

Title of Meeting	123 rd Meeting of the Public Health Agency Board
Date	18 June 2020 at 1.30pm
Venue	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

Present

Mr Andrew Dougal	- Chair
Mrs Olive MacLeod	- Interim Chief Executive
Mr Edmond McClean	- Interim Deputy Chief Executive / Director of Operations
Professor Hugo van Woerden	- Director of Public Health
Alderman William Ashe	- Non-Executive Director (<i>via video link</i>)
Mr John-Patrick Clayton	- Non-Executive Director (<i>via video link</i>)
Ms Deepa Mann-Kler	- Non-Executive Director
Alderman Paul Porter	- Non-Executive Director (<i>via video link</i>)
Professor Nichola Rooney	- Non-Executive Director
Mr Joseph Stewart	- Non-Executive Director

In Attendance

Mr Paul Cummings	- Director of Finance, HSCB
Ms Marie Roulston	- Director of Social Care and Children, HSCB (<i>via video link</i>)
Ms Jenny Redman	- Boardroom Apprentice (<i>via telephone link</i>)
Mr Robert Graham	- Secretariat

Apologies

Mr Rodney Morton	- Director of Nursing and Allied Health Professionals
Dr Aideen Keaney	- Director of Quality Improvement

60/20 | Item 1 – Welcome and Apologies

60/20.1 The Chair welcomed everyone to the meeting. Apologies were noted from Rodney Morton and Dr Aideen Keaney.

61/20 | Item 2 – Declaration of Interests

61/20.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

62/20 Item 3 – Minutes of previous meeting held on 21 May 2020

62/20.1 The minutes of the Board meeting held on 21 May 2020, were approved as an accurate record of that meeting, subject to an amendment from Mr Clayton in paragraph 57/20.28. The section, "passed on concerns about the failure of certain types of respirator masks. He said that data from Trusts in this are unclear" should be replaced with, "passed on concerns about high failure rates in fit testing for certain types of respirator masks and that whilst not all Trusts had provided data on this, the data which were available indicated that this was in issue disproportionately affecting women."

63/20 Item 4 – Matters Arising

63/20.1 Ms Mann-Kler noted that it has been four weeks since the last Board meeting when the Board had begun to meet on a fortnightly basis and if a decision had been made to stand down fortnightly meetings. Mr Stewart supported these views and added that consideration had also been given to having more frequent meetings of the Governance and Audit Committee, but he was mindful of Directors' time. The Chair sought to make a differentiation between a formal meeting and a briefing session. Ms Mann-Kler said that we are now in a new phase and the role of the Board is to provide scrutiny and challenge.

63/20.2 Mr Cummings advised members that the establishment of the new Programme Board chaired by the Permanent Secretary places extra demands on the Chief Executive as it is meeting on a weekly basis.

63/20.3 Mr McClean said that this new Board has only begun to meet, but all members of the PHA Board have to consider the implications of its establishment, because ultimately the PHA Board is responsible for the strategic direction of the PHA. He added that the present focus of this new group is on services, not only in Trusts but in the community, and that is where PHA has a role. He said that we may be coming out of the first phase of COVID-19, but that COVID-19 remains with us.

64/20 Item 5 – Chair's Business

64/20.1 The Chair expressed concern about a recent statement that up to 30% of COVID-19 tests can produce false negatives. He said that this would need to be evidenced by hard data. He added that the public may need further guidance on how to access a test. The Interim Chief Executive said that there is a workstream specific to testing.

64/20.2 The Chair said that for the first time he had seen data showing the number of deaths per 100,000 in each Council area in Northern Ireland and while he was not surprised that Belfast showed the highest, he felt that the figure for Derry and Strabane would have been higher. Professor van Woerden noted that a part of that Council area is rural where the cases are generally lower. The Chair advised that he had

begun to undertake a comparison between countries and noted a significant difference in the death rate between Northern Ireland and Scotland which he felt may be worth investigating. Professor van Woerden said that if there was such a difference it would be useful to look at this and unpick the data.

65/20 Item 6 – Chief Executive’s Business

- 65/20.1 The Interim Chief Executive informed members that PHA staff are continuing to work very hard in dealing with all of the demands being placed on them, but that Directors are starting to take some leave. She said that she had shared with members an update on the contact tracing programme to give them an overview of all of the workstreams.
- 65/20.2 The Interim Chief Executive advised members that the new Management Board established by the Department of Health has 25 priorities, and that for PHA one of these relates to screening and another relates to innovation and learning which will be taken forward by Dr Keaney. She acknowledged that there are limitations in restarting some services due to social distancing issues.
- 65/20.3 The Interim Chief Executive advised that Dr Damian Bennett is involved in a workstream to look at preparing information for the Department on contact tracing, and that Dr Brid Farrell and Dr Sinéad McGuinness are leading on work relating to testing on behalf of the Department. She added that Professor van Woerden is working on how to get all of his staff who are working on COVID-19 related work back to their main roles.
- 65/20.4 The Interim Chief Executive said that the Directors had attended a Sponsorship Review Meeting with the Chief Medical Officer on Wednesday and that there had been discussion around the health protection function and how this could be strengthened.

66/20 Item 7 – Finance Report – PHA Draft Budget 2020/21 (PHA/01/06/20)

- 66/20.1 Mr Cummings presented the draft PHA budget for 2020/21 and explained that this had been prepared in response to PHA’s allocation letter which has a total opening allocation of £105m, and £3.9m of ring-fenced additional funding. He noted that this will be a unique year given that many staff will have been moved from specific projects to work in COVID-19 related areas. He added that a second surge of COVID-19 could result in further slippage. He also pointed out that PHA funds a range of third sector organisations, but that these organisations may be furloughing staff.
- 66/20.2 Mr Cummings said that his approach in preparing the budget was to roll forward last year’s budget. He advised that there is a £12m capital budget for research and development and he explained that the management and administration budget has an additional assumed

allocation of £0.5m, but it should be noted that PHA will have to fund the first 1% of any pay award. He went on to explain that with the number of vacant posts having been filled and additional public health consultants recruited to assist with COVID-19, there will not be the same underspend as there has been in previous years.

66/20.3 Mr Stewart expressed his concern that the Board is being asked to approve a budget in these very different circumstances without having the necessary assurances that the Department of Health will cover any additional expenditure incurred as a result of COVID-19. Mr Cummings explained that there is a process which must be followed, including the completion of a business case pro forma, for any expenditure related to COVID-19. He added that this current budget excludes COVID-19 and that the PHA has a statutory responsibility to set a budget. He said that any additional expenditure would have to be agreed with PHA's sponsor branch in the Department of Health. Mr Stewart said he understood the statutory responsibility but he wished to ensure that his concerns were recorded and that PHA is not incurring expenditure for which it is not covered. Mr Cummings said that the HSC as a whole is facing a deficit of over £150m in relation to COVID-19.

66/20.4 The Chair asked if there was opportunity for virement. Mr Cummings said that in the event of an underspend PHA does not have permission to redeploy funding.

66/20.5 Mr McClean advised members that a risk around funding is in the latest iteration of the corporate risk register.

66/20.6 Mr Clayton said that he shared Mr Stewart's concerns and he asked if PHA has been set any savings targets. Mr Cummings advised that there were no savings targets for PHA this year. Alderman Porter asked whether programmes like Lifeline will continue to be monitored and if they are not as fully utilised, will that funding be reallocated. Mr Cummings explained that for the independent sector, PHA has continued to fund organisations at the same levels as in previous years. The Chair asked whether PHA is monitoring whether these organisations have furloughed staff. Professor van Woerden said that PHA is in close discussion with a number of the organisations with which it works.

66/20.7 Members **APPROVED** the draft budget for 2020/21.

67/20 Item 8 – Update on PHD Response to COVID-19 (PHA/02/06/20)

67/20.1 Professor van Woerden said that as the pandemic moves to the recovery stage the focus will be restarting services and the associated challenges. He cited mental health and wellbeing as being a particular challenge. The Chair noted that PHA can offer services, but it is up to individuals to be proactive in availing of these. Professor van Woerden said that PHA's social media reach has increased greatly over the last

- few months so people are aware of the services that are available.
- 67/20.2 Ms Mann-Kler asked what the biggest challenges and risks are to public behaviours once lockdown restrictions begin to ease? She asked how the needs of those groups who are particularly vulnerable to Covid-19 will be managed e.g. BAME, women who are pregnant, older people and men with underlying health conditions. Professor van Woerden said that from a societal perspective, the greatest risk is in the area of mental health given the economic consequences which will potentially see a rise in unemployment and debt. He added that there is a risk of increased incidence of domestic violence, and there is also the impact of the education time lost. He said that are issues around anxiety about social isolation and there remains a significant amount of people who are shielding.
- 67/20.3 Professor van Woerden said that the situation with regard to BME groups is widely recognised and that Queen's University is doing some analysis on this. He highlighted two other vulnerable groups, domiciliary care workers and care workers who are on the frontline. He said that Mr Morton and Ms Roulston had been doing excellent work to support these sectors. He noted that the threat of COVID-19 has not fully gone away, but control measures e.g. social bubbles are beginning to be put in place.
- 67/20.4 Ms Mann-Kler noted that the Equality Commission has been in touch with NISRA regarding a lack of data around BAME workers in the health and social care system in NI. Mr Stewart said that NISRA had done some work looking at BME representation in the population and that the impact of COVID-19 seems to be in line with the overall population data. He added that some other work has been undertaken in looking at different employment types and there are certain sectors where the rates are higher in BME. Mr Clayton said that this is an important point; given there is a potentially higher number of BME staff in care homes.
- 67/20.5 Mr Clayton thanked Professor van Woerden for the detailed paper, but he expressed concerns about inequality, what policies were going to be put in place, and what PHA can do to influence the wider Government agenda. He noted that COVID-19 has had a disproportionate effect on the lower socio-economic groups, and he expressed concern about the impact of a second surge. Professor van Woerden advised that health improvement funding is focused on the inequalities agenda and maximising the use of voluntary organisations at this time in looking at issues such as deliveries of food to vulnerable groups, childcare, the physical environment, cycling, walking and access to transport. He added that PHA has been working with the Department for Communities, more than, for example, the Department for the Economy. He noted that PHA the communications team has been arranging meetings with representatives of political parties.
- 67/20.6 Mr McClean said that over the next 3/6 months it will be important for

PHA to focus on those groups that will have the greatest needs. He added that it will be useful for PHA to work with other Government departments and with local government, as well as with the third sector.

- 67/20.7 The Chair asked why the bowel screening programme had been stopped as this is a self-administered test. Professor van Woerden explained that the programme was paused as it would not have been possible to provide any follow up treatment. He conceded that if it was known at the time how long the programme would have been paused, arrangements could have been put in place. Furthermore, he added that hospitals may not have had the staff to treat people.
- 67/20.8 The Chair asked whether the European directive of obtaining treatment in another EU country still applied to Northern Ireland residents. Professor van Woerden advised that this arrangement will be place until at least 31 December 2020.

67/20.9 The Board noted the update on the response to COVID-19.

68/20 Item 9 – Update on Contact Tracing Programme (PHA/03/06/20)

- 68/20.1 The Interim Chief Executive said that she had prepared a short paper in order to bring members up to date with the contact tracing programme. She advised that interviews were taking place to recruit staff and that a good mix of people had applied. The Chair noted that Northern Ireland was the first part of the United Kingdom to get such a programme up and running.
- 68/20.2 The Interim Chief Executive said that there is now a focus on reaching those harder to reach groups and Ms Deidre Webb has been working with homeless groups and with the Roma community to inform them of contact tracing and how it can meet their needs.
- 68/20.3 Mr Stewart asked about a digital platform and whether this was different to an app. The Interim Chief Executive explained that PHA is carrying out traditional contact tracing by telephone, but that if an app were to become available, it would require 80% of the population to download it to make it worthwhile. She said that the current message is that if an individual has symptoms they should contact their GP, but soon they will be able to call NI Direct who will be able to arrange for them to book a test. She anticipated that this service will go live on 30 June, and this is referred to as Tier 3. She said that Tier 2 is nursing staff. She noted that individuals may choose to go private to get a test so PHA needs to ensure that it has access to all of those data for its programme.
- 68/20.4 Ms Mann-Kler wished to record her thanks for the tremendous amount of work that has been done on this programme to date. She asked whether PHA's communications plan is being updated as we move into this new phase. The Interim Chief Executive said that the next phase will highlight the moral obligation on individuals to get themselves tested

if they have symptoms. She said that a campaign is being finalised similar to that being used in Scotland. She also advised members that there is a programme under way to get all care home residents and staff tested by the end of June.

68/20.5 The Chair asked whether this campaign will then result in an increased demand for testing. The Interim Chief Executive assured members that the testing service will have the capacity.

68/20.6 Mr Clayton asked about the app and whether PHA was developing it, and also covering those costs. He also asked about testing and how frequently this was going to be undertaken in care homes. The Interim Chief Executive explained that there are 16,000 care home beds in Northern Ireland, but that the rate of positive tests is very low. Professor van Woerden added that the programme is being done on a prioritisation approach as the rate of case varies from home to home.

68/20.7 Mr Clayton noted that the capacity to undertake testing has increased but it is not being fully utilised and he asked how this could be perceived. Professor van Woerden said that he has been linking with Integrated Care in HSCB to encourage GPs to lower the threshold for recommending testing so as to increase the number of tests.

68/20.8 Ms Mann-Kler asked about links with the Republic of Ireland and if there is cross-border working. Professor van Woerden explained that there are established links and a mutual exchange of information. The Interim Chief Executive added that there are also weekly telecalls.

68/20.9 The Board noted the update on the contact tracing programme.

69/20 Item 10 – Update on Vaccination Programme (PHA/04/06/20)

69/20.1 Professor van Woerden said that it was important that the Board is sighted on issues relating to immunisation. He explained that there will be an increased demand on services this year with not only the flu vaccine, but a potential COVID-19 vaccine. He said that Northern Ireland is taking part in a trial. The Chair asked whether it was correct that any potential vaccine would require two administrations. Professor van Woerden confirmed that this was the case.

69/20.2 Mr Stewart said that the Board should be cognisant of the challenge represented in this paper, given that in England there will be an expansion of the flu vaccine programme in terms of those who will be eligible for testing, and there is then the challenge of administering that test in a social distancing environment.

69/20.3 Professor Rooney asked if PHA has submitted a business case for any additional resource. The Interim Chief Executive advised that a business case has been put in for 31 WTE for the contact tracing programme and that there nurses could also assist with vaccinations.

- Mr Cummings noted that the HSCB primary care team would lead the administration of the vaccination.
- 69/20.4 The Chair asked whether the age for those receiving the vaccine would be lowered. Professor van Woerden confirmed this.
- 69/20.5 The Board noted the update on vaccination programmes.
- 70/20 Item 11 – PPI Update Report (PHA/05/06/20)**
- 70/20.1 The Chair welcomed Ms Michelle Tennyson to the meeting and invited her to present the update on PPI.
- 70/20.2 Ms Tennyson began by saying that the COVID-19 pandemic has had an impact on the work of the team, but it has also represented an opportunity. She said that PPI staff have been working with the contact tracing programme, the staff health and wellbeing groups, communications staff and also the knowledge management cell. She added that two of team continue to work with the Department on the IHRD workstream and there has recently been a focus on how to better involve service users and carers in the SAI process.
- 70/20.3 Ms Tennyson advised that there has been a workshop with service users and carers on the Department’s urgent and emergency care work. She said that there has been links with the Pathfinder project in the Western Trust. She advised that funding had been received through Transformation monies for PPI-related work and the team has been monitoring how this is being utilised.
- 70/20.4 Ms Tennyson gave members an overview of training and development. She said that the PPI leadership programme is going from strength to strength and is currently oversubscribed. She said that other training in areas such as how to consult effectively and facilitation skills has taken place in partnership with both Queen’s University and Ulster University. She said that the regional PPI forum continues to meet, and there is work ongoing looking at the area of remuneration for service users.
- 70/20.5 Ms Tennyson said that in terms of work internal to PHA, the team has been liaising with each directorate to look at pieces of work they have been doing and ensuring that there is co-production. She highlighted work in terms of Protect Life 2 and other areas of suicide prevention. She gave an overview of PPI Communities of Practice, and said that they group delivered a presentation in Dublin.
- 70/20.6 Ms Tennyson said that the PPI team has been linking with MDTs (multi-disciplinary teams), and she said that work is ongoing on the Engage website.
- 70/20.7 Ms Tennyson finished with an overview of priorities for the next 6 months and the post-pandemic phase. She said that involvement will be

key as part of the restart agenda, but there is a need to be innovative in the use of technologies. She noted that in terms of the partnership agenda, there should be a link between PPI on one hand and patient experience on the other.

70/20.8 Ms Mann-Kler said that she was pleased to note that PPI is being used in terms of evidence-based outcomes, and that research is being commissioned. She queried what the impact of involvement has been. She added that it is important that PPI is part of the development of the next PHA Corporate Plan. Professor Rooney added that it should be used to ensure that what the PHA Board does is effective.

70/20.9 The Chair conveyed his appreciation on behalf of the Board to the PPI team for their work.

70/20.10 The Board noted the PPI update.

71/20 Item 12 – Any Other Business

71/20.1 Alderman Ashe raised an issue on behalf of Alderman Porter about the inadequacy of the facilities to conduct meetings online as he was unable to participate fully in the meeting and that these issues need to be resolved for future meetings. Mr Cummings advised that a number of Zoom licenses has been procured, but that the issue is not with the software, but with the HSC bandwidth and the number of users using it at any one time.

72/20 Item 13 – Details of Next Meeting

Tuesday 7 July 2020 at 1:30pm (Special Meeting)

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

Signed by Chair:



Date: 20 August 2020