DRAFT

Public Health Agency

Winter Surge Plan

2026-27

Introduction

Winter places significant and predictable pressures on health and social care services across Northern Ireland. Increased circulation of respiratory infections, adverse weather conditions, seasonal illness and rising demand for urgent and emergency care can challenge system capacity and resilience. These pressures can disproportionately affect those most vulnerable, including older people, individuals living with long-term conditions, people experiencing health inequalities and those with limited access to support services.

The Public Health Agency (PHA) plays a key role in supporting whole-system winter preparedness through leadership in health protection, health improvement, public health intelligence, vaccination programmes, communications and partnership working. As the regional public health organisation, the PHA supports the wider Health and Social Care (HSC) system through prevention and early intervention, helping to reduce avoidable illness, protect vulnerable populations and strengthen service resilience during periods of increased demand.

This Winter Surge Plan sets out how the PHA will contribute to winter preparedness and resilience during Winter 2026/27 through a coordinated programme of prevention, health protection and population health improvement. Developed in response to the Department of Health's Winter Surge Planning Guidance, it describes how the Agency will support the wider HSC response to winter pressures through targeted public health action and collaborative working with partners across the health and social care system.

The Plan will focus on the following key areas:

- Vaccination and increasing uptake of seasonal vaccination programmes
- Partnership working, coordinated public messaging and health improvement
- Supporting inclusion health and vulnerable populations
- Healthy ageing and frailty prevention
- Public health intelligence, surveillance and evidence informed decision making.

In line with the wider Departmental approach to winter preparedness, the delivery of this plan will support the development of Neighbourhood Health and Care by working with local communities, primary care, community providers, local government and the voluntary sector to deliver preventative interventions closer to home and reduce avoidable attendance at acute services.

Strategic Context

This Winter Surge Plan has been developed in response to the Department of Health's Winter Surge Planning Guidance 2026/27 and supports the Minister's ambition for a proactive, prevention-focused approach to winter preparedness across the health and social care system. The Plan reflects the guidance's emphasis on vaccination, prevention, public communications, support for vulnerable populations, effective use of intelligence and surveillance, and whole-system collaboration.

The Plan is informed by the priorities of the PHA Corporate Plan 2025-2030, particularly in relation to protecting health, reducing health inequalities, supporting healthy ageing and using evidence and intelligence to inform decision-making. It also reflects the wider principles set out in *Making Life Better*, *Health and Wellbeing 2026: Delivering Together* and the Minister's *Winter Preparedness Plan*, including prevention, support for older people living with frailty, advance care planning, strengthening care home support, reducing avoidable demand on acute services and helping people remain well within their communities wherever possible.

Delivery of the Plan will require close collaboration across the PHA and with SPPG, HSC Trusts, primary care, local government and community and voluntary sector partners. Through this collective approach, the PHA will support wider system efforts to improve resilience, protect vulnerable populations and reduce winter pressures across health and social care services.

PHA Contribution to Winter Preparedness

The Public Health Agency's contribution to winter preparedness extends beyond the delivery of individual programmes and initiatives. Through its public health leadership role, the Agency works with partners across the health and social care system to protect population health, supporting underserved community groups and strengthen resilience during periods of increased winter demand.

Focused on prevention and early intervention, the PHA supports winter preparedness through vaccination, health protection, surveillance, health improvement and targeted action to reduce avoidable illness and help people remain well and independent within their communities.

Vaccination and Immunisation

1.0 Vaccination and Immunisation

Vaccination remains one of the most effective public health interventions for preventing serious illness, reducing hospital admissions and protecting health and social care services during periods of increased winter demand. Consistent with the Department of Health's Winter Surge Planning Guidance, the PHA will continue to lead and support delivery of the seasonal influenza, COVID-19, Respiratory Syncytial Virus (RSV) and shingles vaccination programmes.

The PHA is responsible for implementing vaccination programmes in line with Department of Health policy and Joint Committee on Vaccination and Immunisation (JCVI) recommendations. During Winter 2026/27, vaccination services will be delivered through a multi-provider model involving General Practice, Community Pharmacy, HSC Trusts and school-based vaccination services, helping to ensure services remain accessible, equitable and responsive to population need.

Vaccination services will continue to be delivered through a multi-provider model involving General Practice, Community Pharmacy, HSC Trusts and school-based vaccination services, supported by the PHA sessional vaccinator workforce. The PHA will also work with SPPG to explore opportunities arising from recent amendments to the Human Medicines Regulations 2012 to further develop the role of Community Pharmacy in vaccination delivery.

The seasonal influenza vaccination programme will be offered to a range of eligible groups during Winter 2026/27. These include pregnant women; preschool and school-aged children; children and adults in clinical risk groups; adults aged 65 years and over; health and social care workers; residents of long-stay residential care homes; carers; close contacts of immunocompromised individuals; high-risk poultry, avian, cattle and swine workers; and people experiencing homelessness. The programme will commence from September 2026 for some cohorts, including pregnant women and school-aged children, with wider delivery commencing from October 2026

Key actions include:

Improving uptake across eligible populations:

- Implement the Vaccination Uptake Improvement Action Plan overseen by the PHA Vaccination Uptake Oversight Board.
- Use surveillance, behavioural insights and population health intelligence to identify groups with lower uptake and target interventions accordingly.
- Publish weekly vaccination uptake reports for eligible cohorts and share performance information with key stakeholders.
- Monitor uptake by deprivation, geography and population group, where data are available, to identify inequalities in access and uptake.
- Continue to support delivery through a multi-provider model to maximise convenience and accessibility.

1.1 Health and Social Care Workers

The Department of Health has set an indicative influenza vaccination uptake target of 50% for health and social care workers for Winter 2026/27.

Key actions include:

- Implement recommendations arising from the QUB behavioural research project on healthcare worker vaccine uptake.
- Refresh vaccination communication materials using behavioural science principles.
- Develop a staff vaccination toolkit for HSC organisations and employers.
- Deliver on-site flu vaccination clinics for regional HSC organisations from the start of the campaign.
- Develop improved vaccine uptake estimates through privacy-protecting analysis of pseudonymised workforce data and vaccine data to improve completeness of vaccine uptake reporting. This work plans to use a privacy-by-design approach that was agreed with staff representative groups and will not allow the identification of individual staff.
- Provide regular uptake reports by employer and staff group to be shared with HSC Trust Chief Executives Forum, the winter IMT and the oversight board to support local improvement actions.
- Update vaccination resources to better reflect and engage the social care workforce, including care home and domiciliary care staff.

1.2 Children and Young People

For at-risk children aged 6 months to 2 years and all preschool children aged 2 to 4 years, vaccination will continue to be delivered through General Practice. School-

aged children will primarily be vaccinated through school-based programmes delivered by school nursing teams.

Key actions include:

- Use historical uptake data to identify schools and communities with lower vaccination uptake.
- Deliver targeted engagement sessions within Sure Start settings and schools where uptake has historically been lower.
- Work with the education sector through the Joint Health and Education Oversight Group (JHEOG) to promote vaccination programmes.
- Implement targeted support for special schools, including enhanced engagement with parents, carers and school staff, recognising historically lower uptake levels within some special school settings.
- Provide resources for health visitors, school nursing teams, public health nurses and Sure Start staff to support vaccination promotion.
- Refresh vaccination communication materials using behavioural science principles, and promote via social media, in additional to PR activity.

Children with complex medical healthcare needs are particularly vulnerable to influenza viruses. These children will be vaccinated in school up to year 12. The school vaccination service provides vaccination in all educational settings, including special schools and in other educational settings outside of school (otherwise known as EOTAS). Children 16-17 years in a clinical risk group will be vaccinated by GPs. It is therefore important that GPs identify such children and ensure they are offered vaccination. It is also important that they are treated promptly if they develop symptoms of flu infection, including consideration of the use of antivirals.

1.3 Pregnant Women

Pregnant women remain a priority group due to their increased risk of complications from influenza infection.

Key actions include:

- Develop additional resources to support staff working with pregnant women in promoting and speaking positively about vaccination.
- Deliver vaccination training and education for maternity services staff throughout 2026/27.
- Improve recording of vaccination offers within maternity pathways.
- Continue routine reporting of RSV and pertussis uptake through maternity reports and the Maternity Collaborative Group.

1.4 Older People

Older people remain at increased risk of serious illness, hospital admission and poor outcomes associated with winter respiratory infections. Influenza vaccination is offered to those aged 65 years and over, while COVID-19 vaccination is offered to those aged 75 years and over. RSV vaccination is available year-round for eligible older adults, including care home residents.

Key actions include:

- Strengthen links between vaccination teams and Age Friendly Coordinators across all 11 council areas.
- Use Age Friendly Networks, Older People's Forums and local community organisations to promote vaccination and improve vaccine confidence.
- Work with council communication teams to increase awareness of winter vaccination programmes.
- Support Integrated Neighbourhood Teams to use population health intelligence to identify older people living with frailty, multiple long-term conditions and those at increased risk of hospital admission.
- Promote targeted preventative interventions including vaccination outreach, falls prevention, anticipatory care planning and support to maintain independence.
- Refresh vaccination communication materials using behavioural science principles, and promote via social media, in additional to PR activity.

1.5 Inclusion Health

The PHA will continue to work with communities and partner organisations to improve access to vaccination amongst groups who may experience barriers to healthcare.

Key actions include:

- Deliver targeted health improvement and engagement activity with Roma communities, Irish Travellers, ethnic minority groups, people experiencing homelessness and people within criminal justice settings.
- Work with community partners and vaccination providers to develop tailored approaches for underserved populations.
- Provide public information in accessible and alternative formats.
- Actively offer influenza and pneumococcal vaccination to people experiencing homelessness through partnership working with HSC Trust Inclusion Health Teams.
- Deliver vaccination outreach within hostels, temporary accommodation and night shelters.

- Use the enhanced Vaccine Management System (VMS) to record homelessness as an eligibility category and monitor vaccination within this population for the first time.
- Share uptake data with Trust Inclusion Health Teams to support local improvement activity.

1.6 Care Homes

Care homes remain a priority setting for winter preparedness because residents are at increased risk of severe illness and outbreaks of respiratory infection. The PHA chairs a regional Care Home Subgroup with representation from SPPG, HSC Trusts, NISCC and the Independent Health and Care Providers sector to oversee winter preparedness and vaccination delivery. RQIA has agreed to join this year for the first time.

Key actions include:

Care Home Preparedness

- Deliver pre-winter information sessions for care home providers covering vaccination, infection prevention and control, outbreak management, testing and reporting arrangements. These are provided by PHA and SPPG.
- Presentation and guidance resources made available to all providers.
- Continue regional oversight through the Care Home Subgroup to identify and address emerging issues.

Care Home Residents

- Ensure all care homes are matched with a participating community pharmacy for flu and COVID-19 vaccination delivery. Aim to have care home programme complete by 20th November 2026.
- Escalate access issues through Trust Care Home Support Teams where required.
- Continue provision of information materials for residents and families to support informed decision-making.
- Monitor resident uptake by Trust area and share results with Trusts, RQIA and relevant stakeholders.
- Continue delivery of RSV vaccination through Trust vaccination teams for newly eligible residents.
- Identify the 10% of care homes with the lowest estimated resident vaccination uptake from the previous season and undertake a project to ascertain reasons for low uptake in care homes, including working directly with the home to improve reported uptake for the 2026/27 season and make recommendations for future vaccination programmes.

Care Home Staff

- Provide multiple vaccination access routes, including community pharmacy visits, Trust vaccination clinics, participating pharmacies and General Practice where eligible.
- Staff can access vaccines when Community Pharmacy is visiting home to complete vaccine delivery to residents.
- Explore opportunities to offer flu vaccination at social care conferences and sector events
- Deliver targeted communications and engagement activity specifically aimed at care home and domiciliary care staff. New Social Care worker poster and new H&SC worker leaflet including images of social care staff.
- Implement social care-specific vaccination resources developed in response to behavioural research findings.
- Monitor and report vaccination amongst the care home workforce to the Care Home Subgroup as part of wider health and social care worker vaccination improvement activity.

2.0 Inclusion Health and Support for Vulnerable Populations

Winter pressures are not experienced equally across the population. People experiencing homelessness, poverty, poor housing, social exclusion or multiple disadvantage are at increased risk of poor health outcomes and may face additional barriers in accessing health and social care services. Supporting vulnerable populations during winter is therefore a key component of the PHA's contribution to reducing health inequalities and mitigating the impacts of increased seasonal demand.

The PHA will continue to work alongside statutory, community and voluntary sector partners to address the wider determinants of health that contribute to winter-related ill health and inequality. This includes action to mitigate the effects of cold homes, fuel poverty, homelessness, social isolation and poor mental wellbeing.

Vaccination-related actions for inclusion health populations are outlined within the Vaccination and Immunisation section of this plan.

Key actions include:

The PHA will use population health intelligence and local community insight to identify geographical areas and population groups at greatest risk from fuel poverty, social isolation and winter-related health inequalities and target interventions accordingly.

2.1 Fuel Poverty and Cold Homes

- Coordinate delivery of the regional **Keep Warm Pack Scheme** in partnership with local government, HSC organisations and community and voluntary sector partners.
- Target support towards individuals and communities most vulnerable to the health impacts of cold weather.
- Use delivery of the scheme as an opportunity to identify wider health and social care needs and signpost individuals to appropriate services and support.
- Continue to support locality-based fuel poverty initiatives in partnership with local organisations.
- Promote awareness of available financial, housing and community support programmes during periods of severe weather.

2.2 Homelessness and Multiple Disadvantage

- Work with Inclusion Health teams, local authorities and community and voluntary sector organisations to support people experiencing homelessness and those at risk of significant winter hardship.
- Strengthen partnership arrangements that facilitate access to health and wellbeing support for people experiencing multiple disadvantage.
- Support referral pathways into relevant health, social care and community services where unmet need is identified.

2.3 Mental Health, Wellbeing and Social Connectedness

- Work with HSC Trusts, local government and community and voluntary sector partners to reduce winter loneliness and social isolation, particularly among vulnerable adults and those at increased risk of poor mental health.
- Promote awareness of services and initiatives that support emotional wellbeing, suicide prevention and community connectedness.
- Support community-based approaches that strengthen resilience, social participation and access to local support networks during the winter months.
- Utilise existing community development and health improvement programmes to identify individuals who may benefit from additional support during periods of increased winter pressure.

2.4 Monitoring and Partnership Working

- Continue engagement with statutory, community and voluntary sector partners to identify emerging needs among vulnerable populations during winter.

- Share learning and intelligence from local initiatives to support coordinated action to reduce winter-related health inequalities.
- Monitor uptake and reach of key winter support initiatives to inform future planning and service improvement.

3.0 Healthy Ageing, Frailty, Advance Care Planning and Care Home Preparedness

Older people are disproportionately affected by winter pressures, particularly those living with frailty, multiple long-term conditions, reduced mobility, social isolation or complex care needs. Winter can increase the risk of respiratory illness, falls, hospital admission, deconditioning and loss of independence. Supporting older people to remain healthy, safe and independent is therefore an important component of the PHA's contribution to winter preparedness and aligns with wider regional priorities relating to prevention, healthy ageing and reducing avoidable demand on health and social care services.

The PHA will continue to work with local government, HSC organisations, Integrated Neighbourhood Teams, community and voluntary sector partners, and Age Friendly Networks to support older people to remain well and independent throughout the winter period. Vaccination-related actions for older people and care home residents are outlined within the Vaccination and Immunisation section.

Key actions include:

3.1 Healthy Ageing and Winter Resilience

- Promote the *Ageing Well: A 10 Minute Guide* through PHA communications channels and partner organisations to encourage healthy ageing, physical activity, social connectedness, mental wellbeing and access to local support services.
- Work with Age Friendly Coordinators, Older People's Forums and community networks to raise awareness of support available to older people during winter.
- Support community-based approaches that reduce social isolation and strengthen local resilience among older people.
- Promote practical self-care messages to help older people maintain independence and wellbeing throughout winter.

3.2 Frailty Prevention and Falls Reduction

- Continue regional promotion of the *Staying Steady on Your Feet* initiative to support older people to improve strength, balance and confidence.
- Deliver falls prevention communications focused on reducing falls risk within the home and community.

- Support wider system efforts to identify and support older people living with frailty who may be at increased risk of deterioration during winter.
- Promote evidence-based falls prevention resources across community, primary care and care home settings.
- Continue to support implementation of the Regional Falls in Care Homes Bundle and associated post-fall guidance.

3.3 Advance Care Planning

- Work with partners to strengthen anticipatory and advance care planning for older people and care home residents.
- Promote timely conversations with residents and families regarding care preferences and future care needs.
- Support approaches which help avoid unnecessary hospital attendance and admission where appropriate and aligned with an individual's wishes and clinical needs.

3.4 Care Home Preparedness

Care home vaccination, infection prevention and outbreak-management arrangements are described within the Vaccination and Immunisation and Care Homes sections of this plan.

Key actions include:

- Continue to promote implementation of the Regional Falls in Care Homes Bundle across care home settings.
- Support multi-agency engagement to improve uptake and consistent use of falls prevention resources within care homes.
- Monitor learning arising from the South Eastern Trust pilot of symptomatic outbreak testing using multiplex lateral flow testing within care facilities.
- Work with Trusts and regional partners to identify opportunities to strengthen care home preparedness and resilience during periods of increased winter demand.

4.0 Public Health Intelligence, Surveillance and System Preparedness

Public health intelligence, surveillance and population insight are critical to the PHA's contribution to winter preparedness. Surveillance provides early warning of emerging threats, supports timely decision-making and enables a proportionate response to changing patterns of respiratory illness and health service demand throughout the winter period.

The Respiratory Surveillance Team within Health Protection will continue to bring together information from laboratory testing, primary care, hospital admissions,

inpatient occupancy, outbreaks and syndromic surveillance systems to provide a comprehensive assessment of respiratory disease activity across Northern Ireland.

Surveillance outputs will support operational and strategic decision-making across the health and social care system, helping partners anticipate pressures, target interventions and maintain service resilience.

Key actions include:

4.1 Respiratory Surveillance and Intelligence

- Continue comprehensive surveillance of influenza, COVID-19, RSV and other seasonal respiratory pathogens throughout the winter period.
- Produce routine respiratory surveillance reports, horizon scanning assessments and Health Protection Situational Awareness Reports (HPSARs).
- Utilise data available through the Northern Ireland Health Analytics Platform (NIHAP) to support exceedance detection and early identification of unusual activity.
- Maintain automated daily and weekly surveillance reporting to support timely operational responses.
- Analyse surveillance data by age, geography, care setting and clinical risk group to identify emerging trends, inequalities and changing patterns of disease severity.
- Provide regular epidemiological assessments to the Department of Health, SPPG and HSC Trusts to support decision-making and winter planning.

4.2 Intelligence-Led Action and System Support

A key priority during Winter 2026/27 will be ensuring that surveillance intelligence is translated into timely action.

Key actions include:

- Monitor indicators of respiratory disease activity, severity and healthcare utilisation to identify emerging system pressures.
- Use surveillance intelligence to inform public health interventions, vaccination programme delivery, outbreak management and communications activity.
- Review the effectiveness of interventions throughout the season and adapt responses as epidemiological patterns evolve.
- In collaboration with SPPG, the PHA will integrate epidemiological and health system intelligence to assess the impact of seasonal influenza and inform a timely, co-ordinated response across Northern Ireland.
- Share intelligence with senior leaders across the HSC system to support coordinated decision-making and escalation arrangements where required.

- Support health service resilience through early identification of periods of increasing demand and system pressure.

4.3 Incident Management and Multi-Agency Preparedness

The PHA will continue to coordinate a multi-agency response to significant influenza activity through the Winter Influenza Incident Management Team (IMT).

Key actions include:

- Convene and coordinate the regional Influenza Incident Management Team throughout the influenza season.
- Maintain oversight of vaccination delivery, outbreak management, diagnostic testing, antiviral policy implementation and communications.
- Provide a shared operational assessment of influenza transmission, severity and health system impact.
- Maintain links with partners across health, social care and education sectors to support a coordinated regional response.
- Escalate significant risks or emerging issues through established governance and emergency preparedness arrangements.

4.4 Infection Prevention and Control

Effective infection prevention and control measures remain essential to reducing the transmission of respiratory infections during winter.

Key actions include:

- Promote adherence to regional infection prevention and control guidance across health and social care settings.
- Support implementation of standard infection control precautions and transmission-based precautions where respiratory infections are suspected or confirmed.
- Reinforce public health messaging encouraging individuals with respiratory symptoms to avoid attending work, school or communal settings until clinically appropriate.
- Provide expert advice and support to health and social care providers regarding respiratory infection control measures.

4.5 Outbreak Management

The PHA will continue to coordinate the public health response to outbreaks of influenza and other respiratory infections occurring in healthcare, care home, educational and community settings.

Key actions include:

- Provide timely public health advice and incident management support during suspected or confirmed outbreaks.
- Coordinate diagnostic testing arrangements to support outbreak investigation and management.
- Promote early identification and reporting of outbreaks in line with regional guidance.
- Support appropriate use of antiviral treatment for eligible individuals with suspected or confirmed influenza.
- Maintain regional arrangements for prescribing antiviral post-exposure prophylaxis (PEP), including support for care home residents where access through Local Enhanced Service arrangements is unavailable.
- Work with RQIA and care home partners to reinforce winter outbreak preparedness and reporting arrangements.

4.6 Monitoring and Assurance

- Provide regular surveillance updates to the Winter IMT, Department of Health, SPPG and HSC Trusts.
- Monitor emerging respiratory threats and changes in disease severity throughout the season.
- Evaluate the impact of public health interventions and response measures during and following the winter period.
- Use intelligence gathered during Winter 2026/27 to inform future preparedness planning and service improvement.

Communications and Public Information

Effective communication, engagement and health improvement activity are central to winter preparedness. Consistent with the Department of Health's Winter Surge Planning Guidance, the PHA will work with partners across the health and social care system to provide clear, timely and accessible information that supports prevention, promotes self-care and helps people access the right care, in the right place, at the right time. Through coordinated public messaging, the Agency will support efforts to reduce avoidable illness, encourage appropriate use of services and maximise uptake of preventative interventions, including vaccination.

The PHA recognises that effective communication is not solely about providing information, but also about understanding the needs, experiences and barriers faced by the people and communities most affected by winter pressures. In developing and delivering winter communications, consideration needs to be given to the views of patients, service users, carers, families, community organisations and representative groups. Particular attention will be paid to individuals and communities whose voices may be less likely to be heard through traditional engagement approaches, ensuring engagement activity is proportionate, meaningful and informed by local insight wherever appropriate.

Recognising that different communities require different approaches, the PHA will continue to work through established partnerships and trusted networks across local government, community and voluntary sector organisations, community planning structures and local groups. These relationships provide valuable local intelligence and help ensure public health information reaches those who may be less likely to engage through traditional communication channels.

The PHA has responsibility for monitoring infectious diseases, leading seasonal vaccination programmes and providing public health advice and information. The PHA will work closely with the Department of Health and SPPG to maintain a coherent and consistent approach throughout the winter period.

Digital channels will continue to play an important role in supporting public awareness and access to information. The nidirect website will provide public information on seasonal respiratory infections, vaccination programmes, hygiene messages and advice on what to do when unwell. The PHA website will continue to provide more detailed public health and surveillance information, with updates provided throughout the winter period as required.

Alongside communications activity, the PHA will continue to promote and support a range of health improvement initiatives that contribute to winter wellbeing and resilience. These include programmes relating to healthy ageing, mental health and emotional wellbeing, inclusion health, substance use, physical activity, nutrition, home safety, falls prevention and warmer, healthier homes. Through partnership

working and targeted interventions, these programmes help address some of the wider determinants of health that contribute to poorer outcomes during winter.

Governance and Assurance

Delivery of this Winter Surge Plan will be overseen through existing PHA governance, performance management and operational arrangements. The PHA will work closely with SPPG, HSC Trusts, primary care and other system partners to maintain oversight of winter pressures and support a coordinated system response throughout the winter period.

As one of the two system Commissioners, the PHA will work alongside SPPG to oversee implementation of winter surge plans, monitor emerging pressures and escalations, and contribute to regular reporting to the Department of Health.

Oversight will be informed by public health intelligence, surveillance and ongoing engagement with partners across the health and social care system, supporting timely decision-making and an effective response to winter pressures.

This Winter Surge Plan sets out the Public Health Agency's contribution to supporting winter preparedness and resilience across Northern Ireland during 2026/27. Delivery of the Plan will require collaboration across the Agency and with partners throughout the health and social care system, local government and the community and voluntary sector.

Through a continued focus on prevention, partnership working and targeted action, the PHA will support efforts to reduce avoidable illness, protect those at most risk and strengthen community and system resilience throughout the winter period.