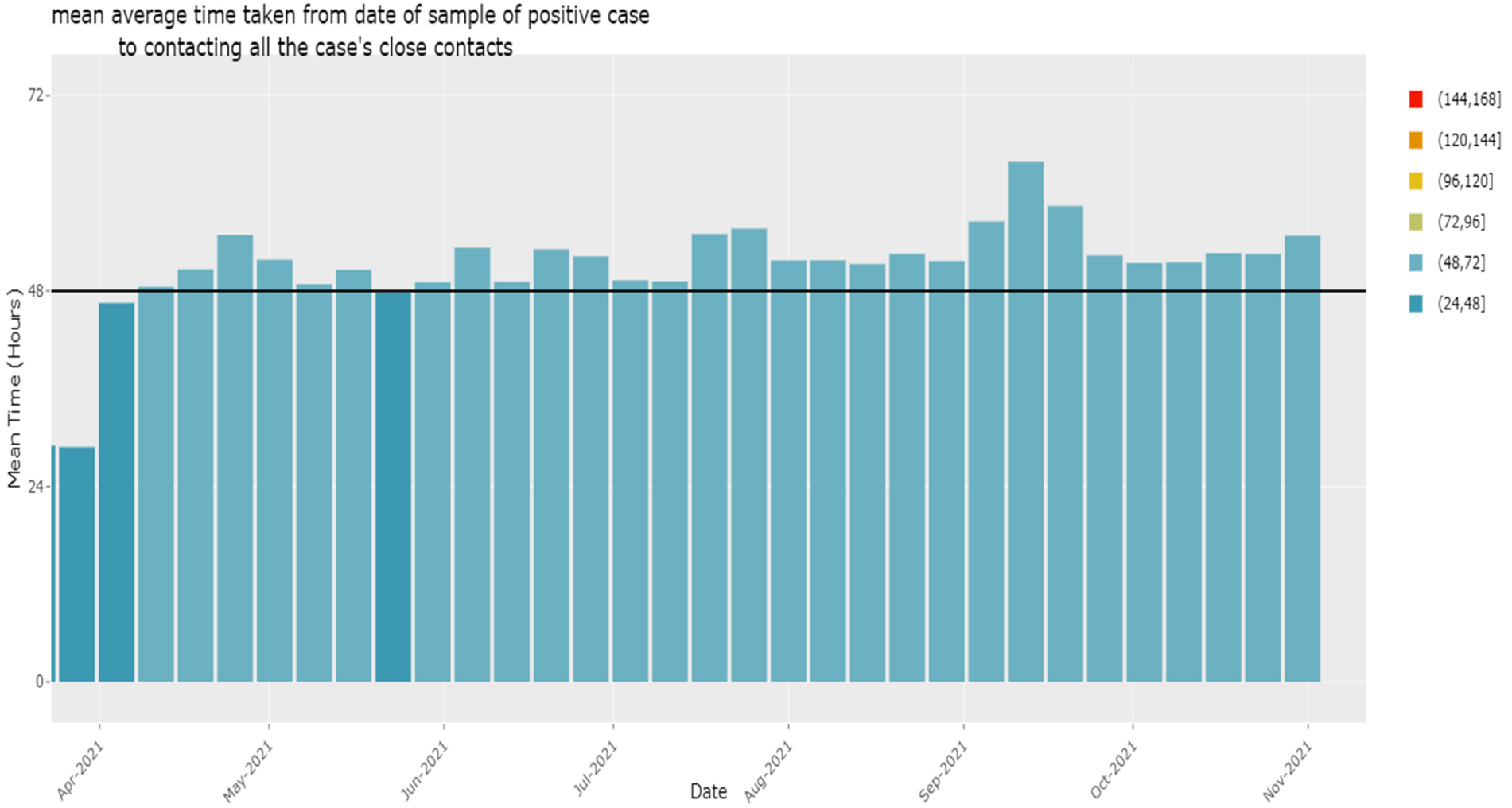
	Action from Business Plan:	Progress	Achievability (RAG) Sep	Achievability (RAG) Mar	Mitigating actions where performance is Amber / Red
	performance management and reporting system at all levels of the PHA.	OBA style reporting is in place already or is currently developing across a number of work areas. For example, PfG reporting requires performance level report cards and we have also developed a draft OBA framework for PL2 implementation. Corporately, we have developed and agreed our strategic alignment across key strategic documents and illustrated this using the golden thread. Work had started in 2019/20 to refocus business planning and performance management reporting around an outcomes based approach and a review of corporate performance documents is also now taking place to build on and progress this work. AMT approved the development of a strategic planning team for mental health in July 2021. This team will be responsible for developing a PHA wide thematic strategic plan and performance framework detailing PHA's responsibilities and actions for mental health and wellbeing and progress on achieving these. The first meeting of the group will take place in Nov 2021. This group will act as a prototype for future teams and work will begin in the next quarter to develop this model across other thematic areas.			
6	Build organisational knowledge and capacity of Outcome Based Accountability (OBA)	OBA style reporting is in place already or is currently developing across a number of work areas. For example, some work areas are using performance level report cards eg Family Nurse Partnership and others are developing outcomes frameworks e.g. PL2 implementation. As well as implementing OBA style reporting to build capacity and knowledge, the focus this year so far has been on promoting the			S.Wilson, Director of Operations (interim)

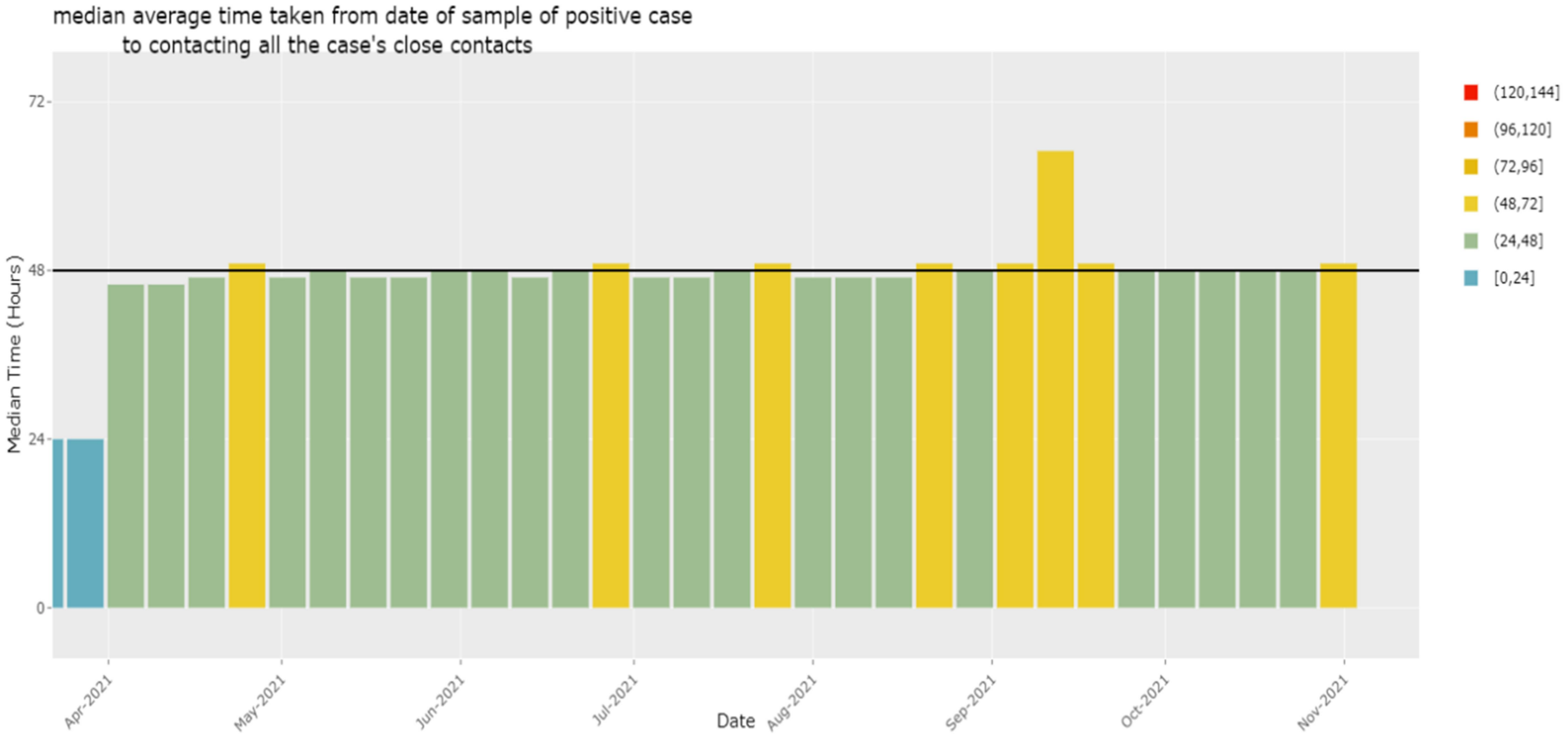
5. Our organisation works effectively

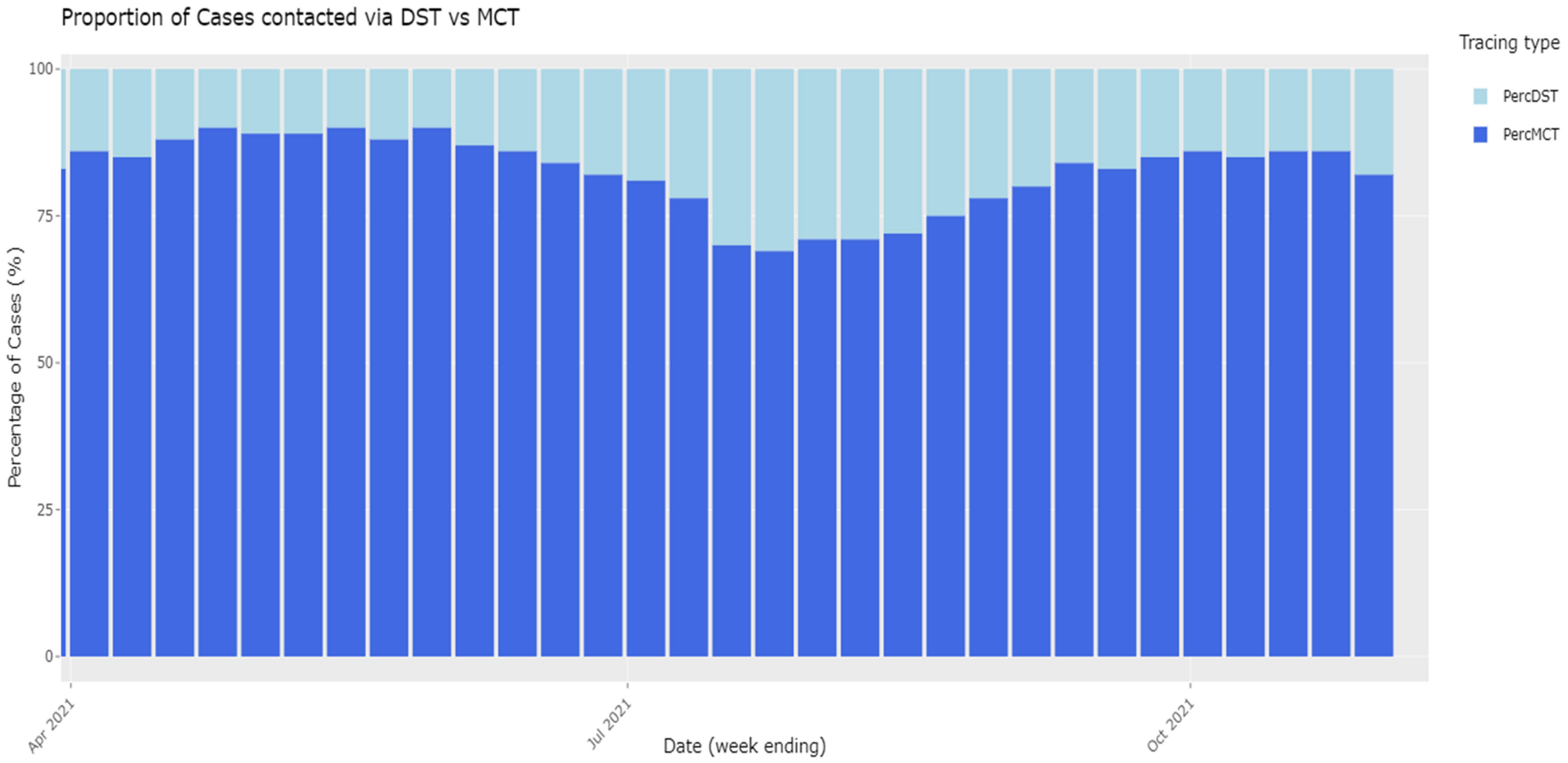
	Action from Business Plan:	Progress	Achievability (RAG) Sep	Achievability (RAG) Mar	Mitigating actions where performance is Amber / Red
		'golden thread' illustration of PHA's strategic alignment and the outcomes across a number of strategies that PHA contribute to. Work is underway to arrange a series of OBA awareness sessions			
7	Meet DoH financial, budget and reporting requirements.	Financial plan approved by Board June 2021 Financial reports to DOH delivered on time on a monthly basis. Financial Reports provided on a monthly basis to AMT and Board Financial position at month 6 breakeven projected.			Tracey McCaig Continue to monitor financial position on a monthly basis

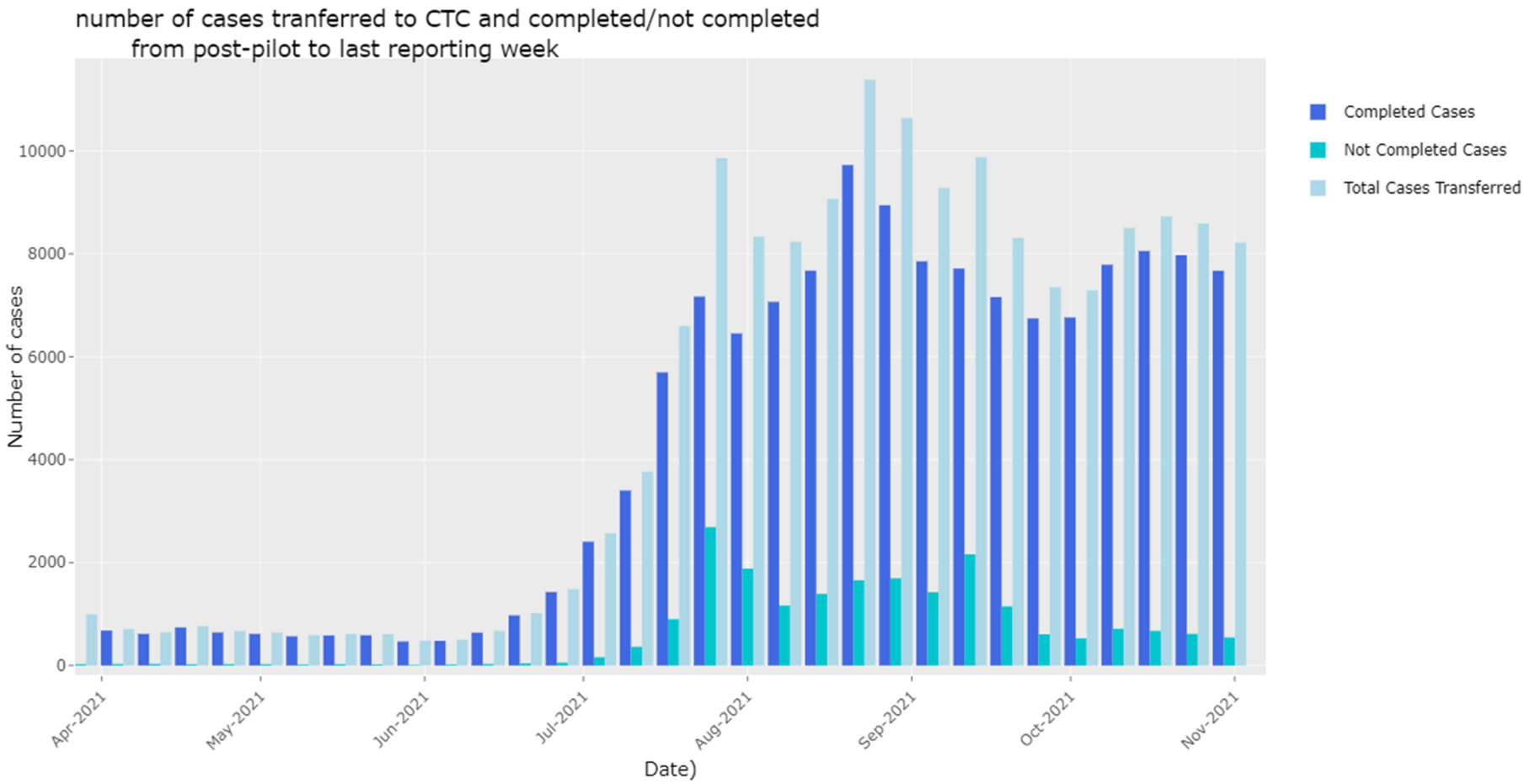
Appendix 1.2 - Summary of KPIs for Contact Tracing Service.

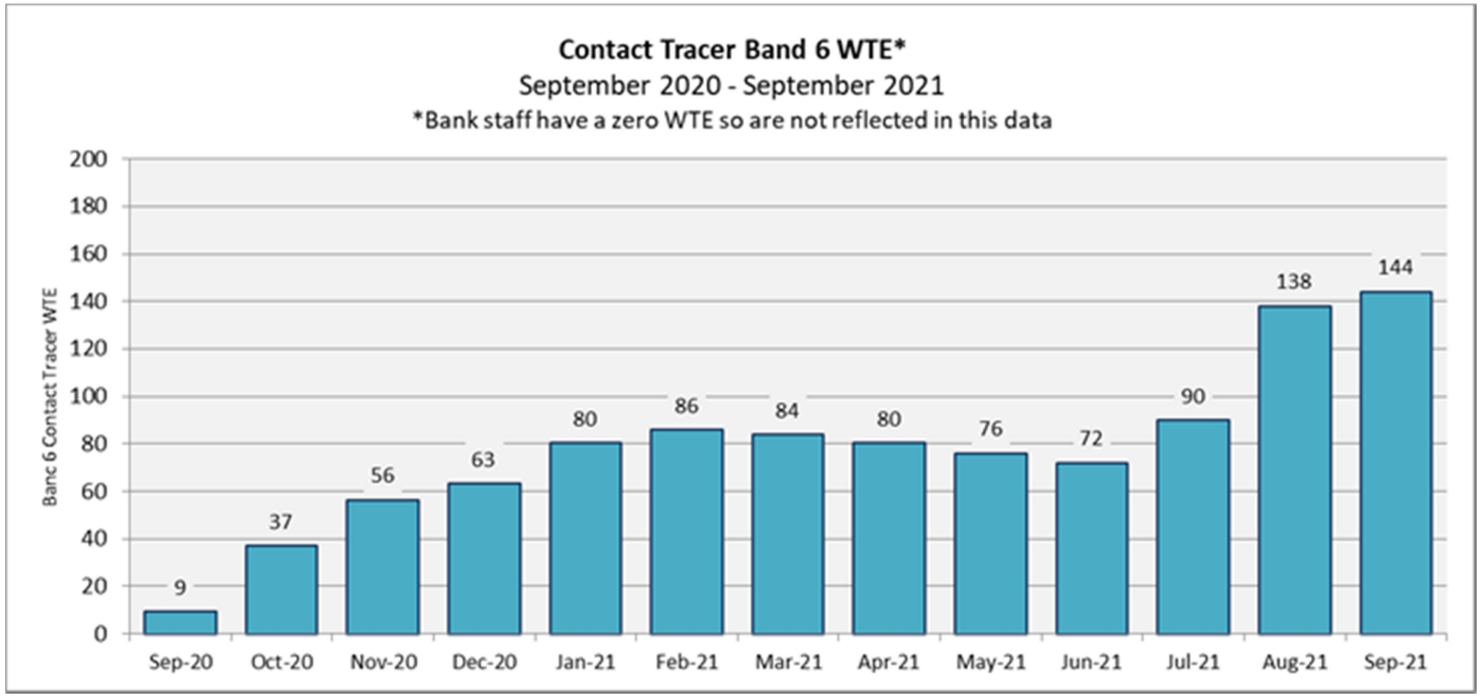


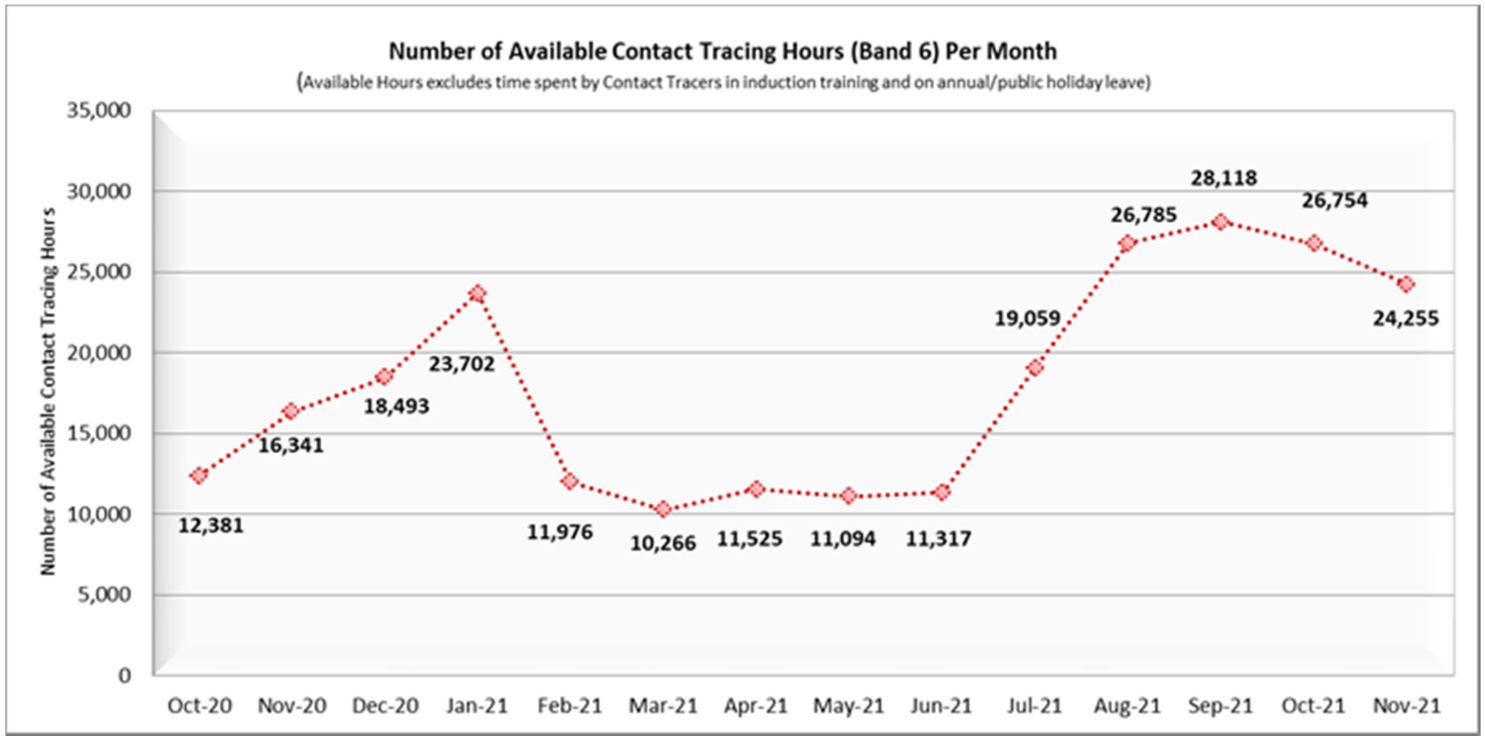

mean average time taken from date of sample of positive case
to contacting all the case's close contacts
72
48
24
0
Mean Time (Hours)
Apr-2021
May-2021
Jun-2021
Jul-2021
Aug-2021
Sep-2021
Oct-2021
Nov-2021
Date
(144,168]
(120,144]
(96,120]
(72,96]
(48,72]
(24,48]


median average time taken from date of sample of positive case
to contacting all the case's close contacts
Median Time (Hours)
72
48
24
0
Apr-2021
May-2021
Jun-2021
Jul-2021
Aug-2021
Sep-2021
Oct-2021
Nov-2021
Date
(120,144]
(96,120]
(72,96]
(48,72]
(24,48]
[0,24]


Proportion of Cases contacted via DST vs MCT
Tracing type
PercDST
PercMCT
Percentage of Cases (%)
100
75
50
25
0
Apr 2021
Jul 2021
Oct 2021
Date (week ending)


number of cases tranferred to CTC and completed/not completed
from post-pilot to last reporting week
Completed Cases
Not Completed Cases
Total Cases Transferred
Number of cases
10000
8000
6000
4000
2000
0
Apr-2021
May-2021
Jun-2021
Jul-2021
Aug-2021
Sep-2021
Oct-2021
Nov-2021
Date)


Contact Tracer Band 6 WTE*
September 2020 - September 2021
*Bank staff have a zero WTE so are not reflected in this data
Banc 6 Contact Tracer WTE
200
180
160
140
120
100
80
60
40
20
0
9
37
56
63
80
86
84
80
76
72
90
138
144
Sep-20
Oct-20
Nov-20
Dec-20
Jan-21
Feb-21
Mar-21
Apr-21
May-21
Jun-21
Jul-21
Aug-21
Sep-21


Number of Available Contact Tracing Hours (Band 6) Per Month
(Available Hours excludes time spent by Contact Tracers in induction training and on annual/public holiday leave)
Number of Available Contact Tracing Hours
35,000
30,000
25,000
20,000
15,000
10,000
5,000
0
12,381
16,341
18,493
23,702
11,976
10,266
11,525
11,094
11,317
19,059
26,785
28,118
26,754
24,255
Oct-20
Nov-20
Dec-20
Jan-21
Feb-21
Mar-21
Apr-21
May-21
Jun-21
Jul-21
Aug-21
Sep-21
Oct-21
Nov-21

Appendix 1.8 Screening Programmes - Current Position

All screening programmes impacted by Covid continue to build capacity and reduce delays for screening invites. The current position across each programme is below:

Bowel cancer screening: The delay in routine invitations is currently 23 weeks (reduced from 29 weeks). The catch up exercise will be completed by August 2022.

	No. of individuals with a completed screening test result		**2021 activity as a % of 2019 activity**
	2019/20	**2021/22**	
Quarter 1 (April – June)	22,398	22,703	101.4%

**note the type of screening test used in the programme changed from January 2021.The above numbers can reflect invites/test kits that were sent out several months prior.*

Breast screening: The round length is currently 38 months. This is down from 41 months in September 2020 (although it remains above the standard of 36 months). This is being achieved through the provision of additional screening clinics. Progress will not be linear as it is dependent upon the continued availability of staff.

	July- Sept 2019	**July-Sept 2021**	**2021 activity as a % of 2019 activity**
No of women invited	19,533	21,976	113%
No of women screened	15,128 (77% uptake)	15,613 (71% uptake)	103.2%

Cervical screening: The programme continues to operate with a 5 month delay in routine invitations with a formal catch up programme not likely to be feasible. Ongoing pressures are noted in relation to turnaround times for lab results and some colposcopy services. The number of screening samples received by the labs provides an indication of activity for women being screened. This figure is dependent on the number of women due for screening at a given time, the availability of appointments at GP practices, and the uptake by women, so it is subject to fluctuation.

	No. of cervical samples taken (as recorded received at a NI laboratory)		2021 samples taken as a % of 2019 samples
	2019/20	2021/22	
Quarter 1 (April – June)	31,668	27,939	88.2%

Diabetic eye screening: The programme continues to use a risk stratified approach to invite individuals for screening. Additional in year funding was secured via the June monitoring review to support recovery, and further expansion of capacity is being taken forward with the Trust to move towards reintroducing routine screening. This programme has faced significant logistical challenges due to the impact of covid. As well as a reduced patient throughput required for infection control purposes, programme has had to develop a new model of service delivery.

	No. of people screened		2021 activity as a % of 2019 activity
	2019/20	2021/22	
Quarter 1 (April – June)	12,459	6,539	52.5%

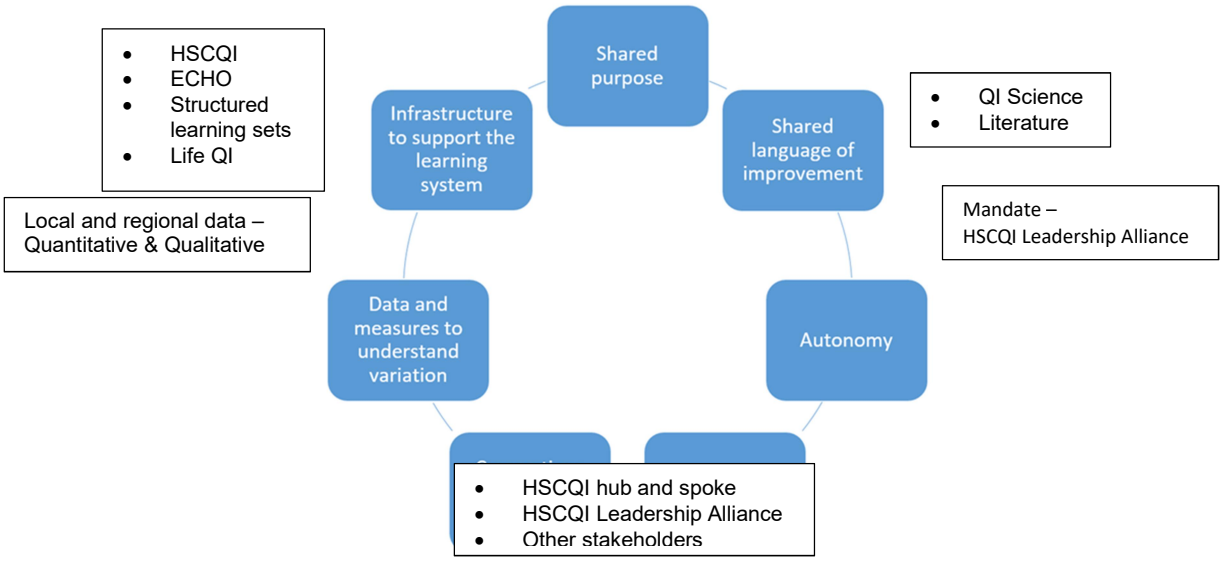
AAA screening: Surveillance scanning for men with small/medium AAA is operating as normal. Approximately 56% of men in the 20/21 cohort for primary screening have now been called for their initial appointment.

	No. of appointments completed		2021 activity as a % of 2019 activity
	2019/20	2021/22	
Quarter 2 (July – Sept)	1,794	2,134	119%

Appendix 1.14 - HSQQI

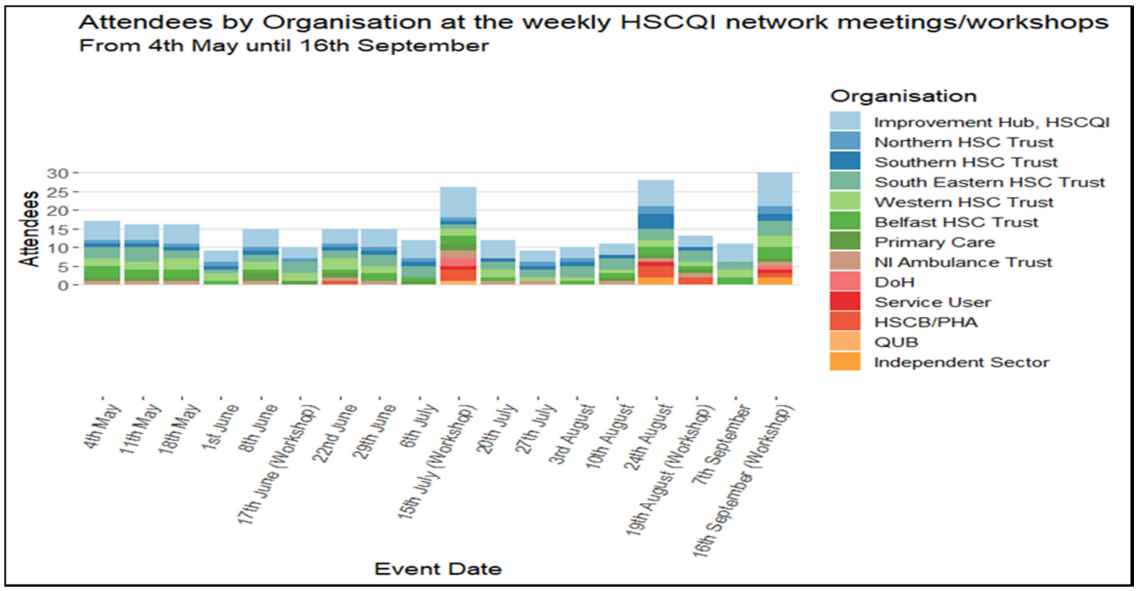
On 24th April 2020 Trust CEOs asked the HSCQI Network to provide support to Trusts and to the wider system in order to develop a regional learning system focused on lessons learned from Covid-19 to date.
During weekly meetings with QI Leads (May and June 2020) HSCQI members from across the system explored the core components of a learning system, depicted in Diagram 1(Amar Shah, Chief Quality Officer at East London Foundation Trust). This diagram has been used to assess the readiness of HSCQI as a regional learning system.

Diagram 1: Core components of a learning system.
Diagram Credit: Amar Shah, ELFT 2019



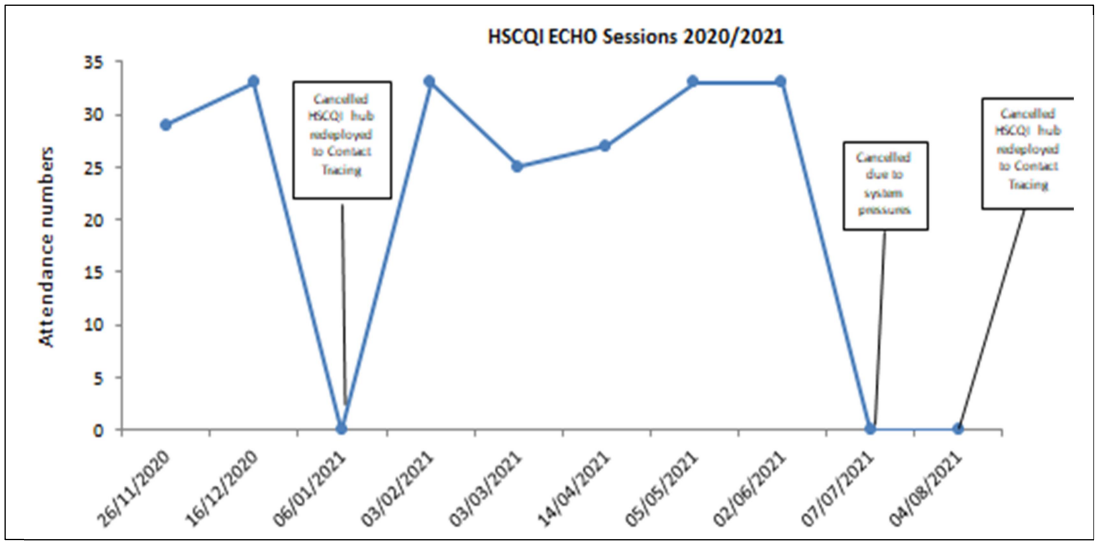
Using the structure of a 90 day learning cycle the HSCQI Network continued with these weekly meetings. A number of regional workshops were designed to identify a wide range of learning. Attendance at each of the meetings and workshops and the diversity of attendees is shown below in Diagram 2. Harvesting of examples during the 90 day cycle resulted in regional agreement to focus the collective improvement effort on 3 key areas: virtual visiting, virtual consultations and staff psychological wellbeing.

Diagram 2: Attendance at HSCQI Network meetings/workshops



Work streams for each of these 3 themes were established with representation from across the HSCQI network. To support this work the HSCQI Hub partnered with the Regional ECHO team to co-deliver monthly HSCQI learning sessions. Diagram 3 shows attendance numbers at each of the 7 sessions held between November 2020 and June 2021. The ECHO/HSCQI learning sessions were paused early June due to PHA Covid-19 pressures.

Diagram 3: ECHO session



Virtual Visiting:
The scale and spread of virtual visiting across Trusts during 2020/21 during the COVID 19 pandemic has been a real success story, accelerated by the focus of HSCQI and of the HSCQI Leadership Alliance.
Quality Improvement Teams from across the region engaged with HSCQI and collected data on activity as displayed below looking at the number of participating wards and uptake of virtual visiting slots. These QI teams used run and SPC charts

to tell the story and show their tests of change. Examples of QI data collected from one of these teams shown in the appendix – diagrams 4 and 5.

Diagram 4

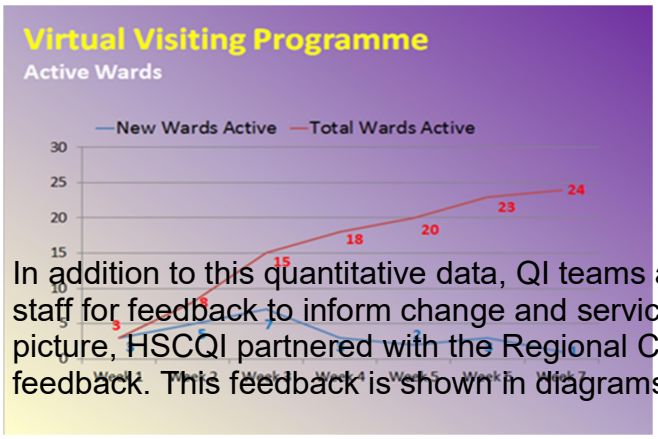
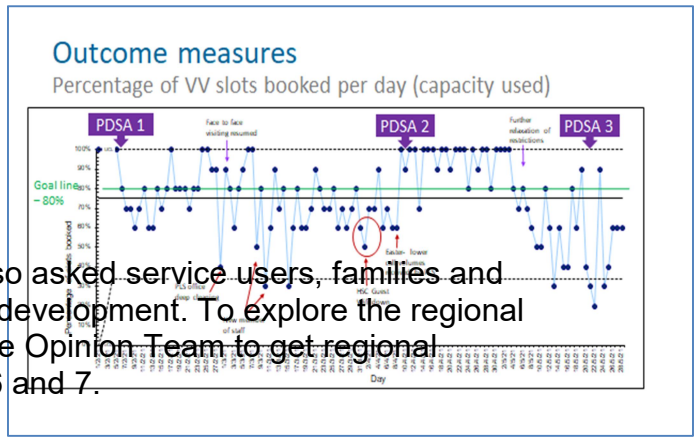


Diagram 5



In addition to this quantitative data, QI teams also asked service users, families and staff for feedback to inform change and service development. To explore the regional picture, HSCQI partnered with the Regional Care Opinion Team to get regional feedback. This feedback is shown in diagrams 6 and 7.

Diagram 6

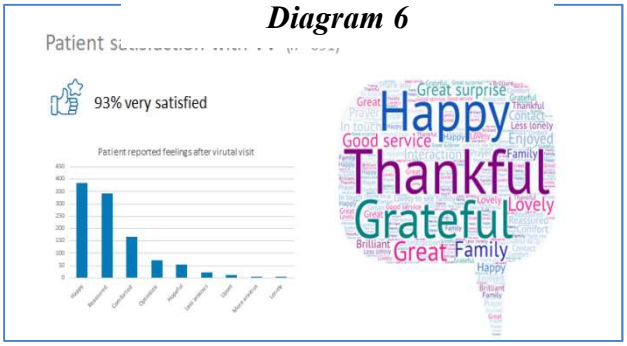
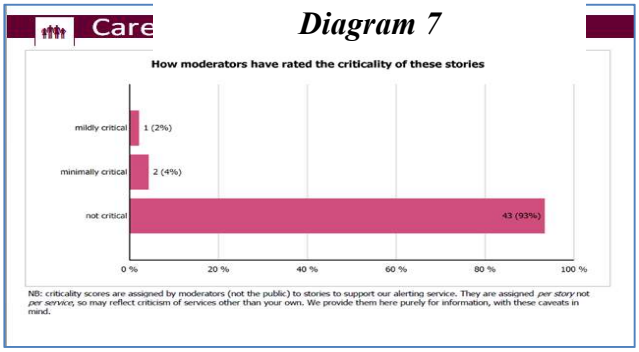


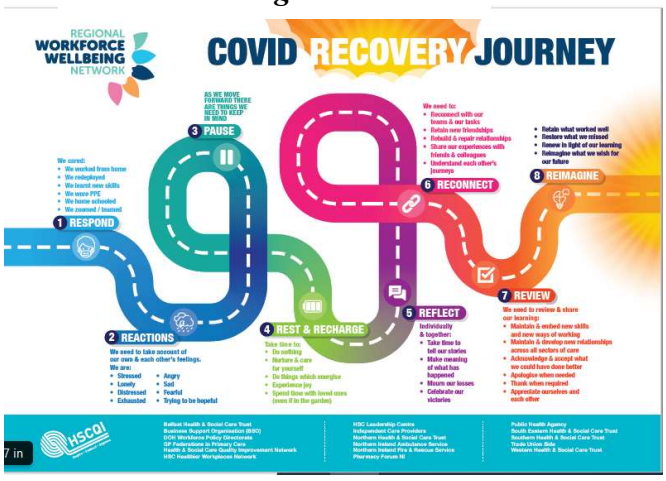
Diagram 7



Following agreement with the HSCQI Leadership Alliance in June 2021, responsibility for sustaining virtual visiting now sits locally with Trusts, with regular "check-ins" from the HSCQI Hub to ensure sustainability.

Staff psychological wellbeing:
A number of examples of initiatives to support staff psychological wellbeing during the first wave of Covid-19 were harvested.
Given the scope of this work, this workstram connected with other regional groups, for example colleagues in the Public Health Agency Staff Wellbeing group and with the DoH Regional Staff Health and Wellbeing group.
Work has been progressed through all of these groups to develop a regional infographic and animation to promote the 'Bridge to Recovery' message for staff – diagram 8.

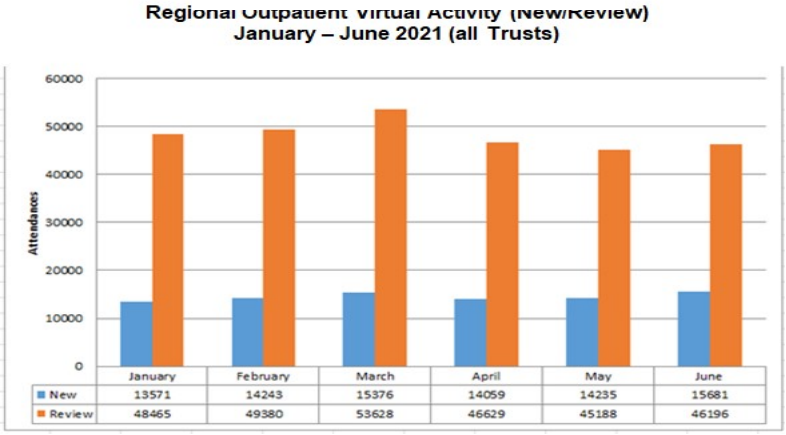
Diagram 8



Virtual Consultations
All Trusts have made progress in this area with many developing local guidance. Through the HSCQI Learning System sub group many are beginning to focus on data and measures to demonstrate the effectiveness or “quality” of Virtual Consultations.
Measures being progressed through the virtual consultations work stream include:

1. Patient or service user feedback
2. Staff Feedback
3. The number of virtual consultations offered and the number of consultations that actually took place. Diagram 9 shows regional virtual activity between January and June 2021.

Diagram 9



Framework for scale up:
In order to support regional scale and spread within these learning themes, HSCQI carried out a literature review to identify a robust framework for scale and spread. A proposed framework has been discussed with QI Leads and the HSCQI Leadership Alliance. If endorsed, this regional scale up framework will become an integral part of HSCQI Learning System going forward.

Appendix 3.9 - Early Intervention Support Service Regional Annual Report Card No 29

EISS

The Early Intervention Support Service

for families with children between 0 and 18 years old

Data presented- 01 April 2020– 31st March 2021

WHAT IS THE EARLY INTERVENTION SUPPORT SERVICE?

The Early Intervention Transformation Programme (EITP) is delivered as part of the Delivering Social Change agenda in partnership with Atlantic Philanthropies. It represents a new joined up working and funding across five Government Departments to drive through initiatives which will have a significant impact on outcomes for families with children 0-18 years old. As part of EITP a new Early Intervention Support Service (EISS) is being established in five areas across Northern Ireland. The aim of the EISS is to support families when difficulties arise before they need involvement with statutory services. The EISS will deliver and coordinate person centred, evidence based, early intervention for families with children 0-18 years old within Tier 2 of the Hardiker Model.

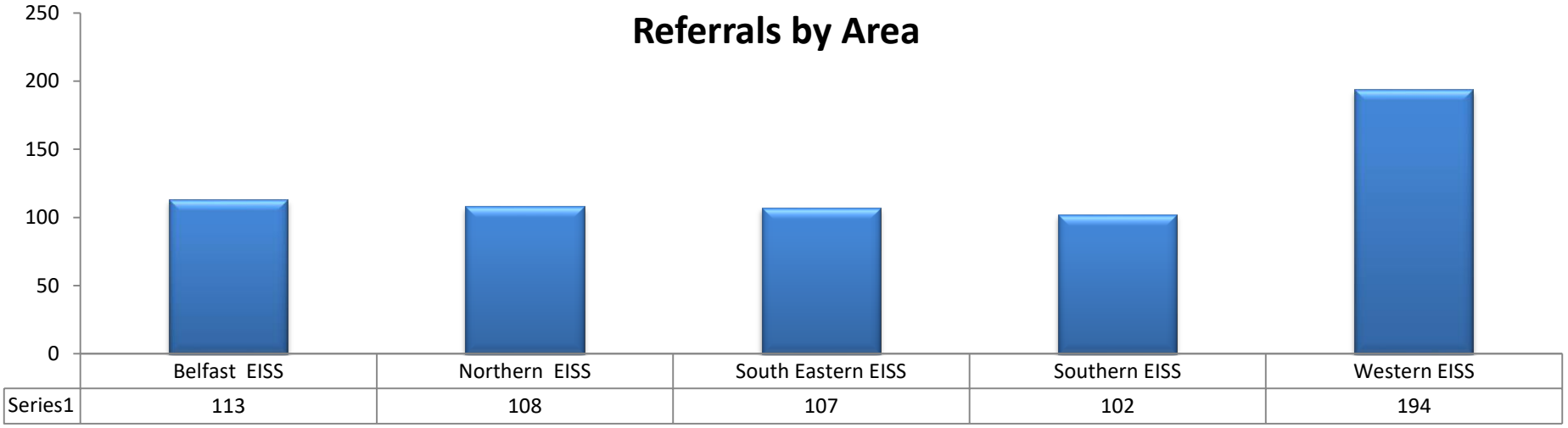
Northern Ireland Executive
www.northernireland.gov.uk
DELIVERING SOCIAL CHANGE

Early Intervention Transformation Programme

The ATLANTIC Philanthropies

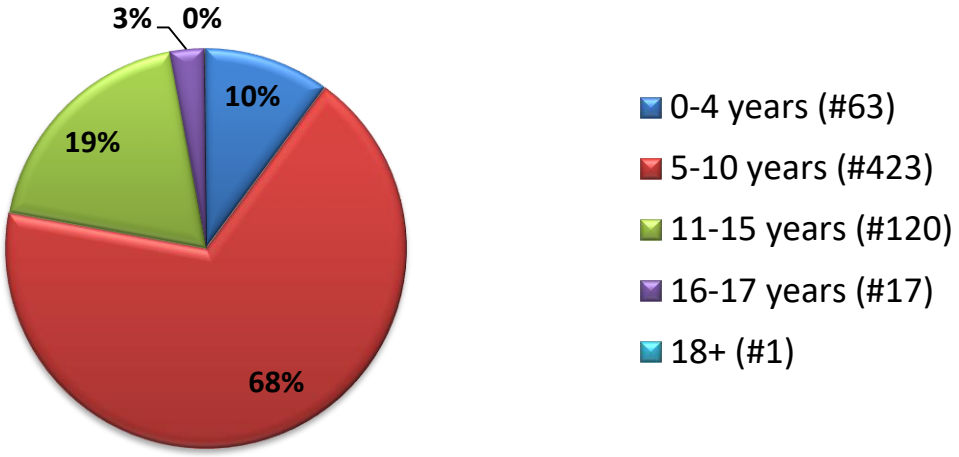
How much did Regional EISS do?

PM2a – No of Family Referrals by EISS Area Apr 20 – Mar 21 (#624)



There are no targets for referrals to the EISS, targets set relate to the number of families supported.

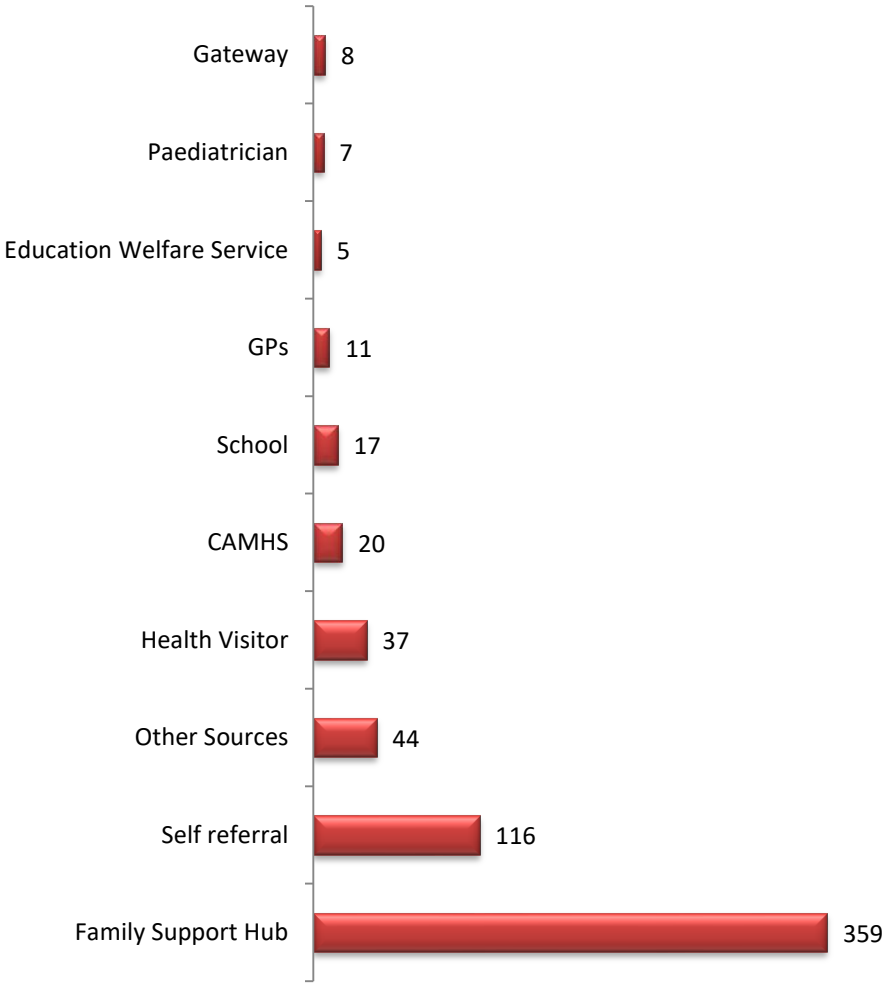
PM2b- Referrals of Children and Young People by Age Range Apr 20 – Mar 21 (#624) Children & Young People)



The EISS supports families with Children and Young People 0-18 years of age. Referrals by age range is comparative to the Family Support Hubs with referral rates highest for children between 5-10 years. This may partly be attributed to Sure Start providing support for children 0-4 years in many areas.

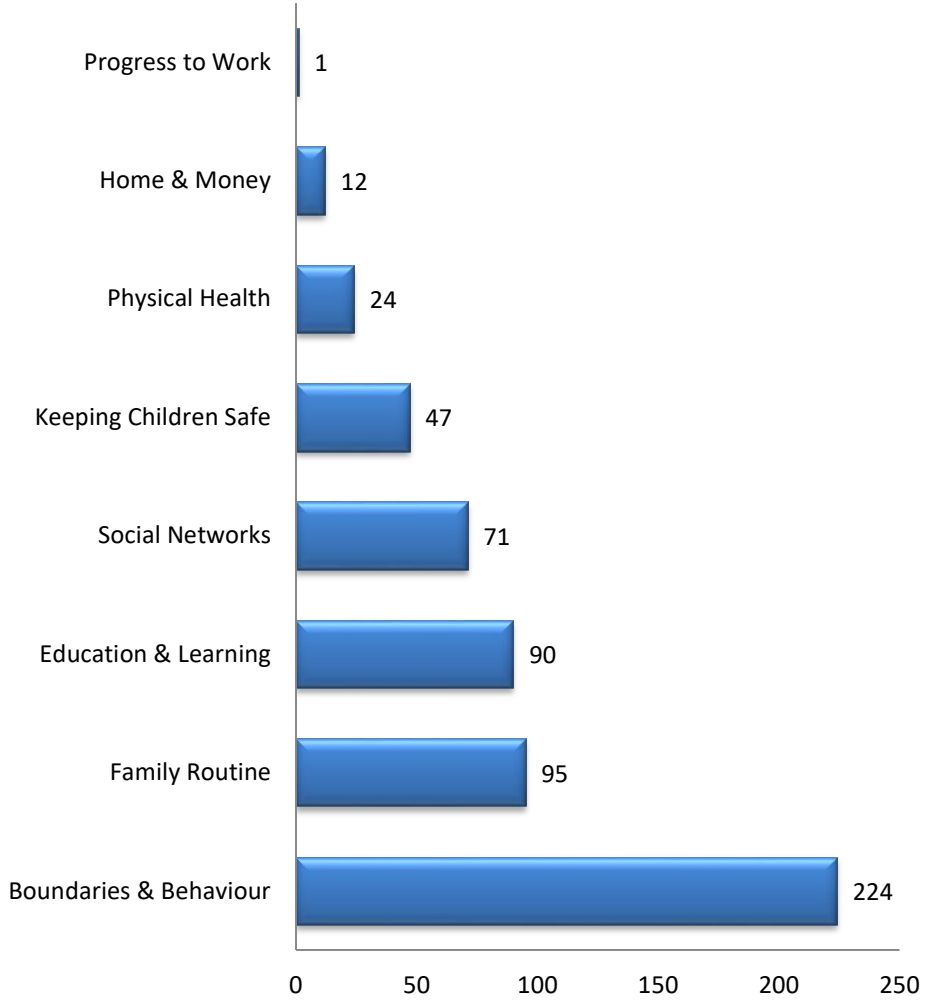
How much did Regional EISS do?

PM2c - Referrals through Referring Agencies Apr 20– Mar 21(#624)



Family Support Hubs currently accounts for 58% of referrals to the EISS; self referrals and referrals from agencies directly to the EISS are increasing each quarter in all EISS.

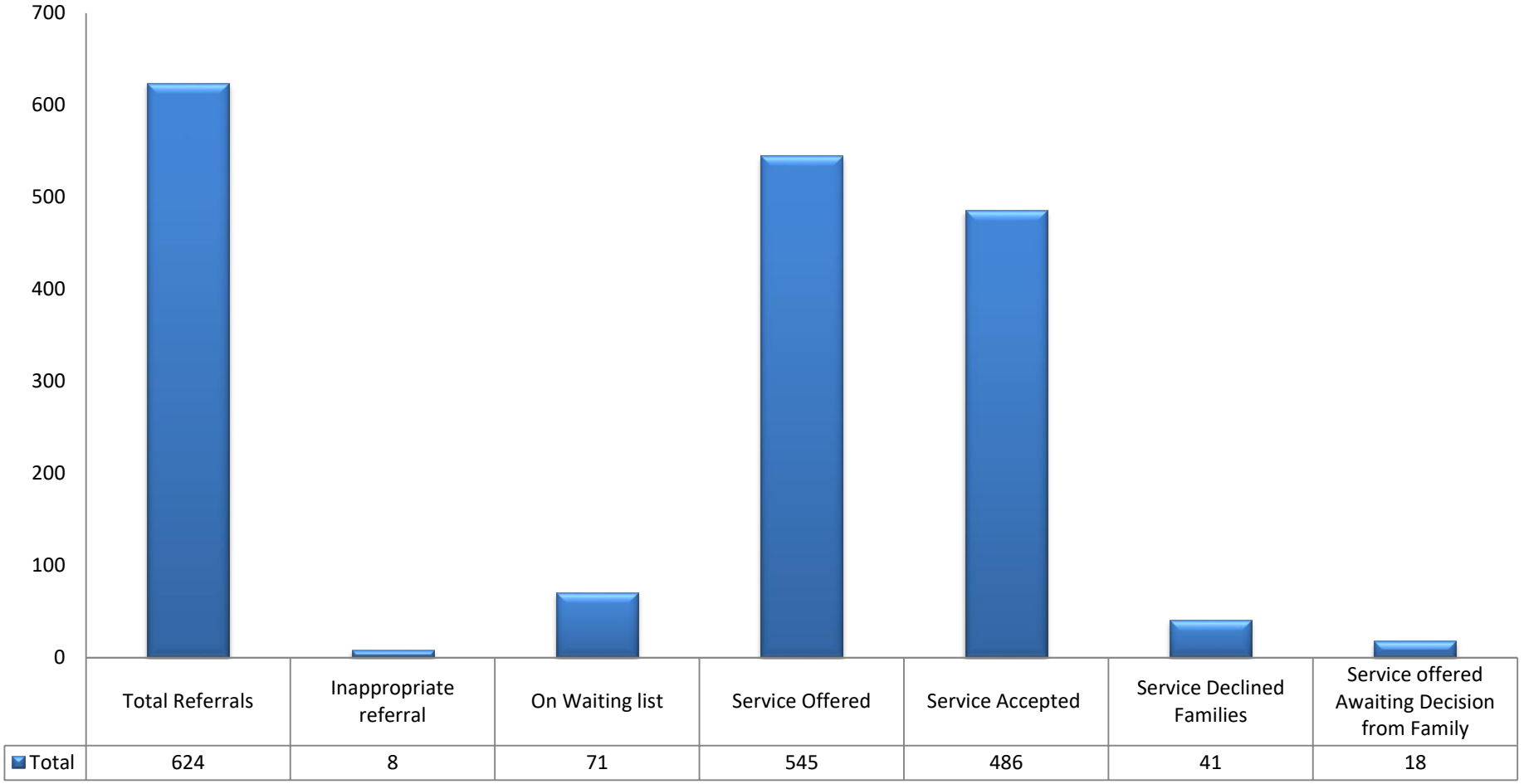
PM2d–Reason for referral 10 Apr 20 – Mar 21



A number of families are referred for practical support – service providers report that when assessed the needs of families are often more complex requiring therapeutic interventions as opposed to practical support.

How much did Regional EISS do?

PM3- No of Families Offered, Accepted, Awaiting Outcomes & Declined Apr 20 – Mar 21 (#624 Referrals Received)



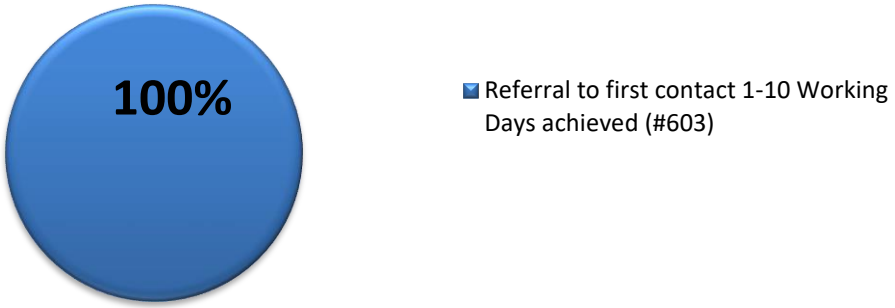
	Total Referrals	Inappropriate referral	On Waiting list	Service Offered	Service Accepted	Service Declined Families	Service offered Awaiting Decision from Family
Total	624	8	71	545	486	41	18

It is noted that from Apr 20 – Mar 21approximately 7% of referrals received did not receive the EISS as the referral was either inappropriate or the family declined the offer of the service. Families on a waiting list will receive a first visit within 8 weeks.

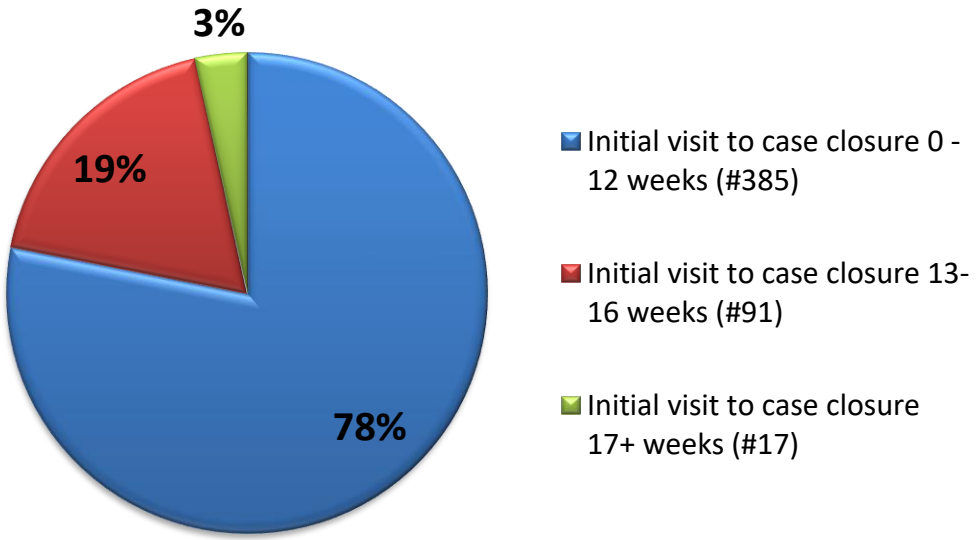
How well did Regional EISS do it?

PM4– Length of time between Referral to First Contact Apr 20 – Mar 21 Based on #603 Closed Cases

(*Target first contact within 1-10 working days)*



PM5– Length of Intervention Apr 20 – Mar 21 Based on #603 Closed Cases



EISS provides support for a 12 week period; an extension up to 4 weeks is agreed with the EISS manager if required and the practitioner at a local level. An extension may be required for a number of reasons e.g. holidays, illness, cancelled or missed appointments. An extension of 17+ weeks is only agreed in exceptional circumstances.

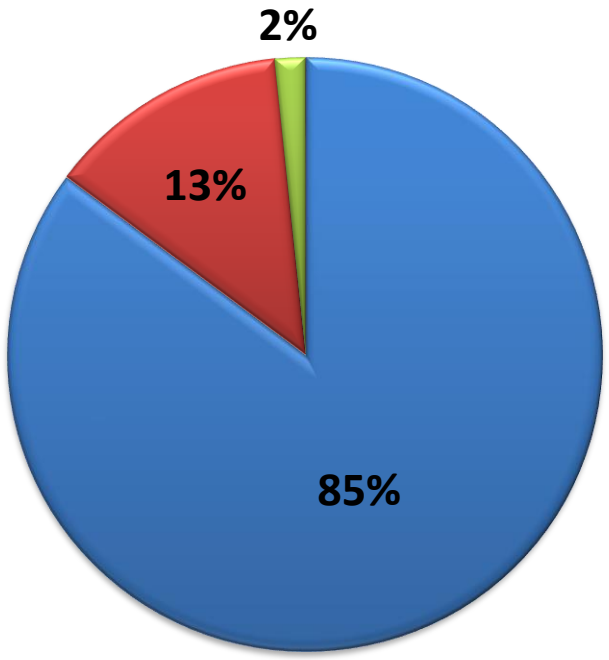
The average length of intervention Apr 20– Mar 21 was 11weeks

Please note *95(18%) families did not receive an initial visit as they declined the offer of the EISS when contacted. This figure is higher than previous years and has been attributed to Covid-19 as visits were remote for part of the year; a number of families did not want remote visits.*

How well did Regional EISS do it?

PM6– Outcome of Intervention Apr 20 – Mar 21 based on closed cases #603

Families Supported Apr 20 - Mar 21



Contract Targets

- Annual targets are 120 families per year per EISS.
- Flexibility in targets for 2020/2021 was agreed by PHA to take account of the impact of Covid-19 on EISS
- 493 Families were supported by EISS regionally in 2020/2021

The Early Intervention Support Service is a strengths based, needs led, home based family support service

- Families are assigned a key worker each whole time equivalent worker holds a case load of approximately 12 families
- The Key worker provides support to the family for a period of approximately 12 weeks.
- The Outcomes Star is completed collaboratively with families as an integral part of key work.
- Individual & family sessions are provided using a range of therapeutic interventions including motivational interviewing, Solihull Approach and Solution Focused Brief Intervention Therapy.
- Therapeutic sessions account for 91% of the interventions used by practitioners.
- Practical support is also provided when required for a small number of families.

How well did Regional EISS do it?

PM7 - % of families satisfied / very satisfied with the service Apr 19 – Mar 20 Based on #603 closed cases

- **303 parent/carer user satisfaction forms were completed 81% of families rated the service as excellent ; 13% rated the service as very good & 6% rated the service.**
- **138 child/young person user satisfaction forms were completed 53% of children/young people rated the service as excellent ; 38% rated the service as very good;9% rated the service as good &1% rated the service as not good.**

"The service was a lifeline for me and got me through some difficult days. Every session was very helpful, and I felt listened to. I always looked forward to each session and I feel like I have a voice now about supporting my son's needs."
Parent

Niacro EISS is such a valuable service to the Family Support Hub. We know that families are in good hands with the team and that they will receive tailored support to meet their individual needs. It is an essential service we often refer to and see positive outcomes for families who engage. (Family Support Hub Co-ordinator)

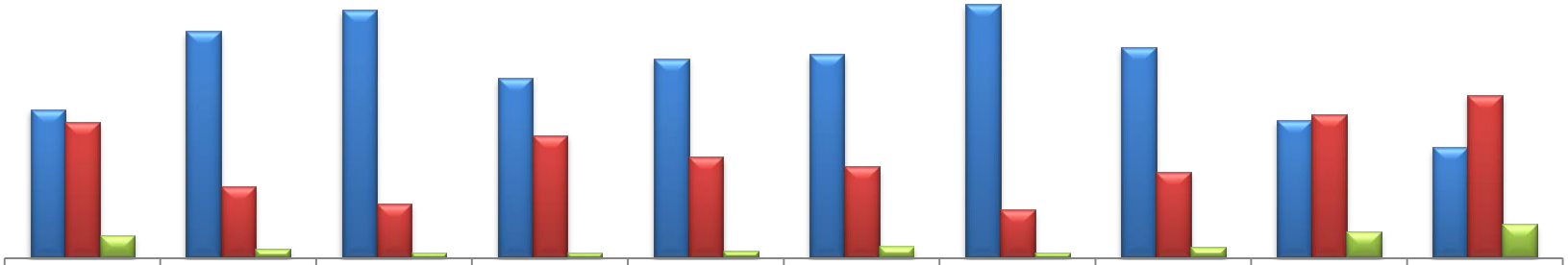
"I like the ideas of how I can be not nervous. The things of what I could scale 1-5 and how I can help myself."
Child

"I was so glad of the support especially over lockdown, even just to chat and take my mind off the situation for a while and also knowing you where there for support and help was a great comfort."
Parent

Regional EISS - Is anyone better off?

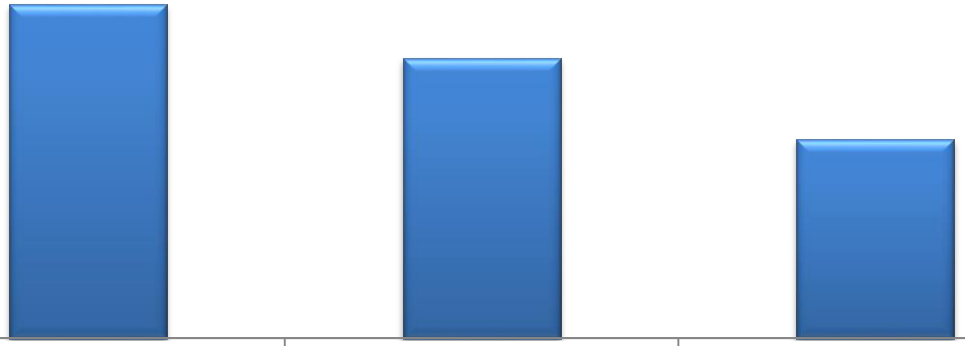
PM 8 Apr 16– Mar 21 based on #2163 Families

Family Star Plus (Cumulative from Apr 16- Mar 21 #2163 Families)



	Physical Health #1466	Your Well Being #1237	Emotional Health #31549	Keeping Children Safe #503	Social Networks #759	Eduaction & Learning #950	Boundaries & Behaviour #1928	Family Routine #1074	Home & Money #95	Progress to Work #34
% Made Progress	48	74	81	58	65	66	82	69	45	36
% No Change	44	23	18	40	33	30	16	28	47	53
% Dropped Back	8	3	2	2	2	4	2	4	9	11

How many Service Users Improved - Family Star Plus (Cumulative from Apr 16 - Mar 21# 2163 Families)



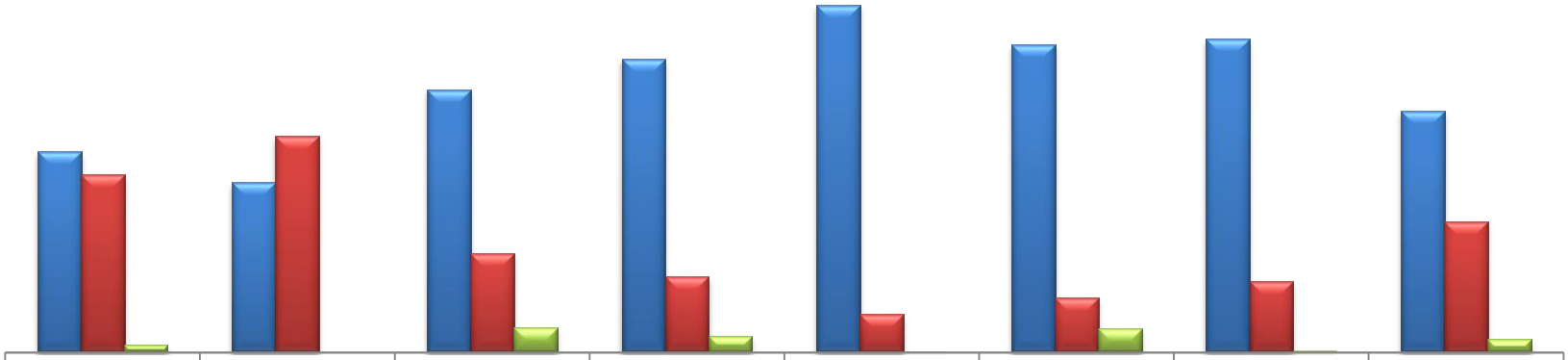
	Improving in at least 1 area #2040	Improving in at least 2 areas #1703	Improving in at least 3 areas #1209
Series1	94%	79%	56%

The Family Star Plus focuses on ten core areas that have been found to be critical in enabling children and young people to thrive.
Project workers agree with families which areas they want to focus on.
Interventions would generally be focused on a maximum of three areas.

Regional EISS - Is anyone better off?

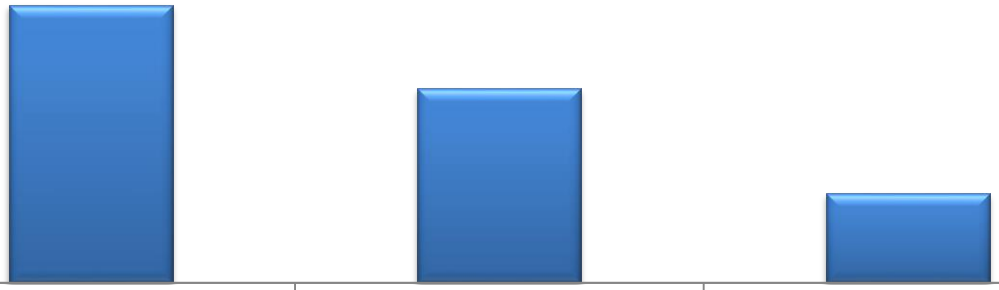
PM 8 Apr 16 – Mar 21 Based on #419 Families

My Star (Cumulative from Apr 16- Mar 21 #419 Families)



	Physical Health #50	Where you live #25	Being Safe #47	Relationships #92	Feelings and Behaviour #394	Friends #113	Confidence and self esteem #248	Education & Learning #15
% Made Progress	52	44	68	76	90	80	81	63
% No Change	46	56	26	20	10	14	19	34
% Dropped Back	2	0	6	4	0	6	0	3

How many Service Users Improved (Cumulative from Apr 16 - Mar 21 #419 Families)



	Improving in at least 1 area #390	Improving in at least 2 areas #273	Improving in at least 3 areas #128
Series1	93%	65%	30%

My Star focuses on ten core areas that have been found to be critical in enabling children and young people to thrive. Project workers agree with children and young people which areas they want to focus on. Interventions would generally be focused on a maximum of three areas.

Case study Northern Early Intervention Support Service 2021

Request for service:
Referral received for E, through Family Support HUB by Community Paediatrician due to his challenging behaviour. Marked behaviour issues reported, possible underlying Autism. Awaiting assessment. Mum was finding it particularly difficult during lockdown to manage his outbursts and support him the best she could as she was finding her own mood low.

Case Profile:
Mum was finding things very difficult at present due to Lock Down and having children home all the time. She was finding E becoming increasingly frustrated and defiant. She reports he has melt downs daily and there seems to be no trigger, trying to help with school work was challenging. She became upset during the assessment. It was agreed we would focus on not only E's behaviour and emotions but her well being as well.

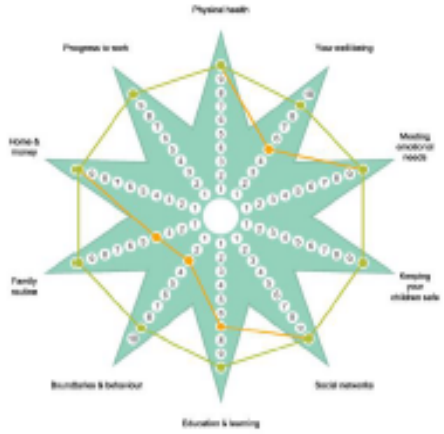
Assessment with Family star –

- **Your (Parental) Wellbeing: 5**
- **Boundaries and Behaviour: 3**
- **Education and Learning 7**
- **Family Routine 4**

Intervention –
Work was completed with the family on a weekly basis, either in person outside or via phone support. Most work was completed with mum; however E was included in some sessions also to build on more positive interaction. Using the Solihull Approach, much of the support provided was emotional, giving mum the opportunity to work through strategies for managing E's behaviour and building her confidence to deliver these.
Behavioural interventions and resources were also provided which mum found useful throughout, having better routine and structure helped her manage supporting his learning. By the end of the intervention, mum could see some really positive changes. She reported that E was having fewer meltdowns, and even when he was, they lasted a shorter time, and she was able to manage them more effectively.

Outcomes **- Based on areas of Star being worked on**

- **Your wellbeing: 9**
- **Boundaries and behaviour 9**
- **Education & Learning 10**
- **Family Routine 10**



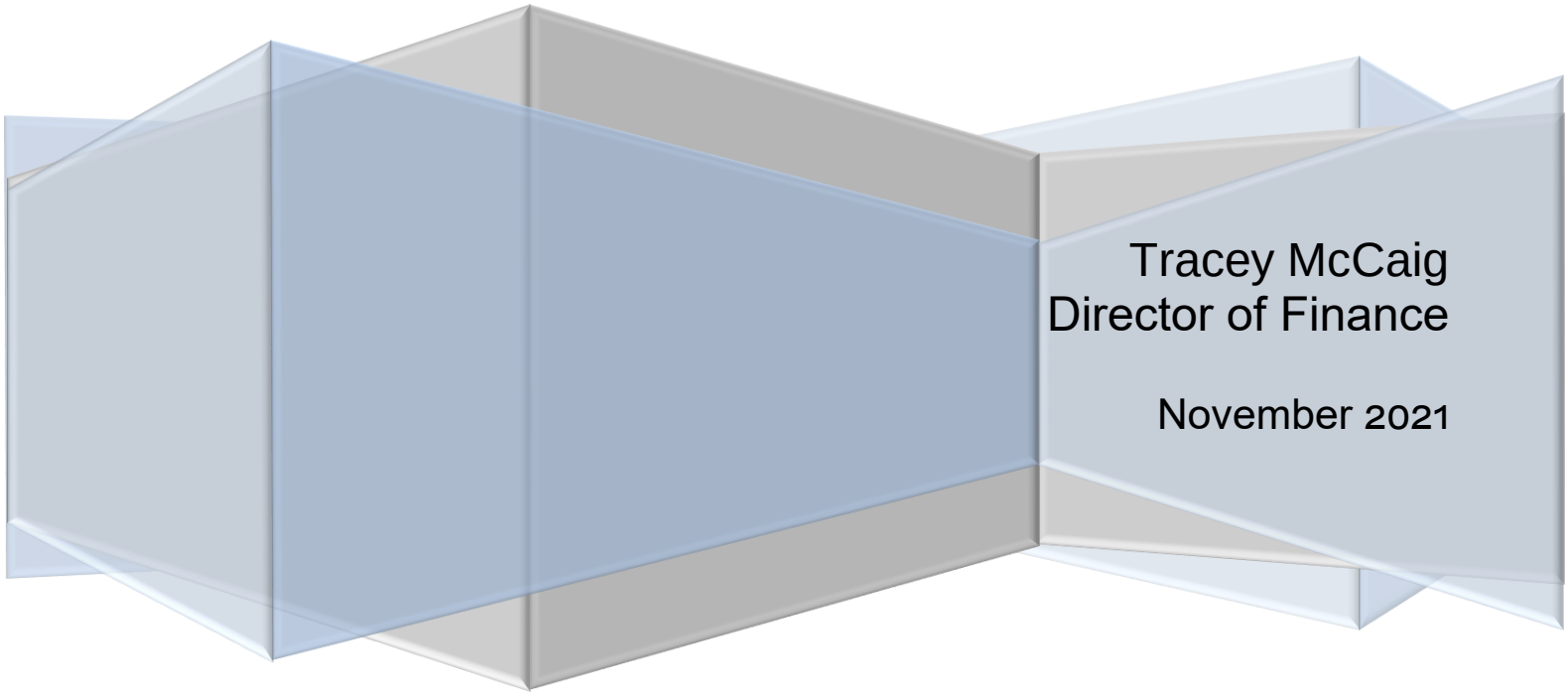
Family Star Plus

	First Star Score	Final Star Score
Your wellbeing	5	9
Boundaries and Behaviours	3	9
Education & Learning	7	10
Family Routine	4	10

Service User Feedback

Elaine found the intervention extremely useful. She said she felt much more in control of things at home and just had an overall sense of better wellbeing in herself.

Finance Report
September 2021



Tracey McCaig
Director of Finance

November 2021

Section A: Introduction/Background

1. The PHA Financial Plan for 2021/22 was approved by the PHA Board in the June 2021 Board meeting, which described the opening financial position of the organisation and reported an anticipated breakeven position within 2021/22.

2. The Financial Plan identified a number of areas of projected slippage and how this was to be used to address in-year pressures and priorities.

3. This executive summary report reflects the latest position, as at the end of September 2021 (month 6). Supplementary detail in the format of previous reports is provided in Annex A.

Section B: Update – Revenue position

4. The PHA has reported a year to date surplus, at September 2021, of £0.5m (£1.0m at August 2021).

   The primary movements relate to the year to date are as follows:

   - Programme expenditure – movement of £0.46m bringing the previous underspend to a small overspend cumulatively (£0.03m). The main movements relate to:
     - expenditure within the area of Health Improvement back in line with profiled budget, a movement of £0.37m from month 5, reducing the variance to an underspend of £0.02m; and
     - planned expenditure in the area of Campaigns being ahead of profiled budget, a movement of £0.25m, creating a small cumulative overspend at the end of month 6 (£0.30m).
   - a small decrease in Management & Admin underspend (£0.02m).

5. The updated position is summarised in the table below.

PHA Summary financial position - Sept 2021

	Annual Budget £'000	Month 6 budget £'000	Month 6 Expenditure £'000	Month 6 variance £'000	Projected year end Surplus / (Deficit) £'000
Health Improvement	11,815	5,908	5,908	0	
Health Protection	7,262	3,631	3,631	0	
Service Development & Screening	13,074	6,537	6,537	0	
Nursing & AHP	4,997	2,499	2,499	0	
Centre for Connected Health	1,426	713	713	0	
				0	
Programme expenditure - Trusts	**38,575**	**19,287**	**19,287**	**0**	**0**
Health Improvement	28,653	11,872	11,856	16	500
Health Protection	11,763	6,967	6,976	(10)	
Service Development & Screening	4,179	1,135	961	175	
Research & Development	3,211	0	0	0	
Campaigns	1,471	282	577	(295)	
Nursing & AHP	3,541	43	44	(2)	
Centre for Connected Health	463	103	79	24	
Quality Improvement	200	64	0	64	
Other	(748)	0	2	(2)	
Programme expenditure - PHA	**52,733**	**20,466**	**20,495**	**(29)**	**500**
Subtotal Programme expenditure	**91,308**	**39,754**	**39,783**	**(29)**	**500**
Nursing & AHP	5,143	2,520	2,171	349	
Quality Improvement	593	295	292	2	
Operations	4,119	2,059	1,893	166	
Public Health	16,017	7,974	8,016	(42)	
PHA Board	328	154	187	(33)	
Centre for Connected Health	407	203	209	(6)	
SBNI	735	394	298	96	
Subtotal Management & Admin	**27,341**	**13,599**	**13,066**	**533**	**789**
Trusts	0	0	0	0	
PHA Direct	7,966	3,828	3,828	0	(500)
Subtotal Covid-19	**7,966**	**3,828**	**3,828**	**0**	**(500)**
Trusts	0	0	0	0	
PHA Direct	272	0	0	0	
Subtotal Transformation	**272**	**0**	**0**	**0**	**0**
Trusts	0	0	0	0	
PHA Direct	391	186	186	0	
Other ringfenced	**391**	**186**	**186**	**0**	**0**
TOTAL	**127,277**	**57,366**	**56,862**	**504**	**789**

N.B. Summary table may be subject to minor roundings

6. In respect of the year to date surplus of £0.5m:
    - There are a number of variances to profiled budget within the area of PHA Programme expenditure, including expenditure in respect of Campaigns, referenced above, and a current underspend in the area of Service Development & Screening which is mainly due to a slight delay in the issue of funding for Breast Screening, profiled for issue in month 6, and being issued in month 7.
    - An underspend in the area of Management & Admin, primarily in the areas of Nursing & AHP and Operations, which reflects a high level of vacant posts in each area. Efforts are on-going to fill these posts as soon as possible.

7. The forecast year end position has moved marginally to £0.79m (£0.8m in the prior month) and is being kept under close review. Following a mid-year review of all Programme planned expenditure:
    - Covid related downturn has been projected in the Nicotine Replacement Therapy (NRT) budget, with a projected surplus of £0.5m for the year;
    - Contact Tracing Centre expenditure of a total of £9m has been projected, with a net requirement being advised to DoH of £8.5m, as a result of the identified NRT Covid downturn of £0.5m.

Section C: Risks

8. **Internal Programme expenditure outturn.** As in each year, Programme expenditure needs to be monitored closely to ensure that planned expenditure is met. As referenced above, the PHA senior team is conducting a mid-year review of expenditure plans to identify any potential easements or inescapable pressures which may need to be addressed in-year.

9. **Management and Administration expenditure outturn.** This is closely monitored by the Finance team, in conjunction with PHA management, to ensure that the forecasted financial position is updated on a monthly basis. However,

given current plans and timelines for recruitment, the level of slippage highlighted will require to be considered for reapplication to other priorities or pressures through the mid-year review process.

10. **Ring-fenced funding - Covid.** The position assumes that all areas of expenditure, funded via Covid funding, will breakeven. Currently the majority of Covid expenditure relates to the Contact Tracing Centre, however it is anticipated that expenditure will commence in other areas in the coming months. A business case for additional funding in respect of the Contact Tracing Service has been finalised for issue to the DoH for additional funding in this area. Regular reviews are undertaken on all areas relating to Covid ring-fenced funding, to identify any areas of risk and close liaison will continue with the DoH.

11. **Covid response impact on PHA.** It has been a challenging period for PHA, not least from the focus on the operational nature of the Contact Tracing Service and other Covid impacts to normal service provision. Staff internally have been sourced to support the service, which has impacted the PHA's ability to fully conduct it's business as usual operational requirements.

12. Due to the complex nature of Health & Social Care, there will undoubtedly be further challenges with financial impacts which will be presented in year. PHA will continue to monitor and manage these with DoH and Trust colleagues on an ongoing basis.

Section D: Update - Capital position

13. The PHA has a current capital allocation (CRL) of £12.7m. This is primarily in respect of Research & Development (R&D), £12.6m and includes a recent additional allocation of £0.64m for this area.

14. The overall summary position is reflected in the table below.

Capital Summary	Total CRL £'000	Year to date spend £'000	Full year forecast £'000	Forecast Surplus / (Deficit) £'000
HSC R&D:				
R&D - Other Bodies	5,092	996	5,092	0
R&D - Trusts	7,898	0	7,898	0
R&D Capital Receipts	(350)	0	(350)	0
Subtotal HSC R&D	12,640	996	12,640	0
CHITIN Project:				
CHITIN - Other Bodies	2,176		2,176	0
CHITIN - Trusts	262		262	0
CHITIN - Capital Receipts	(2,439)		(2,439)	0
Subtotal CHITIN	0	0	0	0
Other:				
IT	92		92	0
Subtotal Other	92	0	92	0
Total HSCB Capital position	**12,732**	**996**	**12,732**	**0**

15. R&D expenditure is managed through the R&D Division within PHA, and funds essential infrastructure for research such as information databanks, tissue banks, clinical research facilities, clinical trials units and research networks. The element relating to 'Trusts' is allocated throughout the financial year, and the allocation for 'Other Bodies' is used predominantly within universities – both allocations fund agreed projects that enable and support clinical and academic researchers.

16. CHITIN (Cross-border Healthcare Intervention Trials in Ireland Network) is a unique cross-border partnership between the Public Health Agency in Northern Ireland and the Health Research Board in the Republic of Ireland, to develop infrastructure and deliver Healthcare Intervention Trials (HITs). The CHITIN project is funded from the EU's INTERREG VA programme, and the funding for each financial year from the Special EU Programmes Body (SEUPB) matches expenditure claims, ensuring a breakeven position.

17. There is currently a small allocation for IT expenditure within PHA, £0.09m, however additional funding is expected in this area which is contained within the Contact Tracing Business Case.

18. The Capital position will continue to be kept under close review throughout the financial year.

Recommendation

19. The PHA Board are asked to note the PHA financial update as at September 2021.

Public Health Agency

Annex A - Finance Report

2021-22

Month 6 - September 2021

PHA Financial Report - Executive Summary

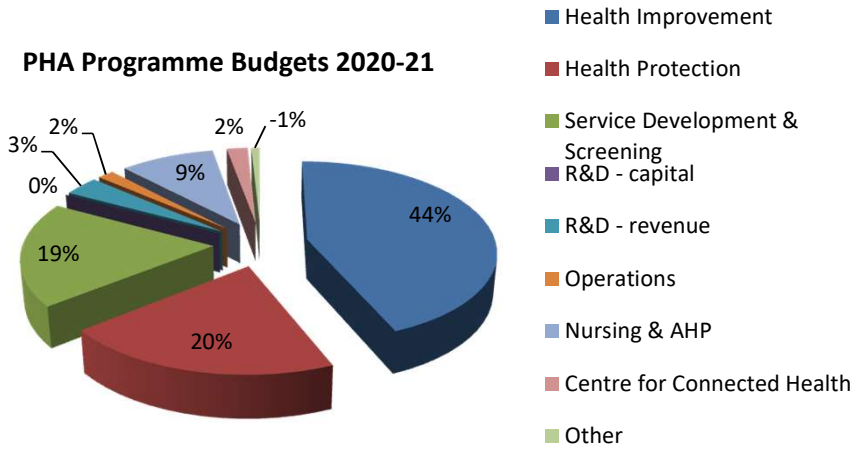
Year to Date Financial Position (page 2)

At the end of month 6 PHA is reporting an underspend of £0.5m against its profiled budget. This underspend is primarily the result of underspends on Administration budgets (page 6), offset by some expenditure ahead of profile on Programme budgets.

Budget managers continue to be encouraged to closely review their profiles and financial positions to ensure the PHA meets its breakeven obligations at year-end.

Programme Budgets (pages 3&4)

The chart below illustrates how the Programme budget is broken down across the main areas of expenditure.

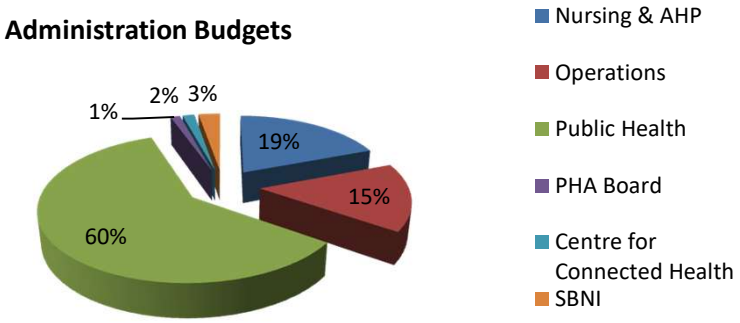


Administration Budgets (page 5)

Approximately half of the Administration budget relates to the Directorate of Public Health, as shown in the chart below.

A significant number of vacant posts remain within PHA, and this is creating slippage on the Administration budget.

Management is proactively working to fill vacant posts and to ensure business needs continue to be met.



Full Year Forecast Position & Risks (page 2)

PHA is currently forecasting a surplus of £0.8m for the full year (no change from £0.8m in month 5 report), arising from identified slippage on Administration budgets.

The Administration and Programme budgets are being continually reviewed in order to update the full year forecast. It is also assumed that any slippage identified in Ringfenced areas will be retracted by DoH. After staffing resources were diverted to assist in PHA's response to the Covid-19 surge, most staff have now been phased back. It is hoped that this will mitigate the risk regarding underspends arising in Programme and Ringfenced areas.

Public Health Agency
2021 -22 Summary Position - September 2021

	Annual Budget					Year to Date				
	Programme		Ringfenced	Mgt &	Total	Programme		Ringfenced	Mgt &	Total
	Trust	PHA Direct	Trust & Direct	Admin		Trust	PHA Direct	Trust & Direct	Admin	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Available Resources										
Departmental Revenue Allocation	38,574	52,702	8,629	26,100	**126,005**	19,287	20,436	4,014	12,994	**56,731**
Assumed Retraction	-	-	-	-	-	-	-	-	-	-
Revenue Income from Other Sources	-	31	-	1,241	**1,272**	-	30	-	605	**635**
Total Available Resources	38,574	52,733	8,629	27,341	**127,277**	19,287	20,466	4,014	13,599	**57,366**
Expenditure										
Trusts	38,574	-	-	-	**38,574**	19,287	-	-	-	**19,287**
PHA Direct Programme *	-	52,733	8,629	-	**61,362**	-	20,495	4,014	-	**24,509**
PHA Administration	-	-	-	26,552	**26,552**	-	-	-	13,066	**13,066**
Total Proposed Budgets	38,574	52,733	8,629	26,552	**126,488**	19,287	20,495	4,014	13,066	**56,862**
Surplus/(Deficit) - Revenue	-	-	-	789	**789**	-	(29)	-	533	**504**
Cumulative variance (%)						***0.00%***	***-0.14%***	***0.00%***	***3.92%***	***0.88%***
Prior month Surplus/(Deficit)					***800***					

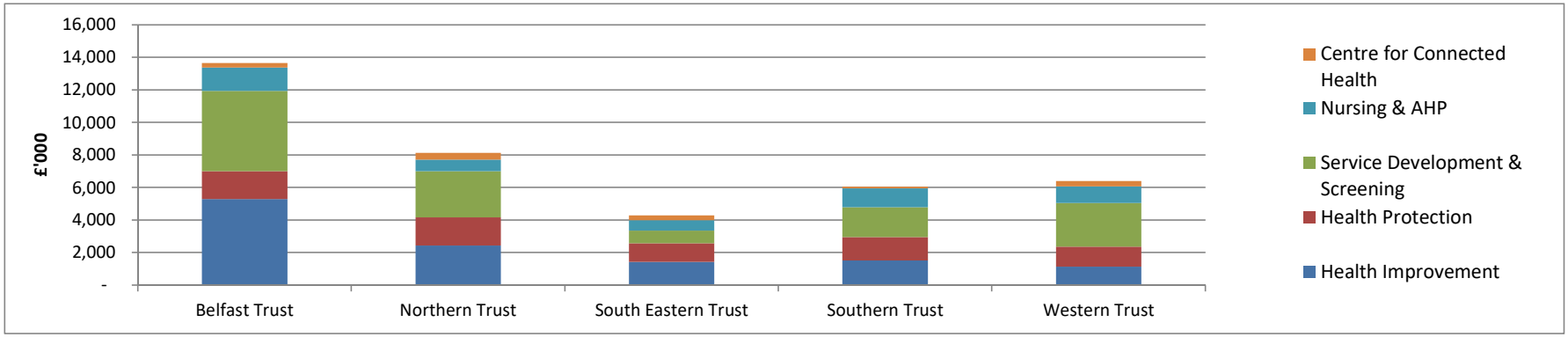
The year to date financial position for the PHA shows an underspend of £0.5m, which is the result of underspend on Admin budgets and an overspend on Programme Budgets.

A year-end underspend of £0.8m is currently forecast (no change from £0.8m in month 5 report), this underspend position is in relation to Admin budgets. This forecast position may be subject to change through the year and will be kept under review to identify any significant movements. For example, this would include any in-year impact to PHA's normal operations from its ongoing response to Covid-19 surges (such as support to the Contact Tracing service).

** Please note that a number of minor rounding differences may appear througout this report.*

** PHA Direct Programme includes amounts which may transfer to Trusts later in the year*

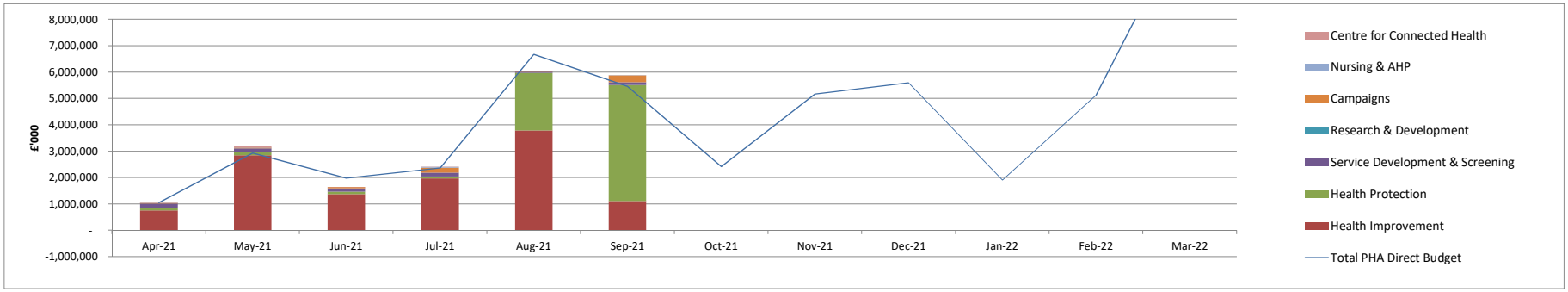
Programme Expenditure with Trusts



Current Trust RRLs	Belfast Trust £'000	Northern Trust £'000	South Eastern Trust £'000	Southern Trust £'000	Western Trust £'000	Total Planned Expenditure £'000	YTD Budget £'000	YTD Expenditure £'000	YTD Surplus / (Deficit) £'000
Health Improvement	5,287	2,442	1,425	1,525	1,136	**11,815**	5,908	5,908	-
Health Protection	1,718	1,729	1,148	1,429	1,239	**7,262**	3,631	3,631	-
Service Development & Screening	4,946	2,832	781	1,845	2,670	**13,074**	6,537	6,537	-
Nursing & AHP	1,435	711	643	1,158	1,026	**4,997**	2,499	2,499	-
Centre for Connected Health	272	422	293	106	333	**1,426**	713	713	-
Total current RRLs	**13,658**	**8,137**	**4,290**	**6,063**	**6,403**	**38,574**	**19,287**	**19,287**	-
Cumulative variance (%)									***0.00%***

The above table shows the current Trust allocations split by budget area. Budgets have been realigned in the current month and therefore a breakeven position is shown for the year to date as funds previously held against PHA Direct budget have now been issued to Trusts.

PHA Direct Programme Expenditure



	Apr-21 £'000	May-21 £'000	Jun-21 £'000	Jul-21 £'000	Aug-21 £'000	Sep-21 £'000	Oct-21 £'000	Nov-21 £'000	Dec-21 £'000	Jan-22 £'000	Feb-22 £'000	Mar-22 £'000	Total £'000	YTD Budget £'000	YTD Spend £'000	Variance £'000	
Profiled Budget																	
Health Improvement	884	2,625	1,357	1,788	4,478	740	1,166	4,094	1,211	665	4,280	5,364	**28,653**	11,872	11,856	16	*0.1%*
Health Protection	77	100	87	85	2,142	4,476	835	927	2,380	513	100	41	**11,763**	6,967	6,976	(10)	*-0.1%*
Service Development & Screening	51	158	470	192	29	235	333	10	224	183	42	2,252	**4,179**	1,135	961	175	*15.4%*
Research & Development	-	-	-	-	-	-	-	-	1,676	-	-	1,535	**3,211**	-	-	-	*0.0%*
Campaigns	10	10	20	227	10	5	1	83	22	444	223	417	**1,471**	282	577	(295)	*-104.5%*
Nursing & AHP	4	22	4	1	10	0	50	20	70	92	121	3,146	**3,541**	43	44	(2)	*-3.8%*
Centre for Connected Health	20	20	43	11	5	4	5	5	11	10	291	38	**463**	103	79	24	*23.5%*
Quality Improvement	-	-	-	58	-	7	34	31	1	-	66	3	**200**	64	-	64	*100.0%*
Other	-	-	-	-	-	-	-	-	-	-	-	(748)	**(748)**	-	2	(2)	*100.0%*
Total PHA Direct Budget	**1,046**	**2,935**	**1,981**	**2,363**	**6,674**	**5,467**	**2,424**	**5,170**	**5,595**	**1,906**	**5,124**	**12,048**	**52,733**	**20,466**	**20,495**	**(29)**	
Cumulative variance (%)																***-0.14%***	
Actual Expenditure	**1,128**	**3,228**	**1,693**	**2,462**	**6,060**	**5,924**	**-**	**-**	**-**	**-**	**-**	**-**	**20,495**				
Variance	**(82)**	**(293)**	**288**	**(98)**	**613**	**(456)**							**(29)**				

The year-to-date position shows an approximate breakeven position. Service Development and Screening expenditure is currently behind the profiled budget at month 6, while Campaigns is showing a year-to-date overspend. These are timing issues only, and it is expected that all areas will achieve a breakeven position against budget by the end of the financial year. A review of the Nicotine Replacement Therapy (NRT) activity has been completed and levels of uptake continue to be lower than expected, accordingly a surplus of circa 500k has been projected for the full year. This is demand lead and impacted by COVID activity in pharmacies and will be subject to continued monitoring. PHA is currently undertaking a review of all budget areas and the forecast position will be updated on completion of the exercise.

Public Health Agency
2021-22 Ringfenced Position

	Annual Budget				Year to Date			
	Covid £'000	Transformation £'000	Other ringfenced £'000	£'000	Covid £'000	Transformation £'000	Other ringfenced £'000	£'000
Available Resources								
DoH Allocation	7,966	272	224	**8,463**	3,828	-	106	**3,935**
Assumed Allocation	-	-	166	**166**		-	80	**80**
Total	7,966	272	391	**8,629**	3,828	-	186	**4,014**
Expenditure								
Trusts	-	-	-	**-**	-	-	-	**-**
PHA Direct	7,966	272	391	**8,629**	3,828	-	186	**4,014**
Total	7,966	272	391	**8,629**	3,828	-	186	**4,014**
Surplus/(Deficit)	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**

PHA has received a COVID allocation of £8.0m to date, £5.0m of which is for Contract Tracing. PHA is working with DoH to assess the final costs of the Contact Tracing service, with a total cost of £9.0m projected, net of NRT Covid downturn (£0.5m), further funding is expected from DoH to cover this net cost once the relevant business case has been finalised. More detail on the COVID funding allocations PHA has received is provided in page 9 of this report.

Transformation funding has been received for a Suicide Prevention project totalling £0.3m. This project is being monitored and reported on separately to DoH, and it is assumed that any underspends identified will be retracted by DoH and a breakeven position will be achieved for the year.

Other ringfenced areas include Safe Staffing and EITP. Staff are presently being recruited regarding Safe Staffing and it is assumed that any underspends identified will be retracted by DoH and a breakeven position will be achieved for the year.

PHA Administration

2021-22 Directorate Budgets

	Nursing & AHP £'000	Quality Improvement £'000	Operations £'000	Public Health £'000	PHA Board £'000	Centre for Connected Health £'000	SBNI £'000	Total £'000
Annual Budget								
Salaries	4,977	582	2,990	15,692	252	365	505	**25,362**
Goods & Services	167	10	1,129	324	76	42	230	**1,979**
Total Budget	**5,143**	**593**	**4,119**	**16,017**	**328**	**407**	**735**	**27,341**
Budget profiled to date								
Salaries	2,429	291	1,494	7,810	126	182	252	**12,584**
Goods & Services	91	4	565	164	28	21	142	**1,015**
Total	**2,520**	**295**	**2,059**	**7,974**	**154**	**203**	**394**	**13,599**
Actual expenditure to date								
Salaries	2,110	247	1,291	7,961	159	196	256	**12,220**
Goods & Services	61	45	602	55	27	13	43	**846**
Total	**2,171**	**292**	**1,893**	**8,016**	**187**	**209**	**298**	**13,066**
Surplus/(Deficit) to date								
Salaries	319	44	203	(151)	(33)	(14)	(3)	**364**
Goods & Services	30	(42)	(37)	110	0	8	99	**169**
Surplus/(Deficit)	**349**	**2**	**166**	**(42)**	**(33)**	**(6)**	**96**	**533**
Cumulative variance (%)	*13.87%*	*0.71%*	*8.07%*	*-0.52%*	*-21.51%*	*-2.96%*	*24.35%*	***3.92%***

PHA's administration budget is showing a year-to-date surplus of £0.5m, which is being generated by a number of long standing vacancies along with the impact of many staff continuing to work primarily from home. This is driving reduced expenditure in areas such as travel and courses. Senior management continue to monitor the position closely in the context of the PHA's obligation to achieve a breakeven position for the financial year. The full year surplus is currently forecast to be £0.8m.

The SBNI budget is ringfenced and any underspend will be returned to DoH prior to year end.

Public Health Agency
2021-22 Capital Position

	Capital Resource Limit (CRL)	Year to Date Expenditure	Full Year Forecast Expenditure	Forecast Surplus / (Deficit)
	£'000	£'000	£'000	£'000
HSC Research & Development				
R&D - Other Bodies	5,092	996	5,092	-
R&D - Trusts	7,898	-	7,898	-
R&D - Capital Receipts	(350)	-	(350)	-
	12,640	**996**	**12,640**	**-**
CHITIN Project				
CHITIN - Other Bodies	2,176	-	2,176	-
CHITIN - Trusts	262	-	262	-
CHITIN - Capital Receipts	(2,439)	-	(2,439)	-
	-	**-**	**-**	**-**
Total R&D Position	**12,640**	**996**	**12,640**	**-**
Other PHA Capital				
ICT	92	-	92	-
Total Other Capital Position	**92**	**-**	**92**	**-**
Total PHA Capital Position	**12,732**	**996**	**12,732**	**-**

The PHA's Capital Resource Limit (CRL) relates to the regional allocation for HSC Research & Development (R&D), and now stands at £12.6m following a recent allocation of an additional £640k. This is managed through the R&D Division within PHA, and funds essential infrastructure for research such as information databanks, tissue banks, clinical research facilities, clinical trials units and research networks. The element relating to 'Trusts' is allocated throughout the financial year, and the allocation for 'Other Bodies' is used predominantly within universities – both allocations fund agreed projects that enable and support clinical and academic researchers.

CHITIN (Cross-border Healthcare Intervention Trials in Ireland Network) is a unique cross-border partnership between the Public Health Agency in Northern Ireland and the Health Research Board in the Republic of Ireland, to develop infrastructure and deliver Healthcare Intervention Trials (HITs). The CHITIN project is funded from the EU's INTERREG VA programme of €8.84m, and the funding for each financial year from the Special EU Programmes Body (SEUPB) matches expenditure claims, ensuring a breakeven position.

There is also currently a small allocation of £92k for ICT capital expenditure within PHA.

PHA Prompt Payment

Prompt Payment Statistics

	September 2021 Value	September 2021 Volume	Cumulative position as at September 2021 Value	Cumulative position as at September 2021 Volume
Total bills paid (relating to Prompt Payment target)	£5,486,201	438	£31,255,846	3,325
Total bills paid on time (within 30 days or under other agreed terms)	£5,465,472	424	£31,177,167	3,275
Percentage of bills paid on time	**99.6%**	**96.8%**	**99.7%**	**98.5%**

Prompt Payment performance for September and the year to date shows that on both value and volume the PHA is achieving its 30 day target of 95.0%. Prompt payment targets will continue to be monitored closely over the 2021-22 financial year.

The 10 day prompt payment performance remains very strong at 90.4% on volume for the year to date, which significantly exceeds the 10 day DoH target for 2021-22 of 70%.

PHA COVID-funded Expenditure to month 6

	Annual Budget £'000	Spend to 30 September 2021 £'000	Balance to Spend at 30 September 2021 £'000	*Notes*
Contact Tracing Centre	5,028	3,364	1,664	*1*
Screening	560	-	560	
Vaccine Roll Out Programme	595	408	187	
Infection Prevention Control Nursing	420	-	420	
NI Advanced Care Planning	450	-	450	
AHP Elective Care Support	41	-	41	
Band 8s Overtime	50	-	50	
Respiratory / ICU Surge Support Team	94	-	94	
Post Covid Syndrome Support Team	271	-	271	
Care home outreach support	191	-	191	
Schools Support Team	116	56	60	
HSCQI	150	-	150	
Total	**7,966**	**3,828**	**4,138**	*2*

Notes

1 *A further Contact Tracing business case is being worked on to address any new shortfall in current budget along with a proposal for maintainig Contract Tracing to 31 March 2022.*

2 *Covid downturn of £0.5m (NRT) will be netted off the final Covid allocation.*