

Title of Meeting	130 th Meeting of the Public Health Agency Board
Date	18 February 2021 at 1.30pm
Venue	12/22 Linenhall Street, Belfast

Present

Mr Andrew Dougal	- Chair (<i>via video link</i>)
Mrs Olive MacLeod	- Interim Chief Executive (<i>via video link</i>)
Dr Stephen Bergin	- Interim Director of Public Health (<i>via video link</i>)
Mr Rodney Morton	- Director of Nursing and Allied Health Professionals (<i>via video link</i>)
Mr Stephen Wilson	- Interim Director of Operations (<i>via video link</i>)
Mr John-Patrick Clayton	- Non-Executive Director (<i>via video link</i>)
Ms Deepa Mann-Kler	- Non-Executive Director (<i>via video link</i>)
Alderman Paul Porter	- Non-Executive Director (<i>via video link</i>)
Professor Nichola Rooney	- Non-Executive Director (<i>via video link</i>)
Mr Joseph Stewart	- Non-Executive Director (<i>via video link</i>)

In Attendance

Dr Aideen Keaney	- Director of Quality Improvement (<i>via video link</i>)
Ms Tracey McCaig	- Interim Director of Finance, HSCB (<i>via video link</i>)
Mr Brendan Whittle	- Deputy Director of Social Care and Children, HSCB (<i>via video link</i>) (<i>on behalf of Ms Roulston</i>)
Mr Robert Graham	- Secretariat

Apologies

Alderman William Ashe	- Non-Executive Director
Ms Marie Roulston	- Director of Social Care and Children, HSCB

15/21 | Item 1 – Welcome and Apologies

15/21.1 The Chair welcomed everyone to the meeting. Apologies were noted from Alderman William Ashe and Ms Marie Roulston.

16/21 | Item 2 – Declaration of Interests

16/21.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No declarations were made.

17/21 Item 3 – Minutes of previous meeting held on 21 January 2021

17/21.1 The minutes of the Board meeting held on 21 January 2021 were **APPROVED** as an accurate record of that meeting subject to the removal of the last sentence in paragraph 7/21.8

18/21 Item 4 – Matters Arising

11/21.2 *Level of Funding for Health Research in Northern Ireland*

18/21.1 The Chair advised that he had drafted a letter which he had shared with the Interim Chief Executive and Dr Janice Bailie.

19/21 Item 5 – Chair’s Business

19/21.1 The Chair thanked Professor Rooney and Ms Mann-Kler for their work in finalising the information pack for the recruitment of the post of PHA Chief Executive. He reported that the post has now been advertised with a closing date of 10th March with interviews due to be held on 8th April.

19/21.2 The Chair thanked the Non-Executive Directors for completing their annual appraisals in a timely manner given the tight deadline to do so. He hoped that the process for next year’s appraisals will commence earlier.

19/21.3 The Chair said that he wished to arrange for a small group of Executive and Non-Executive Directors to start to work together on the completion of the annual Board self-assessment (**Action – Chair**).

19/21.4 The Chair advised that he, along with Mr Stewart and Professor Rooney, had participated in a webinar on community planning and he asked that an update on community planning work be brought to a future Board meeting. He said that community planning is adding to the health and wellbeing of the population and that PHA is playing a role in this work.

19/21.5 The Chair said that he, along with Mr Stewart, had joined a webinar on the Programme for Government (PfG) and he felt that PHA’s Corporate Strategy should align with PfG, but given that there will be Assembly elections next year it may be a further year before a new PfG is agreed. He reported that in the past he had requested that the PHA Corporate Plan should include the first year of any new Assembly to allow time for a new PfG to be agreed.

20/21 Item 6 – Chief Executive’s Report

20/21.1 The Interim Chief Executive presented her Report and said that the team has attempted to put the Report into more cohesive sections. She said that the first section gave an update on COVID-19 related matters. She reported that the numbers of daily positive cases continues to be

- high and that over the last few weeks PHA has begun to turn its attention to Whole Genome Sequencing and that a business case has been developed to allow this work to be carried out in Northern Ireland. She advised that PHA is also working with Local Councils to get analysis of waste water as a source of picking up potential clusters. She said that the team carried out a desktop exercise this morning on variants.
- 20/21.2 The Interim Chief Executive advised that work continues on testing and infection prevention control (IPC). She noted that the education cell has been the subject of some media scrutiny this week and she pointed out that PHA is part of a wider education group. She referred to work carried out by Dr Keaney to look at the learning from the first wave, a presentation on this will be given at a future Board meeting.
- 20/21.3 The Interim Chief Executive said that work is continuing to roll out the flu vaccine, and that in terms of screening, the situation has improved slightly. She added that the Health Improvement team has been working with the Health Protection team to identify vulnerable people who may need assistance and to work with local organisations to support them. She reported that the communications and knowledge management team has continued to work with an increased workload during the last period.
- 20/21.4 The Chair asked about screening, and in particular FIT testing and noted that 2 Trusts had indicated that they were unable to carry out these screenings because of workforce issues. Dr Bergin explained that screening involves three stages: test, investigation and diagnosis. With regard to the FIT test, he advised that this new test for bowel screening has been rolled out but has had to be slowed down in order not to overwhelm the laboratories and subsequently diagnostic services. He reported that in 2 Trusts, the Northern and South Eastern, pressures on diagnostic services are greater because of COVID-19. He said that within secondary care pressures are starting to recede, but the key issue is that cancer screening was paused during the first wave of the pandemic so there is a backlog. He explained that given PPE and IPC measures, services can only work at half capacity so it will take a long time to get them back up to date.
- 20/21.5 Ms Mann-Kler thanked the Interim Chief Executive for the Report which she said showed the disparate nature of the work the organisation is currently doing. She asked whether there were any specific challenges on the horizon. The Interim Chief Executive said there were not, but she was mindful that many staff have not had a break and that Executive Directors have been receiving updates on how much leave staff have left. She added that realistically the current situation with the pandemic will go on beyond March.
- 20/21.6 The Interim Chief Executive advised that as Northern Ireland is the first country to carry out a wide vaccination programme in nursing homes, other countries will be interested in the report that PHA is doing on the

- impact of this. She added that there is a staff briefing due to take place tomorrow. She said that areas such as screening, procurement, health protection and health improvement all continue to be busy and a lot of the demands are driven by the Department of Health.
- 20/21.7 The Interim Chief Executive said that the Executive Directors meet with the Department of Health on a fortnightly basis and that the Department has asked for a meeting to discuss the Hussey Review report.
- 20/21.8 The Chair said that staff should be aware that the Board has a duty of care to all staff and that staff should be encouraged to take leave in order to have a rest.
- 21/21 Item 7 – Finance Report (PHA/01/02/21)**
- 21/21.1 Ms McCaig presented the Finance Report which she said indicated a year to date surplus of £1.4m, but that the year-end projection remains a break even one assuming a retraction of £700k by the Department of Health. She said that the summary position on page 2 shows that PHA has spent £83m against its annual budget of £122m and how the underspend figure has been arrived at. She moved onto the section showing direct programme expenditure which is where £800k of the underspend has occurred. Moving onto ring-fenced allocations which have to be reported on to the Department, she advised that almost £6m of the £15 allocation has been spent. In terms of COVID-19 expenditure, she said that there is a budget of £10.9m and it is assumed that PHA will receive funding for any expenditure it incurs, but there is work currently ongoing with the Department to agree the final amount.
- 21/21.2 Ms McCaig advised that there is currently a £564k underspend in relation to the management and administration budget. She noted that some re-profiling may need to be carried out in this particular budget area, but she reiterated that she remained confident that the Department will retract any underspend. She added that her team will be working with PHA to look at the budget build for 2021/22 (**Action – Ms McCaig**).
- 21/21.3 Ms McCaig moved onto the next section which deals with capital expenditure and said that although there is a slight variance, she expected this budget to break even. In terms of prompt payment, she said that PHA is performing well.
- 21/21.4 Ms McCaig advised that since this Report was produced there are indications of further slippage of approximately £1.3m. She explained this is in three areas, the first of which is screening, primarily due to the downturn of activity due to COVID-19. She added that there is £300k unallocated within the Programme Expenditure Monitoring System (PEMS) and £300k of unmaterialised accruals. She said that there have been discussions with the Department regarding this and although not yet confirmed, there is an indication that this additional surplus will also be retracted.

- 21/21.5 The Chair asked if there is the opportunity to reallocate funding if there is a projected underspend. Ms McCaig said that as long as it is not funding that is ring-fenced then an underspend in the management and administration budget could be reallocated to programme funding.
- 21/21.6 Mr Stewart said that while he appreciated that there has been an inability to spend funding this year he expressed concern that the projected underspend may increase and reach as high as £2m. He commented that it was a strange scenario in that PHA has an underspend but yet is bidding for COVID-19 funds and that the business cases for these have not yet been approved. Ms McCaig said that with regard to the COVID-19 business cases there is an expectation that PHA will receive the funding and it is working with the Department to resolve this. She added that her team is continuing to work with PHA colleagues to determine the level of any potential slippage and that budget holders have been reminded of their responsibilities.
- 21/21.7 The Chair said that he would be keen to see a line within the accounts showing COVID-19 expenditure and asked if this would be possible. Ms McCaig said that this would be unlikely but there could be reference made within the content of the Annual Report. The Chair suggested that there could be a note within the accounts, but Ms McCaig explained that the format of the notes is laid out in legislation.
- 21/21.8 Mr Clayton asked about slippage and asked if there are any areas that funding to which funding could be reallocated at this stage. The Interim Chief Executive said that this is discussed each week at the Agency Management Team meetings. She pointed out that in relation to COVID-19 spend, many of the staff in contact tracing are in fact PHA staff. She said that PHA has spent some money on obtaining PPE for specific groups, and that the communications team has been working at the direction of the Department. She assured members that PHA does not wish to be handing back any funding. She said that some of the underspend relates to screening but there is outwith PHA's control as many of the staff involved in screening in Trusts have been redeployed to respiratory work.
- 21/21.9 The Chair asked if there was any prospect of 3-year budgeting. Ms McCaig said that while she would like to see this, it is not likely to happen. She noted that where this exists in other jurisdictions there are strict protocols and regulations in place.
- 21/21.10 The Board noted the Finance Report.
- 22/21 Item 8 – Update on COVID-19**
- 22/21.1 Ms Mann-Kler noted that the Northern Ireland Executive is meeting this evening and she asked if PHA has any sense of a potential roadmap in terms of a plan to come out of the latest lockdown, and if it will be carried out in an incremental or sequential way. The Interim Chief

Executive said that it remains a concern that there are still almost 400 cases per day and this needs to reduce to single figures as soon as possible. She added that although the vaccination programme is rolling out, the number of positive cases is decreasing in nursing homes and pressures on the health system are reducing, the biggest concern is travel and if travel starts to open up again. She noted that flu is not circulating as widely this winter which shows the benefits of improved respiratory hygiene and similarly a reduction in the number of cases of gastroenteritis is linked to an improvement in hygiene. She explained that the PHA does not prepare papers for the Executive, but that the Executive uses PHA's data. Dr Bergin added that PHA does contribute to the weekly meetings to discuss the latest modelling, but the output of that group feeds into policy discussions where decisions are then made, and PHA does not make those decisions. He agreed with the view of the Interim Chief Executive that the numbers of daily cases is still very high. He estimated it may be after Easter before the situation is much improved.

- 22/21.2 Mr Clayton agreed that people have become fatigued with lockdown. He questioned the ability to enforce a "work from home" directive given the number of clusters remains high. Being mindful of PHA's role to analyse and give advice he asked if there have been any discussions with the Department for Communities in relation to providing support for those who need to self-isolate. He expressed concern that there may be an underspend in terms of the amount of discretionary support being made available and suggested that the criteria should be widened. He asked if PHA would have any role in such discussions. The Interim Chief Executive advised that she, along with Dr Bergin and Mr Wilson participate in the Department of Health Oversight Board meetings on a fortnightly basis and she assured members that that Board is very mindful of the need to support people.
- 22/21.3 The Interim Chief Executive said that testing of close contacts will commence in an attempt to catch the disease and prevent further spread. In terms of clusters, she advised that there is a weekly meeting and a dashboard has been developed which looks at factors such as postcodes and workplaces, e.g. meat factories. She added that there is a meeting with the Department every Wednesday specifically to look at clusters. She noted that NISRA has now joined this weekly meeting and added that PHA is meeting with NISRA tomorrow morning to discuss data. She said that PHA does provide input to the Department's thinking.
- 22/21.4 Mr Clayton said that he remain concerned about the number of clusters linked to domiciliary care workers given that they have access to the vaccine and PPE. The Interim Chief Executive said that 25% of clusters and infections are hospital based and that PHA contributes to a nosocomial cell which is looking at this. She said that PHA is very mindful about domiciliary care as there are many Trust staff involved in this and they have previously made their issues known about PPE. She

added that there has not been a great uptake among these staff of the vaccine. Mr Morton said that PHA continues to push out messages about good IPC and measures to protect staff. In relation to domiciliary care, he said that there has been a lot of work carried out to support this sector and messaging put out about the vaccine. He added that he hoped that once the effects of the vaccine take hold there will be a reduction in the number of outbreaks. Mr Whittle advised that there is a domiciliary care surge plan which ensures that agencies are providing the appropriate amount of PPE and their IPC is in good order. He noted that there appears to a high level of compliance. He said that the self-reporting from the sector is generally positive in terms of access to vaccines, PPE and IPC support. However, he conceded that this does not explain why there continues to be clusters. Mr Morton suggested that some of the previous outbreaks were before the vaccination programme began to roll out.

22/21.5 Dr Bergin explained that there is a specific study taking place within care homes which is being undertaken by PHA and Queen's University. He said that this study is looking at the effectiveness of the vaccine within the care home setting. He added that since the vaccination programme has been rolled out in care homes there has been a decrease in the number of outbreaks, the duration of outbreaks and the number of deaths. He undertook to bring a report on this study to a future meeting **(Action – Dr Bergin)**.

22/21.6 Alderman Porter thanked the team for the update. He said that being in lockdown causes issues for people and given that the number of people being vaccinated is increasing, and noting that PHA's information is being used, he asked if there was a model for getting out of lockdown and who ultimately makes the decisions regarding this. The Interim Chief Executive advised that decisions are made by the Executive. She outlined that PHA provides data and sits on some working groups, but it is the Department of Health that advises the Minister and the Assembly. In response to a query from Alderman Porter about who receives the vaccine, she explained that this is determined on a UK-wide basis by the JCVI (Joint Committee on Vaccination and Immunisation) and although she sits on the Programme Board, this Board is looking at the rollout and the logistics elements. She advised that eventually the programme will come into PHA and sit alongside flu and other vaccination programmes so more staff will be required in order to run it. Alderman Porter asked if PHA has any input even if it has no role in terms of how long the current lockdown will last. The Interim Chief Executive said that PHA's data feed into the calculations around the R number.

22/21.7 Professor Rooney asked if PHA has any data in terms of the number of people isolating. The Interim Chief Executive said that PHA does follow up with individuals who are required to self-isolate depending on their circumstances. She said that although individuals may advise PHA that they are self-isolating, PHA has no power to enforce this. She advised that PHA can signpost individual to where they can get support in areas

such as food and fuel and she assured members that PHA follows up with those it deems most at risk.

22/21.8 Professor Rooney asked about special schools and she noted that there had been some debate as to whether teachers in special schools should receive the vaccine. The Interim Chief Executive reiterated that it is the JCVI that determines who gets the vaccine. Dr Bergin added that the JCVI sets the ground rules and that the order of the rollout is determined on a UK-wide basis.

22/21.9 Professor Rooney noted that Trusts are preparing for 2 further surges and she asked how staff can be supported given the earlier comments that staff need a rest. The Interim Chief Executive said that PHA will continue to be flexible allowing staff to work from home where possible and support them to take breaks and holidays. She said that once the pandemic is over she would be encouraging teams to have away days in order to reconnect with each other. Professor Rooney was not confident that there will be the time or space to do this because of the unintended consequences of the pandemic, and that there needs to be careful planning for the post-COVID period. She asked what PHA's role is in terms of long COVID. Dr Bergin advised that there has been correspondence from the Department regarding this and that the Integrated Care team in HSCB is looking at a pathway involving primary care and secondary care. He explained that it will be a hub and spoke model where GPs will carry out initial screening and triage and then there will be multi-disciplinary teams working in the Trusts.

22/21.10 Professor Rooney asked about messaging out in the community as she said that there are concerns that staff are suffering from PTSD. She said that any messaging is important so that people know what services are available. Mr Morton advised that there is a small team of people in his team already looking at long COVID, both from a psychological and physiological point of view, and that they are working with HSCB on this. He assured members that this area is being looked at and that Health Improvement staff are also involved.

22/21.11 The Chair asked what can be done in a situation where HSC staff refuse to be vaccinated. The Interim Chief Executive said that getting the vaccine is not part of staff's conditions of employment, but she said that the indications are that the uptake is quite high.

22/21.12 The Chair thanked the Executive Directors for dealing with the queries which covered a broad range of issues.

23/21 Item 9 – Any Other Business

23/21.1 The Chair asked for an update on the Hussey Review. The Interim Chief Executive advised that the Executive Directors meet with the Department of Health every two weeks and that the Department has the Report and it is aware that there has been a Board workshop to discuss

the findings. She said that the Department was interested to know if there was a consensus and that the Chief Medical Officer is keen to have an input into any action plan. She advised that a meeting has been arranged for 1 March. She said that PHA has to look at how it can bring together the elements of the Hussey Review, the strategy being developed by Ms Anne McMurray and the work that is ongoing around population health planning. She advised that the Chief Medical Officer is adamant that Making Life Better has to be the key driver in any plan going forward. Mr Stewart said that he was not clear that there was consensus following the Board workshop and that a number of members had concerns. The Interim Chief Executive said that she had flagged this to the Department but that officials still wished to have a more in-depth conversation. The Chair said that it may be helpful to have another meeting regarding the review as soon as possible (**Action – Chair**).

- 23/21.2 Ms Mann-Kler said that it would be helpful to have a workshop which looked specifically at population health planning and the new prototypes, information about which were shared with members. She said that the implications of this work will affect PHA. Mr Morton said that he was happy to facilitate this.
- 23/21.3 Mr Stewart asked for an update on the arrangements for the future finance arrangements for PHA following the closure of HSCB. He noted that a working group had been set up to look at this. The Interim Chief Executive advised that a meeting of the HSCB Closure Oversight Board had taken place earlier today, at which it was advised that there were 2 options and that a paper will be prepared outlining these options in advance of the next meeting of the Oversight Board in March. She said that the Minister will ultimately decide which option is taken forward. She added that 7 options were considered, but 5 of them were disregarded. She undertook to share the paper with members when available. The Chair asked that members see the paper as soon as possible. Mr Stewart said that the purpose of the recent meeting he attended was to ensure that there was meaningful contribution to the debate on this matter and he felt that any proposals should be brought to the PHA Board so that it could have input and influence on the final decision.
- 23/21.4 The Chair thanked members for their attendance and contributions to today's meeting.

24/21 | Item 10 – Details of Next Meeting

Thursday 18 March 2021 at 1:30pm

Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast, BT2 7ES

Signed by Chair:

A handwritten signature in black ink, appearing to read "Ann Douglas". The signature is written in a cursive style with a large initial 'A'.

Date: 18 March 2021