

## agenda

<b>Title of Meeting</b>	130 <sup>th</sup> Meeting of the Public Health Agency Board
<b>Date</b>	18 February 2021 at 1.30pm
<b>Venue</b>	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

### standing items

- |      |   |                     |                        |
|------|---|---------------------|------------------------|
| 1    | Welcome and apologies                               |                     | Chair                  |
| 1.30 |   |                     |                        |
| 2    | Declaration of Interests                            |                     | Chair                  |
| 1.30 |   |                     |                        |
| 3    | Minutes of Previous Meeting held on 21 January 2021 |                     | Chair                  |
| 1.30 |   |                     |                        |
| 4    | Matters Arising                                     |                     | Chair                  |
| 1.35 |   |                     |                        |
| 5    | Chair's Business                                    |                     | Chair                  |
| 1.40 |   |                     |                        |
| 6    | Chief Executive's Report                            |                     | Chief Executive        |
| 1.45 |   |                     |                        |
| 7    | Finance Report                                      | <b>PHA/01/02/21</b> | Director of<br>Finance |
| 1.55 |   |                     |                        |
| 8    | Update on COVID-19                                  |                     | Chief Executive        |
| 2.05 |   |                     |                        |

### closing items

- |      |   |  |
|------|---|--|
| 9    | Any Other Business  |  |
| 2.45 |   |  |
| 10   | Details of next meeting:  |  |
|      | <i>Thursday 18 March 2021 at 1.30pm</i>                                   |  |
|      | <i>Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast, BT2 8BS</i> |  |

<b>Title of Meeting</b>	129 <sup>th</sup> Meeting of the Public Health Agency Board
<b>Date</b>	21 January 2021 at 1.30pm
<b>Venue</b>	12/22 Linenhall Street, Belfast

## Present

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

## In Attendance

Dr Aideen Keaney	- Director of Quality Improvement ( <i>via video link</i> )
Ms Marie Roulston	- Director of Social Care and Children, HSCB ( <i>via video link</i> )
Mr Lindsay Stead	- Interim Director of Finance, HSCB ( <i>via video link</i> )
Mr Robert Graham	- Secretariat

## Apologies

Mr John-Patrick Clayton	- Non-Executive Director
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### 1/21 | Item 1 – Welcome and Apologies

1/21.1 The Chair welcomed everyone to the meeting. Apologies were noted from Mr John Patrick Clayton.

### 2/21 | Item 2 – Declaration of Interests

2/21.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No declarations were made.

**3/21 Item 3 – Minutes of previous meeting held on 17 December 2020**

3/21.1 The minutes of the Board meeting held on 17 December 2020 were **APPROVED** as an accurate record of that meeting.

**4/21 Item 4 – Matters Arising**

4/21 The Chair advised that he had contacted Ms Jennifer Lamont to get information on the costs of contact tracing.

**5/21 Item 5 – Chair’s Business**

5/21.1 The Chair presented his Report and said that it is important that PHA continues to work to provide support to those who are asked to self-isolate. He noted that in England a scheme has been launched whereby people will be given a one-off payment of £500, but he noted that there has been a high rejection rate. He added that he had spoken to AdviceNI given that surveys in GB indicate that only 30% of people who are asked to self-isolate actually do so. He noted that If PHA is reaching 95% of contacts but only 30% of these in fact isolating, this means that less than 29% of the overall target group is isolating.

**6/21 Item 6 – Chief Executive’s Business**

6/21.1 The Interim Chief Executive presented her Report and thanked the Executive Directors for giving a flavour of the work that is going on within their directorates at this time.

6/21.2 The Interim Chief Executive said that PHA had hoped that the reduction in the number of daily positive cases would allow for a small amount of breathing space, but the Department of Health has requested that PHA undertake work in relation to genome sequencing and to examine the impact of the vaccination programme and the profile of the disease in care homes. She advised members that an issue has arisen with FFP3 masks produced by local company and a team is looking into this. She reported that the Directors had a workshop on Tuesday with some of the Assistant Directors to consider the report of the Hussey Review.

6/21/3 Mr Morton reported that in relation to the study being undertaken in care homes, it has been noted that a number of care homes continue to experience outbreaks but the death rate, particularly during the second wave, is much lower in Northern Ireland compared to other parts of the UK and Ireland, which he felt was due to work carried out by PHA in conjunction with social care staff in HSCB. He acknowledged that although more lives had been saved, there was a cost in terms of the emotional side with people not being able to visit relatives. The Chair said that it would be useful to have actual data in terms of the rates and number of deaths avoided in order to make those comparisons.

6/21.4 The Chair asked whether PHA has an academic partner for the genome

therapy study. Dr Bergin advised that PHA is working with COG (COVID-19 Genomics) UK as well as Queen's University and the laboratories at the Royal Victoria Hospital.

- 6/21.5 The Chair said that he had a concern in relation to bowel screening as he noted that two of the HSC Trusts are not in a position to continue this screening. Dr Bergin noted that during the first wave of the pandemic screening services came under a lot of pressure and that while the programmes are now running again, there is a specific risk in relation to bowel screening. He explained that bowel screening is an end-to-end pathway whereby an individual may receive a result which then requires an endoscopy to be carried out. However, he advised that two Trusts do not currently have the surgical and nursing staff to carry this out as they are required to support other parts of the service. He said that the situation is being monitored closely and that the Minister will have to make any final decision.
- 6/21.6 Alderman Porter asked about the impact of COVID-19 on services and asked if an analysis has been undertaken of when services can be brought back to pre-pandemic levels now that there is a vaccine. Dr Bergin agreed that there has been an impact and said that the number of cancer deaths that could be connected to COVID-19 is high. He added that there is a programme to get services restored.
- 6/21.7 Mr Stewart said that he would be keen to understand how PHA is capturing the learning from this pandemic to help inform lessons for the future. He also asked whether PHA's modelling exceeded the number of tests and daily cases given a figure of almost 3,000 cases a day was projected. He asked how PHA was able to flex its contact tracing model. The Interim Chief Executive acknowledged that when the numbers first began to rise at the end of October PHA was in the process of recruiting staff. She explained that PHA uses the modelling to determine how many contact tracing hours are required and uses the ECDC model for doing so. She said that PHA was fortunate in that it was able to attract a range of full time and part time staff and has a large bank of staff.
- 6/21.8 The Interim Chief Executive advised that when the restrictions were eased PHA knew that the modelling was suggesting there could be up to 5,000 cases a day so in addition to the new staff recruited PHA also made a call out to staff internally and many stepped up to be trained. On New Year's Day she advised that there were almost 2,500 cases, each with 2-3 contacts and PHA managed to reach 92-93% of these cases and their contacts within 24/48 hours. She said that this work played a substantial role in breaking the chain of infection.
- 6/21.9 The Interim Chief Executive said that demands on respiratory services are falling slightly but the overall health system remains under pressure and will take a long time to return to normal.
- 6/21.10 The Interim Chief Executive advised that the contact tracing team is

- working well because in addition to the contact tracers there are staff looking at data and analytics to identify clusters and new variants. She also referred to the testing work led by Dr Brid Farrell as well as the work being done with care homes, schools and special schools. She said that although the vaccine is now being rolled out, the testing programme continues to expand, there is adequate staffing and that work is now commencing to look at planning for next winter.
- 6/21.11 Mr Stewart said that his wish was to be assured that PHA had a plan in place and had been able to cope and he said he was satisfied following the update given by the Interim Chief Executive.
- 6/21.12 The Interim Chief Executive explained that PHA did not wish to go down the route of a call centre model. She said that when making telephone call contact tracers make an assessment in relation to individual's needs and direct them to AdviceNI if appropriate. She said that follow up calls do take place and PHA is looking out for the wellbeing of people.
- 6/21.13 Professor Rooney noted two separate reports from the public health and nursing, midwifery and AHP directorates in relation to PHA involvement with education and asked if these were two separate projects or the same one. The Interim Chief Executive replied that they were the same project and noted the difficulty with separate reports. Professor Rooney asked about PHA's role in terms of schools and mental health given the issues about exams. The Interim Chief Executive advised that the Health Improvement team, through the programmes it commissions for young people and families, is providing support and she proposed inviting someone from that team along to give members an overview of this work (**Action – Interim Chief Executive**).
- 6/21.14 Professor Rooney noted the high number of applicants for a post in PHA and asked if these were external candidates. The Interim Chief Executive said that they were and she was pleased to see that there are people who wish to come and work for the PHA.
- 6/21.15 Professor Rooney noted that the 3 HSCQI projects referenced in the Report are particularly important in relation to COVID-19, for example the staff psychological wellbeing study was imperative due to huge pressures on frontline staff and sickness levels, and the technology project on connecting people who are isolated. She expressed concern that the HSCQI staff involved in them were redeployed so she sought clarity as to whether the projects have been stopped. Dr Keaney clarified that the projects have been paused and she hoped that they would be up and running again in February. Dr Keaney noted the point about the high number of applicants for the post in her team and said that she could recruit more staff, but there is no funding to do so. The Chair expressed his concern about the redeployment of staff saying that HSCQI is an area that needs proper growth. The Interim Chief Executive explained that staff have only been redeployed for the month of January and that some of the HSCQI work is Trust work and Trust

staff have been redeployed to work on the COVID-19 response.

6/21.16 Mr Morton said that PHA has enacted its contingency plan whereby programmes are stood down on a risk assessed basis and decisions are not taken lightly. The Chair asked whether external people should be recruited to contact tracing, but the Interim Chief Executive explained that it takes time to train and money to set up licenses and that the PHA staff who are helping out are only doing so one day per week in order to maintain their skills.

6/21.17 Mrs Roulston returned to the issue of mental health in schools and advised that the emotional and wellbeing cell is looking at schools as well as the effects of long COVID.

6/21.18 Dr Keaney commented that COVID-19 is one of many factors having an impact on resources and there are issues which need to be resolved regarding funding, on which she would welcome further discussion.

### **7/21 Item 7 – Finance Report (PHA/01/01/21)**

*During this item Ms Mann-Kler left the meeting.*

7/21.1 Mr Stead advised that this would be his last month delivering the Finance Report and that next month Mr Colin Bradley will taking on the role of Acting Director of Finance. Moving onto the report, he said that PHA's financial position remains largely similar to previous reports with a year-end break even position being forecast. He said that the Department will retract a small amount of slippage.

7/21.2 Mr Stead indicated that this month's position is showing an underspend of around £1.6m which he said was a budgetary issue. He highlighted a concern regarding the ability of organisations with which PHA holds contracts to be able to spend money due to the COVID-19 pandemic. He said that there is regular correspondence with the Department of Health regarding the financial position. With regard to Transformation funding, he said a small amount of slippage is anticipated against this budget.

7/21.3 Mr Stead moved onto COVID-19 funding and reported that as a result of the difficulties in predicting some of the elements of this work, for example the costs of contact tracing, the enhanced health protection service and the vaccination programme, there may need to be a revision made to the £10.3m bid made to the Department. He assured members that all areas are being kept under review and that HSCB would link with the Department on PHA's behalf. He explained that the process for allocating COVID-19 monies means that organisations only receive the funds which they require.

7/21.4 Mr Stead said that going forward into 2021/22 the overall budget will be tight and a submission has been made to relevant policy leads in the

Department across a range of inescapable pressures.

- 7/21.5 Mr Stead informed members that work is ongoing in relation to an options paper in terms of how the finance function will operate in the future. He explained the Governance Steering Group has been established and that Miss Rosemary Taylor from PHA sits on this group. He added that one of its workstreams relates to finance and that he and Ms Brigitte Worth (Director of Finance, Department of Health) have been asked to develop an options paper on the finance function for the Steering Group by 5 February. He said that a short life working group has been established and that Miss Taylor and Mr Stephen Murray are representing PHA. He advised that a paper will be developed which will look at various options and outline the pros and cons of each and that further work will then be required to determine the best way forward and he agreed to share a first draft of this paper with the PHA Board.
- 7/21.6 Mr Stewart thanked Mr Stead for his Report and also for facilitating a meeting earlier this week. He sought assurance that the Department will fund the COVID-19 bid. He also noted that there is a considerable amount of year-end projected spend on the communications budget and he sought assurance that this would be spent and not further add to PHA's surplus, and if any surplus would then be used to cover some of the COVID-19 expenditure. Mr Stead said that he was confident that DoH will fund the £8m required to cover the COVID-19, but his only concern was PHA's ability to fully utilise the funding. In relation to the communications spend, he said that he is actively encouraging budget holders to ensure that they spend their budgets so as not to further increase the current surplus. Mr Wilson added that in relation to the communications budget, it is not unusual to see a higher volume of spend in the final quarter and that is when media partners submit their invoices. He said that there remains a challenge for PHA as some of its planned work has had to be cut short due to the ongoing demands of COVID-19 and he hoped to be able to allocate funding towards that area of work. He advised that there was no sense that there would be a considerable underspend in this budget area.
- 7/21.7 The Chair asked if there was virement to re-allocate money and proposed that in addition to the normal Annual Report and Accounts, PHA should produce a summary that is more amenable for the general public. Mr Wilson advised that there was no reason that the budget could not be reallocated, but in terms of producing such a report, the main issues would be timing and having the resources, but it is something to which he is giving consideration.
- 7/21.8 Mr Stewart noted the comment in the Report that the impact of PHA being able to fund the first 1% of pay awards over the last 2 years is being masked by the number of vacant posts and he asked if there was going to any change in terms of ALBs having to meet this cost. Mr Stead agreed with Mr Stewart's point that PHA would have difficulty in meeting these costs if all its posts were filled. He noted that as part of

the planning for 2021/22 he did not think that ALBs were going to be levied with any efficiency targets so he did not know whether that would then help PHA with meeting the costs of the pay award. Mr Stewart said that if proposals have been sent to the Department regarding next year's budget he would welcome the PHA Board seeing these. Mr Stead agreed to obtain this information (**Action – Mr Stead**).

7/21.9 The Chair said that he would be concerned that if PHA's surplus were used to cover the costs of COVID-19 this would mean that PHA's historical accounts would not be a true representation since it would not show that programmes have been reduced or cut because of COVID-19. He thanked Mr Stead for his Report and for his support to the Board over the last two months.

7/21.10 The Board noted the Finance Report.

### **8/21 Item 8 – Update on COVID-19**

8/21.1 Dr Bergin returned to a point made by Mr Stewart earlier in the meeting regarding how learning from the pandemic is being captured. In the first wave he explained that the Gold/Silver/Bronze arrangements were in place and other agencies were relying on PHA for advice and guidance but during the second, and now third, waves, there is better co-ordination and better working with other Government departments. Internally, he said that during the first wave there were many demands being placed on PHA for information on a daily basis and that going forward PHA wants to do better in areas such as data intelligence and analytics. He outlined the current arrangements saying that each Thursday there is an internal meeting where all cells can connect and update each other and then each directorate can go and do its own 7-day planning.

8/21.2 Dr Bergin advised that the Hussey Report made 4 recommendations, the first of which related to strengthening the public health system in Northern Ireland. He said that some workshops have been held to look at this and he hoped that as COVID-19 moves from being epidemic to endemic work will be done to strengthen the health protection function and that a business case has already been submitted to the Department of Health.

8/21.3 Dr Bergin said that another recommendation in the Hussey Report concerned developing the science and intelligence capability and there was reference in the Report to the recruitment of a Chief Data Scientist. He added that the final recommendation was that PHA should become a more effective organisation and work has commenced to look at this. He said that the genome therapy work will allow PHA to manage outbreaks better. With regard to data intelligence and analytics, he said that PHA has the necessary assets but it is about joining these up. He felt that all staff in the organisation should have a minimum level of health protection training. Finally, when considering a public health



competency framework, he suggested that PHA should become a public health school training its staff of the future.

- 8/21.4 Mr Stewart thanked Dr Bergin for his overview and appreciated that this will be an area that the Board will look at in more detail. In terms of the current pandemic, he asked whether any analysis is being carried out of the concentration in different areas. Dr Bergin said that the disease has ping-ponged across the country and there remain unknowns but he advised that the Duty Room can pick up intelligence which can then result in a mobile testing unit being deployed to a certain area and then communications and Health Improvement staff can get messages out to people giving advice on self-isolation and where to get support.
- 8/21.5 Dr Keaney said that the pandemic has offered an opportunity for lessons to be learnt from a QI perspective. She explained that in the early days of the pandemic the senior management teams of HSCB and PHA would have met in a daily “huddle” using a QI methodology and she has completed a review of this way of working and recently delivered a presentation highlighting any learning for the future and suggested she could deliver the same presentation to the Board. She noted that the “huddle” arrangements were stood up in a short period of time and it was clear that the two teams of staff were keen to learn and were committed to improvement. The Chair said that he would welcome this presentation.
- 8/21.6 Professor Rooney said that it is good to see that PHA is learning, and asked if there are any lessons that can be picked up internationally, for example New Zealand. The Chair cited previous reference he had made to the approach undertaken in Taiwan.

**9/21 Item 9 – Update on PPI (PHA/02/01/21)**

*Mr Martin Quinn joined the meeting for this item.*

*During this item Dr Keaney left the meeting.*

- 9/21.1 Mr Quinn introduced the latest PPI Report and said that the team has been active in contributing to the PHA response to the COVID-19 pandemic through its involvement with the communications cell, the knowledge management cell and the vaccine sub-group. He advised that the team has maintained its work in the area of Transformation and has overseen projects worth up to £500k. He added that there is now a higher level of demand for advice from the team which reinforces the need to build a critical mass of expertise. He said that the team has been involved in areas such as Hyponatraemia, including the Duty of Candour workstream, as well as the Review of Urgent and Emergency Care, the No More Silos project and the RQIA Neurology Review.
- 9/21.2 Mr Quinn reported that PHA led the development of Involvement Standards and these have been used to assist the development of UK-

- wide standards and this work has published in a number of journals.
- 9/21.3 Mr Quinn said that COVID-19 has forced a change in mindset in terms of how the team can do its work given the public health restrictions. He noted that some service users and carers are feeling a sense of isolation and marginalisation. He said that trying to prioritise resources for COVID-19 has resulted in forgetting about other partners. He added that the team is linking with Queen's University and colleagues in the Behavioural Change team.
- 9/21.4 Mr Quinn moved on to highlight some of the other recent successes of the team. He advised that a series of bespoke co-production webinars took place which involved about 1,000 people. He added that the Leading in Partnership Programme has commenced again and that the Health Minister joined an event which concluded one of the previous programmes and took the opportunity to encourage people to participate. Mr Quinn said that the team has developed guidance, for example in how to reach hard to reach/easy to ignore groups being mindful of the limitations of technology that they may face. He reported that a review of the HSC Engage website is taking place.
- 9/21.5 Mr Quinn said that he is proud of the work of the team and going forward he hopes that the team will continue to lead by example. He added that he hopes to organise some briefings through the Consultation Institute.
- 9/21.6 The Chair commented that when he attends PPI events, it is always the same individuals who are present and he asked what is being done to get more people involved. Mr Quinn said that PHA is collecting contact information from participants in webinars and through its partners in other PCE (Patient Client Experience) work as well as through colleagues in the PCC (Patient Client Council) in an attempt to build up a cohort. Mr Morton added that PHA is looking to develop a new plan bringing together various strands of work including PPI, co-production and user experience and that this plan would allow the Board to see how PHA is aiming to be an exemplar organisation.
- 9/21.7 The Chair asked about getting user involvement in areas such as screening. Mr Morton said that he hopes to secure funding for an individual to come in and work alongside Mr Quinn's team to bring that "lived experience voice" to PHA's work. Mr Quinn noted that there has previously been service user involvement in the AAA (Abdominal Aortic Aneurysm) programme and agreed that recruiting this new team member would be of great benefit. The Chair asked if this work could be done using existing resources but Mr Quinn explained that there are currently many demands on the team, noting for example that one member is now working full time with the Department of Health on a specific project.
- 9/21.8 Mr Stewart noted that there were many initiatives outlined in the Report, but felt that in order to increase buy-in there needed to be detail about

the impact of all of this work, and he asked if there were any example of where PHA has made a real difference. Mr Quinn said that there are many good examples of where PHA has made a difference. He conceded that although PHA can rely on a critical mass of staff, service users and carers and there are examples of where quality improvements have been made, there is a need to communicate these successes more widely.

9/21.9 The Chair thanked Mr Quinn for attending the meeting and delivering his presentation.

9/21.10 The Board noted the update on Personal and Public Involvement.

**10/21 Item 10 - HIV Surveillance Report for Northern Ireland 2020 (PHA/03/01/21)**

*Dr Claire Neill joined the meeting for this item.*

10/21.1 Dr Neill gave a brief summary of the key points of the Report. She advised that in 2019 there were 52 new first diagnoses of HIV in Northern Ireland compared to 80 in 2018 and less than the peak of 102 in 2015. She noted that for the first time the number of new cases in heterosexuals was higher than that in gay and bisexual men.

10/21.2 Dr Neill reported that there has been increased testing with a 14% increase in hospital settings. She said that there is an increasing number of individuals being treated for HIV and this increase is due to not only new diagnoses, but people receiving antiretroviral therapy. She noted that although Northern Ireland's overall prevalence rate is low, the rate in Belfast is reaching a level where expanded testing in primary and secondary care would be recommended.

10/21.3 Dr Neill explained that there is a UN target that by 2020 90% of people living with HIV should know their status, 90% of those diagnosed should receive treatment and 90% of treatment will have viral suppression. She advised that these targets have been revised to 95% by 2030, but that Northern Ireland is already meeting two these targets.

10/21.4 In terms of service developments, Dr Neill reported that the introduction of PrEP (pre-exposure prophylaxis) has contributed to a decline in diagnoses, particularly for gay and bisexual men. Going forward, she said that PHA will continue to promote safe sex messages and ensure there is continued access to testing.

10/21.5 Mr Stewart asked if there is any particular reason for the increased prevalence in the Belfast area. Dr Neill said that there is not and noted that although treatments are improving, there still remains the risk of transmission.

10/21.6 The Chair asked if there is any data available in terms of years of life

lost. Dr Neill said that she was not aware of such data. The Chair asked if there has been any research to determine if societal attitudes towards HIV have changed. Dr Neill noted that although she did not know of any research, there are programmes in Trust aiming to reduce the stigma towards individuals with HIV. The Chair said that we should look to determine how to help individuals cope once they have been diagnosed with HIV.

10/21.7 The Board noted the HIV Surveillance Report.

**11/21 Item 11 – Level of Funding for Health Research in Northern Ireland**

11/21.1 The Chair noted that at the last Board meeting he had raised the point that Northern Ireland does not receive the same level of research funding as other parts of the United Kingdom. He said that following the meeting he had discussed this issue with both Dr Janice Bailie and the Department of Health. He explained that funding for research was allocated throughout the United Kingdom by means of the Barnett formula. However, he added that the Northern Ireland Executive in the past had not allocated the appropriate amount to Research and Development here and therefore our ability to participate in UK wide research projects was compromised and Northern Ireland was often subsidised as the “poor relation”. The Chair reiterated his view that in the light of the tremendous success of research in producing vaccines in such a short period of time there should be support among the public and among MLAs to allocate the rightful amount to this vital area of work.

11/22.2 Mr Stewart asked how this can be taken forward. The Chair said that the Department of Health was in agreement with the need for additional funds. However he would find out how to go about making the request for increased research funding in line with Barnett consequentials **(Action – Chair)**.

**12/21 Item 12 - Allocation of funds by the PHA**

12/21.1 The Chair advised that this issue was raised at the last meeting and that he and Mr Stewart had had a conversation with Mr Stead concerning this matter, and he had also spoken to Ms Colette Rogers who assured him that all PHA contracts with community and voluntary sector organisations are performance managed. He added that when a contract comes up for renewal they are put out to tender but he recalled a conversation that he had with a previous Chief Executive who said that in order for smaller organisations to be able to bid successfully for these tenders, they should form conglomerates in order to compete effectively against the larger organisations.

12/21.2 Alderman Porter said that while he appreciates that there are legacy issues he wanted to be assured that there is equality in terms of contracts being awarded across both sides of the community.

12/21.3 Mr Stewart noted that while clarity has been given that the funding is properly dispersed and there are performance management arrangements in place, he felt that the issue was whether by continuing to provide funding to the same organisations, PHA was inadvertently creating an inequality elsewhere. Alderman Porter added that his issue is in terms of the equity and whether contracts are given out in areas of higher deprivation. Alderman Ashe said that he had an issue with regard to how applications for funding are advertised and the openness of the process.

12/21.4 The Interim Chief Executive said that as this matter does not appear to have been resolved to the satisfaction of members she would ask a representative from Health Improvement to come along and explain the process. Mr Wilson said that Mr Stephen Murray should attend from a procurement perspective (**Action – Interim Chief Executive, Mr Wilson**).

**13/21 Item 13 – Any Other Business**

13/21.1 The Chair said that it is important that a meeting is organised for the Board to meet to discuss the Hussey Report. The Interim Chief Executive said that Mr Morton, Dr Bergin and Mr Wilson had put together a short presentation on some initial thinking and there needs to be dialogue with Trade Union colleagues. It was agreed that a date would be finalised (**Action – Chair, Secretariat**).

**14/21 Item 14 – Details of Next Meeting**

*Thursday 18 February 2021 at 1:30pm*

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

Signed by Chair:

Date:

# **Public Health Agency**

## **Finance Report**

**2020-21**

**Month 9 - December 2020**



# PHA Financial Report - Executive Summary

## Year to Date Financial Position (page 2)

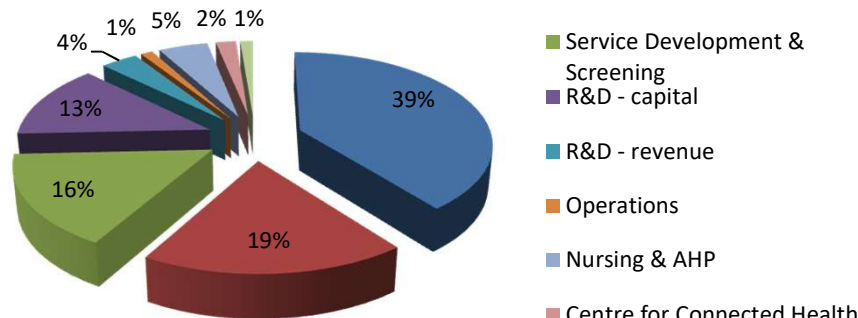
At the end of month 9 PHA is reporting an underspend of £1.4m against its profiled budget. This underspend is the result of delays in expenditure on the Service Development & Screening and Campaigns budgets (page 4), combined with an underspend on Administration budgets (page 6).

Budget managers continue to be encouraged to closely review their profiles and financial positions to ensure the PHA meets its breakeven obligations at year-end.

## Programme Budgets (pages 3&4)

The chart below illustrates how the Programme budget is broken down across the main areas of expenditure.

**PHA Programme Budgets 2019-20**



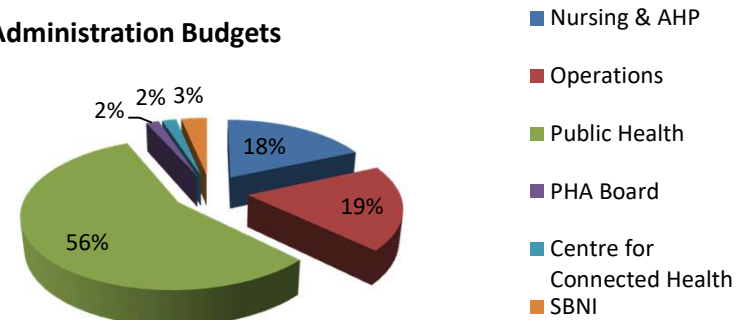
## Administration Budgets (page 5)

Approximately half of the Administration budget relates to the Directorate of Public Health, as shown in the chart below.

A significant number of vacant posts remain within PHA, and this is creating slippage on the Administration budget.

Management is proactively working to fill vacant posts and to ensure business needs continue to be met.

**Administration Budgets**



## Full Year Forecast Position & Risks (page 2)

PHA is currently forecasting a breakeven position for the full year. Slippage is expected to arise from Administration budgets in particular. In previous years this has been used to fund a range of in-year pressures and initiatives, however the impact of COVID-19 has reduced the potential to absorb this slippage in 2020-21. Discussions are on-going with the Department in the respect of the overall HSC financial position, and the forecast position reported above reflects these discussions.



**Public Health Agency**  
**2020 -21 Summary Position - December 2020**

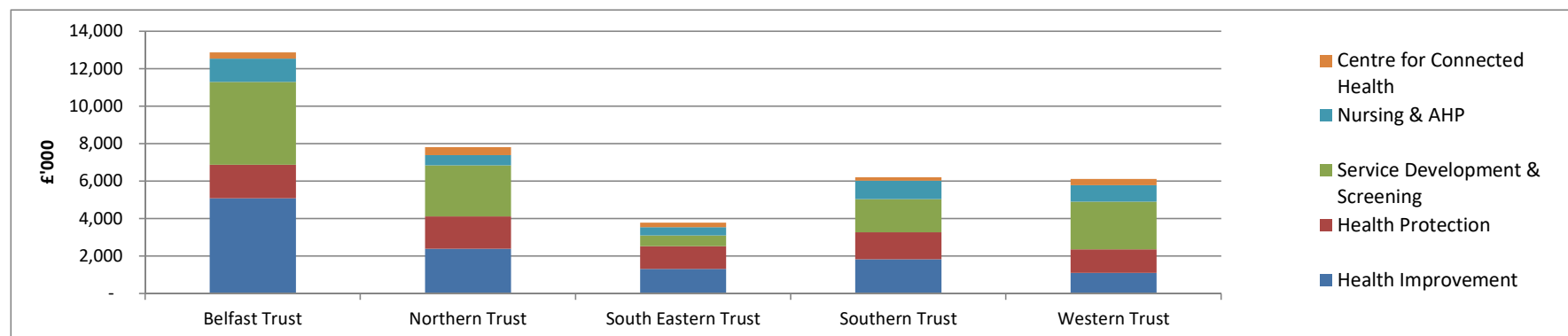
	Annual Budget					Year to Date				
	Programme		Ringfenced	Mgt & Admin	Total	Programme		Ringfenced	Mgt & Admin	Total
	Trust	PHA Direct	Trust & Direct	£'000	£'000	Trust	PHA Direct	Trust & Direct	£'000	£'000
<b>Available Resources</b>										
Departmental Revenue Allocation	37,315	46,490	15,145	22,192	<b>121,141</b>	27,986	32,286	5,851	16,445	<b>82,569</b>
Assumed Retraction					-					-
Revenue Income from Other Sources	-	23	-	864	<b>887</b>	-	23	-	609	<b>632</b>
<b>Total Available Resources</b>	<b>37,315</b>	<b>46,513</b>	<b>15,145</b>	<b>23,056</b>	<b>122,029</b>	<b>27,986</b>	<b>32,310</b>	<b>5,851</b>	<b>17,055</b>	<b>83,201</b>
<b>Expenditure</b>										
Trusts	37,315	-	3,199	-	<b>40,513</b>	27,986	-	2,347	-	<b>30,333</b>
PHA Direct Programme *	-	47,181	11,946	-	<b>59,127</b>	-	31,497	3,504	-	<b>35,001</b>
PHA Administration	-	-	-	22,388	<b>22,388</b>	-	-	-	16,490	<b>16,490</b>
<b>Total Proposed Budgets</b>	<b>37,315</b>	<b>47,181</b>	<b>15,145</b>	<b>22,388</b>	<b>122,029</b>	<b>27,986</b>	<b>31,497</b>	<b>5,851</b>	<b>16,490</b>	<b>81,825</b>
<b>Surplus/(Deficit) - Revenue</b>	<b>-</b>	<b>(668)</b>	<b>-</b>	<b>668</b>	<b>-</b>	<b>-</b>	<b>812</b>	<b>-</b>	<b>565</b>	<b>1,378</b>
<i>Cumulative variance (%)</i>						<i>0.00%</i>	<i>2.51%</i>	<i>0.00%</i>	<i>3.31%</i>	<i>1.66%</i>

The year to date financial position for the PHA shows an underspend of £1.4m, which consists primarily of year-to-date underspends in PHA Direct and Administration budgets.

A year-end breakeven position is currently forecast. A forecast surplus is anticipated on the Administration budget, with the impact of COVID-19 restricting the potential to utilise this funding on Programme priorities as in previous years. Discussions are on-going with the Department in the respect of the overall HSC financial position, and the forecast position reported above reflects these discussions.

\* PHA Direct Programme includes amounts which may transfer to Trusts later in the year

## Programme Expenditure with Trusts

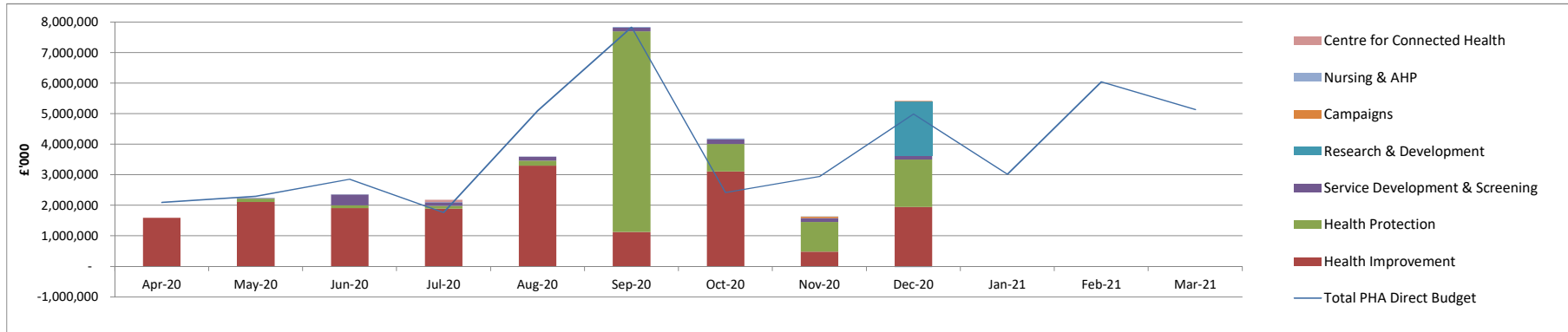


	Belfast Trust £'000	Northern Trust £'000	South Eastern Trust £'000	Southern Trust £'000	Western Trust £'000	Total Planned Expenditure £'000	YTD Budget £'000	YTD Expenditure £'000	YTD Surplus / (Deficit) £'000
<b>Current Trust RRLs</b>									
Health Improvement	5,085	2,385	1,312	1,833	1,110	<b>11,724</b>	8,793	8,793	-
Health Protection	1,792	1,737	1,212	1,440	1,244	<b>7,425</b>	5,569	5,569	-
Service Development & Screening	4,426	2,720	573	1,769	2,556	<b>12,044</b>	9,033	9,033	-
Nursing & AHP	1,241	544	446	990	868	<b>4,089</b>	3,066	3,066	-
Centre for Connected Health	329	431	247	172	338	<b>1,516</b>	1,137	1,137	-
Other	152	122	56	91	95	<b>516</b>	387	387	-
<b>Total current RRLs</b>	<b>13,026</b>	<b>7,939</b>	<b>3,846</b>	<b>6,294</b>	<b>6,209</b>	<b>37,315</b>	<b>27,986</b>	<b>27,986</b>	-
<i>Cumulative variance (%)</i>									<i>0.00%</i>

The above table shows the current Trust allocations split by budget area. Budgets have been realigned in the current month and therefore a breakeven position is shown for the year to date as funds previously held against PHA Direct budget have now been issued to Trusts.

The Other line relates to general allocations to Trusts for items such as the Apprenticeship Levy and Inflation.

### PHA Direct Programme Expenditure



	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
<b>Profiled Budget</b>													
Health Improvement	2,096	2,096	2,096	1,239	4,555	972	1,209	1,956	1,057	1,201	4,713	3,086	<b>26,277</b>
Health Protection	-	100	160	192	186	6,577	917	916	1,458	70	70	10	<b>10,655</b>
Service Development & Screening	-	95	562	215	364	215	215	31	340	335	556	475	<b>3,403</b>
Research & Development	-	-	-	-	-	-	-	-	1,780	1,000	431	250	<b>3,461</b>
Campaigns	-	-	-	10	20	45	60	15	250	339	155	257	<b>1,121</b>
Nursing & AHP	-	-	39	39	21	27	19	61	98	64	94	96	<b>518</b>
Centre for Connected Health	-	-	-	70	-	-	-	-	8	8	28	255	<b>369</b>
Other	-	-	-	-	-	-	-	-	-	-	-	682	<b>682</b>
<b>Total PHA Direct Budget</b>	<b>2,096</b>	<b>2,291</b>	<b>2,857</b>	<b>1,765</b>	<b>5,105</b>	<b>7,836</b>	<b>2,420</b>	<b>2,949</b>	<b>4,991</b>	<b>3,017</b>	<b>6,048</b>	<b>5,112</b>	<b>46,487</b>
<b>Cumulative variance (%)</b>													
<b>Actual Expenditure</b>	<b>1,595</b>	<b>2,327</b>	<b>2,394</b>	<b>2,219</b>	<b>3,637</b>	<b>7,884</b>	<b>4,229</b>	<b>1,673</b>	<b>5,539</b>	-	-	-	<b>31,497</b>
<b>Variance</b>	<b>501</b>	<b>(35)</b>	<b>463</b>	<b>(454)</b>	<b>1,468</b>	<b>(47)</b>	<b>(1,809)</b>	<b>1,275</b>	<b>(549)</b>				<b>812</b>

YTD Budget	YTD Spend	Variance	
£'000	£'000	£'000	
17,277	17,483	(207)	-1.2%
10,505	10,445	60	0.6%
2,037	1,486	551	27.0%
1,780	1,780	-	0.0%
370	63	307	83.0%
264	68	196	74.1%
78	78	0	0.2%
-	94	(94)	100.0%
<b>32,310</b>	<b>31,497</b>	<b>812</b>	
		<b>2.51%</b>	

The year-to-date position shows an underspend of approximately £0.8m. This surplus is mainly coming from the Service Development & Screening and Campaigns budgets, with the impact of the COVID-19 pandemic causing underspends in some areas.

The budgets and profiles are shown after adjusting for retractions and new allocations from DoH.

An approximate breakeven position is expected on PHA Direct budgets for the full year. As in previous years, the organisation expects a surplus to arise on Administration budgets which would normally have been absorbed through PHA Direct budgets to address programme priorities, but this is unlikely to be an option in 2020-21 and therefore represents a risk which will be kept under close review.

## Public Health Agency 2020-21 Ringfenced Position

	Annual Budget				Year to Date			
	Covid £'000	Transformation £'000	DAERA & EITP £'000	£'000	Covid £'000	Transforma tion £'000	DAERA & EITP £'000	£'000
<b>Available Resources</b>								
DoH Allocation	2,363	4,496	311	<b>7,170</b>	562	2,616	211	<b>3,390</b>
Assumed Allocation	7,975	-	-	<b>7,975</b>	2,462	-	-	<b>2,462</b>
<b>Total</b>	<b>10,338</b>	<b>4,496</b>	<b>311</b>	<b>15,145</b>	<b>3,024</b>	<b>2,616</b>	<b>211</b>	<b>5,851</b>
<b>Expenditure</b>								
Trusts	751	2,380	68	<b>3,199</b>	562	1,785	-	<b>2,347</b>
PHA Direct	9,588	2,115	243	<b>11,946</b>	2,462	831	211	<b>3,504</b>
<b>Total</b>	<b>10,338</b>	<b>4,495</b>	<b>311</b>	<b>15,145</b>	<b>3,024</b>	<b>2,616</b>	<b>211</b>	<b>5,851</b>
<b>Surplus/(Deficit)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>

PHA has received a COVID allocation of £2.4m to date, which is primarily for Flu Vaccinations. The additional £8.0m assumed funding is subject to continual review and may reduce slightly as projections are refined. PHA is working with DoH to ensure that the COVID funding secured reflects the anticipated expenditure before final allocations are made. As at December £3.0m has been incurred against these allocations, with the remaining expenditure expected during quarter 4. The costs incurred at present are in relation to Track & Trace, Enhanced Health Protection, Community PPE, COVID Communication Campaigns and Flu Vaccinations costs.

A number of Transformation projects are also on-going, and separate ringfenced funding has been received for these totalling £4.5m. These projects are being monitored and reported on separately to DoH, and it is assumed that any underspends identified will be retracted by DoH and a breakeven position will be achieved for the year.

The Other category includes EITP and DAERA ringfenced funds, which are also expected to breakeven at this stage.

**PHA Administration**  
2020-21 Directorate Budgets

	Nursing & AHP £'000	Quality Improvement £'000	Operations £'000	Public Health £'000	PHA Board £'000	Centre for Connected Health £'000	SBNI £'000	Total £'000
<b>Annual Budget</b>								
Salaries	4,021	326	2,957	12,345	314	348	467	20,779
Goods & Services	149	18	1,322	408	54	58	269	2,277
<b>Total Budget</b>	<b>4,170</b>	<b>344</b>	<b>4,279</b>	<b>12,753</b>	<b>369</b>	<b>406</b>	<b>735</b>	<b>23,056</b>
<b>Budget profiled to date</b>								
Salaries	2,887	244	2,217	9,256	232	261	350	15,447
Goods & Services	112	13	991	260	41	43	147	1,607
<b>Total</b>	<b>2,999</b>	<b>258</b>	<b>3,208</b>	<b>9,516</b>	<b>273</b>	<b>305</b>	<b>496</b>	<b>17,054</b>
<b>Actual expenditure to date</b>								
Salaries	2,920	264	2,072	9,404	187	279	310	15,436
Goods & Services	85	2	816	73	10	2	66	1,054
<b>Total</b>	<b>3,005</b>	<b>266</b>	<b>2,887</b>	<b>9,477</b>	<b>197</b>	<b>282</b>	<b>376</b>	<b>16,490</b>
<b>Surplus/(Deficit) to date</b>								
Salaries	(33)	(20)	145	(148)	45	(18)	40	11
Goods & Services	27	11	176	187	31	41	80	553
<b>Surplus/(Deficit)</b>	<b>(6)</b>	<b>(8)</b>	<b>321</b>	<b>39</b>	<b>76</b>	<b>23</b>	<b>120</b>	<b>564</b>
<b>Cumulative variance (%)</b>	<b>-0.20%</b>	<b>-3.25%</b>	<b>10.00%</b>	<b>0.41%</b>	<b>27.80%</b>	<b>7.51%</b>	<b>24.23%</b>	<b>3.31%</b>

PHA's administration budget is showing a year-to-date surplus of £0.6m, which is being generated by a number of long standing vacancies along with the impact of many staff continuing to work primarily from home, which is driving reduced expenditure in areas such as travel and courses. Senior management continue to monitor the position closely in the context of the PHA's obligation to achieve a breakeven position for the financial year. The full year surplus is currently forecast to be £0.7m.

DoH has required PHA to meet the cost of the first 1% of the pay award in each of the last 2 years (2019-20 and 2020-21). The impact of this is currently being masked by high levels of vacancies.

The SBNI budget is ringfenced and any underspend will be returned to DoH prior to year end.

## Public Health Agency 2020-21 Capital Position

	Annual Budget				Year to Date			
	Programme		Mgt & Admin	Total	Programme		Mgt & Admin	Total
	Trust	PHA Direct			Trust	PHA Direct		
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
<b>Available Resources</b>								
Capital Grant Allocation & Income	7,984	4,504	-	<b>12,488</b>	5,988	3,223	-	<b>9,211</b>
<b>Expenditure</b>								
Capital Expenditure - Trusts	7,984			<b>7,984</b>	5,988			<b>5,988</b>
Capital Expenditure - PHA Direct		4,504		<b>4,504</b>		1,237		<b>1,237</b>
	7,984	4,504	-	<b>12,488</b>	5,988	1,237	-	<b>7,225</b>
<b>Surplus/(Deficit) - Capital</b>	-	-	-	-	-	<b>1,987</b>	-	<b>1,987</b>
<i>Cumulative variance (%)</i>								

PHA has received a Capital budget of £12.5m including income in 2020-21, most of which relates to Research & Development projects in Trusts and other organisations. Expenditure of £7.2m is shown for the year to date, and a breakeven position is anticipated for the full year.

## PHA Prompt Payment

### Prompt Payment Statistics

	December 2020 Value	December 2020 Volume	Cumulative position as at 31 December 2020 Value	Cumulative position as at 31 December 2020 Volume
Total bills paid (relating to Prompt Payment target)	£5,611,627	586	£43,348,567	3,713
Total bills paid on time (within 30 days or under other agreed terms)	£5,579,022	555	£42,677,672	3,439
<b>Percentage of bills paid on time</b>	<b>99.4%</b>	<b>94.7%</b>	<b>98.5%</b>	<b>92.6%</b>

Prompt Payment performance for December and the year to date shows that on value the PHA is achieving its 30 day target of 95.0%. Cumulatively to date PHA are not achieving the 95% target on volume and further efforts will require to be made in order to achieve the 95% target for year end.

The 10 day prompt payment performance remained strong at 82.0% on volume for the year to date, which significantly exceeds the 10 day DoH target for 2020-21 of 70%.