HSC Public Health Agency

minutes

Title of Meeting	142nd Meeting of the Public Health Agency Board
Date	24 March 2022 at 1.30pm
Venue	Innovation Factory, Springfield Road, Belfast

Present

Mr Joseph Stewart	-	Non-Executive Director (Chair)
Mr Andrew Dougal	-	Chair (*via video link*)
Mr Aidan Dawson	-	Chief Executive
Mr Rodney Morton	-	Director of Nursing and Allied Health Professionals
Mr Stephen Wilson	-	Interim Director of Operations
Alderman Phillip Brett	-	Non-Executive Director (*via video link*)
Mr John Patrick Clayton	-	Non-Executive Director
Ms Anne Henderson	-	Non-Executive Director (*via video link*)
Mr Robert Irvine	-	Non-Executive Director
Ms Deepa Mann-Kler	-	Non-Executive Director (*via video link*)

In Attendance

Dr Aideen Keaney	-	Director of Quality Improvement
Dr Tracy Owen	-	Assistant Director of Public Health (*on behalf of Dr Bergin*)
Ms Tracey McCaig	-	Interim Director of Finance, HSCB
Mr Robert Graham	-	Secretariat

Apologies

Dr Stephen Bergin	-	Interim Director of Public Health
Professor Nichola Rooney	-	Non-Executive Director
Mr Brendan Whittle	-	Director of Social Care and Children, HSCB
Ms Vivian McConvey	-	Chief Executive, PCC

25/22 **Item 1 – Welcome and Apologies**

25/22.1 Mr Stewart welcomed everyone to the meeting. Apologies were noted from Dr Stephen Bergin, Professor Nichola Rooney, Mr Brendan Whittle and Ms Vivian McConvey.

26/22 **Item 2 – Declaration of Interests**

26/22.1 Mr Stewart asked if anyone had interests to declare relevant to any items on the agenda. Mr Clayton advised that in advance of any discussion on the terms of reference for the COVID-19 Inquiry, he

should declare an interest as he is involved in some work around this in his role in Unison.

27/22 **Item 3 – Minutes of previous meeting held on 17 February 2022**

27/22.1 The minutes of the Board meeting held on 17 February 2022 were **APPROVED** as an accurate record of that meeting.

28/22 **Item 4 – Matters Arising**

28/22.1 Mr Stewart went through the action log and asked Mr Wilson to update members on the first two actions relating to the minimum wage.

28/22.2 Mr Wilson advised that from a contractual point of view, there are no specific clauses requiring organisations PHA contracts to pay staff the living wage, but there is a general clause about applying with all aspects of the law. He added that there is some further work being done in looking at the crossover between the living wage and the national minimum wage. He advised the national living wage applies from age 23. In terms of whether all PHA staff are paid at the appropriate level, he reported that he is content that this is the case.

28/22.3 Mr Clayton said that the issue for him is not the national minimum wage, but the real living wage. He advised that there is an Executive policy around this and while he was content that PHA's contracted organisations pay the minimum wage, he said that this is not the real living wage. He explained that the real living wage is set every November by the Living Wage Foundation and currently sits at £9.90 per hour, but the national living wage will only increase to £9.50 from 1 April 2022 so there is a gap. He added that the increase in the cost of living will likely see the real living wage increase again, and this is the level that PHA should benchmark to. He noted that from June 2022 the Executive is committed to paying the real living wage.

28/22.4 Ms McCaig advised that PHA is not funded to the levels of the real living wage and there is no commitment to go beyond the national living wage, adding that this is much wider than just the PHA. She said that PHA will take cognisance of the direction of the Executive.

28/22.5 Mr Clayton queried whether Ms McCaig should raise this matter with the Department. He said that this is a Department of Finance policy and it should be resourced across all Government bodies and he queried whether this is being factored into the Executive budget. He felt that PHA should be setting an example in this area.

28/22.6 Ms McCaig said that she agreed with Mr Clayton but explained that PHA cannot go ahead of an Executive commitment and act in isolation. She said that she was happy to go and talk to the Department about this **(Action 1 – Ms McCaig)**.

28/22.7 Mr Stewart noted that there is a difficulty if a rate is already established in an existing contract. The Chair said that he did not expect contracts to be changed, but Ms McCaig suggested that they could be if the policy position supported that, but she did not know at what stage the Executive decisions are.

28/22.8 Mr Stewart noted that action 3 relating to the "buddy" project was complete as this initiative has now commenced, and that action 4 has also been completed as information regarding the PPI webinars had been shared with members. He said that action 5 regarding the future planning group looking at health intelligence would be picked up later in the meeting by the Chief Executive.

28/22.9 Moving onto the outstanding actions from the January meeting, Mr Stewart said that a timetable of workshops is being prepared and that fuel poverty will form part of one of those. He noted that the Chief Executive will bring an update on vacant posts to a future meeting and that the Chief Executive would update members later in the meeting regarding his discussion with Ms Heather Stevens.

29/22 Item 5 – Chair's Business

29/22.1 The Chair began by commenting that the financial outlook was not good for those on benefits.

29/22.2 The Chair commented on the launch of the Food Standards Agency UK Strategy but said there needs to be more work done in this area.

29/22.3 The Chair advised that he had received correspondence from Mr Paul Montgomery in the Department of Health which relates to a finding in the report on the resignation of the RQIA Board and that it indicated that if Boards wish to approach the Minister, they are free to do so, but should keep their Sponsor Branch apprised.

29/22.4 Ms Henderson noted that she was unable to attend the recent business planning workshop and asked about the status of the plan and the next steps. Mr Wilson reported that the outworkings of that workshop have been taken away and that PHA will be taking a slightly different approach with its business plan for next year in that there will 8 high level priority KPIs and an accompanying action plan with further KPIs. He said that the draft plan has gone back to relevant staff to be reviewed and will be brought back to the Board when it is ready. He added that there has been some discussion with the Department about the timing of the submission of the plan, and that there is some flexibility in that regard. He reiterated that members will be kept updated. Ms Henderson sought clarity that the Board would be seeing the plan again in the next 2/3 weeks and Mr Wilson confirmed that the plan will be circulated to members in advance of the next meeting. Mr Stewart confirmed that the principles that were established at the pre-meeting in advance of the workshop have been followed through.

29/22.5 Ms Mann-Kler asked how PHA intends to respond to the correspondence from the Department. She said that it was an important opportunity to explore, and that the timing of it is interesting. The Chair advised that the Minister is keen to meet with Boards and he assured members that he will be raising this matter at the next meetings of the Health Chairs' Forum and the Public Sector Chairs' Forum. He said that the Minister should be able to be reached through both the Private Office and the Special Advisor (SpAd).

29/22.6 Mr Clayton noted the reference in the Chair's Report to Ernst and Young (EY) carrying out work on the development of the new operating model for PHA and asked for more detail on that. He queried whether this had been a decision made by the Department or by the PHA. He expressed concern that they had been brought in without the Board's knowledge and he noted the point about ensuring that they carry out the work that PHA wants them to do. With regard to the business plan, he hoped that the squeeze on living standards will feature within one of the 8 KPIs. The Chief Executive said that he would pick up matters relating to the review of PHA later in the meeting under Item 11.

30/22 Item 6 – Chief Executive's Business

30/22.1 The Chief Executive reported that the Minister has made an announcement regarding the future of Test Trace Protect (TTP) in Northern Ireland. He said that in advance of the announcement being made public he addressed those staff working in contact tracing as it was felt to be important that they heard it from him. He advised that an e-mail was issued to staff and it would be shared with members.

30/22.2 Mr Wilson gave an overview of the e-mail that was issued and outlined the changes to testing which are that PCR testing is no longer recommended for most people, apart from those for whom it is recommended for clinical reasons. However, he advised that home testing PCR kits are available. He explained that publicly accessible testing sites will close and local Trusts will provide testing to support clinical care.

30/22.3 With regard to regular asymptomatic testing, Mr Wilson said that this will continue to be advised for those working and visiting healthcare settings, but for workplaces and education settings (after Easter), it will cease. However, he added that it will continue in special schools until at least the end of June 2022.

30/22.4 Mr Wilson advised that contact tracing will be phased out between mid-April and June 2022.

30/22.5 Mr Stewart asked about the next steps for PHA. Mr Wilson advised that the contracts of employment for contact tracing staff will be honoured until the end of June. However, he added that any staff who have been working for over 2 years and now have permanent employment rights

will also have their contracts honoured and work is ongoing with HR in this regard. As a result of the reduction in testing, he said that contact tracing will be scaled back, but contact tracers will be used to work in other areas, for example they could assist in work relating to the Ukraine response and refugees. He advised that they will most likely be involved in work relating to clinically vulnerable people and ensuring that they can access testing, antivirals and clinical services. However, he said that a lot of the detail has yet to be determined on this as further clarity is awaited from the Department. Mr Stewart asked how many staff this will impact, and the Chief Executive replied that it would be around 200, but he noted that with staff looking for new jobs there is presently an attrition rate of 10/15 staff per week. He added that the last group to leave will likely be those who are about to retire, or who have come out of retirement to help.

30/22.6 Ms Henderson asked who will be carrying out surveillance and how it can be done in the absence of PCR or LFD testing. The Chief Executive advised that PHA will still have a significant role in terms of surveillance, and explained that waste water is being used as a type of early alert system, and that PHA will undertake outbreak management. Dr Owen clarified that surveillance is part and parcel of the role of the PHA. She advised that the ONS survey will continue and it is a better indicator of prevalence. She said that testing only picks up a small percentage of those who have COVID-19 whereas the ONS survey is population based.

30/22.7 In relation to LFD testing and the removal of the provision of free tests, Mr Clayton asked how people can still access these at a reasonable cost given other pressures as there is a risk of individuals profiteering. He asked how much this decision has been driven by financial issues. He noted that some staff will still be able to access tests while others will not and asked if there has been an assessment on this from a budgetary perspective. Mr Stewart added that he would like the view of the Director of Public Health of this announcement and if PHA is content that it represents a sensible move. The Chief Executive responded that some of this is HSC policy which is directed by the Minister so PHA has no control. He added that it would be too early to give an assessment as the detail of this was only received yesterday evening and this morning. He said that the question as to whether this is being driven by the budget is one for the Minister to determine. He advised that PHA had extended, at risk, the contracts of contact tracing staff up to the end of June 2022 as it will be able to cover these in its budget. Ms McCaig echoed this, noting that PHA usually carries a surplus in its management and administration budget and therefore it was felt to be a risk that PHA could manage. In terms of the wider context, she advised that some planning assumptions have been made, but it does not mean they are the same assumptions when it comes to managing the disease and disease outbreak. She said that these two areas have been kept separate. She added that she is still trying to get information on the financial outlook for the HSC.

30/22.8 The Chief Executive said that the pandemic will come to an end at some point, and some of the decisions being made are based on the scientific evidence that the dominant variant in Northern Ireland is BA2 which accounts for over 95% of cases and does not have a severe impact on health. He advised that Northern Ireland has the lowest rate of cases across the UK, and even though people are being admitted to hospital, very few are on supported oxygen or ending up in ICU. He said that TTP was put in place to prevent severe illness and death so with numbers of cases reducing, the need to isolate and test is also reducing as this was always going to be the case, although it has happened quite quickly. He advised that the health impact of Omicron has only been known since mid-January and while he welcomed its reduced impact, he noted that there still remains a section of the population that needs to be protected. He added that the functions of surveillance, testing and contact tracing will remain with PHA to ensure these people are protected. Mr Wilson advised that LFDs are still available free of charge for those who develop symptoms.

30/22.9 The Chief Executive advised that there is a number of programmes which will be transitioned into PHA. He began by explaining that the vaccination programme which has been led by the Department over the last 2 years will transfer to PHA as vaccination sits within the remit of PHA. He said that the spring booster programme will be led by the Department, but then the autumn programme will be led by PHA. He added that a workshop on this is taking place this afternoon.

30/22.10 The Chief Executive said that the Vaccine Management System (VMS) will also transfer to PHA as well a number of other digital platforms and he has been in discussion with Mr Dan West to get a stocktake on this work.

30/22.11 The Chief Executive reported that there is work ongoing between the different UK nations and the new UK Health Security Agency (UKHSA) to determine relationships, i.e. what matters will be dealt with at a national level, and what matters will be devolved. He noted that Northern Ireland will have a bigger reliance on UKHSA than other nations, and therefore discussions will be taking place over the next 6 months. However, he expressed concern that UKHSA is seeing a considerable cut in its budget and that may have implications for PHA.

30/22.12 The Chief Executive advised that he and the Chair attended an Extraordinary Sponsorship Meeting with the Chief Medical Officer (CMO) and Deputy Chief Medical Officer (DCMO) on Tuesday which he said was positive and helpful. He said that there was a discussion about the restart of sponsorship activities going forward, although he commented that the PHA had had a lot of Sponsorship Meetings with the Department over the last 2 years. He added that there will be an Accountability Meeting with the new Permanent Secretary.

30/22.13 The Chief Executive reported that in addition to issues relating to the

COVID-19 response, there was discussion about resilience in PHA and staffing given the number of PHA staff who are likely to retire soon. He said that PHA does not presently have as many public health consultants as it would like. He said that there was also discussion about PHA's approach to its Business Plan for next year. He added that there was reference to how Northern Ireland can respond as a nation to the Ukraine crisis, but noting that refugees come under the auspices of the Executive Office, and within HSC, it sits under social care even though there may be significant public health issues.

30/22.14 The Chief Executive said that there was discussion at the meeting on the new planning model, as well as on the development of Partnership Agreements, which was an issue that had come out of the recent report into the resignation of the RQIA Board. He advised that these Agreements will be developed over the next 12/18 months. The Chair agreed that it was a positive meeting.

30/22.15 Mr Stewart said that based on his previous experience, he was confident that the new Permanent Secretary will wish to see the new Partnership Agreements put into place and that it will be important for the Board to meet with him as soon as possible.

30/22.16 The Chief Executive highlighted some risks. Beginning with the PHA's relationship with UKHSA, he said that there is a risk of services being withdrawn that would previously have been provided. In terms of the vaccination programme and the digital elements which accompany it, he highlighted that there is a risk of no additional financial resources, but given the necessity of the programme, PHA will run it at risk. He advised that he had no conduct issues to bring to the Board's attention.

30/22.17 The Chief Executive reported that the new Permanent Secretary will take up post on 4 April, and 1 April will see the closure of HSCB and its transition into the Department of Health.

30/22.18 The Chief Executive said that he felt that the recent workshop on the Business Plan had gone well and that KPIs will be developed and a further iteration shared with members by e-mail. He added that the "buddy" initiative has now commenced and HSCQI will be developing an evaluation.

30/22.19 The Chief Executive reported that he had attended the launch of the "Breastfeeding Welcome Here" scheme with Translink and he had also attended the launch by the Minister of the revised Nutrition Standards. He added that he and Mr Stewart had visited Kilcooley on Monday for the launch of the Sustrans Big Wheel and Walk initiative.

30/22.20 Ms Mann-Kler asked how the meeting with the Permanent Secretary had gone. The Chief Executive reiterated that the meeting was very positive and the CMO was very complimentary about the work of PHA in its response to COVID-19 and that he is looking forward to working with

PHA through the review. The Chair echoed that and indicated that the new Permanent Secretary will be attending a Board meeting soon as he felt it is important to have constructive dialogue, both with the Permanent Secretary, and with the Sponsor Branch.

30/22.21 Ms Henderson asked about specialist advice for the population in terms of nutrition. She noted that there is information about taking Vitamin D, folic, Vitamin B6, but she asked about general advice about nutritional supplements. She felt that people do not generally have a balanced diet and asked about getting messages out. Mr Wilson said that he would be happy to have a discussion about this outside the meeting, but in essence he explained that this is a crowded space in Northern Ireland as in addition to PHA, there is both the Food Standards Agency and Safefood. However, he advised that there are some resources available on NI Direct and there is a PHA website, "Choose 2 Live Better" which although it does not cover the area of supplementation, it does signpost to other resources.

31/22 Item 7 – Finance Report (PHA/01/03/22)

31/22.1 Ms McCaig said that the Finance Report showed the position as at the end of January 2022, but she would give members an update on the February position.

31/22.2 Ms McCaig advised that the year to date position had remained largely unchanged with a surplus created by a combination of some timing issues relating to programme spend, an overspend on COVID-19, an underspend in management and administration and a surplus in one area of ring fenced funding relating to Delivering Care that the Department has not agreed to retract.

31/22.3 Ms McCaig said that that the projected year end surplus is around £500k, but she advised that she has been informed of a potential significant slippage and she has asked for a briefing on this by tomorrow. She said that while she is still looking for opportunities across the PHA and wider HSC budget, she wished to highlight to the Board that PHA will have a £500k surplus, but this figure will likely increase. She added that there are other risks to be managed including internal programme expenditure, management and administration and ring fenced funding related to COVID-19. She said that additional information regarding annual leave has been obtained, but there is still some clarity required on annual leave within contact tracing as this is managed outside the main system. She reported that she is not as concerned about Trust funding as progress has been made. She said that there is work ongoing to get a final cost for contact tracing.

31/22.4 Ms McCaig reported that the capital budget of £14m, of which £12.6m is related to R&D, is expected to break even.

31/22.5 Ms Henderson thanked Ms McCaig for setting out the position clearly

and she expressed confidence that budget holders are doing all that they can. In terms of next year's budget, she asked where PHA is going in terms of filling vacant posts, and how will PHA get its normal working plan back on schedule following COVID-19. She noted that bowel screening will not be back on track until August. She offered her congratulations to the team for their work during what has been a tough set of circumstances and she commended the reporting which she said has been very clear.

31/22.6 Ms McCaig said that budget holders are working to manage the situation, but noted that there is a reliance on the ability of PHA's partner organisations to be able to respond quickly. She advised that while she did not know what the final outturn would be, she would do her best. She said she would like to see the £200k retracted by the Department and she would do what she could, and she would have a better update by the time of the next meeting. Mr Stewart said that if PHA were able to achieve a break even position it would be miraculous. Ms McCaig agreed that it will be challenging. Mr Stewart asked what the implications would be for PHA if it did not achieve break even. Ms McCaig noted that it would be an underspend and, as such, there may be a public perception issue. However, in the scheme of the overall health budget, she said that it would not be huge, but it will be picked up on by External Audit. She did not expect that it would result in a significant challenge from an accountability point of view given that this has not been a normal year.

31/22.7 Ms Henderson asked about the scale of the potential slippage that was identified yesterday. Ms McCaig said that she would prefer to wait until she had received a briefing and spoken to the budget holder before commenting further. She undertook to update Ms Henderson outside of the meeting **(Action 2 – Ms McCaig)**.

31/22.8 Mr Clayton asked why the Department is reluctant to take back the £200k relating to Delivering Care and if the surplus is due to recruitment issues. Ms McCaig explained that COVID-19 had caused a delay, but at the same time once an organisation has declared its budget it is expected to utilise it. In normal circumstances, she advised that there is an expectation that ring fenced funding can be returned but there is some diplomacy required in this case. She assured members that she is working on number of fronts to resolve this.

31/22.9 The Chief Executive agreed that this has been an exceptional year with a lot of staff from health intelligence, HSCQI and nursing being redeployed into contact tracing and other parts of the emergency response, which has meant that progress in areas such as this has not been able to take place. He said he would have expected the money to have been spent, but at the same time he was not expecting people to do 2 jobs and he accepted that tasks that needed to be done were not done, but this was a decision he had to make. Ms McCaig concurred saying that PHA is not in a situation that it would normally be, but budget

managers have worked hard and she will handle whatever happens at the end of the year no matter what the final outturn is.

31/22.10 Mr Morton said that several of the posts that had to be recruited were of a high level, therefore these jobs had to be matched by HR and HR staff were also responding to the pandemic. He advised that there is a recovery plan in place and he hoped that the recruitment for these posts would be on track by the summer.

31/22.11 The Board noted the Finance Report.

32/22 Item 8 – Update on COVID-19

32/22.1 Dr Owen presented the latest data relating to COVID-19. She showed how the incidence rate in Northern Ireland has been declining whereas it has been increasing in other parts of the UK. She hoped that cases here would not start to increase again as in the other regions. She then showed the incidence by vaccination status.

32/22.2 Dr Owen presented the breakdown of cases by lineage which demonstrated that the majority of cases here are of the BA2 variant. She showed a breakdown of the case numbers by age which highlighted a fall in the number of cases in the 10-19 year old category and that the highest number is now among the 30-39 age group.

32/22.3 Dr Owen advised that there has been a lot of work carried out in relation to hospital based outbreaks with PHA staff having regular meetings with the Southern Trust. She said that the increase in hospital acquired infections is having an impact on the delivery of other services. In terms of hospital bed occupancy, she said that the data indicate that there is a low number of COVID-19 inpatients. The Chief Executive advised that at a recent meeting, it was agreed to move away from the notification process for deaths and use the data on the HCN Index and PAS.

32/22.4 Dr Owen reported that there are 152 care homes where there is an outbreak, of which 147 are nursing homes, and that the majority of these are where both staff and patients are affected. She said that a lot of this data is being picked up by routine testing. Mr Morton added that there is not a pattern of acuity and that the booster programme is adding a layer of protection. He hoped that the number of cases will remain low.

32/22.5 Dr Owen showed the number of vaccinations administered per day and commented that the uptake in the 5/11 year old programme has been particularly poor with only around 2,500 so there is work ongoing to promote that. She advised that the spring booster programme is about to be rolled out through GPs, community pharmacies and Trusts. She added that immuno-supressed individuals will receive a spring booster.

32/22.6 Dr Owen advised that the draft terms of reference for the COVID-19 Public Inquiry have been published and although this is a UK-wide

Inquiry, devolved nations can undertake their own. She said that it is a wide ranging Inquiry and will cover many aspects including testing, contact tracing and how organisations responded. She added that it will be interesting to see the volume of evidence that is put together. She advised that the draft terms of reference are out for public consultation so people are being asked whether they feel it covers all of the areas they would expect. She said the Inquiry will look at how families were impacted by COVID-19.

32/22.7 Mr Stewart commented that while case numbers in Northern Ireland appear to be flat lining, a high number of people seem to be infected. The Chief Executive said that this was raised with the Department, and the figures presented relate to testing and the ONS survey. However, he noted that people's behaviour has changed as has the ability to pick up on whether people get themselves tested. Furthermore, he said that people's social behaviour has also changed and they are going out in wider gatherings and there is less use of face coverings and less adherence to social distancing. He added that this is to be expected as there will be a degree of COVID-19 fatigue. On the flip side, he noted that hospital numbers are reducing as are the number of people in ICU and the number of deaths. However, he pointed out that this is related to the current variant and a new variant could emerge that PHA needs to be ready to deal with.

32/22.8 Mr Clayton asked if PHA will have the ability to ramp up its contact tracing operation if it needs to. He asked whether the asymptomatic testing in care homes will continue given the high level of outbreaks there and if care workers will continue to be able to avail of testing. He commented that the low level of uptake in the vaccination programme for 5/11 year olds may be due to a lack of information coming out from schools or GPs. He added that there may be some work required in convincing parents about doing this. He commented that it is bizarre how the number of cases here remains high, but also flat lines.

32/22.9 Mr Wilson said that he agreed with Mr Clayton's point about the vaccination programme for 5/11 year olds and that PHA finds itself in a curious position because normally this type of programme would be carried out by school nurses and the approach here is different than in other parts of the UK. He felt that this is a difficult issue as there is a resistance from parents to vaccinate their children and maybe a new variant emerging could turn the tide. Mr Clayton said that he would have expected information to come out from schools or GPs. Mr Wilson noted that accessibility has also been an issue for the vaccination programme. He said that while the big regional centres have had an impact, he pointed out that in Wales for example, centres have been located in town centres.

32/22.10 The Chief Executive confirmed that care home testing will continue and staff testing will also continue until at least the end of June. He said that the school cell in PHA, which has been busy over the last 2 years, is

	seeing less activity. He noted that while there has been a lot of cases among schoolchildren, less of these are coming through to PHA as this beginning to become normalised within a school context. He added that there will continue to be variations of COVID-19.
32/22.11	Mr Morton noted that there needs to be a focus on Long COVID as although the intelligence on this is only starting to emerge, there is evidence to suggest that it will have a detrimental impact. While symptomatically the current variant may be mild, he said that people will not want to have a lifetime of fatigue and this should be borne in mind when considering whether to vaccinate children. He added that normally Northern Ireland has a good record when it comes to childhood vaccination. Mr Clayton said that although he had heard the announcement about the vaccination programme, he was not aware of the pathway.
32/22.12	Mr Stewart suggested that as the terms of reference for the COVID Inquiry are out for consultation, the Board may wish to take a view as to whether it makes a submission to the Inquiry and this should be put on the agenda for the next meeting **(Action 3 – Secretariat).** The Chief Executive advised that PHA is having a meeting with the Directorate of Legal Services about how it prepares itself for the Inquiry. He noted that there has been no decision as to whether Northern Ireland will have its own local Inquiry, but he said that he would be happy to come back to the Board and report on the outcome of that meeting which will be about how PHA prepares its records in the event of having to make a submission **(Action 4 – Chief Executive)**. The Chair advised that a meeting has been offered by the Deputy Director of the Inquiry to Health Chairs in England.
33/22	**Item 9 – Update from Chair of Remuneration Committee**
33/22.1	This item was deferred to the next meeting.
	At this point the Chair left the meeting
34/22	**Item 10 – Family Nurse Partnership Report 2020 (PHA/02/03/22)**
	Ms Emily Roberts joined the meeting for this item
34/22.1	Mr Morton said that Family Nurse Partnership (FNP) is a flagship programme in PHA. As part of nursing reforms, he advised that the Nursing and Midwifery Task Group Report was launched in 2020 and it set out a number of commitments, including the need to support the development of public health nursing roles across Northern Ireland, as well as to enhance the role of nurses and FNP. He said that FNP sits within this strategic context and over the last year there has been additional investment with another 5 practitioners employed.
34/22.2	Ms Roberts delivered a presentation and began by outlining the

	background to FNP and stating the objectives of the programme. She highlighted some of the benefits and then moved on to give an overview of the current profile. She advised that the expansion of the programme has resulted in 850 individuals accessing it and each nurse having a caseload of 25 young mothers.
34/22.3	Ms Roberts reported the key outcomes of the programme and showed that there was a low attrition rate. She added that the data indicated that there were benefits for the children across each of the 5 main areas of child development. She advised that 97% of the children have their immunisations up to date after 24 months and a low number of infants have been hospitalised due to injury.
34/22.4	Ms Roberts advised that there were 3 key actions carried over from 2019 and 1 of these has been completed with the other 2 in progress. She said that the information system continues to be a challenge as the current system needs to be improved. She reported that there is now a data analyst in PHA and BSO is also providing support. She said that the existing system is not smart enough for the data analysis that is required.
34/22.5	Ms Roberts said that there has been good feedback from participants on the programme and in particular she highlighted the positive reviews from a breastfeeding session with 3 of the young mothers on Zoom.
34/22.6	Ms Roberts said that the Board is being asked to note the Report and to consider the need for a Northern Ireland study to look at the long term benefits of the programme.
34/22.7	Mr Stewart asked what the scale of the challenge was in terms of expanding the programme. Ms Roberts advised that there are presently around 900 teenage pregnancies per year, and that rate is plateauing, but the programme is presently reaching around 850 young people. In the early stages, she said that it was only 37/40% of those young people so there has been an improvement but until there is further investment there will be people that the programme will not reach. She added that the most vulnerable people are likely to have the best outcomes.
34/22.8	Mr Stewart sought clarity on the arrangement with the University of Colorado. Ms Roberts explained that it has the licence and the fidelity measures and PHA pays for consultancy fees. Mr Stewart asked therefore if PHA is tied into the use of the licence permanently. Mr Morton explained that it is an internationally licenced programme and Northern Ireland is a member. He added that it is useful to stay engaged to be able to do comparisons with other countries and Northern Ireland is seen as an exemplar. He noted that what is not known at this stage is the impact ten years after the programme for the participants and what their outcomes would have been had there not been this intervention, and therefore it is best to remain within the international community until there is some long term data available.

34/22.9 Mr Irvine commented that there are a lot of American euphemisms in the Report. He noted that while the benefits of the work have been highlighted, he would like to see measureable outcomes. He said that it was reported that there are 900 teenage pregnancies, but if only 850 of these individuals are being reached, how can the outcomes rather than the benefits be measured. He added that there is not an assurance that each pregnant woman receives a good intervention across a range of attributable benefits, and therefore there needs to be some baseline data. He asked that if the aim is to incrementally grow by 5/10% each year, why are there still people not being reached. He felt that the long term benefits are not necessarily visible. He asked whether after 2 years there is added benefit to the health system. He suggested that there should be a test group who are monitored 3/4 years after the programme. He asked whether the money spent is being directed in the right way and if outcomes are being delivered in the right way.

34/22.10 Ms Roberts agreed that there needs to be a baseline. She said that once the data systems have been improved and the data in place then it will be possible to measure impact going forward. She agreed that there is a need for a longitudinal study in order to get the evidence. She said that from speaking to the young mothers, it is clear that they are benefitting from the programme and that is evidenced in the Report. Mr Morton added that there will be a supplementary report that will be produced in the next 8/12 weeks which will look at critical development milestones and health data, i.e. are children reaching key milestones. He said that there will be a focus on mental health and emotional wellbeing. He assured members that the programme will focus on key data and also the socio-economic benefits. He reported that some mothers are moving into education and employment so this demonstrates that having had that FNP intervention, it can set up a young mother for life.

34/22.11 Ms Mann-Kler asked for an update on the investment in a long term study. She commented that having seen previous reports on FNP and its impact, it is a profound piece of work where there are lifelong changes for individuals which are not evidenced in the savings to the HSC for early intervention. She said that by teaching people how to have a healthy family and healthy relationships brings benefits, and there is a need to demonstrate that impact at a societal level so she would be supportive of a socio-economic study. She asked whether PHA publicises this Report and whilst understanding that there has been a delay to this Report, she asked when the 2021 Report would be produced.

34/22.12 Mr Morton advised that a business case would need to be put together and submitted to the Agency Management Team (AMT) for the socio-economic study and then one of the local universities could carry out that piece of work. He noted that a study could cost between £50k and £100k but this would be money well spent if the long term benefits to society can be demonstrated. In relation to the earlier work, that would

need to be scaled up and the progress of young mothers tracked over a 5/10 year period. He said that colleagues in R&D could assist with this.

34/22.13 Mr Wilson advised that the Report is promoted and published, but there is a balance to be struck with programmes of this type in terms of promoting the benefits, but not being seen to target new people. He noted that there has not been much pick up on the Report in the past.

34/22.14 Ms Roberts said that the 2021 Report is being worked on and she hoped that it would not be as delayed, given that the Report is normally completed by June.

34/22.15 Mr Clayton said that it is clear that this programme does a lot of good, and he felt that it should be funded centrally given the points made about data and how it links to Programme for Government. He asked whether it would be possible to map this programme against Trust data from a social services point of view. He acknowledged that there may be some instances where the individuals are still in care, but the benefits of the programme could be mapped against child protection data. He suggested that there may be partner organisations in the community and voluntary sector who could demonstrate this. He added that a socio-economic study would be beneficial. Ms Roberts said that getting data from social services should be possible.

34/22.16 Dr Keaney noted the data about the reducing number of injuries and said that this was a good outcome. She suggested that a reduction in the incidence of sudden infant death would be an outcome. Mr Morton agreed and said that this programme is about giving mothers and babies time to build a relationship and it creates hope and when you hear the stories first hand from mothers it gives a sense of the learning that there is from a healthcare design point of view. He noted that no other service has a situation where 1 care worker has a caseload of 25.

34/22.17 Ms McCaig said that she found the report interesting and she asked whether the data can be used to support the prevention of pregnancy. She added that when an individual becomes pregnant, is there a way of using the data differently to target a more effective communication to reduce pregnancies. Mr Morton said that this is a good point and it would be worth taking this away to see if there is anything further than can be done. He added that there is some evidence of participating in this programme reduces the rate of a second pregnancy as the mothers are more awareness of areas such as sexual health and family planning. Ms McCaig said that there is a lot of information about the profile of individuals who may find themselves on this programme so it would be good to be able to support these individuals before they become pregnant. Ms Roberts said that efforts are being made to reduce teenage pregnancies and agreed some of the information from this programme could be used in a different way.

34/22.18 Mr Stewart thanked Ms Roberts for her presentation sand said that

members understood and appreciated the importance of this programme. He hoped that it will be possible to find the funding for the longitudinal study.

34/22.19 The Board noted the Family Nurse Partnership Report 2020.

35/22 Item 11 - Update on the Development of a new Operating Model for PHA

35/22.1 The Chief Executive delivered a presentation giving an update on the development of a new operating model for PHA. He began by reminding members that the Hussey Review had been carried out and this had resulted in 4 recommendations, but as this review had been carried out during the pandemic, its focus had been on health protection and since then the context has changed. He outlined that health protection is not the only function of the PHA as it is also involved in planning, reducing health inequalities, commissioning and service development and the emergence of the new Integrated Care Model will also mean changes, but there will be more on that over the coming months. He said that PHA needs to be able to continue to support the COVID-19 response.

35/22.2 The Chief Executive advised that in order to resource the work on developing this new model, an approach was made to the Leadership Centre but this was unsuccessful and initially there was some support from within the Department but due to other pressures this was not sustainable so in December 2021, Ms Heather Stevens was identified as the lead. He added that Ms Stevens had sought support from the Permanent Secretary about bringing in external consultants and following his endorsement, work began in December and January to develop a specification, but the timetable for this work would have gone to the end of June or beginning of July. He advised that the Permanent Secretary had suggested using EY as they had delivered other health service consultancy, and following an approach to the Executive Office, it was confirmed that this would fall under the remit of that contract. He added that it would cost £400k and while the Permanent Secretary has made a recommendation, it is still subject to Ministerial approval. However, he said that he was hopeful as the CMO is also supportive. He explained that if this was not successful, then a public procurement exercise would have to be carried out..

35/22.3 The Chief Executive advised that there will be two phases to the work, design and implementation. He said that the design phase will be about identifying what PHA wants and what EY can help with. He noted that there isn't a detailed specification which goes through what PHA wants to see delivered.

35/22.4 Mr Stewart asked that, if there is a difficulty in securing approval for the outline business case, can PHA get approval for a scoping exercise if the value of it is below a certain approval level. Ms McCaig explained

	that the difficulty is more to do with budgetary constraints, and this is tied up at Ministerial level. Mr Irvine sought clarity as to whether the outline business case is for the consultancy for the scoping exercise and Ms McCaig confirmed that this was the case. Mr Irvine asked then if a further business case is needed for implementation costs. He noted that if this scoping exercise generates ideas that cost money and there is no funding for it, then there is no point in doing the work. Ms McCaig suggested that this will be an iterative process and she agreed that there will be challenges ahead. The Chief Executive acknowledged that there will be different elements that will come out, but some of these PHA can implement by itself while others will need investment. He advised that over the last period, he has met with members of the Health Committee and he has reminded them that they have stated that PHA needs to be bigger so to remember that if PHA puts forward a request for additional funding because this investment will be important to protect the health of the people of Northern Ireland. He said that there are areas PHA can take forward but he has asked the Health Committee members to be mindful of their commitments.
35/22.5	The Chief Executive said that once there is clarity on the financial situation progress can be made on delivering many elements of this work all at once. He recalled that the recent listening exercise highlighted an issue with regard to staff knowledge of the strategic vision of the organisation so there needs to be a strategy going forward and staff asked for their help in designing an implementation plan.
35/22.6	Ms Henderson expressed concern that this process could run for years, but the Chief Executive assured members that he was clear that the design phase is to be completed in 10/12 weeks and that by the end of the summer there would be an understanding of the type of organisation that needs to be created. He added that the implementation phase will then be completed over the following 12/18 months. He advised that the team involved in this work have recently completed a similar exercise in the Justice Department in the Republic of Ireland.
35/22.7	The Chief Executive advised that the Oversight Board will have 4 members, the Chair, himself, the CMO and the DCMO. He said that at a recent meeting with the CMO and DCMO, there was further discussion on what the membership of the Oversight Board with a suggested that there should be a “critical friend”, for example Ms Tracey Cooper, the Chief Executive of Public Health Wales, and an individual outside of health with a background in organisational development (OD). He added that the CMO is keen that the Oversight Board should be small and compact and that the PHA Chair should sit on it, but the CMO would like to meet the Board to talk about it and it is hoped that he will attend the workshop on 26 April. He advised that Ms Stevens will be managing the whole process.
35/22.8	The Chief Executive said that Health Intelligence will form part of the scoping exercise, and that there is another piece of work that Dr Declan

Bradley and Dr Diane Anderson are involved in looking at aligning the work of public health and health intelligence and moving away from silo working.

35/22.9 The Chief Executive advised that the outline of Phase 2 has yet to be agreed, but it will be determined by Phase 1.

At this point Ms Mann-Kler left the meeting.

35/22.10 Mr Clayton said that £400k represents a high level of expenditure and asked if EY has capacity to undertake this work. He asked what added value EY can bring given that the Hussey Review pointed out the areas where PHA needed strengthened. He queried if the issue was about capacity within the Department or about what EY could bring. The Chief Executive replied that the main issue is capacity within the Department as there have been a lot of conversations between he and the Department about wanting to progress this work but there not being any capacity to go out and speak to people, look at other models, bring back a paper and then engage in co-production and co-design. He said that he could not comment on EY's capability, but the assurance is that they have been brought in through a competitive tendering process with the Executive Office and it will be EY's health group that will do this work. He added that a number of their consultants have worked with PHA staff previously, for example in the design of the nosocomial dashboard. He acknowledged that there are always risks, but PHA can bring its knowledge to the table and then there is the "critical friend" and the individual with an OD background, and they can monitor EY's work and comment on whether their advice is appropriate.

35/22.11 Mr Clayton said that the Chief Executive's overview provided some reassurance, and if it is a capacity issue then that is fair enough, but he noted that PHA will not know about EY's level of public health expertise until they start their work. He noted from the overview of the Sponsorship Review Meeting that the CMO is keen to speak to the Board and have the Chair involved, which shows a spirit of co-operation. The Chief Executive said that he was confident that there will be that co-operation. Mr Stewart said that EY has a level of independence, and added that the reason why consultants can get a bad reputation is because they are not managed so it will be up to Ms Stevens to do that. Ms McCaig agreed that there needs to be a "hand in glove" approach and co-production. She said that this is a significant organisational change and it is better that PHA is involved. She added that this work is seen to be important enough to have this level of funding spent on it and having that level of independence from EY is also a good thing. She commented that it is important for the whole of Northern Ireland that this is got right.

35/22.12 The Chief Executive commented that when the cost was raised in his conversation with the Permanent Secretary, his response was that this work was so important, it could not afford not to be done.

35/22.13 Ms Henderson said that she was trying to understand why PHA is being reviewed and why the review has now expanded. She asked if there was something wrong and if PHA's role needed to be changed. Mr Stewart said that PHA needs to change in the post-pandemic era. The Chief Executive added that PHA is 10 years old and given that HSCB is closing and the new Integrated Care model taking shape, it is a timely intervention and it is about making sure that PHA is fit for the future and can deliver what it needs to deliver and carry out its role of protecting health and reducing inequalities.

At this point Mr Clayton left the meeting

35/22.14 Mr Morton commented that while he understood the breadth and depth of the review and the oversight arrangements, he noted that it is the CMO and DCMO who are leading this, and felt that there should be ownership across a number of disciplines. He reminded members that PHA's role is about protecting health and social wellbeing so it is important that this is not seen as a medical model and there should be clarity on how public health is being defined. Mr Stewart said that the Chair would agree with those sentiments. The Chief Executive said that there will be a small Oversight Board and it will sit under the CMO because he is the head of PHA's Sponsor Branch. He assured members that the CMO is clear that social wellbeing is a key element as this is defined in legislation. He pointed out that PHA is the only public health organisation in the UK that has social wellbeing in its title. He added that there will be a co-design approach and regular engagement with both AMT and the Board. He advised that the membership of the Programme Board Steering Group has not yet been signed off.

35/22.15 The Board noted the update on the development of a new operating model for PHA.

36/22 Item 12 – Staff Recognition

36/22.1 The Chief Executive advised that he had a request for one or two Non-Executive Directors to work with Executive Directors on some options regarding staff recognition during the course of the pandemic. He suggested that a short meeting be convened and that there would be some Non-Executive Director input. The proposal was **AGREED** by members and expressions of interest would be sought through the Chair **(Action 5 – Secretariat)**.

37/22 Item 13 – Any Other Business

37/22.1 With there being no other business, Mr Stewart thanked members for their time and drew the meeting to a close.

38/22 **Item 14 – Details of Next Meeting**

Wednesday 19 May 2022 at 1:30pm

Location to be agreed

Signed by Chair:

Date: 19 May 2022