

Meeting agenda

PHA Board Meeting

Date and time	Venue
22 January 2026 at 1.30pm	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

Item	Topic and details	Presenter
1 1.30	Welcome and Apologies	Chair
2 1.30	Declaration of Interests	Chair
3 1.30	Minutes of Previous Meeting held on 18 December 2025	Chair
4 1.35	Actions from Previous Meeting / Matters Arising	Chair
5 1.40	Reports of New or Emerging Risks	Chief Executive
6 1.45	Raising Concerns	Chief Executive
7 1.50	Updates from Committees: <ul style="list-style-type: none"> • Governance and Audit Committee • Remuneration Committee • Planning, Performance and Resources Committee • Screening Programme Board • Procurement Board • Information Governance Steering Group • Public Inquiries Programme Board 	Committee Chairs
8 2.00	Chief Executive and Directors' Report	Chief Executive
9 2.15	Finance Report [PHA/01/01/26] (For noting)	Mrs Scott

10 2.30	Personal and Public Involvement Board Report April 2024 – March 2025 [PHA/02/01/26] (For noting)	Ms Roberts
11 2.50	Presentation by Starting Well Planning Team	Ms Roberts
12 3.20	Update on “This Is Our Health”	Chief Executive
13 3.50	Chair’s Remarks	Chair
14 4.00	Any Other Business	Chair
15	Details of next meeting: <i>Thursday 26 February 2026 at 1.30pm</i> <i>Fifth Floor Meeting Room, 12/22 Linenhall Street,</i> <i>Belfast</i>	Chair

PHA Board Meeting Minutes

Date and Time	Venue	
18 December 2025 at 10.00am	Invest NI Meeting Rooms, 3 rd Floor, Bedford Square, Bedford Street, Belfast	

Member	Title	Attendance status
Mr Colin Coffey	Chair	Present
Mr Aidan Dawson	Chief Executive	Present
Dr Joanne McClean	Director of Public Health	Present
Ms Emily Roberts	Interim Director of Nursing, Midwifery and Allied Health Professionals	Present
Mrs Leah Scott	Director of Finance and Corporate Services	Present
Mr Craig Blaney	Non-Executive Director	Present
Mr John Patrick Clayton	Non-Executive Director	Present
Ms Anne Henderson	Non-Executive Director	Present
Mr Robert Irvine	Non-Executive Director	Present
Mr Joseph Stewart	Non-Executive Director	Present
Mr Stephen Wilson	Head of Chief Executive's Office	In attendance
Mr Robert Graham	Secretariat	In attendance
Ms Meadhbha Monaghan	Chief Executive, Patient Client Council	Apologies

150/25 - Item 1 – Welcome and Apologies

150/25.1 The Chair welcomed everyone to the meeting. Apologies were noted from Ms Meadhbha Monaghan.

150/25.2 The Chair welcomed Ms Emily Roberts to her first meeting as Interim Director of Nursing, Midwifery and AHPs.

151/25 - Item 2 – Declaration of Interests

151/25.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda.

151/25.2 Mr Clayton declared an interest in relation to Public Inquiries as Unison is engaging with the Inquiries. He also declared an interest in relation to any discussions on pay as he and his Trade Union organisation has been involved in the Agenda for Change (AfC) pay negotiations.

152/25 - Item 3 – Minutes of previous meeting held on 27 November 2025

152/25.1 The minutes of the Board meeting held on 27 November 2025 were **APPROVED** as an accurate record of that meeting.

153/25 - Item 4 – Actions from Previous Meeting / Matters Arising

153/25.1 The Chair went through the Action Log and asked if members were content with the progress of the outstanding actions.

153/25.2 Mr Clayton asked for an update on emergency planning. Dr McClean replied that there is a new lead in this area within the Department and she would give a further update in due course. The Chair advised that he had expressed his concern to Mr Peter Toogood that PHA was leading a lot of work in this area when it was not the lead organisation.

153/25.3 Mr Stewart asked if PHA was pressing ahead with the recruitment of the new Director posts. The Chief Executive replied that he had met with Mrs Paula Smyth and that this process would be commencing in January 2026.

154/25 - Item 5 – Reports of New or Emerging Risks

154/25.1 The Chief Executive advised that no new risks have been added to the Corporate Risk Register.

155/25 - Item 6 – Raising Concerns

155/25.1 The Chief Executive advised that there were no new concerns to report on.

156/25 - Item 7 – Chief Executive and Directors' Report

156/25.1 The Chief Executive reported that PHA's mid-year Ground Clearing meeting with the Department had gone well and that three issues were escalated to the Accountability Review meeting, namely audit, finance and the Reshape and Refresh programme closure report. He added that the Accountability Review meeting had also gone well. The Chair agreed that that it had been a good meeting and said that PHA is well respected by the Department. He commended the work that has been carried out to address the outstanding Internal Audit recommendations, and he hoped that this would be recognised by Internal Audit at the year end.

156/25.2 The Chair advised that PHA would write formally to the Department regarding the Reshape and Refresh programme closure report. Ms Henderson asked about the issue of the cost of the new structure. The Chief Executive replied that he is dealing with that matter.

156/25.3 The Chief Executive reported that work is ongoing with Ms Denise Hampson regarding the "This is Our Health" initiative and that he has asked Ms Hampson to attend the January Board meeting. The Chair said that there needs to be a discussion regarding the comms around This Is Our Health.

156/25.4 Ms Roberts advised that Dr Denise O'Hagan has been leading work on "Right Care Right Person" and that she would like to attend a future Board meeting to present this work and outline some concerns around its rollout. Mr Clayton said that he would welcome an update at a Board meeting on the work around ending violence against women and girls. He added that he had queries around the timescale for implementing the recommendations and PHA's role in overseeing this. Ms Roberts explained that PHA's role is more in relation to the Routine Enquiry work.

At this point Mr Wilson joined the meeting

156/25.5 Ms Roberts advised that PHA is working with other parts of the HSC system in relation to the Routine Enquiry work. Mr Clayton noted that it is important that there is consistency of practice. Ms Henderson asked what funding PHA is getting, but Ms Roberts explained that it is not a large amount, but domestic abuse is an area that PHA would like to look at.

156/25.6 The Chair said that he has asked the Chief Executive to schedule presentations by the new planning teams at future meetings, and that the first of these will take place in January.

156/25.7 Ms Henderson asked for an update on the work on breastfeeding. Ms Roberts noted that there was some discussion on this in the media, but PHA is continuing with this work, although there have been some delays in agreeing timelines with the Department.

157/25 - Item 8 – Finance Report [PHA/01/12/25]

157/25.1 Mrs Scott said that this Finance Report outlines the position as at the end of October where PHA is projecting a break even position with a marginal surplus.

157/25.2 Mrs Scott drew members' attention to the section on risks and advised that PHA is unlikely to receive a full allocation to cover wage increases. She explained that the Minister has made an agreement to settle pay without the necessary funding being in place. She said that all HSC bodies are facing a similar situation and that PHA is awaiting a direction from the Department whereby it will receive a new financial target taking into account the gap in salaries, but asking that all non-pay slippage is returned to the Department given the funding gap across the HSC. She advised that PHA is working to identify slippage in areas but reported that PHA will end the year with an approved overspend.

157/25.3 Mr Clayton advised that he was involved in the pay negotiations and declared an interest. He said that there was a challenge in that less than half of the required funding was obtained through monitoring rounds and that the Minister has made it clear that in future funding for pay must come from within the Department budget, which will create a wider issue in terms of how HSC deals with pay matters. The Chief Executive expressed a concern that if the HSC has to find the funding for pay, there is the potential for services to be reduced and for PHA there could be a reduction in services. Ms Henderson asked if it would be possible to receive a short paper on this and the Chair advised that he has already asked the Chief Executive to prepare this (**Action 1 – Chief Executive**).

157/25.4 The Chair expressed concerns with the situation and referenced the importance of the work of PHA in Health Improvement, early intervention and health Protection. He said that information from reports such as the Hussey Review, the EY Review and the COVID Inquiry show the need for investment in these areas. He added that PHA has a fiduciary duty to break even, and while he agreed that savings should be returned, he wished to have further information from the Department of Health on the specific direction.

157/25.5 The Chair asked how the Northern Ireland Audit Office will view this. Mrs Scott replied that while NIAO has been involved in some of the discussions, it remains to be seen whether PHA's accounts will be qualified.

157/25.6 The Board noted the Finance Report.

158/25 - Item 9 – PHA Complaints Policy and Associated Procedure [PHA/02/12/25]

Mr Alastair Ross joined the meeting for this item

158/25.1 Mr Wilson explained that following an Internal Audit recommendation, PHA had updated its Complaints Policy, but in parallel, a new process was being rolled out by the Northern Ireland Public Service Ombudsman (NIPSO). He said that Mr Ross would give members an overview of this work.

158/25.2 Mr Ross advised that PHA's current Complaints Policy is a sound policy, based on other HSC policies, but it is not compliant with the new NIPSO procedure. He explained that NIPSO had initially worked with Trusts when developing its new procedure but PHA and BSO were also brought on board as NIPSO wished to ensure standardisation. He said that from 1 January, all HSC bodies will be expected to be compliant with the new policy and NIPSO will be writing to Chief Executives regarding this.

158/25.3 Mr Ross said that many elements of the new policy are in PHA's current policy, but the definition of a complaint has changed and there are now Stage 1 and Stage 2 complaints, whereby Stage 1 complaints are "informal" and Stage 2 complaints more formal. He noted that PHA would rarely receive informal complaints. He added that members will see new metrics in future reports.

158/25.4 Mr Ross advised that the new procedure sets out the role of the Directors, Chief Executive and Board. He said that PHA would receive around 20 complaints annually, but there is an onus to have a robust process. He explained that the updated policy and procedure will be uploaded onto the Intranet and the PHA website and there will be training for staff, as well as information included as part of the corporate induction for new staff.

158/25.5 Mr Blaney asked about the role of the Board and if there is any overlap between complaints and whistleblowing. Mr Ross explained that whistleblowing has its own procedure and that while complaints are external, whistleblowing tends to be raised by staff.

158/25.6 Mr Ross went through the section in the policy detailing the role of the Board and advised that quarterly and annual reports will continue to be brought.

158/25.7 Mr Irvine queried the use of the word "should" in relation to progressing anonymous complaints and asked what the threshold is for "sufficient information". Mr Ross replied that each case will be reviewed on its own merits, and that a decision would be made on how to proceed in agreement with Mr Wilson. He said that this section may be a direct lift from the NIPSO model policy, but he agreed to change the word to "must". Mr Clayton asked if a record is kept, if the complaint is logged and action taken, in the event of a further complaint coming in on the same issue. The Chief Executive advised that he has had experience of dealing with anonymous complaints, and some of these may be vexatious. He said that it would be poor practice not to follow up on anonymous complaints.

158/25.8 Mr Clayton welcomed the new policy and procedure, but asked about organisations from which PHA commissions services and how PHA is satisfied that these organisations have procedures in place. Mr Ross replied that PHA will need to engage with contract managers and ask them to ensure that such organisations are compliant. Mr Clayton noted that the Governance and Audit Committee regularly receives updates on commissioned services and this should be included as part of that update, but he appreciated that this may take some time.

158/25.9 Mr Clayton noted that the Governance and Audit Committee currently receives information on what would be Stage 2 complaints, and asked how information will be recorded by staff on Stage 1 complaints. Mr Ross explained that for Stage 1 complaints

there will be an onus on staff to resolve these themselves and there will be a template that they will complete and give to the Complaints Office. He noted that most complaints come through the PHA website and staff know how to deal with these.

158/25.10 Ms Henderson asked if PHA will ensure that the organisations it commissions services from are compliant and will conduct proper investigations. Mr Ross replied that organisations should tell PHA about the number of complaints they have received, and if an organisation is receiving a lot of complaints, this could be a performance issue. The Chief Executive said that any issues could be managed by contract managers, but if there are more serious issues, these could be escalated.

158/25.11 The Chair thanked Mr Ross for attending and suggested that it would be useful to have a further update on training and the implementation of the new process in a few months' time.

158/25.12 The Board **APPROVED** the updated PHA Complaints Policy.

At this point Mr Irvine left the meeting

159/25 - Item 10 – Presentation on Organ Donation

Ms Catherine McKeown joined the meeting for this item

159/25.1 Mr Wilson explained that under legislation, organ donation is the only topic area which the Department is required to promote and it is PHA who carries out this work.

159/25.2 Ms McKeown began her presentation by outlining her role as helping to raise awareness and understanding of organ donation and transplantation, as well as the change in law so as to encourage people to join the NHS Organ Donation register and have conversations with their families.

159/25.3 Ms McKeown gave an overview of the different partners PHA works with and showcased some of the public information campaigns that have been undertaken and their impact. She showed examples of partnership working and media uptake of some of the work as well as the many different initiatives to increase awareness. She demonstrated how this work has led to an increase in Organ Donation Register registrations since September 2022 and how Northern Ireland compares with other parts of the UK.

159/25.4 The Chair said that he would be intrigued to see what impact there would be if PHA was allowed to spend its campaign funding and what the graph showing registrations would look like. He asked if there was more PHA can do with its stakeholders and partners.

159/25.5 Ms McKeown said that the initial focus of work was on the law change, but now the work is more about the “opt in” and individuals having that conversation with their families and making that front and centre of future messaging.

159/25.6 Ms Henderson thanked Ms McKeown for her work and said that the presentation was excellent with lots of innovative work being undertaken with no budget.

Mr Wilson paid tribute to the work that Ms McKeown has done and said that prior to her appointment, Northern Ireland had the lowest uptake among the 4 UK nations, but it is now the highest.

159/25.7 The Board noted the presentation on organ donation.

160/25 - Item 11 – Update on Influenza

160/25.1 Dr McClean explained that flu is a predictable virus which comes each year and advised that there is no such thing as “super flu”. She advised that the underlying issue affecting the system is that the service cannot cope with the increased demand and patients cannot be discharged in a timely manner.

160/25.2 Dr McClean presented the latest data on influenza and showed the number of cases this week has fallen slightly from the previous week. She showed data relating to different age groups, hospital admissions, numbers in intensive care and outbreaks in care homes.

160/25.3 Dr McClean advised that the flu vaccine has been effective and following Mr Stewart’s query as to why this has been the case, she explained that the vaccine is developed based on the prevalent strain in the southern hemisphere. She presented information on vaccine uptake and explained how there is an Incident Management Team (IMT) which is looking at the challenges of vaccine promotion, timely antiviral administration and infection control measures.

160/25.4 The Chair said that his frustration stems from PHA appearing to get the blame for matters for which it is not responsible and how that can be dealt with. Dr McClean explained that, with regard to the issue of schools not having their vaccination programme completed, there is a 16-week programme and she would like to see the programme completed earlier. The Chair suggested that PHA should be more aggressive in its messaging and that in February, it should undertake a “lessons learned” exercise.

160/25.5 Ms Henderson asked if the comms team can look at how it can further support this work. She said that access to vaccinations is important. She noted that Dr McClean fronts this issue on behalf of the whole HSC system, but she cannot do this all by herself. The Chief Executive said that the issue has become politicised and that it is important that there is good clear information on the PHA website. He suggested that there could be a presentation on comms at the Board meeting in February. He said that one area that the HSC has accountability for is the uptake among HSC staff, and that this should be around 80/90%. He added that he had seen concerning material on social media regarding vaccines. He expressed disappointment that professional groups and Trade Unions have not been encouraging vaccine uptake.

160/25.6 Mr Clayton praised Dr McClean for her recent media appearances and the authority with which she put her views across. He acknowledged that the bigger risk is with the HSC system itself and how it plans to deal with the additional demands for capacity. He added that there should be a look at people’s attitudes to vaccination and why uptake rates are low, but noted that staff should be aware of their professional

obligations. Dr McClean advised that PHA is doing some work with Queen's University to look at vaccinations.

160/25.7 The Board noted the update on influenza.

161/25 - Item 12 – Chair's Remarks

161/25.1 The Chair echoed the Chief Executive's remarks earlier in the meeting that the Accountability Review meeting had been positive. He reported that a meeting of the Remuneration Committee had taken place on Wednesday where members were given an update on a recent review carried out by Korn Ferry across the HSC and PHA's concerns with regard to that review. He advised that PHA will be writing to the Permanent Secretary to express concerns regarding the process undertaken.

161/25.2 The Chair noted that this was Mr Stewart's last Board meeting and paid tribute to his professionalism and diligence during his time on the Board. He said that Mr Stewart's knowledge and expertise have been invaluable and commended his work as Chair of the Governance and Audit Committee. He added that PHA is in a different place and that Mr Stewart has played a major role in pushing the organisation forward and on behalf of the Board, he wished to express his thanks.

161/25.3 Mr Stewart thanked the Chair for his comments. He noted that for the first few years after he joined the PHA, there was not a permanent Executive Team in place, and that when the Hussey Review was being undertaken he did not miss the opportunity to make the point that PHA needed its own Chief Executive and Finance Department. He said that the PHA is unrecognisable today from the organisation that he first joined and that there is now a Chief Executive and Executive Team in place who are focused on taking the organisation forward. He added that the Reshape and Refresh programme has been an exemplar in change management. He said that PHA is in a unique position where both the Minister and Permanent Secretary are champions for public health. He added that PHA should not accept any reduction in its funding. He thanked all the Board members and he acknowledged the work of Mr Graham in his role.

162/25 - Item 13 – Any Other Business

162/25.1 There was no other business.

163/25 - Item 14 – Details of Next Meeting

Thursday 22 January 2026 at 1.30pm

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

Signed by Chair:

Colin Coffey

Date: 22 January 2026

Finance Report

Month 8 - November 2025



Leah Scott
*Director of Finance &
Corporate Services*
January 2026

Introduction

This summary report outlines the agency's statutory duties and provides an update on the financial position at month 8, building on the PHA Financial Plan 2025/26 which has been formally approved by AMT and the PHA Board.

Section A: Statutory Targets

- **Break-even**

The PHA is directed to achieve financial balance, with the statutory duty to break-even within a tolerance level of 0.25% of an underspend of the final agreed Revenue Resource Limit (RRL) or £20,000 of an underspend, whichever is the greater.

- **Financial Planning**

The agency must annually plan service delivery in a way that meets our statutory responsibilities and ensures that expenditure is contained within the total RRL.

- **Prompt Payment**

The Department requires that PHA pay at least 95% of invoices (by volume) within 30 days, to their non-HSC trade payables in accordance with Government Accounting guidance.

Section B: Summary Position

The position at 30 November 2025 (Month 8) reflects a year-to-date (YTD) surplus of £296k and a forecast full year overspend of £1.1m, which reflects the agreed treatment of the unfunded element of the 2025-26 pay award.

Table 1: PHA Summary Revenue position – November 25	Nov 25 Budget £'000	Nov 25 Actual £'000	Nov 25 Variance £'000	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Forecast Expenditure £'000
Programme Expenditure by Trust	4,100	4,100	(0)	31,710	31,710	(0)	47,677
Programme Expenditure by PHA	6,854	6,792	62	37,024	37,477	(453)	62,067
Total Programme Expenditure	10,954	10,892	62	68,733	69,186	(453)	109,745
Management & Admin	2,755	2,662	93	22,055	21,320	735	33,965
Ringfenced by Trust	1,038	1,038	(0)	1,316	1,316	(0)	1,974
Ringfenced by PHA	74	84	(10)	384	387	(3)	629
Total Ringfenced	1,112	1,122	(10)	1,700	1,703	(3)	2,603
Other Revenue Income	(50)	(47)	(3)	(50)	(67)	17	(50)
PHA Total	14,771	14,628	143	92,438	92,142	296	146,263

Total Funding Available 2025-26 (Appendix 1) **145,118**

Forecast Surplus/(Deficit) **(1,145)**

The PHA funding allocation of £145.1m is set out in **Appendix 1**.

The DoH receive a budget allocation from the minister each year. The Department is then responsible for the allocation of funds across HSC organisations while ensuring financial balance is achieved. During the year the supplementary monitoring process provides a formal system for reviewing plans and priorities for the current year in line with the most up to date position. This process allows organisations to identify underspend and/or additional pressures arising from which organisations may secure additional funds however they may also be faced with additional savings targets should a funding gap exist across HSC.

Other additional ad-hoc funds may be allocated during the course of the year for specific areas of costs arising which were not included in the opening allocation e.g. pay awards.

Section C: Expenditure to month 8

The PHA has reported a YTD **surplus position of £296k at 30 November 2025** and is forecasting an overspend position for the year, as outlined in Section B above. **Table 2** provides a breakdown of expenditure by budget area.

Table 2: Breakdown by Budget Area	Nov 25 Budget £'000	Nov 25 Actual Exp £'000	Nov 25 Variance £'000	YTD Budget £'000	YTD Actual Exp £'000	YTD Variance £'000	Forecast Expenditure £'000
Programme Expenditure							
HSC Trust (See Table 3)							
Public Health	2,771	2,771	(0)	21,754	21,754	0	32,744
Population Health & Wellbeing	1,329	1,329	(0)	9,955	9,955	(0)	14,933
Sub Total By Trust	4,100	4,100	0	31,710	31,710	0	47,677
PHA Internal							
Public Health	3,150	3,136	14	20,936	21,468	(532)	33,585
Population Health & Wellbeing	3,587	3,546	41	15,272	15,340	(68)	23,269
Finance & Corporate Services	-	-	-	-	7	(7)	-
Population Data & Intelligence	67	62	5	731	712	19	4,252
Chief Executive & Board	0	-	0	34	56	(22)	913
Other	-	-	-	-	(173)	173	-
Sub Total By PHA Internal	6,804	6,745	60	36,974	37,410	(436)	62,018
Sub Total Trust + PHA Internal	10,904	10,845	60	68,683	69,119	(436)	109,695
Management & Admin							
Public Health	1,263	1,160	103	10,097	9,251	846	14,713
Population Health & Wellbeing	716	699	17	5,783	5,357	426	8,537
Finance & Corporate Services	349	282	67	2,760	2,612	148	4,074
Population Data & Intelligence	248	279	(31)	2,032	2,037	(5)	3,386
Chief Executive & Board	632	172	460	1,248	1,421	(173)	3,263
Other	(539)	-	(539)	(547)	-	(547)	(1,094)
SBNI	85	70	15	682	643	40	1,087
Sub Total - Management & Admin	2,755	2,662	93	22,055	21,320	735	33,965
Ringfenced							
Trust	1,038	1,038	(0)	1,316	1,316	(0)	1,974
PHA Direct	74	84	(10)	384	387	(3)	629
Sub Total	1,112	1,122	(10)	1,700	1,703	(3)	2,603
PHA TOTAL	14,771	14,628	143	92,438	92,142	296	146,263

In respect of the year to date position:

Trust Programme - A balanced position is shown with all allocations to Trusts from PHA being considered to be fully spent.

PHA Internal Programme – An overspend of £436k is shown on PHA Internal programme budgets (i.e. Non-Trust) for the year-to-date.

- The *Public Health Services* Directorate shows an overspend of £532k for the year to date, due to a number of pressures which were approved within the Programme budget, funded from Admin slippage, to ensure that the PHA achieves an overall breakeven position for the full year.
- The overspend on the *Population Health & Wellbeing* Directorate & *Chief Executive & Board* relates to timing of expenditure, and no surplus is currently forecast for the full year
- The *Other* line relates to year-end accruals which were not required and have therefore been swept up and held centrally, effectively becoming a funding source for 2025/26.

Management & Administration - A surplus of £735k is shown on the Management & Administration budget at month 8, reflecting underspends generated by the current level of vacancies across the Agency. This underspend was anticipated at the start of the year, and the Financial Plan approved a number of Programme pressures to absorb this slippage and manage the overall breakeven position.

Work on the realignment of budgets in line with the Reshape & Refresh programme has been completed and revised Directorate structures are now shown in the table above. The *Other* line reflects the fact that the Reshape & Refresh budget exceeds the funding available, and management are working to reduce this funding gap.

Ringfenced Funding – a small overspend of £3k is shown for the year to date. The full year budget comprises NI Protocol funding (£62k), Tackling Paramilitarism / Fresh Start (£408k) and COVID (£2,133k, mainly for vaccinations). This position will be kept under close review during the year, and any potential slippage highlighted at an early stage if it arises.

Trust Allocations: Table 3 below summarises the allocations to the respective Trusts in 2025/26 to date.

Table 3: Trust Allocations	Belfast Trust £'000	Northern Trust £'000	South Eastern Trust £'000	Southern Trust £'000	Western Trust £'000	NIAS £'000	Total Planned Expenditure £'000
Public Health							
Health Protection	2,567	2,559	1,752	2,176	1,845	5	10,904
Service Development & Screening	8,332	3,576	971	2,505	3,227	-	18,610
Living Well	1,037	576	589	480	497	-	3,178
	11,935	6,711	3,312	5,161	5,569	5	32,692
Population Health & Wellbeing							
Ageing Well	265	67	197	107	45	-	680
Early Years	741	1,026	625	891	779	-	4,062
MH&LD	4,536	1,094	373	589	240	73	6,904
Nursing	857	306	341	944	807	31	3,287
	6,398	2,493	1,536	2,531	1,871	104	14,933
Other - Yet to be allocated							52
Total Core Funding	18,333	9,204	4,847	7,692	7,440	110	47,677
Ringfenced - Covid	180	168	578	481	566	-	1,974
Total Current RRLs	18,513	9,371	5,426	8,173	8,006	110	49,651

Nursing: The budget associated with the former Nursing & AHP Directorate is shown as a single line as it has not yet been split into the new thematic areas.

Other: This funding is expected to be allocated to Trusts on the completion of relevant business cases etc.

All funding allocated to Trusts by PHA is considered to be fully spent unless notified otherwise by the Trust. Any notified underspends are retracted by PHA, hence no variance occurs for PHA on Trust allocations.

Section D: Risks

The following significant assumptions, risks or uncertainties facing the organisation were managed throughout the year to arrive at the draft breakeven position noted.

- HSC-wide funding gap:** the opening allocation letter from the DoH in June 2025 confirms a significant funding gap of some £600m across the HSC. To address the funding gap the Department established a Systems Financial Management Group (SFMG) to realise cash releasing savings in-year and put the HSC on a more sustainable footing. While significant savings have been achieved the DoH continue to report a deficit of circa 300M which includes the 2025/26 AFC pay award.
- 2025/26 Pay Award:** The Minister has approved the payment of a pay award for 2025/26, however it appears unlikely that the full impact of this will be funded in the current year. Recent correspondence from DoH indicates that approximately £1.1m (66%) of the pay award may not be funded in year, however this has not been

formally notified. The shortfall is currently expected to generate a deficit position for all HSC organisations including the PHA.

3. **Recurrent pressures funded from non-recurrent sources:** in the 2025/26 Financial Plan, a number of high-priority public health initiatives were approved to progress, funded from in-year slippage, mainly from vacancies within Administration budget. These initiatives have recurrent tails, and appropriate recurrent funding will need to be identified from 2026/27 onwards, otherwise the projects will need to be curtailed where possible.
4. **EY Reshape & Refresh review and Management and Administration budgets:** The PHA is has undergone a significant review of its structures and processes, and final structures are nearing completion. The current model has been costed at approximately £1m more than the funding available and, although current vacancy levels mean there is no issue in-year, there is a concern that once all posts are filled the structure will be unaffordable. Management are working to refine the structure and bring the cost into line with available funding to reduce the risk of an overspend in the future.
5. **Demand-led budgets:** a number of significant areas of expenditure are demand-led and subject to significant fluctuations (vaccines administration, smoking cessation etc.). There is inherent risk in these areas, and they will be kept under close review.

Section E: Prompt Payment

Prompt Payment performance for November shows that PHA is above the 95% prompt payment target on volume and value. The year to date position shows that the PHA is achieving its target on volume but has dropped slightly below the target on value. Prompt payment targets will continue to be monitored closely over the 2025/26 financial year. The value percentage dropped below the 95% target due to a large invoice in relation to vaccines not able to be processed for payment due to staff on leave.

Table 4: Prompt Payment Performance	November 2025	November 2025	Cumulative position as at November 2025	Cumulative position as at November 2025
	Value	Volume	Value	Volume
Total bills paid (relating to Prompt Payment target)	£8,726,068	460	£48,659,397	3,276
Total bills paid on time (within 30 days or under other agreed terms)	£8,568,508	444	£46,076,495	3,155
Percentage of bills paid on time	98.2%	96.5%	94.7%	96.3%

The 10-day prompt payment performance remains above the current DoH target for 2025/26 of 70%, at 85.1% on volume for the year to date.

Section F: Capital position

The PHA has a capital allocation (CRL) of £12.345m at 30 November 2025. This mainly relates to projects managed through the Research & Development (R&D) team, with £7.1m previously held by PHA now retracted by DoH and issued to Trusts directly. The overall summary position, at the end of November 2025, is reflected in **Table 5** below.

Table 5: PHA Summary capital position – 30 November 2025

Capital Summary	Total CRL	Year to date spend	Full year forecast	Forecast Surplus/ (Deficit)
	£'000	£'000	£'000	£'000
HSC R&D:				
R&D - Health ALBs	240	-	240	-
R&D - held for Trusts	3,124	-	3,124	-
R&D - Other Bodies	3,253	2,675	3,253	-
R&D - Capital Receipts	(547)	(175)	(547)	-
Subtotal HSC R&D	6,071	2,500	6,071	-
Other:				
Congenital Heart Disease Network	724	0	724	-
iReach Project	656	287	656	-
R&D - NICOLA	835	116	835	-
Monitors for Directors	5	0	5	-
Planning Laptops	19	19	19	-
R&D VPAG	243	-	243	-
R&D VPAG Trusts	1,901	-	1,901	-
R&D VPAG Other Bodies	1,891	-	1,891	-
Subtotal Other	6,274	422	6,274	-
Total PHA Capital position	12,345	2,922	12,345	-

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

A breakeven position is expected for year end, and any departure from this will be notified to AMT and Board as early as possible.

Recommendation

The PHA Board are asked to note the PHA financial update as at November 2025.

Appendix 1 – Breakdown of Funding Allocation 2025/26

Letter	Description	Total Allocation
DoH Allocation Letters:		
PHA 1	Opening PHA Allocation - 26 June 2025	£140,362,212
PHA 2	Primary HPV - transferred from SPPG	£729,601
	Trust Vaccination of relevant vaccinators against Hepatitis B	£20,000
	Sessional vaccinator funding for spring 2025 Covid Vaccination Programme	£42,313
	Trust spring 2025 Covid-19 vaccination clinics	£542,652
	Gonorrhoea Vaccination Programme	£100,000
	Joint Health and Education Partnership Lead Post (Technical Transfer - Direct)	£40,000
	Child Criminal Exploitation (ARCS Funding for SBNI Post) (Technical Transfer - Direct)	£55,000
	Cross Government Trauma Informed Practice Hub (Technical Transfer - Direct)	£328,000
	Drug Related Intimidation Response Scoping (Technical Transfer - Direct)	£80,000
	"Shingrix for all" Shingles Vaccination Programme	£3,000,000
	Protect Life 2	£200,000
PHA 3	Substance Use Strategy (Naloxone)	£40,000
	Retraction - Various Projects (Ward Sisters Initiative; Nursing Home In-Reach; Dysphagia Project and Partnership Working Officers) - to be transferred to SPPG	(£4,473,755)
PHA 4	Retraction - Nursing Band 8B IRO R Donaldson - to be transferred to SPPG	(£97,758)
	Child Criminal Exploitation (funding for SBNI post) (DoH Matched Funding)	£55,000
	Online Safety Strategy funding for SBNI	£101,200
	Waste Water based epidemiology programme for Northern Ireland (Pilot)	£90,792
	Protect Life 2	£100,000
PHA 5	Sessional vaccinators & Trust vaccination clinics for the autumn 2025/26 Covid 19 Programme	£1,552,947
	PHA Accommodation funding for County Hall, Tower Hill & Gransha	£212,944
	PHA accommodation funding for Linenhall Street	£227,879
	To Support Care Home staff access to LearnHSCNI online training platform	£25,000
	Cancer Strategy Implementation - ACST Programme Lead	£29,559
	Retraction - "Shingrix for all" Shingles Vaccination Programme	(£500,000)
	Retraction - Deemed Consent Organ Donation	(£288,000)
PHA 6	Cancer Strategy Implementation - ACST Training places	£1,787
	Tier 2 Drug and Alcohol Services	£121,500
	Changes to the childhood vaccination schedule	£1,138,311
Assumed allocations to come from DoH (currently included in budget):		
	Additional funding for Prof Ian Young	£35,000
	Clinical Excellence Award	£58,272
	Waste Water Pilot	£31,059
	Senior Executives Pay Award	£120,000
	2025-26 Pay Award allocation expected	£571,000
	Covid retraction (ringfenced)	(£25,000)
Funding confirmed from NIMDTA		£490,690
Total Funding for 2025-26		£145,118,205

PHA Board Meeting

Title of Meeting PHA Board Meeting

Date 22 January 2026

Title of paper Personal and Public Involvement Board Report April 2024 – March 2025

Reference PHA/02/01/26

Prepared by Bronagh Donnelly

Lead Director Emily Roberts

Recommendation

For **Approval**

For **Noting**

1 Purpose

The purpose of this paper is to bring the annual report on Personal and Public Involvement to the PHA Board for noting.

2 Key Issues

Personal and Public Involvement (PPI) is a statutory responsibility and a policy imperative, for which, the PHA has HSC wide oversight and leadership responsibility.

As part of our governance & accountability arrangements, the PHA Partnership & Engagement Team, produce an annual PPI Update report for the PHA Agency Management Team & Board, on how we discharge our responsibilities.

Attached is the Board Update report for PPI for 2024/25.

This incorporates key areas of responsibility including:

- Strategic Leadership, Advice & Guidance
- Training,
- Monitoring
- Integration of PPI into Culture & Practice
- Service User & Carer Support
- Identification & Sharing of Best Practice

This is the last year that the report will be in this format, as the Patient Client Experience Programme of work, is being incorporated into one overarching report on Patient Experience and Involvement work.

PERSONAL AND PUBLIC INVOLVEMENT BOARD REPORT APRIL 2024 - MARCH 2025

INVOLVEMENT, CO-PRODUCTION AND PARTNERSHIP WORKING





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INTRODUCTION

Personal and Public Involvement (PPI) is the active and effective involvement of service users and carers and the public in health and social care services. People have a right to be involved in and consulted on decisions that affect their health and social care. Under the Health and Social Care (HSC) Reform Act (NI) 2009, Involvement is a legislative requirement. This is further underpinned by subsequent policy circulars, including The Framework Document in 2011, PPI Circular in 2012, The Health and Well-Being- Delivering Together, The Co-Production Guide 2018 and The Change and/or Withdrawal of Services Circular 2025.

The Involvement of service users, carers, the public and other key stakeholders is critical in the effective planning, commissioning, delivery and evaluation of HSC services. Involvement helps to ensure that voices are heard, views are listened to, experiences are shared and expertise is valued, respected and utilised to achieve the best outcomes for the person-centered HSC that we continually aim to achieve.

The Public Health Agency (PHA) was assigned primary responsibility for leading the implementation of PPI across the HSC system. The PHA is required to provide the Department of Health (DoH) with assurances that HSC bodies, and in particular Trusts, meet their PPI statutory and policy responsibilities (DHSSPS, 2012).

This report gives an overview of the developments and progress made in advancing Involvement, Co-Production and Partnership Working in the HSC. It includes how we have discharged our leadership responsibilities at a time of unprecedented change, pressure and demand.

This update report is presented to the PHA Board annually as part of our governance and reporting arrangements.

**Personal and Public
Involvement (PPI)**



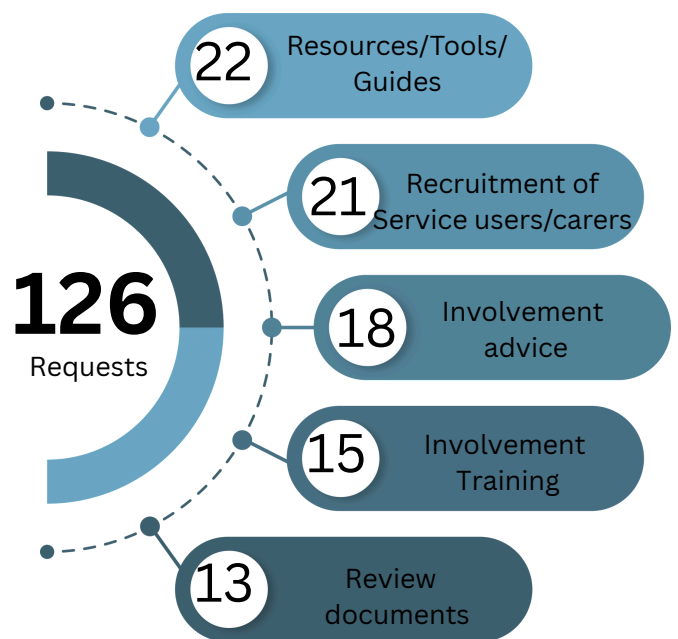
**Involving you,
improving care**

STRATEGIC LEADERSHIP, ADVICE AND GUIDANCE.

Professional advice and guidance

A core function of the PHA PPI team is the provision of professional advice, support and guidance on Involvement. This advice is sought on strategic, high profile, sensitive, cross organisational issues/projects.

Over the past twelve months the team has received 126 requests for support, advice and guidance from various HSC organisations, including a significant number internally, from our PHA colleagues.



Impact

Through the provision of this advice, support and guidance, the PHA have helped our partners to comply with their legislative and policy responsibilities for PPI. It has ensured consistency of approach and has helped our partners to secure input from those with lived experience, making for a more informed and better targeted commissioning, planning and service delivery.

HSC organisations who submitted requests for advice, support and guidance in 2024 - 25.

Northern Ireland Practice and Education Council
Belfast Health and Social Care Trust

Northern Ireland Social Care Council
South Eastern Health and Social Care Trust

Public Health Agency

Patient Client Council **Department of Health**

Regulation and Quality Improvement Authority Clinical Education Centre

Northern Health and Social Care Trust Southern Health and Social Care Trust

Strategic Performance and Planning Group

Western Health and Social Care Trust

Business Services Organisation

Live Better



Live Better is a community-centred approach to addressing health inequalities in Northern Ireland. It is supported through partnership working across the community and voluntary sector, Health and Social Care Trusts and Primary Care. Live Better brings partners together to address health inequalities and improve health outcomes. The approach focuses on key health outcomes and increases awareness of health inequalities through community health fairs, health checks, health literacy and health inequalities training.

For the pilot of Live Better, two demonstration areas were chosen:

- Fountain, Bogside, Brandywell and Creggan - The Moor District Electoral Area (DEA) in Derry/Londonderry.
- Lower Shankill, Lower Falls and Grosvenor Road - Court District DEA in Belfast.

The PHA PPI team were members of the PHA Internal Steering Group for Live Better, giving leadership, advice and guidance on how to implement and demonstrate as much involvement of service users, carers and the community as possible, within the timeframe of the initiative. One of the ways this was achieved was supporting the setting of priority health areas to be addressed in each local area for the programme. Through these discussions, the key health outcomes fell under three life stage themes:

- Starting Well - Children's oral health in The Moor DEA and childhood vaccinations in Court DEA.
- Living Well - Prediabetes and cancer screening in The Moor DEA, and smoking in pregnancy in Court DEA.
- Ageing Well - Frailty and falls prevention in The Moor DEA, and connecting isolated older people with local support in Court DEA.



REGIONAL HSC PPI FORUM

The Regional HSC PPI Forum continues to be a key vehicle through which the PHA exercises much of its leadership in the field of Involvement, Co-Production and Partnership Working. It is also a space for the sharing of good practice across organisations.

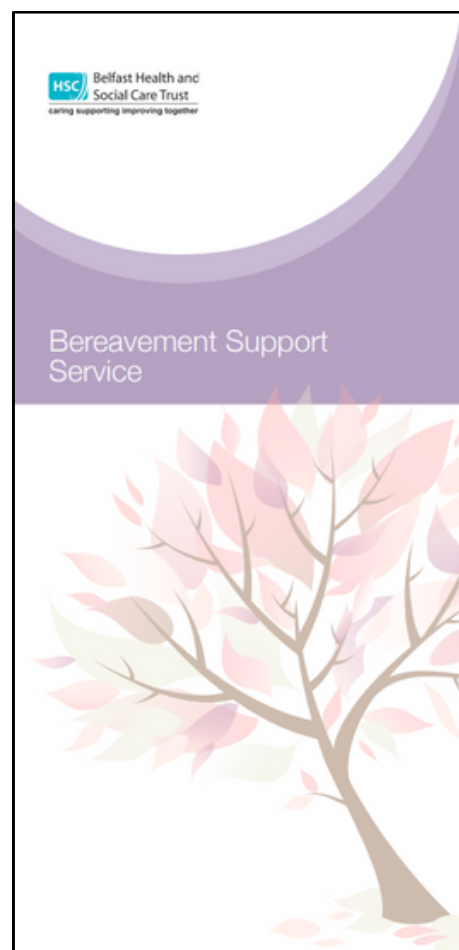
One of The Forum's key responsibilities and objectives is identifying, collating and sharing best practice in Involvement. This year the BHSC presented on the Snowdrop group, to the Forum as a model of good practice.

Sharing Good Practice

The Snowdrop Group was established in 2016 within Royal Jubilee Maternity Service. Reflecting on the devastating loss of their precious babies, the group focused on bringing about positive change, enhancing the experiences of bereaved parents within Maternity Services.

The work of the group resulted in:

- A dedicated room to care for bereaved families within the delivery suite.
- A commitment to enhancing bereavement care for service users, their families and maternity staff.
- Laid a foundation, highlighting the ethos of family centred bereavement care.
- Was a catalyst for family centred bereavement care across the organisation.



Involvement and Consultation Scheme

The Involvement & Consultation Schemes co-produced by The PHA, HSC Trusts and Forum partners after an extensive period of development and subsequent public consultation. A consultation report was produced, with amendments made to the schemes where appropriate as a result of feedback received. The updated Schemes brought about consistency of approach and clarity about how HSC organisation discharge their responsibilities in this area. The PHA Involvement & Consultation Scheme is available via the Engage website.

DEPARTMENT OF HEALTH

For the past five years a member of the PPI team has been embedded in The Department of Health offering professional involvement leadership, advice and guidance on key programmes of work. The wider PPI team continues to support the Department in endeavouring to ensure that the voice of service users and carers is represented in strategic and high profile work. Detailed below, are a number of key areas where access to this involvement expertise has benefited the respective programmes of work.

Neurology Review – Consultation and Engagement

The DoH completed a public consultation on the Regional Review of Neurology Services supported by a series of seven engagement events across all Trust areas and online. The consultation sought views on the vision for neurology services, priorities for improvement, and the proposed implementation approach. The analysis of consultation responses, will inform any amendments to the final recommendations and guide the development of a detailed implementation plan. Ongoing engagement with service users, carers, and representative organisations will remain central to the delivery of the Neurology Review.

Co-Producing a new model of Involvement - Cancer Strategy

The new model, sets out a structured and inclusive approach to PPI across the Cancer Programme. It defines four levels of involvement; strategic, operational, short-term/project-based, and virtual reference groups. This model is now being implemented across the Cancer Programme and will support the delivery of the Cancer Strategy for Northern Ireland 2021-31.

Hospital Network

The DoH has progressed the work previously known as the Hospital Reconfiguration Blueprint, now entitled 'Hospitals - Creating a Network for Better Outcomes'. This marked a significant phase in the transformation of hospital services in Northern Ireland, with a full public consultation process undertaken between October 2024 and February 2025.

Urgent and Emergency Care: Implementation and Involvement

Implementation of the Urgent and Emergency Care Review continued to progress under the strategic direction of the DoH. Involvement and co-production have remained central to the programme's delivery. Service users and carers have been embedded within the programme governance structure, including representation on the Urgent and Emergency Care Programme Board and associated workstreams. Their input has helped shape the development of key work areas. Their contributions have directly influenced the refinement of patient pathways and the development of public-facing resources. Involvement has also supported the identification of barriers to access, particularly for older people, carers and those with complex needs.

Additional advice, support and guidance has been provided to a number of key programmes of work including:

- **Reform of Obesity Management**
- **Waiting Well Strategy**
- **Hyperacute Stroke Care**
- **Serious Adverse Incidents (SAI) Reform**
- **WinterPlanning**



Department of
Health

www.health-ni.gov.uk

HEALTH LITERACY

The ability to source, understand and use health related information to make decisions about care is critical to understanding the barriers and drivers to health-related behaviours. It is important to know if people:

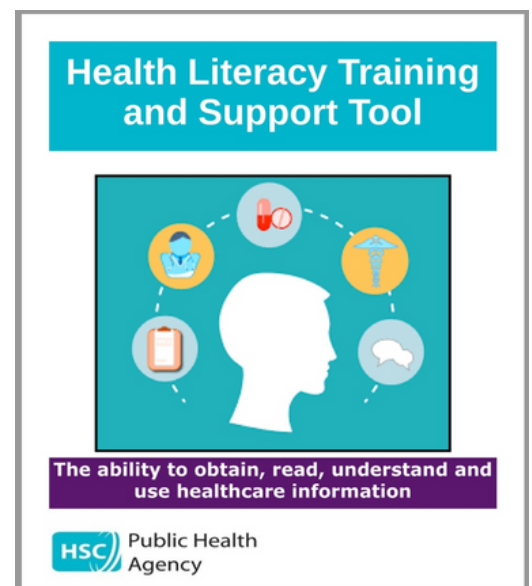
- Are able to explain symptoms to doctors and other health professionals?
- Can fully understand the response given to them by health professionals?
- Are able to plan health care visits, such as make appointments and arrange transportation?
- Are able to follow treatment plans or follow instructions on medication bottles and packages?
- Are able to use digital solutions?
- Understand guidelines and recommendations?

There is growing evidence showing that people in Northern Ireland, have limited Health Literacy, which possesses significant challenges for Public Health.

Health Literacy has become a priority area for the PPI team and over the past year, three members of staff have completed the Micro learning credential qualification from the University College Cork in Health Literacy. This provides staff with a good level of knowledge and understanding to the issues that Health Literacy present the Health and Social Care system.

The PPI team has developed and delivered Health Literacy training, with an accompanying support tool, which provides staff and partner agencies with the opportunity to:

- Develop an understanding of Health Literacy,
- Increase knowledge, confidence and motivation to implement Health Literacy approaches,
- Increase appreciation for people with low Health literacy and how best you or your organisation can support them,
- Increase understanding of the importance and impact of simplifying verbal, written and digital information.



Click on link to access the Health Literacy Training and Support Tool

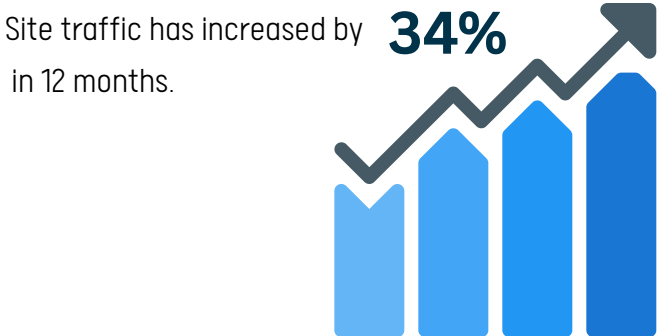
[Health Literacy Training and Support - 1](#)

ENGAGE

The Engage website is the online resource for all things involvement. It continues to provide online users with access to training, resources, Involvement opportunities, information and support on Involvement.

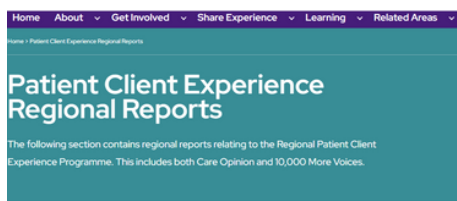
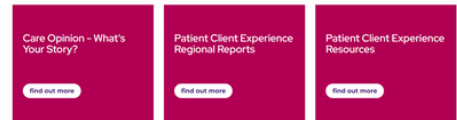
This year the site continued to see improvements with the addition of best practice examples of Involvement from across the region, new tools and guides being made available, and a section dedicated to the Regional Patient Client Experience programme, which now includes, Care Opinion, 10,000 More Voices and PCE resources and reports.

There has also been the development of a dedicated section on Health Literacy.



Impact

Access to this key set of resources and information supports the HSC to deliver on statutory and policy responsibilities for involvement. It equips Organisations and staff with access to resources, information, examples of good practice that can be replicated and up scaled for the benefits of service users and carers and indeed HSC organisations.



Visit - engage.hscni.net



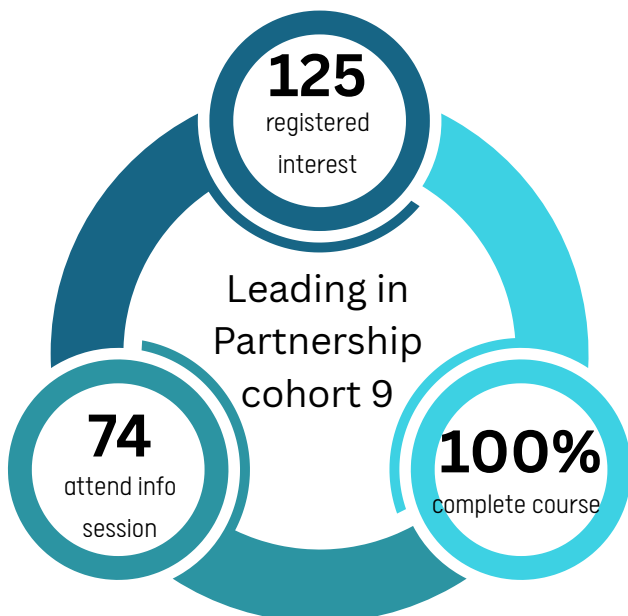
TRAINING

In order to help embed PPI, Co-Production and Partnership Working into the culture and practice of the HSC, it has been recognised that collectively we need to build a critical mass of staff at different levels across the HSC, with the knowledge, skills and experience in these key areas. In order to drive forward the development of this critical mass, there is a need to support a diverse range of Involvement awareness raising and training programmes targeted at staff, but also open to participation by service users and carers.

Leaders in Partnership

The PHA in partnership with SPPG commissioned the 9th cohort of the Leading in Partnership programme delivered by HSC Leadership centre. This programme helps to entwine leadership, knowledge and expertise with an understanding of the value and benefits of Involvement. It aims to help create champions for Involvement who are then better equipped with effective leadership abilities and drive to bring about improvement in the HSC for the benefit of service users and carers, HSC staff and organisations.

Infographic below details the demand for the Leading in Partnership programme:



Activity and Impact

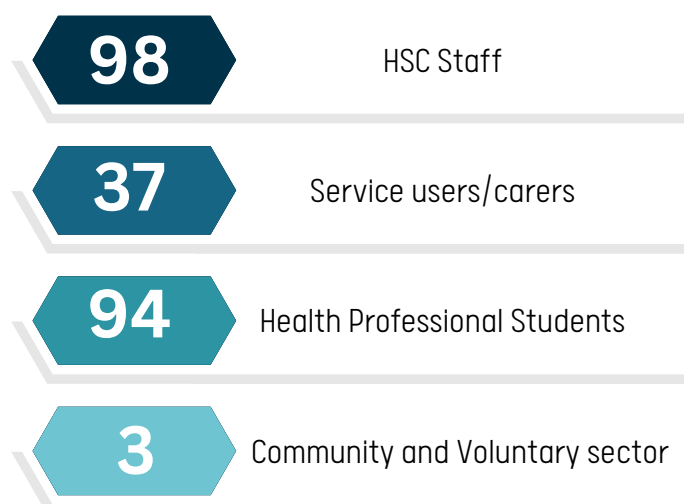
There is a continuous rolling programme of evaluation of training provided by the PHA PPI team. This ensures that the training delivered is constantly reviewed and tailored to identified and changing needs. It helps to ensure that what is delivered, is relevant and appropriate, enabling staff to engage effectively with service users and carers. Equipping staff with the knowledge and skills can help us to identify effective ways of partnering with service users and carers, contributing to the advancement of the public health agenda.

Specialised Involvement Training

The PHA commissions, designs, delivers and promotes Involvement, Co-Production and Partnership Working training opportunities for HSC staff, service users and carers and Community and Voluntary Sector colleagues.

A variety of bespoke training programmes have been delivered this year increasing the range and number of staff, service users and carers who have the appropriate knowledge, skills and expertise in involvement.

Introduction to PPI sessions



The above graphic illustrates the number of participants who completed the Introduction to PPI training delivered by the PHA PPI team.

Regional approach to PPI training

The PHA PPI team, in partnership with HSC Trust staff, service users and carers, have completed work on a standardised Regional PPI training package, this was an example of a co-produced piece of work, which is now available for use across HSC organisations.

The aim was to support the move towards a more consistent approach to PPI training across the region. There was a consensus that such an approach, would be of benefit for both HSC organisations and also service users and carers with whom we partner.

There are 5 modules that PPI teams across the HSC have access to, they include:

- Introduction to PPI
- Introduction to Co-production for PPI
- Encouraging Participation in PPI
- Facilitation skills for PPI
- SCOPE (Service User and Carer opportunity to participate and engage)

The training material will be piloted for one year and will then be reviewed and evaluated, with any agreed amendments made prior to full implementation.

INVOLVEMENT MONITORING

External Monitoring

The PHA PPI continues to carry out Involvement monitoring across the HSC Trusts.

The co-produced, standardised, Involvement data collection template is operational and returns are submitted every six months, detailing the Trusts Involvement activity taking place across the region.

Impact

Monitoring supports the HSC to:

- Evidence their compliance with the Statutory Duty to Involve,
- Demonstrate how policy commitments to PPI & Co- Production are being met,
- Identify approaches which improve participation and inform decision making.
- Replicate and upscale good practice.

There has been a substantive increase in reported involvement activity across Trusts compared to the previous year.

* It should be noted that these figures represent reported involvement activity. They do not include the hundreds of thousands of individuals engaged through things such as clinical patient interactions and Shared Decision Making (SDM)

Involvement Activity

The infographic summarises some of the key numbers and information associated with activity that has taken place. Of particular note is the fact that there were almost 63k people actively involved across almost 600 involvement initiatives.



595 Involvement projects started and completed between April 2024 to March 2025.

62900 Involved

21570 Service users

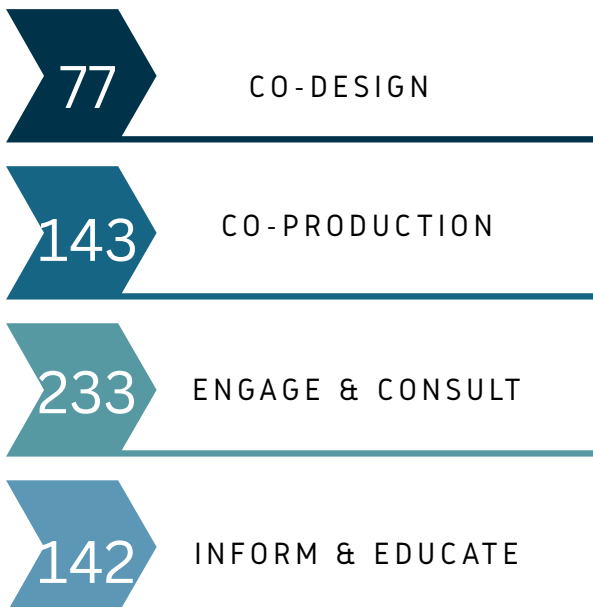
17827 Public

15332 Carers

8171 staff

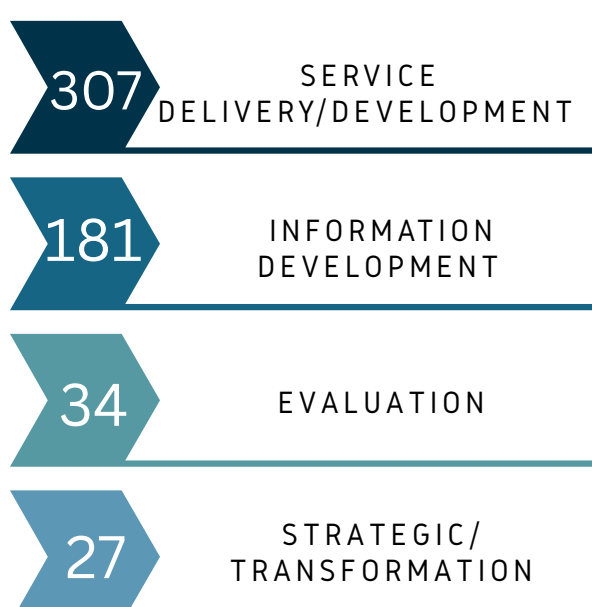
Of the 595 involvement projects reported, 36,920 service users or carers were involved along with 17,827 members of the public and 8,171 HSC staff members.

Levels of Involvement



There are various levels in which service users and carers can get involved, with the pinnacle being co-production. The diagram above outlines the different levels and the number of service users and carers who were involved at that level.

Areas of Involvement



There are 11 areas of Involvement in which service users and carers are involved in. Above diagram outlines the top 4, others areas include; Commissioning, Governance, Policy Development, Recruitment, Serious Adverse Incidents (SAI's), Shared Decision Making (SDM) and Service Change and/or Service Withdrawal.

Impact - Top 10 Involvement Outcomes

The numbers highlighted below illustrate the outcome of the Involvement activity.



Involvement Human Libraries

What are these and how do they work?

In essence, human libraries are mechanisms for people to share their lived experiences in regards to specific topics. The goal is to foster understanding through direct interaction and storytelling. The PHA in collaboration with HSC Trusts, service users and carers adopted this approach to enhance the qualitative insight into the involvement work happening in the HSC.

Involvement projects are invited to attend an in-person session, to present their involvement story to a panel made up of PHA staff and service user & carers (who are recruited and trained in the human library concept). HSC staff and service users and carers from the project share their knowledge, experience and learning of their Involvement project. A conversation with a set of questions then takes place. The insights and learning captured are then written up and form a 'library' of good practice on Engage.

Who was involved?



Next steps

The pilot process was very successful and as such will be rolled out on a yearly basis. This will compliment the quantitative information that Trusts supply via the monitoring process. This qualitative narrative will provide a person centred approach to Involvement projects, allowing service users and staff the opportunity to share how the Involvement projects have shaped the service they are/were involved in.

INTERNAL INVOLVEMENT MONITORING

The PPI team carry out internal monitoring of Involvement activity within the PHA. We have agreed a template and methodology with the Internal Divisional PPI Leads Group, This helps capture Involvement activity across the PHA. This year we saw Involvement activity grow within the PHA as outlined below.

Involvement Activity



There were 35 Involvement projects reported in this twelve month period..

Involvement activity across the Directorates

Activity across the Directorates varied this year. Internal Involvement monitoring recorded:

- 12 Research and Development
- 10 Nursing, Midwifery and Allied Health Professionals
- 6 Operations
- 4 Health Improvement
- 3 Service Screening and Development

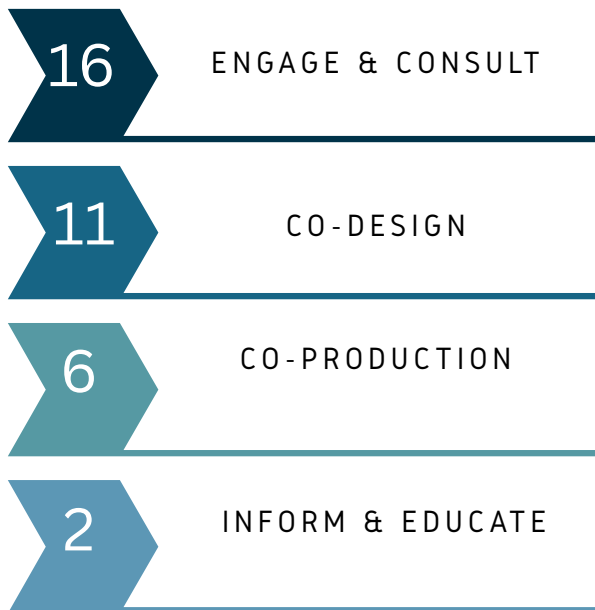
Who was involved?

Of the 35 Involvement projects reported, a total of 3,232 people were involved. Including 632 service users or carers, 2259 members of the public and 341 HSC staff members.



It is anticipated with new Experience and Involvement Associates identified, not just within directorates but also within teams, that the number of Involvement opportunities within the PHA will increase and with that so too will the number of reported Involvement projects.

Levels of Involvement



The diagram above outlines the different levels and the number of service users and carers who were involved at that level in PHA Involvement projects.

Areas of Involvement



As with external monitoring there are 11 areas of Involvement in which service users and carers are involved in. The diagram above outlines the top 4 areas service users and carers got involved in with the PHA.

Public Health Planning Teams

The Public Health Planning Teams (PHPTs) continue to develop at a pace. These new structures aim to increase multidisciplinary collaboration across commissioning, planning, decision making, investment and resource allocation within the organisation. The PHA PPI team are represented on each of the PHPT's and this provides an opportunity to further embed Experience and Involvement into the culture and practice of the PHA.

Starting Well

- Involvement roadshow took place
- 8 partner agencies participated
- 8 key themes identified, resulting in 3 'Call to Action' statements developed
- Draft Involvement plan developed
- Involvement is now integrated throughout the Starting Well PHPT action plan

Ageing Well

- Draft Involvement plan developed
- Involvement is now integrated throughout the Age Well PHPT action plan
- Health Literacy training provided to members
- SUC involved in key areas of work including, Frailty, Loneliness, Improving Care Home Resident Well Being and the Development of a NI Regional Safer Mobility Model

Mental Health

- Existing involvement activity across PHA mapped
- Opportunities for PPI scoped,
- Training needs analysis completed
- Digital Discovery exercise completed - this will help inform commissioning for the development of future digital resources
- Involvement project initiated to hear from young people

Drugs & Alcohol Well

- Engagement and involvement Implementation Plan developed
- Regional Service User Network meetings
- Planning for the Regional Service User Action Planning Workshop being considered
- Involved in key substance use work areas; review of drug and alcohol ni website and health literacy resources
- Completed 2 day Stigma Awareness Training with PHA staff



SUPPORTING SERVICE USERS AND CARERS

The PHA PPI Service User and Carer Reference Group is fully operational and continues to support the strategic work of the PHA. Membership is comprised of a diverse range of service users and carers, with an interest in working with the PHA and in advancing the concept and practice of Peer Mentoring for Involvement. Having service users and carers support the work of the PHA and its strategic drivers for Public Health is essential to effective commissioning, planning and delivery of services. This group will support strategic programmes of work within the PHA and be a reference point, to help make Involvement part of the culture of PHA business.

The group continues to grow with 8 new members in the year 2024/25, bringing the total to 30 members,

- This group has contributed significantly to the work of the Involvement Human Libraries,
- This group has also supported the development of the new PHA Partnership and Engagement Strategy through a workshop and online feedback,
- Members of the group have supported the implementation of the NICE Guideline 197 - Shared Decision Making, with a member of the group sitting on the Regional SDM Stakeholder Group and also on the South Eastern Trust local implementation group,
- A training needs analysis was conducted which identified areas where members could further develop their knowledge and skills. This has resulted in bespoke training for the SUC Reference group led by the PHA.

The group's profile is being actively promoted across the PHA. It is important that staff are aware of the group's existence, role and the added value, insight and expertise that they can bring to the organisation on many different fronts.

Service User and Carer Bursary Scheme

The PHA Involvement Bursary Scheme aims to support service users and carers involved in strategic programmes of work in Health and Social Care (HSC). It helps individuals to develop their knowledge and skills to enable them to participate in Involvement work. The contribution that service users and carers make to HSC is well recognised. This scheme supports these individuals to identify what skills they need to enhance their own contribution to this work.

This year, the PHA funded 4 places at the All Ireland Conference on Integrated Care in University College Dublin. This gave service users and carers involved in the work of the Integrated Care System (ICS) in Northern Ireland, the opportunity to learn about how integrated planning is functioning in other areas, both nationally and internationally. Central to the conference, was the co-production of services with local populations, ensuring that care reflects the unique needs of communities. The conference explored how to reinforce relationships over resources and deliver care that is not only person-centred but also person-driven. The learning from this was shared with other service users and carers within ICS as well as members of the local Area Integrated Partnership Boards.

The PHA Involvement Bursary Scheme also funded 9 service users and carers for an annual subscription to Action Trauma, giving access to a range of resources, including webinars and workshops with leading figures in the world of trauma research, to help understand and improve on their knowledge of trauma so as to be a better Citizen Educator and support our healthcare workers of the future.

Pictured: Martin Mc Crory PHA Regional Peer Mentor Lead alongside three members of The PHA Service Users and Carers Reference Group.





ENGAGING THE VOICES OF CHILDREN AND YOUNG PEOPLE WITH COMPLEX AND PROFOUND DISABILITIES

Education and Health partners have been facing a number of significant pressures and challenges including:

- An increasing demand for placements in special schools;
- An increasing demand for post-16 opportunities in special schools;
- A changing and more complex presentation of Children and Young People (CYP) with special educational needs as a result of a number of factors including advances in medical science, impact of Covid and increased social, emotional and wellbeing needs;
- An inequality and inconsistency in the type of provision offered across the region; and
- A need to ensure the effective and efficient use of resources including a need for enhanced working across the education and healthcare sectors.

The Children's Services Co-operation Act (2016) has outlined that involvement, collaboration and partnership working improves outcomes for our children, and places a duty on us, to work better together across boundaries to achieve this.

To this end, the Department of Education and the Department of Health jointly funded the post of Partnership Lead for Health and Education in Special Educational Needs and Disability (PHA) to work closely between Health and Special Schools initially. This post supports the development of a structure which will provide opportunities to harness the voices and experiences of children, young people and parents and carers in informing the planning and provision of services.

Special School Partnership Pilot

This initiative aimed to improve outcomes for Children with Special Educational Needs and Disability through creating and testing a model of Partnership and Engagement across Special Schools in N.I.

The pilot currently engages 7 Special Schools in local partnerships with key stakeholders across sectors and professions, in a Hub and Spoke network model.

Through this work, we have facilitated the N.I. Children's Commissioner visit to the special schools to engage with staff, children and parents and hear their points of view.

Special School Partnership Pilot

What we set out to do

Hear and understand the voices of children with profound and complex disabilities and to provide a space for them to express themselves and improve their wellbeing.

How we did it

Exploring alternative methods of communication with children who are not able to easily communicate verbally, using creative mediums such as music, art and play.

Methodology

Supported Special Schools to engage Art, Music and Play Therapists to use creative and alternative ways to communicate effectively with 80 CYP for whom traditional verbal methods are not accessible.

Facilitated collaboration between therapists and other AHP colleagues, school staff and parents to ensure a truly child-centred approach, understand their needs and plan the conversation.

Therapists worked with the children consistently for a period of 20 weeks to allow space for the therapist and pupil to develop their relationship.

What we learned

We need to enable an environment that facilitates children and young people to have space to have a conversation in their own time and on their own terms.

Young people highlighted their isolation from opportunities outside the school environment. It is important that environments in the community are well planned, to provide an inclusive mixture of both stimulating and calming experiences.

Young people expressed love for families and pets and expressed the need for security and routine.

Collaboration has delivered greater insights and an enhanced understanding of the needs of the children and young people involved.

How have we responded

Their voices were heard at a joint Health/Education conference which was attended by the Ministers for Health and Education.

Their voices will be embedded in the development of a 3 year action plans for the Special School Partnerships.

Evaluation has been completed to share widely and bid for future resources.

THE NEXT CHAPTER

Partnership and Engagement Team and Strategy

Following the establishment of the newly formed Partnership and Engagement Team, which saw the amalgamation of the Patient Client Experience and Personal and Public Involvement teams, a Partnership and Engagement Strategy has been produced. It sets out the direction of travel for the PHA (as the regional lead HSC organisation) for in regards to partnership working with service users, carers and the public. The strategy is an integral component of the PHA Corporate Plan.

It has four key priorities:

- Provide strategic leadership
- Build understanding, knowledge and skills
- Engage and connect
- Identify and demonstrate impact

The strategy is out for public consultation. An action plan will accompany the strategy, which will set clear objectives for the PHA in the arena of partnership working, helping to ensure that Patient Experience and Personal and Public Involvement are integral to the culture and practice of the organisation.

Meet the team



Martin Quinn

Assistant Director Partnership
& Engagement



Linda Craig

Regional Lead for Experience
& Involvement



Bronagh Donnelly

Senior PPI Officer



Emmett Lynch

Senior PPI Officer



Martin McCrory

Regional Peer Mentor Lead



James McLaughlin

Project Lead for 10KMOV



Thelma Swann

Project Lead for Care Opinion



David Todd

Project Support Officer for PCE

*2 vacant positions currently exist within the team: Administrative Assistant and Senior Officer for PCE

ABBREVIATIONS

Throughout this report we have made reference to organisations, services and programmes. Below is a list of abbreviations for the readers convenience.

BHSCT	Belfast Health and Social Care Trust
CYP	Children and Young People
DoH	Department of Health
HSC	Health and Social Care
ICS	Integrated Care System
LinP	Leading in Partnership
NICE	National Institute for Health and Care Excellence
PCC	Patient Client Council
PHA	Public Health Agency
PPI	Personal and Public Involvement
SDM	Shared Decision Making
SPPG	Strategic Planning and Performance Group
SUC	Service User and Carer
USCRG	Unscheduled Care Reference Group



Visit [Engage.hscni](https://engage.hscni.net)

The PHA PPI Annual Board Report

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