agenda

Title of Meeting	149th Meeting of the Public Health Agency Board
Date	15 December 2022 at 1.30pm
Venue	Fifth Floor Meeting Room, 12/22 Linenhall Street

standing items

1 1.30	Welcome and apologies		Chair
2 1.30	Declaration of Interests		Chair
3 1.35	Minutes of Previous Meeting held on 17 November 2022		Chair
4 1.40	Matters Arising		Chair
5 1.45	Chair's Business		Chair
6 1.55	Chief Executive's Business		Chief Executive
7 2.00	Finance Report	**PHA/01/12/22**	Director of Finance
8 2.15	Health Protection Update		Dr McClean

committee updates

9 2.30	Update from Chair of Remuneration Committee		Chair
10 2.40	Update from Chair of Planning, Performance and Resources Committee		Chair

items for noting

11 2.50	PHA Procurement Board – Update Report	**PHA/02/12/22**	Mr Wilson

12 3.10	Mental Health, Emotional Wellbeing and Suicide Prevention Strategic Planning Team (SPT) Update and Action Plan 2022/23	**PHA/03/12/22**	Mr Wilson

closing items

13 Any Other Business
3.30

14 Details of next meeting:

Thursday 19 January 2023 at 1.30pm

Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

HSC Public Health Agency

minutes

Title of Meeting	148th Meeting of the Public Health Agency Board
Date	17 November 2022 at 1.30pm
Venue	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

Present

Mr Andrew Dougal	-	Chair
Mr Aidan Dawson	-	Chief Executive
Dr Joanne McClean	-	Director of Public Health (*Joined at Item 6*)
Mr Stephen Wilson	-	Interim Director of Operations
Mr Craig Blaney	-	Non-Executive Director
Mr John Patrick Clayton	-	Non-Executive Director (*Joined during Item 6*)
Ms Anne Henderson	-	Non-Executive Director
Mr Robert Irvine	-	Non-Executive Director (*Left during Item 10*)
Ms Deepa Mann-Kler	-	Non-Executive Director
Professor Nichola Rooney	-	Non-Executive Director
Mr Joseph Stewart	-	Non-Executive Director (*via video link*)

In Attendance

Ms Tracey McCaig	-	Director of Finance, SPPG
Mr Robert Graham	-	Secretariat

Apologies

Dr Aideen Keaney	-	Director of Quality Improvement
Mr Brendan Whittle	-	Director of Social Care and Children, SPPG
Ms Vivian McConvey	-	Chief Executive, PCC

113/22 **Item 1 – Welcome and Apologies**

113/22.1 The Chair welcomed everyone to the meeting. Apologies were noted from Dr Aideen Keaney, Mr Brendan Whittle and Ms Vivian McConvey.

114/22 **Item 2 – Declaration of Interests**

114/22.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared at the outset, but Mr Irvine and Mr Blaney both declared an interest in their roles as Local Councillors during a discussion on poverty as part of Item 5.

115/22 **Item 3 – Minutes of previous meeting held on 20 October 2022**

115/22.1 The minutes of the Board meeting held on 20 October 2022 were **APPROVED** as an accurate record of that meeting.

116/22 **Item 4 – Matters Arising**

101/22.1 Mandatory training

116/22.1 For action 1, Mr Graham advised that he was seeking confirmation as to which courses on the HSC eLearning portal would be deemed as mandatory and would share this with members.

103/22.8 Procurement Plan

116/22.2 For action 3, Mr Wilson confirmed that an action plan will be brought to the Board in December.

103/22.11 Audit of Recruitment

116/22.3 The Chair asked if it would be possible to see the terms of reference for the proposed Internal Audit of recruitment processes. Ms Henderson asked if the report of the audit is likely to be a negative one. Mr Stewart advised that the terms of reference have not yet been established, therefore it is not possible to determine the outcome. However, he said that this audit is tied into a general overview of recruitment and seeks to get to the bottom of the issues. He added that he has discussed this with the Chief Executive who is of the same opinion regarding the need to find out what the issues are and deal with them. The Chair commented that he would wish to see this audit as an opportunity to improve the process.

116/22.4 The Chief Executive echoed the view that this audit is about asking Internal Audit to take a systematic look at the entire process and rather than apportioning blame, develop a plan on what needs to be improved and move forward for the benefit of everyone in PHA, particularly in those areas where it is within PHA's control to change.

116/22.5 Ms Henderson said that she was not sure if Internal Audit was the most appropriate vehicle for this given that there are issues about recruitment on the Corporate Risk Register and that the senior management team are aware of the issues. The Chair said that there is a need for a proper look at this area and to look at opportunities for improvement.

109/22.7 Report of RQIA Review of Serious Adverse Incidents

116/22.6 For action 4, Mr Graham confirmed a link to this report was shared with members.

117/22	**Item 5 – Chair's Business**
117/22.1	The Chair said that the cost of living is a live issue and was discussed at a 4 Nations meeting earlier this month. He added that he and Mr Stewart had attended a webinar on this subject hosted by the UK Public Health Network. He noted that public health organisations in Scotland and Wales are putting a lot of time and energy into this area and that he would share the Welsh report with members **(Action 1 – Chair)**. He added that Scotland and Wales have Policy Officers and other staff looking at this area, but PHA does not currently have resources such as Policy Officers.
117/22.2	Professor Rooney asked that given PHA is aware that the cost of living crisis is an issue, is there not a way that it can respond or act differently as this issue impacts on health inequalities. The Chief Executive advised that Scotland and Wales are different in that in Northern Ireland, policy is directed by the Department and PHA's role is to work with officials at that level and then once a policy is developed, it is up to PHA to develop a strategy to implement it. He pointed out that the number of public health staff per head of population is lower here than in other parts of the UK.
117/22.3	The Chief Executive said that the current review of PHA presents an opportunity to develop and change how PHA works as over the years, PHA has spent its time reacting to the agenda of others rather than setting its own agenda. The Chair agreed with this view.
117/22.4	Mr Wilson agreed that the document produced by Public Health Wales is excellent and full of good evidence, and is worth sharing with PHA partners **(Action 2 – Mr Wilson)**. He added that there has been discussion about how PHA can make itself more relevant in this space and work has commenced to pull together a compilation of relevant information for presentation. He advised that NI Direct has put a specific section on its website about the cost of living.
117/22.5	Mr Stewart advised that he had had an opportunity to speak to the individual who is writing the Scottish report and he considered it worthwhile for the Board to have scrutiny of both reports. The Chair agreed that it would be useful to share them with community and voluntary sector partners.
117/22.6	Professor Rooney expressed concern that there is a view that PHA cannot do anything in this area unless instructed by the Department. She said that doing nothing is unforgivable. The Chair said that he feels that PHA has the expertise and it should have the resources to be able to enhance and develop policy as the expert organisation. He noted that when there was a similar discussion around gambling, he was advised that nothing could be done in the absence of policy direction from the Department. Professor Rooney asked what PHA can do given this is a major public health issue. The Chief Executive proposed that he could

	have a conversation with SOLACE (Society of Local Authority Chief Executives) and also with Health Improvement staff to see what meaningful work could be done with Local Councils. He said that there will not be any policy in the absence of an Executive. He undertook to put this issue for discussion at the next SOLACE meeting **(Action 3 – Chief Executive)**.
117/22.7	Mr Irvine and Mr Blaney declared an interest at this point being Local Councillors.
117/22.8	Mr Irvine advised that Local Councils have been looking at their budgets to determine if there is anything that they can do and a suggestion made was around looking to work with partner organisations, which would potentially include PHA. Mr Wilson said that he was aware that Health Improvement staff have been working with Local Councils and he agreed to bring an update on this back to the Board **(Action 4 – Mr Wilson)**. He added that the Department for Communities is the lead in this area. Professor Rooney said that PHA needs to be seen in this space. Ms Mann-Kler commented that PHA's silence in this space is glaring and it needs to have a voice and draw the link between financial health, physical health and mental health. She said that the factual evidence could not be stronger.
117/22.9	Ms Henderson asked if PHA is in a position to have a cost of living response so that people are aware of what PHA is doing and its work with Local Councils. The Chief Executive noted that PHA has not previously been in this space because poverty has not been seen to be high enough on the policy agenda and has become an issue that has emerged very quickly. Ms Henderson commented that health inequalities can be a hard concept for people to get their heads around.
117/22.10	The Chief Executive said that it is about PHA repositioning itself as in the past its focus has been on commissioning, safety, quality and health protection. He added that the issue of poverty is an emerging one and given that over the last few months, PHA has begun to develop its new strategy, it should consider moving poverty further up the agenda. Within PHA, he noted that there are staff who are doing work in areas such as vaccination or climate change, but not in the area of poverty. He added that at Wednesday's Agency Management Team (AMT) meeting there was an update on cross-directorate work on mental health, and perhaps there is a need to create a similar approach to look at poverty.
117/22.11	Mr Stewart agreed with the Chief Executive that poverty should be considered within the discussions on PHA's strategic priorities. He added that PHA needs to consider the extent of what it can do, and that is to help inform the public and influence others. He said that poverty is not an issue for a single Department. He added that PHA can use elements of the reports from Scotland and Wales to highlight the link between poverty and ill health, but that may be limit of PHA's ability.

117/22.12	Professor Rooney said that poverty is not a new area and that it presents PHA with an opportunity to operationalise what it is doing to help reduce health inequalities. The Chief Executive said that while he did not disagree, he said that PHA has never focused on the driving factors of poverty before and has normally been focused on areas such as mental health.
117/22.13	Mr Blaney said that all members have made valid points and suggested that as the cost of living crisis is such a broad area, PHA should come up with 5 or 6 options of what it can do and prioritise these into different projects that it could work on with Local Councils or others. He noted that families cannot afford nutritional meals and that supermarkets have been producing information about how to feed your family for £5-£10. He added that if children don't eat healthy now, then this will create issues later in life.
117/22.14	Ms Henderson said that PHA has been doing a lot of work around health inequalities, but it needs to be put into a language that people understand. She added that health inequalities arise from wealth distribution. She said that PHA needs to come up with a nimble response and may need to consider redirecting some of its funding. Ms Mann-Kler asked about Targeting Social Needs, but Mr Wilson advised that this been replaced by Programme for Government.
117/22.15	Mr Wilson commented that PHA is not good at highlighting its work and he gave an example of an event that was held last week in the Northern area which the Department for Communities led, but there was a lot of PHA input. He said that PHA will be pulling together all of its resources and there will be more of a focus on the cost of living in its external communications over the months of December, January and February.
117/22.16	The Chair advised that he had first raised the issue of poverty in February, but there were no resources to look at this. The Chief Executive pointed out that to look at this, staff would have had to stop other work and that over the last period staff roles have expanded more and more but now there is a need to refocus energies. However, he reiterated that to look at new areas, other areas will have to stop and work in areas such as screening, vaccination and mental health cannot stop. The Chair said that if no more resources are available then PHA will have to become more skilled in reprioritisation.
117/22.17	Ms McCaig said that if PHA is not promoting the work that it is doing, then it should do so and if that needs to be advanced further then PHA needs to prioritise. She advised that she felt uncomfortable with the concept of PHA developing policy as PHA's role is more about influencing and there is a need for PHA to have a more visible response. Professor Rooney agreed and added that there are opportunities for PHA to work in partnership. Ms McCaig said that this should be part of PHA's ethos and that reiterated that it needs to be more visible. Professor Rooney commented that PHA should look at its statutory

functions.

117/22.18 The Chair commented that PHA needs to take action as the health gap is widening. Professor Rooney said that the Chief Executive needs to be supported in terms of changing the structure of PHA so that it can fulfil all of its functions.

117/22.19 The Chair shared with members a note of the meeting that was held with Minister Swann where the Minister said that PHA should be aiming to influence the policy of political parties. He added that he had emphasised at the meeting the effectiveness of a ministerial group in public health and the senior civil servant agreed that this approach had brought benefits in the past. The Chair proposed that in the absence of the Minister there might be a Permanent Secretaries' group on public health. He added that If there was ownership at this level then that would filter down within each Department.

117/22.20 The Chief Executive said that as the Permanent Secretary is new into Health, he wishes to learn more about what PHA does. He added that there is a need for PHA to raise its profile and that there is work to look at how PHA can put its branding on the exterior of the building.

117/22.21 Mr Blaney noted that on the last staff survey, an issue was raised about a lack of awareness and he queried whether an initiative such as awards for staff would give staff a sense of pride and the overall winner could make a presentation to the Minister. The Chief Executive replied that in the Belfast Trust there was the Chairman's Awards and he has been giving consideration to a similar initiative in PHA, possibly linked to the PHA Corporate Strategy. Professor Rooney said that the agendas of meetings should be organised around the strategy. The Chief Executive said that PHA's strategy is important as when staff are carrying out their daily work, they should know how it links to the strategy. However, he said that staff are involved in other pieces of work that don't link. He added that if staff are asked to carry out work that is not linked to PHA's strategy they should say so because PHA cannot cover everything.

117/22.22 Mr Blaney said that if the awards were linked to PHA's strategy then it would help raise the profile of the strategy both internally and externally. He added that the Minister could be invited to present the awards and there would be a press release. The Chief Executive advised that in the Belfast Trust staff would have applied for an award and then 2 or 3 would have been shortlisted and they would have created a DVD of this work and this gave the staff a sense of pride in their achievements.

118/22 Item 6 – Chief Executive's Business

At this point Dr McClean joined the meeting

118/22.1 The Chief Executive advised that PHA has submitted its response to the Urology Inquiry but there has been no feedback to date. With regard to

	the COVID Inquiry, he reported that PHA has met with the solicitors regarding Module 2c, which is focused on decision making at Government and Ministerial level, and that a Section 9 notice will be received shortly. He added that it is likely that PHA will request an extension. He advised that Dr McClean gave evidence this morning to the Infected Blood Inquiry.
118/22.2	The Chief Executive reported that further discussions have taken place with the Department as it moves into Phases 2a and 2b of the review of PHA. He advised that resources have been identified and there will be further engagement with EY. He added that he has commenced a series of engagement sessions with staff in each of the local offices which he has found beneficial and helpful, and he hoped that staff had the same experience. He felt that staff are keen to see change and that this is the beginning of a series of conversations. He said that he would give a further update at the next meeting **(Action 5 – Chief Executive)**.
118/22.3	The Chief Executive advised that no risks have been placed on the Corporate Risk Register. With regard to the financial position, he reported that the overall position for the HSC remains quite drastic and that PHA is in the process of reviewing its budgets to determine if there is any further slippage. He advised that PHA has commenced a series of meetings with SPPG looking at the new Integrated Care System (ICS) and that, through Local Councils, PHA is also supporting a training programme for Trusts and Primary Care.
118/22.4	The Chair asked if it had been difficult to secure the financial resources for the next phase of the PHA review. The Chief Executive explained that a submission had been prepared for the Minister and that the Minister had made his support clear as in his view, this was a worthwhile investment, but there is a need for PHA to demonstrate value for money for the HSC system.
118/22.5	Professor Rooney asked if a cost could be put on the time spent on Inquiries. Ms Mann-Kler commented that out of the four UK nations, there is currently a disproportionate number of ongoing Inquiries in Northern Ireland and there is no way of capturing the cost of these. The Chief Executive advised that PHA is seeking to recruit additional posts to support these Inquiries, but he agreed that there is a significant cost as well as an emotional impact on both staff and patients, and that the current levels of exhaustion within PHA staff should not be underestimated. He said that there is a need for psychological support for staff. The Chair agreed, saying that this is an issue that needs to be promulgated as staff will be anxious about waiting to be called to an Inquiry. Professor Rooney said that it is important to try to quantify the costs and suggested that PHA should work with an economist or with the universities to look at this. She asked what is being done to provide support to staff and asked that an update on this is brought to the Board **(Action 6 – Chief Executive)**. Ms Henderson expressed concern about the adversarial nature of Inquiries and asked if any training is given to

staff to prepare them. The Chief Executive advised that in the Trust the solicitors would have worked with staff and QCs would have cross-examined staff to prepare them.

At this point Mr Clayton joined the meeting.

118/22.6 Mr Stewart asked for an update on PHA's working with SPPG following the closure of HSCB. The Chief Executive reported that earlier this week, PHA had a joint meeting with SPPG to look at areas such safety, quality and accountability and that these will help define PHA's relationship with SPPG going forward. He said that there is an urgent need to look at guidance, particularly where previously it would have said "PHA/HSCB will…". He advised that these meetings will take place on a monthly basis to identify areas of cross co-operation and over time they will help to define PHA's relationship with SPPG.

119/22 Item 7 – Finance Report (PHA/01/11/22)

119/22.1 Ms McCaig presented the Finance Report and reported that the position at the end of September showed a year to date surplus of £1.1m, an increase of £100k from the end of August. She explained that more slippage has been reported on the smoking cessation budget, which was expected, and there has been an increase in the surplus in the management and administration budget due to the number of high level vacant posts and a temporary pause in recruitment given the correspondence received from the Permanent Secretary which went to all HSC organisations. The Chair sought clarity that the Permanent Secretary asked for a pause on recruitment, but Ms McCaig advised that this is not the case, but that he has requested all organisations to assist with the overall financial position.

119/22.2 Ms McCaig indicated that PHA's end of year position is a projected underspend of £580k, and this represents the figure reported to the Permanent Secretary in response to his letter which was shared with members. She explained that this is natural slippage and the figure is lower than in previous years. She advised that PHA has been informed that a provider will be returning some funding. She explained that this projected surplus will be used to fund the next phase of the PHA review.

119/22.3 Ms McCaig said that there are no new risks to the financial position. With regard to the capital budget, she noted that £97k of funding for the waste water project has not yet been retracted, but that the capital budget spend pattern is similar to that in previous years.

119/22.4 Ms McCaig advised that in the response to the Permanent Secretary's letter, it was outlined that PHA had taken a different approach to natural slippage this year and has invested funding in a number of non-recurrent areas. She added that PHA outlined how the £580k figure was arrived at and then there was information relating to other elements, particularly Connected Health and campaigns, where there is funding that PHA has

not yet committed. She advised that the campaign budget is currently being reviewed to determine if it will be fully utilised and she would report on this next month. She explained that there has been no decision made by the Permanent Secretary in terms of whether PHA is to do or not do certain work. She added that if PHA has slippage it is duty-bound to declare that.

119/22.5 Ms McCaig advised that not having a Minister means more discussion with Department of Finance and the NIO on the overall projected financial position for Health in 2022/23. She added that the Minister had previously announced a projected deficit of £450m and discussions are ongoing regarding management of this. She noted that the opening financial position for 2023/24 will be challenging.

119/22.6 Ms Henderson sought clarity that all of the current £580k surplus is being earmarked for the review of PHA. Ms McCaig explained that any costs incurred by PHA for the review will come out of that and any remaining slippage will be natural slippage. She added that it is expected that any remaining surplus will be retracted by the DoH to support the overall financial position which would remove the risk for PHA. She advised that PHA does not currently have a list of other priorities for allocating funding and she would recommend taking the opportunity to return any surplus

119/22.7 Ms Henderson asked how PHA can be assured that Trusts will spend their budgets. Ms McCaig said that she would be less concerned about Trust expenditure, but noted that there is still a risk. She explained that when Trusts receive an allocation it becomes part of their baseline and it is their responsibility to deliver against the commissioned service the funding represents. She advised that PHA is currently reviewing all Trust contracts and if a Trust is not going to deliver then the funding can be retracted back to PHA and the option to retract would always be considered in terms of risks to PHA. However, she said that this year it would be expected to be retracted and forwarded to the Department, with the Department informed that the Trust did not deliver. In other years, she explained that PHA would note that the Trust has not delivered and leave the risk with them regarding the unspent funding.

119/22.8 Ms Henderson observed that PHA's own budget appears to be "back loaded" towards the end of the year and she asked why that is the case. Ms McCaig said that each budget would need to be reviewed to answer that, but using the example of campaigns, she said that there would be a pre-planning element with work taking place during the year. She added that some of PHA's work is cyclical and her team works with service leads to ensure that the budgets are representative. Ms Henderson said that she would discuss this further with Ms McCaig outside of the meeting.

119/22.9 The Chair expressed his unease with static variances and the equal split of Trust funding across each month. He asked how this position is

reached. Ms McCaig reiterated that once the funding is passed to the Trust, it is over to them to use it. The Chair asked how PHA would know if a Trust is underspending, but Ms McCaig said that PHA would not know. However, she advised that strong contract management would indicate whether PHA was receiving the commissioned service or not, and if not being fully delivered in line with programme objectives then service leads would take action. She advised that this year PHA should plan to take the funding back and advise the Department that the Trust has not delivered.

119/22.10 Professor Rooney asked for more information about contract management and performance management. Ms McCaig advised that she does not manage that process and that is done through Health Improvement and Health Protection. Mr Wilson explained that quarterly monitoring is carried out with all commissioned services, but with the community and voluntary sector there is a different approach. Professor Rooney asked that, given models of delivery have changed over the years, if Trusts are allowed to use funding for other initiatives. Mr Wilson said that if PHA does not retract funding from Trusts it is absorbed into their baseline. Ms McCaig advised that if PHA was not receiving a commissioned service, it could ask for the funding to be returned.

119/22.11 Mr Blaney asked whether the returned funding that Ms McCaig referred to earlier is from a Trust, but Ms McCaig advised that it is from a community and voluntary sector provider. She noted that cases like this are a good example of strong contract management. Mr Blaney asked whether all funding is paid upfront, and Ms McCaig explained that it is a mixed approach with some funding paid upfront and other funding in arrears. She added that when there are quarterly meetings, payments are then made a quarter in arrears and this is a managed risk. Mr Blaney said that he was pleased to note that not all of the funding is paid in one payment, but noted that for an initiative he visited recently, the organisation was allocated funding irrespective of how many clients they saw and he queried this approach given perhaps payment should be based on numbers of clients. Ms McCaig said that it would depend on how the contract is set up. Mr Blaney said that his preference would be for the latter approach. Ms McCaig acknowledged that it is difficult, but as long as there are good contract management processes in place. She felt that PHA operates well in this area.

119/22.12 The Chief Executive said that PHA maintained support for all of its community and voluntary sector organisations during COVID and it has robust contract management arrangement in place. He added that PHA needs to have a degree of flexibility with these organisations.

119/22.13 Mr Clayton sought clarity on the differentiation between the £580k which has been declared as natural slippage and the £0.5m which is potential slippage and the implication of not spending this. Ms McCaig said that PHA has not made a decision to not spend the £0.5m and that it has not

been pressed for a decision on this. She added that this funding relates to Connected Health and campaigns and the situation will likely change. Mr Clayton recalled that in previous years PHA's campaign budget was cut and the Board had wished to see it reinstated.

119/22.14 Mr Wilson explained that PHA goes through a lengthy process when it comes to campaigns as it has to submit an annual programme to the Department which has to be approved by the Department and also by the Executive before a decision is relayed back to PHA. He commented that this is not an efficient and effective way of working and creates a natural delay and then creates a situation where different parts of the organisation have to be ready. He said that when the correspondence came in from the Permanent Secretary the request was to look at areas where funding is not yet under contract. He suggested that there could be £400k of funding potentially available, but there is a risk for PHA in that its overall campaign spend this year could be £1.9m where it is normally around £1.5m. He added that there are issues around capacity in the team and then if campaigns are launched soon, PHA is potentially competing against itself for media time, and this will be more expensive in the run up to Christmas. He said that the process needs to change.

119/22.15 Mr Clayton asked what the impact will be on PHA's ability to break even. Ms McCaig said that she would not have a concern this year given the overall position within the HSC.

119/22.16 Professor Rooney said that the campaigns budget feels like an easy target for savings and there is an impact for not doing a campaign. Mr Wilson agreed and said that it depends on the campaign. Using the example of smoking cessation, he explained that there is a correlation between the time a campaign is running and an increased uptake in smoking cessation services. He said that there is an issue in not having an Executive. He added that he hoped that PHA can spend the £400k by the end of the year. Ms McCaig said that PHA needs to be cautious and that while it is not being asked to stop anything, it needs to be mindful from a financial perspective.

119/22.17 The Chief Executive reiterated that when he met with the Permanent Secretary, he was not asked to stop any work, and that decisions to spend funding lie with PHA and that if PHA wishes to declare money that will not be spent, that is PHA's choice. He added that the Permanent Secretary is presently engaging with all HSC Chief Executives, but he is not asking that services are reduced but that organisations should be mindful about how they are spending public money.

119/22.18 Ms Henderson said that the letter to the Permanent Secretary was excellent and was well laid out and well presented. She commended the use of data such as that 2,300 people die of smoking each year and £119m is spent annually on hospitalisation.

119/22.19 The Chair expressed concern about the lengthy convoluted process around campaigns which makes them vulnerable to cuts and wondered if the Cabinet Office had any say over policy.

119/22.20 The Board noted the Finance Report.

120/22 Item 8 – Health Protection Update

120/22.1 Dr McClean presented the latest data with regard to COVID-19 and advised that the number of cases has reduced. For RSV, she said that the peak has been reached, but for flu she reported that more positive cases are starting to present. She advised that the vaccination programme for COVID and flu is underway with 75% of residents in care homes vaccinated. She said that a programme in schools is now commencing. She advised that the latest surveillance report on STIs has now been published and is on the PHA website.

120/22.2 Professor Rooney asked if the pressures currently being experienced in Emergency Departments (EDs) are related to COVID or flu. Dr McClean said that there is a combination of reasons for the high numbers of people presenting at EDs. She suggested that access to GPs, or the GP Out of Hours Service could be a challenge as well as getting people discharged from hospital to free up beds in wards.

120/22.3 The Chief Executive asked if the number of flu cases at present is higher or lower than in previous years and if the number of contacts with GPs is up or down. Dr McClean advised that the latest SPPG report on contacts with GPs would suggest that the numbers are largely similar to those of previous years.

120/22.4 The Chair asked if practice nurses are now carrying out spirometry assessment. Dr McClean said that she would need to make enquiries about this **(Action 8 – Dr McClean)**.

120/22.5 Ms Mann-Kler asked if any new COVID variants are expected, but Dr McClean reported that there are no new variants of concern at present.

120/22.6 Mr Clayton asked about the STI report and noted that the number of cases has increased while there was a period of restrictions in place due to COVID. Dr McClean explained that in 2020 there was a slight reduction which may have been due to a reduction in testing, but over the last year there has been an increase in postal testing.

120/22.7 Mr Clayton said that the number of people vaccinated is lower than he would have expected and he asked what measures PHA is taking to improve this. Dr McClean reported that at present only 14% of care home staff have been vaccinated which she said is disappointing and the Northern Ireland Social Care Council (NISCC) will be approached regarding this. She noted that the vaccine is more easily available this year, but yet the uptake has not been good. She suggested that people

may be fed up with vaccinations. The Chief Executive pointed out that if an individual is over 50 and works in a care home they may have received their vaccine through their GP so they may be counted in the over 50 category and not the care home staff category. He added that previously all HSC staff would have been able to obtain the flu vaccine, but now it is only staff defined as frontline.

120/22.8 Ms Henderson asked if PHA has a strategic interest in the situation in EDs or if this is outside PHA's remit. The Chief Executive advised that PHA is part of the Permanent Secretary's Performance Management Group which is where Trust Chief Executives are held to account for their performance. Professor Rooney sought clarity as to whether PHA attends that meeting from a public health perspective, or to offer professional advice. The Chief Executive said that PHA's role would be more to do with offering professional advice.

120/22.9 The Chair asked what PHA can do for those who are slow to come forward for their vaccinations. Mr Wilson advised that during November and December, PHA will be pushing messaging out through TV and radio. He noted that there are many ways to obtain the vaccine and some GPs may contact individuals directly. The Chair asked if there are data available to show which groups of people have not come forward and to target them. Mr Wilson suggested that negative messaging may not be appropriate and added that it would be the lower age groups who are more resistant to vaccination. Ms Mann-Kler asked if PHA uses audience augmentation techniques, but noted that there is a lot of vaccine fatigue. Mr Wilson advised that PHA does build segmentation into its media work and would have an array of profiles. He added that PHA does not have a target to meet. Dr McClean added that more people are eligible for the flu vaccine rather than the COVID vaccine and there has been a higher uptake of the flu vaccine.

120/22.10 Mr Blaney queried whether there is a risk of overdoing the PR work and suggested that people may be feeling forced into getting a vaccine. Mr Clayton noted that there was previously a team looking at those groups where vaccine uptake was low, for example among certain ethnic minorities, and asked if there is a sense of what the uptake has been like among that group. Dr McClean said that so far PHA has not targeted specific groups, but there are data available regarding uptake by postcodes and ethnic groups. Mr Wilson acknowledged that there is a danger that messaging too much can create an adverse reaction. He suggested that direct contact from healthcare professionals is a better way of improving uptake.

121/22 Item 10 – Performance Management Report (PHA/03/11/22)

121/22.1 Mr Wilson advised that the Performance Management Report as at 30 September 2022 showed that of 31 actions in Part A, 0 were rated "red", 7 were rated "amber" and 24 were rated "green". He added that the Report included any of those actions in Part B which were rated "red" or

	"amber".
121/22.2	The Chair commented that for action 3d relating to screening, he would wish to see the data from 2019 to be able to benchmark the progress outlined. Ms Henderson asked if the action should be rated "green" given there is still slippage in the screening programmes. She noted that following the visit to the diabetic eye screening clinic before the meeting, there is still a backlog in that programme. The Chief Executive said that he agreed with the comments made and advised that following a conversation he had with Mr Stephen Murray, he has asked that the Report should be more numbers-based. He said that while the Report has been reinvigorated and refreshed this year, he would like to see more quantitative data going forward. Ms Henderson said that for the screening clinics, there is a need to run extra clinics outside hours and at weekends to help clear the backlog.
121/22.3	Mr Irvine said that there needs to be a discussion with regard to what information comes to the Board before producing such a Report so that the Board can effectively carry out its role.
121/22.4	Returning to the action on screening, Mr Stewart pointed out that the wording of the objective is not about getting the programme back to full recovery. He noted that it indicates that each Trust will have a quality assurance visit every 4 years and asked if that is an appropriate timescale. He also asked if the Board could have sight of the Organisational Development (OD) plan referenced at 7a. Dr McClean suggested that the frequency of visits to the screening programme may be based on a national programme, but she would get further detail **(Action 8 – Dr McClean)**. Mr Clayton agreed that it would be useful for the Board to see the OD plan.
121/22.5	Mr Clayton asked for an update on the recruitment of a breastfeeding lead given the pressure this vacancy places on the wider team and mindful that there is a strategy to carry on this work. Dr McClean advised that the current Strategy is coming to an end and as this work has fallen behind, she will chair the group. She explained that the post was filled, but it had been hoped that the postholder would have a qualification in midwifery so there are discussions taking place with Nursing colleagues to help fill that gap.
121/22.6	Ms Henderson asked how PHA ended up becoming the lead for the regional perinatal service. The Chief Executive said that he would come back with further information on this **(Action 9 – Chief Executive)**. Ms Henderson asked if this fits with PHA's work. The Chief Executive said that this an example of how PHA's role has expanded and shows how PHA needs to look at its own strategy and priorities and push back. Professor Rooney said that PHA had previously undertaken a review of cases and the Chief Executive added that PHA had released staff to work on this. Ms Henderson sought confirmation that PHA has received funding for this work and the Chief Executive that it had.

121/22.6 The Chair asked about temporary staff becoming permanent and if there was competition for these posts. Ms McCaig explained that there is open competition for all posts when they are made permanent.

At this point Mr Irvine left the meeting.

121/22.7 Mr Wilson explained that this target relates to the making the roles permanent, not the individuals in the roles.

121/22.8 The Board noted the Performance Management Report.

122/22 Item 9 – ALB Self-Assessment 2021/22 (PHA/02/11/22)

122/22.1 The Chair thanked Mr Graham for his work in helping to pull together the self-assessment. He asked Mr Clayton to outline concerns that he had reference in advance of the meeting.

122/22.2 Mr Clayton noted that the process for completing the self-assessment was helpful in that it was shared between both Executive and Non-Executive Directors. However, he noted that last year there had been an Internal Audit report on Board Effectiveness and one of the issues raised in that report concerned the robustness of the process to complete this self-assessment. He added that the report of that audit had come to the Governance and Audit Committee after the period of self-assessment being considered here, and in that audit, there were concerns about clarity of roles and responsibilities, but yet the section concerning that is rated "green" in this self-assessment. He said that he would wish to ensure that the self-assessment is reflective of the Internal Audit report. He also made reference to the sections on SAIs (Serious Adverse Incidents).

122/22.3 Mr Stewart agreed that this is a difficult one as the fieldwork for the Internal Audit was ongoing during the period of this self-assessment, but he noted that the fieldwork was disputed and had to be carried out again. He echoed Mr Clayton's concerns and suggested that he should have a discussion with Mrs Catherine McKeown regarding this and be guided by her view on the matter.

122/22.4 Ms McCaig also agreed that there were issues with the fieldwork, but she pointed out that by the time the report was finalised, many of the recommendations had been implemented. She added that it would be worth seeking Mrs McKeown's views on the matter.

122/22.5 Ms Henderson whether the references to SAIs in the self-assessment are superseded by the RQIA review. She said that the report of that review found that the current system does not work. Dr McClean explained that PHA does not run the system, it implements Department policy and provides professional input. From her own experience, she said that staff who are DROs (Designated Responsible Officers) spend a lot of time and energy and can be left vulnerable. She said that big

changes are needed.

122/22.6 Mr Clayton pointed out that, with regard to SAIs, there was an Internal Audit review of SAIs and in the self-assessment there are references to SAIs in both Section 3 and Section 4 and these do not line up. The Chief Executive reported that PHA has now established a monthly joint meeting with SPPG, and front and central to that is the SAI process as both organisations are accountable for that. He said that each organisation must ensure that it carries out its responsibilities and there needs to be clarity about the role of SPPG and the role of PHA and a report brought back to each meeting. Mr Clayton asked if there is an action in terms of information coming back to the Board. He asked whether it is necessary to go through the self-assessment section by section to ensure the responses are aligned.

122/22.7 Ms Henderson said that she is very focused on SAIs having read the RQIA report, but she is also concerned about the experiences of individual PHA staff who have been involved in the process and feel exposed. Professor Rooney commented that for the Board has been asking for information on SAIs for some time and was advised to await the publication of the RQIA review. Now that the report has been published, she said she wished to see action. She also queried whether there is a need to review the self-assessment to check for mismatches and whether so many actions should be rated “green”. Mr Stewart said that as PHA’s role in SAIs is limited to issuing learning letters, it should seek to remove itself from the process.

122/22.8 The Chief Executive advised that Ms Denise Boulter had delivered a presentation at this week’s joint PHA/SPPG and proposed that she come to the Board to deliver the same presentation. He said that the presentation delineates the roles of the various parties involved in the SAI process as well as the responsibilities of AMT and the Board. He added that through the monthly meeting PHA will receive an update and assurance about the number of SAIs and the progress against them and he can then provide an assurance to the Board.

122/22.9 Professor Rooney asked whether based on the RQIA report and the presentation delivered by Ms Boulter if PHA is now satisfied and if it knows where its responsibilities lie in terms of the impact of the learning letters that it issues. The Chief Executive said that while PHA is complicit with its responsibilities, he would not know what the impact is of the learning letters. Professor Rooney asked if PHA will have an input into the new SAI process but the Chief Executive said that this would not be the case.

122/22.10 Dr McClean said that she agreed with all the points being made and added that, as doctors, they are part of a process is are beyond their remit. The Chief Executive outlined the example of a Trust asking a third party to carry out an SAI investigation and the third party making recommendations for PHA/SPPH or the Department, but whether it would have the authority to do so and if the recommendations would be

	accepted or if the bodies would be told about them.
122/22.11	The Chair noted that the proposal is for Ms Boulter to present at a future meeting and sought clarity on the purpose of the presentation. The Chief Executive said that it is to outline responsibilities.
122/22.12	Professor Rooney asked what can be done to support staff. Ms Henderson added that staff involved in SAIs need to be protected. The Chair asked if PHA can influence the Department. Dr McClean explained that the HSC Framework Document sets out the roles of the different HSC organisations but not everyone has read the document. She said she hoped that the Department will take the RQIA review report seriously and make the necessary changes. The Chair asked if Dr McClean's concerns, and those of her colleagues, can be relayed to the Department. Professor Rooney suggested that this is an action for the Board. The Chair said that there will be a presentation at the next meeting and that AMT may give thought as to how PHA may influence the Department **(Action 10 – Chief Executive)**.
122/22.13	Mr Clayton asked where Internal Audit reports sit vis-à-vis the self-assessment. He added that he had some other areas of concern that he wished to highlight. He noted that only one case study had been completed, but Ms McCaig explained that only one was necessary. He asked about the issuing of SAI learning letters referenced in Section 4.
122/22.14	Ms Mann-Kler noted that this self-assessment is being reviewed a long time after the period being reviewed and it would not be possible for one person to have cognisance of all of the elements. She suggested that the self-assessment should be left as is and should include a covering note. Ms McCaig agreed saying that the covering note should indicate that PHA has completed this self-assessment with the most reasonable approach possible and has spent time reviewing it, but now it needs to move forward. In general terms, she said that the process was more robust than previously and that the Board should assure itself of that. She added that she would also be happy to speak to Mrs McKeown and she would work with Mr Graham on the covering statement **(Action 11 – Ms McCaig)**. Mr Stewart advised that he has a call booked with Mrs McKeown on Friday.
122/22.15	The Chair sought approval of the self-assessment and it was **APPROVED** by members. He advised that he had been in contact with the Office of Health Improvement and Disparities (OHID) in the Department of Health and Social Care in London regarding the tool which they use for board self-assessment. He advised that OHID uses guidance from the National Audit Office in London.
123/22	**Item 11 – Any Other Business**
123/22.1	There was no other business.

124/22 **Item 12 – Details of Next Meeting**

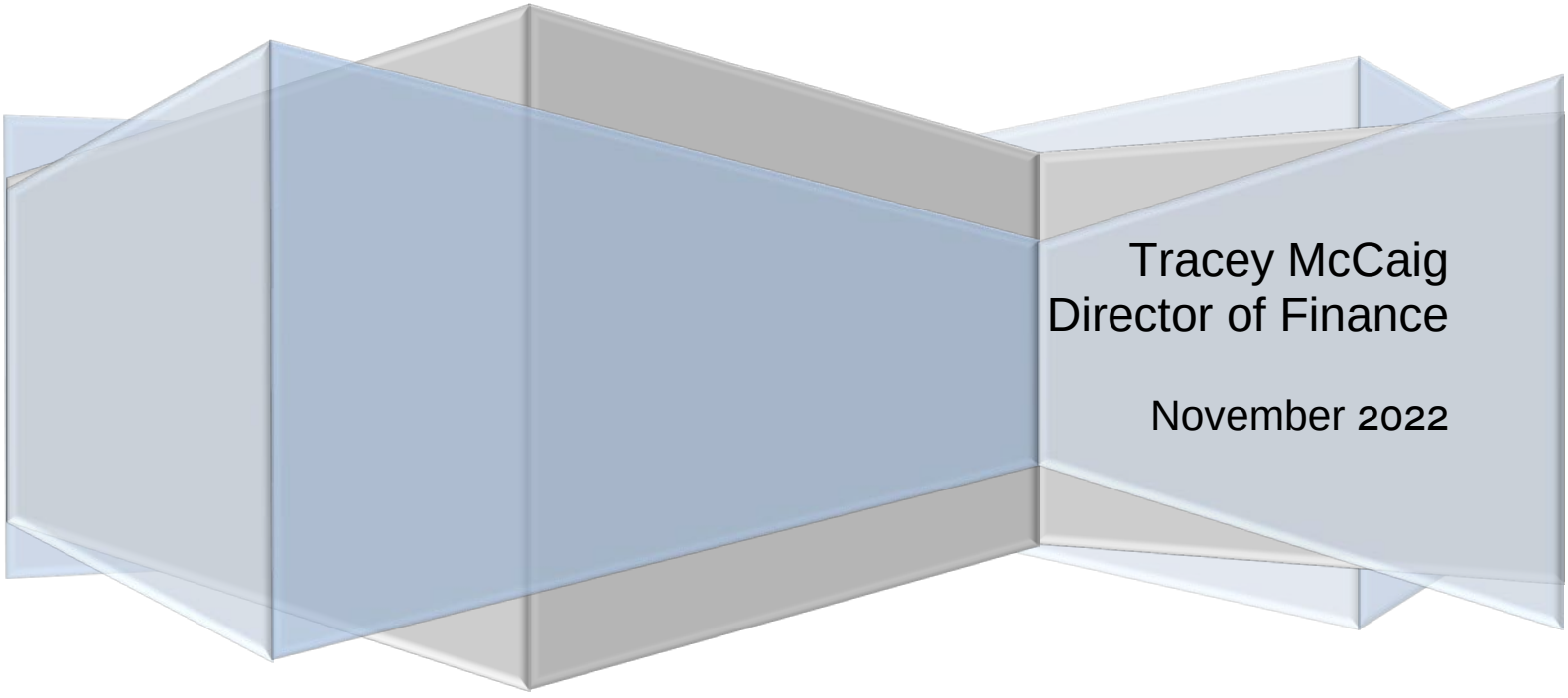
Thursday 15 December 2022 at 1:30pm

Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

Signed by Chair:

Date:

Finance Report
October 2022



Tracey McCaig
Director of Finance

November 2022

Section A: Introduction/Background

1. The PHA Financial Plan for 2022/23 set out the funds notified as available, the risks and uncertainties for 2022/23 and summarised the opening budgets against the high level reporting areas. It also outlined how the PHA will manage the overall funding available and enable it to support key programmes of work that will help achieve its corporate priorities. It received formal approval by the PHA Board in the June 2022 meeting.

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. On the basis of this approved Plan, this summary report reflects the latest position as at the end of October 2022 (month 7).

Section B: Update – Revenue position

4. The PHA has reported a year to date surplus at October 2022 of £1.2m (£1.1m, September 2022), against the annual budget position for 2022/23.

5. In respect of the year to date surplus of £1.2m:
    - The annual budget for programme expenditure to Trusts of £43.6m has been profiled evenly for allocation, with £25.4m expenditure reflected as at month 7 and a nil variance to budget shown.
    - The remaining annual programme budget is £56.8m. Programme expenditure of £25.1m has been recorded for the first seven months of the financial year with an underspend to date of £0.2m. The main area of underspend to date is within Health Improvement, which is primarily in respect of the Smoking Cessation budget. This budget has been separately reviewed and is currently anticipated to achieve full spend by the end of the financial year. Budget holders are required to continually keep all programme budgets under close review and report any expected slippage or pressures at an early stage.
    - A year-to-date underspend of £1.0m is reported in the area of Management & Administration, primarily in the areas of Public Health and Operations, which reflects a high level of vacant posts in each area.

- There is annual budget of c£3.0m in ringfenced budgets, most of which relates to COVID funding for the Contact Tracing Centre for quarter 1 (£2.2m). A small variance is reported on these areas to date, however they are largely expected to breakeven against funded budgets.

6. The month 7 position is summarised in the table below.

PHA Summary financial position - October 2022

	Annual Budget	Year to Date budget	Year to Date Expenditure	Year to Date variance	Projected year end Surplus / (Deficit)
	£'000	£'000	£'000	£'000	£'000
Health Improvement	12,466	7,272	7,272	0	
Health Protection	8,096	4,723	4,723	0	
Service Development & Screening	14,332	8,360	8,360	0	
Nursing & AHP	7,173	4,184	4,184	0	
Centre for Connected Health	1,476	861	861	0	
HSC Quality Improvement	23	13	13	0	
Other	0	0	0	0	
Programme expenditure - Trusts	**43,567**	**25,414**	**25,414**	**0**	**0**
Health Improvement	29,658	13,058	12,537	522	
Health Protection	17,162	10,950	11,075	(125)	
Service Development & Screening	3,909	900	1,087	(188)	
Research & Development	3,418	0	0	0	
Campaigns	1,943	110	116	(6)	
Nursing & AHP	1,219	149	119	30	
Centre for Connected Health	349	110	109	1	
HSC Quality Improvement	142	96	95	1	
Other	(1,002)	0	0	0	
Programme expenditure - PHA	**56,796**	**25,374**	**25,139**	**234**	**(1,437)**
Subtotal Programme expenditure	**100,363**	**50,787**	**50,553**	**234**	**(1,437)**
Public Health	16,659	9,722	8,951	771	
Nursing & AHP	5,049	2,946	2,906	41	
Operations	4,496	2,550	2,327	223	
Quality Improvement	653	347	334	12	
PHA Board	370	203	254	(51)	
Centre for Connected Health	421	245	318	(73)	
SBNI	850	495	440	55	
Subtotal Management & Admin	**28,497**	**16,508**	**15,530**	**978**	**1,930**
Trusts	0	0	0	0	
PHA Direct	2,224	2,124	2,126	(2)	
Subtotal Covid-19	**2,224**	**2,124**	**2,126**	**(2)**	**(50)**
Trusts	142	83	83	0	
PHA Direct	130	0	(0)	0	
Subtotal Transformation	**272**	**83**	**83**	**0**	**0**
Trusts	0	0	0	0	
PHA Direct	491	218	247	(29)	
Other ringfenced	**491**	**218**	**247**	**(29)**	**0**
TOTAL	**131,847**	**69,720**	**68,539**	**1,181**	**443**

Table subject to roundings

7. In October 2022, the Permanent Secretary was advised that there is a projected additional slippage of circa £0.5m in-year, the source of this primarily being windfall gains on additional vacant senior posts, Connected Health and other general slippage on demand led budgets. This has been notified to the DoH in a response to the request.

8. The position is kept under review and at month 7. There have been some small movements to this forecast position, including some further movement in forecast underspend on Administration. Given the PHA is awaiting confirmation of in-year funding support for the Programme to Reshape and Refresh the PHA's implementation costs, estimated costs for this work in 2022/23 have been factored into the reported position.

9. An updated forecast year-end surplus of £0.44m is currently shown (£0.58m, September 2022). Based on continual review of expenditure, there is potential for further slippage in areas of Screening and Campaigns. This position is being finalised and the financial forecasts will be updated accordingly in future reports, with DoH being kept advised where necessary.

Section C: Risks

10. Any significant assumptions, risks or uncertainties facing the organisation, and the management of these elements, are set out below.

11. **Financial breakeven 2022/23**: The latest forecast financial position is slightly above the level of breakeven duty for the organisation and there is potential for additional slippage emerging in a number of areas. Given the current financial environment within HSC, PHA will continue to work closely with DoH to manage the year end position where surpluses can potentially be used to support the wider HSC position.

12. **Impact of COVID-19 on Financial Planning:** The global pandemic and its impact on the HSC brings with it obvious challenges for predicting and managing budgetary resources as the service continues to respond during 2022/23. Whilst the cost of the Contact Tracing Service has been included for quarter 1 of the financial year, at this

stage no significant assumptions have been made for any further requirements later in the financial year - should the service be required to restart to respond to any future changes in the COVID-19 landscape. Information on potential in-year costs are being reviewed, and whilst potentially not significant, will be advised to DoH regarding funding requirements. The longer term requirements for the Vaccination Programme transfer to PHA are being considered and will be kept under close review.

13. **Demand led services:** Whilst an initial estimate of funding has been identified within the 2022/23 Financial Plan, to enable pressures or strategic developments to pass through an approval process, clarity on the financial impact of this can only be secured on conclusion of the process. Additionally, business as usual Programme expenditure will need to be monitored closely to ensure that planned expenditure is met. As in previous years, the PHA operational management will continue to review expenditure plans to identify any potential easements or inescapable pressures which may need to be addressed in-year.

14. **Annual Leave:** PHA staff are carrying a significant amount of annual leave, due to the demands of responding to the COVID-19 pandemic over the last two years. As at each financial year end, this is converted into a financial balance. This balance of leave will need to be managed to a more normal level during the year, and this may present some risk to the delivery of organisational objectives. Based on current position of leave taken, an estimate of the partial release of the financial balance during 2022/23 is contributing toward the forecast available for deployment in-year.

15. **Funding not yet allocated:** there are a number of areas where funding is anticipated but has not yet been released to the PHA. These include AfC and Non-AfC Pay uplift for 2022/23, however no expenditure is currently being assumed for these areas.

16. **Budget 2023-25**: The financial challenge facing HSC is significant in-year and will continue to present an ongoing challenge to manage. PHA will be required to work closely with DoH in the coming months, where required, to inform any assessment of options to address the wider HSC financial position.

17. 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

18. The PHA has a current capital allocation (CRL) of £13.1m. The majority of this (£12.0m) relates to Research & Development (R&D).

19. The overall summary position, as at October 2022, is reflected in the following table.

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	6,551	1,355	6,551	0
R&D - Trusts	8,208	5,430	8,208	0
R&D Capital Receipts	(2,759)	(79)	(2,759)	0
Subtotal HSC R&D	**12,000**	**6,707**	**12,000**	**0**
CHITIN Project:				
CHITIN - Other Bodies	0	0	0	0
CHITIN - Trusts	0	0	0	0
CHITIN - Capital Receipts	0	0	0	0
Subtotal CHITIN	**0**	**0**	**0**	**0**
Other:				
Congenital Heart Disease Network	436	54	436	0
Online Safety Project	15	0	15	0
Covid Wastewater	600	0	600	0
Subtotal Other	**1,051**	**54**	**1,051**	**0**
Total HSCB Capital position	**13,051**	**6,760**	**13,051**	**0**

20. 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.

21. 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. It should be noted that the values for CHITIN have not yet been fully confirmed by way of an CRL allocation letter. PHA R&D team are working with the DoH Capital Investment Team to finalise and any update will be noted in future finance reports.

22. PHA has also received a number of smaller capital allocations including the Congenital Heart Disease (CHD) Network (£0.4m), which is managed through the PHA R&D team, and a COVID-19 Wastewater project (£0.6m) which is a QUB project analysing wastewater to help with the tracking of outbreaks of COVID-19. The previously reported anticipated underspend on this project has been addressed via a reduction in the associated CRL. A small CRL allocation has been received for an online safety project, which relates to SBNI, and is anticipated to be spent in quarter 4 of the financial year.

23. The capital position will continue to be kept under close review throughout the financial year.

Recommendation

24. The PHA Board are asked to note the PHA financial update as at October 2022.

Public Health Agency

Annex 1 - Finance Report

2022-23

Month 7 - October 2022

PHA Financial Report - Executive Summary

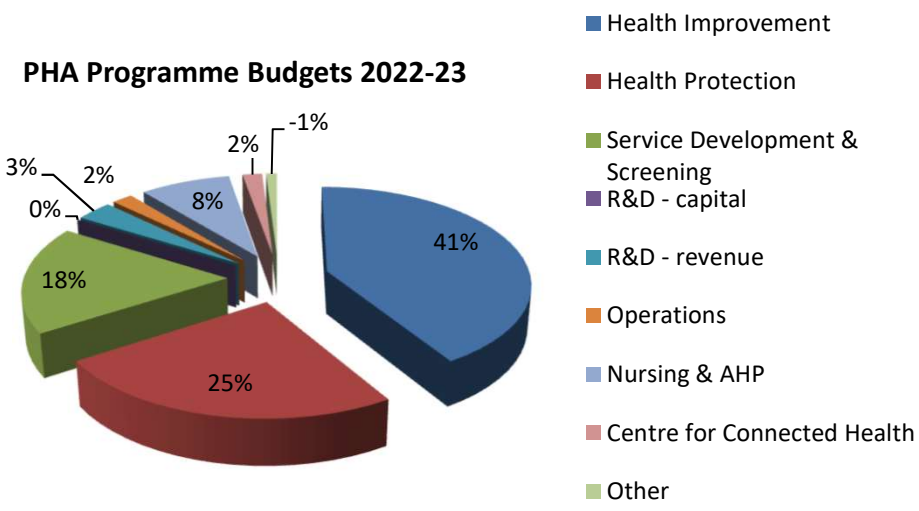
Year to Date Financial Position (page 2)

At the end of month 7 PHA is reporting an underspend of £1.2m against its profiled budget. This underspend is primarily the result of underspends on Administration budgets (page 6) and PHA Direct programme budgets, with expenditure running behind profiled budget in a number of areas.

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.

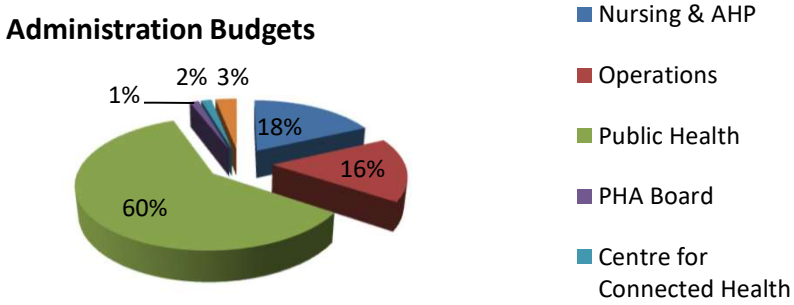


Administration Budgets (page 5)

The breakdown of the Administration budget by Directorate is shown in the chart below. Over half of the budget relates to the Directorate of Public Health.

A 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 small surplus of £0.4m for the full year.

The Administration and Programme budgets are being continually reviewed in order to update the full year forecast.

Public Health Agency
2022-23 Summary Position - October 2022

	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	43,567	56,771	2,987	27,631	**130,956**	25,414	25,349	2,424	16,042	**69,228**
Assumed Retraction	-	-	-	-	**-**	-	-	-	-	**-**
Revenue Income from Other Sources	-	25	-	866	**891**	-	25	-	467	**492**
Total Available Resources	43,567	56,796	2,987	28,497	**131,847**	25,414	25,374	2,424	16,508	**69,720**
Expenditure										
Trusts	43,567	-	142	-	**43,709**	25,414	-	83	-	**25,496**
PHA Direct Programme *	-	58,234	2,895	-	**61,129**	-	25,139	2,373	-	**27,512**
PHA Administration	-	-	-	26,567	**26,567**	-	-		15,530	**15,530**
Total Proposed Budgets	43,567	58,234	3,037	26,567	**131,405**	25,414	25,139	2,456	15,530	**68,539**
Surplus/(Deficit) - Revenue	0	(1,437)	(50)	1,930	**443**	-	235	(32)	978	**1,181**
Cumulative variance (%)						***0.00%***	***0.93%***	***-1.32%***	***5.92%***	***1.69%***

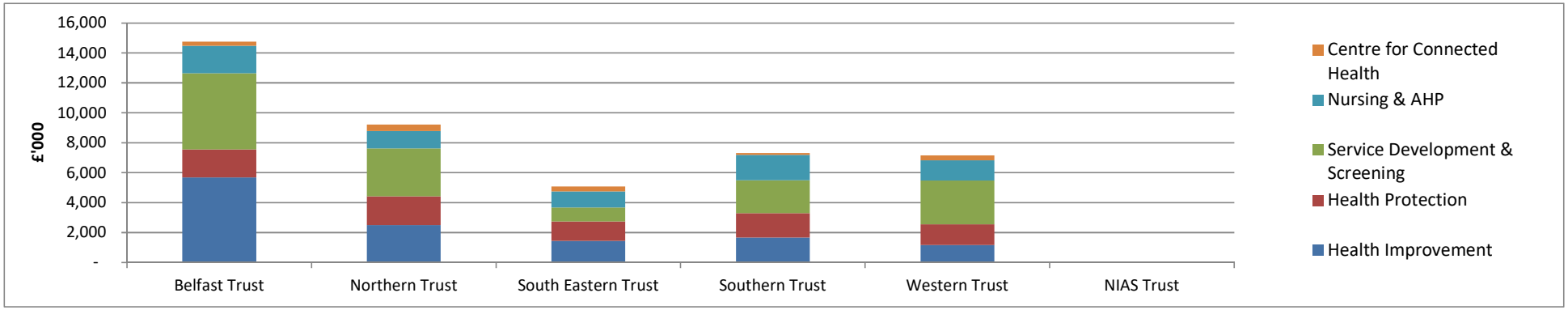
The year to date financial position for the PHA shows an underspend of £1.2m, which is a result of PHA Direct Programme expenditure being behind profiled budgets and a year-to-date underspend within Administration budgets.

A surplus of £0.4m is currently forecast for the year.

Please note that a number of minor rounding's may appear throughout this report.

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

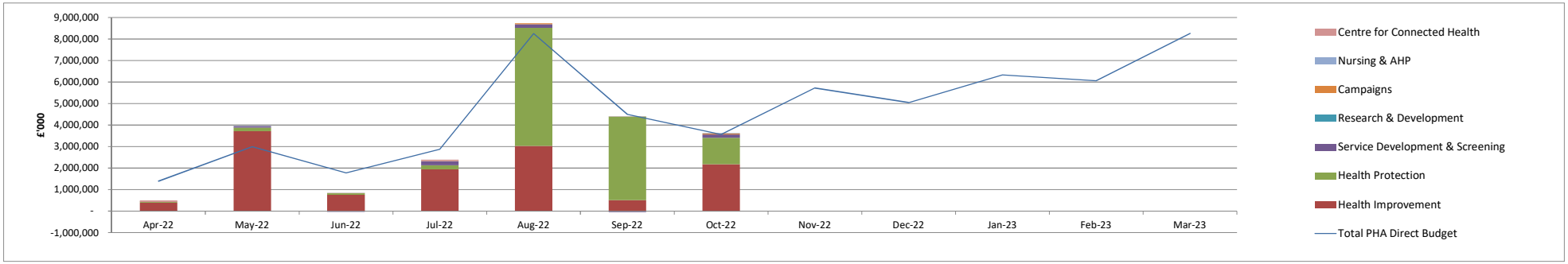
Programme Expenditure with Trusts



Current Trust RRLs	Belfast Trust £'000	Northern Trust £'000	South Eastern Trust £'000	Southern Trust £'000	Western Trust £'000	NIAS Trust £'000	Total Planned Expenditure £'000	YTD Budget £'000	YTD Expenditure £'000	YTD Surplus / (Deficit) £'000
Health Improvement	5,684	2,508	1,438	1,664	1,171	-	**12,466**	7,272	7,272	-
Health Protection	1,880	1,914	1,290	1,637	1,376	-	**8,096**	4,723	4,723	-
Service Development & Screening	5,078	3,207	941	2,188	2,919	-	**14,332**	8,360	8,360	-
Nursing & AHP	1,834	1,147	1,085	1,699	1,352	57	**7,173**	4,184	4,184	-
Centre for Connected Health	279	431	315	115	336	-	**1,476**	861	861	-
Quality Improvement	23	-	-	-	-	-	**23**	13	13	-
Other	-	-	-	-	-	-	**0**	-	-	-
Total current RRLs	**14,777**	**9,206**	**5,069**	**7,303**	**7,153**	**57**	**43,567**	**25,414**	**25,414**	-
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-22 £'000	May-22 £'000	Jun-22 £'000	Jul-22 £'000	Aug-22 £'000	Sep-22 £'000	Oct-22 £'000	Nov-22 £'000	Dec-22 £'000	Jan-23 £'000	Feb-23 £'000	Mar-23 £'000	Total £'000	YTD Budget £'000	YTD Spend £'000	Variance £'000	
Profiled Budget																	
Health Improvement	1,268	2,538	1,454	2,248	2,621	646	2,284	2,128	1,381	3,875	3,680	5,535	**29,658**	13,058	12,537	522	*4.0%*
Health Protection	42	254	144	128	5,448	3,775	1,159	2,860	1,873	581	220	678	**17,162**	10,950	11,075	(125)	*-1.1%*
Service Development & Screen	79	144	102	489	53	11	22	500	431	437	683	957	**3,909**	900	1,087	(188)	*-20.9%*
Research & Development	-	-	-	-	-	-	-	-	1,000	1,000	1,000	418	**3,418**	-	-	-	*0.0%*
Campaigns	3	2	18	5	15	52	15	155	227	342	332	777	**1,943**	110	116	(6)	*-5.7%*
Nursing & AHP	2	3	50	14	19	19	43	53	45	68	135	769	**1,219**	149	119	30	*20.1%*
Centre for Connected Health	-	61	5	-	57	-	- 13	27	93	29	6	84	**349**	110	109	1	*0.8%*
Quality Improvement	-	-	-	-	38	-	58	-	-	-	-	46	**142**	96	95	1	*0.9%*
Other	-	-	-	-	-	-	-	-	-	-	-	(1,002)	**(1,002)**	-	-	-	*100.0%*
Total PHA Direct Budget	**1,393**	**3,001**	**1,772**	**2,884**	**8,252**	**4,503**	**3,568**	**5,723**	**5,050**	**6,333**	**6,055**	**8,261**	**56,796**	**25,374**	**25,139**	**235**	
Cumulative variance (%)																***0.93%***	
Actual Expenditure	**521**	**3,970**	**1,106**	**2,336**	**8,954**	**4,479**	**3,773**	**-**	**-**	**-**	**-**	**-**	**25,139**				
Variance	**873**	**(969)**	**666**	**548**	**(702)**	**24**	**(205)**						**235**				

The year-to-date position shows an underspend of approximately £0.2m against profile, primarily due to expenditure behind profile within Health Improvement. The largest single area of slippage is the Regional Smoking budget. A year-end overspend position is anticipated, reflecting the plan to absorb anticipated underspends within Administration budgets.

Public Health Agency
2022-23 Ringfenced Position

	Annual Budget				Year to Date			
	Covid £'000	NDNA £'000	Other ringfenced £'000	Total £'000	Covid £'000	NDNA £'000	Other ringfenced £'000	Total £'000
Available Resources								
DoH Allocation	2,224	272	491	**2,987**	2,124	83	218	**2,424**
Assumed Allocation/(Retraction)	-	-	-	-	-	-	-	-
Total	2,224	272	491	**2,987**	2,124	83	218	**2,424**
Expenditure								
Trusts	-	142	-	**142**	-	83	-	**83**
PHA Direct	2,274	130	491	**2,895**	2,126	0	247	**2,374**
Total	2,274	272	491	**3,037**	2,126	83	247	**2,457**
Surplus/(Deficit)	**(50)**	**-**	**-**	**(50)**	**(2)**	**(0)**	**(29)**	**(32)**

PHA has received a COVID allocation totalling £2.2m to date, £2.1m of which is for Contract Tracing. A small overspend is forecast for the full year, mainly relating to Vaccination roll out, which is currently being managed within the PHA's overall financial position.

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 a breakeven position is anticipated for the year.

Other ringfenced areas include Safe Staffing, NI Protocol and funding for SBNI. A small overspend has been shown for the year-to-date. This is a timing issue only, and it is expected that these areas will achieve a breakeven position for the year.

PHA Administration

2022-23 Directorate Budgets

	Nursing & AHP	Quality Improvement	Operations	Public Health	PHA Board	Centre for Connected Health	SBNI	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Annual Budget								
Salaries	4,887	641	3,492	16,336	322	379	619	**26,676**
Goods & Services	163	12	1,004	323	48	42	230	**1,821**
Total Budget	**5,049**	**653**	**4,496**	**16,659**	**370**	**421**	**850**	**28,497**
Budget profiled to date								
Salaries	2,851	339	1,965	9,533	182	221	361	**15,453**
Goods & Services	96	7	585	189	20	24	134	**1,056**
Total	**2,946**	**347**	**2,550**	**9,722**	**203**	**245**	**495**	**16,508**
Actual expenditure to date								
Salaries	2,807	327	1,715	8,757	235	301	363	**14,505**
Goods & Services	99	7	612	195	19	17	77	**1,025**
Total	**2,906**	**334**	**2,327**	**8,951**	**254**	**318**	**440**	**15,530**
Surplus/(Deficit) to date								
Salaries	44	12	250	776	(52)	(80)	(2)	**948**
Goods & Services	- 3	0	(27)	(5)	1	7	57	**30**
Surplus/(Deficit)	**41**	**12**	**223**	**771**	**(51)**	**(73)**	**55**	**978**
Cumulative variance (%)	*1.38%*	*3.60%*	*8.73%*	*7.93%*	*-25.16%*	*-29.68%*	*11.17%*	***5.92%***

PHA's administration budget is showing a year-to-date surplus of £1.0m, which is being generated by a number of vacancies, particularly within Health & Well-being Improvement and SDS. 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 c£1.9m, which includes a release of the annual leave accrual and making some provision for the estimated 2022-23 costs of the Reshape and Refresh review.

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

PHA Prompt Payment

Prompt Payment Statistics

	October 2022 Value	October 2022 Volume	Cumulative position as at October 2022 Value	Cumulative position as at October 2022 Volume
Total bills paid (relating to Prompt Payment target)	£9,808,084	386	£38,763,704	3,152
Total bills paid on time (within 30 days or under other agreed terms)	£9,547,041	371	£37,939,192	3,072
Percentage of bills paid on time	**97.3%**	**96.1%**	**97.9%**	**97.5%**

Prompt Payment performance for October shows that PHA achieved the 95.0% target on both volume and value. The year to date position shows that on both value and volume, PHA is achieving its 30 day target of 95.0%. Prompt payment targets will continue to be monitored closely over the 2022-23 financial year.

The 10 day prompt payment performance remains very strong at 85.6% on volume for the year to date, which significantly exceeds the 10 day DoH target for 2022-23 of 70%.

HSC Public Health Agency

item 11

Title of Meeting	PHA Board Meeting
Date	15 December 2022
Title of paper	PHA Procurement Board – Update Report
Reference	PHA/02/12/22
Prepared by	Stephen Murray
Lead Director	Stephen Wilson
Recommendation	For **Approval** ☐ For **Noting** ☒

1 Introduction

This paper provides PHA board with an update from the Procurement Board and progress with implementing the Social Care Procurement Plan.

It also provides an update on the approach and timelines that are in place to review all existing PHA contracts currently awarded on an annual roll forward basis, and ensure that, where appropriate, these are subject to market testing, in line with the Public Contract Regulations 2015.

2 Background

The PHA created its first social care procurement plan in 2013, following an internal audit report highlighting the need for more robust market testing. Subsequently the new Procurement Contract Regulations 2015, established a legislative requirement for health and social care procurement. The Procurement Plan has been reviewed and updated on an ongoing basis since then.

Prior to Covid (January 2020), progress had been made on completing the procurement process on 75 contracts with an annual value of £11.5m, a further 194 contracts with a similar value in the region of £11.5m remained to be fully reviewed and competitively awarded where appropriate.

In recognition of some delays that were being experienced in progressing the Procurement Plan, PHA board commissioned a review of PHA Planning and Procurement processes in September 2018. This review reported in June 2019 and the recommendations were approved.

From January 2020 until April 2022, PHA was not able to progress with implementing the review recommendations or any significant planning and procurement activity, as key staff were re-deployed to other duties. This has resulted in 46 of the 75 contracts initially procured having now lapsed and being extended on the basis of Direct Award Contracts. The overall timelines for market testing, where required, the remaining rolling contracts has also had to be extended.

3 Current Position

The Chief Executive has prioritised the need to progress the implementation of the PHA Procurement Plan and, in particular, the need to address the number contracts now being awarded as DACs. To oversee this work the PHA Procurement Board now meets every 2-3 months to review progress.

A baseline review of the Procurement Plan and all rolling contracts has now been completed. This provides an accurate assessment of the scale of work that needs to be undertaken for PHA to fully comply with Procurement Regulations and address the audit requirement to market test contracts, where appropriate.

4 PHA Procurement Plan

The PHA Procurement Plan contains all contracts that, it has been agreed, will be awarded under a formal tender process and need to be managed in line with the NI Public Contract Regulations 2015.

A total of 64 contracts are currently included on the Plan with an annual value of £9.45m. 32 of these contracts are linked to Drug and Alcohol services. A summary of the contracts to be managed and timescales for re-tendering is provided below in table 1.

Table 1 – PHA Procurement Plan Summary

Procurement	£	No of contracts	Planned Timeline for Tender award
Drugs & Alcohol	£5,176,781	32	March 2024
Breaved by Suicide	£50,000	1	awarded - Oct 2023
Self Harm Intervention Project	£1,033,540	5	October 2023
Relationship & Sexuality Education Project	£265,458	3	awarded April 2022
Youth Engangement Service	£1,092,115	8	September 2023
Workplace Health	£203,601	2	February 2025
Active Travel	£539,399	5	March 2024
Shared Reading Groups in the Criminal Justice Setting	£51,000	1	June 2023
Promoting Informed Choice in Cancer Screening	£150,000	1	June 2023
Early Intervention Support Service	£891,731	6	July 2023

Key points to note are:

- All of the Drug and Alcohol contracts have been awarded under DACs until March 2024. This was agreed with DoH and is to facilitate the requirement, under the new Substance Use Strategy, for PHA and SPPG to develop a new joint Commissioning Framework by March 2023. Once finalised, a more detailed breakdown of the procurement timelines for individual tenders will be agreed with Procurement Board.
- 2 Procurements have been successfully completed during 2022. The Relationship and Sexuality Education tender was completed in April 2022 with 3 contracts being successfully awarded at a total annual value of £265k. In October 2023 the Bereaved by Suicide contract was successfully completed.
- Work is well advance on the re-tender for the Early Intervention Support Service and it is intended to go out to the market in January 2023, with new contracts in place by July 2023. The Promoting Informed Choice re-tender is also near completion and the intention would be to have a new contract in place by June 2023
- Pre-planning work has been completed for the Youth Engagement Service and is also well advanced for the Self Harm Intervention Service. PaLS has been engaged to begin to progress the preparation of the tender documentation for both services, with the intention that tenders are awarded by September / October 2023 respectively.

5 Operational Framework

PHA has 194 contracts, with an annual value of £11.5m that are currently awarded on an annual roll-forward basis and have not been subject to a recent competitive award process.

An Operational Framework has been developed that sets out projected timelines for developing strategic plans for the various thematic/business areas, under which services are currently being contracted. Once the plans are agreed, appropriate funding award processes will be implemented to commission the range of services required.

It is important to highlight that all future contracts may not be awarded via formal procurement processes. In line with the new PPN 02/21 - Procurement of Social and Other Specific Services (November 2021), PHA must consider the benefits of using alternative approaches to procurement, such as grant awards, prior to awarding funding.

A summary of the contracts included under the Operational Framework is provided in Table 2 below:

Table 2: Summary of contracts to be Reviewed under the PHA Operational Framework

Thematic / Business Area	£	No of contracts	Projected Contract Compliance
Suicide Prevention & Mental Health	£3,655,760	72	March 2025
Drugs & Alcohol	£879,530	16	September 2025
Sexual Health	£1,063,290	10	September 2025
Early Years	£360,562	10	March 2025
Smoking Cessation	£317,897	4	March 2026
Use Of Place	£4,236,955	66	March 2026
Obesity	£77,966	3	March 2026
Vulnerable Groups	£204,302	4	March 2026
Older People	£684,004	9	September 2025
Total on Operational Framework	**£11,480,266**	**194**	

Based on current projections, the PHA could achieve full compliance in relation to market testing all current roll forward contracts by March 2026. The approach used for funding services and the subsequent scale of contracts to be procured will only be known once the various strategic plans have been developed and agreed by PHA board.

The development of the strategic plans and completion of the funding award processes will be dependent upon the necessary resources, skills and expertise being available in PHA, BSO Legal and PaLS.

6 Progress with Implementation of Review of Planning and Procurement Review Recommendations

As noted earlier, in June 2019 PHA board approved the recommendations made under the Review of Planning and Procurement Processes. Due to the emergence of Covid 19 in January 2020, it was not possible to progress with many of the recommendations as intended. PHA Procurement Board has reviewed the recommendations and initiated actions to progress the original recommendations. A summary of the current position is provided in Appendix 1. Key points to highlight are:

- 2 permanent Senior Planning Manager Posts appointed to build specialist capacity to help progress the necessary planning required to deliver on individual procurements. are now back to their original posts (post Covid re-deployment) and are helping to progress the Procurement Plan priorities. A third Senior Planning Manager post has been appointed on a temporary basis and will start in January 2023.
- PHA has had a lead role in developing a post graduate commissioning leadership programme that aims to build the knowledge and skills of senior staff across HSC in relation to planning and procurement processes. This

programme was launched in September 2022. 4 PHA staff are currently undertaking the programme.

- PHA is piloting multi-disciplinary strategic planning teams that will oversee the development of strategic plans for key business areas. These planning teams will help to ensure future procurements are progressed more efficiently, in line with required processes.

7 Social Value

PPN 01/21 Scoring Social Value was issued in July 2021. The PHA Procurement Board has considered Social Value and has updated its planning and procurement processes to ensure compliance.

From 1 June 2022 tenders must include a minimum of 10% of the total award criteria to score social value. This 10% minimum will apply to contracts for services and works above the threshold where the Procurement Regulations apply. A review of the Policy will take place in advance of June 2023 with the intention of increasing the minimum weighting to 20%, subject to the approval of the Executive

This policy represents a significant step-change for the PHA and training has been rolled out by the Strategic Investment Board. Approximately 65 PHA staff involved in developing tenders have attended the training.

8. Recommendation

The PHA Board is asked to note this update Report.

Appendix 1: PHA Planning and Procurement Task and Finish Group Report – Management Update Report.

	Recommendation	Management Update November 2022	RAG
1	PHA should develop a suite of strategic thematic plans that cover the key programme/thematic areas, initially focusing on those areas included in the current PHA Procurement Plan. Each plan should be approved by the PHA AMT and Board.	There has been limited progress made in developing the strategic plans. A timeline for developing plans has been agreed under the Operational Framework but implementation will be subject to sufficient resources being made available.	
2.	PHA should re-categorise, with appropriate timescales, what is included on the Procurement Plan to reflect only those contracts where procurement is the agreed process for awarding the contract	The Procurement Plan has been reviewed and updated by Procurement Board. Realistic timescales have now been agreed and progress against these are regularly monitored by Procurement Board.	
3.	Establish a short term working group to review current contract management system and take forward changes to introduce more efficient & less dispersed model.	Task and Finish Group to take this work forward needs to be re-established. First step is to review the original Terms of Reference and membership due to changes in personnel. Proposed that an updated ToR, Membership and timeline for completing the work be developed for consideration by Procurement Board in January 2023 with work beginning in February 2023.	
4.	All staff who have, or will be, involved in procurement should undertake appropriate training	A Post Graduate Commissioning Leadership Course has been developed to build skills knowledge and capacity of HSC staff in planning and procurement processes. 4 PHA staff undertaking the	

	Recommendation	Management Update November 2022	RAG
		course in 2022/23.	
		Operations staff are reviewing the training programme, which provides a high level overview of all internal planning and funding award processes that operate within the PHA. Subject to capacity of key staff to take this work forward, this training programme will be offered to all appropriate staff by May 2023.	
		All Band 7 staff and above have been required to attend training on the new Business Case processes introduced in April 2022 by DoH. – to date 10 sessions have been delivered for PHA staff and 226 staff trained. Additional sessions will be organised to facilitate those staff who have not been able to attend and new staff who have recently started.	
5.	PHA should recruit additional planning staff to support the essential pre-procurement work	2 Senior Planning Manager posts have been recruited and are in post. A third post has been recruited on a temporary basis and the postholder will take up post in January 2023. A more detailed assessment of Senior Planning capacity required to adequately support to the Planning and Procurement needs of PHA needs to be undertaken and considered as part of the re-design of the PHA.	

	Recommendation	Management Update November 2022	RAG
6.	PHA should develop a succession plan for Health Improvement staff	Significant progress has been made to stabilise the Health Improvement workforce with recruitment of staff to permanent posts now completed.	
7.	There should be corporate ownership of the strategic thematic plans, with multi-disciplinary groups established to develop the plans	A pilot multi-disciplinary Strategic Planning Team (SPT) has been in place for Mental Health, Emotional Wellbeing and Suicide Prevention since July 2021 and is taking forward the development of a strategic plan. Agreement has just been given by AMT to expand the pilot to cover 2 additional programme areas. An evaluation of the approach will be undertaken prior to further SPTs being approved.	
8.	Formal reports on both the PHA Procurement Plan and the PHA Strategic Thematic Development Plan should be considered by AMT and the PHA board on a 6 monthly basis. Individual thematic plans should be brought to AMT and the PHA board for approval. Individual procurements should be approved at relevant stages by the PHA procurement board.	A new reporting process will be initiated with the first 6 monthly report being presented in December 2022. Progress with Individual procurements is reviewed at each meeting of the Procurement Board with delays in agreed timescales highlighted and mitigating actions agreed.	

HSC Public Health Agency

item 12

Title of Meeting	PHA Board Meeting
Date	15 December 2022
Title of paper	Mental Health, Emotional Wellbeing and Suicide Prevention Strategic Planning Team (SPT) Update and Action Plan 2022/23
Reference	PHA/03/12/22
Prepared by	Stephen Murray / Julie Mawhinney
Lead Director	Stephen Wilson
Recommendation	For **Approval** ☐ For **Noting** ☒

1 Purpose

The purpose of this paper is to provide the PHA Board with an update of the work of the Mental Health, Emotional Wellbeing and Suicide Prevention Strategic Planning Team (SPT) and to share with the Board the Action Plan for 2022/23 which has been approved by the Agency Management Team (AMT).

2 Background Information

The Mental Health, Emotional Wellbeing and Suicide Prevention Strategic Planning Team (MHSPT) was established in November 2021, following approval by AMT in July 2021, and has continued to meet monthly to ensure collaborative planning and joined up decision making across the organisation in relation to its duties for mental health, emotional wellbeing and suicide prevention.

The focus of the SPT has been on ensuring collaborative planning, driving forward key actions (as noted in the action plan) and in strengthening connections across and beyond the organisation and facilitating strong links with other thematic areas.

Internally, these strengthened connections have ensured cross-directorate working and organisational representation in planning and progressing key areas of work, such as the future development of Postvention services, the development and possible expansion of an enhanced Self Harm Intervention Service, as well as the creation of a joint planning group to look at opportunities for co-commissioning some mental health and drug and alcohol services to deliver better outcomes for individuals.

Externally, these strengthened connections have facilitated much stronger links and advanced connectivity across policy areas within DoH. For example, in relation to the links between the Mental Health Strategy; Protect Life 2 and the new Substance Use Strategy, these connections have facilitated more joined up planning and decision making and strengthened PHA's ability to influence. This has been reflected in how PHA has been able to work with DoH colleagues to better align the resources across the 3 Strategies by identifying shared priorities and opportunities for co-funding services to achieve better outcomes

MHSPT has also recognised the importance of data, information and evidence in planning and delivery and in response to this, an Evidence Subgroup has also now been established. The Subgroup has cross-directorate representation and its initial focus is on identifying existing resources relevant to population mental health, emotional wellbeing and suicide prevention. This phase is progressing at pace, alongside consideration of options for the curation of knowledge resources.

In terms of the development of future resources, the subgroup has influenced the content of regional, methodologically sound surveys external to the PHA taking place this year and is giving consideration to other major survey providers who may be able to incorporate topic relevant content in their work programme for 2023/24.

Individual group members are in the process of producing additional knowledge resources. A Terms of Reference for the Subgroup is being developed to make clear the role of the Subgroup in relation to the main Strategic Planning Team.

One of the important next steps for the MHSPT is the development of the longer term outcomes framework (underway) which, by taking a population health planning approach and utilising OBA methodology, will endeavour to reflect PHA's complex and multi-dimensional agenda and responsibilities in working for improved mental health, emotional wellbeing and suicide prevention over the coming three years.

To provide direction and oversight while this is in development, the attached action plan has been developed by members of the SPT for 2022/23 and aims to provide an interim mechanism for corporate oversight until the longer term outcomes framework has been developed. The plan is focussed on 4 key areas:

1. Develop MHSPT and strengthen its ability to deliver on and influence key mental health, emotional wellbeing and suicide prevention priorities
2. Lead on PHA elements of PL2 strategy
3. Mental Health Strategy and Crisis Review Implementation
4. Strengthening Evidence

The attached action plan sets out the key actions being progressed by the Strategic Planning Team (SPT) over the year 2022/23, relating to PHA's responsibilities for mental health, emotional wellbeing and suicide prevention. This action plan is not exhaustive but is focused on priority actions being progressed this year.

3 Key Issues

Key progress to date includes:

- Developed a one year PHA priority action plan for mental health, emotional wellbeing and suicide prevention
- Strengthened cross-directorate working and ensured cross-agency membership and representation on key groups and work areas
- Initiated the development of a 3-5 year outcomes framework and begun to identify key joint areas of work
- Jointly developed a briefing paper on postvention in Northern Ireland (currently out for public comment until 30th October)
- Identified as lead structure to progress a number of actions within the 10year Mental Health Strategy
- Engaged with stakeholders and produced a draft Early Intervention and Prevention Action Plan (MH Strategy Actions 1&2) for Northern Ireland
- Developed an outcomes framework for regional implementation of PL2 strategy
- Established/ re-established internal Lifeline and SHIP structures to help drive forward key pieces of work and ensure corporate oversight
- Established an evidence subgroup which is working towards a landscape review of existing knowledge resources within PHA and development of a knowledge library

Reporting on the action plan takes place in advance of the monthly MHSPT meetings through update reports that are also designed to assist with the quarterly corporate monitoring. MHSPT will provide regular updates to AMT on progress under the action plan and subsequently the future outcomes framework.

4 Next Steps

PHA is looking to create additional SPTs, in areas including Drugs and Alcohol and Later Years. An evaluation of the SPT approach will take place in 2022/23.

Updates on the work of the various SPTs will be reported to the PHA Board through the quarterly Performance Management Report.

MENTAL HEALTH, EMOTIONAL WELLBEING AND SUICIDE PREVENTION STRATEGIC PLANNING TEAM

ACTION PLAN 2022/23

HSC Public Health Agency

MHSPT 2022

Contents

Purpose

Mental health, emotional wellbeing and suicide prevention throughout the life course are key priority areas and a major focus for the Public Health Agency (PHA) due to the wide-reaching impact these issues have on the health of individuals and communities throughout NI.

There is a strong strategic drive across Government Departments, as well as multiple work streams, programmes and initiatives aimed at making positive change and improving emotional health and wellbeing outcomes for our population at all stages of life from perinatal, through childhood and adolescence and into and throughout adulthood.

The PHA is heavily involved across a wide range of strategies, initiatives and programmes, with each requiring varying levels of input and resource. The following action plan has been developed and agreed by the Mental Health Strategic Planning Team (MHSPT) for the financial year 2022/23 to document and monitor progress against the actions that will be taken forward by PHA this coming year.

This action plan sets out the key actions to be progressed by the Strategic Planning Team (SPT) over the year 2022/23 relating to PHA's specific responsibilities in addressing mental health, emotional wellbeing and suicide prevention priorities that have been set by the Minister.

The Plan also sets out the actions that will be taken forward to develop the SPTs capability to provide strong corporate leadership in terms of setting future strategic direction, identifying funding requirements to meet population needs and ensuring maximum progress is achieved in meeting agreed outcomes, This will be achieved through the development of robust baseline information resources on population needs and analysis of the evidence base and what works, the development of a longer term strategic plan and a performance framework that will measure progress being made to achieve agreed longer term outcomes.

It is important to note that the action plan is not exhaustive and does not set out everything that PHA is working on within mental health, emotional wellbeing and suicide prevention, but is focused on priority actions being progressed this year. The longer term outcomes framework (currently in development) will endeavour to reflect where possible all the work PHA will be progressing in the framework's 3-5 year time frame.

SPT members have agreed a number of principles and ways of working, in line with PHA values, in how the SPT will take forward the outlined actions.

SPT PHA Membership

Division	Nominees
Health Improvement	Fiona Teague and Shauna Houston
Nursing, Midwifery & AHP	Ann Butler, Mary Emerson and Eilish Deeney
R&D	Janet Diffin
Health Intelligence	Diane Anderson and Catherine Millman
Communications	Sharon Curran
Planning	Stephen Murray and Julie Mawhinney
HSCQI	Anita Rowe
Service Development and Screening	Denise O'Hagan
Speciality Registrar	Lynsey Patterson

MHSPT Principles and Ways of Working

In taking forward the actions outlined in the plan, the SPT will:

- Work collaboratively within the SPT and across the whole organisation
- Embed outcomes in our work
- Take an outcomes based accountability approach to planning, progressing and monitoring our actions
- Value what we and our colleagues are working to achieve
- Value the skills, expertise and contributions that each member makes
- Strengthen the evidence base around what works
- Ensure strong governance
- Make use of corporate documents and processes including annual business plans and risk registers to document the actions and highlight any risks
- Upskill and ensure confidence of all members to represent PHA at external meetings, not just divisions
- Consider how we influence in those areas we aren't responsible for direct action
- Regularly take stock and evaluate progress
- Ensure actions are screened appropriately (equality, rural, IG and GDPR) as required

Members have agreed to contribute their:

- Time and commitment to SPT, its development and delivery of actions
- Knowledge and skills from across the organisation represented in the SPT
- Experience of working in the area (e.g. clinical, community, health intelligence)
- Influence and connections to key areas of work e.g. drugs and alcohol, trauma informed approaches, prisons and forensics
- Influence and buy in from other parts of the organisation and the system
- Community intelligence – connect with partners/depts.
- Connections into the bigger picture
- Strategic information and evaluation
- Expert influence

Outcomes and Strategic Alignment

A key objective of the SPT is to ensure that there is better connection and understanding within PHA of how various key strategic policy documents are linked and actions being progressed contribute to the achievement of targets and outcomes that have been set and against which PHA will be accountable. The following diagrams illustrate how each of the key areas of work are linked and contribute to the delivery of agreed outcomes.

Fig1 Strategic Alignment.

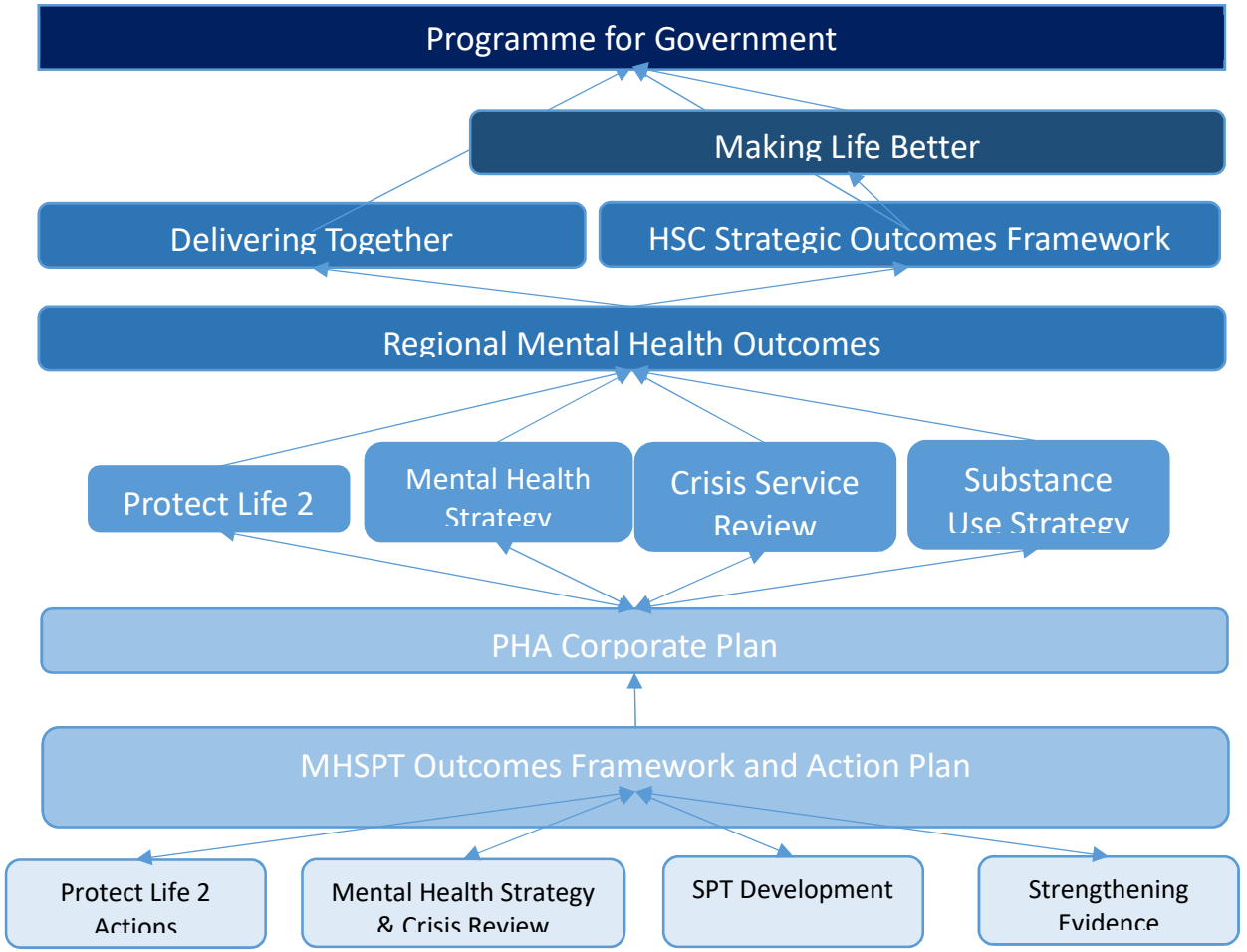
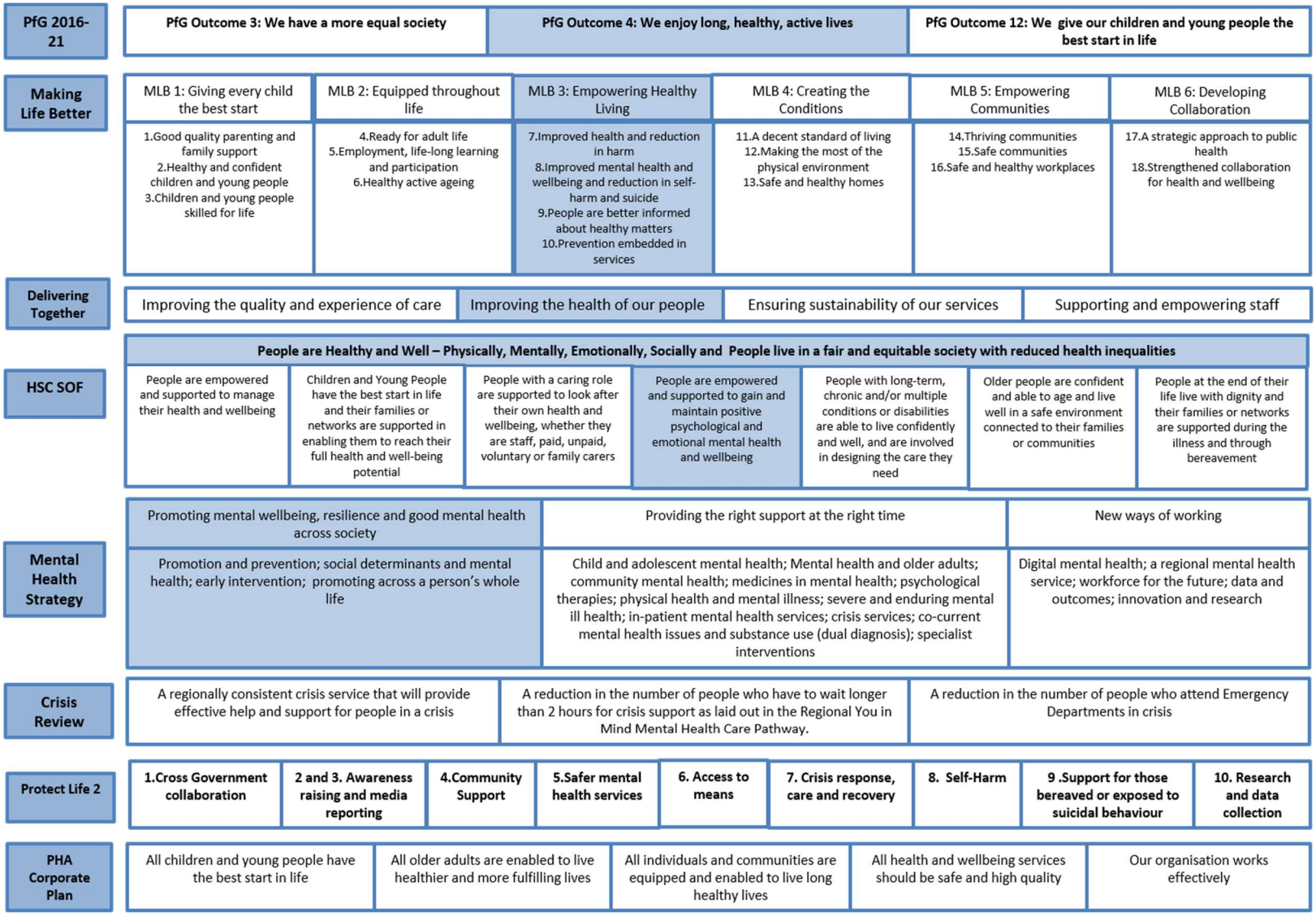


Fig2 Strategic Drivers



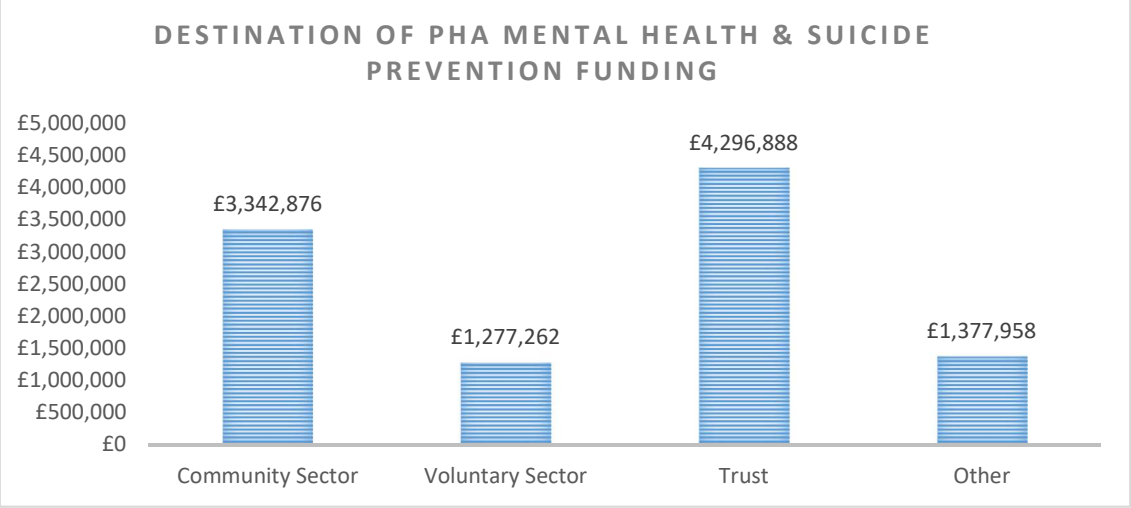
Resources and Financial Context

PHA has a programme budget of £10.3m for suicide prevention, mental health and emotional wellbeing and delivery of the Lifeline service. An indicative funding split is provided below:

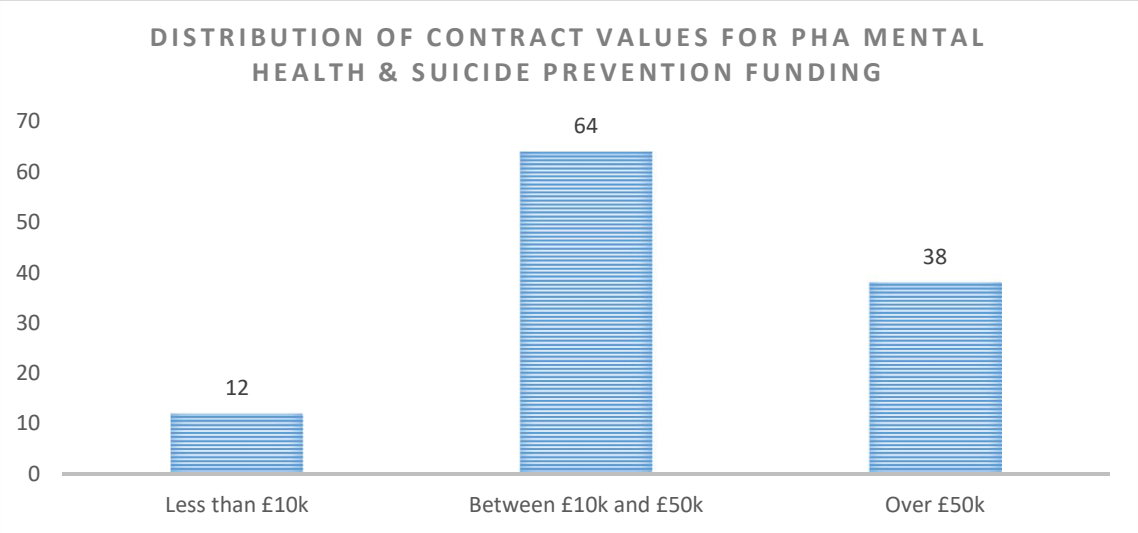
Funding Area	£m
Suicide Prevention / Emotional Wellbeing	7.0
Lifeline	3.3

PHA funds a range of providers to deliver specific services and interventions that provide direct support to individuals, families and communities. Graph 1 below shows how funds are allocated by sector.

Graph 1



Graph 2



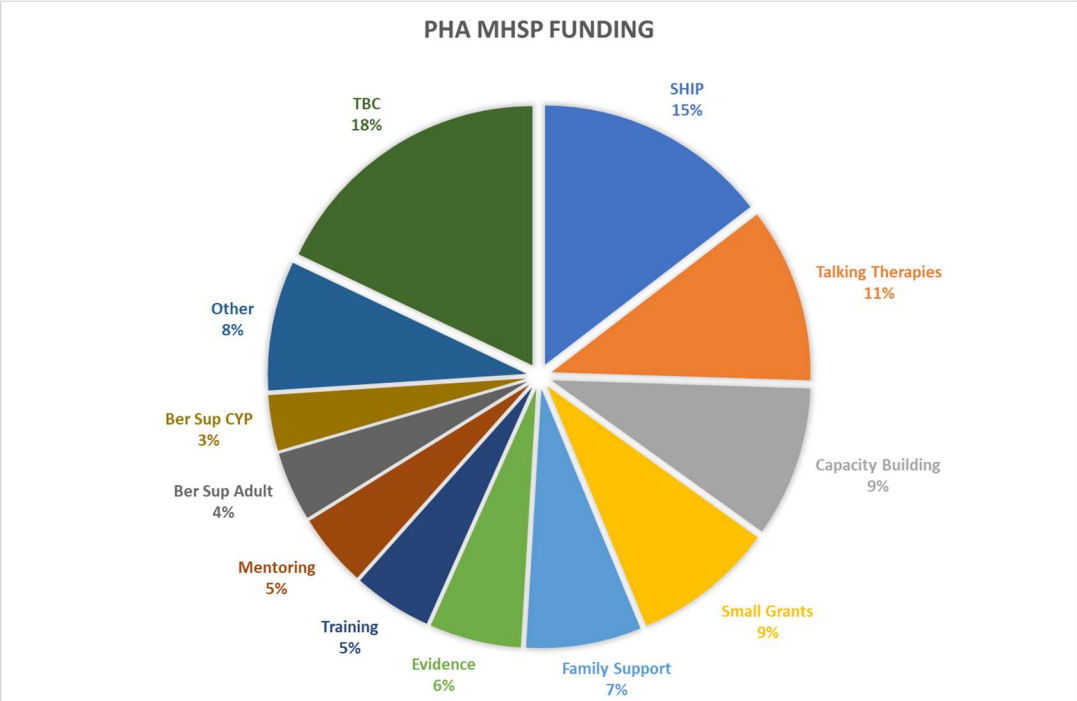
The funding for suicide prevention and mental health (approx. £7m) is currently allocated to 114 contracts and across 60 different providers for mental health and suicide prevention. Services commissioned include:

- Family Support,
- Training,
- Community programmes,
- Talking Therapies,
- Stress Control,
- SHIP,
- Evidence reviews,
- Bereavement Support (Adults and Children and Young People) ,
- Capacity Building,
- Support for Sports groups,
- Small Grants,
- PostVention and Mentoring.

The majority of the funding is focussed on suicide prevention with just under £6million allocated across 80+ contracts for both regional and local suicide prevention services and initiatives and just over £1million allocated to mental health promotion areas of work.

Over 80 of the mental health and suicide prevention contracts are with community and voluntary sector providers and 21 contracts are with HSC Trusts for local mental health promotion and suicide prevention.

Indicative funding splits for 22/23 for the areas of work we fund through these contracts is provided below.



Action Plan 2022/23

The MHSPT Action Plan 2022/23 sets out the 5 key areas of focus for the SPT. These areas of focus listed below are not an exhaustive list of the work undertaken by PHA for mental health, emotional wellbeing and suicide prevention but are those areas of work that require particular attention from the SPT for the year 2022/23. Further information and detail on ongoing pieces of work that PHA is leading on and contributing to as well as further information on procurement and SPT development can be found in the following individual action plans for each area of focus and the appendices.

SPT Areas of Focus of 2022/23

The areas of focus outlined below are working towards the population outcomes set out in strategic alignment diagram on pages five and six. The SPT are working towards development of a longer term outcomes framework which will set out the population outcomes in full from April 2023.

No	Action	Description (further information on context, actions to be taken and specific deliverables)	Envisaged Impact	Relevant Strategies	Timescale	SPT Lead
1.	Develop MHSPT and strengthen its ability to deliver on and influence key mental health, emotional wellbeing and suicide prevention priorities	• Develop action plan for 2022/23 • Develop a 3-5 year MH SPT Action Plan and Outcomes Framework • Build knowledge and understanding of PHA's work in mental health for	Effective corporate planning and oversight of PHA's work in MH Improved communication and connections across teams	MH Strategy, PL2 and RMHSC Implementation Plan	March 2023	Julie Mawhinney

No	Action	Description (further information on context, actions to be taken and specific deliverables)	Envisaged Impact	Relevant Strategies	Timescale	SPT Lead
		SPT members and across the organisation • OBA Training • Improve SPT communication across the organisation, AMT and PHA board	Clear working framework and strategic direction			
2.	Lead on PHA elements of PL2 strategy	• Coordinate implementation of the PHA actions within the PL2 strategy • Lead on relevant actions and objectives as detailed within the strategy • Develop PL2 Outcomes Framework • Delivery of SHIP Service • Lifeline service • Lead on a regional small grant programme	Implementation of PL2 and commissioning of key services to improve mental health and reduce suicide Central coordination of regional work Effective impact focussed monitoring of PL2 implementation	PL2	Ongoing Sept 2022	Fiona Teague and Shauna Houston
3.	Contribute to and lead implementation of agreed actions	Working with colleagues to deliver on the actions set out in the MH Strategy and ensure links across key areas of work	Corporate oversight and input into MHS actions	MH Strategy, PL2, RMHSC Implementation	Deliver agreed actions as set out in	Stephen Murray

No	Action	Description (further information on context, actions to be taken and specific deliverables)	Envisaged Impact	Relevant Strategies	Timescale	SPT Lead
	within the MH Strategy	including PL2 and the Substance Use Strategy • Take lead role in: ○ Developing action plan Actions 1 & 2 (promotion and prevention) ○ MHS Action 16 (recovery colleges model) Recovery Model with Recovery Colleges as core assets ○ MHS Action 20 & 21 (physical health and mental illness) ○ MHS Action 29 (perinatal mental health) ○ MHS Action 33 (peer support) ○ MHS Action 35 (investigate PHA role in creating a Centre of Excellence for	Increased awareness of actions being implemented across PHA and stronger links Implementation of the mh strategy actions Stronger focus on prevention and early intervention	Plan and SU Strategy	the MH Delivery Plan 22/23 by March 2023	Hilary Johnston Mary Emerson Eilish Deeney Martin McCrory Janet Diffin Ann Butler

No	Action	Description (further information on context, actions to be taken and specific deliverables)	Envisaged Impact	Relevant Strategies	Timescale	SPT Lead
		mental health research) • Contribute to development of Regional Mental Health Outcomes Framework • Work with SPPG to implement the Crisis Service				
4.	Strengthen the MHEWSP evidence base	To ensure SPT members have access to high quality information, research and evidence that provides population and behavioural insights, to inform evidence-based policy and practice. Will be taken forward in two phases.	Increased awareness of evidence available Strengthened evidence base for decision making Increased sharing of evidence and information Awareness of gaps and increased ability to begin to address these corporately	MH Strategy and PL2	March 2023	MHSPT Evidence Subgroup chaired by Health Intelligence

Influence Cross-Cutting Strategies and Commissioning Processes

The areas of focus outlined above are the key areas of work that will be progressed by the SPT in 2022/23. As part of its broader responsibilities, PHA staff working in this area will also continue to influence cross-cutting strategies and commissioning processes and provide public health/nursing/AHP input in a range of ways including:

- Contribute to implementation of the Substance Use Strategy and ensure integration with PL2 and MHS
- Contribute to SPPG Prison Commissioning Team to improve services and prevent suicide in prison and on release.
- Provide public health/nursing/AHP input to commissioning processes led by SPPG. Feedback will be provided to the SPT re work of SPPG to ensure SPT kept informed of service developments.
- sharing professional knowledge, promoting innovative practice and links to strategic agenda
- Establish a robust network of expertise for Mental Health Nurse Consultants across the region, to strengthen strategic Mental Health Nurse leadership.

Individual Action Plans

SPT Development Action Plan

No	Action	Description (further information on context, actions to be taken and specific deliverables)	Relevant Strategies (main in **BOLD**)	Timescale	SPT Lead
1.	Develop a 3-5 year MH SPT Action Plan and Outcomes Framework	• Agree a clear shared vision and outcomes with clear goals and measures and a strong rationale • Develop streamlined reporting and monitoring process, aligned with corporate outcomes	PHA Corporate Plan	March 2023	Stephen Murray and Julie Mawhinney
2.	Build knowledge and understanding of PHA's work in mental health for SPT members and across the organisation	Develop and agree regular reporting mechanisms to AMT and PHA board		February 2023	All
		Map out and review: • Staffing and resources currently invested in MH across PHA • Current Investments and opportunities to use resources more effectively • Resources required to deliver on PHA's mental health responsibilities	PHA Corporate Plan	January 2022	All/working group
		Map out and ensure strong connections between key areas of work e.g. drugs and alcohol and PL2, prisons	PL2, MH Strategy, SUS Strategy and RMHSC Implementation Plan	November 2022	Shauna Houston / Denise O'Hagan

No	Action	Description (further information on context, actions to be taken and specific deliverables)	Relevant Strategies (main in **BOLD**)	Timescale	SPT Lead
3.	Improve SPT communication across the organisation, AMT and PHA board	• Develop stronger communication links with the rest of the organisation • Develop a communications strategy		March 2023	Julie Mawhinney, Sharon Curran
4.	OBA Training	All members of the team will have access to OBA training throughout 22/23 50% of SPT will have participated in OBA training		March 2023	Julie Mawhinney
5.	Strengthening SPT role in ensuring quality and safety in the services PHA commissions	To consider the role of SPT in exploring and reviewing when something goes wrong in services, in learning lessons and ensuring quality and safety in services commissioned by PHA		March 2023	Eilish Deeney

PL2 Action Plan

No	Action	Description (further information on context, actions to be taken and specific deliverables)	Relevant **Strategies** (main in **BOLD**)	Timescale	SPT Lead
1.	Coordinate regional implementation of PL2 for which PHA is responsible and its objectives	• Coordinate RPLIG and Local PLIGS • Support the development of local action plans for 5 x PLIGs	PL2	Ongoing	Fiona Teague and Shauna Houston

2.	Lead on delivery of relevant PHA actions in PL2 Objectives 4, 7 and 9 including development and commissioning of services	4. Enhance community capacity to prevent and respond to suicidal behaviour within local communities
		• 4.1 Support encourage and procure community-based suicide prevention services
		  ○ Development of a discussion paper
		  ○ Facilitation of a regional small grants programme.
		• 4.3 Deliver a multi-sectoral training framework in suicide interventions for people working in the community (also linked to PL2 Action 7.2)
			PL2 and Crisis Service Action Plan	March 2023	Fiona Teague and Shauna Houston

		9. Ensure the provision of effective support for those who are exposed to suicide or suicidal behaviour			

No	Action	Description (further information on context, actions to be taken and specific deliverables)	Relevant **Strategies** (main in **BOLD**)	Timescale	SPT Lead

		• 9.1 Provide a consistent, compassionate approach to supporting those bereaved/ affected by suicide including family and social circle.
		  ○ Development of a postvention discussion paper
		  ○ Development of stage 3 consultation process for post-vention
		• 9.2 Facilitate support networks for people bereaved by suicide and their role in influencing policy and service delivery.
		  ○ Re-procurement of bereaved by suicide coordination, facilitation and development project.
		• 9.5 Ensure collation of accurate real time information on probable suicide through the Sudden Death Notification process
		  ○ The development of a new data system linking Self harm reg & SD1 data to improved real time data (10.3)
		• 9.8 Ensure contracted organisations adhere to PHA Quality Standards of Services promoting mental and emotional wellbeing
		  ○ Ongoing development of web-based system
		  ○ 5 x independent assessments commenced within 22/23			

No	Action	Description (further information on context, actions to be taken and specific deliverables)	Relevant **Strategies** (main in **BOLD**)	Timescale	SPT Lead
3.	Lead on delivery of PL2 Objectives 2 & 3	• 2. Improve awareness of suicide prevention and services through public information campaigns and stigma reduction initiatives • 3. Enhance responsible media reporting through media monitoring, guidance and promoting online safety		On-going	PHA Comms/ Sharon Curran
4.	Develop outcomes framework for PL2 monitoring	• Develop framework template • Facilitate collation of updates from PL2 multi-sectoral delivery leads Collate relevant data from appropriate PHA programmes.		Sept 2022	Shauna Houston, Julie Mawhinney & Catherine Millman
5.	SHIP service (including re-tender of SHIP in 2022/23)	Provision of SHIP relates to PL2 Action 9.1 Provide a consistent compassionate approach to supporting those bereaved / affected including family and social circle Action to be taken: • Establish subgroups • Progress re-tender • Evaluation		March 2023	Fiona Teague and Denise O'Hagan
6.	Self-Harm Registry	Related to Action 10.3 conduct ongoing surveillance to monitor changing behaviours or trends in suicide and self-harm means to inform preventative action.		On-going	Denise O'Hagan

No	Action	Description (further information on context, actions to be taken and specific deliverables)	Relevant **Strategies** (main in **BOLD**)	Timescale	SPT Lead
		The action in year is the development of a new data system linking Self harm reg & SD1 data to improved real time data.			
7.	MH/SP training framework	Development of paper outlining procurement options and timelines.		February 2023	Shauna Houston
8.	Lifeline	• Oversight • Review • Contract/service • Evaluation • Integration of CIMS within Dynamics/ BHSCT	PL2	On-going	Fiona Teague and Shauna Houston Catherine Millman to lead evaluation

PHA Mental Health Strategy Action Plan

No	Action	Description (further information on context, actions to be taken and specific deliverables)	Relevant Strategies (main in BOLD)	Timescale	SPT Lead
1.	Develop Regional Action Plan for Promoting Mental Health through Public Awareness, Early Intervention and Prevention (Actions 1 & 2)	PHA has been asked to develop this regional Action plan on behalf of DoH. Key stages in development will be: • Appoint staff to manage the process and set up project infrastructure • Review baseline position including existing services and programmes in place, evidence base on what works and funding • Engage with key stakeholders to identify priority issues and actions (via meeting and workshops) • Draft Action Plan developed for review and comment by September 2022 • Final Action Plan approved October 2022	MH Strategy (Actions 1 and 2)	October 2022	Stephen Murray and Hilary Johnston
2.	MHS Action 16, Regional Recovery Model, including Recovery Colleges	Create a recovery model where care is provided using a person-centred approach with continuous involvement with the service user throughout their recovery period. Further develop and embed the work of Recovery Colleges, to ensure that a recovery focus and approach is embedded across the entire mental health system.	MH Strategy	March 2023	Eilish Deeney and Ann Butler

No	Action	Description (further information on context, actions to be taken and specific deliverables)	Relevant Strategies (main in BOLD)	Timescale	SPT Lead
		Establish a working group based on the principles of co-production that will create a recovery-based care model and consolidate the role of Recovery Colleges, ensuring they are accessible to those who need it, wherever they are in Northern Ireland. PHA previously led on the development of Recovery Colleges and in line with our public health responsibilities we believe the development of this approach is crucial in respect of secondary prevention.		30 Nov 2023	
3.	Take a lead role in delivering on Actions 20 and 21, Physical Health of those with Mental Ill Health	Establish a Mental Health & Physical Health working group that will: • improve the physical health and wellbeing of those experiencing mental health difficulties. • create a framework that will ensure parity of esteem for those experiencing enduring mental illness in accessing physical health screening and treatment.	MH Strategy	31 March 2023	Eilish Deeney and ? (co-chair TBC)
4.	Take a lead role in relation to Action 29 in the further development of Perinatal Mental Health services.	As part of the implementation of Action 29 there are two task and finish groups contributing to the wider strategic group; • PNMH Interface T&F group (Eilish Deeney) • PNMH Outcomes group (Ann Butler)	MH Strategy		Eilish Deeney, Ann Butler & Deirdre Webb
5.	Action 33 - Peer Support Services	In light of our lead role in PPI, we have recently appointed a peer consultant to champion this approach regionally and therefore this action aligns with this responsibility.	MH Strategy	TBC	Martin McCrory

No	Action	Description (further information on context, actions to be taken and specific deliverables)	Relevant Strategies (main in BOLD)	Timescale	SPT Lead
6.	Action 35 - Creating a Centre of Excellence for mental health research	Identify the PHA's lead role in relation to Action 35, and explore the options for the remit, scope and structure of a Centre of Excellence for mental health research	MH Strategy	March 2023	Janet Diffin (R&D)
7.	Working with colleagues to deliver on the actions set out in the MH Strategy and ensure links across key areas of work including PL2 and the Substance Use Strategy	Provision of clinical input to implementation of key strategies Ensuring links with Towards Zero Suicide Working with SPPG / Trust colleagues to deliver on key actions eg Recovery College model	MH Strategy, PL2, RMHSC Implementation Plan and SU Strategy	On-going	Mary Emerson, Ann Butler, Eilish Deeney & Fiona Teague
8.	Contribute to development of Regional Mental Health Outcomes Framework	To ensure we have the right services that meet the needs of the population in NI we will create a new regional Outcomes Framework together with professionals and service users which allows evidence to be the foundation of decision making. Progress to date: • Steering Group in place • Working group appointed and Outcomes Framework and Implementation Plan being developed • Ongoing engagement with Integrated Care System team	MH Strategy	31 Aug 2022	Shauna Houston, Ann Butler, Eilish Deeney, Julie Mawhinney & Catherine Millman

No	Action	Description (further information on context, actions to be taken and specific deliverables)	Relevant Strategies (main in BOLD)	Timescale	SPT Lead
9.	Work with SPPG to progress the 10 actions set out in the Regional Mental Health Crisis Service Implementation Plan	Create a regional mental health crisis service that will provide effective help and support for people experiencing crisis. Agreed next steps in-year are; • Agree definition of crisis • Revisit current regional crisis service model and produce a service mapping document which benchmarks against the DoH Regional Mental Health Crisis Service Model across all elements of the proposed service	MH Strategy, PL2 and RMHSC Implementation Plan	30 Sept 2022 31 March 2023	Fiona Teague, Shauna Houston, Mary Emerson, Ann Butler & Eilish Deeney

Strengthening Evidence Base Action Plan

No	Action	Description (further information on context, actions to be taken and specific deliverables)	Relevant **Strategies** (main in **BOLD**)	Timescale	SPT Lead
1.	To ensure SPT members have access to high quality information, research and evidence that provides population and behavioural insights, to inform evidence-based policy and practice. **Phase I:**	• Conducting a landscape review of available resources (internal & external to PHA) • Explore data available from new sources that concerns mental health and suicide prevention and explore accessibility for PHA • Establishing a resource library and development of guidance concerning the nature of, and process for documents to be uploaded (will require admin support for upkeep of library) • Establish annual MHSP survey & identify modules that provide insights for use across PHA (budget would need to be identified and available for this) • Produce MH&SP briefing papers using existing research, information and data sources • Explore the feasibility of a reference document including potential indicators and information about appropriateness of usage • Contribute to and influence external surveys for MH input (e.g. NILS, Health Survey NI, YPBAS etc)	MH Strategy and PL2	March 2023	Strengthening Evidence Sub Group, chaired by Health Intelligence

No	Action	Description (further information on context, actions to be taken and specific deliverables)	Relevant **Strategies** (main in **BOLD**)	Timescale	SPT Lead
2.	**Phase II:**	• Strengthen links with other information, research and evidence groups related to MH&SP (e.g. PL2 Achieving Evidence & Best Practice Advisory Group; Lifeline evaluation subgroup) • Knowledge and insights combined with expertise of SPT members will help to identify knowledge gaps and set priorities for research and evaluation by: • Developing an approval process by which all MH&SP research and evaluation is reviewed, agreed by the SPT and how findings are disseminated • Review funding and resources assigned for research & evaluation across the Agency and agree priority areas for research and evaluation that will aide decision-makers' in their role			
3.	Explore learning from Confidential Inquiries	Review learning from Confidential Inquiries and consider options for disseminating relevant findings to inform the quality and safety of PHA commissioned services.		On-going	

Appendices

Appendix A	Commissioning Frameworks and Service Tenders Procurement Plan 2022/23

Appendix A: Commissioning Frameworks and Service Tenders 2022/23

Service	Stage of Commissioning to be completed in 2022/23	Relevant Strategies	Timeframe	Lead
MH/SP training framework	Options paper to be developed	PL2 and Crisis Service Action Plan	March 2023	Shauna Houston
Bereaved by suicide coordination, facilitation and development project	Tender to be published August 2022	PL2	March 2023	Shauna Houston
Post-vention services	Stage 2 discussion paper to be completed Stage 3 full consultation to be developed and commenced	PL2	March 2023	Shauna Houston
Community-based suicide prevention service	Stage 2 discussion paper to be completed.	PL2	March 2023	Shauna Houston
SHIP	Business case to be completed and draft tender documentation developed	PL2 and Crisis Service Action Plan	March 2023	Denise O'Hagan