

Title of Meeting	156 th Meeting of the Public Health Agency Board
Date	17 August 2023 at 1.00pm
Venue	Board Room, Tower Hill, Armagh

Present

Mr Joseph Stewart	- Interim Chair
Mr Aidan Dawson	- Chief Executive
Dr Joanne McClean	- Director of Public Health
Ms Heather Reid	- Interim Director of Nursing, Midwifery and Allied Health Professionals
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
Ms Deepa Mann-Kler	- Non-Executive Director
Professor Nichola Rooney	- Non-Executive Director

In Attendance

Dr Aideen Keaney	- Director of Quality Improvement
Ms Tracey McCaig	- Director of Finance and Corporate Governance, SPPG
Mr Robert Graham	- Secretariat

Apologies

Mr John Patrick Clayton	- Non-Executive Director
Mr Brendan Whittle	- Director of Community Care, SPPG

93/23 | Item 1 – Welcome and Apologies

93/23.1 The Chair welcomed everyone to the meeting. Apologies were noted from Mr John Patrick Clayton and Mr Brendan Whittle.

94/23 | Item 2 – Declaration of Interests

94/23.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

95/23 | Item 3 – Minutes of previous meeting held on 22 June 2023

95/23.1 The minutes of the Board meeting held on 22 June 2023 were

APPROVED as an accurate record of that meeting.

96/23 Item 4 – Matters Arising

- 96/23.1 For action 1 regarding the COVID Inquiry, the Chief Executive advised that an Inquiries Programme Board has been established within the PHA and that it held its first meeting on Wednesday afternoon. He explained that it will meet fortnightly prior to the Agency Management Team (AMT) meeting. He said that a number of additional staff have been employed to support ongoing Inquiry work.
- 96/23.2 The Chief Executive advised that there needs to be a discussion about getting Non-Executive Director (NED) input and for members to consider how they would like to be kept informed. He said that there is now a page on the PHA Intranet where Statements are uploaded. He noted that going forward there will be issues that pertain to the Board and added that the Inquiry has been requesting minutes of confidential sessions of PHA Board meetings and that PHA's legal representatives are discussing this with the Inquiry. The Chair said that the NEDs would need to have a discussion amongst themselves about how they can be involved.
- 96/23.2 A member said that the Board should see any Statements before they are submitted and agreed that there should be Board oversight. The member added that there is a lot of effort required to support these Inquiries and the staff involved need be looked after. It was agreed that the Chair would organise a Teams meeting with members to discuss NED involvement (**Action 1 – Chair**).

97/23 Item 5 – Chair's Business

- 97/23.1 The Chair advised that he had circulated his Chair's Business in advance of the meeting and had no further matters to add.

98/23 Item 6 – Updates from Non-Executive Directors

- 98/23.1 Ms Henderson updated members on the recent meeting of the Planning, Performance and Resources (PPR) Committee where she advised that there had been a discussion on the financial planning process for 2024/25. She explained that a paper was presented outlining an approach for staff to identify areas of potential recurrent savings and that a draft Plan will be brought to the Board in October. She noted that this year savings will largely be funded from slippage.
- 98/23.2 Ms Henderson advised that the Committee had discussed the Substance Use Plan. She explained that the Committee had considered the Plan twice and that changes were made to it regarding which organisations were responsible for which parts, and that the Committee is happy to recommend the Plan to the Board today for approval.

98/23.3 Ms Henderson reported that the Committee had received an update on the work of the Strategic Planning Teams (SPTs) which members were impressed with.

At this point Ms Mann-Kler joined the meeting.

98/23.4 Ms Henderson advised that there will be a presentation on smoking cessation at a future meeting of the Committee.

98/23.5 The Chair said that he had attended the PPR Committee meeting and that it was an excellent meeting.

99/23 Item 7 – Chief Executive’s Business

99/23.1 The Chief Executive reported that he had appeared before the COVID Inquiry on 12 July with regard to Module 1. He added that he also appeared in front of the Muckamore Inquiry in June with regard to Module 2. With regard to the Muckamore Inquiry, he said that the Inquiry was to write to PHA but correspondence has not yet been received. He added that he had also undertaken to forward additional information to the Inquiry. He advised that the Inquiries have taken a break but will shortly be re-established. He added that the Urology Inquiry will also be commencing.

99/23.2 The Chief Executive advised that a pilot Area Integrated Programme Board (AIPB) has been established in the Southern Trust area as part of the new Integrated Care System (ICS) and that Dr Diane Corrigan is PHA’s representative on this. He said that the PHA has developed a dashboard which has been well received. He advised that in July PHA led a delegation of HSC and Local Council Chief Executives to Wigan for a fact-finding trip to meet their senior leaders to discuss ICS.

99/23.3 The Chief Executive said that at the request of the Chair a standing item on the Refresh and Reshape Programme has been added to the Board agenda, but there is no update today and that there is due to be a Board workshop on this Programme in September.

99/23.4 The Chief Executive informed members that the process for the appointment of a permanent Chair for PHA is ongoing and that the Department of Health has advised that interviews are due to take place in late August/September with an appointment being made by November. He noted that this will require the current interim arrangements to be extended by a further month.

99/23.5 The Chief Executive reported that PHA is engaged in a major piece around hospital reconfiguration and that he is co-chairing one of the groups, which is looking at regional hospital services, with the PHA also being represented on other groups. He advised that this work will be completed by the end of September in order to inform the Department’s blueprint on future hospital reconfiguration.

- 99/23.6 The Chief Executive advised that PHA has received confirmation of non-recurrent funding being made available for HSCQI for 2023/24. He added that a permanent funding arrangement needs to be put in place. The Chair said that his understanding was that PHA would receive 2 years of funding. Ms McCaig advised that she is hopeful PHA will receive the 2 years.
- 99/23.7 The Chair said that the hospital reconfiguration programme had come up at a recent Chairs' meeting. He added that while this is a significant and important piece of work, he was not clear why PHA is involved. The Chief Executive explained that PHA is putting forward the public health view and is seeking to ensure that any reconfiguration takes cognisance of equality of access. He added that PHA has a role in service development and providing professional advice. The Chair asked why PHA is chairing a workstream and the Chief Executive explained that a number of Chief Executive are co-chairing different workstreams. The Chief Executive added that it is appropriate that PHA chairs this workstream as it has a regional focus.
- 99/23.8 The Chair asked what would happen if the outcome of this work is not welcomed by political representatives. The Chief Executive explained that PHA's role is only one aspect of this work, and that PHA is not writing the document, but at the same time the work should not be undertaken without PHA. He added that the document produced will be public facing and will be require to be signed off by a Minister and that part of this work is to ensure that all political parties are on board. Ms McCaig said that this work is part of the implementation of the Bengoa Report and that it is appropriate that PHA has a role and that the Chief Executive is chairing a workstream. The Chair said that he wished the Board to be clear on why PHA is involved in this and what its role is. He added that this links back to Public Inquiries and PHA answering questions about areas that are not part of its business. The Chief Executive said that this work is clearly defined in PHA's role.
- 99/23.9 A member said that while they understood why PHA is involved in this work, they remain unclear about PHA's role with regard to commissioning and would welcome a 2/3 page paper explaining what this configuration programme is and what PHA's role is. The Chief Executive explained that PHA has always had a co-joined role in commissioning and it would continue to have that role. The Chair said that he would like to see a paper so there is a record of PHA's involvement **(Action 2 – Chief Executive)**.
- 99/23.10 The Chair asked if PHA is clear in terms of its role within ICS. The Chief Executive replied that it is an evolving picture which is beginning to settle, but PHA's role is two-fold, inputting advice and preparing a population needs analysis. He explained that PHA is working in partnership with the Trust, primary care, local Councils and the community and voluntary sector. He added that what was originally envisaged for ICS has now changed and that it will likely continue to

evolve. He noted that in Wigan, public health sits within the Council so the set up will be different here. The Chair said that at the recent Chairs' meeting there seemed to be some concern as to where ICS is going and he wished to be assured that PHA is delivering what it is being asked to. The Chief Executive assured members that PHA is doing so, and is part of the decision making authority.

- 99/23.11 A member asked if carrying out the needs analysis is a big piece of work. The Chief Executive said that population health has always been part of PHA's remit and PHA is working on a more agile approach to produce data by developing a dashboard which focuses on the areas that ICS is seeking information on. The Chair asked if this information can be shared with the Board and the Chief Executive suggested that there could be a demonstration of the dashboard. A member asked if this dashboard can measure change and the Chief Executive replied that it could do in the long run.
- 99/23.12 Dr McClean advised that the 3 areas the AIPB is focusing on are frail elderly, mental health and children and the dashboard will contain in-depth information on those areas. She explained that PHA did not wish to develop a tome of information, but rather develop a dashboard which could be demonstrated for the Board. The Chair said that this type of baseline data has never been seen by the Board before and that it should form the basis of PHA's strategic planning, and allow the Board to get a sense of where the public health inequalities are so that this information can be fed into the HSC system. The Chief Executive advised that part of PHA's strategic intention is to have information at the heart of what it does, and that it should have timely information to enable it to be a more agile organisation. He added that PHA should be aiming to use technology to access a whole range of databases to obtain relevant information. He advised that the Department has already signed off on a number of outcomes it wishes to get from ICS.
- 99/23.13 A member asked if it is possible for the dashboard to look back at the data from 3 months ago. Dr McClean explained that the dashboard pulls together information from various sources and then data analytics staff can knit it together. She said that PHA uses data all the time. The Chair commented that he wishes to see the data being more visible. A member said that it would be useful to compare present data with previous data, but added that there should always be a back up in place and not to be fully dependent on a dashboard. It was agreed that there would be a demonstration of the dashboard (**Action 3 – Dr McClean**).
- 99/23.14 A member said that communication is important and that organisations outside the HSC need to be able to access this information. Dr McClean advised that PHA is aiming to carry out the needs assessment in a new way so that the information can be shared with the community and voluntary sector.
- 99/23.15 A member asked if information on health inequalities can be captured,

for example information on drugs overdoses. Dr McClean advised that the data are knitted together from various sources and information from the Self-Harm Registry could be included. She said that mental health is an area that is being looked at. The Chief Executive commented that each AIPB will have its own priority areas so PHA will have to provide them with the appropriate information. A member welcomed the dashboard saying that it sounded like a positive approach.

100/23 Item 8 - Update on Refresh and Reshape Programme

100/23.1 This was cover under Item 7 above.

101/23 Item 9 – Finance Update

101/23.1 Prior to presenting the Finance Report, Ms McCaig updated members on a matter discussed at the last Board meeting regarding outstanding monies from the Special EU Programmes Body (SEUPB). She said that almost 50% of the outstanding funding has now been paid.

101/23.2 Ms McCaig reported that as per PHA's Financial Plan, there is a projected year-end deficit of £650k, but this is now moving closer to a break-even position. She explained that funding has been secured for HSCQI, some monies have been refunded from the Bank following the fraud case and that there is a number of posts in Dr McClean's directorate which are coming vacant thus creating additional slippage in the management and administration budget. She noted that there is an issue with demand for Nicotine Replacement Therapy being higher than anticipated. She advised that the next Finance Report will show a projected year-end deficit of approximately £400k, but following a review of the current situation this may have reduced further to around £200k.

101/23.3 Ms McCaig advised that following the discussion earlier in the meeting regarding the savings proposals paper presented to the PPR meeting, she wished to clarify that the management and administration budget should not be protected, but and that all aspects of PHA funding need to be looked at in the round and that all impacts of plans need to be considered on relative merits including an Equality Impact Assessment. The Chief Executive agreed that all budgets need to be scrutinised in order to determine where savings can be made. He noted that PHA is in the middle of a restructure and this may generate savings.

101/23.4 A member said that it is unrealistic to expect that by next year all of the vacant posts will be filled and therefore the management and administration budget will continue to provide savings. Ms McCaig said that PHA needs to be agile and savings will likely come from both budgets. She added that there needs to be discussion about the impact of savings and whether some areas are being pushed harder than others. She advised that she would continue to keep the Department updated on behalf of PHA.

- 101/23.5 The Chair said that he appreciated that it is difficult to land on a break-even position. Ms McCaig reminded members that the Chief Executive, as Accounting Officer, has a responsibility to ensure that the organisation breaks even.
- 101/23.6 The Chair asked whether a decision has been made regarding the retraction of £3.2m of R&D funding for this year and if he should write to the Permanent Secretary regarding this. Ms McCaig advised that she had spoken to the Permanent Secretary about this and that she would ask him about it again next month as a decision needs to be made. The Chair said that if PHA feels that this funding is important, this should be reflected back to the Department. Ms McCaig suggested that the Chair should write to the Permanent Secretary (**Action 4 – Chair**).
- 101/23.7 The Board noted the Finance Report.
- 102/23 Item 10 – Update from Chair of Planning, Performance and Resources Committee**
- 102/23.1 This was covered under Item 6 above.
- 103/23 Item 11 – Draft Annual Progress Report 2022-23 to the Equality Commission on Implementation of Section 75 and the Duties under the Disability Discrimination Order (PHA/02/08/23)**
- Ms Karen Braithwaite joined the meeting for this item*
- 103/23.1 Mr Wilson advised that the Annual Progress Report to the Equality Commission is structured with various chapters and that PHA has no license to alter this. He gave an overview of what is contained in each chapter.
- 103/23.2 The Chair agreed that the Report is long and felt that the template does not make it particularly meaningful.
- 103/23.3 A member asked for an assessment of how the outcomes in this Report are helping to reduce health inequalities and how meaningful a tool the Report is for the PHA. Ms Braithwaite said that the format of the Report is unhelpful, but PHA works with the Equality Unit in BSO to complete it. She commented that the Report ensures that PHA focuses on ensuring that PHA reports on all the work that it does in the area of equality and acts an *aide memoire* to address areas such as training and the completion of Equality Screenings. She added that a lot of PHA staff have undertaken equality training.
- 103/23.4 Ms Braithwaite advised that this Report represents Year 5 of a 5-year plan and that there are some actions which were not completed due to the pandemic so there has been a focus on developing new Equality and Disability Action Plans.

- 103/23.5 Ms Braithwaite noted that PHA does not receive feedback from the Equality Commission on this report and so there is a question to be asked about what the investment in for doing this Report, other than it being a statutory duty. A member said that everything PHA does falls within this Report, but there should be a look at the cost and benefit of compiling it. The member asked if there has been a high-level discussion with the Equality Commission. Ms Braithwaite said that PHA is good at doing work which has an impact on equality but is not good at recording it in such a way as it fits within the template of this Report.
- 103/23.6 A member commented that when thinking about PHA's role in terms of health inequalities, this Report does not look at inequalities in terms of poverty and asked how PHA measures this. The Chair said the format of this Report is around changes in organisational development vis-à-vis equality as opposed to societal development. He asked if PHA has had any discussion with the Equality Commission. The Chief Executive commented that this Report shows how PHA is being compliant with the law in terms of its equality obligations instead of how it deals with inequalities as a statutory obligation rather than how PHA conducts its business.
- 103/23.7 The Chair asked if it is worthwhile having a discussion with the Equality Commission. Mr Wilson suggested that it may be useful given PHA has now commenced on a new 5-year Equality Plan. He noted that Programme for Government (PfG) is the main document for driving how Northern Ireland creates a fairer society. A member said that there was formerly an initiative around targeting social need and asked how it has been replaced. Mr Wilson replied that PfG was to replace that. The Chief Executive said that he would be content to arrange a meeting with the Equality Commission and the Chair suggested that whoever is Interim Chair at that time should accompany him (**Action 5 – Chief Executive**).
- 103/23.8 The Board **APPROVED** the Draft Annual Progress Report 2022-23 to the Equality Commission on Implementation of Section 75 and the Duties under the Disability Discrimination Order.
- 104/23 Item 12 – Draft Substance Use Strategic Commissioning and Implementation Plan (PHA/03/08/23)**
- Mr Kevin Bailey joined the meeting for this item*
- 104/23.1 Mr Wilson said that this Plan has been presented to the PPR Committee and that Mr Bailey would give members an overview. He advised that the Plan has been modified to ensure that the PHA's role is clearly defined vis-à-vis that of SPPG. He added that following approval the Plan will go for public consultation in September.
- 104/23.2 Mr Bailey explained that this framework has been developed in response to the Departmental strategy and that over 150 organisations

have been involved in its development. At the first meeting of the PPR, he said that a number of challenges were highlighted which he has sought to address. He said that the targets that PHA is responsible for have been separated from those of SPPG, but added that there remains some overlap. He advised that following approval a public consultation will commence on 4 September and there will be a series of engagement workshops. Following the consultation, he said that the Plan will be redrafted and a final document brought to the Board which will outline PHA's priorities in this area for the next 4/5 years, and then procurement for regional services can commence.

104/23.3 A member said that there has been phenomenal work to produce this Plan and that it now clearly sets out the short, medium and long term objectives as well as those elements for which PHA is responsible. The member added that the Plan has also been considered at the Procurement Board.

104/23.4 A member asked what the biggest friction point has been developing this document. Mr Bailey replied that the document was compiled using a co-production approach but there is always a mismatch between what services want and what the service user actually needs. He added that there will be a challenge in terms of keeping a momentum on this work as well as getting additional funding from the Department. He said that PHA will have to reinvest money from one service into another.

104/23.5 A member acknowledged that this is a high level document, but asked what outcomes have been determined and how these will be monitored. The member noted that there are financial constraints and asked if the shortfall has been identified. The member said that within the document it indicates that PHA has to reprioritise and asked if there is a matrix for working that through. If no funding is available, the member asked if this means that full implementation will not be achieved and if PHA is prepared to live with that scenario.

104/23.6 In terms of outcomes, Mr Bailey responded that it is difficult to include those at a population level. He added that the Chief Medical Officer has asked for a framework to be developed but noted that PHA cannot go outside the statutory outcomes that are within the Department's Strategy and these will be monitored. With regard to the financial context, Mr Bailey said that it would be remiss to not set out that this is tough at present. He said that PHA is currently content with the services on the ground. He advised that this is a high level Plan and PHA will put in place an operational strategy and part of that will look at developing outcomes. He said that a risk matrix has not been developed, but he would take guidance on this. On what would happen if there was no funding, he pointed out that the overall Strategy is about saving lives.

104/23.7 The Chief Executive said that he wished to thank Mr Bailey for his work and added that PHA has to commit to this work acknowledging that it may have operational consequences. He explained that there may be

difficult conversations in terms of whether the actions in the Plan are in line with PHA's Strategy or if funding needs to be reinvested elsewhere. He noted that the Plan will also be signed off by SPPG as it relates to services being provided in Trusts.

- 104/23.8 A member commended the Plan saying that work is important as helping people early will have an impact in their later life. Another member said that this Plan repositions services that go together, thus de-stigmatising those services. Mr Bailey advised that this work links with PHA's Annual Business Plan. The Chair commented that if PHA is in a situation where funding is not available then it needs to have evidence to determine where its priorities lie.
- 104/23.9 The Chair thanked Mr Bailey for his work. Mr Bailey said that thanks should also go to staff in SPPG and PHA Operations.
- 104/23.10 The Board **APPROVED** the draft Substance Use Strategic Commissioning and Implementation Plan.

105/23 Item 13 – Performance Management Report (PHA/04/08/23)

- 105/23.1 Mr Wilson presented the Performance Management Report and said that members will be familiar with its format. He said that of the 37 actions against the 10 priorities in PHA's Business Plan for 2023/24, 1 action has been rated "red". He explained that this relates to HSCQI and represented the position as at the end of June, but that has now changed as per the discussion earlier in the meeting. He advised that of the remaining actions, 15 are rated "amber" and 21 are rated "green".
- 105/23.2 A member asked if there are any major issues to be reported in relation to the action plan targets. Mr Wilson explained that this relates to the Part B Business Plan and that no actions are currently rated as "red".
- 105/23.3 A member asked when the action rated "red" regarding HSCQI will move to "green". Dr Keaney said that she hoped that it would be rated "amber" by the time the next report is produced but there is a slight delay in implementing HSCQI's work plan.
- 105/23.4 A member asked whether the target of a 1% rise in vaccinations is an overall increase, or within each programme. Dr McClean explained that within the pre-school programme many of the vaccination programmes are joined up and that the World Health Organisation target is 95%. She advised that there is an issue with uptake in the Belfast area which is impacting on the figures. She added that there are also data issues as information is captured on different systems. She said that disadvantaged areas have lower uptakes.
- 105/23.5 The Chief Executive advised that he recently met with the Royal College of General Practitioners (RCGP) and the issue of vaccination was discussed at that meeting. He added that PHA will also meet with the

GP Federation in Belfast. A member asked if these meetings happen regularly, but the Chief Executive explained that it was the organisations themselves who initiated these meetings. The member noted that within the Substance Use Strategy, there appears to be better links with pharmacies than with GPs. The member asked if PHA has a role in managing this. Ms McCaig explained that this work would fall under the auspices of Mr Joe Brogan and Ms Mary O'Brien within SPPG. The Chief Executive said that at the next meeting there will be discussion on opioid use and antimicrobial prescribing. Dr Keaney advised that HSCQI has commenced 3 new work programmes, and there is a plan to establish a Medication Supply collaborative.

105/23.6 Members noted the Performance Management Report.

106/23 Item 14 – Any Other Business

106/23.1 A member advised of their recent attendance at a meeting with the Agri-Food and Biosciences Institute and asked if PHA would work with the Institute. Dr McClean said that PHA does have links with DAERA and the Chief Veterinary Officer and recently attended an all-Ireland exercise on Avian Influenza in Dundalk.

107/23 Item 15 – Details of Next Meeting

Thursday 19 October 2023 at 1.30pm

Board Room, County Hall, Ballymena

Signed by Chair:



Date: 19 October 2023