HSC Public Health Agency

# agenda

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| **Title of Meeting** | 115th Meeting of the Public Health Agency Board |
| **Date** | 17 October 2019 at 1.30pm |
| **Venue** | Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast |

## standing items

| | | | |
|---|---|---|---|
| 1<br>1.30 | Welcome and apologies | | Chair |
| 2<br>1.30 | Declaration of Interests | | Chair |
| 3<br>1.30 | Minutes of Previous Meeting held on 19 September 2019 | | Chair |
| 4<br>1.30 | Matters Arising | | Chair |
| 5<br>1.35 | Chair's Business | | Chair |
| 6<br>1.40 | Chief Executive's Business | | Chief Executive |
| 7<br>1.45 | Finance Report | **PHA/01/10/19** | Mr Cummings |

## committee updates

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|---|---|---|---|
| 8<br>1.50 | Update from Governance and Audit Committee | **PHA/02/10/19** | Mr Drew |

## items for approval

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|---|---|---|---|
| 9<br>2.00 | Mid-Year Assurance Statement | **PHA/03/10/19** | Chief Executive |
| 10<br>2.10 | Annual Quality Report | **PHA/04/10/19** | Mrs Quinn |

## items for noting

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| 11<br>2.25 | Presentation Update on Connected Health EU Projects | Chief Executive |

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| 12<br>2.45 | Surveillance of Influenza in Northern Ireland 2018/19 | **PHA/05/10/19** | Dr Mairs |
| 13<br>3.05 | Update for Making Life Better, Community Planning and Programme for Government | **PHA/06/10/19** | Mr McClean |

## closing items

14 Any Other Business
3.20

15 Details of next meeting:

*Thursday 21 November 2019 at 1.30pm*

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

HSC Public Health Agency

# minutes

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|---|---|
| **Title of Meeting** | 114th Meeting of the Public Health Agency Board |
| **Date** | 19 September 2019 at 1.30pm |
| **Venue** | Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast |

**Present**

| | | |
|---|---|---|
| Mr Leslie Drew | - | Non-Executive Director (*in the Chair*) |
| Mr Edmond McClean | - | Interim Deputy Chief Executive / Director of Operations |
| Mrs Mary Hinds | - | Director of Nursing and Allied Health Professionals |
| Dr Stephen Bergin | - | Acting Assistant Director (*on behalf of Dr Mairs*) |
| Dr Aideen Keaney | - | Director of Quality Improvement |
| Ms Deepa Mann-Kler | - | Non-Executive Director |
| Professor Nichola Rooney | - | Non-Executive Director |
| Alderman Paul Porter | - | Non-Executive Director |
| Mr Joseph Stewart | - | Non-Executive Director |

**In Attendance**

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|---|---|---|
| Mrs Briege Quinn | - | Assistant Director of Nursing |
| Mr Paul Cummings | - | Director of Finance, HSCB |
| Ms Marie Roulston | - | Director of Social Care and Children, HSCB |
| Mr Robert Graham | - | Secretariat |

**Apologies**

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|---|---|---|
| Mr Andrew Dougal | - | Chair |
| Mrs Valerie Watts | - | Interim Chief Executive |
| Dr Adrian Mairs | - | Acting Director of Public Health |
| Alderman William Ashe | - | Non-Executive Director |
| Mr John-Patrick Clayton | - | Non-Executive Director |
| Ms Jenny Redman | - | Boardroom Apprentice |

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| **74/19** | **Item 1 – Welcome and Apologies** |
| 74/19.1 | The Chair welcomed everyone to the meeting. Apologies were noted from Mr Andrew Dougal, Mrs Valerie Watts, Dr Adrian Mairs, Alderman William Ashe, Mr John-Patrick Clayton and Ms Jenny Redman. |
| 74/19.2 | The Chair welcomed Dr Keaney to her first meeting as Director of Quality Improvement. |

**75/19** **Item 2 – Declaration of Interests**

75/19.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

**76/19** **Item 3 – Minutes of previous meeting held on 15 August 2019**

76/19.1 The minutes of the previous meeting, held on 15 August 2019, were approved as an accurate record of that meeting.

**77/19** **Item 4 – Matters Arising**

*67.19/11 Equality Workshop*

77/19.1 Professor Rooney noted that there had been a suggestion regarding a workshop on Equality. Mr McClean said that this would be factored in as part of the schedule of workshops for 2020.

*68/19.1 Commissioning Plan*

77/19.2 In response to a query from the Chair re the Trust Delivery Plans, Mr Cummings advised that the first drafts of these had been received, and would be considered by the HSCB Board.

**78/19** **Item 5 – Chair's Business**

78/19.1 The Chair noted that this is the last Board meeting in which Mrs Hinds would be in attendance. He paid tribute to her tremendous contribution to the work of the Agency and wished her well in her retirement. Mrs Hinds thanked the Chair for his words, and said that it had been an enjoyable experience to work with the PHA Board and thanked her Executive colleagues past and present for their support, and in particular the support from Mr McClean.

78/19.2 Mr McClean said that Mrs Hinds brought a particular focus, energy and diligence to the Director of Nursing role and he hoped that the friendships she has made with PHA, and HSCB, colleagues would be maintained.

78/19.3 Alderman Porter wished Mrs Hinds well for her retirement and said that it was testament to her work that she was often called upon to help out with important issues.

**79/19** **Item 6 – Chief Executive's Business**

79/19.1 In the absence of the Chief Executive, Mr McClean said that he had no specific matters to update the Board on.

**80/19** **Item 7 – Finance Report (PHA/01/09/19)**

80/19.1 Mr Cummings presented the Finance Report and said there is a slight surplus, and that this may present a challenge over the coming months. He hoped that with the recent approval of Investment Plan priorities, there will be an increase in spend over the coming months and noted that the timescales for recruiting staff means that the surplus within the management and administration budget may increase.

80/19.2 Mr Cummings said that with regard to the capital budget, there is a slight underspend but this is not a concern. He noted that there has been a slight dip in PHA's prompt payment performance, and he hoped that this would improve.

80/19.3 The Board noted the Finance Report.

**81/19** **Item 8 – ALB Self-Assessment (PHA/02/09/19)**

81/19.1 The Chair advised that PHA is required to complete this annual self-assessment, but that there is no longer a requirement to send it to the Department. He noted that although members had had an opportunity to comment on a draft version, he said it would be preferable to arrange a workshop to complete this next year.

81/19.2 Professor Rooney said that the response stating that the PHA Board is working to a full complement should not be rated "green" as there has been an Interim Chief Executive since October 2016. Members said that this is no reflection on the individual in post, but that it is not good practice to operate with an Interim Chief Executive. Mr Stewart said that the response should be rated "amber". Mr Cummings asked if the action is rated "amber", what action could PHA take to resolve the issue?

81/19.3 Mr McClean acknowledged that it is not ideal for any ALB to have interim senior positions for very extended periods, but that the Department had initiated the arrangement and was content with its operation. Mr Cummings said that this situation is not unique to PHA and that the South Eastern Trust had an Interim Chief Executive. Mr Stewart said that as a policy, this is not good practice and he expressed concern that the Board has been unable to influence this matter for 3 years. Ms Mann-Kler suggested that the PHA Board should forward its concerns on this issue. The Chair said that the Board Chair has raised this matter at Accountability Review meetings. Alderman Porter added that the wellbeing of the current post holder also needs to be taken into consideration given that the Interim Chief Executive is also Chief Executive of HSCB. It was agreed that a form of words reflecting the concerns raised by Board members should be drafted for inclusion in the document and that the PHA Chair and Board Chair continue to make representations at Accountability Review meetings.

81/19.4 The Board **APPROVED** the ALB Self-Assessment.

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| **82/19** | **Item 9 – Director of Public Health Annual Report (PHA/03/09/19)** |
| 82/19.1 | Dr Bergin informed members that the theme of the 2018 Director of Public Health Report is "public health in partnership". He said that the Report contains inputs from across a wide range of areas. |
| 82/19.2 | The Chair said that the diagram which shows the different factors affecting health outcomes was very powerful. Ms Mann-Kler said that the diagrams showing the differences in life expectancy in the most and least deprived areas were equally powerful. She told members that she had attended an event in London where a tool had been developed which showed people what they would look like in 5/10 years' time, and this had a powerful outcome on people. |
| 82/19.3 | The Chair noted that within the overview section there are many clear and important public health messages and that these need to be communicated. He asked how this Report and its messages are disseminated. Mr McClean said that elements of the Report will be shared via social media, where suitable. He highlighted the THRIVE initiative and said that it is not always what PHA does that makes a difference, but rather that PHA can be a catalyst. |
| 82/19.4 | Mr Stewart said that the Report was excellent as it showed the key messages in a format that is easy to understand. He added that as part of PHA's strategic direction, it should be focusing on the 40% of people's health outcomes which concern socio-economic factors. Alderman Porter cautioned against PHA skewing its funding as this may not have a positive impact. |
| 82/19.5 | Professor Rooney said that the Report was excellent but sought additional information on the outcomes of research across different services. |
| 82/19.6 | Ms Mann-Kler asked about opioid substitute therapy. Mrs Quinn acknowledged that as part of the legacy of the Troubles, there is an issue with regard to benzodiazepines, but she said that work is ongoing with addiction nurses to look at this area. |
| 82/19.7 | The Board noted the Director of Public Health Annual Report. |
| **83/19** | **Item 10 – Presentation on Outcomes and Impacts of HSC R&D Funding (PHA/04/09/19)** |
| 83/19.1 | Dr Janice Bailie joined the meeting for this item. She said that following the presentation she delivered to the Board in December, she wished to come back and give members more information about the impact of R&D funding. |
| 83/19.2 | Dr Bailie gave an overview of the breakdown of HSC R&D spend, as well as a profile of the spend. She advised that following a review in |

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| | 2012, it was shown that for every £1 of HSC R&D funding, there was a fourfold return in leveraged funds for support of R&D in health and social care. She moved on to give an overview of ResearchFish and how it captures the outputs of R&D funding. |
| 83/19.3 | Dr Bailie highlighted key achievements before moving on to show members some case studies in the areas of familial hypercholesterolemia (FH) and Chronic Obstructive Pulmonary Disease (COPD) which showed how the work of R&D has had a real impact on people's lives. She advised that the Dementia Care Programme, which was also subject to review, saw another 12.5 research posts and £1.5m of grants received. She also told members about a new test which helps to reduce the amount of time taken to diagnose meningitis. |
| 83/19.4 | Dr Bailie gave members an overview of the CHITIN Project which runs until 2022 and will see 11 cross-border healthcare intervention trials (HITs). She informed members that there is now an HSC R&D Strategy for Personal and Public Involvement (PPI). |
| 83/19.5 | The Chair thanked Dr Bailie for her presentation and said that it was very informative. Alderman Porter asked if R&D works with the private sector to ensure that any additional benefits gained by the private sectors are returned to the HSC. Dr Bailie explained that there are different models in terms of how that is managed, for example intellectual property rights are licensed and any monies recovered are used for further investments in research. |
| 83/19.6 | Mr Stewart said that the presentation was very comprehensive, but he asked how this linked with PHA's strategic direction and its operational objectives. Mr McClean said that this is a good point, but he explained that the R&D function within PHA is the R&D function for the whole HSC and its priorities reflected the priorities of both the PHA and the wider HSC. |
| 83/19.7 | Ms Mann-Kler said that the presentation delivered a complex area of work in a simple way, and she asked how R&D determines its priorities. Dr Bailie said that R&D work would partnership with the Dementia Strategy Group and with the two main universities to see what it can do in Northern Ireland. She added that there would also be instances where research proposals would be brought to R&D and these could be reviewed in terms of priority. |
| 83/19.8 | The Chair asked about the impact of EU Exit. Dr Bailie said that the UK Government has guaranteed that any commitments until 2022 will be honoured. She said that a new PEACE+ initiative is being developed and this will still be open to Northern Ireland. She acknowledged that there were some uncertainties in the event of a "No Deal" scenario. |
| 83/19.9 | The Chair thanked Dr Bailie for her presentation. |

**84/19** **Item 11 – Sexually Transmitted Infection Surveillance in Northern Ireland 2019 (PHA/05/09/19)**

84/19.1 Dr Neil Irvine joined the meeting for this item. He introduced the Report and said in summary that diagnoses of STIs has gone up by 6% as a result of increases in the number of cases of gonorrhoea and syphilis, particularly in the group of men who have sex with other men (MSM). He noted that the increased rates may be due to increased levels of testing. He added that gonorrhoea is now becoming resistant to one of the two antibiotics prescribed to fight it, but that the one remaining antibiotic continues to be 100% effective in Northern Ireland. Dr Irvine noted that there has been a decline in the number of cases of genital warts which he said is as a result of the HPV vaccination programme. Going forward, he said that it is recommended that PHA continues to promote safe sex messages.

84/19.2 The Chair asked whether it was intended to run another campaign. Dr Irvine advised that the previous campaign had been run quite recently and there were no plans to re-run it at the moment. The Chair asked whether the materials from the campaign could be used on social media. Mr McClean said that for this particular campaign area, social media can often be the best method of engaging people on key messages.

84/19.3 Alderman Porter noted that PHA's campaign budget has been cut, but yet STIs are on the increase and he asked if there was a connection. Dr Irvine said that communicating messages is important, but it is also important to ensure there is provision of services, and that there has been an increase in the number of people getting tested.

84/19.4 Ms Mann-Kler said that the report is retrospective and asked if there are any early indicators of trends in 2019, and if there will be soon be a tipping point. Dr Irvine agreed that the increase is a concern, and early indications are that the increase is continuing, particularly among gay and bisexual men, but again this may be due to the increased levels of testing. Ms Mann-Kler asked if this is due to change in behaviours and Dr Irvine acknowledged that there is an increase in unsafe sex so more education is needed.

84/19.5 Professor Rooney asked how the data in Northern Ireland compares with other parts of the United Kingdom and Ireland. Dr Irvine said that the trends are generally increasing, but he noted that the percentage changes in Northern Ireland may seem greater because the numbers are smaller.

84/19.6 Mr McClean noted that Dr Irvine will soon be retiring and he thanked him for his work with the PHA and in particular in the area of sexual health surveillance. The Chair, on behalf of the Board, wished Dr Irvine well for his retirement.

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| **85/19** | **Item 12 – Update on EU Exit** |
| 85/19.1 | Mr McClean updated members on issues relating to EU Exit. |
| **86/19** | **Item 13 – Any Other Business** |
| 86/19.1 | Mrs Hinds advised members that there is an event taking place on the evening of 30 September regarding SAIs and engagement with families. She agreed to forward details to Non-Executives should they wish to attend. |
| **87/19** | **Item 14 – Details of Next Meeting** |
| | *Thursday 17 October 2019 at 1:30pm* |
| | *Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast, BT2 8BS* |
| | Signed by Chair: |
| | Date: |

# Public Health Agency

## Finance Report

## 2019-20

**Month 5 - August 2019**

# PHA Financial Report - Executive Summary

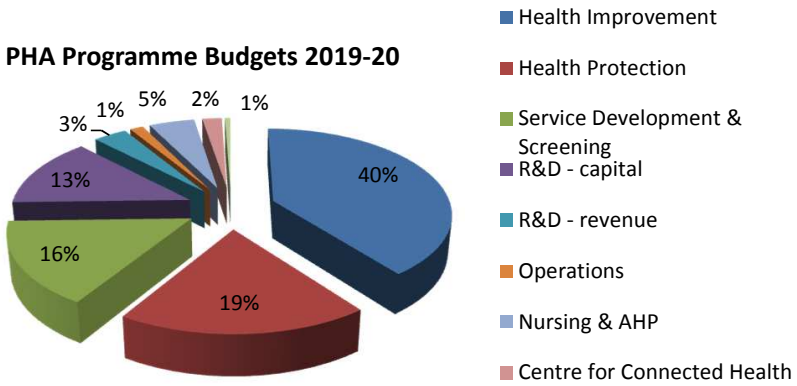
## Year to Date Financial Position (page 2)

At the end of month 5 PHA is reporting an underspend of £1.2m against its profiled budget. This underspend is primarily the result of year-to-date underspends on PHA Direct budgets (page 4) and Administration budgets (see page 5).

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

## Programme Budgets (pages 3&4)

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

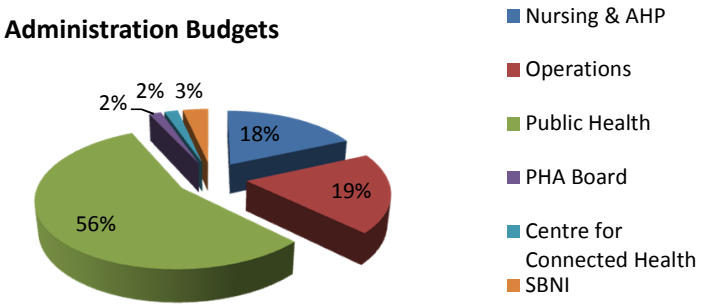



## Administration Budgets (page 5)

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

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

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




## Full Year Forecast Position & Risks (page 2)

PHA is currently forecasting a breakeven position for the full year. Slippage is expected to arise from Administration budgets in particular, however management expect this to be used to fund a range of in-year pressures and initiatives. Ringfenced funds, including Confidence and Supply Transformation Funds, are being monitored closely to ensure full spend by year end.

# Public Health Agency
## 2019-20 Summary Position - August 2019

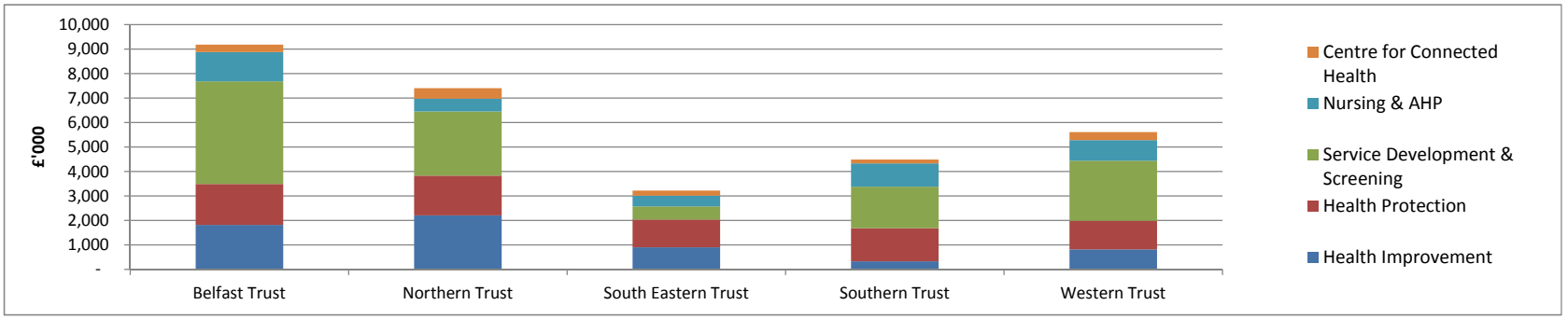
| | Annual Budget | | | | | Year to Date | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Programme | | Ringfenced | Mgt & | Total | Programme | | Ringfenced | Mgt & | Total |
| | Trust | PHA Direct | Trust & Direct | Admin | | Trust | PHA Direct | Trust & Direct | Admin | |
| | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| **Available Resources** | | | | | | | | | | |
| Departmental Revenue Allocation | 30,048 | 49,078 | 10,007 | 20,675 | **109,808** | 12,520 | 9,949 | 3,263 | 8,602 | **34,334** |
| Assumed Retraction | - | - | (105) | - | **(105)** | - | - | - | - | **-** |
| Revenue Income from Other Sources | - | 74 | - | 719 | **793** | - | 74 | - | 297 | **371** |
| **Total Available Resources** | 30,048 | 49,152 | 9,902 | 21,394 | **110,496** | 12,520 | 10,023 | 3,263 | 8,899 | **34,705** |
| **Expenditure** | | | | | | | | | | |
| Trusts | 30,048 | - | 4,712 | - | **34,760** | 12,520 | - | 1,964 | - | **14,484** |
| PHA Direct Programme * | - | 50,412 | 5,190 | - | **55,602** | - | 9,440 | 1,327 | - | **10,767** |
| PHA Administration | - | - | - | 20,134 | **20,134** | - | - | | 8,204 | **8,204** |
| **Total Proposed Budgets** | 30,048 | 50,412 | 9,902 | 20,134 | **110,496** | 12,520 | 9,440 | 3,291 | 8,204 | **33,455** |
| **Surplus/(Deficit) - Revenue** | - | (1,260) | - | 1,260 | - | - | 583 | (28) | 695 | **1,250** |
| ***Cumulative variance (%)*** | | | | | | ***0.00%*** | ***5.81%*** | ***-0.85%*** | ***7.82%*** | ***3.60%*** |

The year to date financial position for the PHA shows an underspend of £1.2m, which consists primarily of year-to-date underspends on PHA Direct budgets (page 4) and Administration budgets (see page 5).

The current year-end breakeven forecast is predicated on the in-year delivery of non-recurrent programmes in line with PHA priorities; this expenditure will balance out the forecast surplus in the Administration budget, and ensure the organisation achieves its breakeven obligation.

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

# Programme Expenditure with Trusts




| Current Trust RRLs | Belfast Trust £'000 | Northern Trust £'000 | South Eastern Trust £'000 | Southern Trust £'000 | Western Trust £'000 | NIAS Trust £'000 | Total Planned Expenditure £'000 | YTD Budget £'000 | YTD Expenditure £'000 | YTD Surplus / (Deficit) £'000 |
|---|---|---|---|---|---|---|---|---|---|---|
| Health Improvement | 1,815 | 2,201 | 896 | 327 | 814 | - | **6,053** | 2,522 | 2,522 | - |
| Health Protection | 1,676 | 1,632 | 1,140 | 1,349 | 1,170 | - | **6,967** | 2,903 | 2,903 | - |
| Service Development & Screening | 4,195 | 2,618 | 538 | 1,697 | 2,457 | - | **11,505** | 4,794 | 4,794 | - |
| Nursing & AHP | 1,202 | 527 | 431 | 958 | 840 | - | **3,958** | 1,649 | 1,649 | - |
| Centre for Connected Health | 299 | 424 | 208 | 161 | 328 | - | **1,419** | 591 | 591 | - |
| Other | 39 | 30 | 28 | 28 | 22 | - | **147** | 61 | 61 | - |
| **Total current RRLs** | **9,226** | **7,432** | **3,241** | **4,519** | **5,631** | **-** | **30,048** | **12,520** | **12,520** | - |
| ***Cumulative variance (%)*** | | | | | | | | | | ***0.00%*** |

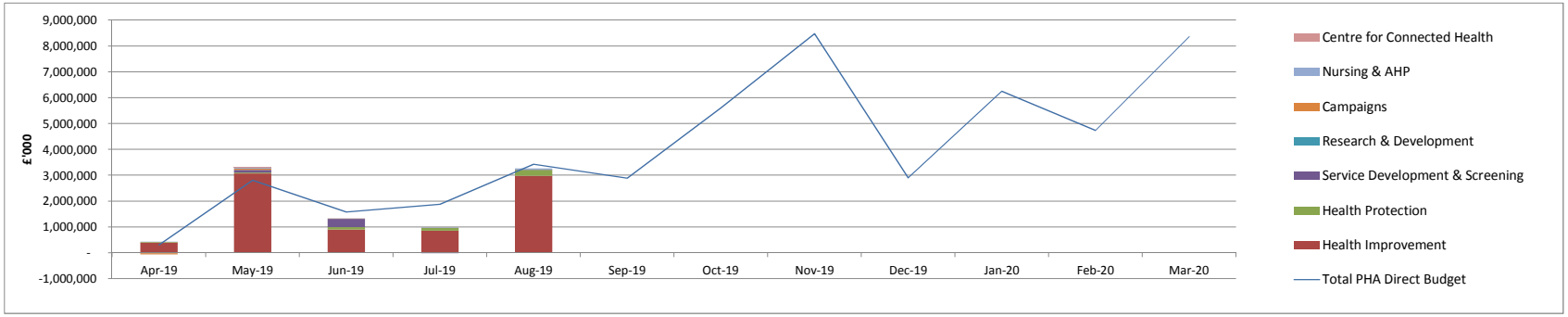
| | Belfast Trust £'000 | Northern Trust £'000 | South Eastern £'000 | Southern Trust £'000 | Western Trust £'000 | NIAS Trust £'000 | Total Planned Expenditure £'000 | YTD Budget £'000 | YTD Expenditure £'000 | YTD Surplus / £'000 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Ringfenced** | **1,051** | **1,119** | **784** | **755** | **912** | **93** | **4,713** | **1,964** | **1,964** | - |
| | | | | | | | | | | ***0.00%*** |

The above table shows the current Trust allocations split by budget area. During the current month an exercise to re-align budgets between Trusts and PHA Direct budgets has been carried out, and profiles have been amended accordingly. This has created the year-to-date breakeven position on Trust budgets.

The Other line relates to general allocations to Trusts for items such as the Apprenticeship Levy and Inflation.

Ringfenced funds allocated to Trusts have been assumed to be at a breakeven position.

# PHA Direct Programme Expenditure




| | Apr-19 £'000 | May-19 £'000 | Jun-19 £'000 | Jul-19 £'000 | Aug-19 £'000 | Sep-19 £'000 | Oct-19 £'000 | Nov-19 £'000 | Dec-19 £'000 | Jan-20 £'000 | Feb-20 £'000 | Mar-20 £'000 | Total £'000 | YTD Budget £'000 | YTD Spend £'000 | Variance £'000 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Profiled Budget** | | | | | | | | | | | | | | | | | |
| Health Improvement | 249 | 2,369 | 963 | 1,972 | 3,013 | 1,062 | 2,471 | 4,013 | 1,156 | 3,415 | 3,461 | 5,952 | **30,096** | 8,566 | 8,222 | 344 | *4.0%* |
| Health Protection | 38 | 353 | 79 | - 249 | 164 | 1,275 | 2,987 | 2,682 | 1,373 | 1,195 | 265 | 418 | **10,581** | 385 | 482 | (97) | *-25.3%* |
| Service Development & Screening | 2 | 65 | 517 | 112 | 132 | 527 | 124 | 129 | 336 | 44 | 326 | 560 | **2,875** | 829 | 581 | 249 | *30.0%* |
| Research & Development | - | - | - | - | - | - | - | 1,563 | - | 1,483 | - | 165 | **3,211** | - | - | - | *0.0%* |
| Campaigns | 23 | 23 | 23 | 23 | 23 | 23 | 23 | 47 | 31 | 102 | 678 | 256 | **1,277** | 116 | 10 | 106 | *91.1%* |
| Nursing & AHP | - | - | - | 1 | 101 | - | 3 | 44 | 1 | 17 | 5 | 220 | **391** | 101 | 119 | (17) | *100.0%* |
| Centre for Connected Health | - | - | - | 25 | - | - | - | - | - | - | - | 427 | **452** | 25 | 25 | - | *100.0%* |
| Other | - | - | - | - | - | - | - | - | - | - | - | 368 | **368** | - | 1 | (1) | *100.0%* |
| **Total PHA Direct Budget** | **312** | **2,810** | **1,583** | **1,885** | **3,433** | **2,888** | **5,609** | **8,480** | **2,897** | **6,256** | **4,735** | **8,366** | **49,252** | **10,023** | **9,440** | **583** | |
| ***Cumulative variance (%)*** | | | | | | | | | | | | | | | | ***5.81%*** | |
| **Actual Expenditure** | **364** | **3,398** | **1,365** | **1,011** | **3,302** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **9,440** | | | | |
| **Variance** | **(52)** | **(588)** | **218** | **874** | **131** | | | | | | | | **583** | | | | |

| **Ringfenced Budgets** | Apr-19 £'000 | May-19 £'000 | Jun-19 £'000 | Jul-19 £'000 | Aug-19 £'000 | Sep-19 £'000 | Oct-19 £'000 | Nov-19 £'000 | Dec-19 £'000 | Jan-20 £'000 | Feb-20 £'000 | Mar-20 £'000 | Total £'000 | YTD Budget £'000 | YTD Spend £'000 | Variance £'000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Budget | **-** | **-** | **572** | **331** | **397** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | 1,300 | **1,300** | **1,327** | **(27)** |
| | | | | | | | | | | | | | | | | ***-2.06%*** |
| Actual Expenditure | **(38)** | **461** | **134** | **364** | **405** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | 1,327 | | | |
| **Variance** | **38** | **(461)** | **437** | **(33)** | **(8)** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **(27)** | | | |

The year-to-date position shows a £0.6m surplus, which is mainly due to expenditure behind profile on a number of projects in Health Improvement and Service Development & Screening.

The budgets and profiles are shown after adjusting for retractions and new allocations from DoH.

In 2019-20 an amount of £1.9m has been recurrently removed from the Programme budgets. This consists of £1m of savings initially allocated against the Administration budget (£0.5m in each of the two years 18/19 and 19/20) and a further £0.9m 2018-19 Programme savings target, achieved non-recurrently last year and now applied recurrently. DoH have given the PHA permission to vire the £1m Administration savings against Programme budgets. In effecting this reduction the PHA continues to seek to protect, where possible, core programmes that are central to PHA and Departmental priorities. In addition the organisation will utilise on an in-year basis the forecast Administration surplus to further address Programme priorities.

# PHA Administration

## 2019-20 Directorate Budgets

| | Nursing & AHP £'000 | Operations £'000 | Public Health £'000 | PHA Board £'000 | Centre for Connected Health £'000 | SBNI £'000 | Total £'000 |
|---|---|---|---|---|---|---|---|
| **Annual Budget** | | | | | | | |
| Salaries | 3,751 | 2,727 | 11,524 | 316 | 339 | 444 | **19,101** |
| Goods & Services | 169 | 1,332 | 406 | 37 | 58 | 291 | **2,293** |
| **Total Budget** | **3,920** | **4,060** | **11,929** | **353** | **397** | **735** | **21,394** |
| **Budget profiled to date** | | | | | | | |
| Salaries | 1,562 | 1,162 | 4,807 | 99 | 141 | 185 | **7,956** |
| Goods & Services | 73 | 555 | 162 | 16 | 24 | 113 | **942** |
| **Total** | **1,635** | **1,717** | **4,968** | **115** | **166** | **298** | **8,899** |
| **Actual expenditure to date** | | | | | | | |
| Salaries | 1,419 | 1,102 | 4,559 | 46 | 150 | 180 | **7,455** |
| Goods & Services | 75 | 459 | 155 | (6) | 8 | 58 | **750** |
| **Total** | **1,494** | **1,561** | **4,714** | **39** | **158** | **238** | **8,204** |
| **Surplus/(Deficit) to date** | | | | | | | |
| Salaries | 143 | 60 | 248 | 54 | (8) | 5 | **502** |
| Goods & Services | (3) | 96 | 6 | 22 | 16 | 55 | **193** |
| **Surplus/(Deficit)** | **140** | **156** | **254** | **76** | **8** | **60** | **694** |
| ***Cumulative variance (%)*** | *8.59%* | *9.10%* | *5.11%* | *65.72%* | *4.68%* | *20.25%* | ***7.80%*** |

PHA's administration budget is showing a year to date surplus, which is the result of a high level of vacancies. In 2018-19 this surplus was used to achieve the £0.5m savings target for the organisation. However, following DoH approval, both the 2018-19 and 2019-20 savings targets have been removed recurrently from Programme budgets. This was to allow the PHA to maintain its funded staffing structure and thus retain the ability to acheive its corporate objectives, but leaves the organisation with an in-year forecast surplus for which non-recurrent plans are being developed.

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

**August 2019**

# Public Health Agency
## 2019-20 Capital Position

| | Annual Budget | | | | Year to Date | | | |
|---|---|---|---|---|---|---|---|---|
| | Programme | | | | Programme | | | |
| | Trust | PHA Direct | Mgt & Admin | Total | Trust | PHA Direct | Mgt & Admin | Total |
| | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| **Available Resources** | | | | | | | | |
| Capital Grant Allocation & Income | 7,461 | 4,540 | - | **12,001** | 3,109 | 820 | - | **3,929** |
| **Expenditure** | | | | | | | | |
| Capital Expenditure - Trusts | 7,461 | | | **7,461** | 3,109 | | | **3,109** |
| Capital Expenditure - PHA Direct | | 4,540 | | **4,540** | | 507 | | **507** |
| | 7,461 | 4,540 | - | **12,001** | 3,109 | 507 | - | **3,616** |
| **Surplus/(Deficit) - Capital** | - | - | - | - | - | **313** | - | **313** |
| ***Cumulative variance (%)*** | | | | | | | | |

PHA has received a Capital budget of £12.0m in 2019-20, most of which relates to Research & Development projects in Trusts and other organisations. Expenditure of £3.6m is shown for the year to date, and a breakeven position is anticipated for the full year.

# PHA Prompt Payment

## Prompt Payment Statistics

| | August 2019 Value | August 2019 Volume | Cumulative position as at 31 August 2019 Value | Cumulative position as at 31 August 2019 Volume |
|---|---|---|---|---|
| Total bills paid (relating to Prompt Payment target) | £4,420,210 | 501 | £18,062,490 | 2,685 |
| Total bills paid on time (within 30 days or under other agreed terms) | £4,384,538 | 458 | £17,499,698 | 2,485 |
| **Percentage of bills paid on time** | **99.2%** | **91.4%** | **96.9%** | **92.6%** |

Prompt Payment performance for the year to date shows that on value the PHA is achieving its 30 day target of 95.0%, although performance on volume is below target in August. Overall PHA is making good progress on ensuring invoices are processed promptly, and efforts to maintain this good performance will continue for the remainder of the year.

The 10 day prompt payment performance remained strong at 91.9% by value for the year to date, which significantly exceeds the 10 day DoH target for 2019-20 of 60%.

HSC Public Health Agency

# minutes

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| **Title of Meeting** | Meeting of the Public Health Agency Governance and Audit Committee |
| **Date** | 5 June 2019 at 10.00am |
| **Venue** | Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast |

**Present**

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| Mr Leslie Drew | - | Chair |
| Mr John Patrick Clayton | - | Non-Executive Director |
| Ms Deepa Mann-Kler | - | Non-Executive Director |
| Mr Joseph Stewart | | Non-Executive Director |

**In Attendance**

| | | |
|---|---|---|
| Mr Ed McClean | - | Interim Deputy Chief Executive / Director of Operations |
| Miss Rosemary Taylor | - | Assistant Director, Planning and Operational Services |
| Mr Paul Cummings | - | Director of Finance, HSCB |
| Ms Jane Davidson | - | Head Accountant, HSCB |
| Ms Wendy Thompson | - | Assistant Director of Finance, HSCB |
| Mr David Charles | - | Internal Audit, BSO |
| Ms Christine Hagan | - | ASM Chartered Accountants |
| Mr Roger McCance | - | Northern Ireland Audit Office |
| Ms Nicola Woods | - | Boardroom Apprentice |
| Mr Robert Graham | - | Secretariat |

**Apologies**

None

| | | **Action** |
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| **25/19** | **Item 1 – Welcome and Apologies** | |
| 25/19.1 | Mr Drew welcomed everyone to the meeting, and in particular welcomed Ms Wendy Thompson who has taken up the role of Assistant Director of Finance, HSCB. | |
| 25/19.2 | There were no apologies. | |
| **26/19** | **Item 2 - Declaration of Interests** | |
| 26/19.1 | Mr Drew asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared. | |

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| **27/19** | **Item 3 – Minutes of previous meeting held on 17 April 2019** |
| 27/19.1 | The minutes of the previous meeting, held on 17 April 2019 were **approved** as an accurate record of that meeting. These minutes will be brought to the PHA Board on 20 June for noting. |
| **28/19** | **Item 4 – Matters Arising** |
| | *17/19.2 Procurement* |
| 28/19.1 | Mr Drew asked about the outworking of the task and finish group looking at PHA's procurement processes. Miss Taylor advised that this will be brought to the PHA Board workshop on 11 June. |
| | *19/19.11 Fire Safety Policy* |
| 28/19.2 | Mr Drew asked if the comment from Mr Clayton had been taken on board before the policy was finalised. Miss Taylor advised that they had. |
| | *20/19.9 NIAS PPI Self-Assessment* |
| 28/19.3 | Mr McClean advised that he had spoken with the Chief Executive of the Northern Ireland Ambulance Service who assured him that the issue regarding the completion of the PPI self-assessment would be resolved following the appointment of a new member of staff with responsibility in this area. |
| **29/19** | **Item 5 – Chair's Business** |
| 29/19.1 | There was no Chair's Business. |
| **30/19** | **Item 6 – Internal Audit** |
| | *Internal Audit Strategy and Plan 2019-20 to 2021/22 [GAC/23/06/19]* |
| 30/19.1 | Mr Charles advised members that Internal Audit had met with PHA officers, and using the Corporate Risk Register, had developed a risk-based Plan for 2019/20. He said that the programme of audits will include Lifeline, Family Nurse Partnership and Screening. He explained that the audit of two of the screening programmes (bowel and cervical) will be done in conjunction with a similar audit in BSO as BSO has responsibility for the administration of these programmes in terms of sending out correspondence inviting |

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| | individuals to attend for screening. |
| 30/19.2 | Mr Charles said that there will also be an audit of the assurance framework and the risk management arrangements as well as an audit of information governance which was deferred from last year. He finished by saying that there will be other audit days allocated to follow up work and contingency. |
| 30/19.3 | Mr Stewart said that it was his understanding that the Lifeline contract would be with the Belfast Trust for a period of 18 months and queried the timing of the audit. Mr Cummings said that the Lifeline service will remain with the Belfast Trust for the foreseeable future. He said that it was proposed that after 18 months PHA would seek to retest the market, but the service is currently working well in the Trust. Mr McClean added that the service will be kept under review and it will be for the Department of Health to determine. |
| 30/19.4 | Ms Mann-Kler asked whether there would be any audits of areas such as cyber security and SAIs which could be done across the HSC as a whole. Mr Charles said that Internal Audit had recently employed a specialist IT auditor and that Internal Audit had looked at cyber security arrangements and made recommendations across the HSC. In terms of SAIs, he advised that an audit of incident management is being undertaken in Trusts. He said that Internal Audit will seek to capture any learning from a PHA perspective. |
| 30/19.5 | Mr Stewart asked about the remit of the screening audit. Mr Charles said that he had met with Dr Stephen Bergin and that the focus will look at the robustness of the quality assurance process. Mr Stewart asked whether there would be an audit of how the programme is carried out within Trusts. Mr Charles explained that, in a similar process to PHA, the Trust's audit programme is determined by those areas that are deemed to be areas of risk, and this is not deemed an area of risk. He said that the key issue for PHA is that PHA is fulfilling its responsibilities and that PHA is content that the Trusts are fulfilling their responsibilities. |
| 30/19.6 | Mr Clayton asked why these two particular programmes were chosen. Mr Charles advised that three years ago there had been a previous audit on screening, but it did not include cervical screening, hence it will be looked at on this occasion. He added that BSO is only responsible for the administration of two programmes, cervical and bowel so it was felt appropriate to focus on these two. |
| 30/19.7 | Mr Clayton noted that the Strategy is now a 3-year Strategy |

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| | and he asked if there was any flexibility. Mr Charles said that the previous Strategy had been shorter due to the uncertainty with regard to the closure of HSCB. He added that although it is a 3-year plan, there is flexibility and Internal Audit will regularly meet with PHA staff to review it. |
| 30/19.8 | Ms Mann-Kler asked if the screening audit will look at efficiency and duplication of effort. Mr Charles said that the audit will highlight improvements if there are ways that programmes could be streamlined. |
| 30/19.9 | Members **approved** the Internal Audit Strategy and Plan. |
| | *Shared Services Update [GAC/24/06/19]* |
| 30/19.10 | Mr Charles presented the Shared Services update and advised that since the last meeting, three audits have been completed, two of which resulted in a satisfactory level of assurance being given and one (payroll) which resulted in a limited level of assurance being given. He said that although a limited assurance had been given, there had been some improvements in areas such as variance monitoring, but there were still seven key findings across a range of other areas including overpayments, manual intervention and real time information. |
| 30/19.11 | Mr Drew noted the findings, but suggested that while the impact on PHA was less than for other HSC organisations it was concerning that more progress has not been made to address internal weaknesses identified.. Mr Stewart asked whether it was the case that little could be done to improve the existing system. Mr Cummings agreed and said that the focus will be on re-procurement of the system. Mr Drew said that the learning from this experience needs to be taken forward when developing the specification for a new system. Mr Cummings pointed out that when the previous system was being designed, there were a range of different processes across different organisations being brought together. Ms Mann-Kler asked whether the HSC has the skills to design the specification, and if this will be looked at. Mr Cummings said that this will be taken into consideration. |
| 30/19.12 | Members noted the Shared Services update. |
| | *Head of Internal Audit Report [GAC/25/06/19]* |
| 30/19.13 | Mr Charles drew members' attention to page 5 of the Report which indicated that the Head of Internal Audit is providing a satisfactory assurance on the adequacy and effectiveness of PHA's framework of governance, risk management and |

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| | control. |
| 30/19.14 | Mr Charles said that Internal Audit had conducted six audits in PHA during 2018/19 with five of these receiving a satisfactory level of assurance, and one split between limited and satisfactory. |
| 30/19.15 | Mr Stewart asked why the percentage of first draft reports issued within 4 weeks of fieldwork completion had fallen. Mr Charles explained that for one audit, that relating to travel, Internal Audit had waited until it had completed the fieldwork across all organisations before issuing draft reports. |
| 30/19.16 | Members noted the Head of Internal Audit report. |
| | *Internal Audit Charter [GAC/26/04/19]* |
| 30/19.17 | Mr Charles said that Internal Audit is required to present its Charter and is for members' information. He advised that the only change from the previous Charter is that it outlines Internal Audit's quality assurance and improvement programme. |
| 30/19.18 | Members **approved** the Internal Audit Charter. |
| **31/19** | **Item 7 – Finance** |
| | *Annual Report and Accounts incorporating Governance Statement and Letter of Representation* |
| 31/19.1 | Mr Cummings tabled the Annual Report and Accounts. He took members through the Report, but advised that there were few amendments from the version which members had last seen. |
| 31/19.2 | Mr Cummings said that the Report began with an overview of performance followed by a section looking at a "Year across the PHA". He added that the next part focused on how PHA performed against its corporate objectives before moving onto the Directors' Report and the Statement of Accounting Officer's responsibilities. |
| 31/19.3 | Mr Cummings advised that the Governance Statement includes the sources of independent assurance, and noted that this section remains live until signed and may be changed depending on any final feedback from the Department of Health. He highlighted the internal governance divergences, noting those which were no longer issues, and the addition of one new issue relating to staffing. |

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| 31/19.4 | Mr Cummings said that the Remuneration Report shows that PHA's salary costs increased by £1.5m. He highlighted the Assembly Accountability and Audit Report. |
| 31/19.5 | Mr Cummings advised that the certificate from the Comptroller and Audit General formed the final section before the financial statements. He said that the statement of comprehensive net expenditure showed that PHA finished the financial year with a surplus of £181k. He added that the balance sheet did not show any significant issues. |
| 31/19.6 | Mr Cummings said that the next section contained the notes to accompany the accounts. He drew members' attention to note 14 which showed that PHA had met the Department target of 95% for payment of invoices within 30 days. |
| 31/19.7 | Mr Drew thanked Mr Cummings and his team for their work. He said that the change in format of the Report was helpful and in particular, the section showing the "Year across the PHA." |
| **32/19** | **Item 8 – External Auditor's Report to those Charged with Governance** |
| 32/19.1 | Mr McCance explained that the Northern Ireland Audit Office contracts out the PHA audit and this was undertaken by ASM. He thanked PHA and ASM for their work in completing the audit. |
| 32/19.2 | Ms Hagan said that the audit report was a positive one, and that it is proposed that the C&AG certify the PHA accounts and provide an unqualified audit opinion. She added that there are no misstatements, and no audit recommendations. |
| 32/19.3 | Ms Hagan noted that as the auditors have only received the final version of the Annual Report today, a final check will be carried out and this should be completed within the next two days. |
| 32/19.4 | Ms Hagan advised that under GDPR, ASM has a responsibility for personal data as part of the audit. She gave an overview of the scope of the audit and highlighted one significant risk which relates to confidence and supply funding and whether there was irregularity in terms of the money being spent within the appropriate timeframes. However, she said that all of the business cases in PHA appear to have gone through the correct process. She advised that a final check will be completed in the next two days. |

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| 32/19.5 | Ms Hagan went through the audit findings. She acknowledged that although the format of the Annual Report had changed, she still felt there was some duplication and that it could be shortened. |
| 32/19.6 | Ms Hagan went through the appendices which included the draft letter of representation and the proposed audit certificate. She also noted that all of the previous recommendations had been implemented. |
| 32/19.7 | Mr Clayton said that his only concern related to the Transformation funding. He asked what the risk would have been for PHA had all PHA's business cases not been approved within the financial year. Ms Hagan said that PHA had approved business cases and then HSCB had approved them retrospectively, and that the key issue would have been if HSCB had not approved the business cases. Mr McCance said that this is an HSC-wide issue where there is a concern that money is being spent without the required approvals. Mr Clayton asked if this was an issue for the Department. Mr Cummings said it would be; he also pointed out cases where a project may not have commenced because the required staff could not be recruited and the funding was used for another project. Mr Clayton said that it has been a challenging process for staff. |
| 32/19.8 | Members noted the Report to those Charged with Governance. |
| **33/19** | **Item 9 – Annual Meeting with Auditors (External and Internal)**<br><br>Officers stepped out of the meeting for this item. |
| **34/19** | **Item 10 – Corporate Governance**<br><br>*At this point Mr McClean left the meeting.*<br><br>*Corporate Risk Register as at 31 March 2019 [GAC/27/06/19]* |
| 34/19.1 | Miss Taylor advised that following the most recent review of the Corporate Risk Register, two risks have been removed (those relating to campaigns and Lifeline) and one new risk (relating to emergency planning) has been added. She explained that this risk relates to the possibility of not being able to activate an Emergency Operations Centre due to, as yet unresolved, issues regarding the payment of staff on Agenda for Change terms and conditions. |

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| 34/19.2 | Miss Taylor advised that this Corporate Risk Register will be brought to the PHA Board meeting in June. |
| 34/19.3 | Ms Mann-Kler asked about the PHA staffing issues, including public health consultant staff vacancies (risk 45), and if the PHA Board will get the action plan that is being prepared for the Department of Health. Mr Drew suggested that it should be brought to a Board workshop. Mr Drew expressed concern that that PHA has lost lot of expertise as a result of on-going uncertainty regarding future of PHA. He also suggested that if PHA's service delivery model is changing, then there will be changes in what skills are required. Ms Mann-Kler said that there needs to be creative thinking to make people want to come and work for the HSC. She said that there should be a long term workforce plan that is strategic and joined up. |
| 34/19.4 | Mr Clayton asked why the risk on Transformation funding had a timescale of March 2020. Miss Taylor said this risk will be ongoing for the final year of this funding and will be kept under review throughout the year. |
| 34/19.5 | Mr Stewart asked if the EU Exit arrangements will be reviewed by the Department given the current political climate. Miss Taylor said that the Department had called no further preparation meetings since April, but she expected that the EU Exit forum would be reconvened when required. Mr Cummings added that all EU Exit preparations have been stood down. Miss Taylor noted that a lot of work has already been done. |
| 34/19.6 | Mr Clayton asked about the emergency planning risk and sought clarity that the key issue relates to Agenda for Change staff and how they are remunerated for out of hours working. Mr Cummings said that this was the case. |
| 34/19.7 | Members **approved** the Corporate Risk Register which will be brought to the PHA Board on 20 June. |
| | *Gifts and Hospitality Register [GAC/28/06/19]* |
| 34/19.8 | Miss Taylor advised that the Gifts and Hospitality Register is brought to the Governance and Audit Committee on an annual basis. She explained that there is a policy in PHA outlining how gifts should be reported. She noted that there are some declarations of travel and hotel use on this return as these were instances where these costs had been met by third party organisations. Miss Taylor said that their inclusion was following a recommendation in the Internal Audit report on travel. |

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| 34/19.9 | Members noted the Gifts and Hospitality Register. |
| **35/19** | **Item 11 – Information Governance**<br><br>*Information Governance Action Plan 2018/19 Progress Report [GAC/29/06/19]*<br>*Information Governance Action Plan 2019/20 [GAC/30/06/19]* |
| 35/19.1 | Miss Taylor said that the first Report was the final update on the Action Plan for 2018/19, which for the most part was complete, but that some issues remained in relation to training. She said that while there has been some improvement, the 90% target has not yet been reached. |
| 35/19.2 | Miss Taylor pointed out that the action which was rated as "red" related to Personal Data Guardian (PDG) training, and that this has not been undertaken by the current Director of Public Health because it is held once annually and Dr Adrian Mairs was not in post when the training was held. |
| 35/19.3 | In terms of the action plan for 2019/20 Miss Taylor said that the Plan is similar to the previous year's plan, with a continuing focus on training, |
| 35/19.4 | Members noted the Information Governance Action Plans for 2018/19 and 2019/20. |
| **36/19** | **Item 12 – Update on Use of Direct Award Contracts [GAC/31/06/19]** |
| 36/19.1 | Miss Taylor informed members that the number of Direct Award Contracts had increased from 19 in 2017/18 to 32 in 2018/19, an increase she advised which was partly due to Transformation initiatives. She assured members that every DAC must be processed by PALS and given a RAG rating, and that 30 of the 32 had been rated as "green". She explained that the one rated as "amber" had been reclassified by the Department as social care procurement and therefore fell under the threshold. She said that the one rated as "red" required Permanent Secretary approval. |
| 36/19.2 | Mr Drew said that he was content that there are robust processes in place covering the approval of Direct Contract expenditure. |
| 36/19.3 | Mr Clayton noted the increase and felt that with further Transformation funding, this has the potential to increase further. He asked whether further time needed to be spent looking at this. Mr Cummings said that while the DAC |

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| | continue to be rated as “green”, he would not have any concerns. |
| 36/19.4 | Members noted the update on the use of Direct Award Contracts. |
| **37/19** | **Item 13 – Audit Committee Self-Assessment Checklist [GAC/32/06/19]** |
| 37/19.1 | Mr Drew advised that Miss Taylor had worked with him to complete this checklist. He asked if members had any queries. |
| 37/19.2 | Ms Mann-Kler noted that the Chair does not ask GAC members about their role on the Committee as part of their appraisal. Mr Drew said that he gives the Chair an assessment of members’ performance. In terms of the NED(s) with financial experience, it was clarified that this related to Mr Drew specifically, but that Mr Stewart also has the relevant experience. |
| 37/19.3 | Ms Mann-Kler asked why the question regarding the relationship with the Department was marked as “N/A”, but it was explained that this relates to the Department’s Audit Committee. She suggested that the sponsor branch attendance should say, “at least once per year”, rather than “periodically”. However, members agreed that “periodically” is an accurate description. |
| 37/19.4 | Mr Clayton pointed out that he had attended specific Audit Committee training and felt this to be very useful. Mr Drew said that annual training would be helpful for members. |
| 37/19.5 | Members **approved** the Audit Committee self-assessment checklist. |
| **38/19** | **Item 14 – SBNI Declaration of Assurance [GAC/33/06/19]** |
| 38/19.1 | Miss Taylor said that the SBNI Declaration of Assurance is brought to GAC as part of PHA’s corporate hosting arrangements, and as required by the MOU between PHA, SBNI and the Department. |
| 38/19.2 | Ms Mann-Kler noted the non-achievement of two of SBNI’s corporate objectives. Miss Taylor said that the PHA is only responsible for specific corporate host functions and not SBNI performance against their objectives, therefore is not an issue for PHA, but for the SBNI Board and for the Department. |

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| 38/19.3 | Mr Clayton expressed concern regarding the appropriateness of the corporate hosting arrangement if PHA takes on the functions of the social care and children's directorate following the closure of HSCB. Miss Taylor advised that the MOU is currently being revised and there is a recognition that the relationship will need to be reviewed in the future in light of any organisational changes. |
| 38/19.4 | Members noted the SBNI Declaration of Assurance. |
| **40/19** | **Item 15 – Any Other Business** |
| 40/19.1 | There was no other business. |
| **41/19** | **Item 16 – Details of Next Meeting**<br><br>*Thursday 3 October 2019 at 10am*<br><br>*Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast.*<br><br>Signed by Chair:<br><br>Leslie Drew<br><br>Date: 3 October 2019 |

HSC Public Health Agency

**item 9**

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| **Title of Meeting** | PHA Board Meeting |
| **Date** | 17 October 2019 |
| **Title of paper** | Mid-Year Assurance Statement |
| **Reference** | PHA/03/10/19 |
| **Prepared by** | Rosemary Taylor |
| **Lead Director** | Valerie Watts |
| **Recommendation** | For **Approval** ☒ For **Noting** ☐ |

## 1 Purpose

The purpose of this paper is to seek PHA Board approval of the PHA Mid-Year Assurance Statement for submission to the Department of Health.

## 2 Background Information

All arm's length bodies are required to submit a Mid-year Assurance Statement to the Department of Health in a template that is set by the Department.

The Statement was approved by the Agency Management Team at its meeting on 24 September 2019 and by the Governance and Audit Committee at its meeting on 3 October 2019.

## 3 Key Issues

The Mid-Year Assurance Statement provides assurance on the systems of internal control in line with Departmental guidance. It includes details of Internal Audit assignments for 2019/20 completed to date. No new control divergences have been identified, but all have been reviewed and updated from the previous Governance Statement. Two of the previous divergences (Reduction in the PHA Management and Administration Budget and PHA Staffing Issues) have been merged to reduce duplication.

## 4 Next Steps

Following approval by the PHA Board, the Statement will be signed by the Chief Executive and forwarded to the Department of Health.

**DoH ARM'S LENGTH BODY: MID-YEAR ASSURANCE STATEMENT**

This statement concerns the condition of the system of internal governance in the Public Health Agency as at 30 September 2019.

The scope of my responsibilities as Accounting Officer for the Public Health Agency, the overall assurance and accountability arrangements surrounding my Accounting Officer role, the organisation's business planning and risk management, and governance framework, remain as set out in the Governance Statement which I signed on 11 June 2019. The purpose of this mid-year assurance statement is to attest to the continuing effectiveness of the system of internal governance. In accordance with Departmental guidance, I do this under the following headings.

## 1. Governance Framework

The Governance framework as described in the most recent Governance Statement continues in operation. The Governance and Audit Committee and Remuneration Committee have continued to meet and to discharge their assigned business. Minutes of their meetings, together with board meeting minutes containing the Committees' reports, are available for Departmental inspection to further attest to this.

## 2. Assurance Framework

An Assurance Framework, which operates to maintain, and help provide reasonable assurance of the effectiveness of controls, has been approved and is reviewed by the board. Minutes of board meetings are available to further attest to this.

## 3. Risk Register

I confirm that the Corporate Risk Register has been regularly reviewed by the board of the organisation and that risk management systems/processes are in place throughout

the organisation. As part of the board-led system of risk management, the Register is presented to the Governance and Audit Committee for discussion and approval and all significant risks are reported to the Board – most recently on 20 June 2019.
In addition I confirm that Information Risk continues to be managed and controlled as part of this process.

## 4. Performance against Business Plan Objectives/Targets

I confirm satisfactory progress towards the achievement of the objectives and targets set out in the organisation's business plan as approved by the Department.

## 5. Finance

I confirm that proper financial controls are in place to enable me to ensure value for money, propriety, legality and regularity of expenditure and contracts under my control, manage my organisation's budget, protect any financial assets under my care and achieve maximum utilisation of my budget to support the achievement of financial targets.

I confirm compliance with the principles set out in MPMNI and the Financial Memoranda which includes:

- safeguarding funds and ensuring that they are applied only to the purposes for which they were voted;
- seeking Departmental approval for any expenditure outside the delegated limits in accordance with Departmental guidance;
- preparation of business cases for all expenditure proposals in line with the Northern Ireland Guide Expenditure Appraisal and Evaluation (NIGEAE) and Departmental guidance and ensuring that the organisation's procurement, projects and processes are systematically evaluated and assessed;
- accounting accurately for the organisation's financial position and transactions;
- securing goods and services through competitive means unless there are convincing reasons to the contrary; and

- procurement activity should be carried out by means of a Service Level Agreement with a recognised and approved Centre of Procurement Expertise (CoPE)

## 6. Information Governance - General Data Protect Regulation (GDPR) & Data Protection Act (DPA) 2018

I can confirm that my organisation has taken appropriate steps and is carrying out the necessary actions to ensure ongoing compliance with GDPR and DPA 2018.

## 7. External Audit Reports

I confirm implementation of the external auditor's accepted recommendations from 2017/18. No priority 1, 2 or 3 recommendations were identified by the external auditor in 2018/19.

## 8. Internal Audit

I confirm implementation of the accepted recommendations made by internal audit.

Internal Audit carried out a full review of the recommendations from the 2018/19 internal audits and provided a detailed progress report to the Governance and Audit Committee on 3 October 2019. The outcome of this report highlighted that of the 62 recommendations identified, 73% have been fully implemented and 27% partially implemented. Action is currently being taken to ensure the remaining recommendations are being fully implemented. A copy of this report is available if required.

Two reports have been finalised for 2019/20:

| **Title** | **Level of Assurance** |
|---|---|
| Lifeline contract | Satisfactory |
| Family Nurse Partnership | Limited |
| | |

## 9. RQIA and Other Reports

I confirm implementation of the accepted recommendations made by RQIA.

The HSCB/PHA has a system in place via the Safety and Quality Alerts Team (SQAT) to provide the appropriate assurance mechanism that all HSCB/PHA actions contained within RQIA reports are implemented.

This system of assurance takes the form of a 6 monthly report which details the progress on implementation of RQIA recommendations. The most recent report, for the period ending 31 December 2018 was considered by the Agency Management Team on 21 May 2019.

## 10. NAO Audit Committee Checklist

I confirm completion of the NAO Audit Committee Checklist and that action plans will be implemented to address any issues. I also confirm that any relevant issues will be reported to the Department.

## 11. Board Governance Self Assessment Tool

I confirm completion of the Board Governance Self Assessment Tool and that action plans will be implemented to address any issues. I also confirm that any relevant issues will be reported to the Department.

## 12. Internal Control Divergences

I confirm that my organisation meets, and has in place controls to enable it to meet, the requirements of all extant statutory obligations, that it complies with all standards, policies and strategies set by the Department; the conditions and requirements set out in the MSFM, other Departmental guidance and guidelines and

all applicable guidance set by other parts of government. Any significant control divergences are reported below.

**Business Services Transformation Project/Shared Services (Payroll) –**

The audit assignment finalised in March 2017 on Payroll Shared Services resulted in an unacceptable level of assurance being received from the Internal Auditor. While the issues raised in this audit report had less impact on the PHA than some other HSC organisations, it was of some concern that progress on issues identified previously had not been made. As a result of this Payroll audit, an action plan was developed by BSO to attempt to address the control and system stability issues identified.

Internal Audit provided limited assurance for the 2017/18 audits of Payroll Shared Services and have continued to provide this level of assurance up to the present. Limited assurance has been provided on the basis that the majority of previously agreed outstanding recommendations have not been fully implemented. A number of key functions have not yet stabilised and significant control issues remain.

**Quality, Quantity and Financial Controls**

While acknowledging the difficulties in commissioning and supporting services provided to the population of Northern Ireland in an environment where demand for these services continues to increase and the budget available for commissioning them remains constrained, the actions taken by the PHA during 2018/19 enabled it to maintain the integrity of existing services commissioned and to ensure that additional priorities were implemented and progressed, within budget.

In the continuing absence of an Executive and a sitting Assembly, the Northern Ireland Budget Act 2018 was progressed through Westminster, receiving Royal Assent on 20 July 2018, followed by the Northern Ireland Budget (Anticipation and Adjustments) Act 2019 which received Royal Assent on 15 March 2019. The authorisations, appropriations and limits in these Acts provide the authority for the

2018/19 financial year and a vote on account for the early months of the 2019/20 financial year as if they were Acts of the Northern Ireland Assembly.

Across the HSC sector it is expected that the significant financial challenges faced will intensify and extensive budget planning work to support the 2019/20 financial plan is ongoing between the PHA and Department of Health (DoH). However, as with other financial years the PHA remains committed to achieving financial break-even, and will continue to take appropriate actions and manage its budget to ensure the most effective service provision possible within budget constraints.

**Management of Contracts with the Community and Voluntary Sector**

The 2018/19 Internal Audit report on the management of health and social wellbeing improvement contracts provided satisfactory assurance on the system of internal controls over PHA's management of health and social wellbeing contracts, reflecting the significant work that has been undertaken by the PHA. Service level Agreements are in place, appropriate monitoring arrangements have been developed, payments are only released on approval of previous progress returns and a procurement plan is in place, with action being taken against it during the year. The PHA continues to work with colleagues across the HSC, including BSO Directorate of Legal Services (DLS) and Procurement and Logistics Services (PALS) to refine and improve contract management processes.

However, while Internal Audit acknowledged the improving position, a priority one finding remains in respect of the procurement of services. Work is however continuing to progress the procurement plan. A re-tender for workplace health programmes was issued in September 2019 and new contracts will be awarded shortly. Plans are also well progressed to tender for an Early Years Obesity Prevention training programme to help tackle obesity in children aged 0-5 years. The PHA is also continuing to take forward preparatory work linked to suicide prevention and 'use of place' contracts, as well as a number of smaller contract areas

The report of a Task and Finish Group established to review how the PHA could improve its planning and procurement processes was finalised and shared with the PHA board in June 2019. An action plan has been developed to address the recommendations of the Report and work is progressing on implementation.

The PHA also continues to work closely with BSO DLS and PaLS to develop appropriate social care procurement processes and documentation. This work is overseen by the PHA Procurement Board.

The PHA will continue to work closely with colleagues in HSCB, BSO, the HSC Trusts and the DoH, to ensure that procurement processes continue to meet regional policy and guidance.

**EU Exit**

The Public Health Agency has continued to actively scope and, working with DoH and HSC colleagues, to make appropriate reasonable plans for the potential impact of a 'no deal' outcome from the UK-EU negotiations on the services it provides, in line with the information provided by the Department. The process will continue to be refined as more clarity emerges on the detail of the final agreement.

**Neurology Call Back**

Due to concerns being raised in relation to the practice of a consultant neurologist at the Belfast Trust including work he undertook on behalf of other Trusts and in relation to his private practice, the HSCB and PHA have, at the direction of the DoH, established a regional Coordination Group (which includes representatives from each of the five Trusts and relevant independent sector providers) to co-ordinate the work necessary to complete a call-back review of those patients who remained under active review of the consultant (phase 1) followed by a call-back of a defined cohort of patients who had been discharged by the consultant (phase 2). The PHA has been working closely with the HSCB, Trusts and independent providers to ensure that a consistent approach is taken relating to the call back and review of

patients who may be affected including providing consistent situation reports to the DoH on activity and progress.

Phase 1 of the call-back exercise was completed at the end of July 2018. Following their initial review, those patients who required further investigation were mostly reviewed before the end of October 2018, along with a small number of patients who still required an initial review (at their own request or because they DNA'd prior to July).

Phase 2 has now also been completed and the PHA and HSCB continue to work with the DoH, BHSCT and relevant private providers on this issue.

**PHA Staffing Issues** (incorporating the previous Reduction in the PHA Management and Administration Budget divergence)

Currently the PHA has a significant number of vacancies and posts filled on a temporary basis across all Directorates and at all levels of the organisation. Additionally budget reductions over the past number of years and on-going budget constraints are curtailing the ability to further develop and grow the workforce to meet new and increasing demands. This is impacting on the work of the PHA through constrained capacity in a number of key areas and functions to cover key duties, important developments or new initiatives may not be progressed as quickly or comprehensively as would be desired, reduced organisational resilience at times of pressure or emergency, increased pressure and personal strain on existing staff with the potential for increased sickness absenteeism or further loss of staff and a loss of core knowledge and experience.

The PHA is looking at possible solutions that may ease the situation. While some steps can be taken in the short term, a number will require long term actions, including a longer term approach to organisational development and succession planning. It is therefore likely that this situation will impact on the work of the PHA, and may make it difficult to continue with all demands, with decisions needing to be

made to prioritise key and essential areas of work. The PHA is currently working with DoH to address these matters.

## 13. Mid-year assurance report from Chief Internal Auditor

I confirm that I have referred to the Mid-Year Assurance report from the Chief Internal Auditor, which details the organisation's implementation of accepted audit recommendations.

*Signed* *Date*

**CHIEF EXECUTIVE & ACCOUNTING OFFICER**

HSC Public Health Agency

**item 10**

| | |
|---|---|
| **Title of Meeting** | PHA Board Meeting |
| **Date** | 17 October 2019 |
| **Title of paper** | Annual Quality Report |
| **Reference** | PHA/04/10/19 |
| **Prepared by** | Grainne Cushley |
| **Lead Director** | Briege Quinn |
| **Recommendation** | For **Approval** ☒ For **Noting** ☐ |

## 1 Purpose

The purpose of this paper is to approve the 2018 Annual Quality Report.

## 2 Background Information

Under PHA's Corporate Objective 4, "All health and wellbeing services should be safe and high quality", there is a target that produce an Annual Quality Report as part of its work in overseeing the implementation of the Quality 2020 Strategy.

It is a requirement of HSC organisations to produce an Annual Quality Report, and this must be submitted to the Department of Health by the end of September.

## 3 Key Issues

This is the PHA and HSCB's sixth Annual Quality Report. The aim of the report is to share information and demonstrate improvements both to those who use health care services and those who deliver them.

The report has been written under the following 5 strategic goals:

- Transforming the Culture
- Strengthening the workforce
- Measuring the improvement
- Raising the standards
- Integrating the care

## 4 Next Steps

The Annual Quality Report will be formally launched as part of World Quality Day on 14th November.

# Health and Social Care Board and Public Health Agency

# Annual Quality Report 2018/19

HSC Health and Social Care Board

HSC Public Health Agency

QUALITY 2020

# Chief Executive's foreword

Welcome to the sixth Annual Quality Report of the Health and Social Care Board (HSCB) and Public Health Agency (PHA). As Chief Executive I am pleased to share this report which outlines our journey in relation to improving the quality of services across each of our directorates during the year 2018/19.

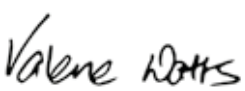
The publication of annual quality reports are a recommendation of the Department of Health Quality 2020: a 10 year strategy to protect and improve quality in Health and Social Care in Northern Ireland. While it is impossible to include information about every service the HSCB and PHA provide, this report seeks to demonstrate, using the Q2020 strategy as the driver, our commitment to delivering improvements in safety, outcomes, access, efficiency and patient satisfaction throughout health and social care.

During 2018/19 there was an important focus on collaboration and partnership working and I am delighted to share a variety of examples within the report, such as the growth of the Q community within Northern Ireland and the impact this has had on providing opportunities for learning. In addition, projects such as Social Prescribing and Belfast Safer Homes have highlighted inter-agency collaboration and the benefits of working across boundaries have proven to be successful towards the integration of care.

Regionally, we have continued to provide support to measure and identify learning in relation to the key quality improvement indicators such as pressure ulcers and falls. I am particularly pleased to share some examples of new innovative ways of working through, for example the primary care infrastructure project, a hub and spoke approach to delivering primary and community care services.

Our commitment to the co-production of services has been evident through various improvements implemented as a result of, for example, the implementation of the regional hospital passport for people with a learning disability. In addition, through the 10,000 More Voices initiative we have continued to listen and improve our services based on the experience of service users.

Finally, I would like to thank all the staff for their continuing efforts over the past year and I am proud of what we have achieved together. This report demonstrates not only how far we have come, but also our continuing collective drive to achieving the vision of Quality 2020 against a background of increasing demands and a challenging financial position. There will always be areas for improvement and going forward we will continue to aim for the highest quality in the care and services we provide and put our patients and clients at the heart of everything we do.



Valerie Watts
Chief Executive

## Transforming the culture

**247** Serious Adverse Incident Reviews closed

### Regional learning methods approved:

- 7 reminder of best practice guidance letters
- 2 learning letters
- 2 professional letters
- 23 newsletter articles
- 14 specialist group referrals

10,000 TEN THOUSAND MORE VOICES

**2,035** Stories Collected

Overall total number of stories collected **14,755**

### Last year the top 3 categories of HSC complaints were

1. treatment and care
2. staff attitude and behaviour
3. communication

## Stengthening the workforce

The HSCB and PHA collectively employ over **800** people

By March 2019 **56%** of HSC staff have completed level 1 Q2020 attributes framework training

Multidisciplinary team programme in place within **57** GP practices across Northern Ireland

**66%** reduction in vacant nursing posts in care of older people settings

Project Retain

Last year **1,694** of children's services social workers have been trained to implement the Signs of Safety model

## Measuring improvements

### Last year the Quality Improvement Plan priority areas focused on

1. Falls prevention
2. Pressure Ulcer Prevention
3. National Early Warning Scores
4. Reducing mixed gender accommodation

**26** participating units across HSC focusing on improving the recognition of sepsis

NICE National Institute for Health and Care Excellence

45 technological appraisals issued / Monitor the implementation of 190 clinical guidelines

**8** antenatal, newborn and adult screening programmes commissioned and quality assured:

1. Antenatal infection
2. Newborn blood spot
3. Newborn hearing
4. Abdominal aortic aneurysm
5. Bowel cancer
6. Breast cancer
7. Cervical cancer
8. Diabetic eye

## Raising the standards

### Establishment of

Northern Ireland Frailty Network

Regional trauma network

**new networks**

### Q community

**has up to 180 members from Northern Ireland. (Q is an initiative which connects people who have quality improvement expertise across the United Kingdom).**

**Practice based pharmacist evaluation showed savings of approximately**

**12 hours**

**per week of other practice staff time (relates to participating practices).**

### Newly updated parenting resources including:

- Maternity handheld record
- Pregnancy book
- Birth to five book
- Personal child health record

### Following the stay well this winter campaign:

Calls to GP out of hours providers were down **16%** from previous year


**70%**

uptake of flu vaccine among those 65 years and older

## Integrating the care

### A-Z Conditions

**– total 152,000 page views (Platform was developed providing a suite of health information, supporting people to make decisions in relation to their personal illness & chronic conditions)**

### New ways of working resulting in reduced DNA rates, reduced waiting lists and increased capacity through:

- **Virtual fracture clinic**
- **Scoliosis mega clinic**
- **'Spoke' premises within primary and community care**

### Interagency working

**24 hour**

**nurse led custody pathfinder operational in Musgrave PSNI custody suite.**

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# Theme one

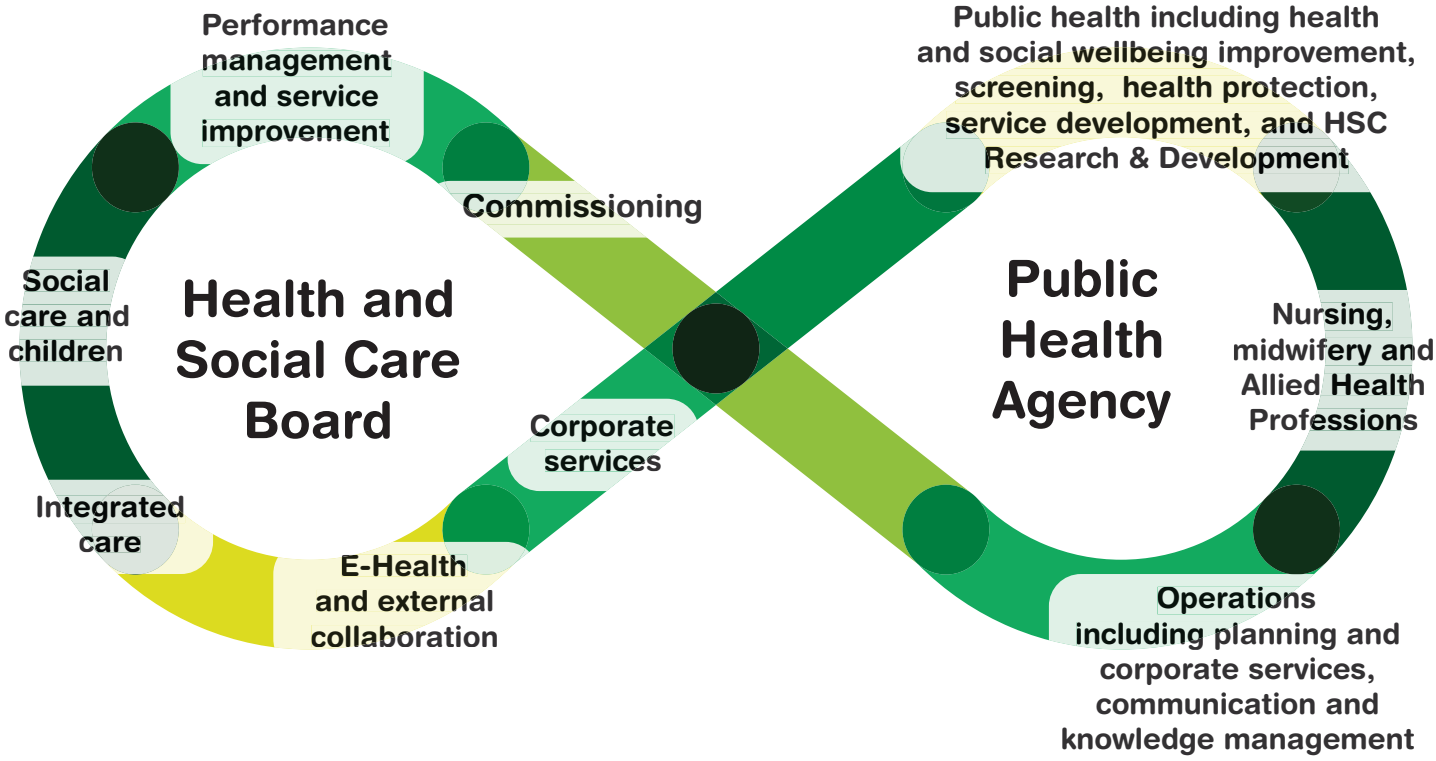
# Transforming the culture

## 1.1 Introduction

The HSCB and PHA both recognise that for the quality of care and services to be of the highest standard, the culture of an organisation must be open, honest, transparent and, in particular, patient and client focused. Key to transforming organisational culture is the willingness of the senior team to lead from the front in motivating staff and, prioritising patient and client care, while embracing change in the rapid moving climate of Health and Social Care (HSC).

## 1.2 Who we are

The HSCB and PHA are considered arm's-length bodies within HSC. Ensuring that services are safe, high quality, effective and meet people's needs is a core function of both the organisations. They continue to work collaboratively and focus on improving the quality of services delivered.



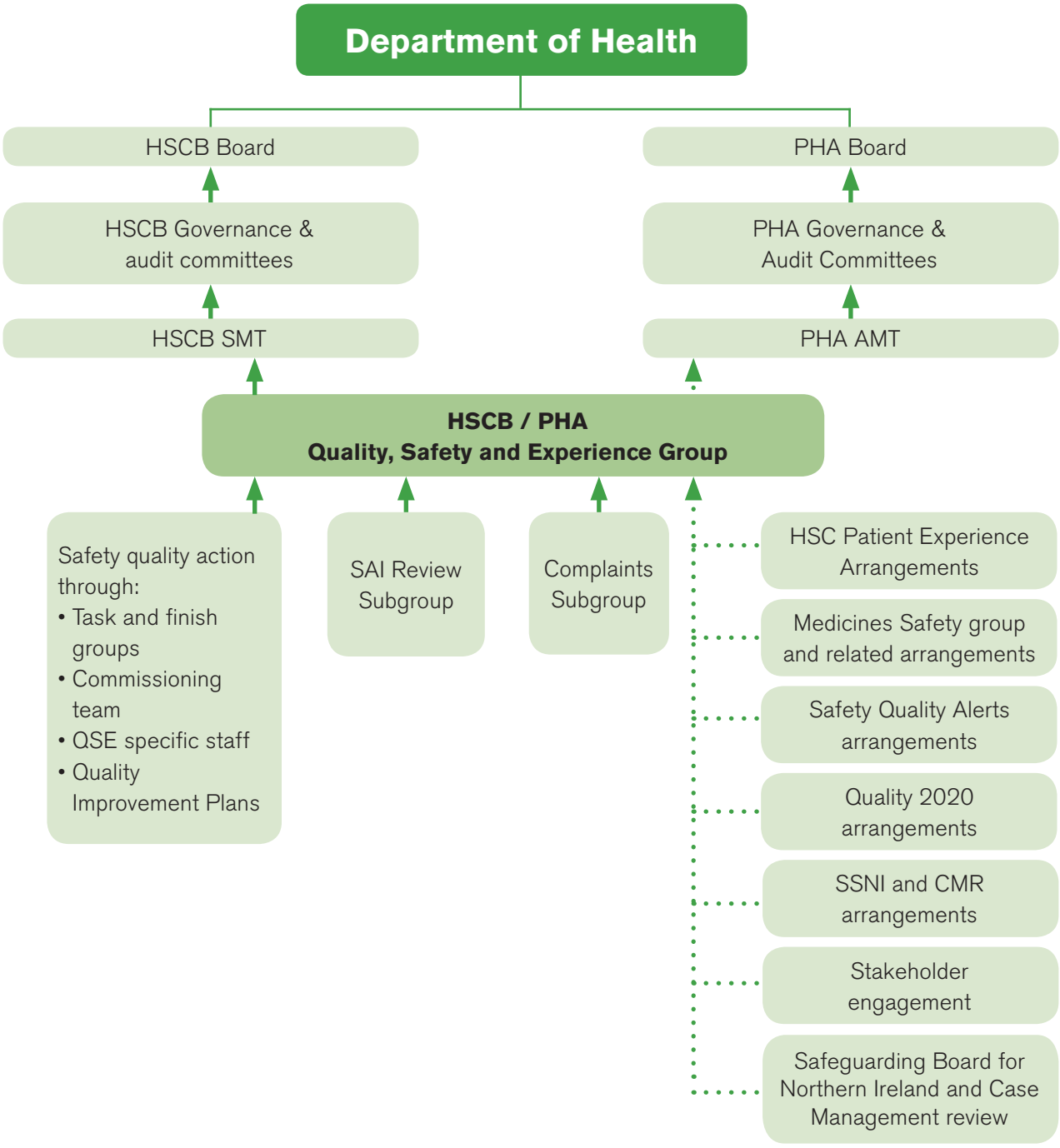

For further information relating to the HSCB and PHA's role, governance structure and the work that we do is available at:

- http://www.hscboard.hscni.net/
- https://www.publichealth.hscni.net/

## 1.3 Leadership and governance

There are a number of core groups which oversee and provide governance on the quality of services commissioned or delivered by HSCB and PHA, outlined within the diagram.

The **Quality, Safety and Experience (QSE) Group** provides an overarching structure whereby the HSCB and PHA can monitor and report on safety, effectiveness and the patient client experience to the respective Boards and committees. A range of groups such as the Safety Quality Alerts Team, Regional Complaints Group, Serious Adverse Incident (SAI) Group, Designated Review Officer (DRO) professional groups, patient experience team, report to, and support the work of QSE.



### Establishment of HSCQI

HSCQI (Health and Social Care Quality Improvement) is a 'movement' in health and social care services in Northern Ireland. It focuses on working together to improve the quality of the services we provide or use, and sharing good practice so that we can all learn from each other and spread improvements.

With the anticipated appointment of a new Director for quality improvement, HSCQI will form a new directorate within the PHA known and the HSCQI hub. During 2018/19, as part of the design phase for HSCQI, five communities of practice (COP), reflecting common areas of interest across the HSC, were established. They COP, which are led by a range of convenors from across the HSC, and during the year they considered areas such as ICT and communication, workforce, PPI engagement in quality improvement, innovation and evaluation of QI training.

The COP carried out a range of activity during 2018/19:

- In April 2018, the ICT COP formally launched the HSCQI website. The website was identified as a core resource required by the HSC to enable the sharing of quality improvement learning, projects, news and events across the region.
- In October 2018, the PPI COP launched the GREAT checklist, a tool designed for engaging service users in quality improvement. The comprehensive tool was co-produced with service users and practitioners, and funded by the PHA.


**WWW** Further information relating to HSCQI, its activities and resources is available at **qi.hscni.net/about-qi**

## 1.4 Learning

### Regional learning from serious adverse incidents

The key aim of the SAI process is to improve patient and client safety and reduce the risk of recurrence, not only within the reporting organisation, but across the HSC as a whole. For the majority of SAIs reported, local learning will be identified and actioned by the reporting organisation. However as the HSCB and PHA has a role in reviewing all SAIs they may also identify regional learning for dissemination across the wider HSC through a number of mechanisms.

During the reporting period 247 SAIs were closed by the HSCB and PHA following review. The following methods of regional learning were approved from SAIs closed in 2018/19:

- **7** reminders of best practice guidance letters
- **2** professional letters
- **23** newsletter articles
- **14** specialist group referrals
- **2** learning letters
- **11** linked to ongoing work

# Transforming the culture

Listed below are two examples of regional learning identified last year:

- Management of risk for patients with mental health conditions in the general hospital setting This case involved a patient who died following a non-accidental fall within an acute hospital facility. The patient attended the emergency department and was admitted to the acute medical admission ward. The patient left the ward following which, the tragic incident occurred. The patient was also known to the Trust mental health services.

  As a result a Reminder of Best Practice Guidance letter was issued to the wider HSC. The PHA and HSCB worked with Trusts to ensure:

  - the letter was brought to the attention of relevant staff;
  - developed and shared guidelines for the management of people with mental health conditions in general hospital settings. This also included an agreed risk assessment form and PSNI liaison form.

- Milligram and microgram: 1000 times intended dose error at hospital-GP interface In this case a young patient received 1000 times the intended dose of a drug used to bring on puberty (Ethinylestradiol). This would be regarded as a relatively uncommonly encountered indication for the medication in primary care.

  A recommendation was made to start the drug at a dose of 2 micrograms by the hospital specialist, but the GP could not find this dose on their computer system and made an assumption the dose was 2 milligrams.

  Over a period of approximately 2 years the dose was raised incrementally by the hospital to what should have been 10 micrograms, but at the GP surgery the corresponding dose was raised to 10 milligrams on prescriptions, maintaining the 1000 times dosing error. A HSCB Pharmacy Adviser picked up on the error during a routine prescribing review.

  A Reminder of Best Practice Guidance letter was issued to secondary and primary care providers. Secondary care was asked to develop prescribing information to be issued when this regimen is used. The importance of good medicines reconciliation at the hospital-GP interface was reinforced. This includes encouraging patients to bring their medications to outpatient appointments, providing an opportunity to confirm medications they are taking are as intended.

**WWW** **For further information on learning from SAIs please see following link www.hscboard.hscni.net/publications/sai-learning-reports/**

### Regional Learning System (RLS) Project

A regional project commenced in September 2018 to develop a regional system for allowing the HSCB and PHA to have oversight of Adverse Incidents. A Regional Project Board and Project Team were established to take this forward. Last year the HSCB and PHA worked closely with HSC Trusts, DoH and other key stakeholders to:

- upgrade HSCT Datix systems to Datix web, with HSCB upgrade due to be completed by the end of June 2019;
- improve the consistency of reporting across the region through the use of CCS 2 codes:
- deliver Regional DATIX Certified Practitioner training for all Trusts;
- ensure regional Datix searching, reporting and document template training was completed by all Trusts with further training scheduled;
- work towards an agreed means by which Adverse Incident data can be provided to the HSCB and PHA using CSS2 codes using a regional minimum dataset.

The work of the project will continue into 2019/20 to take forward the DoH outline business case.

### Regional learning from complaints

The HSCB and PHA review complaints received directly and those from HSCTs and family practitioners (FPS). For the majority of complaints, local learning will be identified and actioned by the reporting organisation. In some instances, the HSCB or PHA may also identify regional learning.

During 2018/19:

- HSCTs received 6,049 complaints.
- HSCB received 177 complaints regarding Family Practitioner Services.
- HSCB acted as 'honest broker' in 115 complaints regarding Family Practitioner Services*.

The top three categories of complaints are:

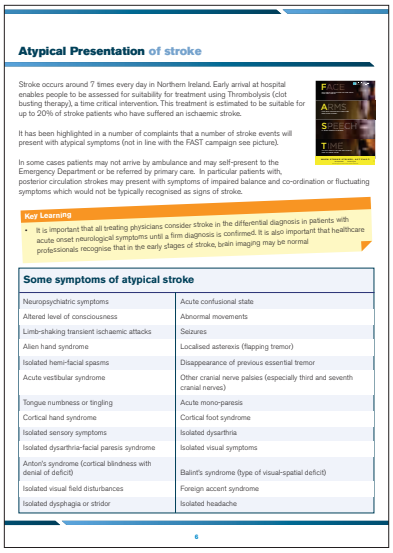
1. Treatment and care.
2. Staff attitude and behaviour.
3. Communication.

*Of note this year is a significant increase in the number of complaints where the HSCB has acted in the role of 'honest broker', that is in an intermediary capacity between the patient and the FPS practice in an effort to resolve the complaint, or at least to reach an understanding or agreed position on the issues.

Areas of concern, patterns and trends from complaints are shared with relevant professional groups. This ensures that issues raised by complaints inform key areas of work on the quality of patient experience and safety including thematic reviews and strategy and policy development. Some examples include:

- **Atypical presentation of stroke**
  Following a number of complaints regarding patients who had presented to out-of-hours services and emergency departments with atypical symptoms of stroke, it was agreed that to supplement the FAST campaign, an

article would be included in the Learning Matters newsletter, Issue 8 which was published in September 2018.



Atypical Presentation of stroke

Stroke occurs around 7 times every day in Northern Ireland. Early arrival at hospital enables people to be assessed for suitability for treatment using Thrombolysis (clot busting therapy), a time critical intervention. This treatment is estimated to be suitable for up to 20% of stroke patients who have suffered an ischaemic stroke.

It has been highlighted in a number of complaints that a number of stroke events will present with atypical symptoms (not in line with the FAST campaign see picture).

In some cases patients may not arrive by ambulance and may self-present to the Emergency Department or be referred by primary care. In particular patients with, posterior circulation strokes may present with symptoms of impaired balance and co-ordination or fluctuating symptoms which would not be typically recognised as signs of stroke.

Key Learning

- It is important that all treating physicians consider stroke in the differential diagnosis in patients with acute onset neurological symptoms until a firm diagnosis is confirmed. It is also important that healthcare professionals recognise that in the early stages of stroke, brain imaging may be normal

Some symptoms of atypical stroke

| | |
|---|---|
| Neuropsychiatric symptoms | Acute confusional state |
| Altered level of consciousness | Abnormal movements |
| Limb-shaking transient ischaemic attacks | Seizures |
| Alien hand syndrome | Localised asterexis (flapping tremor) |
| Isolated hemi-facial spasms | Disappearance of previous essential tremor |
| Acute vestibular syndrome | Other cranial nerve palsies (especially third and seventh cranial nerves) |
| Tongue numbness or tingling | Acute mono-paresis |
| Cortical hand syndrome | Cortical foot syndrome |
| Isolated sensory symptoms | Isolated dysarthria |
| Isolated dysarthria-facial paresis syndrome | Isolated visual symptoms |
| Anton's syndrome (cortical blindness with denial of deficit) | Balint's syndrome (type of visual-spatial deficit) |
| Isolated visual field disturbances | Foreign accent syndrome |
| Isolated dysphagia or stridor | Isolated headache |

6

**WWW**

**The full article is available at https://www.publichealth.hscni.net/sites/default/files/2018-11/Learning%20matters%20issue%208_0.pdf**

**For further information relating to complaints can be accessed at www.hscboard.hscni.net/publications/complaints-publications**

## Learning from experience: 10,000 More Voices

The 10,000 More Voices initiative seeks to understand the patient client experience across Health and Social Care. Through bespoke tailored surveys the driver for each project is to integrate key learning from patient experience into local service improvement and to further inform commissioning. Under the auspices of co-production each project ensures the patient experience can shape our services from the design of the survey to the analysis and the delivery of the recommendations. 10,000 More Voices is an integral part of quality improvement, informing "Always events" and quality improvement programmes with HSCTs. Stories from each project are reviewed on a weekly basis to support trusts to highlight areas of good practice and consider timely learning to inform service improvement.

Stories are used to inform pre and post registration education for medical, nursing and allied health professional students. The stories are also used in the development of local training programmes within each trust such as organisational induction or local in-house programmes.

In 2018/2019 the 10,000 More Voices team supported a regional roadshow called 'An important piece of the puzzle' exploring the skill of communication, and delivering training to over 600 attendees of all disciplines across all trusts.

Since 2014, over 14,000 stories have been collected over a broad range of service areas. In 2018/2019 projects included the experience of discharge from hospital, the experience of bereavement, the experience of children's audiology services and the experience of mental health services.

**WWW**

**Further information and completed project reports can be accessed at www.10000morevoices.hscni.net**

## 1.5 Involvement and co-production

Personal and Public Involvement (PPI) Involving you, improving care

### Personal and public involvement (PPI)

PPI is the active and effective involvement of service users, carers and the public in the commissioning, development and delivery of HSC services. Co-production is considered to be the pinnacle of such involvement. The PHA leads on the implementation of PPI in Health and Social Care. Recognising that core to quality improvement work is the involvement of service users and carers, a number of initiatives have been progressed in 2018/19. These include:

**Improving involvement in transformation** - Working closely with a number of the transformation workstreams, the PHA has provided guidance to ensure service users and carers are effectively and meaningfully involved in transforming HSC at all levels.

- **Improving service delivery – Partnership Working Fund** - The PHA has lead the distribution of Partnership Working funding across HSC Trusts and agencies. This has been allocated to support the recruitment of a partnership working officer in each HSC Trust, and to pilot a service user and carer consultant programme. Funding has also been awarded to progress an involvement and innovation programme. The Patient and Client Council (PCC) were also commissioned to produce a model of service user and carer recruitment to support regional transformation.
- **Improving access to information to improve involvement practices** - The PHA lead the Co-production of the Engage website and e-learning resource for service users and carers. This has led to a significant improvement in the quality, availability and consistency of PPI information available.
- **Improving knowledge and skills** – The PHA continues to promote and deliver the Engage and Involve training programme, elements of which are now being delivered as part of quality improvement training in some HSC Trusts.
- **Improving HSC performance for PPI** - The PHA continue to undertake performance monitoring for PPI across HSC Trusts which focuses on what is working well and what can be improved. The HSCB and the PHA were also subject to external PPI monitoring during this period.
- **Improving evidence base for Involvement and Co-production** – The PHA has commissioned a range of research to further develop evidence that will enable high quality practice in Involvement and Co-production, this included research into the concept of citizen hubs and the reimbursement and remuneration of service users and carers.
- **Improving involvement standards – leading the way** - The PPI standards, developed by the PHA, have been used as the pathfinder for National Research Standards. The PHA has been working with the National Institute of Health Research (NIHR) and

PPI leads from England, Scotland, Wales on this initiative. The standards have been piloted across the UK in 2018/19 and will be launched officially in 2019/20.

Meaningful involvement across our services remains critical to improving safety and quality. The PHA will continue to advance these core areas of responsibility in partnership with providers and service users and carers.

WWW **Further information on PPI is available at engage.hscni.net**

## Implementation of Always Events® in Northern Ireland

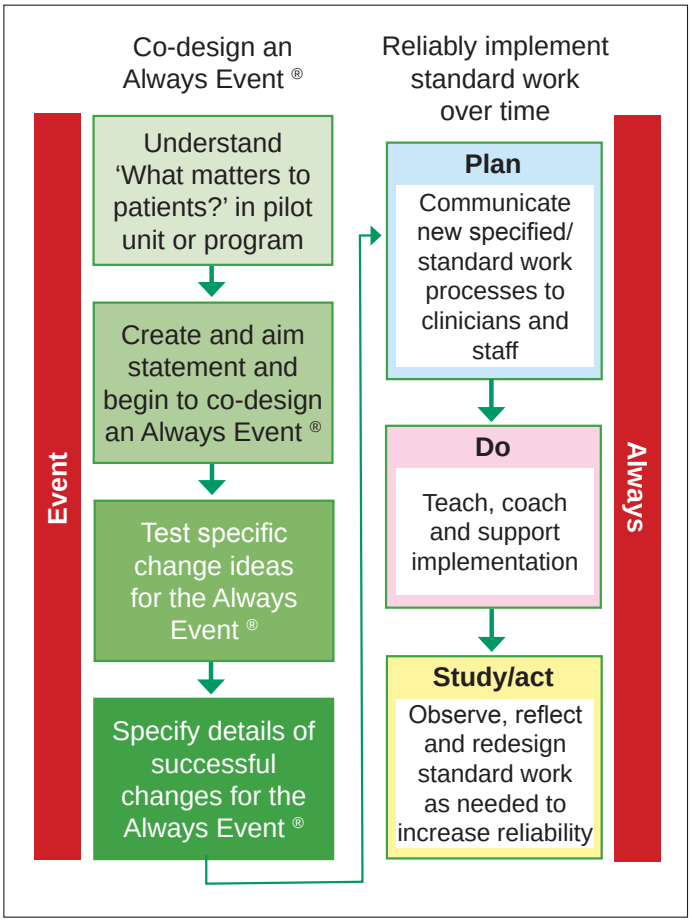
Always Events are defined as those aspects of the care experience that should always occur when patients, their family members or other care partners, and service users interact with health care professionals and the health and social care delivery system.

During 2018/19, the HSCB and PHA, through the regional Patient Client Experience Steering Group, have supported HSCTs to begin to implement, scale and spread plans for two identified Always Events – 'family presence' and 'mealtimes matter'.

**Family presence** allows family caregivers to be active participants in the patient's care and welcomed at the patient's side, regardless of the time of day. During 2018/19 a regional group was established which focused on building on the Western HSCT family presence model and testing the approach in two wards within each HSCT.

Additionally, each HSCT developed plans to review and standardise their core information relating to family presence using Always Event methodology. These include:

- information on how to best support patients and clients;
- information relating to illnesses;
- helping with meals, food and drink;.
- operating a no smoking policy;
- ensuring proper hand washing.



**Mealtimes matter** - putting patients first at mealtimes. Last year, each organisation developed plans, building on the Northern HSCT tried and tested model, to agree and test the core components of what should **always** happen at mealtimes. The broad themes include:

- menu ordering;
- before mealtime;
- during mealtime;
- after mealtime.

## Recovery college evaluation

The PHA and HSCTs are committed to embedding recovery-focused practice into mental health services using the ImROC (implementing recovery through organisational change) programme. A core aim is to ensure focus remains on supporting individuals in their recovery.

Recovery

Promoting hope, choice and opportunity

Issue 8, Summer 2019

**Transforming minds**

In this issue we focus on how the recovery colleges play a key role in transforming the minds of not only people using mental health services and their carers, but also the minds of staff and providers of services.

**Belfast recovery college wins Aontas award**

**Belfast recovery college** has won a prestigious all-Ireland award for adult learning. Coordinator Helen Anderson said: "We are delighted to get this recognition as it shows that people are engaging in the concept of recovery from mental health issues, and that the journey through recovery is something in which we can all participate."

The Award, presented in Dublin and called The All Ireland Aontas Adult Learning Award 2019 for Health and Wellbeing – Large Organisation, recognises outstanding contributions in the field of adult learning.

The Aontas award convener said at the presentation: "adult and community education is about more than receiving a qualification. From improved confidence to better health, the wider benefits are far-reaching and can have a hugely positive impact on a person's life, family and wider community. That's why our award categories for 2019 reflect the diversity of adult learning initiatives taking place across the country."

Since starting in 2015, more than 1,800 people have enrolled as individual students in the Belfast recovery college. John Morgan, Senior Peer Educator at the college, said: "Recovery education empowers me. Why not give people hope? Schizophrenia no longer defines me thanks to the recovery college."

**In this issue:**

- Belfast recovery college wins Aontas award
- Transformation in Belfast HSCT
- Creative Conversations workshop in SHSCT
- How SEHSCT recovery college changes lives
- Training for Trainers in SEHSCT
- Making recovery a reality in WHSCT
- Co-production and co-delivery in the SHSCT recovery college
- 10,000 More voices and World Mental Health Day 2019

You can view the Regional Mental Health Care Pathway at www.hscboard.hscni.net/mentalhealth/Regional_Care_Pathway_Mental_Health.pdf

HSC Health and Social Care

YOU IN MIND

Recovery colleges were established in Northern Ireland in 2012. Five recovery colleges are in operation in each of the HSCT areas: Belfast, Northern, South Eastern, Southern and Western.

In 2018/19 PHA commissioned qualitative research to:

- evaluate the processes by which recovery colleges are implemented in HSCTs across Northern Ireland;
- explore stakeholders' requirements for a wider evaluation framework that will measure the impact of recovery colleges.

The evaluation report highlights the passion and commitment of the recovery college teams, students, peer trainers and mental health professionals involved and their belief in the positive impact the colleges have. Key strengths, consistencies and variations across the region, were also identified in the evaluation report.

Regional recommendations include taking steps towards a robust evaluation framework for recovery colleges in Northern Ireland. The development of an evaluation framework would be three-fold:

- the data can be used internally to inform the development of recovery college courses;
- the data can be used to widen student targeting and reach and to inform best practice;
- the data can be used externally to demonstrate to key stakeholders and funders the value and impact of the recovery colleges to strengthen the 'business case' for future investment in recovery colleges.


## Regional Hospital Passport

The award winning Regional Hospital Passport was designed to help improve the quality of communication between people with learning disabilities, their carers and staff in general hospital settings. During 2018/19 the HSCB, in cooperation with the Southern HSCT, the SHSCT LCG and the SHSCT Carers Forum developed a co-produced animation to support the awareness and possible uptake of the passport. This resource should assist with the regional roll out of the passport.

WWW The resource is available at **https://vimeo.com/323802613/8f46a34a30**

## Regional Dementia Care Pathway: supporting each person's individual journey:-

The Care Pathway will assist practitioners in the delivery of high quality dementia care services from initial engagement to the end of life stage of the dementia journey.

This Care Pathway was jointly developed using the expertise of people working in dementia care, the views of people living with a dementia, Dementia NI and the family and carers of people living with a dementia. The HSCB and PHA recognises that engaging with people with a dementia about their experiences is essential when determining service need and helping shape future dementia services in Northern Ireland.

The needs of younger people with a dementia and persons with a learning disability are recognised and addressed in the Regional Dementia Care Pathway. During 2018/19, the HSCB and PHA collaborated with Trust staff and service users from learning disability services in co-designing 5 easy read booklets, complemented by a series of animations. These resources are aimed at raising awareness of dementia for people with a learning disability, building their understanding and informing them of their care and treatment options.

WWW For more information relating to dementia services **www.nidirect.gov.uk/campaigns/dementia**

Theme two

# Strengthening the workforce

## 2.1 Introduction

The HSCB and PHA, who collectively employ over 800 staff, are determined to invest in the development of their staff and the creation of a working environment that enables everyone to make their best contribution. The organisations' diverse range of responsibilities, coupled with current demographic changes and economic climate, requires a sustained focus on improving quality.

## 2.2 Supporting our staff within HSCB and PHA

### Promoting health and wellbeing in the HSCB and PHA as a workplace

During 2018/19 the PHA and HSCB have led the implementation of a number of programmes to assist in promoting health and wellbeing for staff such as:

(a) Lesbian, Gay, Bisexual and Transgender (LGBT) Forum

A forum for lesbian, gay, bisexual and transgender staff continues to provide confidential support for LGBT staff and students in the HSC workplace. An e-learning module has been developed and widely promoted within HSC settings, The dedicated website to support LGBT staff in HSC now includes an online gallery of staff who are 'out at work'. Staff also participated in a number of the annual PRIDE events and information stalls within HSC settings.

**WWW To find out more visit www.lgbtstaff.hscni.net**

(b) My Mood Matters/Living Life to the Full

Staff in the HSCB and PHA have been offered the opportunity to attend the My Mood Matters and Living Life to the Full programmes. Staff evaluation of both programmes has been very positive.

(c) Physical activity

Staff are encouraged to increase their physical activity during the working day by promoting the use of stairs, lunchtime walks and gym facilities. An upgrade to the gym facilities in Linenhall Street, Belfast and the introduction of the 'take the stairs' initiative also helped boost opportunities for physical activity. This was further rolled out to other HSCB and PHA sites. A toolkit has now been developed that can help other workplaces introduce this simple, effective and low cost measure. A short video was developed to raise awareness of the scheme.

**WWW For further information and access to the materials see www.choosetolivebetter.com/content/getting-active**

Sustrans delivers a workplace programme called Leading the Way, funded by the PHA, across a number of public sector organisations in Belfast and Derry/Londonderry to encourage staff to travel actively on their commute. The Active Travel Challenge also commissioned by the PHA took place from 7 May – 3 June to encourage and support employees to travel actively as part of their working day.

### (d) HSC Healthier Workplaces Network

The PHA in conjunction with the HSCB has established a HSC Healthier Workplaces Network. This Network aims to develop improved and consistent workplace health programmes aligned to HR and other policies and which bring increased focus to valuing staff and the advantages that a diverse workforce can bring to organisations. The Network's four subgroups are now addressing the following areas: common measures and indicators; ageing workforce; a healthy workplaces charter; and online tools and apps.

### (e) Reflective practice supervision pilot

The PHA introduced a new reflective practice programme for non-clinical staff who work in the challenging areas of suicide and self-harm prevention, mental health promotion and drugs and alcohol. Many of these staff deal with often complex issues around the sudden loss of life, engaging with bereaved families and dealing with challenging media queries.

A new programme was launched in April in collaboration with BSO and Inspire at Work to offer staff a reflective 1-2-1 supervision programme with a qualified clinical supervisor. Update and outcomes will be assessed over the coming year before rolling the opportunity out to other topic areas of work.

## NHS@70 Celebrations

To coincide with the National Health Service's 70th birthday, the HSCB and PHA joined in the celebrations highlighting the improvement in the health of the population in Northern Ireland over the past seven decades. A very special birthday event was held for Board members and staff to mark this important milestone.

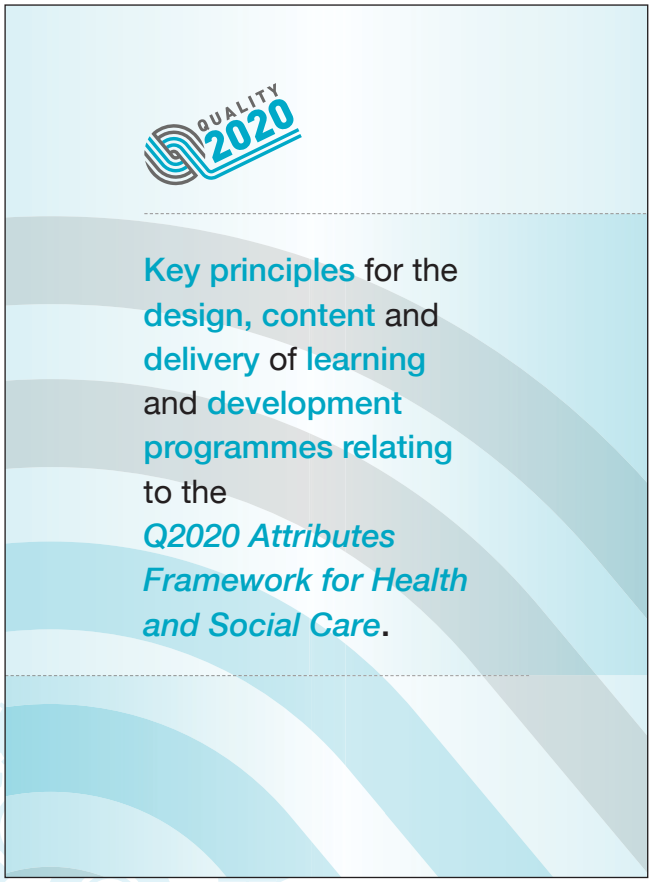
As part of the celebrations, the campaign 'NHS Standout stars' searching for and awarding staff who had made an exceptional contribution to patient care, services and local communities over the last 70 years. The award was voted by patients, staff and the public. Mary Hinds, the PHA Director of Nursing and Allied Health Professions, PHA was named one of the national health service's standout stars.

## 2.3 Quality improvement capacity and capability building within the HSC

### Developing leadership

Last year the Q2020 Developing Professional Leadership group, supported by the HSCQI Workforce Community of Practice carried out a range of activity focused on implementing the Q2020 Attributes Framework and building capacity and capability for QI across the HSC. This included:

- Revising the level 1 Q2020 e-learning programme to include further information on human factors or situational awareness and person centred framework. The level 1 programme continues to be promoted throughout the HSC and training uptake is monitored by the PHA.




- The group held a number of workshops in order to standardise the HSC approach to level 2 and level 3 programmes through developing core principles guide for the design, content and delivery of QI training programmes.

- Based on the IHI dosing formula, the group have mapped the current training programmes available, with the numbers of people trained in order to contextualise the QI capacity and capability gap in Northern Ireland.

**WWW** **More information relating to the Attributes Framework and core principles guide is available at https://www.health-ni.gov.uk/publications/quality-2020-ten-year-strategy-protect-and-improve-quality-health-and-social-care**

### PPI leadership programme

In 2018/19 the PHA Co-produced the 'Leading in Partnership' leadership programme for HSC staff, service users, carers and members of the community and voluntary sector. The aim of this unique programme was to develop the necessary leadership skills to enable continuous and effective involvement of service users and carers across all levels of the HSC whilst supporting the principles of involvement and co-production, collective leadership and partnership working.

A total of 25 people actively participated in the programme. They included a diverse range of HSC staff from across the region such as assistant directors, commissioners, clinical

Personal and Public Involvement (PPI)

professionals, senior managers, support staff. There were also service users, carers and community and voluntary sector representatives.

### Regional quality improvement programmes

#### Scottish Improvement Leader Programme (ScIL)

In order to build capacity and capability in quality improvement science, in line with the attributes framework, HSCQI commissioned the first Northern Ireland regional cohort of the Scottish Improvement Leader Programme. The 30 local participants were nominated from across a range of HSC organisations and came from both clinical and non-clinical backgrounds. The aim of the ScIL Programme is to enable individuals to:

- design, develop and lead improvement projects;
- lead and generate support for change;
- provide expert QI support and advice in their organisations.

The programme commenced in October 2018 and will run over a ten month period.

ScIL
Scottish Improvement Leader

#### Community Midwives QI Programme – Level 2

To build on the work of the existing maternity collaborative the HSC Safety Forum designed a QI training programme for community midwives. The programme commenced in January 2019 with 24 participants and ran over a six month period including five face-to-face learning sessions. In addition, participants were required to undertake a QI project either as teams or individually. Primary facilitation was led by the HSC Safety Forum with training experts co-opted in on specific topic areas such as data analysis and human factors. The programme was supported by members of the existing maternity collaborative to act as mentors for participants and to assist with a clinical specialty day.

QUALITY 2020
Attributes Framework

## 2.4 Sharing quality improvement

### PHA Safety Forum Awards 2018

The PHA, through the HSC Safety Forum, invited organisations to nominate individuals or teams for the 4th Northern Ireland Safety Forum Awards. The annual awards recognise and showcase the excellent work undertaken across the HSC system to drive improvement in quality of care and to strengthen patient safety. From the initial 32 applications, 13 were shortlisted and invited to attend for a final interview.

There are four category awards. The winners covered a great breadth of subjects, showed clear evidence of teamwork and tangible improvements to care.

Overall winner (and winner of Partnership working/co-production category) - This work focused on the reduction in the use of oral psychotropic prn medication in young people and also the reduction of incidents and the use of intra-muscular medication.

Building reliable care category - This team were able to demonstrate a reduction in incidents relating to nasal high flow oxygen therapy within three medical wards.

Integrated care category - This team demonstrated an improvement in access to carer events and a reduction in paperwork with increased carer support plans.

Innovation/transformation in care category - The winner of this award demonstrated that 100% of children attending the out-patient clinic had their BMI calculated and plotted in order to identify and address obesity in children.

## Cross-border work

During 2018/19 the HSC Safety Forum has continued to build on relationships with HSE Quality Improvement teams in the Republic of Ireland. This included regular cross-border meetings and collaborating with colleagues on microsystem learning events, frameworks and curricula for improvement. We also established a working subgroup to plan the design and delivery of a cross border exhibition stand at the Institute for Healthcare Improvement International Forum held in Glasgow in March 2019. The focus of the stand was on connecting and networking staff who have a passion for improvement.

International Forum on QUALITY & SAFETY in HEALTHCARE

## 2.5 Education and training for HSC

### Primary care nursing

Last year the HSCB and PHA funded a number of different training initiatives delivered by the HSC Clinical Education Centre (CEC) and the Royal College of Nursing (RCN), in line with the GP Nursing Framework, for general practice nurses (GPN) and nursing assistants. The training was designed to meet the complex and changing service needs of patients in primary care settings.

The uptake of this training has been positive with high levels of satisfaction; there were over 400 attendees across 32 courses. These courses focused on areas to improve the clinical skills of nurses in general practice settings as this will ultimately enhance patient quality, safety and experience. The nursing assistants and general practice nurses have provided examples of how they will use their learning to improve practice and have made suggestions for future programmes.

These initiatives provide a consistent regional education plan as part of a regional network system offering access to accredited education, therapeutic clinical updates on core topics and bespoke education programmes for general practice.

A pilot project is underway to implement a phased approach to provide two selected GP Federations with additional registered GPN and unregistered Nursing Assistant posts. The allocations to enable this project are based on the staffing principles and assumptions set out in the General Practice Framework for Northern Ireland 2016. These nurses will be employed by the Federations and the recruitment will be phased in over a number of years as recommended in Phase 7 of Delivering Care.

### Signs of safety training

Signs of Safety is an innovative, strengths-based, safety-organised approach to child protection casework. It expands the investigation of risk in child protection work to encompass strengths and 'Signs of Safety' that can be built upon to stabilise and improve a child's and family's situation. It provides a format for undertaking comprehensive risk assessment – assessing both danger and the existing strengths, safety and goals of the family or extended family that can contribute to better planning and achievement of safety for the child or young person.

Within the last year, 1,694 of children's services social workers have been trained to implement the model across the region with support from designated specialist practitioners based within each Trust's Implementation Team. A further 725 staff will be trained by March 2020 and partner agencies are also being offered bespoke training in conjunction with the Safeguarding Board for Northern Ireland (SBNI).

### Support programme for staff working in learning disability

Positive behavioural support (PBS) is an ethical and effective way of supporting individuals with learning disabilities who present with behaviours of concern. PBS uses the techniques of applied behaviour analysis, guided by a strong values base, delivered in a person-centred way to meet the needs of individuals who present with behaviours of concern.


In 2018/19 the PHA secured funding to enable staff working in learning disability to avail of the British Institute of Learning Disability (BILD) PBS training. The coaches training involved staff attending three consecutive days and a follow up day held six months later where participants had to present on a project they had implemented to imbed PBS within their area of practice and an action plan to take forward PBS within their workplace. The three day BILD training was delivered in two cohorts. Twelve of the staff who attended the three day coaches programme successfully completed this training and are now accredited British Institute of Learning Disability PBS coaches.

The PBS coaches programme's aim is to develop practice leaders within an organisation. Practice leaders are an essential part of developing PBS culture within services and organisations. They have a direct and positive influence on workplace culture and are able to coach staff and become a role model for PBS approaches. Attendance on the PBS coaches programme and the follow-up support coaches can access will help to drive an action plan that will have a direct impact on the quality of life for the people that your organisation supports.

Feedback received from participants who completed the PBS coaches programme:

*Developing services that lead to a better quality of care and a better quality of life for service users.*

*It will clearly define what is expected of myself and others therefore creating a better working environment.*

*Useful tools for helping others learn and better understand rationale for PBS.*

*Having an action plan and assignment will help me focus and prioritise service development projects.*

*I have been motivated to begin. I will become a strong advocate for Positive Behaviour Support.*

Following the success of the programme in 2018–2019 and the positive feedback received from participants who completed the coaches programme, funding has been secured to enable a further 20 staff to be trained as BILD coaches.

### Human factors and simulation-based education

As part of the ongoing implementation of Quality 2020, which is led by the PHA and HSCB, the multi-disciplinary Northern Ireland Simulation and Human Factors Network (NISHFN) has been established focusing on promoting and standardising human factors and simulation-based education within Northern Ireland. Last year, the network carried out a range of activity which included:

- Meeting regularly to provide advisory support to human factors and simulation work throughout the region. The network held a successful annual event in October 2018 which enabled sharing of learning relating to human factors with a wide multi-disciplinary audience.

- Developing an 'introduction to human factors' training course, linking closely with the Oxford Nuffield Patient Safety Academy. The course, funded by the PHA, will be customised for Northern Ireland and will be designed to standardise human factors language to ensure consistency of terminolog.

- Developing a storyboard or electronic learning resource using learning from SAIs.

**WWW** **Further information is available at www.nishfn.org**

## 2.6 New ways of working to support staff

### Delivering Care: A policy framework for nursing and midwifery workforce planning

Delivering Care is a policy framework aimed to support the provision of high quality care which is safe and effective in hospital and community settings. Initiated in 2012, it has used a phased approach to determine staffing ranges for the nursing and midwifery workforce in a range of major specialities. Currently, there are eight phases underway.

| Workforce phase | Staffing model | Status |
|---|---|---|
| Phase 1: Acute medical and surgical wards | Staffing range | Funding for this phase has been secured and is in the process of phased implementation and monitoring across designated wards in all HSCTs. |
| Phase 1A: Elective care treatment care environments | Recommended range for 24/7 wards including day and short stay wards | Paper issued for guidance. |
| Phase 2: Type 1 emergency departments | Nurse to annual attendance ratio | Ongoing.; Portion of recurring funding received to initiate phased implementation |
| Phase 3: District nursing | Population-based model | Ongoing. Portion of recurring funding received to initiate phased implementation |
| Phase 4: Health visiting | Population-based model – caseload weighting | Ongoing. Portion of recurring funding received to initiate phased implementation |
| Phase 5: Mental health | Acute – nurse/bed ratio<br>Community – caseload and population based model | Phase 5a sent to CNO for endorsement.<br><br>Phase 5b final proposals presented to the working group in early 2019 for approval |
| Phase 6: Neonatal nursing | Based on level of activity | Final proposals for endorsement with CNO 2019 |
| Phase 7: Primary care nursing | Population-based model from the GPN framework 2016 | Endorsed by the CNO – Feb 2019 |
| Phase 8 | Independent sector nursing homes | Ongoing.<br><br>Five HSCT stakeholder workshops have taken place<br><br>UK Four Country plus Ireland teleconference took place with a commitment to establish a national network relating to nurse staffing in care homes<br><br>Five Country Care Home Workforce Seminar held 6 March 2019 |

## Project Retain – Improving recruitment and retention of nursing staff in older people's wards

Northern Ireland has experienced significant attrition of nursing staff and over reliance on bank and agency staff which has presented many challenges for us around nurse retention particularly in care of older people settings. The PHA were delighted to secure funding provided by the Burdett Trust to initiate Project Retain which aimed to increase nurse recruitment and retention across 10 hospital wards in five HSCTs across Northern Ireland.

This programme delivered and offered a wide range of activities, programmes, coaching, leadership development and reflective sessions designed to support nurses and nursing assistants in their place of work.

One of the key factors that contributed to the tremendous success of the project was using a co-production model, which ensured that the voice and experience of older people was central to the future of nursing this was achieved in partnership with Age NI.

The project ran for 18 months. On completion of the project we saw a significant reduction (66%) in vacant posts. The culture within the ward and patient-centred environments have seen immense improvements. Staff satisfaction improved uptake of post registration education and collective team working has been highlighted as one of the most positive outcomes of the project. The outcomes of the project have also influenced regional workforce initiatives including an increase of funding senior posts in these wards. The project ethos and approach will now be replicated in other areas in Northern Ireland.

WWW **Further information is available at https://nipec.hscni.net/download/projects/previous_work/professionaldevelopment/career_pathway_for_older_peoples_nursing/documents/Retain-Report-Report-Final-Publication.pdf**

### Establishment of multi-disciplinary teams (MDT) programme in primary care

The Multi-Disciplinary Team programme started in September 2018 with the initial GP Federation areas of Derry (28 GP practices), Down (13 GP practices) and West Belfast (16 GP practices) commissioned to recruit the required staff. The aim of the MDT programme in primary care is to establish new ways of working for existing GP practice teams, working alongside newly appointed physiotherapists, social workers, social work assistants and mental health professionals. These professions will be embedded in GP practices to provide a practice based response to patient need.

The recruitment of MDT professional teams, embedded in general practice will enhance the practice skills available to better meet the needs of the practice population. This additional staffing capacity is designed to manage patients as an additional option to the traditional GP appointment. This service will support practices and enable GPs to focus on the more complex patients within the practice. It is anticipated that strengthening the workforce within GP practices will make the profession more attractive to enhance recruitment into the profession and primary care.

### NI Project ECHO®

#### Quality Improvement ECHO

The HSC Safety Forum hosted a second Regional Quality Improvement ECHO building on the success of the first QI programme held in 2017. This gave the opportunity to over 54 staff from across HSC Trusts to develop knowledge and skills in quality improvement to drive forward improvements in patient or client care.

From staff feedback, it was demonstrated that staff increased their knowledge of quality improvement methodologies and that they were able to apply them in the frontline setting to demonstrate improvements in care.

**There were a total of 13 teams from HSCTs involved and the quality improvement work ranged across a diverse range of themes such as:**

- Mental health bed occupancy.
- Increasing mobility of patients in hospital.
- Child and adolescent mental health and improving the flow of young people from referral.
- Reducing times to process complaints in a contracts department and improve the information distributed to staff.
- Increasing the amount of assessments for looked after children.

#### Social Care ECHO

The first Social Care Project Echo established in Europe was held in early 2019. The 'spoke and hub' design of Project Echo provided the opportunity for a community of learning network to grow for Social Care Managers, with subject specific inputs as well as peer learning and sharing on specific cases or issues.

The Social Care Echo met on a monthly basis between January and March 2019. The programme included inputs and case discussion on: Project Echo introduction; decision making and risk; and, what is domiciliary care? The network will build over time, with 39 participants already registered at the end of March 2019.

### Positive Behaviour Support ECHO

The PHA has been successful in securing support from ECHO for a project to support the development of a community of practice for PBS in Northern Ireland. It is anticipated that the ECHO model will be an effective way of ensuring that the PBS coaches are supported to further develop and embed their new skills in their local areas and form the basis of a community of practice across HSC in Northern Ireland.

Clinical staff who involved in the ECHO spokes are from all HSCT areas. The PBS ECHO provides an opportunity to be involved in a network of learning and support which is accessible from their own workplace thus reducing the need for staff to be released for long periods of time from frontline clinical duties.

It also provides a relatively inexpensive way to support and engage specialist expertise and knowledge relating to PBS so that staff can enhance their skills, knowledge and experience and share best practice relating to PBS across the region. It is hoped that participants will take the opportunity to share learning and experience with other likeminded people in a safe and supportive environment, with a view to developing a community of practice across five HSC services in Northern Ireland to further embed this approach regionally.

In December 2018, a group of twenty five staff working in both children and adult learning disability services came together to agree the ECHO programme for the coming year. The first PBS ECHO session started in February 2019 and will continue until January 2020.

### Children and Families Programme

The HSCB concluded on the Review of Regional Services for Children and Young people in March 2018. The report's findings and recommendations, endorsed by DoH and DoJ, established a transformation programme of improvement for Childrens Services. A primary recommendation was the introduction of an integrated care and justice campus comprising the current standalone secure care and juvenile justice centres.

In collaboration with the respective Departments and key partner agencies the HSCB has embarked on building foundations to support the implementation of the primary recommendations.

Building blocks being progressed include:

- Funding proposals secured to assist with creating more conducive conditions that will enable change for example the delivery of an accredited coaching programme for frontline managers across residential childcare to strengthen capacity and leadership.

- Appointment of an independent Chair to lead on the establishment of a Regional Multi-Agency Decision Making Panel for applications, in the first instance, to secure care.

- Testing a bespoke peripatetic residential support model for residential childcare which seeks to enhance and strengthen mainstream childrens homes. This will introduce a skills mix service comprising of youth workers, sensory support specialisms and psychology. It will provide young people with high level diversionary strengths based interventions which are intended to better support their integration into local communities, build resilience and enable stable and enduring care placements.

- Introduction and testing of new housing and support solutions for vulnerable young people in a Trust area intended to better meet the complex needs of young people transitioning from care to the community. Underpinned by a partnership with others from the statutory and voluntary sector, the investment proposal is transformational in that it is integrated within a newly innovative housing led service; it eliminates silo working and duplication of effort; provides a rapid person centred support service; and will afford the opportunity to explore the feasibility of redesign of existing homeless provision and resources to better respond to need.

WWW **Further information is available at https://www.health-ni.gov.uk/publications/review-regional-facilities-children-and-young-people-review-report**

Theme three

# Measuring improvements

## 3.1 Introduction

The HSCB and PHA recognise the importance of measuring progress for safety effectiveness and the patient/client experience in order to improve. We promote the use of accredited improvement techniques when gathering information or examining data, and recognise the importance of ensuring that lessons from the information and data are learned.

## 3.2 Quality improvement plans

The quality improvement plans (QIPs) focus on key priority areas to improve outcomes for patients and service users. The HSCB and PHA support HSCTs on a range of initiatives to assist with the achievement of the QIP targets and facilitate a regional platform to enable good practice to be shared throughout Northern Ireland.

Last year the QIP target areas were:

- Pressure ulcer prevention;
- Falls prevention;
- National Early Warning Scores (NEWS);
- Mixed gender accommodation.

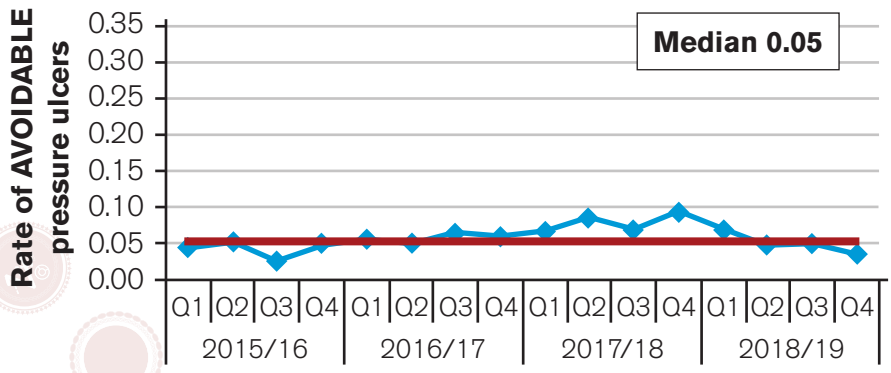
### Pressure ulcer prevention

The PHA along with the HSCB supports HSCTs through the Regional Pressure Ulcer Prevention Group to implement SSKIN (an evidenced-based collection of interventions proven to prevent pressure ulcers) in all hospitals in Northern Ireland. This group provides advice and support and shares regional learning across Northern Ireland. It focuses on strategies for pressure ulcer prevention and management across the HSCTs.

A basic principle of quality measurement is: if it can't be measured, it can't be improved. Therefore we recognise that pressure ulcer performance must be counted and tracked as a core component of our quality improvement programme.

At the Regional Pressure Ulcer Prevention Group, HSCTs agreed to focus on reduction of avoidable grade 3 and 4 pressure ulcers, as these create deeper cavity wounds which can result in more pain and suffering to patients. The following graph shows the total regional **rates** of pressure ulcers grade 3 and 4 from April 2015 –March 2019.

**Region: Rate of AVOIDABLE grade 3 & 4 pressure ulcers per 1,000 bed days run chart**




The data indicates that there has been a decrease regionally in the number of grade 3 and 4 avoidable pressure ulcers.

## Shared learning

Last year a number of regional workshops were held, focused on learning and prevention of pressure ulcers. These included:

**Regional Pressure Ulcer Prevention workshop – held 10 August 2018 to:**

- Consider the international and national guidance.
- Consider current practice in Northern Ireland.
- Review current definitions/categories/ reporting and escalation and gain regional agreement on these.

**Pressure Ulcers and Safeguarding Event - held 10 October 2018 to:**

- Consider current practice in Northern Ireland.
- Consider *Pressure Ulcers & the interface with a safeguarding enquiry* (Department of Health, England, January 2018) for use in Northern Ireland.
- Contribute to a short proposal relating to adult safeguarding protocol in Northern Ireland.
- Gain regional agreement on the way forward.

**Regional Pressure Ulcer Learning Event - held October 2018 to:**

- Update on agreed definitions.
- Focus on repositioning.
- Share learning across HSCTs.
- Agree a way forward for the next two years.

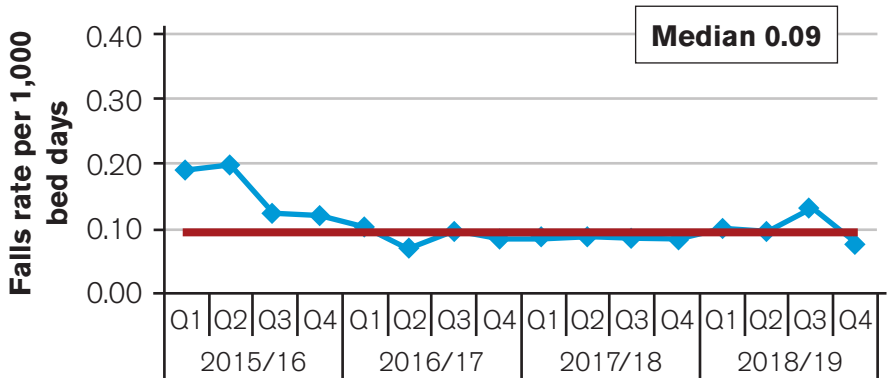
## Falls prevention

During 2018/19 the PHA and HSCB, through the Regional Falls Prevention Group, have supported HSCTs to implement and spread the Royal College of Physicians 'Fallsafe' bundle, an evidence-based collection of interventions proven to reduce falls in inpatient settings. HSCTs measure compliance against the fallsafe bundle and report to the PHA and HSCB on a quarterly basis. The Regional Falls Prevention Group provides advice, support and shares regional learning across Northern Ireland and focuses on strategies for falls prevention and management across the HSCTs.

| Part A Element | Part B Elements |
|---|---|
| • Asked about history of falls in past 12 months<br>• Asked about fear of falls<br>• Urinalysis performed<br>• Call bell in sight and reach<br>• Safe footwear on feet<br>• Personal items within reach<br>• No slips or trips hazards | • Cognitive screening<br>• Lying and standing Blood pressure record<br>• Full medication review requested<br>• Bedrails risk assessment |

During 2018/19 the focus was on prevention of the number and rates of falls incidents classified as causing moderate to major or catastrophic harm.

**Region: Rate of moderate to major/catastrophic falls per 1,000 bed days run chart**



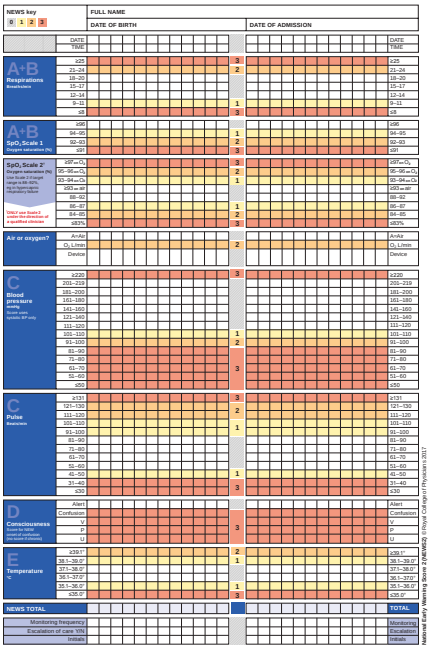

Regionally, there has been no significant trend in the falls rates over the past year.

## Shared learning

In addition to the ongoing support relating to falls prevention through the regional falls prevention group, the PHA held a Regional Falls Inpatient Learning Event in March 2019. The purpose of this workshop was to share the regional and local work that has been carried out over the past three years relating to the falls prevention including testing, spread and implementation of the Royal College of Physicians Fallsafe Bundles across all adult inpatient HSC areas in Northern Ireland. A summary of the introduction of a new process for reporting and reviewing all incidents resulting in moderate to severe/catastrophic harm and the results of the evaluation of this process, was presented. This event was positively evaluated with feedback on the benefits of the shared learning being highlighted. The PHA and HSCTs are working with the Clinical Education Centre (CEC) to develop a falls prevention programme, to ensure it is suitable for regional delivery and have a programme plan for roll out.

## NEWS (National Early Warning Scores)

As part of its leadership role, the HSC Safety Forum has led the regional implementation of National Early Warning Scores (NEWS) in HSCTs, including appropriate escalation arrangements to improve care of the deteriorating patient. This tool helps professional staff identify early deterioration in a patient's condition. Abnormal scores prompt specific actions and/or referral to greater expertise. Part of this work involved facilitating HSCTs to define their expectations regarding intervention when NEWS are abnormal. During 2018/19 the HSC Safety Forum/HSCQI hub have worked with HSCTs to:



- Facilitate a phased implementation of the new NEWS chart to identify early deterioration and prompt specific action.

- Liaised with the copyright holder the Royal College of Physicians to ensure the integrity and effectiveness of the NEWS chart was maintained whilst allowing for local and regional modifications.

A number of regional meetings have been held with PHA/HSCB and HSCTs to help support the scale and spread of NEWS2 across all clinical areas. The region as a whole has continued to maintain an average percentage compliance of NEWS throughout the 2018/19 years of 92-95%. All HSC Trusts have maintained over 80% compliance during 2018/19.

### Mixed gender accommodation

HSC is committed to the delivery of person-centred care. International and national evidence has highlighted that the provision of single gender accommodation has been identified by patients and relatives/carers as having significant impact on maintaining privacy and dignity while in hospital. There is therefore an expectation that men and women will not be required to sleep in the same area.

In line with the DoH Guiding Principles for Mixed Gender Accommodation, each HSCT has developed a policy for the management of mixed gender accommodation in hospital. During 2018/19 the PHA and HSCB supported HSCTs to:

- put in place effective arrangements to adhere to their policy for the provision of safe and effective care and treatment in mixed gender accommodation;
- undertake in a thematic review of mixed gender accommodation in inpatient adult wards, which will help to inform the progression of further improvement in mixed gender accommodation for 2019/20;
- measure and report compliance with their policy for mixed gender accommodation in 100% of inpatient areas.

## 3.3 Core regional priorities

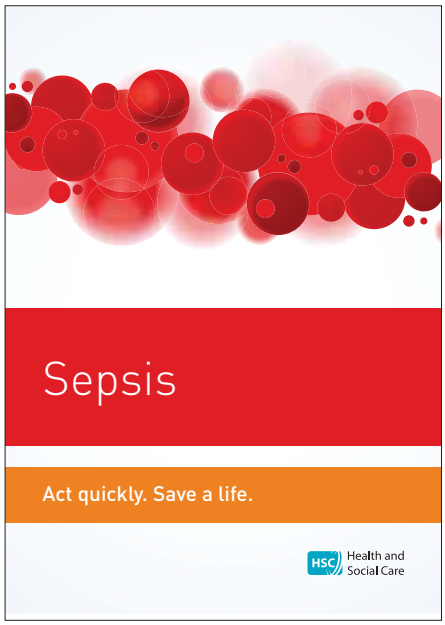
During 2018/19 the HSCB and PHA worked collaboratively with HSCTs and the wider HSC system on a number of key priorities which impact on the safety, quality and experience of care. Below is an example of two key areas which identify measurement as a key component of improvement:

### Improving the recognition of sepsis

Sepsis is a life threatening, severe form of infection which leads to organ failure and critical illness. Survival and recovery are heavily dependent on early recognition and treatment, which includes effective antibiotics. Symptoms and signs however are not always straightforward but there are a number of decision tools designed to support frontline clinicians to make the best possible decisions – neither to overtreat (and contribute in part to the growing problem of resistance to antibiotics) nor to undertreat and miss opportunities for effective management.

The Sepsis Regional Steering group is a multi-professional group hosted by the HSC Safety Forum/HSCQI hub at the PHA to guide and support improvement efforts in sepsis

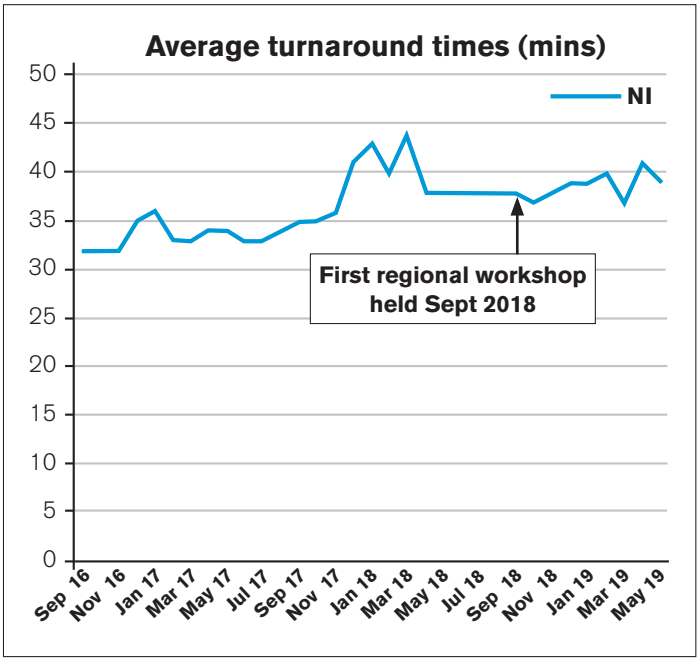
recognition and care. Notable milestones achieved to date include establishing 26 participating units across Northern Irelands' acute hospital network, universally agreed measures to assess progress, a screening tool and patient information leaflets. The group hosts quarterly learning sessions with clinical and support staff working in Northern Ireland's emergency departments, acute medical and surgical units and critical care units. Participants share progress and challenges in improving sepsis care and invited speakers – to date from England and the Republic of Ireland – share their insights to accelerate our learning.




We are currently establishing a network of support staff to collect key measures to aid our collective improvement efforts in a psychologically safe environment that promotes learning rather than judgement. Links have also been established with Antimicrobial Stewardship efforts across Northern Ireland to collaborate on safe and effective use of antibiotics. Sepsis management in the medium and long-term requires effective stewardship of antibiotics, as well as links with the UK Sepsis Trust to raise public awareness of the symptoms and signs to prompt them to ask the question 'could it be sepsis?'

## Improving Community Emergency Response

Prompt turnaround times for Northern Ireland Ambulance Service (NIAS) ambulances and crew are an important element of maintaining an effective emergency community response. Over the last 3 years turnaround times have gradually increased from their target time of 30 minutes, in part due to challenges with congestion in our Emergency Departments at times of peak pressure. The HSCB and HSC HSC Safety Forum/HSCQI hub have been involved in providing a neutral, credible platform for Emergency Department and NIAS staff to explore solutions to improving the turnaround times together. Innovations include refreshing the pathway to the ED Reception area, standardising handover processes, improved understanding of the needs of frail older patients and developing a shared aim to improving turnaround times. These efforts are complementary to existing Trust and NIAS initiatives and together with a focus on these metrics it is hoped improvements can be made.



## 3.4 Implementation of National Institute for Health and Care Excellence (NICE) guidance

NICE is a non-departmental public body responsible for providing national guidance and advice to improve health and social care.

NICE produces different types of guidance, including:

- technology appraisals (new drugs, medical treatments and therapies);
- clinical guidelines (recommendations on the appropriate treatment and care of people with specific diseases and conditions);
- public health guidance (recommendations for populations and individuals on activities, policies and strategies that can help prevent disease or improve health).

NICE National Institute for Health and Care Excellence

The HSCB and PHA have put in place processes to implement technology appraisals, clinical guidelines and public health guidance published by NICE and endorsed by the DoH.

During 2018/19, the HSCB and PHA issued 45 technology appraisals to the HSC and continues to monitor the implementation of 190 clinical guidelines which have been issued to the service.

The implementation of NICE guidance can often be the driver for change in a wide range of areas, as it provides commissioners, clinicians and other health care professionals with evidence based methodologies to improve and sustain higher quality outcomes for patients and clients.

**WWW** **More information about the technology appraisals and clinical guidelines that are being implemented can be found at www.hscboard.hscni.net/nice**

## 3.5 Measuring improvement within mental health and learning disability services

### The Outcomes Star™

The Outcomes Star™ is an evidence-based tool for both supporting and measuring change. The values that inform the Outcomes Star™ are similar to those of person-centred, strengths-based and co-production approaches. As a result, implementing the Outcomes Star™ can provide an effective way of putting these approaches and values into practice in a service. It is envisaged that use of the Outcome Star™ will empower individuals to take responsibility for their own recovery journey and help demonstrate real tangible outcomes for the individual and the organisations involved in providing the care and support for people with mental health conditions.

Outcomes Star™

Last year the PHA commissioned training for over 100 staff working within mental health services on the use of three Outcome Stars™.

These include:

**The Wellbeing Star** works by encouraging people with long-term health conditions to consider a range of factors that impact on their quality of life. The overall aim is for the service user to do as much as they can so that the long-term condition impacts on their life as little as possible.

**The Recovery Star** is a tool for supporting and measuring change when working with adults who experience mental health problems. The Recovery Star focuses on ten core areas that have been found to be critical to recovery; managing mental health, physical health and self-care, living skills, social networks, work, relationships, addictive behaviour, responsibilities, identity and self-esteem and trust and hope.

**The Drug and Alcohol Star** is designed for use with adults in substance or alcohol misuse services. The Drug and Alcohol Star focuses on areas that have been found to be critical in supporting people to progress towards and maintain a life free from drug misuse and problem drinking.

Feedback received to date from staff working within mental health services has demonstrated that the use of the Outcomes Star™ has a positive impact on their engagement with service users as it provides a tool to help guided conversations about recovery and is an invaluable resource for measuring progress to improve.

## Phase one evaluation of the Regional Hospital Passport for People with Learning Disabilities

The Regional Hospital Passport for People with Learning Disabilities (RHPLD) was developed to provide vital information about a person with a learning disability which will help hospital staff to make reasonable adjustments to provide safe and effective care and improve the care experience for the person with learning disability.


The regional learning disability health care and improvement steering group, which includes representation from PHA, HSCB and HSCTs, oversees the implementation of the RHPLD and last year the PHA health intelligence team was commissioned to carry out an evaluation of the implementation of the passport in order to measure its effectiveness and identify improvements which can be taken into consideration for the future. The evaluation methodology included conducting interviews regarding distribution processes and experiences of using the RHPLD, completion of surveys regarding awareness of the RHPLD among the community and voluntary sector, and desktop analysis of downloads of the RHPLD and guidance notes from the PHA website.

In addition, the 'telling it like it is' (TILII) group designed an evaluation form using the 'appreciative inquiry method' which looks at leading with the positives. Members of the

TILII group engaged with 150 people with learning disabilities and their carers across Northern Ireland and asked positive questions to find out the strengths of the passport. By encouraging conversations, TILII identified areas for improvement to help to move towards the dream phase of having the passport embedded into every day practice. This would make sure that each individual gets the care and support they need when going into hospital and that it is not only of a high standard but actually fitting to their individual needs.

As a result of the evaluation the PHA working closely with HSCB and HSCTs have been able to accurately measure the effectiveness of the hospital passport implementation and use this information to learn for the future.

## 3.6 Population screening in Northern Ireland

Early diagnosis through screening is associated with improved outcomes for a number of health conditions. Population screening programmes in Northern Ireland aim to detect disease at an early stage, usually before they become symptomatic. The PHA is responsible for the commissioning and quality assurance (QA) of eight screening programmes.

These screening programmes must reflect the highest level of service quality as set out within the respective national guidance and service specifications (associated within the individual programmes). This is verified thorough ongoing monitoring and benchmarking exercises undertaken within each programme. An example of the work of some of the screening programmes to increase the uptake of services in order to improve outcomes for patients is outlined below.

**Antenatal and newborn screening programmes**

- Antenatal infection
- Newborn blood spot
- Newborn hearing

**Young person and adult screening programmes**

- Diabetic eye
- Bowel cancer
- Breast cancer
- Cervical cancer
- Abdominal aortic aneurysm

### Cervical screening

During 2018/19, the PHA worked with Cancer Research UK (CRUK) to support their primary care engagement programme in Northern Ireland. This included the development of an audit tool for primary care practices in relation to the delivery of cervical screening at practice level. The audit tool can be used by practices to self-assess their service and processes against best practice and regional guidance. It can assist practices to identify potential areas for improvement.

The audit tool was launched in March 2019 at a training update event for cervical sample takers, jointly hosted by PHA and CRUK. Over 170 nurse sample takers and GPs attended the event, which was used to promote best practice in cervical screening.

The information provided to women on the cervical screening programme is regularly reviewed and updated. In 2018/19, the PHA collaborated with voluntary organisations to develop a new resource for women following the diagnosis of a cervical cancer. The leaflet and additional fact sheet aim to provide women with information on how their previous screening results may be reviewed and to assure them that they will be able to see the findings of this review if they wish. This group, along with HSC clinical staff, also contributed to the development of a framework document for audit of cervical cancers. This has been distributed to all HSCTs and aims to standardise the approach used across Northern Ireland.

## Abdominal aortic aneurysm screening

Since the programme's successful implementation in 2012, it has worked with service users and key stakeholders to ensure ongoing programme development and continuous improvement. A key element in achieving this has been the introduction of service user events (beginning with the first in 2013). The sixth of these annual events was held on 26 April 2018, bringing together over seventy participants. This included men who have benefitted from screening, their wives and members of the programme team at the Belfast HSCT, the service provider.

The PHA, along with Belfast HSCT colleagues, presented updates regarding recent service developments, previously suggested by service users; this included viewing a new video (to help men better understand what screening involves). Discussion during the event generated ideas to guide future service development. Potential candidates for the role of Patient Representative were also identified, with three individuals subsequently appointed to the programme's commissioning group (reflecting the programme's ongoing efforts to support Personal and Public Involvement (PPI) and co-production).

In March 2019, to help validate the quality of the screening programme, colleagues from Public Health England and the English NHS AAA Screening Programme undertook an 'External Quality Assurance' assessment. The team identified that the programme is generally performing well: recommendations to guide the future operation of the service were identified – these will be pro-actively taken forward by the programme over the coming year.

## Promoting uptake of cancer screening

People from areas of higher socio-economic deprivation, and also specific population sub-

groups, are generally less likely to attend for screening. To help address this, the PHA have been working with the Women's Resource and Development Agency (WRDA) to raise awareness and promote informed choice in uptake of the cancer screening programmes. In 2018/19, peer facilitators continued to deliver educational awareness sessions to participants from disadvantaged, diverse and sometimes remote or rural backgrounds.

The PHA also worked with a range of voluntary and community group representatives to develop and run a social media campaign to promote cervical screening to younger women. The successful campaign focused on overcoming the key barriers and concerns that women may have that prevents them from attending screening for the first time.

Women's RESOURCE & DEVELOPMENT AGENCY
Supporting Women's Groups and Networks Across Northern Ireland

Theme four

# Raising the standards

## 4.1 Introduction

The HSCB and PHA have established a framework of clear evidence-based standards and best practice guidance which is used in the planning, commissioning and delivery of services in Northern Ireland. The HSCB and PHA are continuously striving for excellence and raising the standards of care and the quality of services delivered.

## 4.2 Establishment of new networks

### Northern Ireland Frailty Network

Frailty is noticed when the body loses its ability to recover, from a fall for example. It affects more than a quarter of our population aged 85 and over and can be prevented and even, in some cases, reversed.

During 2018/19 the PHA identified frailty as a key priority area of focus in line with its corporate outcome 'all older adults are enabled to live healthier and more fulfilling lives'. In response to this priority, the Northern Ireland Frailty Network was launched in March 2018. The Network, which is led by the PHA linking closely with the HSCB was established using transformation funding secured through the DoH and has brought together a wide range of people and organisations all with a part to play in caring for our population living with frailty, as well as having a strong focus on prevention. The frailty programme adopts a co-production approach, with Age NI's consultative forum central to the development of our frailty structure.

The ambition of the Network for Northern Ireland is that frailty will be seen as everyone's business and we all should know what to do when presented with a person living with frailty. Last year the network commissioned a literature review which considered current local, national and international evidence and best practice around frailty. This information will be used to inform the key messages, specifically focusing on prevention and early intervention techniques such as diet, exercise, keeping mobile, and remaining socially active.

**For further information or to join the NI Frailty Network, email frailtynetwork@hscni.net**

### Regional Trauma Network: enhancing mental health services in Northern Ireland

The Regional Trauma Network (RTN) involves the design, co-production, and implementation of an integrated service model to respond to the needs of adults and children with trauma-related psychological and psychosocial difficulties in Northern Ireland.

As part of the Stormont House Agreement (2014), the Northern Ireland Executive made a commitment to establish a "world class trauma service" to respond to the psychological impact of the troubles/conflict. Consequently, during 2018/19 the Regional Trauma Network was established. In partnership with the Victims and Survivors Service the HSCB lead the implementation of the network which aims to

deliver a comprehensive regional trauma service, drawing and building on existing resources and expertise in the statutory and community and voluntary sector. The HSC element of the RTN, to provide specialist therapies for complex Post Traumatic Stress Disorder, has been under development over the past year, along with work to build the partnership with community, and voluntary agencies funded to provide support to people that have experienced troubles/conflict related trauma. The network has also developed a Partnership Alliance for Learning from Lived Experience (PALLE) to ensure the RTN is a highly accessible, acceptable, and effective service for those who need it.

The RTN will assist individual service-users to access the level of support that matches their clinical needs. Psychological therapies provided in RTN Local Trauma Teams have been informed by the most authoritative international evidence-based guidelines on the effective management of trauma.

The implementation of the specialist trauma service will be a phased approach . When the service is fully implemented it will offer specialist psychological therapies for any child, young person or adult in the population who is experiencing complex psychological trauma.

**WWW** **For further information on the Regional Trauma Network email regionaltraumanetwork@hscni.net**

## 4.3 Collaborative working

### Regional Mental Health Quality Improvement Collaborative

Growing in strength year by year, the Regional Mental Health Quality Improvement Collaborative is led by HSC Safety Forum/ HSCQI hub. The main focus of work has been on communication with patients, families and carers. Last year a workshop was held with HSCT staff, service users and carers to identify key areas of focus. Key themes emerged such as support and information for carers and carers' assessments.

Each of the five HSCTs identified areas to progress and, through quality improvement methodologies and working with carers and service users, are working on a variety of key areas:

- development of a conversation and listening meeting with carers;
- obtaining carers' feedback to improve services;
- increasing involvement of family, carers, and friends in a patient's treatment;
- availability of improved information carers;
- training for carers;
- development of wellness groups for carers.

Through the collaborative, HSCTs have the opportunity to share and learn from each other.

## Dysphagia Project

The regional dysphagia project is led by the PHA working closely with HSCB, HSCT and community and voluntary organisations to take forward a core area of work relating to improving the quality of services for people living with dysphagia. Last year these included:

### Collaborative working through the Q community

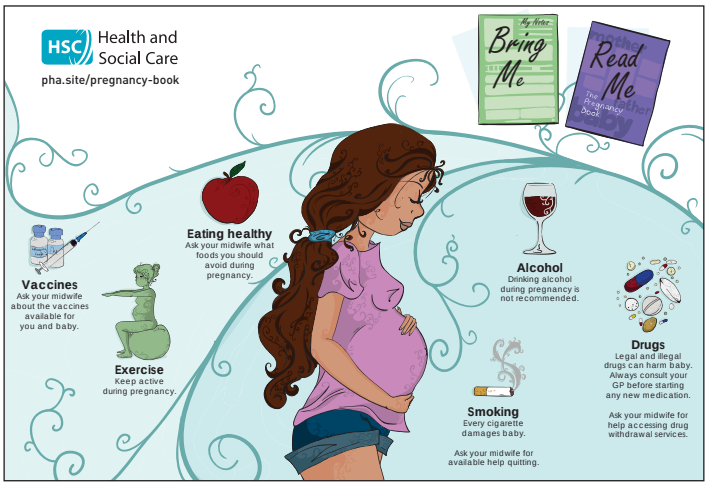
Q is an initiative connecting people who have health and care improvement expertise across the UK. In Northern Ireland the Q community is made of up a diverse range of people including those at the front line of health and social care, patient leaders, managers, commissioners, researchers, policymakers, and others. The HSC Safety Forum/HSCQI hub are the lead partner for Q in Northern Ireland. Through a range of recruitment drives there are currently around 180 members who have had access to the online resources provided by the core Q team. Members have the opportunity to participate in a range of activities coordinated locally by HSC Safety Forum/HSCQI hub including data masterclasses, national and local Q events, training on coaching and a cross-border collaboration on liberating structures. In 2018, Q members were also successful in attaining a Q exchange award to explore the impact of advanced quality improvement training on practice. It is anticipated that the local and national network will continue to expand and be supported during 2019/20.

**WWW** For further information on how to get involved with Q Community https://q.health.org.uk/join-q/

## 4.4 Maternity and children's services

### Maternity safety wallet

As part of the redesign of the maternity handheld record, the HSC Safety Forum/HSCQI




hub worked in partnership with a design student from the Ulster University, the regional maternity quality improvement collaborative and service users to develop a protective safety wallet. In addition to the maternity notes the wallet will hold the *Pregnancy Book* and *Birth to Five*, plus any other information sheets.

The messages on the outside of the wallet, using evidence-based guidelines, are focused on public health, maternal mental health, bonding with baby and actions to take if the mum has reduced fetal movement.

### The weigh to a healthy pregnancy

Maternal obesity is an ongoing concern for maternity services as it is associated with significant risks to both mother and baby. Such risks include miscarriage and stillbirth, gestational diabetes, hypertension and premature birth. In Northern Ireland, over 22% of mothers giving birth during 2017/18 were obese at the booking appointment and this proportion has increased year on year since 2011/12.

In response to this need, a programme of support was developed known as the Weigh to

a healthy pregnancy programme (WTHP). The programme is in place across all five HSCTs and funded by the PHA.

The programme initially targeted pregnant women with a body mass index (BMI) ≥ 40kg/m$^2$, and after evaluation was expanded to reach women with a (BMI) ≥ 38kg/m$^2$. WTHP aims to help women make healthy lifestyle changes and limit their gestational weight gain. In 2018/19 a total of 1,082 pregnant women in Northern Ireland had a (BMI) ≥ 38kg/m$^2$ at booking and eligible women were offered extra support from a WTHP dietitian, midwife and physiotherapist. Support is available throughout pregnancy and up to 10 weeks after the birth. A key component of the programme is weight recording and participants are encouraged to self-monitor their weight, alongside weight recording by the WTHP teams at various times throughout the pregnancy.


**WWW** For further information in relation to this programme https://www.publichealth.hscni.net/publications/weigh-healthy-pregnancy-0

## New parenting resources

Each year, there are 23,500 births in Northern Ireland.

Last year a new version of the maternity hand-held record was tested which aims to enhance safe, high quality maternity care for all mothers and babies. Both mothers and health professionals were involved in the development of the record. There is a new section for mothers or fathers to record any concerns or issues that they would like to discuss with the midwife or doctor at the next appointment.



Two other health books are given to all mothers in Northern Ireland .The Pregnancy Book is given at the booking clinic at the first appointment and the Birth to Five Book is given to the new parents following delivery. Each April, the PHA updates these books with the latest maternal, child health and parenting information, research and evidence. In 2019, the PHA rebranded and refreshed the books to take account of the latest evidence, modernise the layout and update photographs.

*The Pregnancy Book* is the complete guide to:

- a health pregnancy;
- labour and childbirth;
- the first few weeks with a new baby.

The *Birth to Five* Book provides information on:

- becoming a parent;
- taking care of mother and child;
- finding practical help and support.

The Personal Child Health Record (the 'red book') has also been updated this year and will be available to all new parents. It is a record of the child's health, growth and development. Parents bring the book with them to all health and medical appointments.

As part of the 3+ review, parents are given a booklet containing useful health and parenting tips to help prepare their child for going to school. The booklet 3+ review: additional information contains information on the child's social and emotional development, as well as information on safety, physical activity, nutrition and dental health.

**WWW** **For further information relating or to access these resources see https://www.publichealth.hscni.net/publications**

## Paediatric audiology

The HSCB working with the PHA, Department of Health, HSCTs, the National Deaf Children's Society (NDCS) and user representatives from the Regional Audiology Forum developed an agreed set of quality standards for paediatric audiology services in Northern Ireland. Newborn Hearing Screening services were excluded from this exercise.

A paediatric audiology quality standards scoring tool was developed to test the quality of paediatric audiology quality services across Northern Ireland and to ensure the standards were fit for purpose. The assessment covered such areas as accessing the service, assessment and hearing aid management, selection, verification and evaluation of outcomes.

The results of this exercise, which was carried out between November 2018 and March 2019, showed that HSCTs achieved an average level of 78% performance across all the standards. HSCTs have also taken learning from this exercise to identify areas of improvement in the paediatric services pathway and waiting times.

The results of this baseline exercise were then used by the Regional Audiology Forum to further develop and finalise the draft quality standards which are currently being equality impact assessed.

## 4.5 Raising the standards with primary care

### Practice-based pharmacists' evaluation

Each GP Practice in Northern Ireland now has its own Practice Based Pharmacist (PBP) who works in the practice, alongside GPs, nurses and other practice based staff as part of a multidisciplinary team. Five waves of recruitment for PBPs have been completed, with wave six recruitment expected to take place next year. This will see all GP practices in Northern Ireland at their full allocated PBP capacity.

The investment in PBPs has been made to support GP practices and federations to improve patient care, to promote safer, more rational and cost-effective prescribing and to deliver better health and wellbeing outcomes for patients. Strategic drivers for this initiative include a need to focus on chronic disease management in general practice, and the requirement for increased capacity and capability in primary care, with the initiative helping to increase the workforce in primary care against a background of a shortage of GPs.

One of the key objectives of the initiative was to release GP time spent on prescribing activities to increase overall GP capacity and improve patient outcomes. Evaluation of this aspect of PBP work after the first two waves of recruitment (across 229 practices) demonstrated that PBPs saved an average of approximately 12 hours per week per practice of other staff's time, with an associated total cost saving of around £516,955. The majority of this was GP time, meaning that GPs could focus on other activities which required their specific expertise.

PBPs have been given a key role in reviewing the prescribing systems that operate in general practice and they carry out an annual audit of these in each practice, making recommendations each year that will continue to improve the quality of practice systems, and ultimately improve patient care. They also have an important role in reviewing the medicines that are prescribed for patients in the practices that they work in. They work alongside GPs to ensure that regular medication reviews are undertaken for patients in the practice who are most vulnerable, for example elderly patients, patients on multiple and/or high risk medicines, those residing in care homes and patients who have recently been discharged from hospital. Many PBPs are qualified to prescribe for patients and will run disease-specific clinics for particular patient groups such as diabetic or asthmatic patients.

There has been widespread acceptance of the PBP service and feedback from practices has been extremely positive.

## 4.6 Campaigns

Delivering improvements in the quality of care for service users requires a holistic approach which places the service user and their needs at the centre of the design process. A key part of this involves giving due consideration to the communication needs of current or potential service users ranging from general awareness to tailored communications. The communication solutions can take many forms depending on the target audience, the messaging to be delivered and the communication channels available. Below is just one example of communication programmes that were developed jointly by the HSCB and the PHA during the year to help bring about improvements in the care offered by services.

### Stay Well This Winter

Stay Well This Winter is a multi-channel campaign aimed at easing seasonal pressure on urgent care and emergency services by highlighting different ways people can keep themselves healthy and signposting to alternative health services. The joint campaign by the HSCB and the PHA was to help ensure people, who are most at risk of preventable emergency admission to hospital, were aware of, and motivated to take, key actions to help them stay well.

We used a digital first approach for this campaign, supplemented by traditional (unpaid) PR efforts.

STAY WELL THIS WINTER

To complement the digital reach, we created graphics to accompany press releases for each local newspaper area, detailing localised, useful health service numbers as well as opening times over the holiday period. We


also facilitated a number of broadcast interviews with spokespersons from HSC and partner organisations.

We produced five versions of an information leaflet (tailored for each Trust). A total of 116,000 copies were distributed through councils, HSCTs, pharmacies, libraries, GPs and Age NI as well as having the leaflet available as a PDF on nidirect and the PHA website.

We worked with stakeholders including HSCTs, AgeNI, BMA, Surestart and ParentingNI to amplify the messages on social media using #StayWellNI. To create a unifying theme for the campaign across the health service, all Trusts and partner organisations used the same online web and social media banners.

## Key facts and figures

Stay Well Facebook organic posts performance:

- 4% – 14% average engagement on Facebook posts (median engagement rate across all industries 2018 is 0.16% - source: www.rivaliq.com/blog/2018-social-media-industry-benchmark-report)
- Organic Facebook posts reach between 11K to 38K (HSCB Facebook followers – 8400)

Stay Well Twitter (#StayWellNI)

- 642 tweets using the hashtag between 1 Nov 2018 to 18 Jan 2019
- 2.6 million impressions (how many times tweets with the hashtag were potentially seen)

Facebook Ads performance (Paid to reach an audience of non-followers)

- 162,272 people reached
- 652,155 impressions (number of times the ad was seen)
- Ad spend over 2 months - £983.77
- Cost per result £0.03 to £0.07

Traditional (unpaid PR)

- 96 press articles and radio interviews

**WWW** **For further information relating to Stay Well this Winter campaign https://www.publichealth.hscni.net/publications/stay-well-winter**

### Following the stay well this winter campaign:

**Calls to GP OOH providers were down**


**from previous year**


**70%**

uptake of flu vaccine among those 65 years and older

# Theme five

## Integrating the care

## 5.1 Introduction

The HSCB and PHA are committed to supporting an integrated HSC system in Northern Ireland which will enable the seamless movement across all professional boundaries and sectors of care. A number of key improvements were led by the HSCB and PHA last year which contributed to raising the quality of care and outcomes experienced by patients, clients and their families.

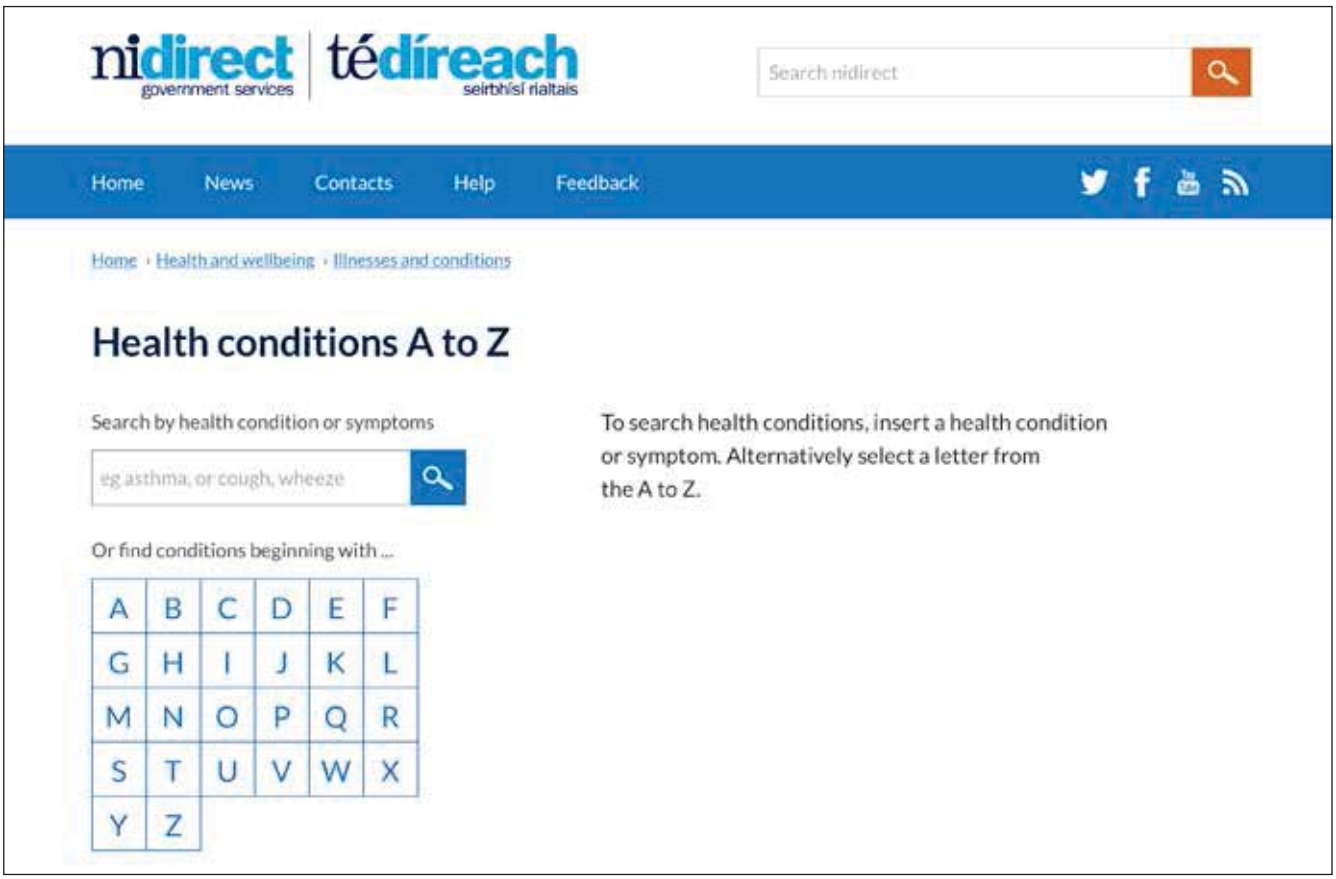
## 5.2 Centre for Connected Health and Social Care

The Centre for Connected Health and Social Care (CCHSC), located within the PHA, promotes the use of technology and innovation in the HSC system in Northern Ireland in partnership with HSCB. The primary purpose of CCHSC is to improve patient/client experience and to provide better quality and more effective care through the use of enabling digital technologies.

During the year the CCHSC continued to contribute to improving health and wellbeing through a number of partnership activities including:

### HSC online

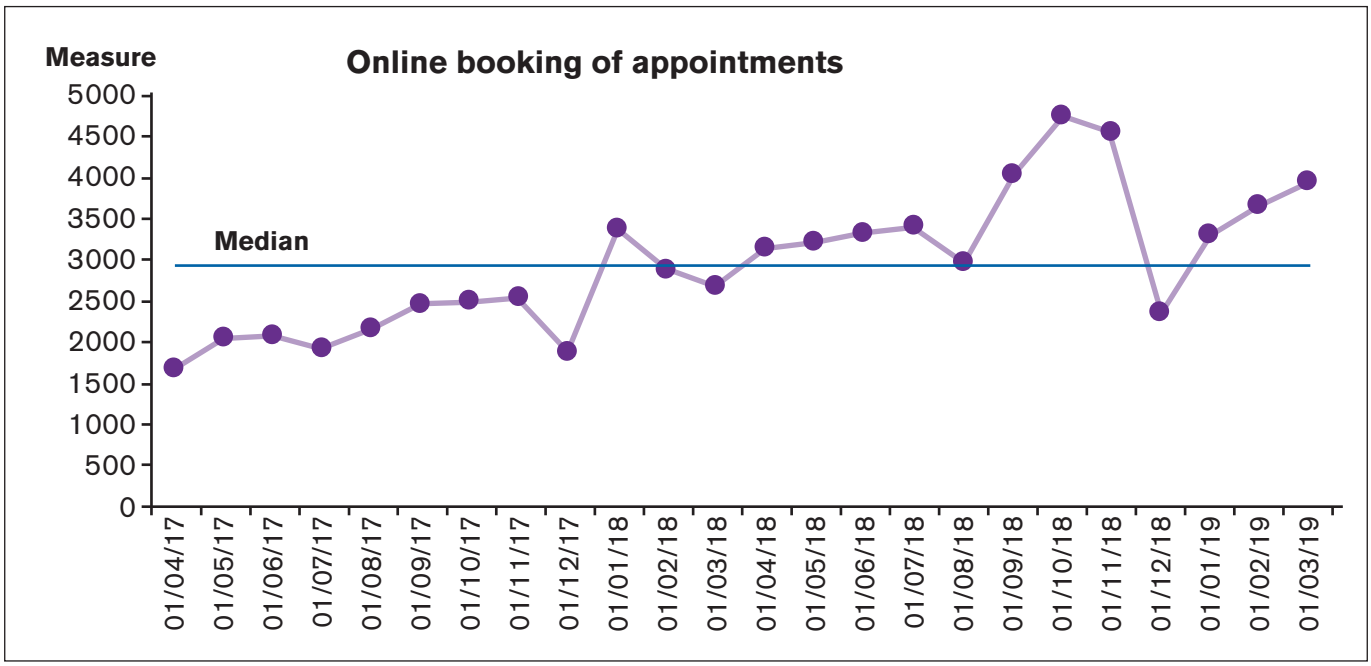
The A-Z platform of health conditions now provides a comprehensive suite of health information, supporting people to make decisions in relation to their personal illness and chronic conditions. Hosted by nidirect, the HSCB eHealth initiative developed in conjunction with the PHA will promote self-management where appropriate, and help people decide whether their condition has

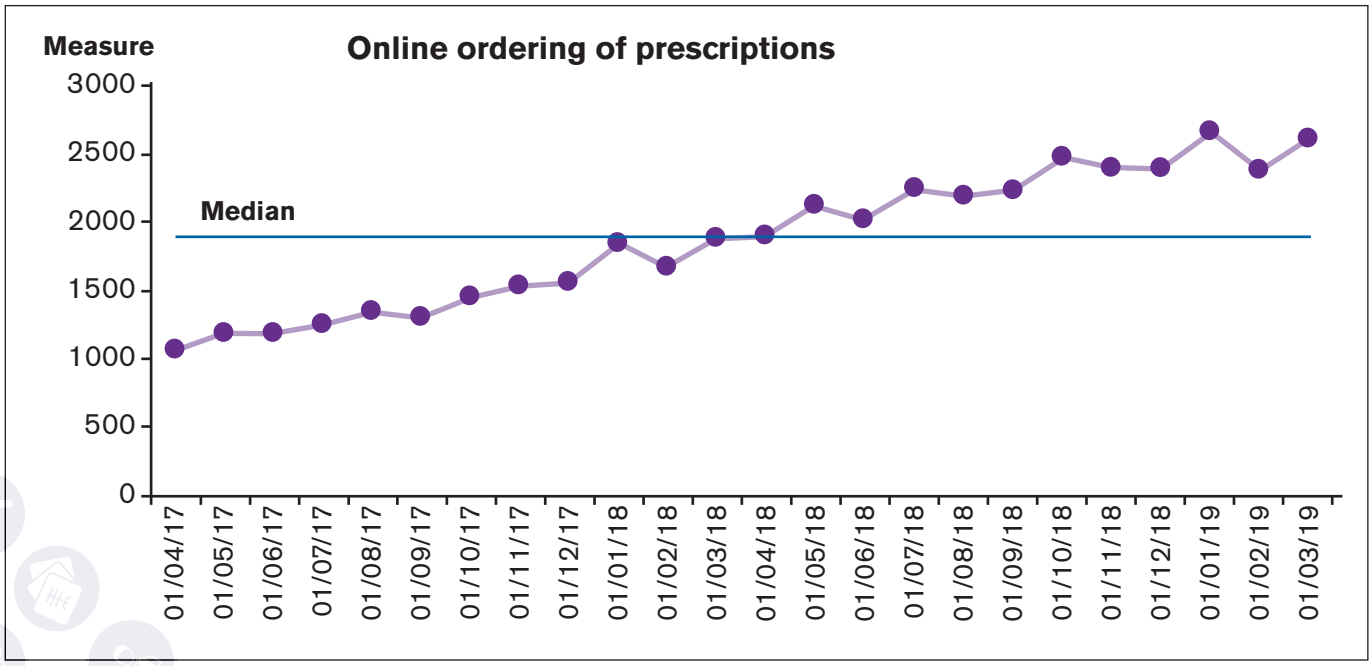


reached the threshold where advice or clinical assessment is required. It will link to signposting of appropriate services, assisting people in accessing services they require.

Links also provide access to GP practices to book appointments online and order prescriptions, where these services have been made available by practices.

**WWW** For further information on HSC online tools
**www.nidirect.gov.uk/health-conditions**



### eHealth and Data Analytics Dementia Pathfinder Programme

Through the eHealth and Data Analytics Dementia Pathfinder programme a number of key components have been designed and implemented which provide a platform for integration of health and social care services particularly relating to dementia services.

- **A patient portal** has been designed in partnership with people living with dementia and their carers. Linked to the Northern Ireland Electronic Care Record (NIECR), those living with dementia can log in and access their hospital appointments as well as all their hospital letters and educational material. Phase 2 and 3 of the project are now being designed. CCHSC are also working with other service groups such as diabetes, neurology and mental health to scope the use of "My Care Record" for these groups of service users.


- **Key Information Summary (KIS)** in the NIECR are now operational for a number of dementia patients. This means that the patients will be recognised and flagged as having dementia across the electronic system.

- **12 Dementia Analytics and Research Projects** were awarded £100K each to use data to inform better services and support for people with dementia in order to assist in service development and design.

**WWW** For more information see: **http://www.hscboard.hscni.net/our-work/ehealth-and-external-collaboration/darug-round-01/**

- **The apps4dementia library is a** new digital service offering support for people living with dementia and their carers that has been launched by the HSCB. It provides a place for users to find safe, trusted apps to provide information and guidance on the condition, support self-care of symptoms and enable users to carry on with their day-to-day activities for as long as possible. The library has been developed alongside people living with dementia and their carers who have provided feedback on design and content. To help with the ongoing development of the library, a number of roadshows will be held across NI during the summer to showcase the apps library for people living with dementia, carers and healthcare professionals.

**WWW** For further information relating to the library see **https://apps4dementia.orcha.co.uk**

## 5.3 Encompass

The transition from the current situation of multiple, aging digital systems and a large reliance on the paper record to 'encompass' will improve outcomes for our patients and service users by making it easier for our HSC professionals to deliver sustainable, high quality care, improved efficiencies and greater collaboration across all care settings. The Transformation Implementation Group oversee initiatives such as elective care centres, reform of services and regional roll outs of new social work models; all of which can be better supported when underpinned by encompass's single integrated digital care record. This will allow the record to follow the patient, enabling HSC-wide scheduling, multi-disciplinary, multi-location team working, rapid scaling of revised assessments and using everyday smartphone technology to let patients and service users do more for themselves, such as booking their own appointments and more easily communicating with the people looking after them in the HSC.

encompass

HSC care and non-care professional staff and a number of patients, service users and carers have been engaged throughout, from pre-procurement activity such as the Discovery Days held in early 2017, development of demonstration scenarios and preparation of the Output Based Specification, through to evaluation of the bids during 2018/19.

The involvement of patients, service users and carers in the selection of the supplier for encompass was particularly novel, and this involvement will continue to be developed and embedded in governance structures throughout the implementation phases of encompass.

## 5.4 New ways of working

### Virtual Fracture Clinic

Western Trust Fracture clinics are carried out across 4 sites in the Western HSCT and Northern HSCT by the Trauma and orthopedics (T&O) service. In order to improve 'did not attend' (DNA) rates, staffing and increase flow through the service, the HSCB and PHA agreed to support the development of new virtual fracture triage clinics in the Western Trust. The HSCB provided £100,000 recurrent investment to ensure that the necessary clinical staff were available to deliver this new service. These clinics provide a mechanism whereby all fracture referrals from the 4 EDs are triaged and discharged where appropriate. The use of virtual clinics has meant that patients do not attend fracture clinics unnecessarily and this helps free up capacity for other patients. Figures to date have shown that 33% of patients referred do not require a consultant outpatient appointment, with the patient either discharged by a nurse over telephone or transferred to an alternative pathway (eg physio).

This equates approximately to 1,300 new appointments each year not being required. Further pathways are being developed which will result in less demand for fracture outpatient new appointments. All clinics now have consultant or trust grade presence, DNA rates are reducing

and a small number of fracture clinics have been remodelled to cover urgent new Elective Orthopaedic cases instead.

### Scoliosis Mega Clinic

In order to improve the time for new outpatient assessments relating to scoliosis, the HSCB worked with Belfast HSCT to establish dedicated scoliosis mega clinics. The clinics followed the same model as the spinal mega clinics which have been operational for the last 18 months. These clinics utilise the capacity and clinical expertise of specialist staff, who run multiple clinics simultaneously to maximise the throughput of patients.

To ensure that the scoliosis mega clinics delivered maximum throughput, it was agreed that additional evening x-ray slots would be run which would ensure that the patient's essential preparation was complete in advance of the assessment. Consultants were therefore able to agree a definitive treatment plan on the day of clinic ie place on a review list or list for surgery.

The use of non-recurrent funding to clear the backlog, coupled with the appointment of two new spinal consultants will ensure that this waiting list reduction is sustainable, with patients now seen as soon as they are referred. The backlog clearance of the new outpatient backlog has meant that there are now no new scoliosis patients waiting longer than nine weeks for an outpatients assessment.

### Primary Care Infrastructure Project

The HSCB continues to support the roll out of the Primary Care Infrastructure Development Programme, aimed at delivering a hub and spoke approach to the delivery of primary and community care services. Primary and community care is considered to be the appropriate setting to meet the majority of the health and social care needs of the population. The services and resources available within this setting have the potential to prevent the development of conditions which might later require hospitalisation as well as facilitating earlier discharge from hospital. The hub facilities will essentially encompass those services which do not require a hospital bed but which are too complex or specialised to be provided in a local GP surgery (a spoke).

Last year, a milestone was reached with the handover of the site at Lagan Valley Hospital to the successful contractor for the development of a new Primary and Community Care Hub. The new Hub is due to be completed in 2021. It will facilitate the co-location of primary and community care and complementary secondary care services, grouped within a single facility for the purposes of delivering integrated care services and patient care.

Significant investment in spoke premises has allowed for increased capacity within primary

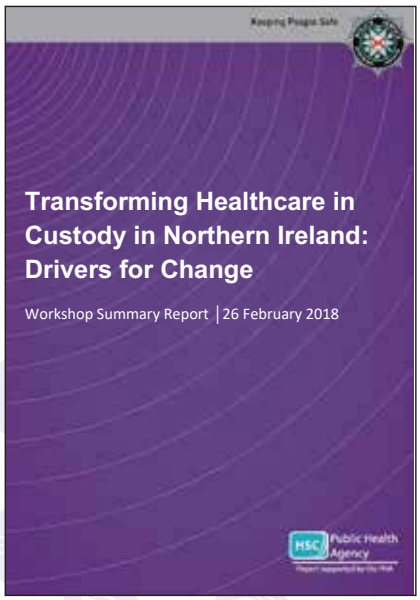
and community care making services more accessible to patients as well as facilitating the roll out of multi-disciplinary working within GP premises and an increase in the number of practices who can provide GP training.

**Last year the HSCB invested £2.2m in transforming GP premises to support new ways of working and providing more services closer to people's homes**

## 5.5 Inter-agency working

### Joint PHA and PSNI Custody Pathfinder

The PHA in conjunction with DoH, DoJ and PSNI and the Belfast HSCT has lead work to develop a Trust-led model for healthcare in custody. Since 1 December 2018, the 24 hour nurse-led custody pathfinder has been operated in Musgrave PSNI custody suite. This transformative service has showed evidence that the service is becoming embedded with custody nurse practitioners assessing approximately 90% of detained persons. This pathfinder has been extended to the end of September 2019.




A bid has been submitted to DoJ and DoH to secure funding for the roll out of the service across eight further PSNI custody suites. The pathfinder has reduced the number of detained persons requiring assessment and treatment within HSC Trust Hospitals and thereby reducing pressure on the service and reducing the amount of police time required to escort detained persons out of custody. The pathfinder has also reduced considerably the Forensic health medical officer budget as one rota now exists for the Belfast area as opposed to two rotas. PSNI have accrued savings of £766K from December 2018 to 31 March 2019. Part of these monies has been reinvested in extending the pathfinder.

### Social Prescribing

Social Prescribing is a means of enabling GPs and other frontline healthcare professionals to refer patients to a link worker. This provides them with a face-to-face conversation during which they can learn about opportunities to improve their health and wellbeing. People with social, emotional or practical needs are empowered to find and design their own personal solutions, such as, co-produce their 'social prescription', often using services provided by the voluntary and community sector.

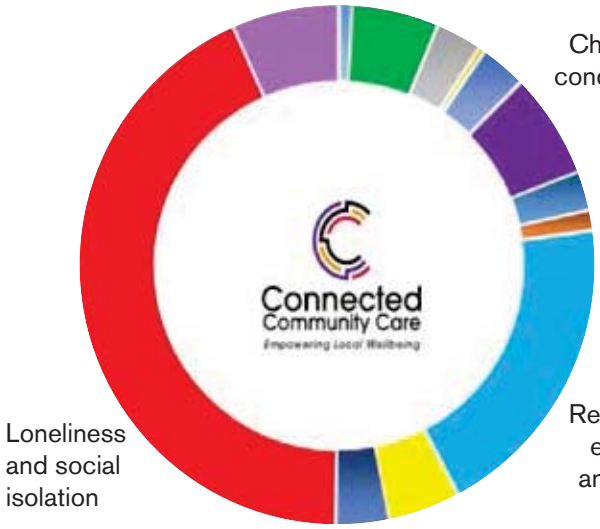
IMPACTAgewell

Mid & East Antrim agewell Partnership

A number of social prescribing projects have been established over the last number of years due to the hard work of a range of partners primarily the community and voluntary sector supported by HSCB, PHA, Integrated Care Partnerships(ICPs) and local commissioning groups.

The potential for social prescribing to provide more integrated and person centred care and support has been recognised. In January 2019 a workshop was hosted by ICPs to explore the range of social prescribing work underway locally, learn from the UK Social Prescribing Network and to identify the steps that need to be taken to support the social prescribing agenda in Northern Ireland.

**Reason for referral**




Key messages emerged from the workshop including;

- the importance of having a common approach to evaluating the work;
- the need for mechanisms for shared learning across the projects to support quality improvement;
- the importance of establishing a more co-ordinated and strategic approach to the growth of social prescribing;
- sustainable investment into the voluntary and community sector.

Work is underway to address these key messages to help ensure that quality improvement is central to the development of social prescribing and that its potential as a tool for health improvement is optimised.

**CASE 1**

**An 89-year-old lady, who had lived since her husband passed away 3 years ago, was referred to the IMPACTAgewell® Project due to Diabetes and Hypertension by her GP.**

**During the home visits, the lady talked a lot about loneliness, dying and not having her husband around to talk about these concerns. The IMPACTAgewell® project officer devoted time to build a trusting relationship so that they could talk about 'What if' and these converstions led to supporting the lady to create a funeral plan and help appoint an executor to her will.**

**These conversations may be difficult for a family to have with loved ones, but the older lady was able to express her worries in a safe place and receive the relevant support with assistance from the community advice services.**

### Belfast Safer Homes

Belfast Safer Homes is a multi-agency partnership (PHA, BHSCT, Belfast City Council & Bryson Energy) providing services to older people who have had a fall, are at risk of falling, or have a fear of falling: These services include a free home hazard assessment, free accident prevention equipment and subsidised handyman service to fit equipment and undertake repairs that will remove slip, trip or fall hazards.

Since its establishment the service has continued to evolve to meet the needs of older people. Last year this included:

- Supporting older people to stay warm and well during winter. The service has been able to avail of additional resources to support older people to operate their home heating controls effectively and fit simple equipment to stay warm (for example draught excluders, radiator foils).
- Engaging with health professionals to better target the service. The service is now part of the Belfast HSCT Falls Care Pathway. Thus, patients presenting to any part of the health service because of a fall (for example ED, ambulance service, GP clinic) will be referred to this service as part of a multi-factorial intervention, in line with NICE guidance.
- Engaging with Belfast Policing & Community Safety Partnership to add value by providing a new function which enables older people who are victims of crime; and have been provided with crime prevention equipment by a PSNI Crime Prevention Officer; to get the Belfast Safer Home service to fit the equipment for free.

***"Very good service which will enable me to remain safe within my home. The jobs I couldn't do were making me feel down so thanks for doing these"***

***"It's a brilliant service that helps identify hazards that I wouldn't have guessed could be potentially dangerous to my father.".***

**To find out more or to arrange a visit call 0800 1422 865 (calls are free from a BT landline).**

### Children and Families Programme

The HSCB concluded on the Review of Regional Services for Children and Young people in March 2018. The report's findings and recommendations, endorsed by DoH and DoJ, established a transformation programme of improvement for childrens services. A primary recommendation was the introduction of an Integrated Care and Justice Campus comprising the current standalone Secure Care and Juvenile Justice Centres.

In collaboration with the respective Departments and key partner agencies the HSCB has embarked on building foundations to support the implementation of the primary recommendations.

Building blocks being progressed include:

- funding proposals secured to assist with creating more conducive conditions that will enable change for example the delivery of an accredited coaching programme for frontline managers across residential childcare to strengthen capacity and leadership;
- appointment of an Independent Chair to lead on the establishment of a Regional Multi-Agency Decision Making Panel for applications, in the first instance, to Secure Care;
- testing a bespoke peripatetic residential support model for residential childcare which seeks to enhance and strengthen mainstream childrens homes. This will introduce a skills mix service comprising of youth workers, sensory support specialisms and psychology. It will provide young people with high level diversionary strengths based interventions which are intended to better support their integration into local communities, build resilience and enable stable and enduring care placements;
- introduction and testing of new housing and support solutions for vulnerable young people in a Trust area intended to better meet the complex needs of young people transitioning from care to the community. Underpinned by a partnership with other statutory and voluntary sector partners the investment proposal is transformational in that it is integrated within a newly innovative housing led service; it eliminates silo working and duplication of effort; provides a rapid person centred support service; and will afford the opportunity to explore the feasibility of redesign of existing homeless provision and resources to better respond to need.


For further information
please contact

**Grainne Cushley**
Q2020
Project Manager
grainne.cushley@hscni.net

HSC Public Health Agency

**item 12**

| | |
|---|---|
| **Title of Meeting** | PHA Board Meeting |
| **Date** | 17 October 2019 |
| **Title of paper** | Surveillance of Influenza in Northern Ireland 2018/19 |
| **Reference** | PHA/05/10/19 |
| **Prepared by** | Jillian Johnston, Emma Dickson and Mark O'Doherty |
| **Lead Director** | Adrian Mairs |
| **Recommendation** | For **Approval** ☐ For **Noting** ☒ |

## 1 Purpose

The purpose of this paper is to note the Surveillance of Influenza in Northern Ireland 2018/19 Report.

## 2 Background Information

Under PHA's Corporate Objective 3, "All individuals and communities are equipped and enabled to live long healthy lives", PHA will aim to protect the health of individuals and communities through the implementation of immunisation programmes. This Report forms part of that work.

## 3 Key Issues

This is the annual *Northern Ireland Influenza Surveillance Report for 2018/2019* collated by the Influenza Surveillance Team of the Health Protection Directorate. The report describes influenza activity and vaccine uptake in Northern Ireland for 2018/19 from week 40, 2018 (1 October 2018) to week 20, 2019 (19 May 2019).

The 2018/19 influenza season was characterised by low levels of activity in the community and hospitals. GP 'flu/flu-like-illness' ('flu/FLI') consultation rates remained below a standardised baseline threshold for the season except week 2, 2019, when it was exceeded for one week only. The health impact was predominantly seen in adults aged 15-64 years. Influenza A(H1N1)pdm09 was the predominant strain, with influenza A(H3) later and very little influenza B.

This season, vaccine uptake was lower across the public programme target cohorts compared to 2017/18. Uptake increased in the frontline HSCW campaign. This year, vaccine uptake was separated for frontline HCWs and SCWs (table). Reductions in uptake in the target cohorts may have been impacted by unanticipated staggered deliveries of one flu vaccine, resulting in changes to the delivery of GP campaigns, as well as an increasing trend in population of under and over 65 year old adults.

| Target cohorts | End of season (2018/19) | End of season (2017/18) |
|---|---|---|
| **65 years and over** | 70.0% | 71.8% |
| **Under 65 years at risk** | 52.4% | 56.0% |
| **Pregnant women** | 44.3% | 56.7% |
| **Preschool (2-4 years)** | 47.6% | 50.6% |
| **Primary schools (4-11 years)** | 75.9% | 76.5% |
| **Health and Social Care Workers** | 35.4% | 33.4% |
| **Health Care Workers (only)** | 39.5% | - |
| **Social Care Workers (only)** | 22.5% | - |

## 4 Next Steps

Planning for the 2019/20 flu season is currently in progress. Delivery of the 2019/20 flu vaccines are on schedule and as expected. The PHA flu vaccine team will be prioritising improvements in lower uptake groups. This year, Department of Health has set separate targets for HCWs and SCWs and the PHA flu vaccine team are working with Trusts to improve uptake of this professional group.

The Report has been published on the PHA website.

# Surveillance of influenza in Northern Ireland 2018/2019



HSC Public Health Agency

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# Executive summary

**Seasonal influenza activity**

The 2018/19 influenza season was characterised by lower levels of activity in the community and hospitals compared with 2017/18.

- GP consultation rates for 'flu/flu-like-illness' ('flu/FLI') increased in week 1, 2019, peaking in week 2 at 18.9 per 100,000 population. Rates returned to pre-season levels in week 12.
- The Northern Ireland standardised threshold for influenza intensity[1] (low intensity; equal to or greater than 17.1 per 100,000) was exceeded for one week only this season (week 2, 2019).
- Highest 'flu/FLI' consultation rates were seen in 45-64 year olds in week 2 (25.2 per 100,000).
- Influenza A(H1N1)pdm09 was the predominant circulating virus at the beginning of the season (57% of influenza isolates), with influenza A(H3) the predominant strain later in the season (21% of influenza isolates).
- There were 12 confirmed influenza outbreaks reported this season, of which the majority (8/12) occurred in care homes. The remaining influenza outbreaks (4/12) occurred in hospital settings.
- There were 67 admissions to Intensive Care Units/High Dependency Units (ICU/HDU) with confirmed influenza in 2018/19. Seven deaths were reported in ICU/HDU patients who had laboratory confirmed influenza, giving a case fatality rate of 10%.
- Excess all-cause mortality was reported for two weeks during the season (weeks 1 and 6, 2019).
- The principal activity period for Respiratory Syncytial Virus (RSV) occurred from week 44, 2018 to week 3, 2019, with the proportion of positive samples peaking at 22% in week 48, 2018.

[1] The Northern Ireland baseline Moving Epidemic Method (MEM) threshold is described later in this report under the enhanced influenza systems.

**Seasonal influenza vaccine uptake**

- Influenza vaccine uptake in 2018/19 was marginally lower across the majority of the target cohorts within the public campaign compared with 2017/18.
- The vaccination uptake rate decreased in all target population groups, with the exception of those morbidly obese without other co-morbidities (body mass index (BMI) greater than 40 kg/$m^2$), in which uptake increased to 26.3% (compared with 22.8% in 2017/18).
- Vaccine uptake increased in frontline health and social care workers (HSCWs) to 35.4% (compared with 33.4% in 2017/18).
- This year, it was also possible to report vaccine uptake in frontline health care workers (HCWs) (excluding social care staff) to enable comparison with other devolved administrations (39.5% in 2018/19).

## Introduction

In Northern Ireland, surveillance of influenza and other respiratory viruses is carried out by the Influenza Surveillance Team at the Health Protection Directorate of the Public Health Agency (PHA).

Data are collated from a number of surveillance systems to provide information on the type of influenza strains circulating in the region, the timing of influenza activity, the burden of influenza on the community and health services, the degree of excess mortality and the uptake of influenza vaccine.

Outputs from the surveillance activities are used to produce timely reports that are distributed to the Department of Health (DoH), Health and Social Care Board (HSCB), Health and Social Care Trusts (HSCTs), health professionals, the media, and the public.

Surveillance is carried out all year, with output reports published weekly or fortnightly from week 40, 2018 (commencing 1 October 2018) to week 20, 2019 (ending 19 May 2019).

This report describes the influenza activity in Northern Ireland for the 2018/19 season from week 40, 2018 to week 20, 2019.

## Enhanced influenza surveillance systems

### In-hours GP practice surveillance

Since 2017/18, in-hours GP Practice surveillance has been reported from 98% of the population (323 GP practices) instead of 11% of the population from the sentinel GP scheme (33 GP practices).

The system automatically extracts the number of clinical consultations for confirmed influenza and 'flu/FLI' from GP practices on a daily basis, facilitated by Apollo, Wellbeing Software. Denominator data for each GP practice population was provided by the Business Services Organisation (BSO) at the beginning of the season using 2018 mid-year population registrations for each GP practice. These allowed for combined 'flu/FLI' GP consultations rates per 100,000 population to be calculated.

The Northern Ireland Enhanced Surveillance of Influenza programme has been running since 2000 and in 2018/19 33 GP practices participated in the sentinel GP scheme. The sentinel practices obtain nose and throat swabs to enable community virological surveillance.

Every year the baseline MEM threshold for 'flu/FLI' GP consultation rates in Northern Ireland is calculated to standardise reporting of seasonal influenza activity. Further thresholds are also calculated for low, moderate, high and very high activity[2]. The threshold is used by the European Centre for Disease Prevention and Control (ECDC) and has been adopted by the United Kingdom (UK) devolved administration schemes to standardise reporting of influenza activity across the UK and Europe. Further details of the method have been previously described (Vega et al, 2012).

### GP out-of-hours surveillance

The GP Out of Hours (OOH) surveillance system automatically extracts the number of clinical consultations for 'flu/FLI' from all GP OOH Centres in Northern Ireland (n=5) on a weekly

[2]2018/19 MEM thresholds: baseline 17.1 per 100,000; low activity 17.1 to <25.8; moderate activity 25.8 to <76.8; high activity 76.8 to <124.4 and very high activity >124.4 per 100,000.

basis. Combined ‘flu/FLI’ GP consultations rates per 100,000 population are calculated, similar to the in-hours GP practice surveillance, using 2018 mid-year population registrations for each GP practice provided by BSO at the beginning of the season.

**Virological surveillance**

The Regional Virology Laboratory (RVL) tests respiratory samples that are submitted from the sentinel GP scheme, and from HSCT hospitals, GP practices outside the sentinel GP scheme and care home outbreaks (latter known as “non-sentinel” sources).

Swabbing from the sentinel GP scheme runs throughout the normal influenza season and provides information on circulating community flu and feeds into the national Vaccine Effectiveness work. HSCT hospitals and GP practices submit respiratory samples from patients if clinically recommended on the basis of presenting symptoms.

All respiratory samples are tested by real-time polymerase chain reaction (RT PCR) for influenza A, Influenza B and RSV. Samples that are positive are tested with H1(A(H1N1)pdm09) and H3 assays. Depending on clinical details, ward of origin and laboratory capacity at point in time, respiratory samples may be tested for other respiratory targets using RT PCR including: Mycoplasma pneumoniae, Legionella pneumophila and Chlamydophila pneumoniae, Bordetella pertussis, Pneumocystis Jirovecii, metapneumovirus, respiratory adenovirus, coronavirus, parainfluenza viruses and rhinovirus. It is not useful to report on other respiratory viruses due to the variation in testing methods from year to year.

This season two HSCT laboratories also conducted influenza testing for patients where the clinician suspects flu. Respiratory samples are tested for influenza A, B and RSV. Samples positive for influenza A are sent to RVL for confirmation and further characterisation.

The influenza team collects and collates the number of patients tested, along with their results for influenza and RSV viruses from RVL and the two local HSCT laboratories. The number and proportion of samples positive for influenza and RSV are reported on a weekly basis.

De-duplication of respiratory samples is undertaken for surveillance purposes because an individual may be tested on numerous occasions over a short period of time. An episode of

influenza is based on a six week interval while other respiratory diseases are based on a two week interval. De-duplication ensures multiple samples from the same individual are not recorded. Their positive result may also not come from their first sample. National guidelines specify that a positive result overrides previous negative results. Total tests undertaken for both influenza and RSV will differ due to this de-duplication interval.

**Outbreak surveillance**

Respiratory-related outbreaks in institutional settings (e.g. care homes, hospitals, and schools etc.) are reported to the PHA Health Protection duty room. The duty room collects epidemiological data using a standardised proforma at the beginning, during, and at the end of each influenza outbreak. Respiratory sampling and testing is recommended for all outbreaks, with samples sent to RVL. The influenza team collates and reports aggregate data on the number of outbreaks and other relevant epidemiological and virological information.

**ICU / HDU surveillance**

Since 2011/12, Northern Ireland has participated in the UK Severe Influenza Surveillance System (USISS). This is a national collection that collects the weekly number of laboratory confirmed influenza cases admitted to ICU/HDU and the number of confirmed influenza deaths in ICU/HDU.

Epidemiological information on laboratory confirmed cases of influenza admitted to ICU/HDU are collected and collated weekly, in collaboration with the Critical Care Network for Northern Ireland (CCaNNI). Aggregate data on the number of cases, deaths and other relevant epidemiological information are reported weekly.

**Mortality surveillance**

The Northern Ireland Statistics and Research Agency (NISRA) provide data to the influenza team on the number of all-cause and selected respiratory infection death registrations by registration week. Selected respiratory infections are obtained by searching death certificates for keywords associated with influenza, including; bronchiolitis; bronchitis; influenza; and pneumonia. The number and proportion of selected respiratory infection death registrations are

reported weekly.  Due to delays in death registrations, the number of registered deaths in a week will not equal the number of deaths that actually occurred that week.

In addition, Public Health England (PHE) calculates excess mortality on behalf of the influenza surveillance team, using the Mortality Monitoring in Europe (EuroMOMO) model. EuroMOMO is a project coordinated by the Statens Serum Institut in Denmark to provide a common approach to analysing mortality data and comparing across the UK and Europe. The model produces weekly expected and observed number of deaths, corrected for reporting delay and standardised for the population by age group and region. Excess mortality is reported if the number of observed deaths exceeds the number of expected deaths. Despite delay correction, reported mortality data is still provisional due to the time delay in registration and observations which can vary from week to week.

**Vaccine uptake surveillance**

Every year, policy for the Seasonal Flu Vaccination Programme is set by DoH in line with recommendations from the Joint Committee on Vaccination and Immunisation (JCVI), including regional targets for immunisation uptake, which are based on the World Health Organisation (WHO) recommendations.

The Seasonal Flu Vaccination Programme consists of the public (children and adults) campaign and the frontline HSCW campaign. Across the United Kingdom, there are differences in the eligibility of individuals in two of the target groups.

Firstly, all primary school children are offered vaccine, similar to Scotland and Wales but different to England where it has been rolled out to different ages over time.

Secondly, whilst the policy recommendation is for flu vaccine to be offered to all frontline HSCWs that work in Northern Ireland, vaccine uptake surveillance is currently only carried out for those that are HSCT-employed. This includes both Health Care Workers (HCWs) and Social Care Workers (SCWs) which differs to elsewhere in the UK, where equivalent NHS Trust employed staff are only HCWs.

This year vaccine uptake surveillance of independent sector care home HSCWs was piloted by the flu surveillance team. Evaluation will inform publication of these figures in the future.

In 2018/19, the following flu vaccines and targets were recommended.

Adjuvanted Trivalent Inactivated Vaccine (aTIV):

- All individuals aged 65 years and older (target 75%)

Quadrivalent Inactivated Vaccine (QIV):

- Individuals aged six months to two years and 18 to 65 years in a clinical “at risk” group (75%), including pregnant women (60%)
- Frontline Health and Social Care Workers (40%)

Quadrivalent Live Attenuated Influenza Vaccine (LAIV):

- All pre-school children aged two years or older on 1 September 2018 (60%)
- All primary school aged children, four to 11 years of age (75%)
- Post-primary school aged children (11 to 17 years of age) in a clinical “at risk” group, unless contraindicated

The flu surveillance team collects data on the number vaccinated in each target group at regular intervals between the start and end of the season. Vaccine uptake rates are calculated using age-specific denominators and presented for Northern Ireland and by HSCT.

Data is collected from different data sources depending on the target group, including GP practices via electronic software (Apollo, Wellbeing Software), GP claim numbers from HSCB, HSCTs, School Nursing and Occupational Health Departments.

## Observations

### Northern Ireland GP 'flu/FLI' consultation rates

The weekly GP consultation rate for 'flu/FLI' started to increase from pre-season levels in week 47, 2018 (November), rising from 4.5 to 13.5 per 100,000 in week 1, 2019. The rate reached a peak of 18.9 per 100,000 in week 2 (January). A second slightly lower peak of 16.2 per 100,000 was observed in week 6, 2019. From week 7, the rate continued to decrease until the end of the season in week 20 (2.3 per 100,000). Rates remained below the baseline MEM threshold[3] for the entire season with the exception of week 2, 2019 (Figure 1).

During the 2017/18 season, the baseline MEM threshold was exceeded in week 52, 2017 and consultation rates increased above the medium intensity threshold in week 1, 2018. In 2017/18 the rates remained above the baseline MEM threshold for nine consecutive weeks (Figure 1).

Age-specific GP consultation rates fluctuated in all age groups throughout this season, with the peak rates among all age groups being lower than in 2017/18. The highest level of influenza activity was most frequently seen in the those aged over 15 years old, peaking in week 2, 2019 at 21.1 per 100,000 for those aged 15-44 years, 25.2 per 100,000 for those 45-64 years and 15.2 per 100,000 for those aged 65 years and older (Figure 2).

[3] Equal to or greater than 17.1 per 100,000

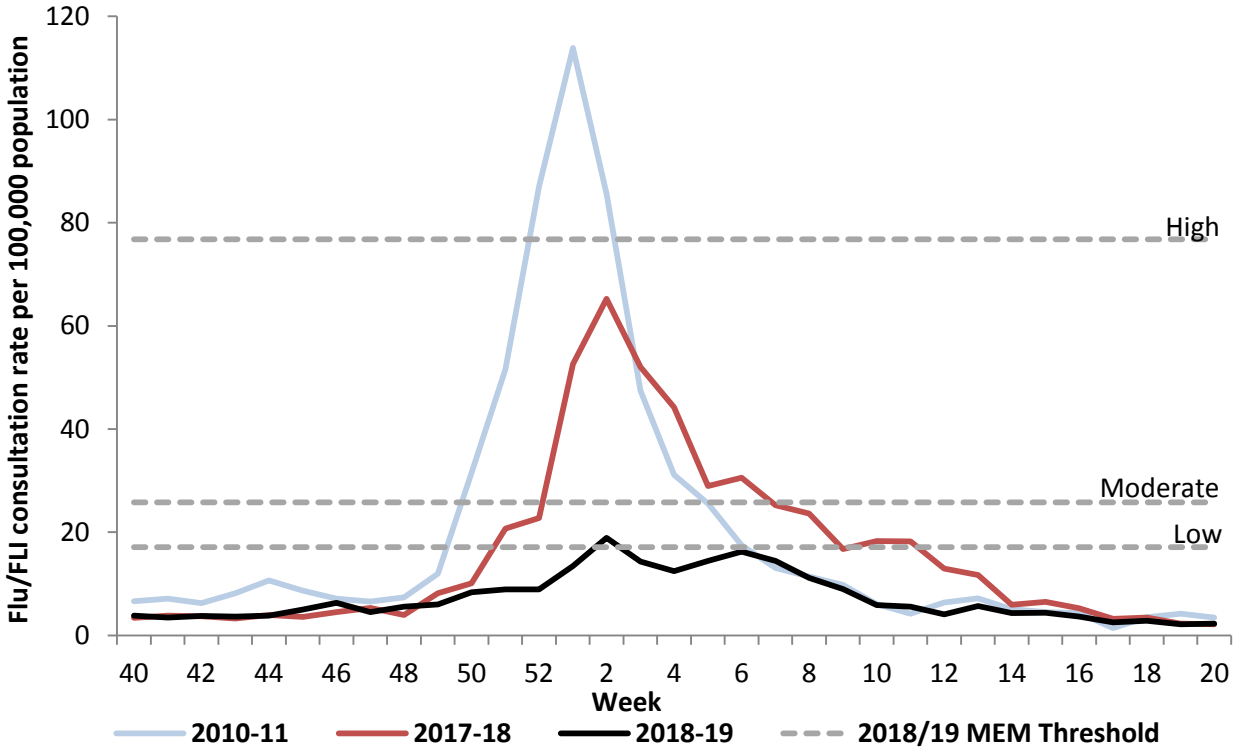


**Figure 1: Northern Ireland GP consultation rate per 100,000 population for combined flu and flu-like-illness, 2017/18 – 2018/19, including 2010-11 for comparison**

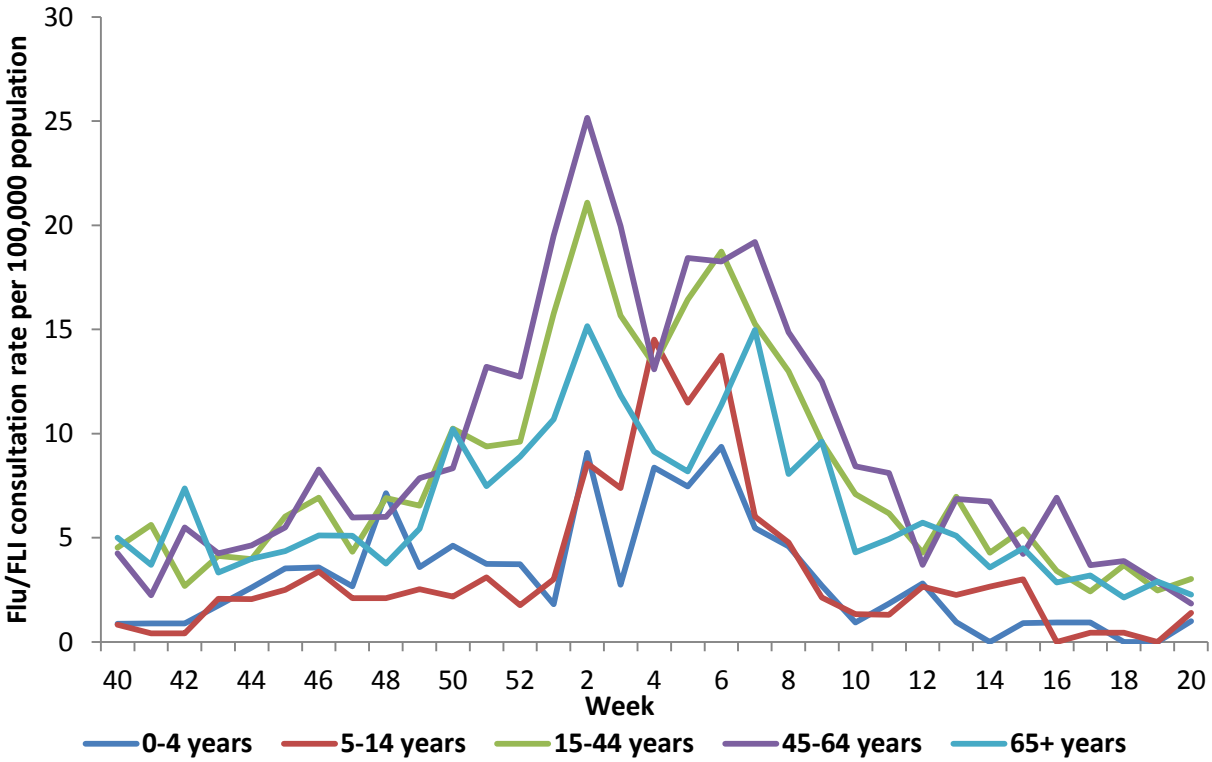


**Figure 2: Northern Ireland GP age-specific consultation rates per 100,000 population for combined flu and flu-like-illness, weeks 40 - 20, 2018/19**

### GP OOH 'flu/FLI' consultation rates

GP OOH 'flu/FLI' consultation rates began to increase in week 47, 2018, peaking in week 52, 2018 (December) at 14.7 per 100,000. This compares to a peak of 37.2 per 100,000 in 2017/18 and 16.7 per 100,000 in 2016/17. Since week 9, 2019 OOH consultation rates have remained low and stable (Figure 3).

The proportion of 'flu/FLI' calls to total calls was lower this season compared to last season, peaking at 1.7% in week 1, 2019 (January). This compares to a peak of 5.2% in week 1, 2017/18.

By age group, the highest OOH consultation rates were reported in those aged 0-4 years, peaking at 25.2 per 100,000 in week 52, 2018 (Figure 4).

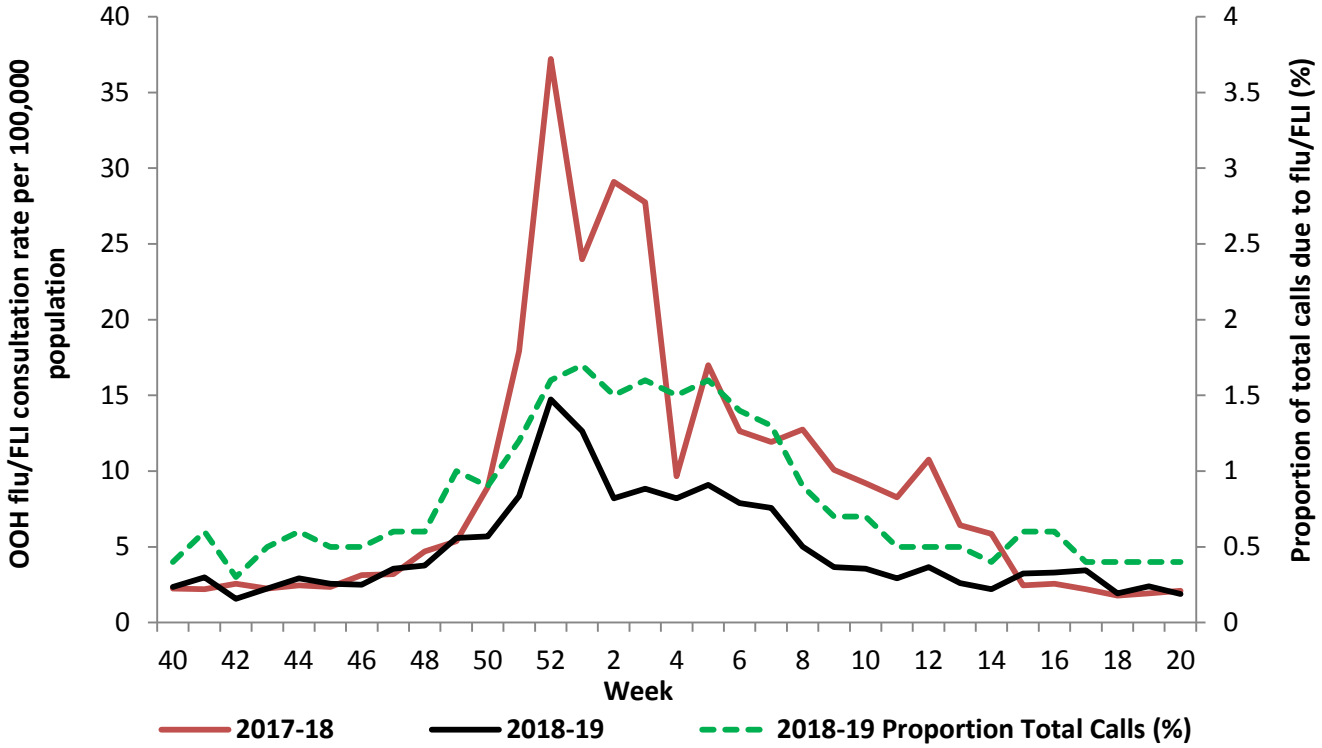


**Figure 3: OOH consultation rate per 100,000 population and proportion of total OOH calls for combined flu and flu-like-illness, 2017/18 – 2018/19**

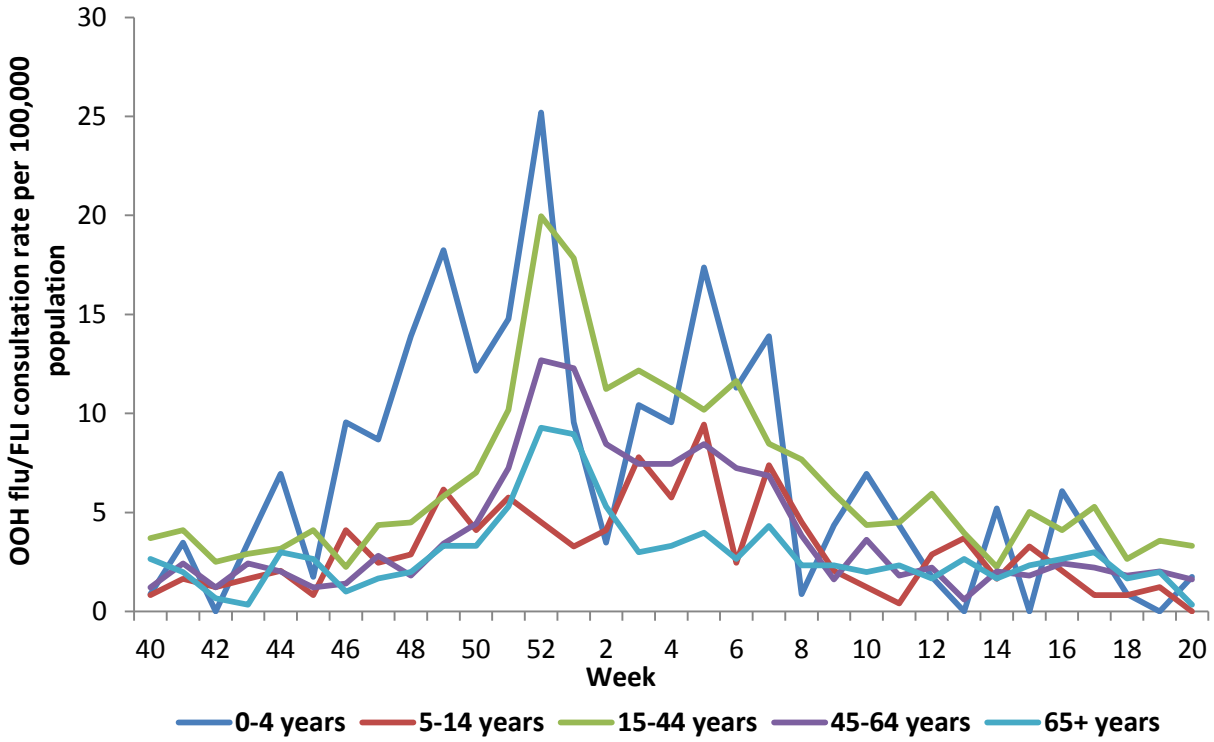


**Figure 4: OOH consultation rates per 100,000 population for combined flu and flu-like-illness, by age-group for weeks 40- 20, 2018/19**

## Virological activity

Across Northern Ireland, 10,809 respiratory samples from any source were tested (252 sentinel GP scheme; 10,557 non-sentinel sources). Overall, 15% (1,632/10,809) of samples were positive for influenza virus. The proportion of positive influenza samples from the sentinel GP scheme was 36% (91/252) and 15% (1,541/10,557) from non-sentinel sources.

Influenza A(H1N1)pdm09 was the predominant circulating virus at the beginning of the season, accounting for 57% (932/1,632) of influenza isolates, with influenza A(H3) the predominant strain circulating later in the season, accounting for 21% (349/1,632) of influenza isolates. It is assumed that the majority of un-typed influenza A isolates (342/1,632; 21% of isolates) were influenza A(H1N1)pdm09 (New and prevalent mutations this season in influenza A(H1N1)pdm09 virus were circulating that affected the sensitivity of the H1 assay. Therefore many influenza A positives this season were not typing but were proving to be influenza A(H1N1)2009 on nucleic acid sequencing of selected positive samples). Influenza B accounted

for only 1% of influenza isolates (9/1,632). The relative proportion of influenza isolates followed a similar pattern in GP sentinel and non-sentinel samples (Table 1).

**Table 1: Number and proportion of influenza strains to positive influenza samples according to sample source, during weeks 40-20 2018/19**

| | Sentinel sources | Non-sentinel sources | All sources |
|---|---|---|---|
| **Flu A(H1N1)pdm09** | 55 (60%) | 877 (57%) | 932 (57%) |
| **Flu A(H3)** | 23 (25%) | 326 (21%) | 349 (21%) |
| **Flu A(untyped)** | 12 (13%) | 330 (21%) | 342 (21%) |
| **Flu B** | 1 (1%) | 8 (1%) | 9 (1%) |
| **Total positive** | **91 (6%)** | **1541 (94%)** | **1632 (100%)** |

The distribution of influenza positive detections compared to the previous two seasons is shown in Figure 5. The figure illustrates a reduction in GP 'flu/FLI' consultation rates and total positive detections compared to 2017/18 but an increased proportion of influenza A(H1N1)pdm09.

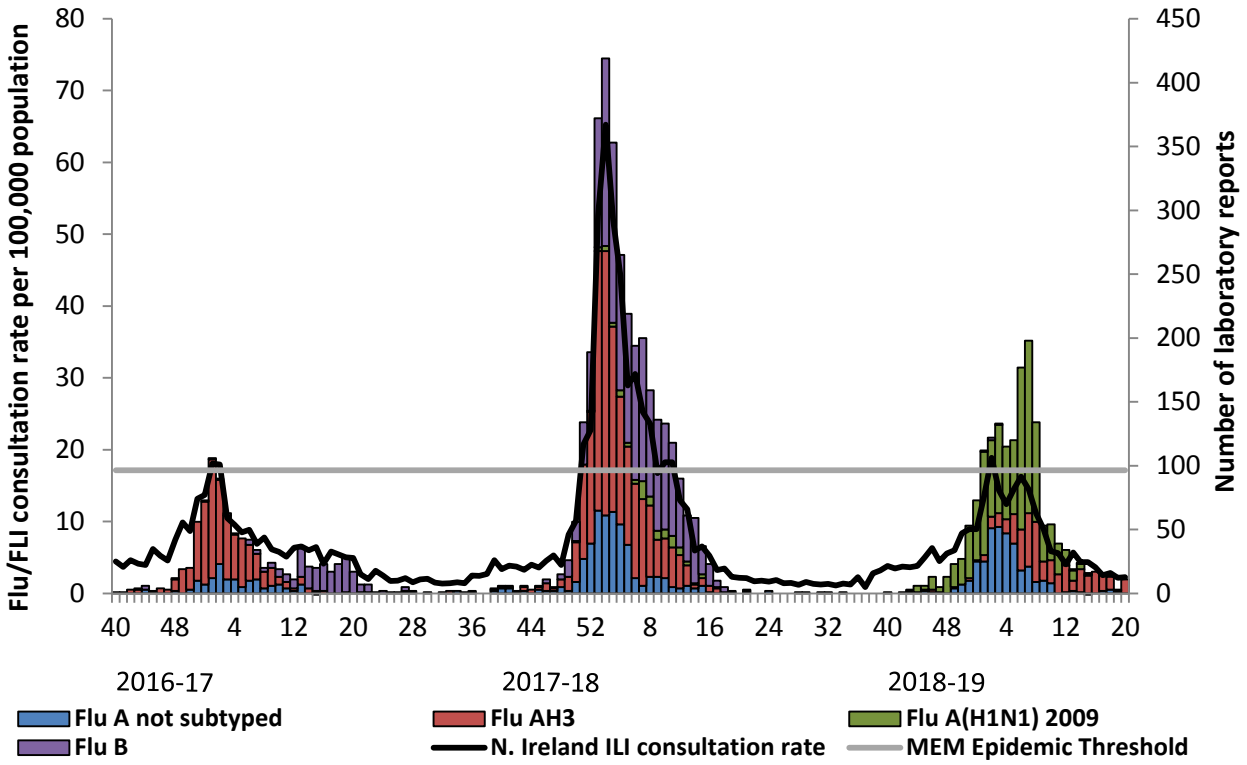


**Figure 5: Northern Ireland GP consultation rate for combined flu and flu-like-illness and number of influenza positive detections 2016/17 – 2018/19**

The first influenza B detection was reported in week 40, 2018, followed by the first influenza A(untyped) detection in week 42, 2018. Influenza A(H1N1)pdm09 and influenza A(H3) were first detected in week 43, 2018. The proportion positivity for all samples began to increase in week 48, 2018 and peaked in week 6, 2019 (177/497; 36%). During 2017/18, the proportion positivity for all sources peaked earlier in the season at week 1, 2018 (372/777; 48%) (Figure 6).

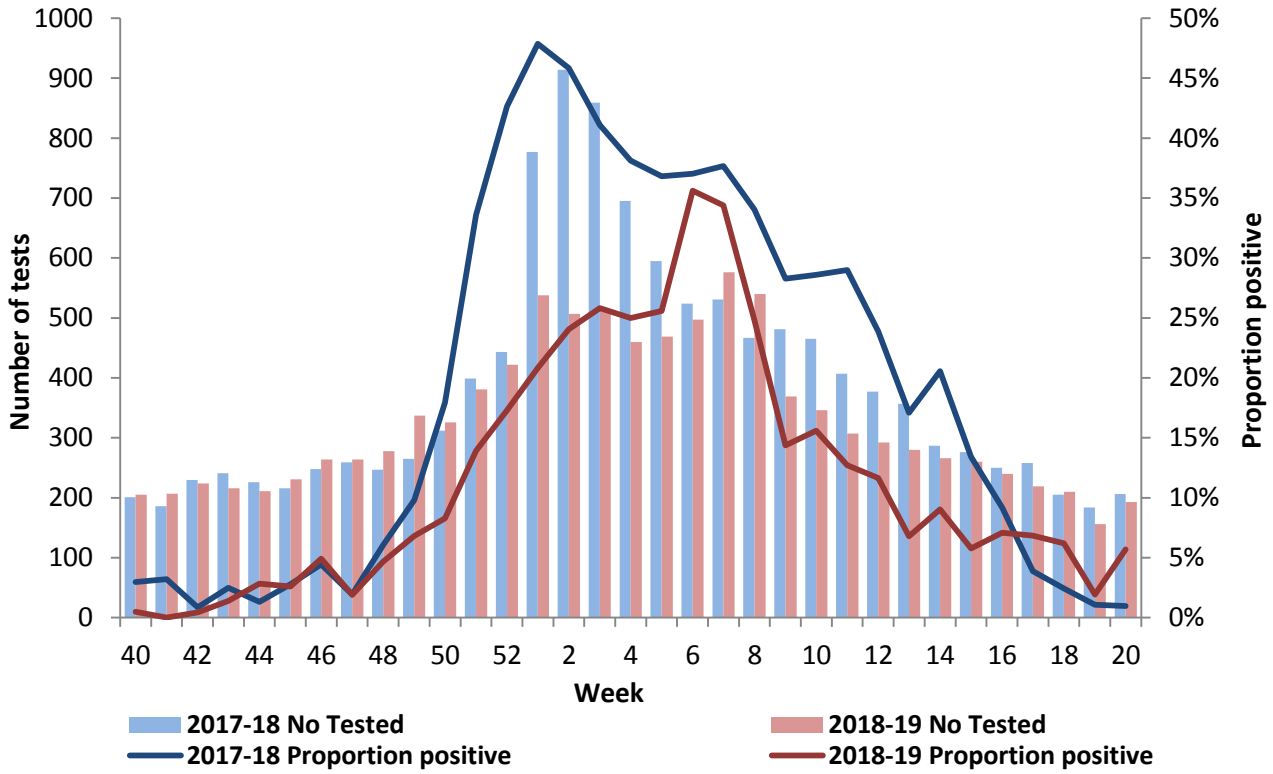


**Figure 6: The number of samples tested (all sources) for influenza in Northern Ireland from weeks 40-20, 2017/18 and 2018/19 with the proportion positive**

Overall, the highest proportion positivity for all samples was observed in those aged 15-44 years and 45-64 years (29% in both age groups), with influenza A(H1N1)pdm09 most frequently reported in these age groups (58% and 61%, respectively). Influenza A(H1N1)pdm09 was the predominant strain in all age groups (Table 2).

**Table 2: Proportion of positive influenza samples by age group, all sources, during weeks 40-20 2018/19**

| | 0-4 years | 5-14 years | 15-44 years | 45-64 years | ≥65 years |
|---|---|---|---|---|---|
| **Flu A(H1N1)pdm09** | 154 (81%) | 44 (56%) | 273 (58%) | 286 (61%) | 175 (41%) |
| **Flu AH3** | 16 (8%) | 22 (28%) | 96 (20%) | 73 (16%) | 142 (33%) |
| **Flu A(untyped)** | 20 (11%) | 13 (16%) | 96 (20%) | 107 (23%) | 106 (25%) |
| **Flu B** | 0 (0%) | 0 (0%) | 4 (1%) | 2 (0%) | 3 (1%) |
| **Total positive*** | **190 (12%)** | **79 (5%)** | **469 (29%)** | **468 (29%)** | **426 (26%)** |

**total positive = 1632; Due to rounding, total percentages may not add up to 100%*

## Respiratory Syncytial Virus

Across Northern Ireland, 11,334 respiratory samples from all sources were tested, with overall RSV positivity of 6% (689/11,334). The principal activity period occurred from week 44, 2018 to week 3, 2019 with the proportion of positive samples peaking in week 48, 2018 at 22% (64/296) (Figure 7). Overall RSV activity was similar to 2017/18.

The majority (366/689; 53%) of RSV detections were in the 0-4 year age group. This is lower than the proportion seen in this age group for 2017/18 (58%).

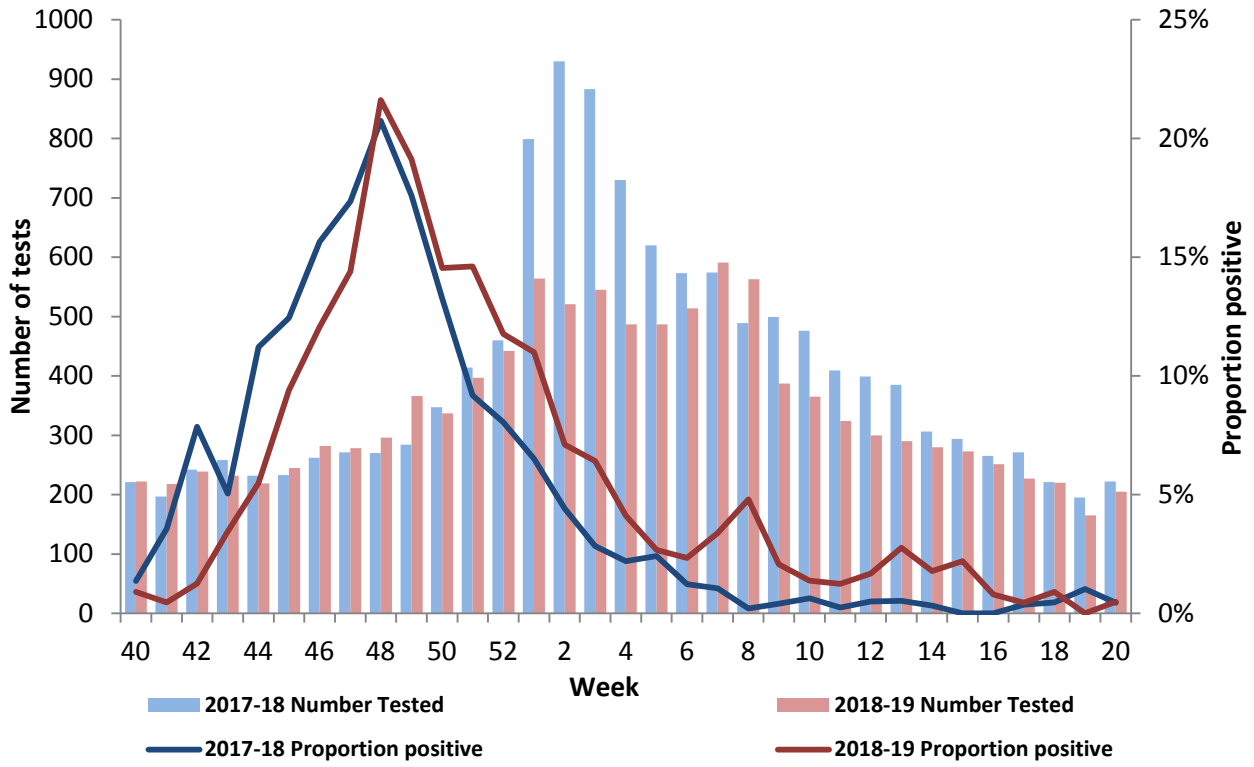


**Figure 7: Number of samples tested for RSV and proportion positive in Northern Ireland 2017/18 and 2018/19**

## Respiratory outbreaks

A total of 19 respiratory-related outbreaks were reported to the PHA duty room this season. These outbreaks were notified to the PHA between weeks 1 and 16, 2019, with the highest numbers of outbreaks per week (n=3) reported in weeks 3, 6 and 16, 2019 (Figure 8).

Of the 19 respiratory-related outbreaks reported, 12 (63%) were laboratory confirmed influenza. This is a decrease from 39 (75%) laboratory confirmed influenza outbreaks in 2017/18. All of the confirmed influenza outbreaks in 2018/19 were caused by influenza A, with the exception of one outbreak which was caused by influenza B. Two thirds (8/12) of the influenza outbreaks occurred in care homes, including residential homes, nursing homes and/or homes for adults with specialist needs. The remaining four influenza outbreaks occurred in hospital settings.

There were three outbreaks of laboratory confirmed RSV reported to the duty room in 2018/19, all of which occurred in care homes. Virological data was not available for the four remaining outbreaks which were suspected flu-like-illnesses.

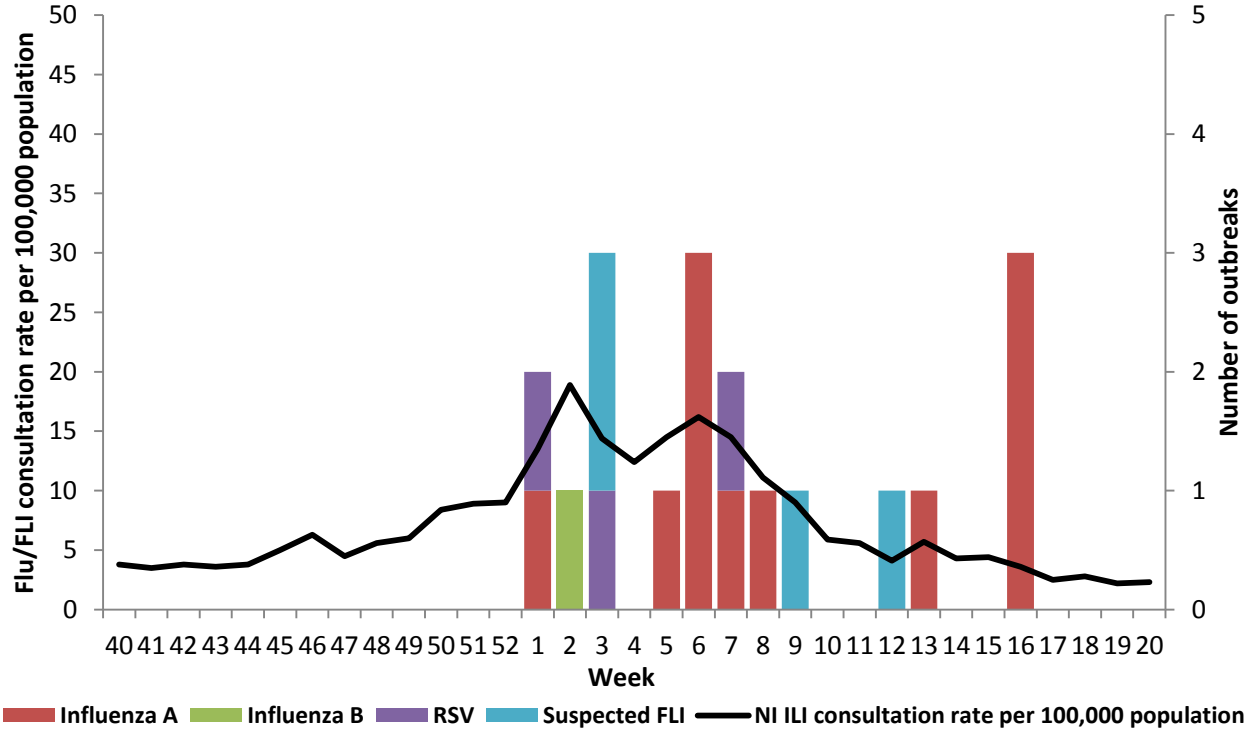


**Figure 8: GP consultation rate for combined flu and flu-like-illness with number of influenza outbreaks, by subtype, by week, 2018/19**

### ICU / HDU surveillance

The number of laboratory confirmed influenza cases in ICU/HDU was 67, compared with 119 in 2017/18. The predominant strain was influenza A(H1N1)pdm09 (48/67; 72%). The remaining

virus strains included influenza A(H3) (6/67; 9%) and influenza A(untyped) (13/67; 19%) (Figure 9). The highest number of confirmed influenza cases in ICU/HDU was reported in week 7, 2019 (11/67; 16%), of which the majority (9/11; 82%) were reported as influenza A(H1N1)pdm09.

The median age of cases admitted to ICU/HDU was 53 years old (range <1 year to 78 years); 76% (51/67) were aged 15-64 years. The proportion of cases over 65 years (13%, 9/67) was lower this season compared with 2017/18 (48%) whilst the proportion of cases under 15 years was similar (7/67; 10% in 2018/19 compared to 9% in 2017/18).

The majority of positive influenza A(H1N1)pdm09 cases were reported among those aged 45-64 years (29/48; 60%). Similarly the majority of the remaining virus strains, influenza A(H3) and influenza A(untyped), were reported in this age group.

This season, 55% (37/67) of cases were recorded as having a co-morbidity, which was a lower proportion than 2017/18 (78%). Of the 29 eligible cases for the influenza vaccination, 38% (11/29) received the vaccine in 2018/19.

Over half of those reporting a co-morbidity were aged 45-64 years (22/37; 59%). Similarly, the majority of cases in a clinical “at risk” group were also aged 45-64 years (14/29; 48%). Just over a third (5/14; 36%) of those in this group were also vaccinated.

The Case Fatality Rate (CFR) of ICU/HDU cases was 10% (7 deaths/67 cases), compared with 18% (22 deaths/119 cases) in 2017/18. The deaths occurred in patients aged 18 years and older. 86% (6/7) of these patients were eligible for influenza vaccination, with two thirds (4/6) having received the 2018/19 vaccine. It should be noted that deaths in critical care patients who have confirmed influenza are reported, however these deaths may not necessarily be due to influenza.

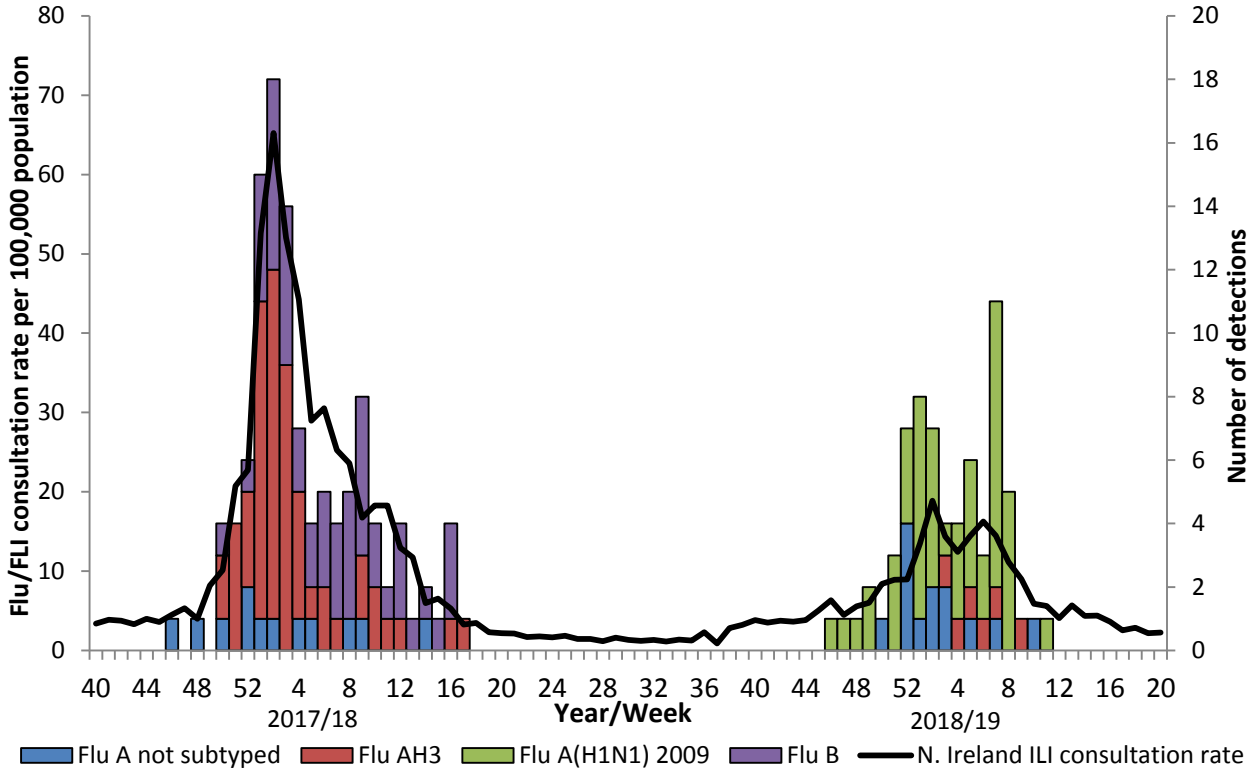


**Figure 9: Confirmed ICU/HDU influenza cases by week of specimen, with GP consultation rate for combined flu and flu-like-illness, 2017/18 – 2018/19**

### Mortality

The proportion of registered deaths with respiratory keywords (associated with influenza, including; bronchiolitis; bronchitis; influenza; and pneumonia) to all-cause death registrations was 28% (2,821/10,174), compared to 32% in 2017/18. The proportion of weekly registered deaths with respiratory keywords peaked at 36% (123/342) in week 7, 2019, compared to 43% in week 1, 2018 (Figure 10).

Excess all-cause mortality for all ages was calculated for two weeks during the season (weeks 1 and 6, 2019), compared to nine weeks in 2017/18 (Figure 11). Excess all-cause mortality was reported for those aged less than 5 years in week 49, 2018 and weeks 13 and 17, 2019; in those aged 5-14 years in week 48, 2018 and weeks 8 and 14, 2019; in those aged 15-64 years in week 52, 2018; and in those aged 65 years and older in weeks 6 and 11, 2019.

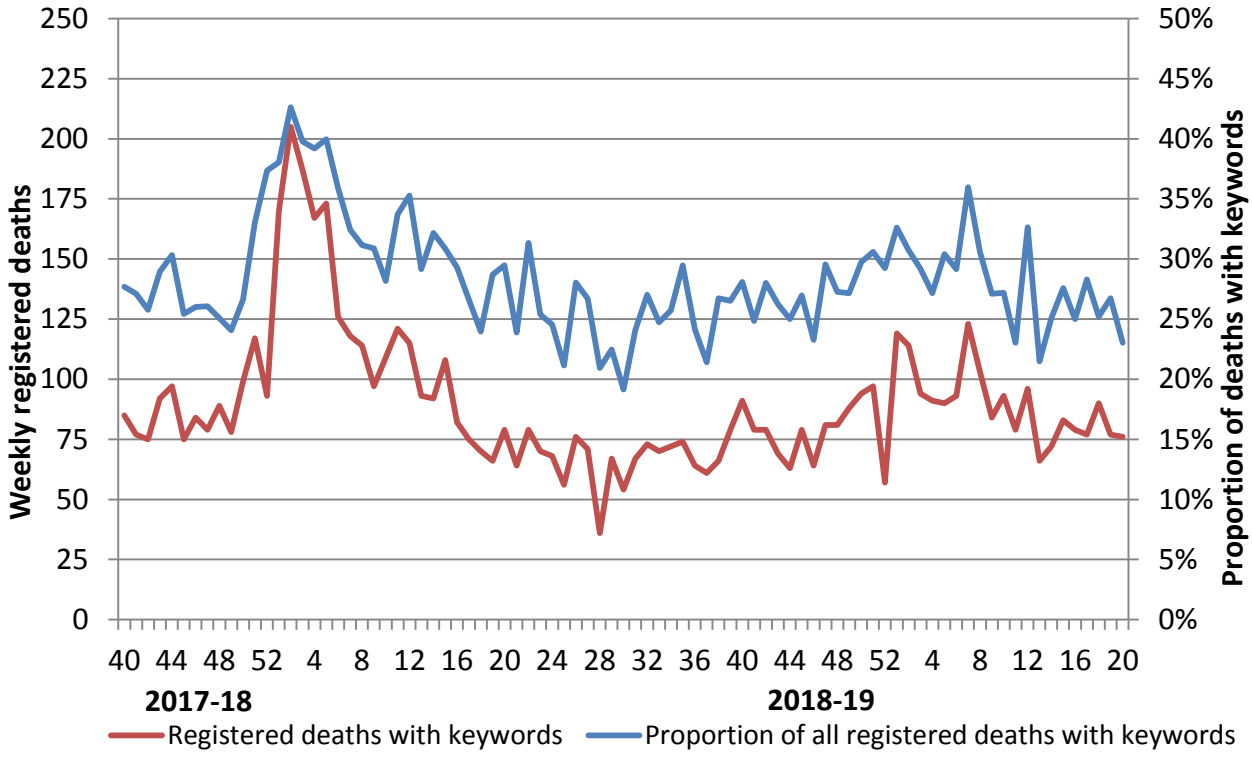


**Figure 10: Weekly registered deaths and proportion of all deaths with keywords, by week of registration, week 40, 2017 to week 20, 2019**

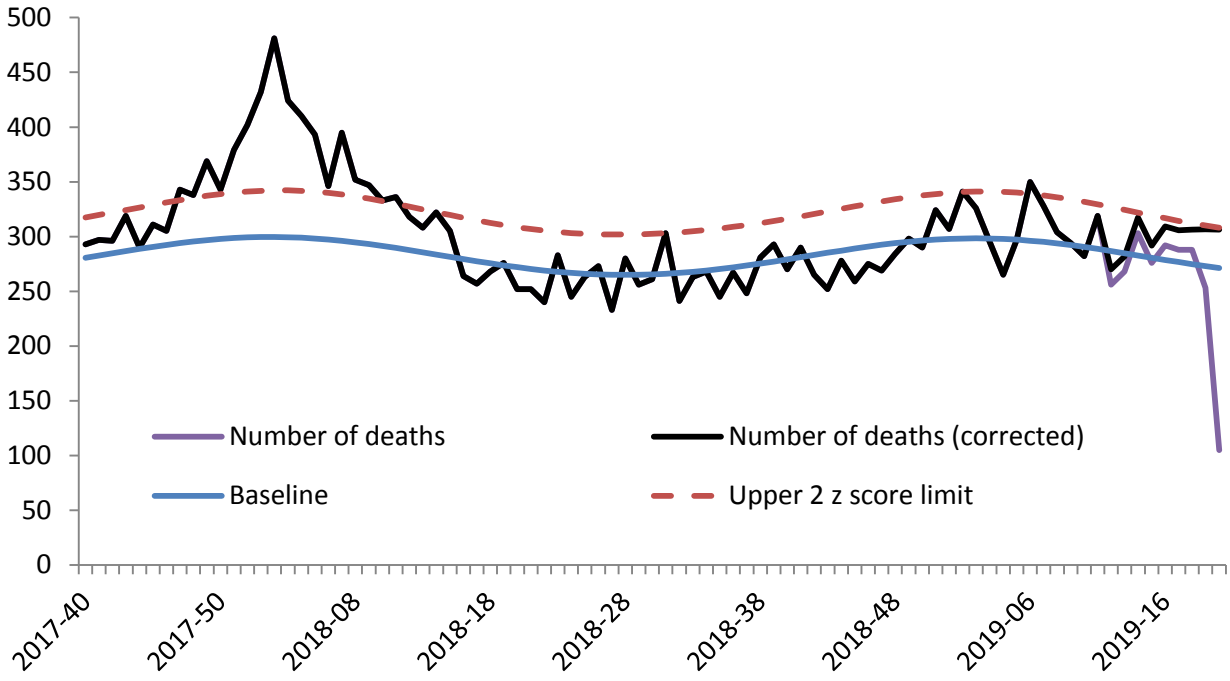


**Figure 11: All age excess all-cause mortality by week of death, from week 40, 2017 to week 20, 2019 (calculated using the standardised EuroMOMO algorithm)**

## Seasonal influenza vaccine uptake

### Public campaign

The 2018/19 end of season influenza vaccine uptake rates in adults were: 70.0% in those 65 years and older; 52.4% in under 65 years in clinical “at risk” groups and 44.3% in pregnant women. Uptake rates are collected separately for individuals with a BMI greater than 40 kg/m$^2$ without other co-morbidities; uptake for this group was 26.3%.

The 2018/19 end of season influenza vaccine uptake in children was: 75.9% in primary school children and 47.6% in pre-school children aged two to four years old. Uptake marginally fell in both groups compared with 2017/18, 0.6% and 3.0% respectively (Figure 12).

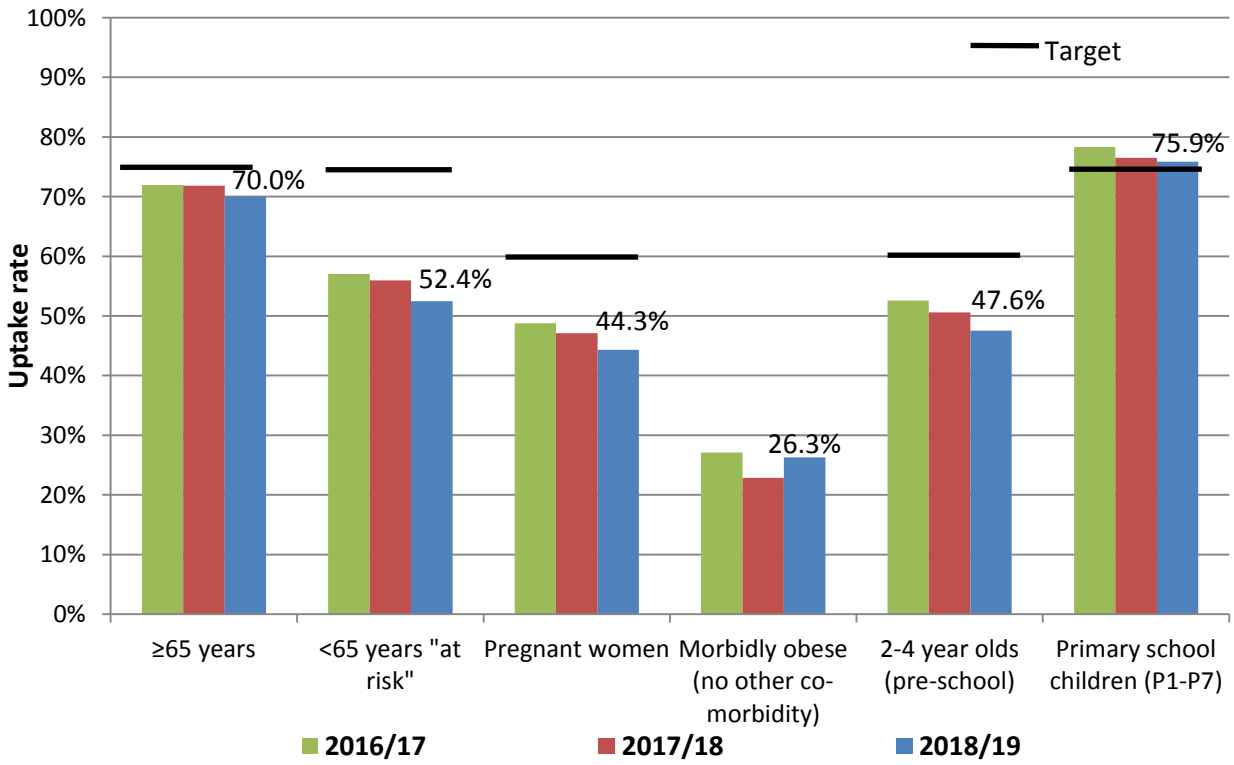


**Figure 12: Influenza vaccine uptake rates in population target groups 2016/17 – 2018/19**

This year, the new aTIV vaccine offered to individuals 65 years and older arrived in Northern Ireland, and thus GP Practices, in three phased deliveries over time. This meant that GP practices were required to deliver their campaigns differently to previous years and stagger their offer of the vaccine between September 2019 and December 2019/January 2020. Whilst the end of season uptake for those 65 years and older was largely the same compared to the

previous year, the increase was slower over time (Figure 13). It is also possible that this impacted the uptake of those target groups delivered in primary care (two to four year olds, pregnant women, those aged under 65 years in clinical “at risk” groups).

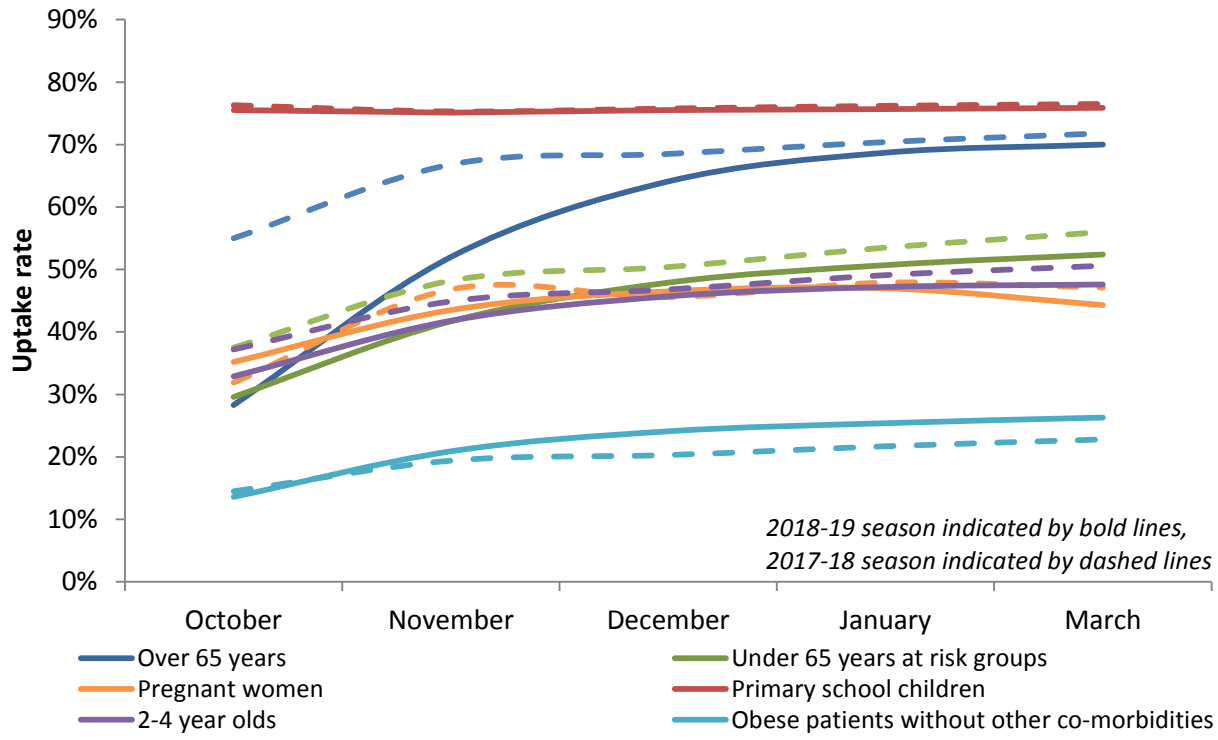


**Figure 13: Cumulative monthly influenza vaccine uptake by population target group, 2017/18 and 2018/19**

Each year since 2013/14 the number of individuals in adult target groups (denominator) has increased, in particular the number aged under 65 years in clinical “at risk” groups, and it is likely that this has contributed to reduced uptake in these groups.

The number of vaccines administered (numerator) in those aged 65 years and older has marginally increased by 2% between 2013/14 and 2018/19, whilst the population size of this target group has increased by 10% during the same period (Figure 14). It is likely this has contributed to the overall fall in uptake in those aged 65 years and older (1.8%) (Figure 12).

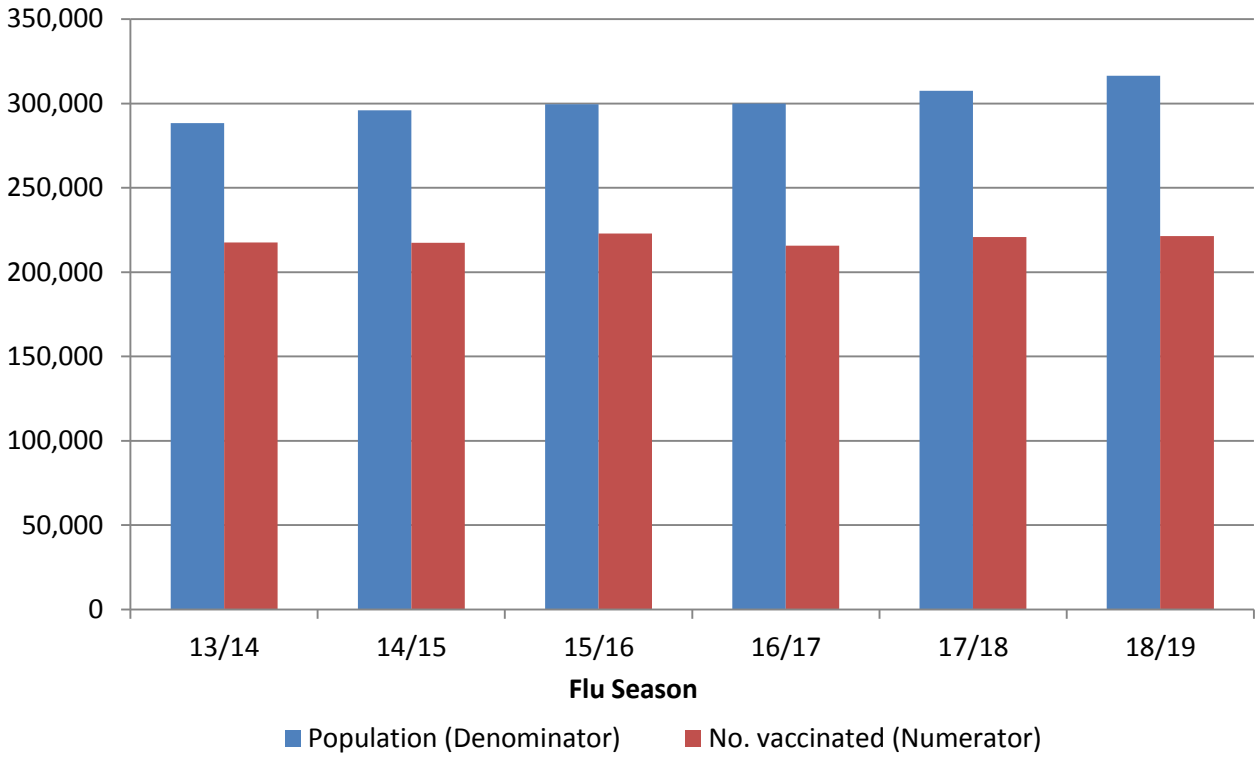


**Figure 14: Population of people aged 65 years and older and number vaccinated, 2013/14 to 2018/19**

Whilst the numerator in those under 65 years in clinical “at risk” groups has declined by 13% between 2013/14 and 2018/19, it has not been as marked as the 26% increase in denominator, thus contributing to the bigger decline in vaccine uptake over time (3.6%) (Figures 12 and 15).

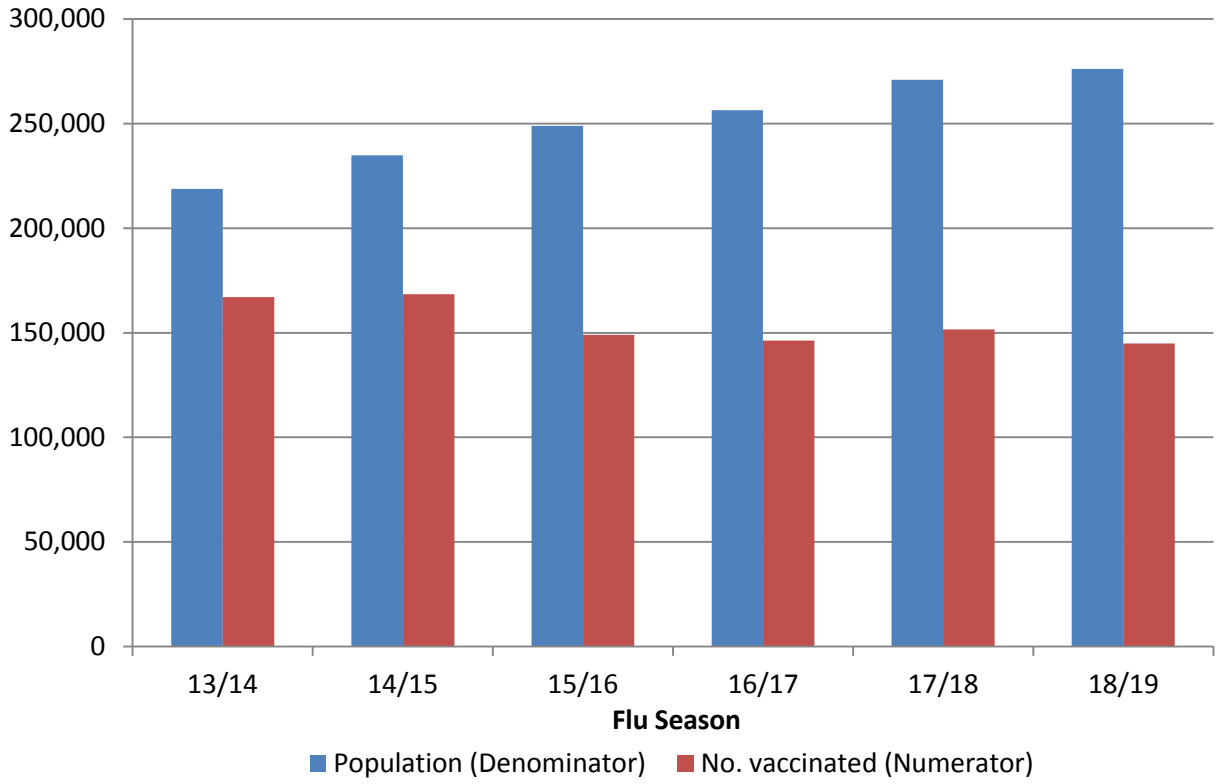


**Figure 15: Population of people aged under 65 years in clinical "at risk" groups and number vaccinated, 2013/14 to 2018/19**

It has always been difficult to obtain accurate denominator data on the number of pregnant women eligible for the flu vaccine during a season. For this reason, uptake is estimated. This year the flu surveillance team analysed data from the Northern Ireland Maternity Administrative System (NIMATS) which provides vaccine uptake rates based on the number of mothers giving birth in hospitals or at home in Northern Ireland. The estimation of the pregnant population used to calculate vaccine uptake rates was comparative to the number of mothers giving birth (data not shown).

### HSCT frontline HSCW programme

The 2018/19 end of season influenza vaccine uptake was 35.4% in frontline HSCWs, which was a 2.0% increase compared with the uptake rate in 2017/18 (Figure 16).

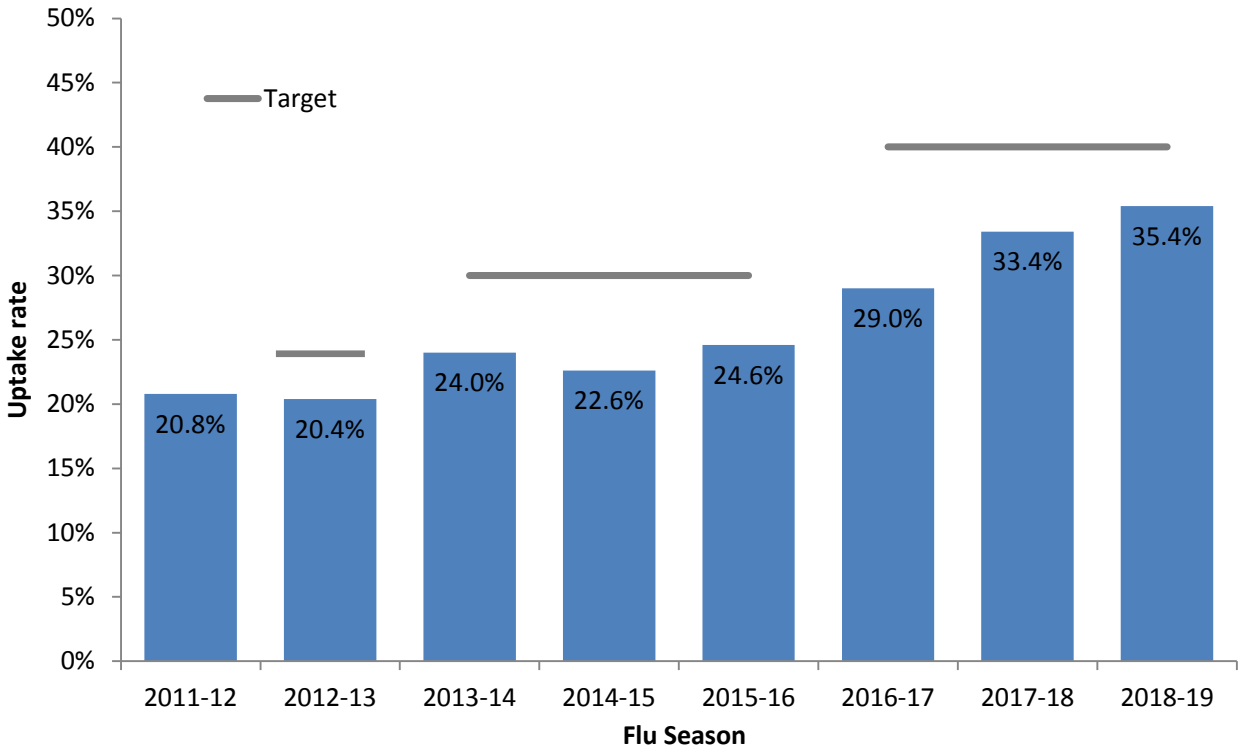


**Figure 16: Influenza vaccine uptake in frontline health and social care workers 2011/12 to 2018/19**

Data collection guidance for Trusts was revised this season, standardising definitions across the Trusts and enabling vaccine uptake within staff groups to be reported. Vaccine uptake was highest in pharmacists (57.2%), whilst low uptake was observed in social care workers (19.5%) (Figure 17). Uptake in frontline HCWs (excluding social care workers), 39.5%, was also reported this year to allow greater comparability with other devolved administrations as unlike the rest of the UK, Northern Ireland collects and includes information on social care workers (SCWs) in frontline HSCW uptake rates.

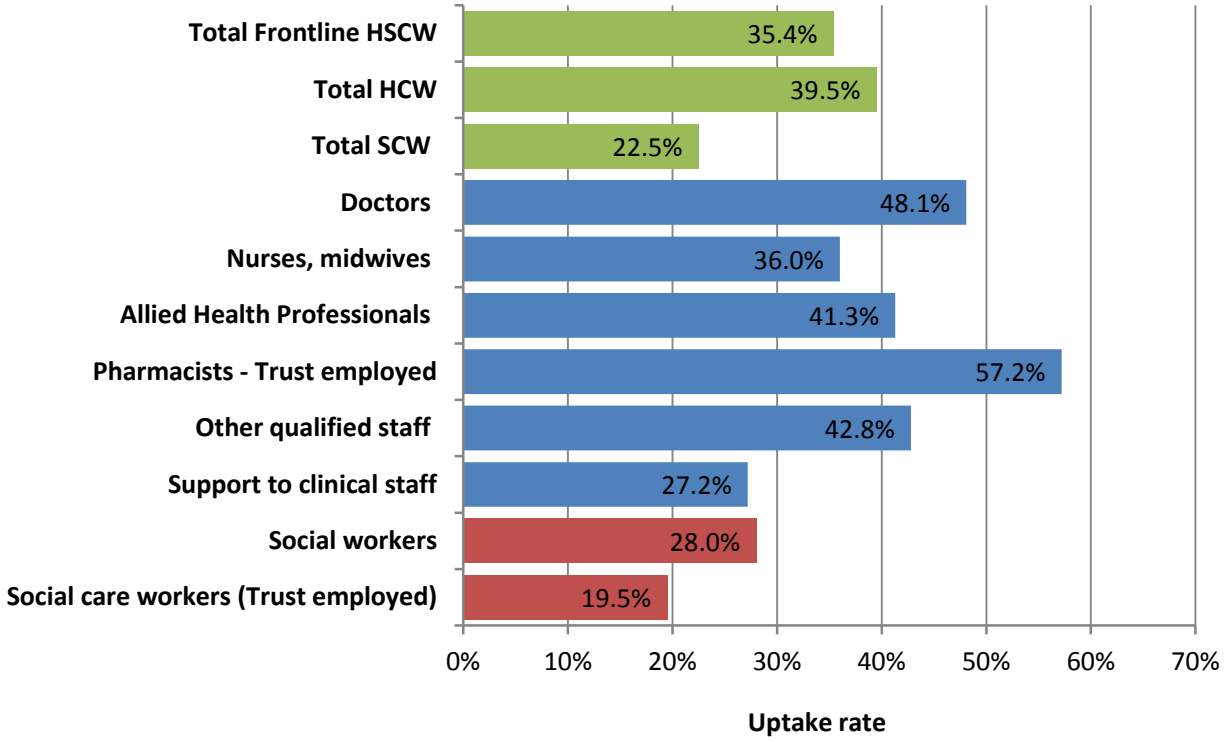


Figure 17: Influenza vaccine uptake rates in frontline health and social care worker staff groups 2018/19

## Conclusion

The 2018/19 influenza season was characterised by lower levels of activity in the community and hospitals compared with 2017/18. Influenza A(H1N1)pdm09 was the predominant strain throughout the season. Influenza A(H3) was the predominant strain later in the season from week 12, although numbers were small. There was very little circulation of Influenza B (less than 10 positive samples).

GP 'flu/FLI' consultation rates remained below the baseline MEM threshold[4] for the entire season with the exception of week 2, 2019, during which the baseline MEM threshold was exceeded for one week only. The health impact was predominantly seen in adults aged 15-64 years. The median age of the 67 laboratory confirmed influenza cases in ICU/HDU was 53 years (range <1 year to 78 years).

This season influenza vaccine uptake was marginally lower in all targeted population groups compared to 2017/18, with the exception of those with BMI greater than 40 kg/m$^2$ and frontline HSCWs, uptake increased in both groups. The importance of ensuring high uptake in targeted groups of the national influenza vaccination programme remains.

[4] Equal to or greater than 17.1 per 100,000

## Acknowledgements

Compiled by E Dickson, M O'Doherty, D McMichael, E Walker and J Johnston

Public Health Agency wish to thank NISRA, the sentinel GPs, GP Out-of-Hours Centres, Regional Virus Laboratory, Health and Social Care Trusts including Northern Ireland Ambulance Service, Health and Social Care Board, Critical Care Network Northern Ireland, Public Health England and all who have contributed to the surveillance system and who have contributed towards this report.

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HSC Public Health Agency

**item 13**

| | |
|---|---|
| **Title of Meeting** | PHA Board Meeting |
| **Date** | 17 October 2019 |
| **Title of paper** | Update for Making Life Better, Community Planning and Programme for Government |
| **Reference** | PHA/06/10/19 |
| **Prepared by** | Julie Mawhinney |
| **Lead Director** | Edmond McClean |
| **Recommendation** | For **Approval** ☐ For **Noting** ☒ |

## 1 Purpose

The purpose of this paper is to provide members with an update on Making Life Better, Community Planning and Programme for Government.

## 2 Background Information

Under PHA's Corporate Objective 3, "All individuals and communities are equipped and enabled to live long healthy lives", there are specific targets within the PHA Business Plan 2019/20. These are that PHA will:

- Lead and co-ordinate regional implementation of the Making Life Better public health framework, including introduction of the refreshed regional arrangements and exploring how leadership within HSC can be strengthened to operationally promote MLB;
- Continue to participate in the 11 local government community planning partnerships, and work with community planning partners to take forward agreed actions to improve health and wellbeing through the community planning actions plans; and
- Progress and report on PHA-led PfG priorities as outlined in the draft plan and the Outcomes Delivery Plan.

This paper is an update on all of these areas.

## 3 Key Issues

The Making Life Better Regional Network launched on 4 June 2019 at its inaugural conference and membership is now over 300 people across a range of organisations. Its aim is to create the conditions for people and organisations, across sectors, to come together as partners, to work towards the vision of Making Life Better that *All people are enabled and supported in achieving their full health and wellbeing, to achieve better health and wellbeing for everyone and reduce inequalities in health.*A primarily virtual network, information will be shared through e-newsletters and updates. The full Network will meet once a year at the MLB Regional Conference, and separate ad hoc events will also be arranged.
As part of this PHA has organised the MLB seminar series for 2019/20 is also underway with topics focussing on public health approaches to palliative care, research projects on giving every child the best start and life expectancy. In the new year, seminars are being arranged to look at whole system approaches to obesity, the CHITIN project and how AHPs can make life better.

Community Planning continues to progress with all of HSC playing a key role at all levels of the process. An updated table showing the actions PHA are involved in within community planning is attached. These are currently subject to change as councils and community planning partnerships are in the process of reviewing their actions and action plans to ensure they are focussed and in line with their monitoring. Monitoring of community planning is primarily through an OBA style methodology although this has been applied to varying degrees across community planning processes.

The PfG team within The Executive Office has been refreshed with new leadership and they are working to agree their direction for this year and the remaining term of the draft PfG document. The action plan for 2019/20 (the NICS Outcomes Delivery Plan 2019/20) is currently being drafted and will be an updated version of the plan for 2018/19. The actions PHA will report on are:

- Family Nurse Partnership
- Smoke-free Society
- Childhood Vaccinations

## 4 Next Steps

PHA's work will continue across all of these areas. Events in the Making Life Better seminar series are taking place in October, November and December 2019.

Programme for Government report cards for 2019/20 will be shared with the PHA Board before submission to any PfG/ODP reporting.

**PHA Board Update for Making Life Better**
**(including Programme for Government and Community Planning)**

## Making Life Better

Regional implementation of Making Life Better continues to progress. Over the course of the 2018 and 2019, the new regional arrangements have been agreed and established including the HSC MLB Partnership for HSC Chief Executives and the launch of the MLB Network with its inaugural conference held in June 2019. Work is underway to build on what has been achieved so far.

Further detail on the different elements of Making Life Better is outlined below.

### HSC MLB Partnership

The HSC MLB Partnership first met in April 2018 and is chaired by Valerie Watts and comprised of chief executives and directors representing PHA, HSCB and HSC Trusts. The aim of the HSC Partnership is to:

- Provide the space for HSC leaders to come together to learn and share ideas;
- Provide an opportunity to reflect on how to support and scale up successful programs;
- Focus on adding value and taking practical action;
- Embrace and promote the ethos of collaboration and empowerment.

Members continue to meet 3 times a year to consider MLB implementation across HSC and its alignment with ongoing areas of work including Delivering Together. Most recently, discussions have focussed on alignment between MLB and Delivering Together, the possibility of developing a broad framework of principles for population health planning and ensuring that where relevant actions are progressed in line with both strategies' aims and objectives

### MLB Network

The MLB Network officially launched at its inaugural conference on Tuesday 4th June 2019. Its aim is to create the conditions for people and organisations, across sectors, to come together as partners, to work towards the vision of Making Life Better that *All people are enabled and supported in achieving their full health and wellbeing, to achieve better health and wellbeing for everyone and reduce inequalities in health.*

Collaboration is at the heart of Making Life Better and our ambition for the MLB Network is to provide an active forum that enables us to:

- Share and engage in learning
- Create new connections and strengthen existing ones
- Work closer together in pursuit of our goal of a healthier N. Ireland
- Showcase, expand and spread good practice across the region in line with the needs of local communities

The Network is a real opportunity to harness the years of experience, specific knowledge and expertise we have in Northern Ireland. It isn't about creating something new but about building on what has been achieved so far, about working together for bigger impact and sharing our learning and knowledge for the collective benefit. What can be achieved depends on how we make best use of the opportunity afforded through this mechanism.

The Network is open to those working in organisations who wish to improve health and wellbeing and reduce inequalities in health. A primarily virtual network, information will be shared through e-newsletters and updates. The full Network will meet once a year at the MLB Regional Conference, and separate ad hoc events will also be arranged.

The Network will also connect with the MLB HSC Partnership and our All Department Officials Group (ADOG) – and ultimately the Ministerial Committee for Public Health - and also help inform our future strategic direction.

The first issue of the MLB Newsletter was also circulated to members in August highlighting next steps and events and can be read online at: https://www.publichealth.hscni.net/about-us/making-life-better/making-life-better-regional-network

Inaugural Conference

The Inaugural Making Life Better Regional Conference was held on 4 June 2019 in Craigavon Civic Centre. Chaired by William Crawley, the conference aimed to reach out to stakeholders from across all sectors and, through keynote speakers, deliver sessions based on the six key themes of MLB and to launch the Regional Making Life Better Network.

Chief Medical Officer, Dr Michael McBride, opened the conference and welcomed delegates to the inaugural conference and launch of the Regional Making Life Better Network. Dr McBride highlighted how the MLB Network is designed to help us come together as partners to work towards MLB's vision of improved health and wellbeing through sharing learning and good practice, networking, and building and strengthening relationships across organisations and sectors. This can only be done

together and by the registered attendance at the conference, it is clear that many share in this vision. Dr McBride encouraged delegates to engage in conversation, make new and strengthen existing connections and to commit to making life better for the populations we serve.

The MLB network aims to:

- Re-energise action to deliver on MLB and to share information and learning with the view of discussing how best to move forward through strengthened partnerships and collaborative approaches.
- Bring partners together to work towards a vision of improved health and wellbeing through sharing learning and good practice, networking, and building and strengthening relationships across organisations and sectors.
- Recognize the good work that has been done to date on the delivery of Making Life Better and to galvanise collective efforts for greater collaboration and better outcomes into the future

The morning continued with a keynote address from Prof Neil Gibson considering why health and wellbeing matters, the current situation in Northern Ireland and the particular challenges faced in Northern Ireland. Professor Gibson closed noting the need for more prevention and not cure; consideration of the potential transformation power of technology; and Northern Ireland is the perfect place to lead the way due to its manageable size, improving data and demonstrable public interest. Parallel sessions around each of the 6 themes of Making Life Better were held throughout the day as detailed in the table below.

The afternoon session began with a keynote address from David Finch, The Health Foundation, who considered health as an asset. Mr Finch discussed the current context for health and inequalities across the UK, the need for a focus on prevention and health creation, the economic value of health and then how we can reframe the conversations we have about health through the language we use.

Following the afternoon parallel sessions, delegates came together for a Q&A panel to consider our next steps. The panel included:

- Dr Naresh Chada, Deputy Chief Medical Officer, Department of Health
- Professor Neil Gibson, Chief Economist, EY
- Dave Finch, Senior Fellow, Healthy Lives Team, The Health Foundation
- Dr Adrian Mairs, Director of Public Health (interim), The Public Health Agency
- Caroline Gillan, Head of Programme for Government, The Executive Office

Dr Adrian Mairs, Director of Public Health (interim), Public Health Agency, closed the conference noting both the interesting discussions started at the conference and also the challenges set to all of us working to improve health and wellbeing and what our next steps and considerations need to be. Dr Mairs noted the aim of the conference and of the Network, to bring stakeholders together, to re-energise action and to

share information and learning with the view of discussing how best to move forward through strengthened partnerships and collaborative approaches. To help drive this, Dr Mairs committed, if there is willing, to making the MLB Conference an annual event and also announced the first MLB Seminar Series which will take place in autumn/winter 2019/20. Dr Mairs closed the conference thanking the keynote speakers, session speakers and organisers.

Upcoming events include the first MLB Seminar Series this autumn, culminating with a seminar on life expectancy on 11 December with John Newton, Public Health England and Gerard McCartney NHS Scotland. Further details will be circulated in due course.

| Date | Topic | Venue |
|---|---|---|
| 11 September 2019 10am-12.30pm | Making Life Better through a palliative care approach with the All Ireland Institute of Hospice and Palliative Care | Chestnut Suite – Lagan Valley Island |
| 23 October 2019 10am-12.30pm | Giving every child the best start in life – what the research says part 1 | Seamus Heaney Homeplace, Bellaghy |
| 21 November 2019 10am-1pm | Recognising and supporting the multi-professional standards of those delivering on the Public Health Agenda | Craigavon Civic Centre |
| 10 December 2019 (10am-1pm times to be confirmed) | Life Expectancy is Stalling With Public Health England and NHS Scotland | Riddell Hall, Stranmillis, Belfast |

Further seminars for early 2020 are also being organised with topics including:

- AHPs, Making Life Better
- CHITIN Project – Progress so far
- Every Child the Best Start – What the Research Says - Part 2

Planning is also now underway for the second MLB conference which we hope to host during European Public Health Week (11-15 May 2020).

**Community Planning**

Community Planning continues to progress with all of HSC playing a key role at all levels of the process.

Current actions PHA is taking forward include expanding the Breastfeeding Welcome here scheme, ensuring there are appropriate frameworks for take 5 for schools, communities and workplaces.

An updated table showing the actions PHA are involved in within community planning is attached. These are currently subject to change as councils and community planning partnerships are in the process of reviewing their actions and action plans to ensure they are focussed and in line with their monitoring. Community Planning Statements of Progress are due to be published in November 2019 and Community Planning partnerships are working towards this through completion of report cards, updates on action taken so far and in some councils, the next steps for improvement.

Monitoring of community planning is primarily through an OBA style methodology although this has been applied to varying degrees across community planning processes. Consequently, we continue to look at how we can support the monitoring process while also ensuring consistency of information and response across all eleven processes.

**Programme for Government/Outcomes Delivery Plan (PfG/ODP)**

The end of year report cards for the specific PfG/ODP work areas were completed and DoH in March 2019, as per previous update.

The PfG team within The Executive Office has been refreshed with new leadership and they are working to agree their direction for this year and the remaining term of the draft PfG document. The action plan for 2019/20 (the NICS Outcomes Delivery Plan 2019/20) is currently being drafted and will be an updated version of the plan for 2018/19. The actions PHA will report on are:

- Family Nurse Partnership
- Smoke-free Society
- Childhood Vaccinations

The Executive Office is also working to collate case studies to provide some further information on the type of work being taken forward. PHA has been asked to provide some of these in recognition of the quality of report cards and understanding of OBA.

The report cards for 2019/20 will be shared with PHA board before submission to any PfG/ODP reporting.

**Summary of Community Planning Actions September 2019**

| | Early Years | Later years and Active Ageing | Mental health and wellbeing | Physical Activity | Volunteering | Health Literacy | Poverty | Drugs and Alcohol | Nutrition | Other |
|---|---|---|---|---|---|---|---|---|---|---|
| **Antrim and Newtownabbey** | 1 | 1 | **1** | 2 | **1** + 1 | | | | 1 | 2 |
| **Ards and North Down** | **2** | 1 | | | | | | | | |
| **Armagh, Banbridge and Craigavon** | | 1 | **2** | **1** | 1 | | | **1** | **1** | |
| **Belfast** | | 1 | **1** | | | | | **3** | | |
| **Causeway Coast and Glens** | 1 | 1 | | 2 | | **1** | **1** | | | 3 |
| **Derry City and Strabane** | | **3** | 2* | | | 1 | | **1** | | 1 |
| **Fermanagh and Omagh** | 3 | 2 | **1** | 2 | | 1 | 1* | 1 | | |
| **Lisburn and Castlereagh** | 1 | 1 | **3** | **2** | | | | | | |
| **Mid and East Antrim** | 1 | 1 | **1** | **1** | | | | | | 1 |
| **Mid Ulster** | 1 | 1 | **1** | **1** | | 1 | | | | 1 |
| **Newry, Mourne and Down** | **1** | 1 | **2** | **1** | | | | | | |

*no lead organisation - multi-agency/TBC

Key: bold red number indicates PHA as lead organisation

## PHA-Led/Involved Community Planning Actions September 2019

# Northern Area

| Action | Council | Lead Org / Officer | PHA lead (PHA listed as partner) | Task | Contract | Thematic Area |
|---|---|---|---|---|---|---|
| Joint initiatives with NIFRS to deliver school based safety sessions. | CCG | NIFRS | HJ | Ensure the initiative includes safety in the home. | No | **Giving every child the best start** |
| Research and report on best practice in raising aspirations of children and parents in relation to nursery, primary, post primary and further education. Explore and learn from family / parenting programme – for example Incredible Years. | MEA | EANI NF | LW | LW to join the delivery group to be established July. | No | **Giving every child the best start** |
| Deliver a Recreation and Active Lifestyle Plan which will provide formal and informal recreation and play opportunities. | MUDC | MUDC / Sport NI | MO | No formalised group as yet – mainly via email and the wider HSWI Thematic Group which MO sits on. | No | **Giving every child the best start/Physical Activity** |
| Develop dementia friendly communities and initiatives. | CCG | HSCB PS | HJ AG | Link through the HWB thematic group and ensure links through the Trust IPT / monitoring. | No | **Later years and active ageing** |

| Action | Council | Lead Org / Officer | PHA lead (PHA listed as partner) | Task | Contract | Thematic Area |
|---|---|---|---|---|---|---|
| Action Plan of initiatives for older people:<br>• Extend dementia friendly across the Borough and expand into Age Friendly<br>• Develop and Aging Well model taking forward a partnership vision for communities in which older people age and live well as well as programmes on reducing social isolation and healthy living for older people. | MEA | MEA | HJ | HJ sits on the Aging Well Steering Group. AG will sit on the contract monitoring group – to be established. HJ/AG to ensure Age Friendly is supported through the Trust IPT. | Yes | **Later years and active ageing** |
| An 'Ageing Well' Initiative. | MUDC | MUDC | MO | MO sits on the Ageing Well Strategic Group. AG sits on the Ageing Well contract monitoring group. | Yes | **Later years and active ageing** |
| Antrim and Newtownabbey Age Friendly Initiative | AN | AN | TBC | The PHA has agreed that funding provided through Joint Working Arrangements can be used to employ an officer to focus on the co-production of an age friendly / age well initiative in the Borough. | Yes | **Later years and active ageing** |

| Action | Council | Lead Org / Officer | PHA lead (PHA listed as partner) | Task | Contract | Thematic Area |
|---|---|---|---|---|---|---|
| Address underlying causes of poor mental health and suicide by roll out of Take 5:<br>• Conference / charter to gain commitment and select target areas / initiatives<br>• Pilot programmes to develop learning and practical application<br>Targeted support and guidance package to provide consistency and expand use of Take 5. | MEA | PHA | HJ<br>PR | HJ to establish and chair a task group. PR to support. | No | **Mental health and wellbeing** |
| Develop and implement an integrated response to mental health and wellbeing. | MUDC | PHA | Michael Owen | All stakeholders are contributing to a map of current provision, both preventative and treatment and identification of key mental health issues, gaps in current provision and discussion on how these gaps can be addressed in MUDC area.<br>A Take5 task and finish group has been established to progress Take 5 in the MUDC area, and | No | **Mental health and wellbeing** |

| Action | Council | Lead Org / Officer | PHA lead (PHA listed as partner) | Task | Contract | Thematic Area |
|---|---|---|---|---|---|---|
| | | | | collectively contribute to the larger take5 strategic working group which includes other key stakeholders (e.g. other Councils in Northern Area, EA, libraries NI, SportNI etc.) | | |
| Develop and implement a Take 5 framework for primary school age children and use to develop similar frameworks for community & youth groups and workplaces. | AN | PHA | AJ | A Take 5 Working Group of ANBC key stakeholders and representatives from MEA and MU Councils has been established to co-develop and deliver a Take 5 Framework including a menu of Take 5 actions, a Take 5 pledge and Take 5 resources for schools, community & youth groups and workplaces.<br>The Working Group is exploring how best to gather and share information on the uptake of the Take 5 framework.<br>A Take 5 Task and Finish group has also been established to compile a directory of potential resources suitable for schools wishing to use the Take 5 framework. | No | **Mental health and wellbeing** |

| Action | Council | Lead Org / Officer | PHA lead (PHA listed as partner) | Task | Contract | Thematic Area |
|---|---|---|---|---|---|---|
| Healthy Eating and Activity Strategy and Action Plan which builds on and extends best practice from NOP, Healthy Places, Hearty Lives Carrick and Every Body Active. | MEA | PHA Sport NI | MO | Link with NOP activities – no group to be established to deliver this action. | No | **Physical Activity** |
| Daily Mile implementation | MUDC | O Moley/C O' Hanlon | C Rogers | Encourage and enhance Daily Mile uptake across Dungannon.<br><br>PHA funded Health Inequality worker is promoting Daily Mile scheme across Dungannon. | ABC-Health Inequality Contract | **Physical Activity** |
| Increase opportunities for participation in physical activity and wellbeing initiatives within traditionally under represented groups:<br>• women & girls<br>• people with a disabilities<br>• people from areas of high social need. | CCG | CCG Sport NI | MO | Link with NOP activities – no group to be established to deliver this action – being taken forward through Every Body Active | No | **Physical Activity** |
| Improve access to and provision of play and recreational facilities | AN | AN & Sport NI | TBC | Sport NI to lead on the Sport and Physical Group for the Community Plan. This group will take for | No | **Physical Activity** |

| Action | Council | Lead Org / Officer | PHA lead (PHA listed as partner) | Task | Contract | Thematic Area |
|---|---|---|---|---|---|---|
| across the Borough | | | | forward an action plan that looks at all aspects of sport and physical activity across the council area.<br>Partners to include:<br>Education Authority<br>Northern HSC Trust<br>**Public Health Agency**<br>Sport NI<br>Ulster University | | |
| Improve access to and provision of play and recreational facilities across the Borough for people with a disability | AN | AN & Sport NI | TBC | Development and promotion of fully inclusive recreational facilities across the Borough.<br>Partners to include:<br>Education Authority<br>Northern HSC Trust<br>**Public Health Agency**<br>Sport NI<br>Ulster University<br>Department of Education<br>Department for Communities<br>Disability Sport NI | | **Physical Activity** |
| Increase the uptake of obesity prevention programmes and identify/implement new programmes which encourages active participation in schools | CCG | CCG | MO | Link with NOP activities – no group to be established to deliver this action<br>Build on the work of NIFRS. | No | **Physical Activity /Obesity prevention** |

| Action | Council | Lead Org / Officer | PHA lead (PHA listed as partner) | Task | Contract | Thematic Area |
|---|---|---|---|---|---|---|
| Ensure we have a robust and resilient community and voluntary sector by developing the capacity of volunteer management committees | AN | AN | TBC | ANBC to plan the initial way forward and to develop an inclusive methodology ensuring the involvement of key stakeholders.<br>Partners to include:<br>ANBC; HSCB; NHSCT; **Public Health Agency;** Sport NI; Volunteer Now; South Antrim Community Network; NICVA Peace IV Partnership | | **Volunteering** |
| Promote and secure commitment to the principles underpinning *Investing In Volunteers* (IIV) | AN | PHA & Vol Now | EO'D AJ | A Volunteering Working Group of key stakeholders has been established to advocate and raise awareness among all CP partners of evidence on the value and benefits of volunteering for health and social wellbeing and of the advantages for volunteers and host organisations of committing to the principles underpinning Investing in Volunteers (IiV). The Working Group is also working to establish baseline information on CP partner organisations' current level of action relating to volunteering. | No | **Volunteering** |

| Action | Council | Lead Org / Officer | PHA lead (PHA listed as partner) | Task | Contract | Thematic Area |
|---|---|---|---|---|---|---|
| Develop, lead, implement and support interventions which tackle poverty and respond to local need. | CCG | PHA | HJ<br>TC | HJ to establish and chair a task group to take this forward. Partners to include CCG, Trusts, NIHE, DAERA, DfC, UU, EANI, CCMS, housing associations, C&V Sector. | Yes | **Poverty** |
| Develop and implement a model to meet the health literacy needs of vulnerable people / target groups and to support people and communities to have a more informed understanding to make use of information and services and to make positive health and wellbeing choices. | CCG | PHA | EO'D<br>AG | A workshop on health literacy (HL) was held in May 2019 to raise awareness among CCG CP partners of evidence on the risks to health and wellbeing of poor HL and on the role of improved HL in addressing health inequalities. PHA is supporting the action being undertaken by NHSCT and WHSCT partners and by Networks Involving Communities in Health Improvement (NICHI) partners to build community HL capacity; develop user friendly, key HL messages and promote HL awareness during October (Health Literacy Awareness month). PHA is also exploring with community planning partners the potential to establish baseline data on the level of action being undertaken to promote HL within our organisations. | No | **Health Literacy** |

| Action | Council | Lead Org / Officer | PHA lead (PHA listed as partner) | Task | Contract | Thematic Area |
|---|---|---|---|---|---|---|
| Enhance interagency work around homelessness prevention and enhance local response and provision. | CCG | NIHE | TC | Membership of the Causeway Homelessness Local Area Group | No | **Other** |
| Identify and raise awareness of models of good practice within the C&V sector that involve collaborative working – Living Well Moyle. | CCG | HSCB BH | HJ | Continue to sit on Dalriada Pathfinder Partnership Project Board. Oversee and share the evaluation. | Yes | **Other** |
| Enterprise and innovation programme – support for social enterprise and the introduction of Buy Social Clauses. | MEA | MEA | HJ | Link through the HWB thematic group and influence PHA practice as appropriate. | No | **Other** |
| Support an enhanced public health role for community pharmacies | AN | HSCB | TBC | An event is planned for September with two aims. One is to gauge interest in participation in the Building Community Pharmacy Programme which is a scheme resourced by HSCB, which brings community organisations and community pharmacies together to explore public health topics. The other aim is to raise | | **Other** |

| Action | Council | Lead Org / Officer | PHA lead (PHA listed as partner) | Task | Contract | Thematic Area |
|---|---|---|---|---|---|---|
| | | | | awareness of community pharmacies as community assets.<br>Partners to include:<br>ANBC<br>HSCB<br>Northern Trust<br>**Public Health Agency**<br>Community and Voluntary Sector Organisations<br>Integrated Care Partnerships<br>South Antrim Community Network | | |
| Community Growing Programme | AN | AN | TBC | Explore with other public bodies transfer of land for the purposes of installing new allotments in Rathcoole (Education Authority) and in Crumlin (NI Water). The Northern Obesity Partnership has agreed in principle to assist the roll out of the Muddy Boots (horticulture and nutrition) Programme and the Council has committed to delivery of at least 8 settings based projects per year including working with existing allotment holders. The implementation plan will be drafted once timeframes for new allotment sites are finalised. | | **Other** |

| Action | Council | Lead Org / Officer | PHA lead (PHA listed as partner) | Task | Contract | Thematic Area |
|---|---|---|---|---|---|---|
| A 'Healthy for Life' strategy, team and portal; coordinating all health initiatives, programmes and literature available in the District. | MUDC | NHSCT | MO | No formalised group as yet – mainly via email and the wider HSWI Thematic Group which MO sits on. | No | **Other** |
| To develop and deliver a rolling programme of joint health and wellbeing initiatives in partnership with community planning partners and others to increase access to culture, arts and heritage by socially excluded groups, including s75. | CCG | CCG | HJ | General link and contact person through membership of the HWB thematic group | No | **Other** |

## Belfast and SE Trust Areas

| Action | Council | Lead Org / Officer | PHA lead (PHA listed as partner) | Task | Contract | Thematic Area |
|---|---|---|---|---|---|---|
| Speech, language and communication development | AND | PHA/HSCB | Barbara Porter | Raising awareness of speech, language and communication development for 0-4 year olds in A&ND under community planning using a partner approach | No | **Giving every child the best start in life** |
| Early Years LCCC | LCCC | LCCC | Barbara Porter | • Replicate the established early intervention project across other disadvantaged areas of the Council by October 2018<br>• Put tackling obesity measures in place by June 2018<br>• Secure ongoing commitment to the Early Intervention Lisburn model, share learning, resources and process with other areas in Lisburn and Castlereagh | | **Giving every child the best start in life** |
| Take 5 | AND | PHA | Barbara Porter | Facilitate the roll out of five steps to wellbeing to increase uptake in schools, community and businesses | | **Giving every child the best start in life** |

| Action | Council | Lead Org / Officer | PHA lead (PHA listed as partner) | Task | Contract | Thematic Area |
|---|---|---|---|---|---|---|
| Age Friendly | LCCC | LCCC | Caroline Bloomfield | • Promote age-friendly project and report back to Health and Well-being Group quarterly<br>• Draw up recruitment plan from partners to recruit 50 befrienders to reduce social isolation by March 2018<br>• Promote CSAW and Active Aging projects in accordance with programme in LCCC area<br>• Roll out appropriate dementia training across all partners by March 2018<br>• Establish Age Friendly Alliance & Action Plan by March 2019 | | **Later years and active ageing** |

| Action | Council | Lead Org / Officer | PHA lead (PHA listed as partner) | Task | Contract | Thematic Area |
|---|---|---|---|---|---|---|
| Avoidable Winter Deaths | BCC | BHDU | Andrew Steenson/Elma Greer | • Identify people who are vulnerable to the risk factors associated with avoidable winter deaths<br>• Develop and maintain a referral pathway → to a single point of contact<br>• Ensure people who are 'at risk' receive the services and support they need<br>• Raise awareness via multi agency winter communication plan | No | **Later years and active ageing** |
| Active Ageing | AND | SET | Jeff Scrogie | Active-ageing – Older people will have access to a wide range of suitable physical activity opportunities | No | **Later years and active ageing** |

| Action | Council | Lead Org / Officer | PHA lead (PHA listed as partner) | Task | Contract | Thematic Area |
|---|---|---|---|---|---|---|
| Review the role and purpose of each org/partnership with a view **to condensing/ consolidating** where possible, and then developing **clear lines of responsibility and accountability** for each with regular **effective and meaningful engagement across** | BCC | PHA/BCC/BHSCT | Séamus Mullen | Research on role and function of each sub-group in the area of drugs and alcohol and mental health in the Belfast area. | Yes | **Mental health and wellbeing** |
| LCCC Good Mental Health Group Take 5 | LCCC | Frances Dowds | PHA | Adoption and Launch of Take 5 campaign in the LCC area. | No | **Mental health and wellbeing** |
| LCCC Good Mental Health Group - Children and Young People | LCCC | Frances Dowds | PHA Partner – Resurgam Lead | good mental health workshop focusing on young people | No | **Mental health and wellbeing** |
| LCCC Good Mental Health Group - Have Your Say | LCCC | Frances Dowds | PHA /LCCC | Replication of the Belfast Have Your Say survey throughout the LCC area – some data already provided from the BHSCT proportion of LCCCC area | No | **Mental health and wellbeing** |

| Action | Council | Lead Org / Officer | PHA lead (PHA listed as partner) | Task | Contract | Thematic Area |
|---|---|---|---|---|---|---|
| Move More Lisburn and Castlereagh | LCCC | LCCC | David Tumilty | • Establish a physical activity group across LCCC by March 2018<br>• Map existing services and create action plan by March 2019<br>• Establish baseline figures to inform action plan September 2018<br>• Monitor actions post March 2019<br>• Investigate Healthy Kidz programme | | **Physical activity** |
| Dundonald Health & Well-Being and Community Hub | LCCC | LCCC | David Tumilty | • Consultation across agencies and the public to inform the re-development of DIIB (through co-production) by February 2018<br>• Develop a model, test it, get agreement and draw up a design specification by March 2019<br>• Re-development of DIIB (long term) | | **Physical activity** |

| Action | Council | Lead Org / Officer | PHA lead (PHA listed as partner) | Task | Contract | Thematic Area |
|---|---|---|---|---|---|---|
| Targeted co-ordinated piece of work to address the needs of injecting drug users (IDUs) particularly within the City Centre, with a particular focus on **improving communication and co-ordination** | BCC | PHA/BCC/BHSCT | Séamus Mullen | Research completed on needs of injecting drug users (IDUs) in City Centre. | Yes | **Drugs and Alcohol** |
| Review the role and purpose of each org/partnership with a view **to condensing/ consolidating** where possible, and then developing **clear lines of responsibility and accountability** for each with regular **effective and meaningful engagement across** | BCC | PHA/BCC/BHSCT | Séamus Mullen | Research on role and function of each sub-group in the area of drugs and alcohol and mental health in the Belfast area. | Yes | **Drugs and Alcohol** |
| Establishment of a **City-wide Commissioning Group** | BCC | PHA/BCC/BHSCT | Séamus Mullen | Establishment of a **City-wide Commissioning Group** | No | **Drugs and Alcohol** |

## Southern Area

| Action | Council | Lead Org / Officer | PHA lead (PHA listed as partner) | Task | Contract | Thematic Area |
|---|---|---|---|---|---|---|
| Breastfeeding Welcome Here promotion | NMD | O Moley/C O' Hanlon | Teresa McGarvey/C Rogers | Encourage breastfeeding across District.<br><br>PHA funded Health Inequality workers are promoting Breastfeeding Welcome Here scheme across locality. | NMD-Health Inequality Contract | **Giving every child the best start in life** |
| Develop ABC as an age friendly borough through an integrated programme of action, based on a rights based approach and on the eight World Health Organisations' key themes. | ABC | ABC | (Danny Sinclair) | Develop an age friendly city and district by via the 8 World Health Organisation key themes | ABC Contract | **Later years and active ageing** |
| Further develop NMD as an age friendly city/borough through an integrated programme of action, based on a rights based approach and on the eight World Health Organisations' key themes. | NMD | NMD | (Danny Sinclair) | Further develop NMD as an age friendly city and district by via the 8 World Health Organisation key themes | NMD Contract | **Later years and active ageing** |

| Action | Council | Lead Org / Officer | PHA lead (PHA listed as partner) | Task | Contract | Thematic Area |
|---|---|---|---|---|---|---|
| Take 5 implementation across district | NMD | Joan Porter/L Taylor | Teresa McGarvey/C Rogers | Embed a Take 5 approach across the District focussing on areas of deprivation and enhance working across agencies and C & V sector<br><br>NMDDC CP Mental Health workshop.<br>PHA funded Health Inequality workers are delivering Take 5 ambassador training. | NMD – Health Inequality Contract | **Mental health and wellbeing** |
| Take 5 implementation across district | ABC | Joan Porter/L Taylor | Danny Sinclair/C Rogers | Embed a Take 5 approach across the District focussing on areas of deprivation and enhance working across agencies and C & V sector | ABC – Health Inequality Contract | **Mental health and wellbeing** |
| **IN BOTH COUNCILS –**<br>Ensure alignment of Health Inequality Workers with PFG and MLB goals. | NMD<br><br>ABC | C O' Hanlon/ Danny Sinclair | C Rogers | Enhanced collaboration and coordination to ensure better outcomes. | Health Inequality Workers | **Mental health and wellbeing** |
| Daily Mile implementation | ABC | O Moley/C O' Hanlon | Danny Sinclair/ C Rogers | Encourage and enhance Daily Mile uptake across District focussing on areas of deprivation.<br><br>PHA funded Health Inequality workers are promoting Daily Mile scheme across locality. | ABC- Health Inequality Contract | **Physical Activity** |

| Action | Council | Lead Org / Officer | PHA lead (PHA listed as partner) | Task | Contract | Thematic Area |
|---|---|---|---|---|---|---|
| Daily Mile implementation | NMD | O Moley/C O' Hanlon | Teresa McGarvey/C Rogers | Encourage and enhance Daily Mile uptake across District focussing on areas of deprivation.<br><br>PHA funded Health Inequality workers are promoting Daily Mile scheme across locality. | NMD-Health Inequality Contract | **Physical Activity** |
| Action to be developed addressing addictions | ABC | PHA / Colette Rogers (Danny Sinclair?) | Colette Rogers /Danny Sinclair | Establish and facilitate a task group to take this forward. PHA to support.<br><br>PHA funded services already contribute towards this area of work. | Various to be identified | **Drugs and Alcohol** |
| Promote volunteering and the wellbeing of volunteers | ABC | Volunteer Now | Danny Sinclair / Joan Porter | Establish and facilitate a task group to take this forward. PHA to support.<br>Maximise PR opportunities through ABC Engagement group. | No | **Volunteering** |
| Promote good nutrition in communities | ABC | PHA / Colette Rogers (Danny Sinclair?) | Colette Rogers (Danny Sinclair?) / Laura Taylor | Establish and facilitate a task group to take this forward. PHA to support.<br><br>PHA funded health workers are delivering a range of community nutrition education programmes across the locality. | | **Nutrition** |

## Western Area

| Action | Council | Lead Org / Officer | PHA lead (PHA listed as partner) | Task | Contract | Thematic Area |
|---|---|---|---|---|---|---|
| Deliver a targeted programme of home safety assessments and where appropriate, ensure safety improvement measures are implemented. | FODC Action 3.12 | FODC/ Fiona Douglas | Listed as partner/ Ailish O'Neill | Home assessments for families with children under 5 and people over 65.<br>Produce a directory/menu of services for onward referrals.<br>Collect accident prevention data from SWAH A&D department.<br>Provide a handyman services to facilitate fitting of safety and security equipment in identified homes. | FODC | **Giving every child the best start in life** |
| Increase physical activity and better nutrition in schools.<br>(tasks under review) | FODC Action 4.2 | FODC/Kim McLaughlin | Listed as partner/ Colette Brolly | Identify gaps in current provision of "the daily mile programme" and "active travel programme".<br>Work with a number of schools in the Fermanagh and Omagh area to encourage the uptake of the two programmes.<br>Collect data and develop a number of case studies which will be used to promote the uptake of both programmes in schools across the district. | No | **Giving every child the best start in life** |

| Action | Council | Lead Org / Officer | PHA lead (PHA listed as partner) | Task | Contract | Thematic Area |
|---|---|---|---|---|---|---|
| Promote partnerships between early years, schools, parents, communities and other relevant agencies to:<br>• Deliver community based education and learning support initiative<br>• Support physical and mental wellbeing of children and young people.<br>• Consider opportunities to make school facilities available for Community use. | FODC Action 4.3 | EDO/ Michael Burns | Listed as partner/ Colette Brolly | Develop mathematics trails around 2 tourist attractions and 2 town centres to reduce the dip in learning experience during the summer months.<br>Develop a suite of English and Maths fun sheets to develop/improve basic skills for use in restaurants, libraries and other public spaces in Fermanagh and Omagh.<br>Encourage schools to provide access to their facilities for the local community.<br>Tasks under review. | No | **Giving every child the best start in life** |
| Establish Fermanagh and Omagh as an Age friendly District. | FODC Action 2.1: | South West Age Partnership( SWAP)/Alison Forbes | Listed as partner/ Siobhan Sweeney | • Development of an Age Friendly Strategy and 3 year Action Plan<br>• Scoping current available programmes and services.<br>• Develop a communication campaign.<br>• Deliver PLACE_EE Project in West Tyrone and Erne East.<br>• Incorporate Inclusive Activity into “Everybody | FODC Contract (Age Friendly Officer) | **Later years and active ageing** |

| Action | Council | Lead Org / Officer | PHA lead (PHA listed as partner) | Task | Contract | Thematic Area |
|---|---|---|---|---|---|---|
| | | | | Active Programme".<br>• Tackle issues in regards to Care in the Community. Look at funding for befriending services.<br>• Deliver targeted interventions re Home Safety and Affordable Warmth Programmes in areas of deprivation.<br>• Research and agree information to be provided by Planning and Building Control to home owners with regards to Future Proofing your home.<br>• Work with Policy development of Local development Plan on developing a range of housing types and sheltered accommodation. | | |
| Deliver a targeted programme of home safety assessments and where appropriate, ensure safety improvement measures are implemented. | FODC Action 3.12 | FODC/ Fiona Douglas | Listed as partner/Ailish O Neill | Home assessments for families with children under 5 and people over 65; Produce a directory/menu of services for onward referrals; Collect accident prevention data from SWAH A&D department; Provide a handyman | FODC contract | **Later years and active ageing** |

| Action | Council | Lead Org / Officer | PHA lead (PHA listed as partner) | Task | Contract | Thematic Area |
|---|---|---|---|---|---|---|
| | | | | services to facilitate fitting of safety and security equipment in identified homes. | | |
| Deliver programmes which recognise that end of life care is a social as well as medical issue, builds capacity within communities to support those with a life limiting illness to remain living independently in their own homes, makes a reality of a public health approach to end of life care and enables all of our citizens to age well, for example Compassionate Communities. | DCS | PHA/Fiona Teague | PHA/Fiona Teague | Increase awareness of the effects and ways to prevent coronary heart disease and diabetes and respiratory illnesses and develop community-based intervention programmes. | No | **Later years and active ageing** |
| Develop an age friendly City and Region through an integrated programme of action, based on a rights based approach and on the eight World Health Organisations' themes. | DCS | PHA/Siobhan Sweeney<br><br>PHA Fiona Teague | PHA/Siobhan Sweeney<br><br>PHA/Listed as Partner | Develop an age friendly city and district by via the 8 World Health Organisation key themes.<br>Plan services on a rights-based approach and achieve internationally recognised status in an age friendly city and district.<br>Deliver positive aging programmes targeted at older people & people with a disability. | DHC Contract (Age Friendly Officer & Access and Inclusion Officer) | **Later years and active ageing** |

| Action | Council | Lead Org / Officer | PHA lead (PHA listed as partner) | Task | Contract | Thematic Area |
|---|---|---|---|---|---|---|
| Support cross-border collaboration in health and social care with a focus on early intervention with vulnerable families; promotion of positive mental health and well-being; supporting independence and inclusion of older people; and citizenship for people with disabilities. | DCS | CAWT Edel O Doherty | PHA listed as Partner | Target funding to support cross-border collaboration in health and social care with a focus on early intervention with vulnerable families; promotion of positive mental health and well-being; supporting independence and inclusion of older people, citizenship and people with disabilities. | DCSDC Access and Inclusion contract | **Later years and active ageing** |
| Work with Businesses to encourage and support the identification and development of Mental Health Champions to support employees | FODC action 1.4 | PHA/ Hilary Parke | PHA lead Hilary Parke/Shauna Houston | Enhance collaborative working with DHC and workplaces to identify training needs and identify workplace champions. Tasks under review . Reviewing additional Performance Indicators. | Developing Healthy Communities(DHC) Contract | **Mental health and wellbeing** |
| A strong focus on mental health and wellbeing across the lifetime of our people based on models of prevention, pathways to recovery and the Future Foyles research and green prescriptions. | DCS | Multi agency including PHA, CCI, DCSDC, DFI,DFC | PHA Fiona Teague/Shauna Houston | Undertake a scoping and implement action plan to foster positive mental health and well-being across the life course of our people; Identifying models and programmes of early intervention, prevention and pathways to facilitate reablement and recovery; Development of Future Foyle Project | Helen Hamley Centre of Arts contract for Future Foyle | **Mental health and wellbeing** |

| Action | Council | Lead Org / Officer | PHA lead (PHA listed as partner) | Task | Contract | Thematic Area |
|---|---|---|---|---|---|---|
| Develop community based support for the delivery of crisis intervention services. | DCS | DCSDC/ Seamus Donaghey WHSCT Amanda McFadden | PHA listed as partner Siobhan Sweeney | Deliver a pilot crisis intervention service in the City and District. Ongoing implementation of crisis intervention service in the City and District. | No | **Mental health and wellbeing** |
| Increase uptake of physical, social, culture, arts and leisure activity programmes across all age groups and amongst underrepresented groups to improve physical, mental and emotional wellbeing. | FODC Action 1.1 | FODC/ Oonagh Donnelly | Listed as Partner/Colette Brolly | Tasks being reviewed. | | **Physical Activity** |
| Increase physical activity and better nutrition in schools. | FODC Action 4.2 | FODC/Kim McLaughlin | Listed as partner/ Colette Brolly | Tasks also being reviewed. Identify gaps in current provision of “the daily mile programme” and “active travel programme”. Work with a number of schools in the Fermanagh and Omagh area to encourage the uptake of the two programmes. Collect data and develop a number of case studies which will be used to promote the uptake of both programmes in schools across the district. | No | **Physical Activity** |

| Action | Council | Lead Org / Officer | PHA lead (PHA listed as partner) | Task | Contract | Thematic Area |
|---|---|---|---|---|---|---|
| Deliver co-ordinated programmes to reduce the effects of alcohol and drug misuse to change mind-sets through the promotion of Healthy Lifestyle alternatives | FODC Action 1.3 | Fermanagh and Omagh Drugs and Alcohol Forums (Overseen by the WDACT partnership) . | Listed as Partner/Siobhan Sweeney | Icelandic Model: Explore opportunities to develop a pilot in the Western Trust area. Responders Training roll out a suite of brief intervention training to front line community and voluntary sector staff. Promote safe drinking units by holding awareness sessions. Install and promote rapid bins. | ASCERT Connection Contract | **Drugs and Alcohol** |
| Develop an alcohol and drug awareness and intervention programme focused on safe drinking levels and working with the police to address illegal alcohol and drugs supply. | DCS | PHA/Siobhan Sweeney | PHA Siobhan Sweeney | Drive forward an alcohol and drugs awareness, education and intervention programme focused on promoting responsible drinking levels and tackling alcohol and drugs supply. | Ascert/connections Contract | **Drugs and Alcohol** |
| Alleviating the effects of poverty. | FODC Action 3.7 | To be confirmed | Listed as partner/ Colette Brolly | The establishment of two social supermarkets – First working group meeting on 2nd October. | FODC Contract. | **Poverty** |

| Action | Council | Lead Org / Officer | PHA lead (PHA listed as partner) | Task | Contract | Thematic Area |
|---|---|---|---|---|---|---|
| Provide accessible support services that assist people to obtain, understand and apply health information to make informed and appropriate health decisions and make better use of health services, including community led services. | FODC Action 1.5 | WHSCT/ Fionnuala McKinney | Listed as partner/Colette Brolly | Conduct a survey of Health Literacy levels amongst public sector staff for baseline sampling.<br><br>Develop Health Literacy training programmes to target staff in public services.<br>Conduct 2 Health Literacy campaigns in the FODC district. | No | **Health Literacy** |
| Deliver a health literacy programme focused on developing the capabilities of individuals to take control of their own health. | DCS | WHSCT Fionnula McKinney | PHA listed as partner Fiona Teague | Develop a health literacy partnership and develop and implement an action plan to address health inequalities. | No | **Health Literacy** |
| Create a Community of Lifesavers by strengthening the Chain of Survival | DCS | NIAS Stephen Lecky | PHA listed as Partner | Encourage all AED owners to register their devices on NI Ambulance Service website www.nias.hscni.net<br><br>Baseline and map current Public Access Defibrillator (PAD) sites and explore the potential for further development of new PAD sites. | No | **Other** |

## Additional Information

### Councils

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|---|---|
| AN | Antrim and Newtownabbey |
| AND | Ards and North Down |
| ABC | Armagh, Banbridge and Craigavon |
| BCC | Belfast |
| CCG | Causeway Coast and Glens |
| DCS | Derry City and Strabane |
| FODC | Fermanagh and Omagh |
| LCCC | Lisburn and Castlereagh |
| MEA | Mid and East Antrim |
| MUDC | Mid Ulster |
| NMD | Newry, Mourne and Down |

### WHO 8 Themes

Develop an age friendly city and district by via the 8 World Health Organisation key themes:

- Transport
- Housing
- Social participation
- Respect and social inclusion
- Civic participation and employment
- Communication and information
- Community support and health services
- Outdoor spaces and building