

Title of Meeting	149 th Meeting of the Public Health Agency Board
Date	15 December 2022 at 1.30pm
Venue	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

Present

Mr Andrew Dougal	- Chair
Dr Joanne McClean	- Director of Public Health (<i>Joined at Item 7</i>)
Mr Stephen Wilson	- Interim Director of Operations
Mr Craig Blaney	- Non-Executive Director
Ms Anne Henderson	- Non-Executive Director
Mr Robert Irvine	- Non-Executive Director (<i>via video link</i>)
Professor Nichola Rooney	- Non-Executive Director
Mr Joseph Stewart	- Non-Executive Director

In Attendance

Ms Tracey McCaig	- Director of Finance, SPPG
Mr Robert Graham	- Secretariat

Apologies

Mr Aidan Dawson	- Chief Executive
Dr Aideen Keaney	- Director of Quality Improvement
Mr John Patrick Clayton	- Non-Executive Director
Ms Deepa Mann-Kler	- Non-Executive Director
Mr Brendan Whittle	- Director of Social Care and Children, SPPG
Ms Vivian McConvey	- Chief Executive, PCC

125/22 | Item 1 – Welcome and Apologies

125/22.1 The Chair welcomed everyone to the meeting. Apologies were noted from Mr Aidan Dawson, Dr Aideen Keaney, Mr John Patrick Clayton, Ms Deepa Mann-Kler, Mr Brendan Whittle and Ms Vivian McConvey.

126/22 | Item 2 – Declaration of Interests

126/22.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

127/22 | Item 3 – Minutes of previous meeting held on 17 November 2022

127/22.1 The minutes of the Board meeting held on 17 November 2022 were

APPROVED as an accurate record of that meeting.

128/22 Item 4 – Matters Arising

- 128/22.1 The Chair went through the minutes noting the actions which had been completed as per the action log.
- 128/22.2 For action 4 relating to poverty, Mr Wilson gave a presentation setting out an overview of PHA's work in relation to the cost of living crisis. He explained how PHA uses its relationships to identify those at risk of poverty and seeks to signpost them to appropriate support. He said that PHA also provides financial support to relevant initiatives including Fareshare and the Keep Warm Pack scheme. He highlighted other areas in other Trusts and then gave an overview of the communications work being undertaken.
- 128/22.3 Mr Stewart expressed concern that all of this work is relatively invisible to the Board and he suggested that time should be set aside to determine PHA's priorities in this area as part of PHA's overall investment package. Professor Rooney said that this work will be more visible once PHA begins to present its work in terms of its statutory functions. She commented that this work is scattered between various directorates and therefore it is difficult to determine if the work that PHA is carrying out is sufficient.
- 128/22.4 Ms Henderson asked how difficult it had been to compile this information and Mr Wilson said that it had not been difficult as most of it fell within the domain of Health Improvement. He conceded that he was not aware of all of it so there remains some work for PHA to raise its profile.
- 128/22.5 Mr Blaney asked if the funding for Fareshare was given annually and when Mr Wilson said that it was issued on a year-by-year basis, Mr Blaney said that it more helpful for charities to implement their services if they knew they were guaranteed funding.
- 128/22.6 Ms McCaig said that this goes back to PHA determining its core purpose and what actions should be included in the Business Plan, then starting at that high level and working beneath that to ensure it has the right balance. She added that some contracts will be on a year-by-year basis, and others will be on a rolling basis. Mr Blaney agreed that PHA should look at its priorities, but noted that Fareshare does good work and charities would welcome clarity around funding.
- 128/22.7 Ms Henderson commented that she is now getting more of a handle on where PHA's priorities are and a sense that everything is beginning to come together. Professor Rooney said that there is a link with procurement and how PHA knows that it is spending its money in the right areas. The Chair commented that the cost of living and fuel poverty are now finally major talking points, but PHA should ensure that it is not duplicating what others are doing.

129/22 Item 5 – Chair’s Business

- 129/22.1 The Chair presented his Report and said that following a Chairs and Chief Executives meeting he had attended at which the Head of the Civil Service was present, he had got the impression that there is an appetite for the possibility of being able to carry over underspends in the future. Ms McCaig noted that a 3-year budget had been planned, but carry forward can be difficult while there remains a need to break even to balance the Northern Ireland grant.
- 129/22.2 The Chair presented an overview of the most recent meeting of the Remuneration Committee. Ms Henderson commented that it would be interesting for the Board to see the workplan of the Organisation Workforce Development (OWD) group. The Chair asked about the workforce plan. Mr Wilson said that HR has been asked to bring this to the Agency Management Team (AMT) in the first instance before it comes to the Board (**Action 1 – Mr Wilson**). The Chair said that a resume of the major issues from this Committee meeting was included with the Chair’s Report.
- 129/22.3 The Chair advised that the first meeting of the Planning, Performance and Resources Committee had taken place. The Chair said that a resume of the major issues from this Committee meeting was included with the Chair’s Report.

130/22 Item 6 – Chief Executive’s Business

- 130/22.1 In the absence of the Chief Executive, Mr Wilson advised that PHA is seeking additional support from the Directorate of Legal Services (DLS) for Public Inquiries. He reported that PHA is working through Rule 9 requests for Modules 1 and 2a of the COVID Inquiry and has applied for core participant status for Module 3. He noted that each of these requests draws on the same individuals to provide the information. He added that this is now being placed on the Corporate Risk Register. He reported that PHA will be required to contribute to future modules. The Chair advised that this drain on staff resources was discussed at the Accountability Review meeting on 13 December.
- 130/22.2 Professor Rooney asked about psychological support for staff. She commented that following the Hyponatraemia Inquiry there were huge levels of staff sickness. Ms Henderson asked if an update on this could be given at the next meeting (**Action 2 – Chief Executive**).

131/22 Item 7 – Finance Report (PHA/01/12/22)

- 131/22.1 Ms McCaig presented the Finance Report for the period up to 31 October and advised that she will meet with Ms Henderson early in the New Year once she had the latest financial information.
- 131/22.2 Ms McCaig said that PHA’s current year end forecast is a surplus of

£443k. She reminded members that PHA had been asked by the Department about slippage and slowing other work down and had confirmed that it could release £500k. She said that the position has moved on and PHA had uncovered slippage within screening so the overall slippage figure had increased. She advised that PHA then received correspondence from the Department seeking a further £500k and PHA is able to respond to this without need to stop or curtail any of its programmes. The Chair sought clarity on this.

At this point Dr McClean joined the meeting.

- 131/22.3 Ms McCaig explained that PHA offered £500k of slippage and potentially other savings by pausing campaigns. She advised that PHA is now covering EY expenditure for this year to the sum of £370k and in addition has identified other areas of slippage totalling £500k. She added that PHA was then asked to contribute a further £500k which it was able to do from slippage. She advised that this means that PHA's forecast end of year position is now a surplus of around £250k. Ms Henderson asked if PHA will offer that up but Ms McCaig said that PHA would not be offering that up. Ms Henderson noted that PHA has had almost £5m worth of slippage this year. Ms McCaig advised that PHA still has unplanned slippage and this remains an issue.
- 131/22.4 Mr Stewart said that this is a significant amount of slippage and PHA needs to be on its mettle next year. Ms McCaig commented that this year PHA has managed its slippage differently so only this most recent slippage has been handed back. The Chair asked how PHA can avoid having so much slippage next year. Ms McCaig reiterated that PHA has managed this process this year, but it will need to manage it better next year. The Chair noted that there will always be slippage that is not anticipated. Dr McClean explained that for screening, there was funding for image storage that was not required and in some Trusts there was not the expected level of activity generated. She said that some flux in the system is to be expected.
- 131/22.5 Professor Rooney said that the lateness in the notification of these large amounts of slippage is alarming, but noted that this is not unusual. Ms McCaig acknowledged that these things do happen, and there is learning for next year.
- 131/22.6 Ms McCaig reported that the capital budget is on track.
- 131/22.7 Ms Henderson said she was content with the overview and noted that slippage is a perennial problem. Given that the work of HSCQI is funded from slippage, she asked if there were difficulties in that area. Ms McCaig reported that HSCQI has received the funding it has needed for this year and added that the Chief Executive and others are meeting with the Department to discuss how HSCQI is funded. The Chair noted that PHA was asked to take on the work of HSCQI without additional funding. Ms McCaig advised that there are some options and Ms

Henderson asked if there could be an update on this in March (**Action 3 – Ms McCaig**). Ms McCaig said the issue of HSCQI funding needs to be resolved one way or another. Mr Stewart commented that the only way to resolve this is if PHA is reshaped and only provides the functions which it is paid to undertake. Ms McCaig outlined that one potential option is for the various partners that work with HSCQI to provide funding, but she was did not think this would be resolved quickly.

131/22.8 The Chair commented that it was very useful to see the variances in these reports.

131/22.9 The Board noted the Finance Report.

132/22 Item 8 – Health Protection Update

132/22.1 Dr McClean began her overview of health protection matters by reporting that the number of cases of COVID has been coming down, but there is a slight indication of an increase.

132/22.2 Dr McClean reported that with regard to flu, PHA has advised the Department to issue a flu letter which tells GPs that if certain individuals present with flu-like symptoms they should get antivirals.

132/22.3 Dr McClean advised that the uptake of both the flu and COVID vaccine is tailing off and she expressed disappointment at the uptake in specific groups. Using the live data from the Vaccine Management System (VMS), she said that there is learning for PHA for next year in that it appears that the uptake slows after the school half term break. She noted that the figures for flu vaccines will be higher as data from schools can take time to get uploaded onto VMS.

132/22.4 For COVID vaccines, Dr McClean said that the uptake among the 50+ age category is 62%, among the 70-79 age category it is 80% and among the 80+ age category it is 86.6%. She advised that the uptake among pregnant women is 13.3%. Among care home residents, she said that the figure is 80% for residents and 15% for staff. She noted that healthcare workers may not be recorded as such on the system so their uptake may be higher.

132/22.5 For flu vaccines, Dr McClean said that the figures are slightly better with the uptake among the 65+ age category being 82%, the 50-64 age category being 50% and pregnant women 34%. For care home residents she reported that the uptake is 84% and for pre-school children it is 20%.

132/22.6 Dr McClean reported that cases of Respiratory Syncytial Virus (RSV) are decreasing.

132/22.7 Professor Rooney asked if there are targets for the vaccination programmes, but Dr McClean advised that while the Department did not

- set any specific targets, PHA set its own targets. She said that the arrangements for getting vaccines in care homes was successful.
- 132/22.8 Ms Henderson asked about the supply of COVID vaccine highlighting a personal example of an individual not being able to get one. Dr McClean said that supply should not be an issue and perhaps GP practices only offer certain vaccines at certain times. Ms McCaig advised that a pharmacy she knew of was carrying out vaccinations 3 mornings per week.
- 132/22.9 Ms McCaig asked if the uptake among frontline workers was tailing off, and if there was therefore an opportunity to go down the age range, but Dr McClean said that PHA would not go against JCVI advice.
- 132/22.10 The Chair asked what work can be done to improve the uptake among pregnant women and if PHA can influence healthcare professionals and midwives. Dr McClean advised that there is a low vaccine uptake group. She added that had spoken to midwives and while individuals may not see the risks, there is a lot of media coverage around possible effects like infertility.
- 132/22.11 The Chair asked that if in the case a parent withdraws consent for a child to receive a vaccine, would PHA write a letter to that parent, but Dr McClean advised that this would be an unusual circumstance. The Chair asked how the uptake of the flu vaccine compares with that before the pandemic. Dr McClean replied that the uptake is slightly better.
- 132/22.12 Ms Henderson commented that it is a very disparate system in that there are individuals who wish to get a vaccine but cannot because the information is too hard to navigate. Dr McClean said that there are channels, but as GPs and pharmacies are independent contractors, PHA cannot direct them. She said that the Trust centres will be open for another week so suggested that PHA should message out that this is potentially a “last chance”. The Chair asked about a press release. Mr Wilson agreed that the system is not uniform and so it is infuriating to manage from a communications perspective.
- 132/22.13 Mr Stewart said that a year ago he raised concerns about the delivery of vaccines and performance measures for delivering them. He advised that GPs are receiving up to £15 per shot and asked should not measures not be put in place. Dr McClean said that the amount paid to GPs was cut. Ms McCaig advised that a lot of work goes through SPPG and it is not as lucrative to do this work as it appears. Dr McClean added that some GP practices opted out and although there has been a lot of coverage about community pharmacies doing more, it is still GPs who do the vast bulk of the vaccinations.
- 132/22.14 Ms Henderson asked how much more delivery GPs will be expected to do. Dr McClean said that the programme runs until the end of December and there are still plenty of vaccines in the system. Ms

Henderson said that she would like to see some sort of system where, through technology, an individual can see where it is possible to get a vaccine on a given day, but Mr Blaney pointed out that this would be impossible to manage given there are so many moving parts.

133/22 Item 9 – Update from Chair of Remuneration Committee

133/22.1 This item had been covered in Item 5, Chair’s Business.

134/22 Item 10 – Update from Chair of Planning, Performance and Resources Committee

134/22.1 This item had also been covered under Item 5, Chair’s Business.

135/22 Item 11 – PHA Procurement Board – Update Report (PHA/02/12/22)

Mr Stephen Murray joined the meeting for Items 11 and 12.

135/22.1 Mr Wilson advised that this update was presented to the Planning, Performance and Resources Committee and is a summary of where PHA is with regard to the implementation of its Procurement Plan. He said that PHA has many rolling contracts and that following a review of the processes around these, a number of recommendations was made and there is an update on these. He explained that following a hiatus caused by the pandemic, there are now staff working full time in this area, but there remains a considerable amount of work to be done. He added that there is reference in the update to Strategic Planning Teams (SPTs) and said that there will be information on these in the next item. He said that the paper also highlights the role of social value procurement and there is an update on training on procurement across the whole of PHA.

135/22.2 Mr Stewart welcomed the update but said that 2026 for the completion of the work seems a long time. However, he noted that when he raised this with External Audit, it was pointed out to him that having this large number of contracts is not uncommon within the HSC. He queried how much change there will be in the workload for PHA if there is a change from procurement to grants. He expressed a concern that in Northern Ireland there is a situation where 60% of the population is obese, but yet PHA spends so much on mental health and suicide prevention which impacts on a smaller percentage of people. He said that was a different debate. Mr Wilson replied that while 2026 may seem a long way away, PHA will not be far off that given the work that is required to be undertaken. He added that PHA is in the process of looking to see where it can make the best use of its funding. He said that the point about grants is a relevant one given procurement can take a long time. He added that grants may be more sustainable. He said that he intends to keep the Board up to date and that this is opportune given PHA is looking at its corporate priorities.

- 135/22.3 The Chair commented that this work has been ongoing since 2015 and that the previous Chair of the Governance and Audit Committee had asked for a timeline for this work but was not given one. Ms McCaig noted that if a timeline had been given it would have changed and she cited the ability of organisations to submit tenders and a change in EU procurement rules as two main reasons. She said that PHA is in a relatively good position compared to other HSC bodies. She suggested that PHA should be looking at how it manages the number of contracts it has awarded as there are 72 contracts in suicide prevention.
- 135/22.4 Ms Henderson welcomed the update and said that this is a realistic workplan. She added that there is a lot to do and that this is fundamental to the governance of the organisation. She said that this is an area that needs more resources. Mr Murray noted that while this plan will help in terms of the way in which PHA is structured and the skills mix of staff, it is the process itself, and in particular the pre-procurement stage that is the issue. However, he said that PHA now has a group of staff who are working with their colleagues in Health Improvement and he was confident that this work will progress.
- 135/22.5 The Chair said that when he first discussed this he asked if PHA needed more individuals with skills in procurement, but was advised that it was more to do with requiring individuals with skills in planning. He added that when these individuals were appointed, they immediately went to support the COVID response, and he asked if they were now back. Mr Murray confirmed that they were and are dedicated to working in the areas of mental health and drugs alcohol. The Chair asked if there was a third member and Mr Murray confirmed that there will be a third individual working in this area from January. He added that PHA also has the capacity to buy in additional support.
- 135/22.6 Ms Henderson noted that the £11.5m of contracts listed on the Operational Framework fall outside procurement regulations and the Board needs to recognise the risk involved in these. However, she said that she recognised PHA has a plan for dealing with those.
- 135/22.7 The Chair noted that there is a lot of fragmentation within the area of self-harm with different organisations offering different services and he asked if there was any way of having these co-ordinated in any way. Mr Murray said that the SPT on suicide prevention would look at that as self-harm is a single service.
- 135/22.8 Mr Blaney asked for more information on the Shared Reading Group. Mr Murray advised that this is a small group within the Criminal Justice System which encourages individuals who are illiterate to read and help them when they get out of prison. Mr Blaney asked if the Department of Justice would be better placed to support this. Mr Murray agreed that there would be some overlap. Mr Blaney said that he did not feel that this is a key duty of PHA. The Chair advised that he was aware of work that speech and language therapists have, in the past, carried out work

with younger offenders to help such prisoners who encountered communication problems. Mr Murray agreed that it is about that holistic approach. Mr Blaney commented that while he did not disagree with the concept, he did not think that it was PHA who should be doing it.

135/22.9 The Board noted the update on the PHA Procurement Board.

136/22 Item 12 – Mental Health, Emotional Wellbeing and Suicide Prevention Strategic Planning Team (SPT) Update and Action Plan 2022/23 (PHA/03/12/22)

136/22.1 Mr Wilson said that he thought it would be useful for the Board to get an overview of how PHA is seeking to establish SPTs and to look at the work of the first of these, which is in the area of mental health.

136/22.2 Mr Murray advised that this approach is an example of what PHA is aiming to achieve in other areas. He gave a presentation which he began by showing how there are many different strategies in the area of mental health with many different drivers, but PHA is aiming to have a “golden thread” that works through all of these different areas. He showed how there is overlap between the strategies in terms of recommendations.

136/22.3 Mr Murray outlined the aims and objectives of the SPT and showed how it links to other groups that have been established. He then gave an overview of some of the key achievements of the group, and said that there is also an action plan which shows the breadth of the work that PHA is trying to bring together.

136/22.4 Professor Rooney said that she was very excited by this development and pleased to hear about the work that has been done. She added that this is difficult work to pull together and for PHA to achieve this is a huge step. She said that it is important that PHA is seen as a leader in this area and that this is a brilliant piece of work. Ms Henderson echoed these remarks. Mr Murray advised that PHA has made good connections and is working to bring together the different funding streams which relate to the Substance Misuse Strategy, Early Intervention Services and the Self-Harm Intervention Programme so that services are open to all clients. Professor Rooney commented that Early Intervention work is important for physical health as well as mental health.

136/22.5 Mr Stewart said that the work required to pull together is obvious, but what has to be done should inform the operating model for PHA and this type of approach could be replicated in about a dozen other areas, hence the need to get the reform work completed as soon as possible.

136/22.6 The Chair commented that it is frustrating that there are two different branches in the Department working on mental health and he asked whether they should be working together. Mr Murray said that this is a

legacy arrangement with mental health sitting under the social care side and the Protect Life 2 Strategy falling under the remit of the Chief Medical Officer. It was noted that there can be tension between the policy side and the professional side. Professor Rooney noted that the policy work is being removed from the role of the new Chief Social Services Officer so the Department has recognised the difficulty in being organised along professional lines.

136/22.7 Ms Henderson asked if the work of this SPT is reflected in the Business Plan. Mr Murray said that it is, and it will be in the Business Plan for 2022/23. Professor Rooney said that it is important that PHA's work links with the work of the Department. Mr Murray advised that the Department has seen the value of PHA's model of working. For the Substance Misuse Strategy, he said that PHA has been working well with SPPG and inputting into a regional process. He added that there is a lot of learning and all organisations need to be part of a joint planning approach and support the thinking around the new ICS model.

136/22.8 The Board noted the update on the Mental Health, Emotional Wellbeing and Suicide Prevention Strategic Planning Team.

137/22 Item 13 – Any Other Business


137/22.1 There was no other business.

138/22 Item 14 – Details of Next Meeting

Thursday 19 January 2023 at 1:30pm

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

Signed by Chair:



Date: 19 January 2023