

APPENDIX A: COVID-19 IMPACTS ON HSC SERVICES, EXCLUDING SECONDARY CARE

Index:

	Page
SUMMARY TABLE	2
CHIEF MEDICAL OFFICER'S GROUP	
Pharmacy	4
Population Health	6
HEALTH POLICY GROUP	
Primary Care	13
General Healthcare Policy	15
RESOURCES AND PERFORMANCE MANAGEMENT GROUP	
Corporate Management	17
SOCIAL SERVICES POLICY GROUP	
Adult Social Care	18
Mental Health, Disability & Older People	19
Family and Children's Services	20
TRANSFORMATION, PLANNING AND PERFORMANCE GROUP	26

Summary Table: Covid-19 Quantitative Service Impact

Service	Baseline: 9 March – 17 April 2019	Current Activity: 9 March – 17 April 2020	% Change
Community Pharmacy: No of Prescriptions	3.437m	3.977m	16%
Community Pharmacy: No of Prescription Forms	1.937m	2.223m	15%
General Practice: Average GP Appointments per week	432	348	-19%
Population Health: Health Improvement Contracts	548	548	0%
Population Health: Diabetic eye screening invites	12,000	2,000	-83%
Population Health: Bowel cancer screening test kits issued in 6 week period	16,200	5,400	-67%
Population Health: Breast cancer screening invitations	Approx. 8,800	1,300 women screened from 9 March – 24 March (some will have been invited prior to this date)	-85%
Population Health: Cervical cancer screening invitations	9,357	3,005	-68%
Population Health: Abdominal Aortic Aneurysm, number of scans	1080	380	-65%
Corporate Management: Home Fire Safety Checks	492	362	-26%
Corporate Management: Fire Safety Protection Audits	95	30	-68%

Corporate Management: Other Fire Safety Prevention Activities	1802	1252	-30%
Family and Children's Services Number of Children on the Child Protection Register	2246 (as at 31 Dec 2019)	2382 (provisional as at 20 Apr 2020)	+6%
Family and Children's Services Number of Looked After Children	3362 (as at 30 Sept 2019)	3370 (provisional as at 20 Apr 2020)	+0.2%

Directorate: Pharmacy

Programme	Baseline: 9 March – 17 April 2019	Current Activity: 9 March – 17 April 2020	Comments: Activity Reduction / Red Flags / Impact on Waiting List	High level Budget Impact
Community pharmacy services ¹	<p>March 2019 3.437m prescription items;</p> <p>1.937m prescription forms;</p> <p>£32.67m Ingredient cost</p>	<p>March 2020 3.977m prescription items;</p> <p>2.223m prescription forms;</p> <p>£40.83m Ingredient cost</p>	<p>Significant increase in number of prescriptions dispensed.</p> <p>Temporary cessation of clinical services e.g. minor ailments, smoking cessation, to focus on maintaining core medicines supply functionality, introduction of pandemic emergency supply service, and maintenance of business continuity within pharmacies.</p> <p>A programme of reform for the Drug Tariff was also suspended.</p>	£11.5m additional investment in community pharmacy services in response to Covid-19

Programme	Forecast: Services postponed 18 April – 30 June	Comments: Activity Reduction / Red Flags / Impact on Waiting List	High level Budget Impact
Community pharmacy reform	Continued focus on maintenance of core dispensing function to ensure continuity of medicines supply to patients.	<p>Core services relating to acute and repeat prescriptions and adherence were maintained during this period with increased demand. Services requiring face to face consultations, e.g. smoking cessation, were temporarily paused in light of social distancing.</p> <p>All services have now been reviewed and a commissioning plan developed which takes account of social distancing and aims to support re-introduction of key services including smoking cessation from July.</p>	£0.75m funding associated with suspended clinical services Apr-Jun was maintained to support cash flow to community pharmacies and ensure continued core service provision.

			Recovery planning will require additional funding.
--	--	--	--

¹Ingredient Cost is the basic cost of a drug as used in primary care, list price excluding VAT, i.e. the price listed in the national Drug Tariff or in standard price lists and is not necessarily the price that has been paid. It does not take into account any contract prices or discounts, dispensing costs or fees, so the amount that has been paid will be different. In other parts of the UK the equivalent is called the Net Ingredient Cost (NIC) and is used in Prescription Services reports and other analyses, as it standardises cost throughout prescribing nationally, and allows comparisons of data from different sources. For further user notes please see the documentation at <http://www.hscbusiness.hscni.net/services/3170.htm>

Directorate: Population Health

Programme	Baseline: 9 March – 17 April 2019	Current Activity: 9 March – 17 April 2020	Comments: Activity Reduction / Red Flags / Impact on Waiting List	High level Budget Impact
Health Improvement Contracts	HI Division of PHA commission services form Community and Voluntary sector, HSCT and other statutory organisations. 548 contracts pre-COVID-19	548 PHA contracts in place during this period	<p>PHA Health Improvement gathers data based on Project Monitoring Returns from external providers. Due to the impact of COVID-19, PMR's were not received in Q4 of 2019/20.</p> <p>Project managers are currently assessing impact on contracts across each programme area, and ensuing activity is sustained across contracts that continue to see demand. Full impact on service delivery will be reported for Phase 2.</p>	<p>No money lost to the service.</p> <p>PHA now reorienting the budget and priorities through Surge Plan to address 'new normal' for resilience and recovery phase of COVID-19.</p>
Diabetic Eye screening programme	Approx. 12,000 patients invited to attend screening in a 6 week period	Approx. 2,000 invites to attend	Screening invitations paused from week beginning 23 March 2020.	There has been no additional cost to temporarily pausing the programme. However, recovery planning may require additional funding.
Bowel Cancer Screening programme	Approx. 16,200 patients issued with screening test kits in a 6 week period	Approx., 5,400 test kits issued	Screening invitations paused from week beginning 23 March 2020. In addition, no screening colonoscopy or CTC investigations undertaken from this date which will increase waiting times for these follow up procedures until these services are safe to resume.	There has been no additional cost to temporarily pausing the programme. However, recovery planning may require additional funding.

Breast Cancer Screening Programme	Approximately 8,800 invited for screening	1,300 were screened from 9 March – 24 March. Some will have been invited prior to this date.	Breast Screening programme was formally paused on 24 March 2020.	There has been no additional cost to temporarily pausing the programme. However, recovery planning may require additional funding.
Cervical Screening	9 March – 31st March 2019. 9,357 invitations sent during March	9 March – 31 st March 2020. No invites for April onwards. 3,005 invitations sent Attendance has dropped sharply from mid-March (2-3 rd week of March) amongst those invited to attend.	Invites for cervical screening paused from mid-March (Invites are sent in the middle of each month in a batch). Women who have already been invited may seek to attend their GP for screening, Samples from women who have already had a smear taken should be processed and managed as usual. Non-CSP samples should continue to be processed (e.g. symptomatic women). Women referred by GPs should be appropriately managed. Women with symptoms should be managed and referred as appropriate. Women currently managed by Colposcopy should continue to be managed in this manner.	There has been no additional cost to temporarily pausing the programme. However, recovery planning may require additional funding.
New-born Hearing Screening Programme (NHSP)	Baseline for period 9 March – 17 April 2019 not available. Proportion screened by 4 weeks: Quarter 4 18-19 = 97.3% Quarter 1 19-20 = 96.9%	Figures on % screened are not available until 4 months after quarter end. Programme running on contingency protocol to maximise the numbers screened	<u>Activity</u> Normally 70% of screening is completed before discharge from maternity unit, with 30% completed at outpatient clinics. Programme now being provided on basis of contingency protocol which seeks to maximise the numbers of babies who complete new-born hearing screening prior	None

		before discharge from a maternity unit, however a reduction in overall numbers screened is likely.	to discharge from hospital. No outpatient screening is being offered. For those who are unable to complete screening at present (including babies who move into Northern Ireland during this time, are discharged before offer, or babies born at home, or within a midwifery-led setting) their details will be recorded and they will be offered screening at a later date. <u>Red flags</u> Those babies who require immediate referral to diagnostic audiology will still receive this and should still be offered an appointment (within 4 weeks) as a priority, as they remain high risk/red flag category.	
New-born Blood Spot Screening		Programme running as normal	Programme running as normal. Any delayed or declined due to Covid-19 being monitored.	None
Abdominal Aortic Aneurysm (AAA) Screening Programme	Activity for this time last year: 1080 scans took place (comprised of routine, surveillance and rescans combined).	This year's activity: 380 scans (comprised of routine, surveillance and rescans combined).	AAA Screening was temporarily paused on Monday 23 rd March 2020 with regard to routine screening and the surveillance programme. There has been an impact on 10 men referred with large AAAs to the Specialist Vascular Team for potential surgical intervention. All 10 are on hold for further treatment but 9 have had their outpatient appointment; all 10 men have had their CT scans. Currently, in line with Vascular Society Guidelines (issued in light of Covid-19 pandemic), none of these men have been treated as their AAAs are less than 7cm. There has also been an impact on surveillance men with small and medium AAAs who would normally be scanned annually (small) or 3 monthly (medium) as all surveillance has been temporarily paused.	There has been no additional cost to temporarily pausing AAA screening. However, recovery planning may require additional funding to facilitate the purchase of additional US scanners, access to venues, PPE etc. to ensure sufficient resources are in place to facilitate catch-up and a return to normal screening activity levels.

Antimicrobial Resistance (AMR) Programme	Routine business management of AMR programmes.	COVID-19 response	HP	AMR team have been working on the COVID-19 response. AMR programme work is on hold.	Nil
Immunisation/Vaccination Programme	Routine management of Immunisation/Vaccinations programmes.	COVID-19 response	HP	Immunisation and vaccination work ongoing. The lead consultant is also working on COVID-19 response.	Nil
Health Protection Surveillance	Normal Health Protection surveillance programmes.	COVID-19		HP surveillance staff are mainly working on the COVID-19 response. Other staff are working on normal surveillance business.	Nil
Health Care Associated Infection (HCAI) Programme	Normal routine HCAI programme business.	COVID-19/HCAI Programme		The HCAI response is still being provided at a reduced level as staff are mainly working on the COVID-19 response.	Nil
Acute Response – PHA Duty Room	Routine Duty Room acute response service.	Duty Room/COVID-19		Duty room acute response service continuing to provide advice and support to health professional and care-homes	Nil
Out of hours (OOH)Call HP	Normal OOH business response service	COVID-19 Response	OOH	Enhanced OOH Health Protection work as a result of the increased out of hours activity consequent to COVID-19.	Additional costs will need to be put through COVID-19 cost centre K9HP22.

Programme	Forecast: Services postponed 18 April – 30 June	Comments: Activity Reduction / Red Flags / Impact on Waiting List	High level Budget Impact
Health Improvement (overall)	Not anticipated that any other programme areas will be postponed. Programme managers working to ensure no service users are inadvertently disadvantaged as a result of COVID – service users are still able to access services. For example in some services where face to face would be the mechanism of service delivery,	Given the need to fully engage service users, stakeholder engagement workshops have had to be postponed for procurement e.g. Drugs and Alcohol Drugs and Alcohol and RSE Contracts have been extended to cover gap in procurement schedule to ensure continuity of service delivery. Conversations are ongoing with stakeholders on a number of Procurement themes and schedules relevant to future procurement priorities and Covid-19 context implications on meeting needs.	No money lost to the service, now reorienting the budget presently HI Priority Action plan to highlight had surge across all themes

	<p>alternative approaches are being investigated.</p> <p>Procurement of next phase of thematic investments are currently suspended. However, there are plans underway to look at alternative ways of continuing to engage service users/stakeholders in future service design.</p>	DAC's have been extended to cover gap in procurement lead in to ensure continuity of service delivery.	
Diabetic Eye Screening programme	Approx. 20,000 patients not invited for their scheduled screening test (over 10 weeks)	Numbers will be dependent on the ability of the screening programme to recommence in a safe environment prior to 30 June.	There has been no additional cost to temporarily pausing the programme. However, recovery planning may require additional funding.
Bowel Cancer Screening programme	Approx. 27,000 patients not invited to participate in their scheduled screening test (over 10 weeks)	Numbers will be dependent on the ability of the screening programme to recommence in a safe environment prior to 30 June. On recommencement, impact will be increased screening interval for all patients and waiting time of 6+ months to screening colonoscopy for some patients following a positive screening test result.	There has been no additional cost to temporarily pausing the programme. However, recovery planning may require additional funding.
Breast Cancer Screening Programme	8,900 women would normally have been invited from 18 April to 17 June.	<p>Those women who should have been invited between 18 April and 16 June have been booked into dummy clinics to ensure that they do not miss a screen.</p> <p>During this period, office managers have not booked people in from the 17th June on. This is to avoid screening episodes being left open for over 6 months.</p>	There has been no additional cost to temporarily pausing the programme. However, recovery planning may require additional funding.
Cervical screening programme	<u>Invitations currently paused:</u> March – 13376 April - 16057	<p>Plan to pause until May and review.</p> <p>With labs focused on COVID testing this may be a limiting factor with scaling up services. Will need to consider how</p>	There has been no additional cost to temporarily pausing the programme.

		previous invitations can be phased in. Access to GPs surgeries will be a limiting factor also.	However, recovery planning may require additional funding.
Infectious diseases in pregnancy screening programme	Programme to run as normal	No reductions in the programme, although may be a slight delay in screening for some women due to isolation precautions. Also if hepatology services are depleted due to staff relocation to assist with on COVID 19 wards there may be a delay in the review appointments for the hepatitis B positive women meaning we may not meet the current standard of 6 week review.	None
New-born Hearing Screening Programme (NHSP)	Programme to run on contingency protocol. It is anticipated there will be a reduction in completion of screening over this time, with those not completing screening prior to discharge from hospital being offered subsequent screening at outpatient clinics.	<p><u>Activity</u></p> <p>There may be an increase in those who defer or decline new-born hearing screening at this time, however, Trusts will continue to record the details of any babies who require a follow-up appointment and they will be invited to attend at a later date.</p> <p><u>Impact on Waiting List</u></p> <p>Trusts are considering ways to provide resilience and support the new-born hearing screening programme during, and following, this time. This may include enhancement of current working hours for screeners or seeking support of audiology colleagues to carry out the necessary screening tests, in order to reduce the impact on waiting lists.</p>	None
New-born Blood Spot Screening	Programme to run as normal	Programme running as normal. Any delayed or declined due to Covid-19 being monitored.	None
NI Abdominal Aortic Aneurysm (AAA) Screening Programme	Activity for this time last year: 1,535 scans took place (comprised of routine, surveillance and rescans combined). From 1 st April – 30 th June the programme offers men who have previously DNA-end a 2 nd appt therefore clinic slots are utilised for DNA men. Activity is usually lower in	There were 4 referrals (aorta over 5.5cm) to the Specialist Vascular Team during this period last year. 109 scans took place where aorta measured between 3cm and 4.4cm (18 th April – 30 th June activity only. This figure is also part of the 1535 figure already referenced for this time last year). 77 scans took place for men where an aorta measured between 4.5cm and 5.4cm.	There has been no additional cost to temporarily pausing AAA screening. However, recovery planning may require additional funding to facilitate

	the first quarter than other later quarters in the year because of this.		the purchase of additional US scanners, access to venues, PPE etc. to ensure sufficient resources are in place to facilitate catch-up and a return to normal screening activity levels.
AMR Programme	AMR work on the 5 year strategy/programme.	Staff are working on the COVID-19 response AMR work programme/surveillance on hold.	Nil
Immunisation/Vaccination Programme	Reduced immunisation and vaccination programme of works.	PHA still providing an immunisation and vaccination advice and support programmes to colleagues to ensure the Health and well-being of the NI population.	In order to try and ease the burden caused by seasonal flu this winter while the health service is under strain coping with Covid-19 cases it is intended to try and increase uptake and coverage of the flu programme. Significant additional vaccine and delivery costs will therefore be incurred.
Health Protection Surveillance	Reduced surveillance function.	Reduced surveillance function due to the ongoing COVID-19 surveillance response.	Ni
HCAI Programme	Reduced HCAI programme response.	Continue to provide HCAI programme of works which may be reduced as the COVID-19 response dictates.	Nil

Directorate: Primary Care

Programme	Baseline: 9 March – 17 April 2019	Current Activity: 9 March – 17 April 2020	Comments: Activity Reduction / Red Flags / Impact on Waiting List	High level Budget Impact
General Practice Standard Business	432 appointments per practice per week (approx)	348 appointments per practice per week (approx)	<p>Each primary care practice is providing 6 sessions per week at a Covid centre, reducing capacity at general practice by approximately 20% (avg 84 appointments per practice). Video consultations, which were previously only carried out in very low numbers, are now embedded into the service.</p> <p>The monitoring of QOF (the system to remunerate GPs for providing good quality care to their patients, and to help fund improvements to care) has been temporarily suspended at the current time, to allow for resources to be focused on the most serious community cases if required. However, it is anticipated that work on QOF measures will continue where demand and capacity allows.</p> <p>All patients are now subject to telephone triage for approximately 5 minutes. While exact figures are not available, the triage addresses issues at this first contact stage for a significantly increased number of patients, reducing the levels requiring a more detailed consultation. This consultation is often made by video or telephone, but could also be in person.</p> <p>In addition to normal business, GP practices (including out of hours services) are also now receiving a large number of COVID-19 related queries. From 9th April (the earliest date when data is available) to 15th April, 5620 such queries were received, with a further 5742 during the following week (16th to 22nd April).</p>	Agreement in principle that GP practices will not suffer a financial detriment.
Primary care – local enhanced services (LESs)	22 LESs operational	22 LESs operational	LESs continue to be offered on a full basis, reflective of the reduced staffing complement in primary care. However, demand from patient populations has reduced due to lock down. Video, photo and telephone triage has been routinely incorporated into the normal work across the region.	TBC.

Programme	Baseline: 9 March – 17 April 2019	Current Activity: 9 March – 17 April 2020	Comments: Activity Reduction / Red Flags / Impact on Waiting List	High level Budget Impact
Primary care – directed enhanced services (DESs)	6 DESs operational	5 DESs operational	<p>Generally DESs continue to be offered on a full basis, reflective of the reducing staffing complement in primary care. However, demand from patient populations has been reduced due to lock down.</p> <p>Due to the risk of cross contamination, staff in GP practices are unable to carry out the more invasive minor surgery procedures at GP practices, these has seen the loss of approx. 1000 procedures.</p>	TBC.
Primary care – elective services	N/A	0	<p>This recently developed initiative is carried out by GPs, but not in local practices. Normal services are likely to resume in early May, subject to demand.</p> <p>It had been expected that around 1200 -1500 procedures would have been delivered during this time period made up of vasectomy, dermatology, MSK and contraceptive procedures</p>	TBC
Covid centres	N/A	1213	<p>From 9th April to 17th April, 1213 Patients contacting their GP or out of hours service were triaged and referred to the 10 recently established Primary Care COVID-19 Centres across Northern Ireland, of which:</p> <ul style="list-style-type: none"> ○ 78 received advice ○ 978 were seen at the centres ○ 157 received a home visit <p>The 3 main outcomes for the patients referred to the Covid Centres were as follows:</p> <ul style="list-style-type: none"> ○ 75% provided with advice on self-management ○ 15% referred on to secondary care. ○ 4% referred to community services 	Work is still ongoing to assess the full cost of the centres.

Directorate: General Healthcare Policy

Programme	Baseline: 9 March – 17 April 2019	Current Activity: 9 March – 17 April 2020	Comments: Activity Reduction / Red Flags / Impact on Waiting List	High level Budget Impact
General Dental Services	Examinations: 142,930 Fillings: 179,928 Extractions: 40,005	Examinations: 35,168 Fillings: 35,335 Extractions: 11,278	Routine dental care has been restricted from the middle of March due to the risk to patients and dentists in respect of Aerosol Generating Procedures. However, dental practices are still expected to provide minimum levels of advice and support whilst Urgent Dental Care centres have been established in each Trust to provide emergency care.	The need to provide financial support to maintain the viability of General Dental Services means that approximately £1 million in additional net payments are being made to dental practices each month compared with the same period in 2019, in spite of the reduction in activity.
General Ophthalmic Services ²	Sight Tests: 52,798 Vouchers Supplied: 22,487 NI PEARS/Urgent Care assessments: 2,713 Ocular Hypertension Review and	Sight Tests: 14,686 Vouchers Supplied: 10,541 NI PEARS/Urgent Care assessments: 2,212 Ocular Hypertension Review and	On 24 March 2020 all routine General Ophthalmic services were suspended. However, Ophthalmic Contractors continue to provide minimum levels of service in respect of advice and repairs whilst urgent care is being provided by telephone/video or face to face by NI PEARS accredited practices.	The need to provide financial support to Ophthalmic Contractors to maintain the viability of General Ophthalmic Services means that the same level of payments are being made each month compared with 2019 in spite of the reduction in activity .

	Monitoring assessment: 34	Monitoring assessment: 7		
--	------------------------------	-----------------------------	--	--

²Please note that this data is management information and will not equate to official statistics, due to dental and ophthalmic practices closing due to the pandemic in March 2020, some practices may have completed work during this time period but not been able to submit claims for payment. This may result in an undercount of current activity. For further user notes please see the documentation at <http://www.hscbusiness.hscni.net/services/3170.htm>

Directorate: Corporate Management

Programme	Baseline: 9 March – 17 April 2019	Current Activity: 9 March – 17 April 2020	Comments: Activity Reduction / Red Flags / Impact on Waiting List	High level Budget Impact
Home Fire Safety Checks	492	362	Home Fire Safety Checks delivered in this period would have completed via telephone conversation – with a smoke alarm being delivered to the premises if determined as high risk.	None identified at this time – but may increase pressure towards year end.
Fire Safety Protection Audits	95	30	Fire Safety Audits in this period would have been completed by telephone with advice given to owner / occupier.	None identified at this time – but may increase pressure towards year end.
Other Fire safety Prevention activities.	1802	1252	These activities (see table on page 27*) show a broader view of the Prevention activity for the designated period.	None identified at this time – but may increase pressure towards year end.
Operational Training	NA	NA	There has been an impact on the delivery of operational training due to social distancing measures so there will be a pressure on future delivery to ensure safe and effective workforce going forward. Intention is to restart operational training from 1 June 2020 through the implementation of appropriate control measures.	None identified at this time – but may increase pressure towards year end.
Recruitment	NA	NA	NIFRS are launching a whole-time recruitment exercise at the end of May 2020, with predicted start date for trainees of January/February 2021 (approx. 28 recruits); this is affordable within allocated 2020/21 budget. Flexibility may need to be applied to the various stages of the recruitment process dependent on COVID related restrictions in place at that time. The progression of recruitment is essential due to the high level of predicted attrition (approx. 45) over the next 12 months	None identified at this time – but may increase pressure towards year end.

Directorate: Adult Social Care

Programme	Baseline: 9 March – 17 April 2019	Current Activity: 9 March – 17 April 2020	Comments: Activity Reduction / Red Flags / Impact on Waiting List	High level Budget Impact
Adult Social Care: Care Homes	Estimated occupancy level 94% ¹	Estimated occupancy level 91% usable beds/ 85% total beds	11 independent sector care homes reporting vacancy rate re. usable beds in excess of 50%. 15 independent sector care homes reporting vacancy rate re. usable beds 30-49%	Additional £6.5m made available to support the sector ²

¹ KnightFrank 2019 Care Homes Trading Performance Review

² <https://www.health-ni.gov.uk/news/minister-announces-support-measures-care-homes>

Directorate: Mental Health, Disability & Older People

Programme	Baseline: 9 March – 17 April 2019	Current Activity: 9 March – 17 April 2020	Comments: Activity Reduction / Red Flags / Impact on Waiting List	High level Budget Impact
Resettlement of patients from Muckamore	66 patients in the hospital at 29 March 2019	Resettlement activity paused.	Will impact on timescale for delivery on Perm Sec commitment that no-one should call Muckamore their home.	

Directorate: Family and Children's Services

Programme	Baseline: 9 March – 17 April 2019	Current Activity: 9 March – 17 April 2020	Comments: Activity Reduction / Red Flags / Impact on Waiting List	High level Budget Impact
Children referred to social services	Average weekly referrals year ending 30 Sept 2019): 646	Weekly average: 554 (provisional) Figures only available for 6 – 20 April 2020	<p>Provisional figures for the period show that lower referral figures were recorded between 6th and 20th April compared to the baseline.</p> <p>Throughout the period Social Services Gateway Teams have continued to operate and all referrals were screened to determine family need, initial assessments of risk were completed and multidisciplinary checks were undertaken in line with normal operating arrangements and statutory duties.</p> <p>Social Workers maintained contact with families, using technology where necessary. Social Work Managers have closely overseen all cases to ensure appropriate risk assessments were carried out, taking full account of public health advice and guidance relating to Covid-19.</p> <p>In terms of statutory duties, Article 18 of the Children (NI) Order 1995 requires each HSC Trust to safeguard and promote the welfare of children and families in need in its area by providing a range of personal social services appropriate to meet identified needs. In other words, the provision of services to children and families in need in COVID-19 circumstances is an absolute requirement, not an option.</p>	As noted the number of referrals dropped slightly during the period. This is likely to have been directly linked to stay at home policy, which led to the closure of schools. In normal circumstances, a significant number of referrals originate in schools. It cannot be assumed that a decrease in referral numbers will lead to a corresponding reduction in family need. As a result, it cannot be concluded definitively that a reduction in referral numbers at this stage will lead to reduced budgetary pressures.

Child protection referrals	Average weekly referrals year ending 31 Dec 2019: 56	Weekly average: 35 (provisional) Figures only available for 6 – 20 April 2020	Provisional figures show that lower child protection referral figures were recorded between 6 th and 20 th April compared to the baseline. Joint investigations between social services and the police continued, subject to a COVID-19 risk assessment. Where necessary, PPE was used in the course of investigations.	As above. A definitive reduction in budgetary impacts cannot be concluded at this stage.
Children on the Child Protection Register (CPR)	Number of children on CPR at 31 December 2019: 2,246	Number of children on the child protection register at 20 April 2020: 2,382 (provisional)	The number of children on the child protection register at 20 April 2020 was 6.1% higher than the baseline. Case conferences continued throughout lockdown, using technology where necessary in line with public health advice and guidance relating to COVID-19. Child protection home visits continued, subject to risk assessments. Social workers maintained contact with parents/young people using technology in circumstances where home visits were prevented. Methods of maintaining contact were recorded in case files.	Any increase in numbers of children on the CPR impacts on budget requirements.
Number of children in care	Number of Looked After Children (LAC) at 30 September 2019: 3,362	Number of LAC at 20 April 2020: 3,370 (provisional)	The number of children in care at 20 April 2020 was similar to the baseline period (+0.2%). Some visits, involving face-to-face contact with children were paused but, in line with care plans, contingency arrangements, involving the use of technology to maintain contact, were put in place. Where risk assessments concluded they were necessary, face-to-face visits took place in line with public health advice and guidance relating to COVID-19.	No impact on budget at this stage.
Children Admitted to Care	Average monthly number of admissions to care based on 6 months ending 30 September 2019: 70.8	April 2020 Number of Admissions : 114	The number of children admitted to care was higher during April 2020 than the baseline period (April-Sept 2019).	Any increase in numbers of children admitted to care impacts on budget requirements.

Children Discharged from Care	Average monthly number of discharges from care based on 6 months ending 30 September 2019: 54.1	April 2020 Number of Discharges : 63	The number of children discharged from care was slightly higher than the baseline period (April-Sept 2019). All discharges were assessed and in line with the care plans.	While discharge numbers were higher during the period, there was no overall reduction in the number of children in care. As some children left, other children were admitted. As a consequence, there are no budget impacts in terms of reduction.
-------------------------------	--	---	---	--

Programme	Forecast: Services 18 April – 30 June	Comments: Activity Reduction / Red Flags / Impact on Waiting List	High level Budget Impact															
Children referred to social services	Weekly average between 27 April – 18 May: 675 (provisional)	<p>Referral figures have increased since end of April and is higher than the baseline (provisional figures).</p> <p>Since the introduction of stay at home policy, leading to school closures, there has been a shift in the source of referrals. Referral sources (from three HSC Trusts for which we have information), show half (47%) are from police, compared with 31% in year ending 31 March 2019. Referrals from schools are down from 9% to 1%.</p> <table border="1"> <thead> <tr> <th></th> <th>Year ending 31/3/19 *</th> <th>27/4/20 – 18/5/20 *</th> </tr> </thead> <tbody> <tr> <td>Police</td> <td>31%</td> <td>47%</td> </tr> <tr> <td>Social Workers</td> <td>13%</td> <td>14%</td> </tr> <tr> <td>School</td> <td>9%</td> <td>1%</td> </tr> <tr> <td>Other</td> <td>47%</td> <td>38%</td> </tr> </tbody> </table>		Year ending 31/3/19 *	27/4/20 – 18/5/20 *	Police	31%	47%	Social Workers	13%	14%	School	9%	1%	Other	47%	38%	It is possible that the increase in referral numbers is directly linked to stay at home policies, which are creating pressures within home environments. An increase in referrals creates budgetary pressures.
	Year ending 31/3/19 *	27/4/20 – 18/5/20 *																
Police	31%	47%																
Social Workers	13%	14%																
School	9%	1%																
Other	47%	38%																

		<p>*Data relating to referral sources is for 3 of the 5 HSC Trusts and are provisional figures only. Data for 2 of the 5 HSC Trusts would require a manual trawl.</p> <p>While statutory duties were relaxed (extensions to prescribed timeframes relating to reviews and approval processes and requirements to visit in person) during the period, all statutory duties under the Children (NI) Order 1995 remain in place.</p>	
Child protection referrals	Weekly average between 27 April – 18 May: 40 (provisional)	<p>Referral figures have increased since end April, however are still lower than the baseline (provisional figures).</p> <p>Since the introduction of stay at home policy, leading to school closures, there has been a shift in the source of referrals. Provisional child protection referrals data for the period 27 April – 18 May ((from three HSC Trusts for which we have information) indicates that over half (65%) are from social workers, up slightly from 44% in year ending 31 March 2019; child protection referrals from police are up from 18% to 30%; and no child protection referrals were received from schools (previously 12%)*.</p> <p>While the overall number of referrals into social services has dropped, increases are beginning to occur in May 2020. It is likely that this is directly linked to school closures and a reduction in visits to healthcare appointments. It may not reflect a reduction in need, rather a diminution in the visibility of need.</p> <p>*Data is for 3 of the 5 HSC Trusts and are provisional figures only. Data for 2 of the 5 HSC Trusts would require a manual trawl.</p>	A definitive reduction in budgetary impacts cannot be concluded at this stage.
Children on the CPR	Number at 18 May 2020: 2,361 (provisional)	<p>Since end of April 2020, the weekly numbers of children on the child protection register have stayed between 5-6% above the baseline.</p> <p>Case conferences continued throughout the lockdown and Case conferences continued throughout lockdown, using technology where necessary in line with public health advice and guidance relating to COVID-19. Child protection home visits continued,</p>	Any increase in numbers of children on the CPR impacts on budget requirements.

		subject to risk assessments. Social workers maintained contact with parents/young people using technology in circumstances where home visits were prevented. Methods of maintaining contact were recorded in case files.	
Number of children in care	Number at 18 May 2020: 3,397 (provisional)	<p>Since the beginning of May 2020, the weekly numbers of children in care have stayed around 1% above the baseline.</p> <p>Some visits, involving face-to-face contact with children were paused but, in line with care plans, contingency arrangements, involving the use of technology to maintain contact, were put in place. Where risk assessments concluded they were necessary, face-to-face visits took place in line with public health advice and guidance relating to COVID-19.</p>	Any increase in numbers of children admitted to care impacts on budget requirements.
Early Years Childminders	Baseline 30 September 2019: 2688 Numbers operating 7 May 2020: 1031 Numbers operating 19 May 2020: 1121	<p>In response to public health advice and guidance, childminding restricted to vulnerable children* and key workers* only.</p> <p>*As defined by the Department of Health for childcare purposes.</p>	COVID-19 Childcare Support Scheme underpinned by £12m fund introduced by Departments of Health and Education to support the provision of childcare to vulnerable children and the children of key workers and to sustain the sector in 'closed' circumstances.
Early Years Daycare	Baseline 30 September 2019: 334 settings Numbers operating 7 May 2020: 26 settings	<p>In response to public health advice and guidance, daycare restricted to vulnerable children* and key workers* only.</p> <p>*As defined by the Department of Health for childcare purposes.</p>	COVID-19 Childcare Support Scheme underpinned by £12m fund

	Numbers operating 19 May 2020: 32 settings		introduced by Departments of Health and Education to support the provision of childcare to vulnerable children and the children of key workers and to sustain the sector in 'closed' circumstances.
Early Years School-age Childcare	Baseline 30 September 2019: 218 settings Numbers operating 7 May 2020: 5 settings Numbers operating 19 May 2020: 7 settings	In response to public health advice and guidance, school-age childcare restricted to vulnerable children* and key workers* only. *As defined by the Department of Health for childcare purposes.	COVID-19 Childcare Support Scheme underpinned by £12m fund introduced by Departments of Health and Education to support the provision of childcare to vulnerable children and the children of key workers and to sustain the sector in 'closed' circumstances.

Directorate: Transformation Planning and Performance Group

Programme	Baseline: 9 March – 17 April 2019	Current Activity: 9 March – 17 April 2020	Comments: Activity Reduction / Red Flags / Impact on Waiting List	High level Budget Impact
Elective Care		<p>c5 week delay.</p> <p>Forecast will be determined by emergency reponse planning.</p>	<p>In mid-March 2020, HSC Trusts moved to postpone all non-urgent elective appointments in order to free staff up for additional training related to the Covid-19 response.</p> <p>Since monitoring began, on 18.03.20; As at 01.05.20, 8,413 elective day-case admissions, 895 elective inpatient admissions, and 353 regular attender appointments had been cancelled.</p> <p>It is likely that this important step in the emergency plan will, unfortunately, have a negative impact on current waiting lists.</p>	TBC
NDNA		<p>Will not progress.</p> <p>Forecast is that this position will remain unless additional funding becomes available.</p>	<p>Within the 2020/21 Budget, funding has not been made available for all those priorities identified within New Decade, New Approach; this includes the new action plan on waiting times, and the priority action to ensure that, 'No-one waiting over a year at 30 September 2019 for outpatient or inpatient assessment / treatment will still be on a waiting list by March 2021.'</p>	c£80m estimate needed to progress waiting list initiatives linked to NDNA.

Corporate Management: Other Fire safety Prevention activities*

Prevention Theme Description	9.3.2019 to 17.4.2019	9.3.2020 to 17.4.2020
	Visits	Visits
Fire Safety in the Home	522	74
People at Risk	197	62
Targeted Prevention	606	1055
Road Safety	36	17
Hoax Calls	5	2
Deliberate Fire Setting	301	8
Attacks on Firefighters	7	2
Unwanted Fire Signals	17	8
Engagement Programmes	0	1
Fire Investigation	10	1
Other Engagement Activities	101	22
GRAND TOTAL	1,802	1,252