

94<sup>th</sup> Meeting of the Public Health Agency Board

Thursday 17 August 2017 at 1:30pm

Conference Rooms 3+4, 12/22 Linenhall Street, Belfast

## standing items

- |           |  |                 |
|-----------|--|-----------------|
| 1<br>1.30 | Welcome and apologies                            | Chair           |
| 2<br>1.30 | Declaration of Interests                         | Chair           |
| 3<br>1.30 | Minutes of Previous Meeting held on 13 June 2017 | Chair           |
| 4<br>1.30 | Matters Arising                                  | Chair           |
| 5<br>1.35 | Chair's Business                                 | Chair           |
| 6<br>1.40 | Chief Executive's Business                       | Chief Executive |
| 7<br>1.50 | Finance  | Mr Cummings     |

*To include:*

- PHA Draft Budget 2017/18 **PHA/01/08/17**
- PHA Finance Report up to 30 June 2017 **PHA/02/08/17**

## items for noting

- |            |  |                     |            |
|------------|--|---------------------|------------|
| 8<br>2.15  | Procurement of Services in line with Protect Life 2 Strategy | <b>PHA/03/08/17</b> | Dr Harper  |
| 9<br>2.30  | Programme Expenditure Monitoring Report 2016/17              | <b>PHA/04/08/17</b> | Mr McClean |
| 10<br>2.40 | Update on PHA Social Care Procurement Plan                   | <b>PHA/05/08/17</b> | Mr McClean |
| 11<br>2.55 | Board Effectiveness – Update on Implementation               |                     | Chair      |

## **closing items**

12 Any Other Business  
3.05

Chair

13 Details of next meeting:  
3.10

*Thursday 21 September 2017 at 1:30pm*

*Conference Rooms 3+4, 12/22 Linenhall Street, Belfast*

*93<sup>rd</sup> Meeting of the Public Health Agency Board*

*Tuesday 13 June 2017 at 1:30pm*

*Conference Rooms 3+4, 12-22 Linenhall Street, Belfast*

**Present**

Mr Andrew Dougal	- Chair
Mrs Valerie Watts	- Interim Chief Executive
Mr Edmond McClean	- Interim Deputy Chief Executive / Director of Operations
Dr Carolyn Harper	- Director of Public Health/Medical Director
Mrs Mary Hinds	- Director of Nursing and Allied Health Professionals
Councillor William Ashe	- Non-Executive Director
Mr Brian Coulter	- Non-Executive Director
Mr Leslie Drew	- Non-Executive Director
Mr Thomas Mahaffy	- Non-Executive Director
Ms Deepa Mann-Kler	- Non-Executive Director
Alderman Paul Porter	- Non-Executive Director

**In Attendance**

Mr Paul Cummings	- Director of Finance, HSCB
Mrs Fionnuala McAndrew	- Director of Social Care and Children, HSCB
Miss Rosemary Taylor	- Assistant Director, Planning and Operational Services
Mr Robert Graham	- Secretariat

**Apologies**

Mrs Joanne McKissick	- External Relations Manager, PCC
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**30/17 | Item 1 – Welcome and Apologies**

30/17.1 | The Chair welcomed everyone to the meeting. Apologies were noted from Mrs Joanne McKissick.

**31/17 | Item 2 - Declaration of Interests**

31/17.1 | The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

31/17.2 | The Chair asked members to return their updated Register of Interests forms at the end of the meeting. Members noted the updated Register of Interests.

**32/17 Item 3 – Minutes of previous meeting held on 20 April 2017**

32/17.1 The minutes of the previous meeting, held on 20 April 2017, were **approved** as an accurate record of the meeting.

**33/17 Item 4 – Matters Arising**

33/17.1 There were no matters arising from the minutes.

**34/17 Item 5 – Chair’s Business**

34/17.1 The Chair informed members that he had held a meeting with the Commissioner for Public Appointments.

34/17.2 The Chair said that he had raised the issue of Anti-Microbial Resistance with the Permanent Secretary at the recent PHA Accountability Review meeting. He noted that PHA will be doing a campaign, but he expressed concern that if the campaign is solely done on social media, older people may not be aware of it. Dr Harper advised that the key to tackling this problem is to reduce prescribing levels, and she added that social media will not be the only medium through which this campaign will be delivered.

34/17.3 The Chair told members that he is attending the Public Health England Board meeting next week.

**35/17 Item 6 – Chief Executive’s Business**

35/17.1 The Chief Executive advised members that she and the Chair had attended the PHA year-end Accountability Review meeting, which came after the members of the Agency Management Team had attended a ground-clear meeting with PHA’s sponsor branch at the Department of Health.

35/17.2 In terms of the transformation agenda, the Chief Executive said that the report of the expert review panel and the Minister’s vision document continue to be seen as the way forward and this was reinforced at the recent NICON conference. She said that PHA and HSCB staff are involved in a range of workstreams, but that any changes will require a level of funding with key decisions approved at ministerial level. She added that she is working on the development of the new Operating Model for the future PHA and that this will be presented at a future TIG (Transformation Implementation Group) meeting and PHA Board workshop.

35/17.3 The Chief Executive gave members an overview of the cyber-attack which affected multiple NHS organisations in England and Scotland. She explained that not having internet facing fileshares exposed on the BSO and Trust firewalls was the main reason there was no impact in Northern Ireland. However, she said that this incident highlighted the need to take forward the HSC Cyber Security programme and to make the required

investments following the recent BSO Internal Audit review. She advised that this will be taken forward in three phases, the first of which is an assessment, the second is identifying a programme of work, and the third is to complete this work.

35/17.4 The Chair asked about the timescales about the implementation of the HSC restructuring. The Chief Executive said that it had been hoped that a report would be ready by the June TIG meeting. However, she added that the work has proved complex and there is a wide range of people who will be affected so it is important to consult them at each stage. She said that it is inevitable that the final recommendations will not suit everyone, and she expressed her thanks for the support of PHA and HSCB colleagues for their work so far.

**36/17 Item 7 – PHA Annual Report and Accounts (PHA/01/06/17)**

36/17.1 Mr McClean said that members had already had sight of the draft Annual Report and he invited Mr Cummings to give an overview of the Annual Accounts.

36/17.2 Mr Cummings advised that the accounts were submitted to the Northern Ireland Audit Office on 4 May and were audited by ASM Howarth. He said that the draft Report to those Charged with Governance was brought to the PHA Governance and Audit Committee on 5 June and that there were no major issues.

36/17.3 Mr Cummings went through the Governance Statement noting that PHA had achieved substantial compliance against Controls Assurance Standards, and that the Head of Internal Audit had written in her report that PHA has a satisfactory system of internal control. He highlighted the internal control divergences and drew members' attention to the wording proposed by the Department regarding the financial outlook.

36/17.4 Mr Cumming said that PHA had received a clean audit of its accounts and that the year-end position showed a surplus of £75k which was well within the  $\pm 0.25\%$  tolerance. He noted that PHA had not quite achieved the prompt payment requirements of 95% of invoices paid within 30 days.

36/17.5 Mr Coulter advised that the Governance and Audit Committee had considered the Accounts and thanked Mr Cummings and his staff for achieving this outcome given the very tight timescales for the production of the accounts. He added that the auditors had no issues to report and he was content to recommend these accounts for approval by the Board.

36/17.6 Mr Drew also commended the tremendous work of Mr Cummings and his team.

36/17.7 Members **APPROVED** the Annual Report and Accounts.

**37/17 Item 8 – PHA Annual Business Plan (PHA/02/06/17)**

- 37/17.1 Miss Taylor said that following approval of the PHA Corporate Plan at the April Board meeting, this is the first annual Business Plan emanating from that Plan. She explained that the Business Plan has been developed against the five key objectives in the Corporate Plan and is a first step towards Outcomes Based Accountability. She added that the Plan has been developed with input from all directorates, but against a background of uncertainty. She said that it has been shared in draft form with the Department of Health and some of their comments have been reflected in this final version.
- 37/17.2 Mr Drew said that the Business Plan was a very helpful document and very clearly laid out and gave a good overview of what PHA is about. Ms Mann-Kler said that, although she appreciated that PHA is beginning its journey in relation to Outcomes Based Accountability, she suggested there should also be quantifiable targets as it is difficult to measure how PHA will make an impact. Miss Taylor said that PHA is starting to build capacity to get people used to the notion of OBA, and that this will be further enhanced next year.
- 37/17.3 Mr Coulter felt that there should have been a Board workshop on the Business Plan given the extensive content. He said that he is used to the process of linking expenditure to a business plan. Mr McClean said that the recent Board workshop attempted to help members make that connection.
- 37/17.4 Mr Coulter asked about PHA's contribution to the wider public health debate. The Chair said that PHA would shortly be meeting with Public Health England. He explained that this follows a review by the Cabinet Office of the work of PHE, in which one of the recommendations of the review is that there is greater coordination between the four countries on public health. The Chief Executive added that she had recently met with the Chief Executives of PHA's equivalent bodies in England, Scotland and Wales and that a further meeting is planned for September. Mr Coulter noted this, but pointed out that there is only one reference to health inequalities in the Plan, and there is also no specific reference to the forthcoming "sugar tax".
- 37/17.5 Mr Mahaffy said that the Business Plan highlighted a lot of the excellent work that PHA is undertaking, but he felt it was being overshadowed by wider social and economic issues, and members agreed with the proposal that PHA's equality duties should form part of the Plan.
- 37/17.6 Alderman Porter asked who sets the targets in the Business Plan and if they are sufficiently challenging. Miss Taylor explained that some targets are set by the Department of Health, and others that will emerge from PHA's work with other organisations. She confirmed that there are targets which are in the Plan year after year if the nature of the business

requires this.

37/17.7 The Chief Executive said, in relation to Alderman Porter's comment, that it is important that when setting targets that we challenge each other.

37/17.8 Members **APPROVED** the PHA Business Plan for 2017/18.

**38/17 Item 9 – Annual Progress Report 2016-17 to the Equality Commission on implementation of Section 75 and the duties under the Disability Discrimination Order (PHA/03/06/17)**

38/17.1 Mr McClean welcomed Anne Basten to the meeting and invited her to give members an overview of the two Reports due for submission.

38/17.2 Ms Basten began with the Report on PHA's duties under the Disability Discrimination Order. She said that there are "outward looking" and "inward looking" initiatives. Of those looking outward, she focused on promoting positive attitudes towards disabled people and their participation in public life. She also noted the "Still Me" dementia campaign that is running and also the work being undertaken by the Research and Development team. She moved onto "inward looking" initiatives and outlined to members the role of the Tapestry forum, which is providing a voice for those in the workplace. She said it is still a barrier for people with disabilities to disclose their disability.

38/17.3 Ms Basten advised that the Disability Placement Scheme is now in its third year and that there are individuals who have come through the Scheme who are obtaining permanent employment. She added that managers of individuals placed through the Scheme have changed it has helped them in terms of changing their attitude towards people with a disability.

38/17.4 Ms Basten moved onto the Section 75 report and picked out some examples of work with specific Section 75 groups. Within screening, she advised there was an initiative to increase the take up of men over 65 to participate in AAA Screening. She said there was work within cancer screening and cervical screening. Ms Basten spoke about work to support people who identify as transgender and having updated policies.

38/17.5 Ms Basten said that many people have voiced concern about process and equality screening and noted that there were very few equality screenings undertaken last year. Going forward, she said that PHA will look at equality screenings by topic and cited tobacco as an example.

38/17.6 Mrs McAndrew commented on disability, and said that there remains a reluctance among public sector staff to come forward and declare a disability. She also noted the need for greater diversity.

38/17.7 Ms Mann-Kler commented that the format of statutory equality reports is unhelpful and that an overview of the key achievements and problem

areas is useful. Mr McClean noted that PHA is obliged to put the information into this format to the Equality Commission. Mr Drew welcomed the overview which Ms Basten gave as it successfully and succinctly described what the report is about.

38/17.8 Mr Coulter thanked Ms Basten for her summary of the Report, but said that his interest was in linking the activities within this Report to the PHA Business Plan, and to see how PHA is making a difference in terms of addressing inequalities.

38/17.9 The Chair asked if people with a disability are encouraged to apply for posts within PHA. Mr Coulter added that staff would require coaching/training in competency-based interviews. Ms Mann-Kler asked if there is under-reporting of disability due to perception. Ms Basten said that staff can self-declare, but only 1% of staff have declared that they have a disability. Ms McAndrew said that staff may be anxious about declaring a disability as the organisation may have to make reasonable adjustments to facilitate them.

38/17.10 Members **APPROVED** the Annual Progress Reports.

*During this item Alderman Porter left the meeting.*

#### **39/17 Item 10 – Emergency Preparedness Annual Report (PHA/04/06/17)**

39/17.1 The Chair welcomed Dr Gerry Waldron and Ms Mary Carey to the meeting and invited them to update the Board on emergency preparedness.

39/17.2 Dr Waldron began with the Emergency Preparedness Annual Report which he explained covered the 3 organisations – PHA, HSCB and BSO. He noted that there had been a delay in the production of this Report, which is set out in a format stipulated by the Department of Health. He added that although the report highlighted some issues, he was pleased to report that PHA is back on track in terms of what is required of it in this area.

39/17.3 Dr Waldron said that the recent tragic events in Manchester and London have raised a question as to whether Northern Ireland could cope with a similar type of incident. He said that there are some gaps due to resourcing issues, but that in the main the Health Service is used to dealing with major events. He added that there is a need to develop better joined up working with other agencies, including the Fire Service and PSNI in the event of an MTFA (Marauding Terrorist Firearms Attack) incident. He said that this was discussed at a meeting with the Chief Medical Officer last week.

39/17.4 Ms Carey said that PHA's priority is to support multi-agency planning for the regional casualty plan. She advised that this was an action which emanated from the recent Exercise Cygnus test. She added that PHA's



- Business Continuity Plan is also being reviewed following the recent cyber-attack.
- 39/17.5 The Chair asked whether the reduction of the number of emergency departments in Belfast would impact on ensuring that injured people were delivered to appropriate locations. Ms Carey explained that as part of NIAS (Northern Ireland Ambulance Service) planning, there would be triage at the scene to ensure the right patients were sent to the right hospitals.
- 39/17.6 Mr Drew expressed concern that the Report suggested that arrangements were not as joined up as they should be and there were a number of gaps. Dr Waldron assured members that there is regular communication, and although he acknowledged that there were not as many meetings as he would have liked there to be, this has since improved. Mr Drew asked if there was a lack of resources, and if there is an overarching plan to address the gaps. Dr Waldron advised that there is a Joint Response Plan which covers PHA, HSCB and BSO, and that the Department and Trusts also have plans. He added that there is good inter-connectedness between them, and that the plans are revised in the light of any new emerging threats. He acknowledged that the resource issue is a priority one.
- 39/17.7 Ms Mann-Kler asked if simulation exercises are ever undertaken. Dr Waldron recalled that exercises are done regularly and in September a “mass casualty” simulation will be carried out. He added that since the establishment of PHA, there have been major incidents, e.g. flu pandemic, the winter thaw and pseudomonas and e-coli.
- 39/17.8 Mr Mahaffy asked if there will be any further future European initiatives. Dr Waldron the recent joint initiative involving UK, Republic of Ireland, Israel and Austria had proved useful in terms of information sharing. He said that Northern Ireland is at an advanced stage of developing a new system for emergency services, working with utilities and looking at the location of vulnerable people.
- 39/17.9 Mr Coulter thanked Dr Waldron for clarification on a range of issues, but he felt that the Report gave the impression that there was concern of the lack of a joined-up approach between the various parties who would have to respond to emergency situations. He welcomed the transparency of the report, but noted that a lot of critical meetings did not seem to have taken place and he still felt unclear in terms of the future direction of travel. Dr Waldron said that there remain issues in terms of resourcing, but in terms of this report, PHA has sight of the Trusts Annual Report, but they do not impact on PHA in terms of governance. He said that there will always be communications issues and he gave the example of a recent incident where because the issue was dealt with quickly, the other party did not inform PHA.
- 39/17.10 Mr Drew asked who has responsibility for any major incidents. Ms Carey

- explained that it would depend on the type of incident. For a murder incident it would be PSNI, but for a health incident, it would be PHA.
- 39/17.11 Dr Harper explained that in the event of a major incident, you do not want layers of decision making as this could cause delays. She said she could understand members' concerns given the format of this report and it only highlighted areas where things did not work well. She added that on any occasion that PHA has had to invoke emergency planning arrangements, it has worked well. In terms of communication, she said that it is important that PHA reinforces the need for organisations, e.g. PSNI, to inform PHA of any incidents.
- 39/17.12 Mr Coulter said that he acknowledges the points being made, but from a governance point of view, there are gaps highlighted and resource issues, and that this is an area of major risk when taking decisions to reduce budgets.
- 39/17.13 Members noted the Emergency Preparedness Report.
- 40/17 Item 11 – Personal and Public Involvement Update (PHA/05/06/17)**
- 40/17.1 Mrs Hinds welcomed Martin Quinn and asked him to give members the update on Personal and Public Involvement.
- 40/17.2 Mr Quinn reminded members that PHA has a statutory role with regard to PPI. He said he wished to highlight four key areas of work over the last six months. Under “informing and influencing policy”, he said that PPI had an influence on the Bengoa Report, and moving forward, PPI will be embedded into any involvement work as part of the implementation of the Moving Forward Together report.
- 40/17.3 Mr Quinn informed members that the research report had been published. He explained that this research was jointly commissioned by PHA and PCC and undertaken by both Queen’s University and Ulster University. He said that Queen’s have cited this work as exemplary. He added that the recommendations from the research will be taken forward as part of PHA’s action plan.
- 40/17.4 Mr Quinn advised that an e-learning portal had been developed with help from service users and carers, and he gave an overview of the Engage website which is a resource for PPI-related information. He explained that the website is currently being developed and he hoped to give a more in-depth overview at a future Board meeting.
- 40/17.5 The Chair asked what sort of information service users offered. Mr Quinn said that within the website there is a section on “getting involved” and there is a breakdown by Trust, service area and information given by service users regarding their involvement is mapped as appropriate.
- 40/17.6 Ms Mann-Kler asked if there will be an app available. Mr Quinn said that there is a finite budget, but that PHA is working with other organisations,

and that this could be looked at. Ms Mann-Kler asked if PHA, in its leadership role, is practicing what it is preaching and if it is embracing the concepts of co-design and co-production. Mr Quinn explained that there is an internal monitoring system for capturing tangible examples of what PHA is doing. He said that the work on the dementia campaign contained an element of engagement, as do all PHA campaigns.

40/17.7 Ms Mann-Kler asked if there was anything further the PHA Board could be doing. Mr Quinn said that the fact that PHA Board has both executive and non-executive PPI champions is excellent. He added that it is important to ensure that any investment in PPI is seen as meaningful and has the support of the Board. He noted that both the Chair and Chief Executive have recently attended PPI events, which reinforces how important PPI is seen by the organisation.

40/17.8 Members noted the PPI update.

*During this item Mr McClean left the meeting and was represented by Miss Taylor.*

**41/17 Item 12 – Performance Management Report – Corporate Business Plan Targets for Period Ending 31 March 2017 (PHA/06/06/17)**

41/17.1 Miss Taylor explained that this was the final Performance Management Report for 2016/17 and at the year end, there were 80 of the 90 targets rated as “green” and 10 rated as “amber”. She added that the targets rated “amber” appeared at the front of the report with accompanying narrative.

41/17.2 The Chair asked if the Early Intervention Transformation Programme (EITP) had a specific focus on deprived areas, but Mrs Hinds it was a universal programme. She added that the Family Nurse Partnership is an example of a programme that is targeted.

41/17.3 Members noted the Performance Management Report.

**42/17 Item 13 – Governance and Audit Committee Update (PHA/07/06/17)**

42/17.1 Mr Coulter advised that the minutes of the Governance and Audit Committee meeting of 12 April were available for noting.

42/17.2 Mr Coulter moved on to give an overview of the meeting of 5 June. He began by saying that following a request from the Chair, he will review the scheduling of Committee meetings for next year.

42/17.3 Mr Coulter said that the Committee had received a series of Shared Services reports from Internal Audit, and that these reports continued to highlight issues with a limited level of assurance being given in payroll processing. He advised that the Committee had agreed that he should write to the Chair of the BSO Audit Committee, and that he has now done

this.

42/17.4 Mr Coulter advised that other Internal Audit reports considered by the Committee had shown that PHA has fully implemented over 80% of its audit recommendations, and that there is a satisfactory system of internal control. He said that the Internal Audit Strategy and Plan for the next 2 years had been approved by the Committee. He noted in Year 2 of this plan there will be an audit of Information Governance which will allow time for PHA to implement the new Data Protection regulations.

42/17.5 Mr Coulter said that the Committee had considered a range of other reports, including one on cyber security, as well as an update on Direct Award Contracts and the Audit Committee Self-Assessment checklist.

42/17.6 The Chair thanked Mr Coulter and the Committee for its diligence in these matters.

**43/17 Item 14 – Corporate Risk Register (PHA/08/06/17)**

43/17.1 Miss Taylor presented the Corporate Risk Register and advised that two risks had been removed, which related to leases and staffing levels within screening. She added that there had been no changes to the rating of the other risks and that this updated Register had been considered by the Governance and Audit Committee at its meeting on 5 June.

43/17.2 Members noted the Corporate Risk Register.

**44/17 Item 15 – Register of Interests (PHA/09/06/17)**

44/17.1 This was dealt with under Item 2.

**45/17 Item 16 – Management Statement / Financial Memorandum (PHA/10/06/17)**

45/17.1 Miss Taylor advised that PHA is required to bring the Management and Financial Memorandum to the Board annually for noting. She said that the only changes that had been made to the document in the last year were that the signatures had been updated to reflect the new Interim Chief Executive and Permanent Secretary.

45/17.2 Members noted the Management Statement and Financial Memorandum.

**46/17 Item 17 – Any Other Business**

46/17.1 There was no other business and the meeting concluded at 3.55pm.

**47/17 | Item 18 – Date and Time of Next Meeting**

*Thursday 17 August 2017 at 1:30pm*

*Conference Rooms 3+4, 12/22 Linenhall Street, Belfast*

Signed by Chair:

Date:

*PHA Draft Budget Paper 2017-18 &  
PHA Finance Report up to 30 June 2017*

**date** 17 August 2017

**item** 7

**reference** PHA/01/08/17  
PHA/02/08/17

**presented by** Paul Cummings, Director of Finance

**action required** For approval / noting

### **Summary**

Attached is the Draft Budget Paper 2017-18 for PHA, based on the Indicative Allocation Letter released by the Department of Health on 5 July 2017.

The Board is asked to consider this Draft Budget and approve if appropriate.

The latest Finance Report (month 3 – June 2017) is also attached.

There is a year-to-date surplus due to expenditure behind profile on Programme budgets and slippage on Administration budgets due to vacant posts. A breakeven position is currently forecast for the full year.

### **Equality Impact Assessment**

N/A

### **Recommendation**

The Board is asked to **APPROVE** the PHA budget for 2017/18 and **NOTE** the Finance Report for the period up to 30 June 2017.

**Public Health Agency**  
**2017-18 Draft Budget**

**For Approval**





# PHA Draft Budget 2017-18

## Introduction

This paper sets out the total resources which the PHA has available in 2017-18. These funds have been set out in their high level summary areas including Commissioning with HSC Trusts, Non-Trust Programme activity and the Management & Administration costs of the PHA.

## Available Resources

The PHA receives an allocation from the Department of Health (DoH) each year and this is supplemented by income from other sources such as receipts for PHA staff on secondment to other organisations.

A summary of the total funding available for 2017-18 is set out in the table below.

<b>Source of Funding</b>	<b>£'000</b>
Department of Health allocation (net of £0.350m retraction)	85,806
Assumed allocation for the Safeguarding Board (SBNI)	738
Other assumed allocations for Administration (incl. Clincial Excellence Awards, Dementia Strategy, NIMDTA trainees, Accommodation costs)	1,411
Assumed allocations for Programme (EITP & NIHR)	5,925
Assumed income	434
<b>TOTAL RESOURCES AVAILABLE</b>	<b>94,314</b>

Please note the funding for SBNI is included within this paper as it is consolidated within the PHA Financial Accounts. However, the responsibility for financial breakeven lies between the Chair of SBNI and the DoH.

## Reduction in Funding

Following significant reductions to the Administration budget of £2.8m in 2015-16 and £1.6m in 2016-17, the Department of Health's Opening Allocation letter included a retractions of £0.1m and £0.25m to Administration and Commissioning respectively. In addition, the Campaigns budget (£1.2m) was entirely removed.

The PHA will develop an Investment Plan for 2017-18 which will incorporate a baseline budget review and identification of expected slippage on both Programme and Administration budgets. Implementation of the Investment Plan will support the PHA to achieve financial balance, however further work is required with respect this.

## Research & Development Funding transferred to Capital

Departmental guidance issued in 2016-17 following the implementation of ESA 10 (European System of Accounts 2010) requires the majority of PHA's Research & Development activity to be funded from a capital budget (CRL) rather than a revenue budget (RRL). PHA's capital budget is now shown separately in this report.

The Research & Development programme will no longer form part of the revenue breakeven requirement. However, these funds are set out within this paper and will still be monitored in the monthly Finance reports during 2017-18.

## Conclusion

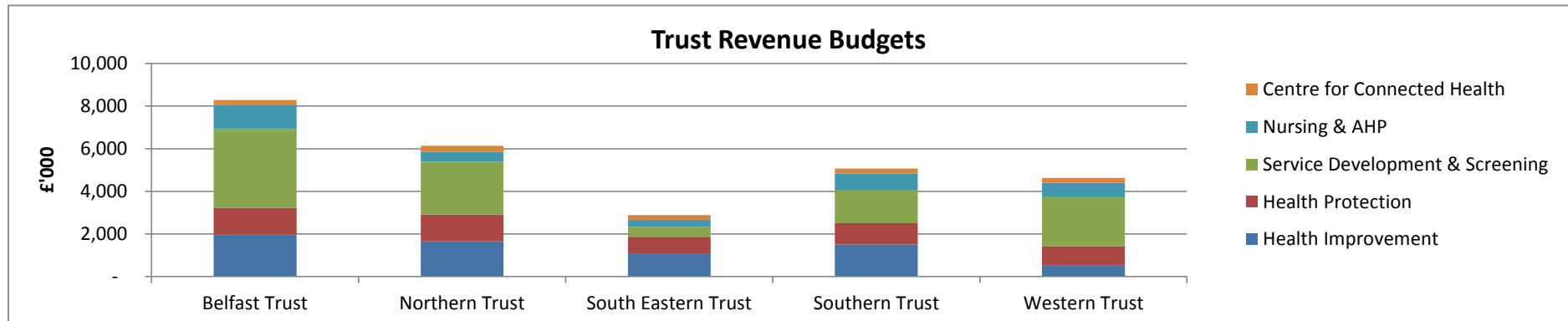
This Budget is recommended to the Board for approval.

## Public Health Agency 2017-18 Budget

		Trust £'000	Programme Non-Trust £'000	Total £'000	Mgt & Admin £'000	Total £'000
<b>Revenue Funding</b>	<i>Page</i>					
Trusts	3	27,230	-	<b>27,230</b>	-	<b>27,230</b>
Non-Trust Programme *	4	-	47,577	<b>47,577</b>	-	<b>47,577</b>
PHA Administration	5	-	-	-	19,507	<b>19,507</b>
<b>Total Budget</b>		<b>27,230</b>	<b>47,577</b>	<b>74,807</b>	19,507	<b>94,314</b>
<b>Capital Funding</b>	<i>Page</i>					
Research & Development	3, 4	6,663	3,779	<b>10,442</b>	-	<b>10,442</b>

\* Includes amounts which may transfer to Trusts during the year.

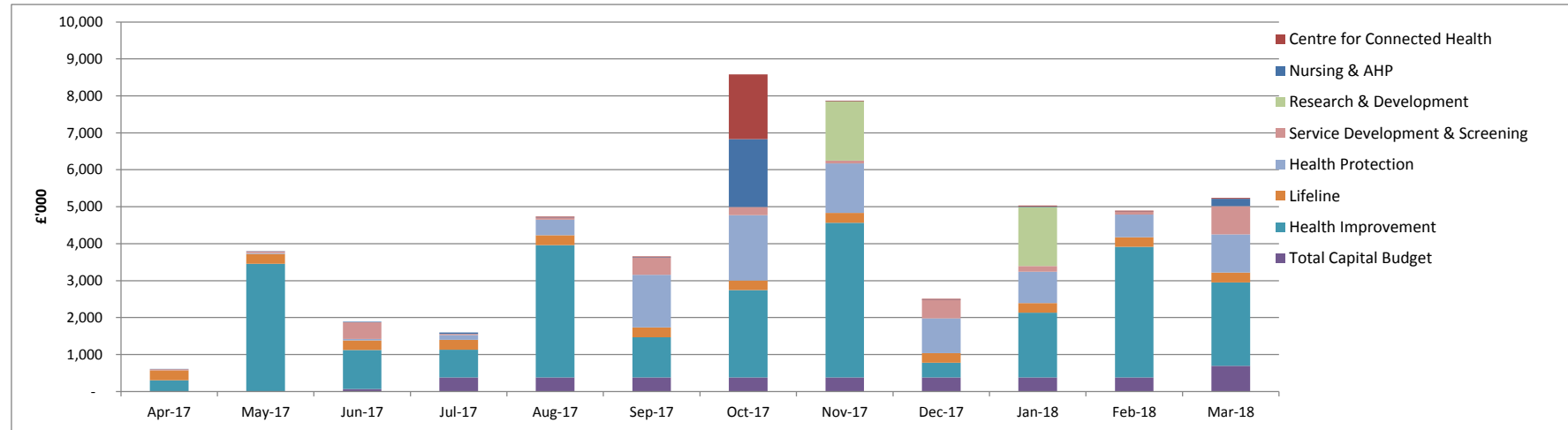
## Programme Expenditure with Trusts 2017-18 Budget



	Belfast Trust £'000	Northern Trust £'000	Eastern Trust £'000	Southern Trust £'000	Western Trust £'000	NIMDTA £'000	Total £'000
<b>Revenue Budget</b>							
Health Improvement	1,989	1,670	1,097	1,511	534	-	6,801
Health Protection	1,257	1,262	781	1,019	909	-	5,227
Service Development & Screening	3,724	2,515	469	1,548	2,311	-	10,567
Nursing & AHP	1,132	455	335	790	692	-	3,404
Centre for Connected Health	254	284	229	241	221	-	1,230
<b>Total Revenue funding</b>	<b>8,355</b>	<b>6,187</b>	<b>2,910</b>	<b>5,110</b>	<b>4,668</b>	-	<b>27,230</b>
<b>Capital Budget</b>							
Research & Development	4,407	479	491	447	697	143	6,663

The confirmed Trust allocations from the opening SBAs have been coded to the respective budget areas and summarised above, with Price Inflation now included. Budget holders will be provided with reports each month which detail of all Trust commitments relating to their budget area.

### Non-Trust Programme Expenditure 2017-18 Budget



	Apr-17 £'000	May-17 £'000	Jun-17 £'000	Jul-17 £'000	Aug-17 £'000	Sep-17 £'000	Oct-17 £'000	Nov-17 £'000	Dec-17 £'000	Jan-18 £'000	Feb-18 £'000	Mar-18 £'000	Total £'000
<b>Revenue Budget</b>													
Health Improvement	306	3,457	1,058	753	3,584	1,089	2,365	4,188	397	1,752	3,535	2,259	<b>24,743</b>
Lifeline	264	264	264	264	264	264	264	264	264	264	264	264	<b>3,173</b>
Health Protection	-	27	31	131	424	1,429	1,764	1,343	942	844	613	1,034	<b>8,582</b>
Service Development & Screening	34	47	456	34	65	456	222	78	500	158	78	762	<b>2,890</b>
Research & Development	-	-	-	-	-	-	-	1,600	-	1,600	-	-	<b>3,200</b>
Campaigns	-	-	-	-	-	-	-	-	-	-	-	-	<b>-</b>
Nursing & AHP	1	1	12	35	1	15	1,840	1	7	15	5	204	<b>2,134</b>
Centre for Connected Health	-	-	-	-	20	20	1,748	20	20	20	20	20	<b>1,889</b>
Other (including Price Inflation)	-	-	-	99	99	99	99	99	99	99	99	171	<b>966</b>
<b>Total Revenue Budget</b>	<b>605</b>	<b>3,795</b>	<b>1,821</b>	<b>1,317</b>	<b>4,457</b>	<b>3,373</b>	<b>8,302</b>	<b>7,594</b>	<b>2,229</b>	<b>4,752</b>	<b>4,616</b>	<b>4,715</b>	<b>47,577</b>
<b>Capital Budget</b>													
Capital Allocation	-	-	-	378	378	378	378	378	378	378	378	378	<b>3,398</b>
Capital Income	-	-	64	-	-	-	-	-	-	-	-	317	<b>381</b>
<b>Total Capital Budget</b>	<b>-</b>	<b>-</b>	<b>64</b>	<b>378</b>	<b>378</b>	<b>378</b>	<b>378</b>	<b>378</b>	<b>378</b>	<b>378</b>	<b>378</b>	<b>695</b>	<b>3,779</b>

The budgets and profiles are shown after adjusting for retractions and new allocations in the Allocation Letter from DoH. The Campaigns budget has been entirely retracted, and Price Inflation has not been applied to individual budgets but rather held centrally in the *Other* line for further discussion in the pending Investment Plan.

**PHA Administration  
2017-18 Budget**

	<b>Nursing &amp; AHP £'000</b>	<b>Operations £'000</b>	<b>Public Health £'000</b>	<b>PHA Board £'000</b>	<b>Centre for Connected Health £'000</b>	<b>SBNI £'000</b>	<b>Total £'000</b>
Salaries	3,155	3,458	9,841	292	237	508	<b>17,492</b>
Goods & Services	198	1,170	312	31	50	294	<b>2,054</b>
Price Inflation				62			<b>62</b>
Savings target				(100)			<b>(100)</b>
<b>Total Administration Budget</b>	<b>3,353</b>	<b>4,628</b>	<b>10,152</b>	<b>285</b>	<b>287</b>	<b>802</b>	<b>19,507</b>

A savings target of £0.1m was applied to the PHA's Administration budget in 2017-18. This is currently held centrally within PHA Board, and will be managed across the Agency through scrutiny and other measures.

# **Public Health Agency**

## **Finance Report**

**2017-18**

**Month 3 - June 2017**



**Public Health Agency**  
**2017-18 Summary Position - June 2017**

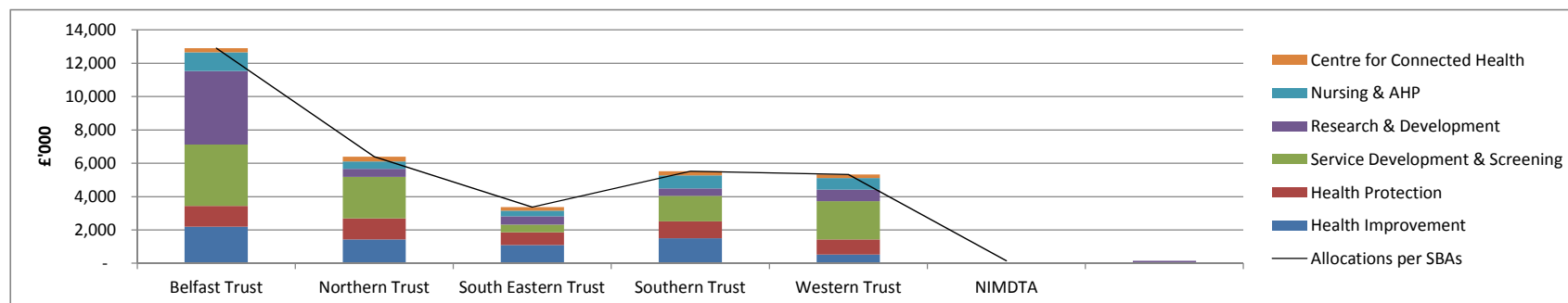
	Annual Budget				Year to Date			
	Programme		Mgt & Admin	Total	Programme		Mgt & Admin	Total
	Trust £'000	Non-Trust £'000	£'000	£'000	Trust £'000	Non-Trust £'000	£'000	£'000
<b>Available Resources</b>								
Departmental Revenue Allocation	27,230	47,488	19,163	<b>93,880</b>	6,752	6,212	4,666	<b>17,630</b>
Revenue Income from Other Sources	-	89	344	<b>433</b>	-	9	89	<b>99</b>
Capital Grant Allocation & Income	6,663	3,779	-	<b>10,442</b>	1,666	64	-	<b>1,728</b>
<b>Total Available Resources</b>	<b>33,893</b>	<b>51,357</b>	<b>19,507</b>	<b>104,756</b>	<b>8,418</b>	<b>6,286</b>	<b>4,755</b>	<b>19,459</b>
<b>Expenditure</b>								
Trusts	33,893	-	-	<b>33,893</b>	8,459	-	-	<b>8,459</b>
Non-Trust Programme *	-	51,356	-	<b>51,356</b>	-	5,339	-	<b>5,339</b>
PHA Administration	-	-	19,507	<b>19,507</b>	-	-	4,423	<b>4,423</b>
<b>Total Proposed Budgets</b>	<b>33,893</b>	<b>51,356</b>	<b>19,507</b>	<b>104,756</b>	<b>8,459</b>	<b>5,339</b>	<b>4,423</b>	<b>18,222</b>
Surplus/(Deficit) - Revenue	-	-	-	-	-	1,077	332	<b>1,409</b>
Surplus/(Deficit) - Capital	-	-	-	-	-	(131)	-	<b>(131)</b>
<b>Surplus/(Deficit)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>946</b>	<b>332</b>	<b>1,278</b>

\* Non-Trust Programme includes amounts which may transfer to Trusts later in the year

The year to date financial position for the PHA shows an underspend against profiled budget of approximately £1.3m, mainly due to spend behind profile on Revenue Budgets within Health Improvement (including the demand-led Lifeline contract) and also a significant year to date underspend on Administration budgets (see page 4). It is currently anticipated that the PHA will breakeven for the year.



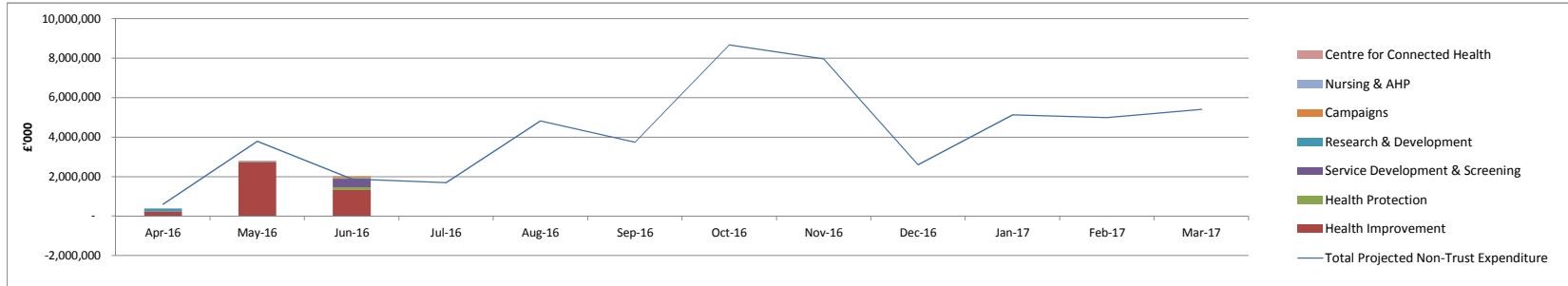
## Programme Expenditure with Trusts



	Belfast Trust £'000	Northern Trust £'000	South Eastern Trust £'000	Southern Trust £'000	Western Trust £'000	NIMDTA £'000	Total Planned Expenditure £'000	YTD Budget £'000	YTD Expenditure £'000	YTD Surplus / (Deficit) £'000
<b>Current Trust RRLs</b>										
Health Improvement	2,208	1,451	1,097	1,511	534	-	6,801	1,687	1,687	-
Health Protection	1,257	1,262	781	1,019	909	-	5,227	1,296	1,307	(11)
Service Development & Screening	3,724	2,515	469	1,548	2,311	-	10,567	2,620	2,642	(21)
Research & Development	4,407	479	491	447	697	143	6,663	1,666	1,666	-
Nursing & AHP	1,132	455	335	790	692	-	3,404	844	851	(7)
Centre for Connected Health	254	284	229	241	221	-	1,230	305	307	(3)
<b>Total current RRLs</b>	<b>12,981</b>	<b>6,446</b>	<b>3,401</b>	<b>5,557</b>	<b>5,365</b>	<b>143</b>	<b>33,893</b>	<b>8,418</b>	<b>8,459</b>	<b>(42)</b>
<b>Opening Allocations</b>	<b>12,981</b>	<b>6,446</b>	<b>3,401</b>	<b>5,557</b>	<b>5,365</b>	<b>143</b>	<b>33,893</b>			

The above table shows the current Trust allocations split by budget area. These amounts are primarily Revenue Resource Limits (RRL) but also include the Capital Resource Limit (CRL) for Research and Development.

### Non-Trust Programme Expenditure



	Apr-16 £'000	May-16 £'000	Jun-16 £'000	Jul-16 £'000	Aug-16 £'000	Sep-16 £'000	Oct-16 £'000	Nov-16 £'000	Dec-16 £'000	Jan-17 £'000	Feb-17 £'000	Mar-17 £'000	Total £'000	YTD Budget £'000	YTD Spend £'000	Variance £'000
<b>Projected Expenditure</b>																
Health Improvement	306	3,457	1,058	753	3,584	1,089	2,365	4,188	397	1,752	3,535	2,259	<b>24,743</b>	4,821	3,819	1,002
Lifeline	264	264	264	264	264	264	264	264	264	264	264	264	<b>3,173</b>	793	490	303
Health Protection	-	27	31	131	424	1,429	1,764	1,343	942	844	613	1,034	<b>8,582</b>	58	167	(109)
Service Development & Screening	34	47	456	34	65	456	222	78	500	158	78	762	<b>2,890</b>	537	564	(27)
Research & Development	-	-	64	378	378	378	378	1,978	378	1,978	378	695	<b>6,979</b>	64	195	(131)
Campaigns	-	-	-	-	-	-	-	-	-	-	-	-	-	-	95	(95)
Nursing & AHP	1	1	12	35	1	15	1,840	1	7	15	5	204	<b>2,134</b>	13	14	(1)
Centre for Connected Health	-	-	-	-	20	20	1,748	20	20	20	20	20	<b>1,889</b>	-	-	-
Other	-	-	-	99	99	99	99	99	99	99	99	171	<b>966</b>	-	(5)	5
<b>Total Projected Non-Trust Expenditure</b>	<b>605</b>	<b>3,795</b>	<b>1,885</b>	<b>1,694</b>	<b>4,835</b>	<b>3,751</b>	<b>8,680</b>	<b>7,972</b>	<b>2,607</b>	<b>5,129</b>	<b>4,993</b>	<b>5,410</b>	<b>51,356</b>	<b>6,286</b>	<b>5,339</b>	<b>946</b>
<b>Actual Expenditure</b>	<b>433</b>	<b>2,853</b>	<b>2,054</b>	-	-	-	-	-	-	-	-	-	<b>5,339</b>			
<b>Variance</b>	<b>172</b>	<b>942</b>	<b>(168)</b>										<b>946</b>			

The budgets and profiles are shown after adjusting for retractions and new allocations in the Allocation Letter from DoH. The Campaigns budget has been entirely retracted, and Price Inflation has not been applied to individual budgets but rather held centrally in the Other line for further discussion in the pending Investment Plan.

Expenditure is £0.9m behind profile for the year to date. The underspend is primarily in the Health Improvement area (£1.3m, including Lifeline), offset by small overspends in other areas. Budget managers should review variances closely throughout the remainder of the year to ensure PHA meets its breakeven obligations.

**PHA Administration**  
2017-18 Directorate Budgets

	Nursing & AHP £'000	Operations £'000	Public Health £'000	PHA Board £'000	Centre for Connected Health £'000	SBNI £'000	Total £'000
<b>Annual Budget</b>							
Salaries	3,155	3,458	9,841	292	237	508	17,492
Goods & Services	198	1,170	312	31	50	294	2,054
Price Inflation				62			62
Savings target				(100)			(100)
<b>Total Budget</b>	<b>3,353</b>	<b>4,629</b>	<b>10,152</b>	<b>285</b>	<b>287</b>	<b>802</b>	<b>19,507</b>
<b>Budget profiled to date</b>							
Salaries	780	864	2,459	48	60	125	4,336
Goods & Services	36	293	78	4	4	3	419
<b>Total</b>	<b>816</b>	<b>1,157</b>	<b>2,538</b>	<b>52</b>	<b>64</b>	<b>128</b>	<b>4,755</b>
<b>Actual expenditure to date</b>							
Salaries	717	800	2,305	23	63	125	4,033
Goods & Services	34	315	66	(33)	6	3	390
<b>Total</b>	<b>751</b>	<b>1,115</b>	<b>2,371</b>	<b>(10)</b>	<b>69</b>	<b>128</b>	<b>4,423</b>
<b>Surplus/(Deficit) to date</b>							
Salaries	62	64	154	25	(3)	0	303
Goods & Services	2	(21)	13	38	(1)	(0)	29
<b>Surplus/(Deficit)</b>	<b>65</b>	<b>43</b>	<b>167</b>	<b>63</b>	<b>(5)</b>	<b>0</b>	<b>332</b>

A savings target of £0.1m was applied to the PHA's Administration budget in 2017-18. This is currently held centrally within PHA Board, and will be managed across the Agency through scrutiny and other measures.

The year to date salaries position is showing a significant surplus which is being generated by approximately 30 vacancies currently within PHA.

## PHA Prompt Payment

### Prompt Payment Statistics

	June 2017 Value	June 2017 Volume	Cumulative position as at 30 June 2017 Value	Cumulative position as at 30 June 2017 Volume
Total bills paid (relating to Prompt Payment target)	£1,973,791	365	£9,783,293	1,364
Total bills paid on time (within 30 days or under other agreed terms)	£1,881,008	318	£9,643,446	1,271
<b>Percentage of bills paid on time</b>	<b>95.3%</b>	<b>87.1%</b>	<b>98.6%</b>	<b>93.2%</b>

Prompt Payment performance for the year to date shows that on value the PHA is achieving its 30 day target of 95%, although on volume performance is slightly below target at 93.2%. PHA is making good progress on ensuring invoices are processed promptly, and efforts to maintain this good performance will continue for the remainder of the year.

The 10 day prompt payment performance remained strong at 91.3% by value for the year to date, which significantly exceeds the 10 day DoH target for 2017-18 of 60%.

*Procurement of Services in line with Protect Life 2 Strategy***date** 17 August 2017**item** 8**reference** PHA/03/08/17**presented by** Dr Carolyn Harper**action required** for noting**Summary**

The attached Project Initiation Document (PID) sets out the proposed approach for re-commissioning the services currently funded under the Protect Life strategy. It was approved by Procurement Board, chaired by Ed McClean, on 3 August 2017 and AMT on August 8 2017.

The PID is designed to address emerging priorities under the recently developed Protect Life 2 strategy, and a Priority 1 Internal Audit recommendation regarding procurement of services.

The process is anticipated to take up to 18 months and will involve a significant amount of staff time. It will include:

- Assessment of need
- Consultation with the sector
- Review of existing services and impact on service delivery, including possible TUPE implications
- Development of business cases for approval by Procurement Board/AMT
- Tender process/open grants process based on service specifications
- Award of 3-5 year contracts

Staff leading on the procurement process now wish to communicate the proposed timeframe externally to enable the sector to begin preparations for the procurement process. Board members are asked to note.

**Equality Impact Assessment**

N/A

## **Recommendation**

The Board is asked to **NOTE** the Project Initiation Document.

# **Project Initiation Document for the Re-tendering of Protect Life Contracts**

## **Introduction**

Since 2008/09 approximately 70 contracts have been in place with Local Trusts (10) and external providers (60) to help take forward the implementation of the Protect Life Strategy. These contracts have an annual value of circa £2.8M (excludes Lifeline and other regional programmes). In line with the NI Public Procurement Policy (as amended August 2014) and the Public Contracts Regulations 2015 for England, Wales and Northern Ireland - Light Touch Regime (Regulations 74 -77), the contracts with external providers need to be openly tendered to ensure that they are delivering best value for money in terms of both quality and cost.

In addition to the legal requirement for PHA to openly award contracts, it is also an opportune time to review the range and scale of services being delivered under the existing contracts as a new Protect Life 2 Strategy is due to be issued shortly by DoH. The new Protect Life Strategy is expected to identify a number of new priority areas that PHA will need to address in determining how future funding should be allocated to best meet the needs of service users.

Given the number of contracts that will be affected by a new tender process and the overall scale of work involved in managing a tender of this size and complexity, it is important that there is a thorough and appropriate planning process involving people with the appropriate skills and knowledge to take the work forward and that there is a clear understanding of the scale of work involved and the time commitment required in order to complete the process.

## **Purpose of this document**

The purpose of this document is to:

- Set out the objectives of the project;
- Define the scope of the project;
- Identify the key products that will need to be developed;
- Set out the activities, resources, responsibilities and outputs required to facilitate the completion of the project;
- Set out the management structure for the project; and
- Act as a base document against which AMT can assess project progress on an on-going basis.

## **Project definition**

### **Objectives**

- By September 2019, ensure that PHA Protect Life resources are invested in a range of services that will most effectively achieve the priorities/outcomes set out in the Protect Life 2 Strategy.

- By March 2018, agree the models of service that will best meet the needs of service users and achieve the best outcomes possible with the funding available.
- Provide service users with access to a consistent range of services that will deliver the best outcomes.
- Provide stability to service users and providers by awarding contracts that will be in place from September 2019, for a 3-5 year period, subject to the performance standards being achieved.
- Ensure there are no gaps in services provided to clients when services are transferred from existing service providers to the new providers following award of tenders in November 2019.
- Develop a strong stakeholder network that shares knowledge and expertise and identifies opportunities for working collectively to achieve better outcomes.

### Project Scope

This project covers all elements involved in the strategic planning and re-tendering of suicide prevention services and services to support people who have been bereaved by suicide.

This will include:

- reviewing and updating the needs assessment for suicide prevention/ bereavement services, taking into account the strategic priorities set out in the Protect Life 2 Strategy;
- Agreeing the profile of services to be developed across the region, taking into account best practice and wider financial limitations;
- To identify and consider a range of service models (including current NI service models and models operating elsewhere);
- To carry out meaningful engagement with stakeholders to ensure that there is an understanding of the key issues to be addressed and the wider factors that need to be taken into account when agreeing final priorities to be progressed. Particular focus will be given to ensure the views of service users and carers are appropriately considered;
- To develop business cases that robustly consider possible options for delivering the services required, identify the financial requirements, and ensure that the preferred option provides value for money;
- Provide the necessary information to develop the tender strategy, including detailed understanding of how existing contract awards and the potential impact changes in proposed future service delivery models may have;
- Developing tender documentation including specifications and award criteria that will deliver the best outcomes possible;
- Robustly evaluate the tenders received and award contracts to successful providers;
- Ensure transition between new and old service providers is managed in a reasonable manner so there is limited impact on existing service users; and
- Maintain good communication with all stakeholders during the tender process in order to ensure that there is clarity on the proposed way forward and an understanding of any changes that will potentially impact on service users and providers.



## Project Deliverables

Product / Task	Description
Phase one of procurement process – development of direction – including external stakeholders	
Develop position papers on key areas of need and possible approaches for how these can be addressed. The areas to be prioritised will be reflective of the priorities identified in Protect Life 2. It is anticipated there will be 4-5 position papers developed.	<p>These papers will summarise the needs presenting based on existing information, available research and input from stakeholders, in particular, service users and also outline possible models of service that could be considered.</p> <p>The papers will inform the basis of a consultation process which will bring service providers, users, families and other stakeholders' views to the development of commissioning specifications within an ethos of co-design and co-production</p> <p>The papers will have input from academics who have been working with the PHA through the duration of the Protect Life Strategy since 2007.</p>
Review existing contractual commitments and provide assessment of the impact proposed changes in service models will have on existing services and providers	<p>This paper will summarise how existing resources are invested and set out how the proposed approach will impact on this pattern. Analysis will include:</p> <ul style="list-style-type: none"> <li>• Any inequity in budget provision;</li> <li>• Possible areas of disinvestment / changed investment;</li> <li>• Possible impact on existing staff contracts;</li> <li>• impact in communities with perceived loss of employment/capacity; and</li> <li>• Opportunities for achieving overall efficiencies.</li> </ul>
Develop consultation document setting out rationale for proposed service models to be implemented and anticipated pattern of investment, as well as an engagement plan with communities	<p>This document will set out how the PHA proposed to invest the available funding and any beneficial or necessary changes to existing patterns are clear about the impact of the proposals. This document addresses engagement with communities and the potential for this to be carried out by a 3<sup>rd</sup> party in order to ensure transparency and openness in the process.</p>
Develop proportionate business cases and equality screening(s) to	<p>Business cases will have to be developed in line with NIGEAE guidance.</p> <p>They should also include an assessment of wider</p>

ensure best value for money is achieved and any negative impacts on section 75 groups are identified	community benefits that PHA would wish to see realised through the investment.
Phase two of procurement process – development of commissioning specifications and tender documentation. Internal to PHA.	
Develop a tender strategy setting out timelines for progressing individual tenders and development of tender packs for agreed areas of service.	This will include the development of detailed service specifications, award criteria, lotting strategies, community benefits to be realised and social clauses. Key performance indicators will also be agreed.
Tender application and award process initiated and contract award letters issued post completion of the process.	<ul style="list-style-type: none"> <li>• Tender pack issued via e-tenders.</li> </ul>
Manage transition of services from old contract providers to new contract providers	Includes the set up of robust monitoring arrangements with new providers to ensure new contracts are managed appropriately.

## **Timescales**

It is proposed that the project is completed by March 2019.

It is recognised that the timetable for completing this project is challenging and dependent upon key elements, such as the publication of the Protect Life 2 strategy taking place, as expected. Overall timescales will be kept under review and any changes agreed.

## **Project organisation and support**

This project is a major programme of work for the PHA and will require significant support from across the organisation. The structure for managing the project is set out below.

<b>Function/position</b>	<b>Role &amp; Responsibilities</b>
Project Board	Review and approve PID. Agree and authorise resources. Agree timeline, receive updates, and agree any changes.

	<p>Approve strategic priorities to be progressed, taking into account financial parameters.</p> <p>Approve final business case(s).</p> <p>Approve the structures, timescale, tender documentation etc. for procurement.</p>
SRO	<p>Provide advice and support to project team.</p> <p>Review overall progress with project and highlight any risks to Project Board.</p> <p>Sponsor papers brought to project board and recommend action as required.</p>
Project Team	<p>Provide functional expertise and leadership for the project</p> <p>Approve processes for developing key products to ensure robust analysis will be undertaken and all statutory duties are met.</p> <p>Review project timelines and escalate any difficulties to Project Board</p> <p>Review options for delivering the best outcomes, based on the resources available and make recommendations to Project Board.</p> <p>Quality assure all key documentation produced prior to consideration by Project Board.</p> <p>Develop a communication strategy and manage any communication/PR issues.</p> <p>Lead the public consultation process.</p>
Project Manager	<p>Provide support to Project team.</p> <p>Maintain good communication between project sub groups and ensure agreed work is progressed as required.</p> <p>Co-ordinate production of core information and quality assure prior to consideration by Project Team.</p> <p>Assist with writing key documentation.</p>
Project Sub Groups	<p>Each group will be responsible for developing a position paper for a key area of service. This will include reviewing information on baseline needs; engaging service users and providers in discussion on possible service models, reviewing existing contract arrangements and</p>

	recommending options for delivering best outcomes.
Contract Adjudication Group(s)	Development of the tender documentation including specification and selection and award criteria. Assessment of tender submissions Processing of any queries that arising during the tender process.
Project Support	Administrative tasks including: Document and arrange meetings; Prepare papers for meetings; and Maintain comprehensive document management systems.

Once the project progresses to the procurement stage, further input will be required to support the procurement process from PaLS, Legal and Financial colleagues. A Contract Award Group (CAG) will also be required for each individual tender.

AMT has considered and agreed this proposed approach, Directors noting the requirement for identified staff to have sufficient time allowed in their wider work schedules to enable them to deliver inputs in a timely manner.

Draft Timetable for Completion of Mental Health Tenders Phase 2																									
Stages in Tender Process	17/18												18/19												
	Ap r	Ma y	Ju n	Ju l	Au g	Se p	Oc t	No v	De c	Ja n	Fe b	Ma r	Ap r	Ma y	Ju n	Ju l	Au g	Se p	Oc t	No v	De c	Ja n	Fe b	Ma r	
Planning and Procurement group established to manage the process.																									
Develop position papers on key areas of need and possible approaches for how these can be addressed																									
Engagement with service providers and service users on local needs and potential models of service provision based on position papers developed.																									
Protect Life 2 Strategy Launch																									
Identification of service priorities proposed service models and development of Consultation paper																									
Public Consultation on proposed priorities, service models and changes to existing provision and consideration of comments received.																									
Development of Specification for training in Suicide prevention and MH promotion and award of contract by 1 April 2018																									



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*Programme Expenditure Monitoring Report 2016/17*

**date** 17 August 2017

**item** 9

**reference** PHA/04/08/17

**presented by** Mr Ed McClean, Director of Operations

**action required** For noting

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### **Summary**

The annual year-end PEMS report provides a high level summary of how the PHA programme funding was allocated during 2016/17.

### **Equality Impact Assessment**

Not applicable.

### **Recommendation**

The Board is asked to **NOTE** the Programme Expenditure Monitoring Report for 2016/17.

# Programme Expenditure Monitoring Report 2016/17

## Background

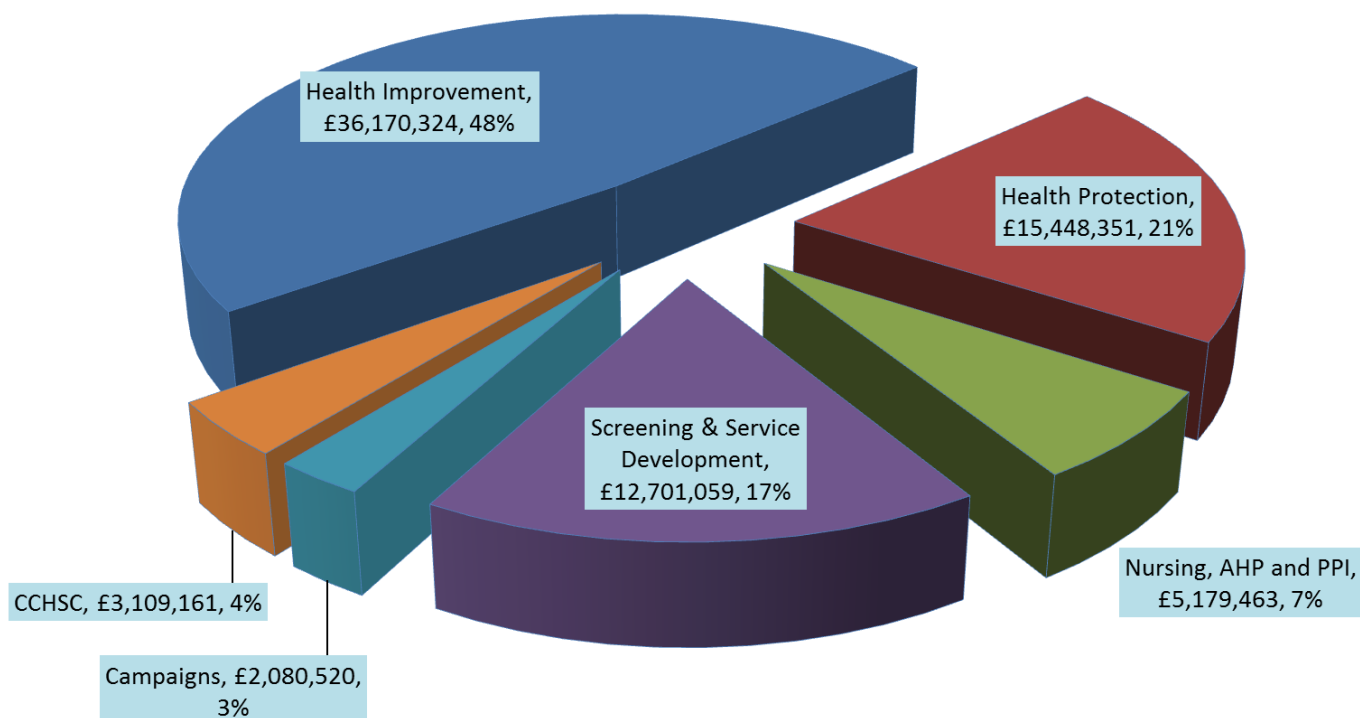
The Programme Expenditure Monitoring System (PEMS) was developed to provide the PHA with more detailed information regarding how programme funding is allocated across the organisation.

It is important to note that PEMS does not replace the formal financial reporting systems for the PHA but works alongside these to enable timely and informed decisions regarding funding priorities to be made. This report excludes £3.14m of programme expenditure channelled through Research & Development.

## Breakdown of PHA Programme Budget 2016/17

Programme funding of £ 74.7m was recorded on PEMS. This was distributed, as follows:

PHA Programme Budget 2016/17

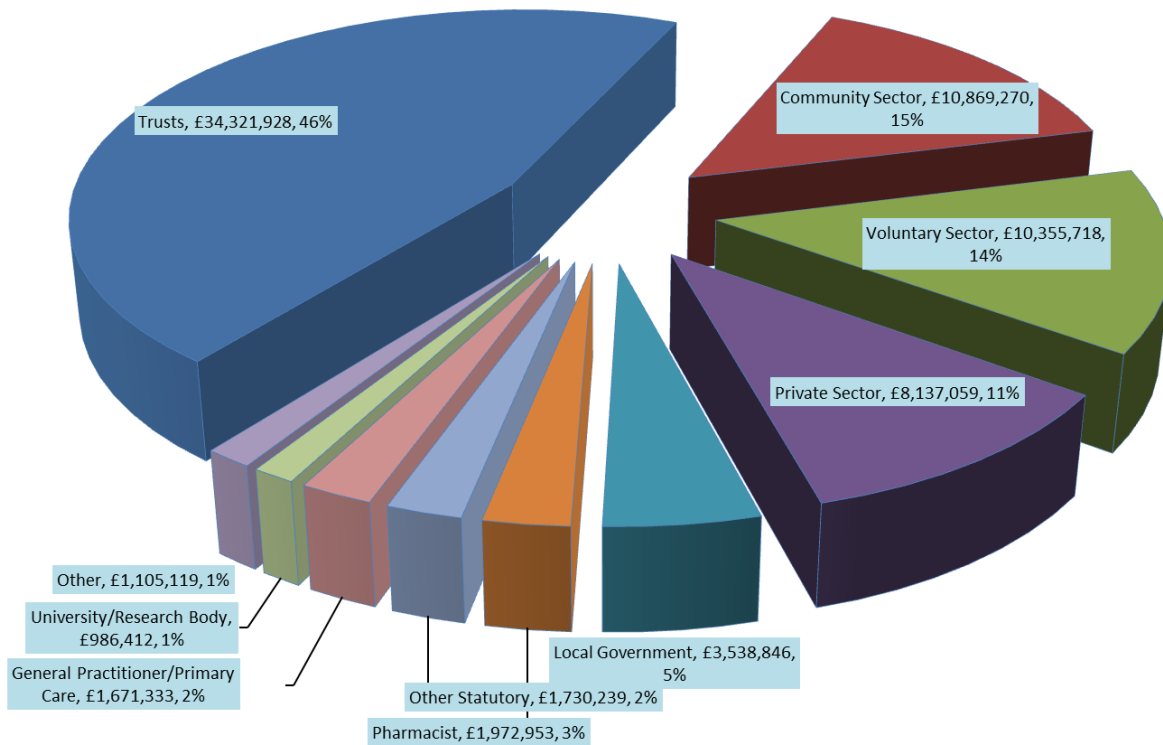




## Breakdown of Expenditure by Sector.

Overall, £34.2m (46%) of programme spend was allocated to Trusts and £21.2m (29%) to the community and voluntary sector. A more detailed breakdown of how this funding is split across all sectors is outlined in the pie chart below.

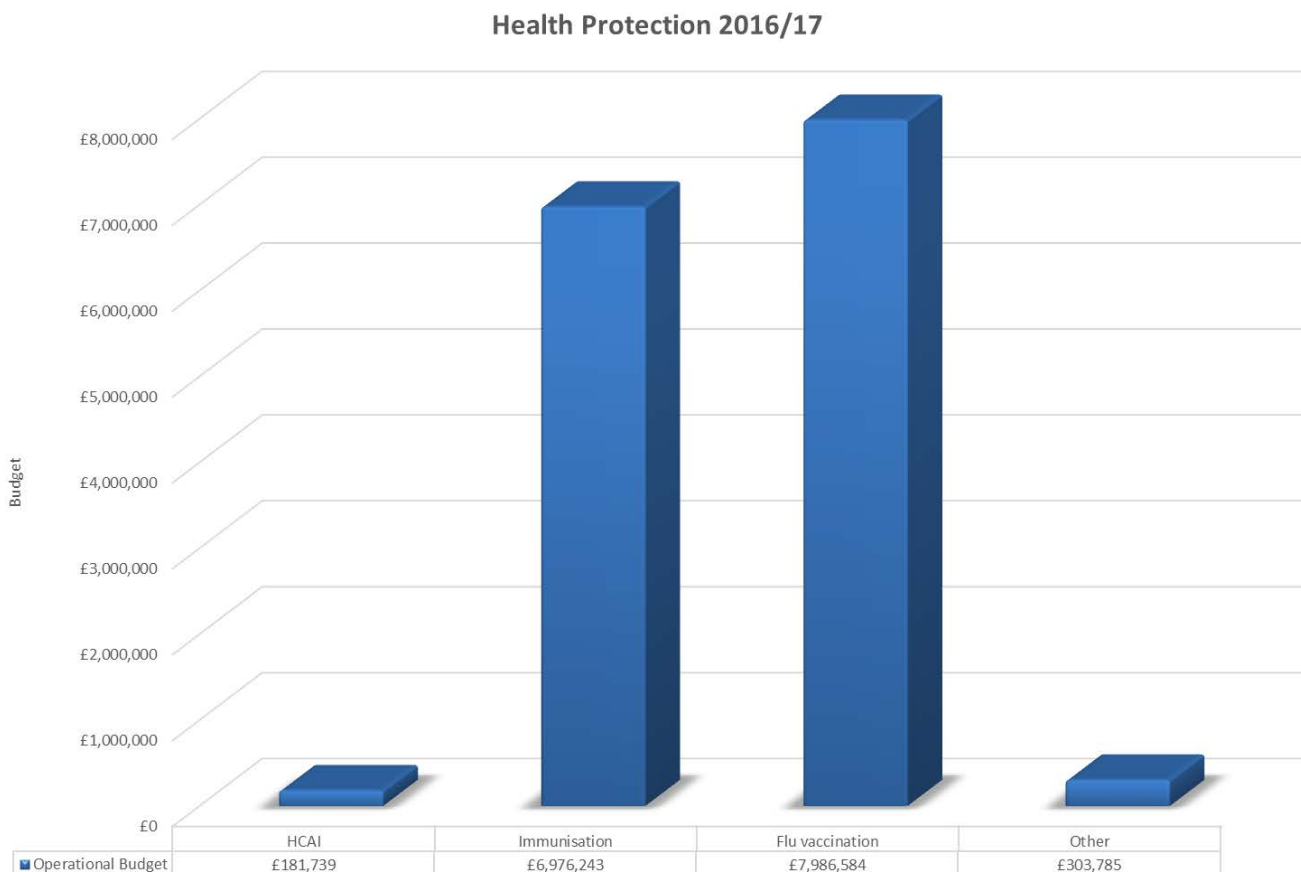
**PHA Funded Organisations by Sector 2016/17**



## Analysis of Main Areas of Expenditure

### Health Protection

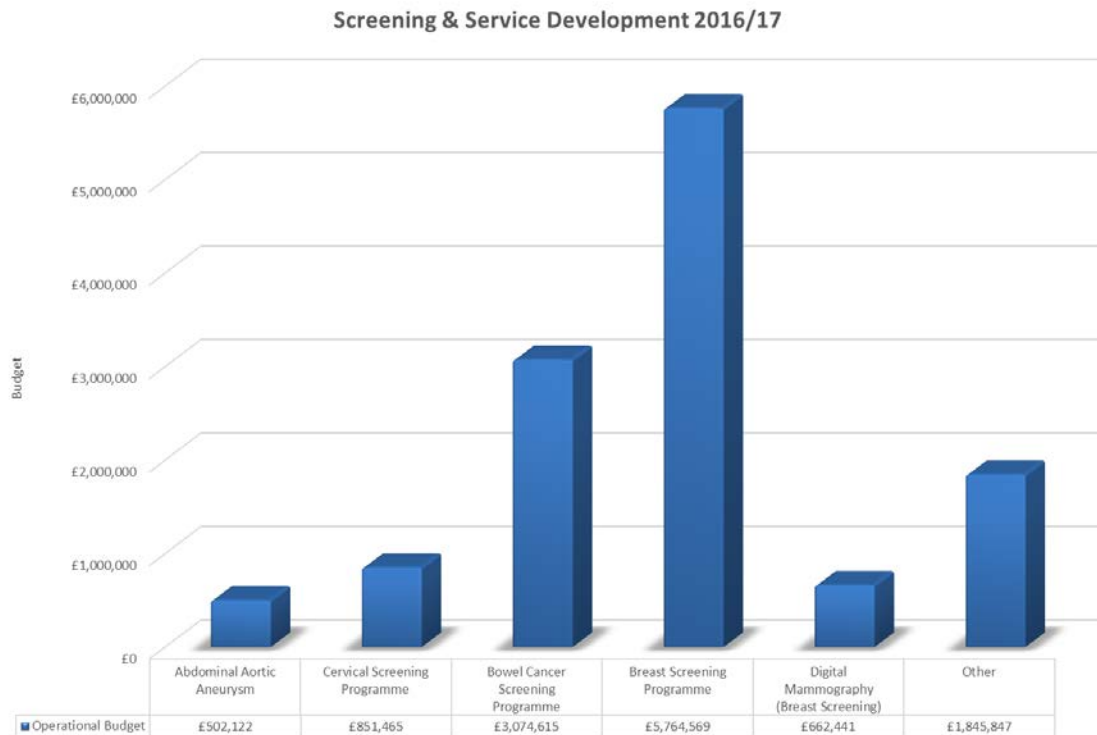
£15.4m (20%) of programme funding was allocated to health protection. This was broken down as follows:



The majority of the health protection budget was spent on the purchase, distribution and administering of the seasonal flu vaccination programme. There has been a significant expansion in the number of vaccination programmes being implemented by PHA over the last few years and much of this funding has now been included in our baseline on a recurrent basis.

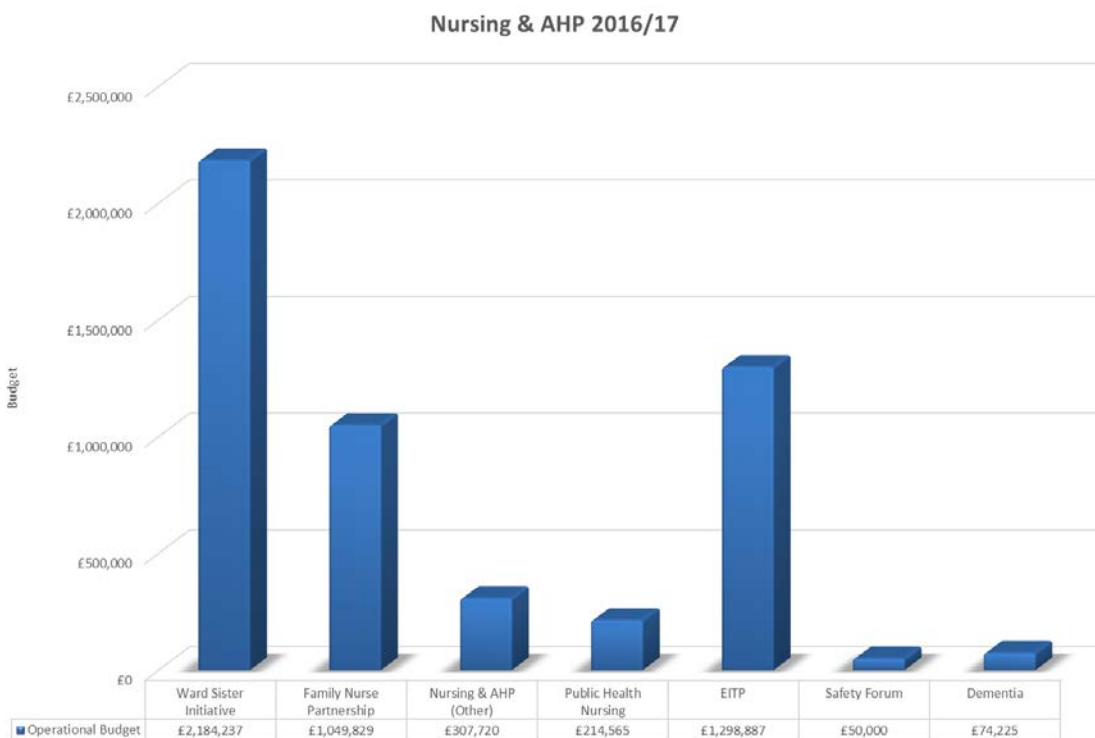
## Screening and Service Development

£12.7m (17%) of programme funding was spent on screening services in 2016/17. This was broken down as follows.



## Nursing and AHP

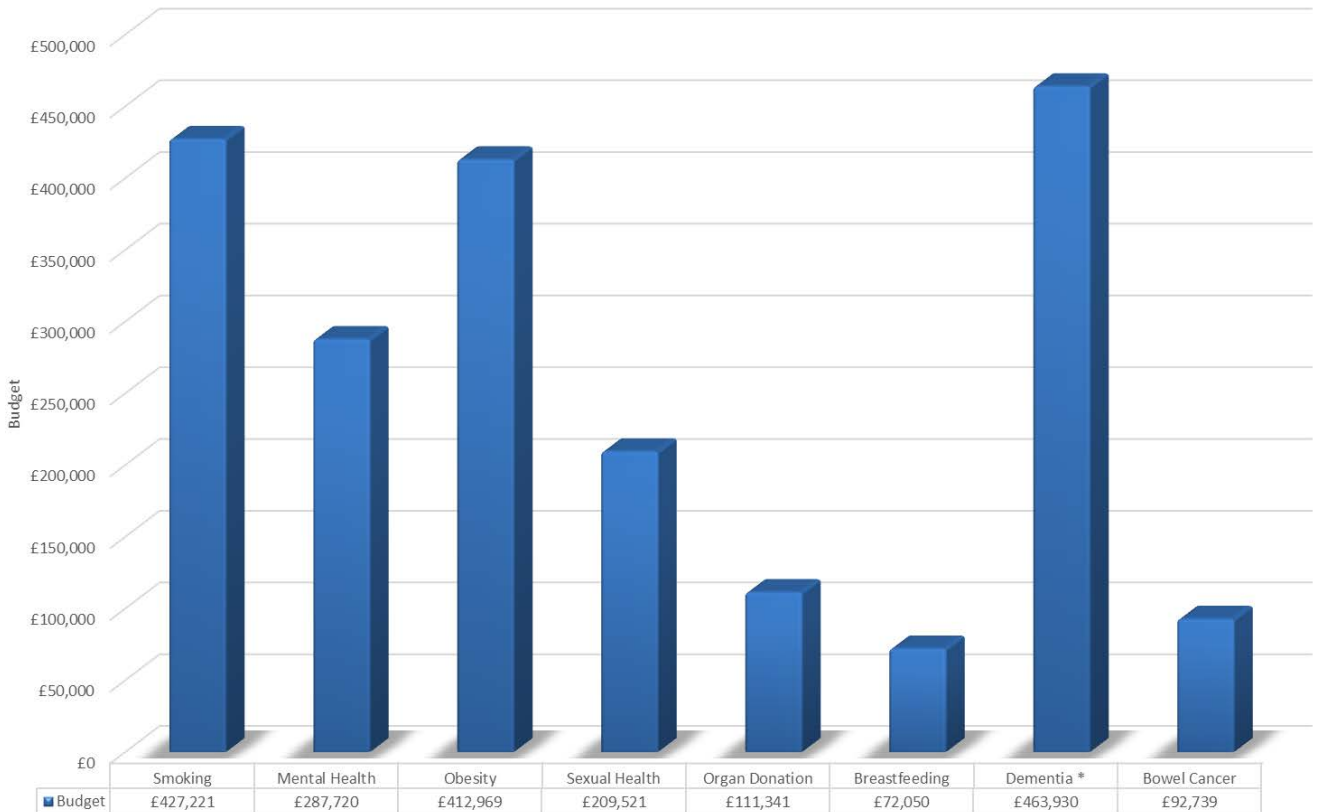
£5.2m (7%) of the programme budget is managed by the Nursing and AHP Directorate. This is broken down as follows:



## Campaigns

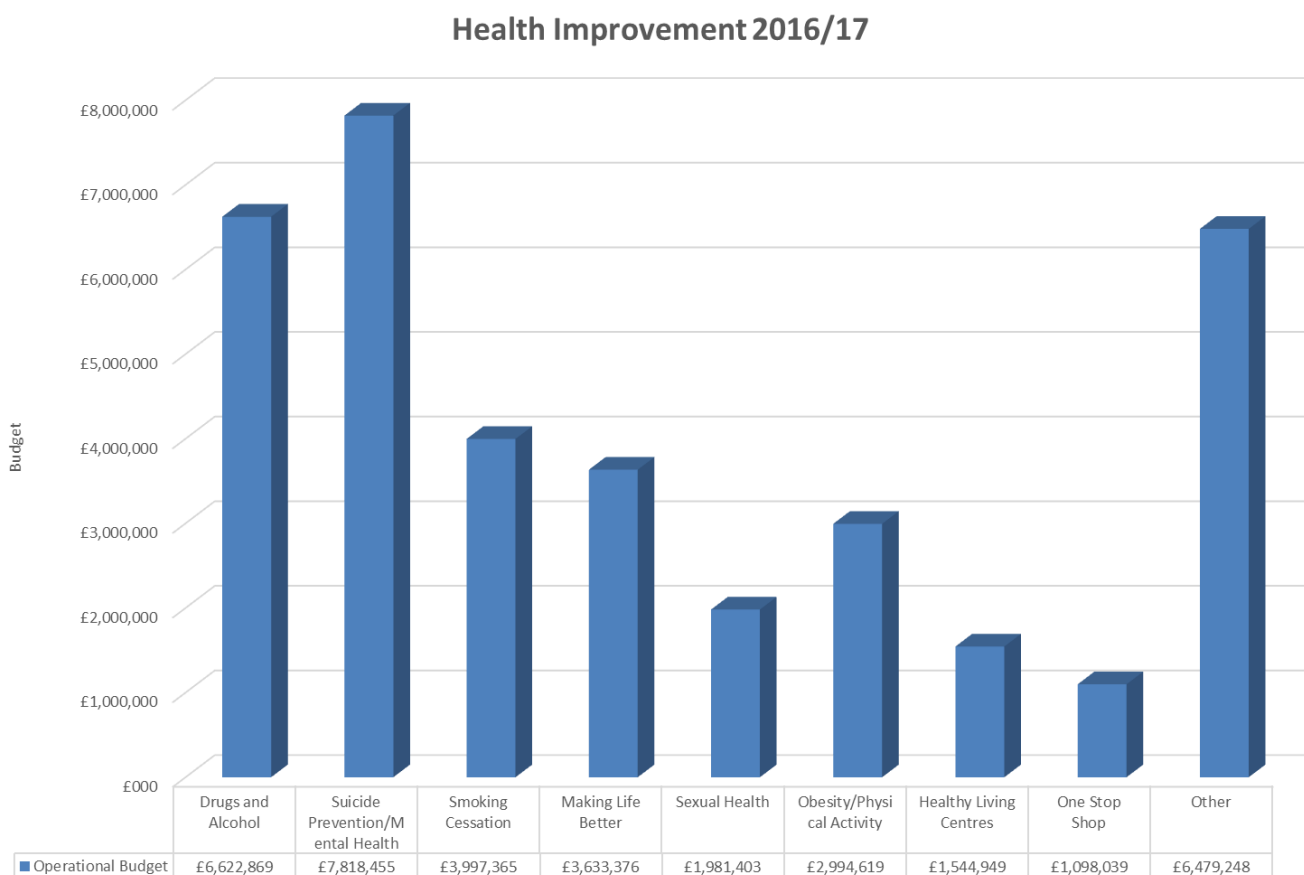
£2.1m (3%) was spent on development, running and evaluation of campaigns in 2016/17. The PHA is limited to the amount it can spend overall on the running of Public Information Campaigns and agrees each year with DoH colleagues how this should be targeted. The most significant changes from the previous year are the investment in the dementia and organ donation campaigns and an increase in funding for the obesity campaign.

Campaigns 2016/17



## Health Improvement

£36.17m (48%) of all programme funding was invested in health improvement as broken down in the graph below.



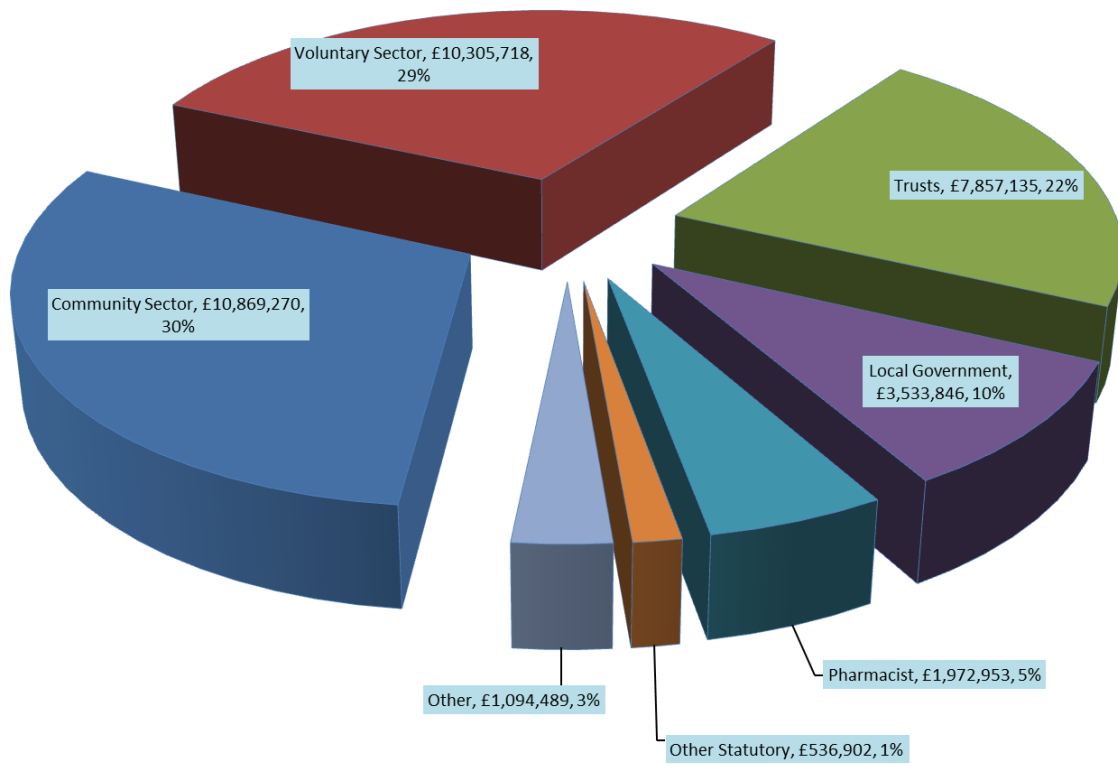
£22m (60%) of this funding was invested in four main areas of activity:

- Suicide Prevention / Lifeline (£7.8m);
- Drugs and Alcohol (£6.6m);
- Smoking Cessation (£4.0m);
- Making Life Better (£3.6m).

The health improvement budget is invested under a number of sectors as outlined in the pie chart on page 7. 59% (21.2m) of the funding available is allocated to the community and voluntary sector.

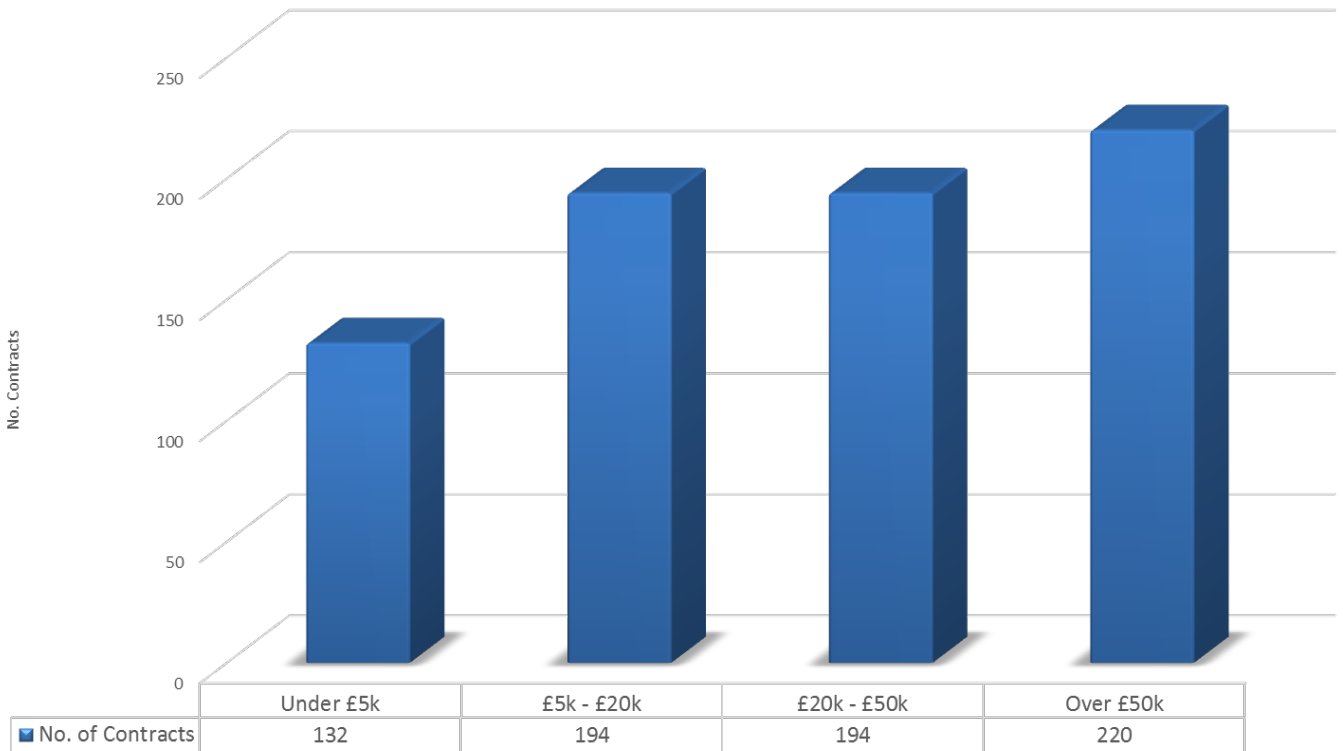
To effectively tackle health and wellbeing inequalities, PHA recognises the importance of working at a local level, often with smaller community based organisations, to take forward programmes. This approach is reflected in the large number of small scale contract awards that are being managed, as summarised in the graph on page 7.

## Health Improvement Spend by Sector 2016/17



## Analysis of Health Improvement Initiatives by volume and value

Distribution of Health Improvement Contract Values in 2016/17



PHA Board is asked to **Note** the paper



*Update on PHA Social Care Procurement Plan*

**date** 17 August 2017

**item** 10

**reference** PHA/05/08/17

**presented by** Mr Ed McClean, Director of Operations

**action required** For noting

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**Summary**

This report provides an annual update for PHA board on progress with implementing the PHA Procurement Plan.

**Equality Impact Assessment**

Not applicable.

**Recommendation**

The Board is asked to **NOTE** the update on the PHA Social Care Procurement Plan.



## Update on PHA Social Care Procurement Plan

This paper provides an update for Members on implementation of the PHA Social Care Procurement Plan.

A total of 264 contracts have been identified on the PHA Social Care Procurement Plan (Appendix 1) that will need to be reviewed and openly tendered, where required. These contracts have an annual value of £20.5m. To date, the PHA has awarded 74 of these contracts with an annual value of £7.35m.

### **Review of 2016/17**

During 2016/17, PHA completed the awarding of 2 tenders with a total value of £225k - workplace health (5 contracts) and Shared Reading Service in the Criminal Justice Setting (1 contract). Progress in taking forward other procurements planned for 2016/17 was significantly impacted due to a number of factors.

- Delays in the finalisation of the new Suicide Prevention Strategy – Protect Life 2, by DoH, has prevented PHA from progressing its plans to re-tender the existing contracts that are in place. Until the regional strategy is finalised PHA is not able to complete its own internal planning processes that are required, prior to going out to tender. The Strategy is now expected to be published in early Autumn 2017.
- During 2016/17, PHA continued to prepare its plans for re-tendering the Lifeline service. However, it was unable to progress, as planned, due to a delay in DoH being able to approve the business case. Approval has now been granted and the tender documentation is now being developed.
- As anticipated, the number of senior staff who left the organisation under VES during 2015/16, left the PHA with reduced capacity and knowledge in key business areas. This has delayed the ability of PHA to complete the necessary planning processes required for key programmes, prior to going out to tender.

During 2016/17, updated procurement training was provided to 63 senior staff. The main purpose of the training was to share learning gained from previous tender processes and to ensure that all new and existing staff who are involved in allocating funding were aware of the new EU Procurement Regulations and PHA planning and procurement processes that need to be followed when awarding new contracts.

PHA staff also supported PaLS colleagues in the delivery of 15 Public Information sessions. The purpose of these sessions was to inform providers of the procurement processes that are now used by HSC organisations when awarding over threshold tenders (above £589k in value).

PHA also continued to work regionally with HSCB and local Trusts to agree consistent tender documentation and processes and to develop standard terms and

conditions of award across the HSC. Standard documentation is now held centrally by PaLS and can be accessed by all organisations when required. In addition, PHA has also contributed to the on-going work of regional groups such as the Regional Procurement Board, Social Care Procurement Implementation Board and a working group established under DoH Transformation Implementation Group to review the Innovative use of social clauses.

PHA has also been involved in the development of a Regional Social Care Procurement plan for over threshold tenders (above a value of £589k). PHA procurement priorities for the coming 2 year period have been reflected in the Plan and will be taken into account when prioritising the allocation of PaLS resources.

### **Procurement Priorities 2017/18**

In light of the capacity limitations within PHA and BSO PaLS /Legal Directorate to manage procurements the PHA Procurement Plan has been reviewed and revised to reflect more realistic timescales. As part of this process a detailed review of all existing contracts was completed to ensure PHA has an accurate assessment of all contracts that need to be re-tendered and under what procurement process they will be managed (i.e. over or under threshold). A copy of the updated Procurement Plan is attached as Appendix 1.

During 2017/18, the PHA will focus on progressing the following procurements.

<b>Service Area</b>	<b>Estimated Annual Value of Tender £(M)</b>	<b>Existing Contracts</b>
Lifeline	£3.5	1
Protect Life 2 (Suicide prevention)	£2.2	60
Use of Place (includes community infrastructure / Healthy Living Centres and Horticulture and allotment programmes)	£3.0	53
One Stop Shops	£0.9	8

Given the complexity of these tenders and the scale of work involved in planning and developing the tender documentation, it is not anticipated that new contracts will be in place until 2018/19.

## Emerging Issues

During 2017/18, PHA will need to consider the possible impact of the following issues when developing and managing procurements.

- Increasing focus is being placed by DoH on the level of contract monitoring that should be undertaken by ALBs when managing contracts with external organisations to ensure services are being delivered to the standard and scale agreed and value for money is being obtained. Given the large number of contracts managed by the PHA, any increase in monitoring requirements will have a disproportionate impact on the staffing resources available.
- New Regulations regarding data protection (General Data Protection Regulations) are due to be implemented from 28 May 2018. PHA will need to review what impact these new Regulations will have on existing contract holders and ensure that future contract awards reflect the requirements of the Regulations under the terms and conditions of award.
- The Rural Needs Act 2016 requires the PHA to undertake Rural Needs Impact Assessments from the 1 June 2018. PHA will need to consider how to integrate this statutory requirement into future planning and procurement processes.

PHA board is asked **to Note** the paper.

PHA Social Care Procurement Plan 2016/17 - 2020/21 (Revised Aug 2017)

Appendix 1

Procurement Reference Number	Tender	12/13	13/14	14/15	15/16	16/17	17/18				18/19				19/20				20/21				Estimated Value Per Annum	Current number of Contracts	
							Apr May June Qtr 1	July Aug Sep Qtr 2	Oct Nov Dec Qtr 3	Jan Feb Mar Qtr 4	Apr May June Qtr 1	July Aug Sep Qtr 2	Oct Nov Dec Qtr 3	Jan Feb Mar Qtr 4	Apr May June Qtr 1	July Aug Sep Qtr 2	Oct Nov Dec Qtr 3	Jan Feb Mar Qtr 4	Apr May June Qtr 1	July Aug Sep Qtr 2	Oct Nov Dec Qtr 3	Jan Feb Mar Qtr 4	£(M)		
1	Drugs and Alcohol (including Hidden Harm) ( 8 specs)																							£4.10	33
2	Suicide Prevention and Mental Health Phase I (3 Specs)																							£0.20	9
3	Suicide Prevention and Mental Health - Protect Life 2																							£2.2	60
3a	Assist Training																							£0.1	1
4	Lifeline																							£3.50	1
5	Sexual Health - Parent Child Communication																							£0.07	6
6	Sexual Health - Sexual Health Services for young people																							£0.38	2
7	RSE in Community																							£0.27	4
8	Sexual Health - Services for HIV																							£0.14	4
9	Sexual Health - Training for Professionals																							£0.04	5
10	Sexual Health - Services for MSM																							£0.13	2
11	Sexual Health - RSE for LD																							£0.07	1
12	Sexual Health - Information and Advice																							£0.06	1
13	Advice4Health / benefit maximisation - regional																							£0.20	6
14	One Stop Shop																							£0.90	8
15	Stop Smoking Services - Training Services																							£0.05	5
16	Stop Smoking Services - Community & Workplace Cessation Services																							£0.24	8

Procurement Reference Number	Tender	12/13	13/14	14/15	15/16	16/17	17/18				18/19				19/20				20/21				Estimated Value Per Annum £(M)	Current number of Contracts		
							Apr May June	July Aug Sep	Oct Nov Dec	Jan Feb Mar	Apr May June	July Aug Sep	Oct Nov Dec	Jan Feb Mar	Apr May June	July Aug Sep	Oct Nov Dec	Jan Feb Mar	Apr May June	July Aug Sep	Oct Nov Dec	Jan Feb Mar				
							Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	3	Qtr 4	Qtr 1	Qtr 2	3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4				
17	Stop Smoking Services - LGBT Pilot Programme (Direct Grant Award)																							£0.02	1	
18	Use of PLACE - Healthy Living Centres																								£1.30	19
19	Use of PLACE - Community Development Infrastructure																								£1.40	30
20	Use of PLACE - Horticulture Therapy																								£0.02	1
21	Use of PLACE - (incorporating Community Gardens/ Allotments)																								£0.38	TBC
22	Health Promoting Homes (West) Making Life Better at Home (may include Belfast or Regional)																								£0.07	5
23	Work Place Health																								£0.15	5
24	Early Intervention Transformation Programme - Work stream 2																								£0.80	7
25	Reading Groups for Prisoners																								£0.05	1
26	Travellers Health & Wellbeing (Regional)																								£0.23	7
27	Arts & Health Older Peoples Programme (Regional)																								£0.17	3
28	Arts & Health ( Young People & Mental Health Programme)																								£0.10	1
29	Child development project board-early years technical support																								£0.07	1
30	Parenting Ur Teen/Odyssey Programme																								£0.04	1
31	Incredible Years co-ordination programme-																								£0.05	1
32	Strengthening Families Programme																								£0.12	4
33	Active Travel																								£0.10	2
34	Cancer Focus (skin cancer)																								£0.60	1
35	PARS / PARPS																								£0.30	5
36	Regional Walking Initiative/Healthy Places																								£0.40	TBC
38	Leading the Way Active Travel (Belfast South East) WEST Included in Obesity																								£0.08	1

Procurement Reference Number	Tender	12/13	13/14	14/15	15/16	16/17	17/18				18/19				19/20				20/21				Estimated Value Per Annum £(M)	Current number of Contracts
							Apr	July	Oct	Jan	Apr	July	Oct	Jan	Apr	July	Oct	Jan	Apr	July	Oct	Jan		
							May	Aug	Nov	Feb	May	Aug	Nov	Feb	May	Aug	Nov	Feb	May	Aug	Nov	Feb		
						June	Sep	Dec	Mar	June	Sep	Dec	Mar	June	Sep	Dec	Mar	June	Sep	Dec	Mar			
						Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	3	Qtr 4	Qtr 1	Qtr 2	3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4			
39	Travellers (Belfast)																						£0.10	2
40	Self Harm Intervention Programme																						£0.80	5
41	Stronger Together Network - Regional BME																						£0.05	1
42	Service User Network for Drugs and Alcohol																						£0.10	1
43	Raise Awareness and Promote informed choice for the cancer screening programmes																						£0.20	1
44	Childhood Obesity 0-5 early years																						£0.15	2
45	Childhood Obesity 5years +																						TBC	TBC
																						£20.50	264	

Key

Tender Awarded
Pre Tender Planning
Tender Preparation and Award