Public Health Agency

agenda

Title of Meeting	136th Meeting of the Public Health Agency Board
Date	16 September 2021 at 1.30pm
Venue	Via Zoom

standing items

1 1.30	Welcome and apologies		Chair
2 1.30	Declaration of Interests		Chair
3 1.30	Minutes of Previous Meeting held on 19 August 2021		Chair
4 1.35	Matters Arising		Chair
5 1.40	Chair's Business		Chair
6 1.45	Chief Executive's Report		Chief Executive
7 2.00	Finance Report	**PHA/01/09/21**	Director of Finance
8 2.15	Update on COVID-19 To include: • Action plan for Recruitment, Training and Retention of Contact Tracing Staff, Full-time, Part-time and Casual; • Action Plan for Repatriation of Health and Social Care Staff to Normal Duties • Strategy for Response to Future Hikes in Demand;		Chief Executive

items for noting

9 2.30	Staff Accommodation following Survey: Belfast locations, Ballymena, Omagh and Londonderry		

closing items

10 Any Other Business
2.40

11 Details of next meeting:

Thursday 21 October 2021 at 1.30pm

Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast, BT2 8BS

Public Health Agency

minutes

Title of Meeting	135th Meeting of the Public Health Agency Board
Date	19 August 2021 at 1.30pm
Venue	12/22 Linenhall Street, Belfast

Present

Mr Andrew Dougal	-	Chair (*via video link*)
Mr Aidan Dawson	-	Chief Executive
Dr Brid Farrell	-	Interim Director of Public Health (*via video link*)
Ms Michelle Tennyson	-	Assistant Director of Allied Health Professionals, PPI and PCE (*on behalf of Mr Morton*)
Mr Stephen Wilson	-	Interim Director of Operations
Mr John Patrick Clayton	-	Non-Executive Director (*via video link*)
Ms Deepa Mann-Kler	-	Non-Executive Director (*via video link*)
Mr Joseph Stewart	-	Non-Executive Director (*via video link*)

In Attendance

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

Apologies

Dr Stephen Bergin	-	Interim Director of Public Health
Mr Rodney Morton	-	Director of Nursing and Allied Health Professionals
Professor Nichola Rooney	-	Non-Executive Director
Dr Aideen Keaney	-	Director of Quality Improvement
Mr Brendan Whittle	-	Director of Social Care and Children, HSCB

83/21 Item 1 – Welcome and Apologies

83/21.1 The Chair welcomed everyone to the meeting. Apologies were noted from Dr Stephen Bergin, Mr Rodney Morton, Professor Nichola Rooney, Dr Aideen Keaney and Mr Brendan Whittle.

84/21 Item 2 – Declaration of Interests

84/21.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. For items 10 and 11 Ms Mann-Kler declared an interest in her role as an Equality Commissioner.

85/21 **Item 3 – Minutes of previous meeting held on 17 June 2021**

85/21.1 The minutes of the Board meeting held on 17 June 2021 were **APPROVED** as an accurate record of that meeting.

86/21 **Item 4 – Matters Arising**

72/21.3 Report to those Charged with Governance

86/21.1 Mr Stewart advised that the final Report to those Charged with Governance has now been received and he congratulated all those staff involved for their work in achieving another clean audit.

74/21.2 Draft Project Initiation Document

86/21.2 The Chair noted that this had been discussed in the confidential session of the Board meeting.

74/21.3 Vaccine Uptake

86/21.3 Mr Graham advised that this update is contained within the Chief Executive's Report.

74/21.4 Port Health Plan

86/21.4 Mr Graham reported that Ms Mary Carey would be attending the September Board meeting to give members an overview of this work.

*74/21.5 Data on Screening Programme*s

86/21.5 Mr Graham said that he had spoken to Dr Tracy Owen who confirmed that she would provide data in next month's Chief Executive's Report.

75/21.11 PHA Programme Expenditure

86/21.6 Ms McCaig reported that there has been discussion at a recent Agency Management Team (AMT) meeting about funding priorities. The Chief Executive said that an initial discussion has taken place but he would welcome an opportunity to have a discussion with the full Board on priorities, either in terms of where slippage can be allocated or where investment is needed in future years. He said that he would like to bring options to the Board for consideration, following discussion with Ms McCaig. However, he noted that the ability to spend money is curtailed because the recruitment process can be slow. He suggested that this is a discussion that needs to be developed over the next couple of months.

86/21.7 The Chair noted that within his own Chair's Business, he had raised the notion that if PHA is vigilant and aware of forthcoming underspends it should aim to get them reallocated. Ms McCaig agreed and said that some discussions have taken place because she expects PHA's

underspend to grow, partly due to the pandemic response and the inability of partners to deliver on planned programme activity.

79/12.3 Outcomes Based Accountability (OBA) Training

86/21.8 The Chair asked if refresher training is needed. Mr Wilson said that PHA is taking forward work on a new Performance Management Framework. He added that there is also work looking at the planning of mental health and suicide prevention and that will be a test of new approach and also using OBA. However, he noted that the issue is identifying the best time to undertake this work.

80/21.2 Exit Strategy for Peer Vaccinators

86/21.9 Mr Graham advised that this update is contained within the Chief Executive's Report.

87/21 Item 5 – Chair's Business

87/21.1 The Chair said that when staff surveys are carried out he is keen that staff see that action follows or else it is difficult to expect staff to then complete follow up surveys.

87/21.2 The Chair referred to an interview with Professor Steve Reicher which suggested that organisations should refrain from victim blaming if individuals do not take up the offer of a COVID-19 vaccine. He asked what work PHA is doing in this area. He queried whether it would be worth establishing a telephone helpline that could reassure people who had concerns about getting a vaccine.

87/21.3 Mr Wilson said that PHA has been carrying out a lot of work seeking to bust the myths which are circulating about the vaccine. He noted that it is not solely PHA which is doing this, but also other HSC organisations. He felt that ultimately people feel that they are invulnerable and when they hear a story, they feel it is something that will never happen to them. Dr Farrell said that there is no question of "victim blaming" in any of PHA's messaging, but that we live in a world full of misinformation where it can be a struggle to bust some of the myths because they gain so much traction on social media. She noted that Northern Ireland has always had a great reputation in terms of its uptake for childhood vaccinations, but yet some people are happy for their children to get their vaccinations, but don't allow themselves to get vaccinated. She said that misinformation must be countered, but to be careful not to compromise future vaccination programmes. The Chair stated emphatically that neither he, nor Professor Reicher, had in any way suggested that PHA was guilty of victim blaming.

87/21.4 Mr Clayton, declaring an interest as a Trade Union representative, asked why healthcare staff aren't getting vaccinated. He felt that there was a variety of reasons, including media coverage and he said that if

there was a forum where people would not be judged, they may become open to changing their views on getting vaccinated. He suggested that a confidential advice line could be established for healthcare staff in the first instance, or perhaps a dedicated campaign aimed at young people.

88/21 Item 6 – Chief Executive's Report

88/21.1 The Chief Executive introduced his Report and said that he will consider changing its format as well as aiming to get it circulated to members earlier. He felt that there is duplication within the Report and that it could be shorter in length.

88/21.2 The Chief Executive gave an overview of the latest situation with regard to COVID-19. He reported that presently in Northern Ireland there are 526 cases per 100,000 of the population which is significantly higher than the rest of the UK. He said the main spikes are in the Council areas of Fermanagh and Omagh, Derry and Strabane and Belfast. He advised that there are 394 inpatients in hospital with COVID-19 of whom 46 are in ICU.

88/21.3 The Chief Executive reported that 85.46% of the population has had one dose of vaccine with 77% having had both doses, but explained that for every additional 5% of the population that is fully vaccinated, the number of people in hospital halves. He added that the reason there was a shorter spike in Wales during this wave was because of its higher vaccination rates. He noted that although the uptake of the vaccine is at 85% overall, the percentage rate among the younger age groups remains in the high 60s, but advised that PHA is working with higher and further education colleges to encourage students to get a vaccine before they return to college. He added that PHA will be undertaking outreach work at various campuses and has run campaigns, although the TV campaign was not run in the context of further and higher education.

88/21.4 The Chief Executive said that one of the main issues for people not getting the vaccine is accessibility so PHA, through Mr Maurice Meehan, is working to get to hard to reach groups. Looking forward, he noted that when the current vaccination programme ceases, discussions will commence on boosters. In the meantime he advised that PHA is increasing the number of community pharmacies that have access to the Pfizer and Moderna vaccines.

88/21.5 The Chief Executive advised that the modelling indicates that the number of cases will move towards 2,000 per day by September, but there are many unknown variants, including the return of schools and the issue of bubbles within schools. He explained that PHA will help schools operationalise the guidance they receive, but it will not be writing the guidance.

88/21.6 The Chief Executive gave an update on contact tracing. He informed members that the number of daily cases peaked at 1,996 in mid-July but

then dropped to around 1,200-1,300, but there has since been a steady incline following the change in guidance around self-isolation. In order to facilitate the staff carrying out contact tracing, he said that PHA opened centres in Tower Hill and Gransha Park and there are presently medical students working out of Linenhall Street. He advised that there are 127 Whole Time Equivalent (WTE) contact tracing staff as well as the student technicians and redeployed PHA staff. He reported that he will be meeting with Dr Elizabeth Mitchell and Ms Jennifer Lamont next week to look at workforce planning and to get redeployed PHA staff back to their substantive roles. He added that the HSC Workforce Appeal remains open so PHA could look at this as he expects there to be further waves going into next year.

88/21.7 The Chief Executive reported that there are 124 care homes currently experiencing an outbreak of COVID-19 which has escalated significantly from 5 homes in June and 54 in July. He said that PHA is continuing to work with Trusts in managing these. He explained that most of the cases are among staff and there remains resistance among healthcare workers to get vaccinated. He said that the return to schools will be a concern.

88/21.8 The Chief Executive said that the update on screening in the next Report will have data. In terms of Health Improvement, he reminded members that there were a lot of staff in temporary posts, but there has now been significant recruitment to stabilise that team. He added that he has now begun a series of regular meetings with Mr Robin Arbuthnot from BSO Human Resources to look at PHA's reliance on redeployed staff and how stability can be brought to the organisation through the recruitment of vacant posts.

88/21.9 The Chief Executive advised that HSCQI staff will be the first staff to return to their normal duties. He added that Dr Cathy Jack will be taking over as Chair of the HSCQI Alliance and that it will then carry out a piece of work looking at waiting times.

88/21.10 The Chief Executive said that the Leadership Centre will be facilitating a listening exercise that he has initiated. He noted that there have been other staff surveys in the last 18 months and said that PHA needs to build on what is working well and look at where it needs to arrive. He said he hoped to bring the results of the listening exercise to the Board in October.

88/21.11 The Chief Executive noted that there is more content in the Report and that he, and the Directors, would be happy to elaborate on any queries from members.

88/21.12 The Chair said that he was pleased to hear that priority is being given to HSCQI in terms of repatriation to their normal duties.

88/21.13 Ms Mann-Kler welcomed that the structure of the Report will be

reviewed. She asked whether it would be possible to get data in terms of the percentage of different age bands who have been vaccinated as well as an understanding of what could be deemed a success given that it is unlikely that the uptake will reach 100%. She commented that there was a story on the news about Ulster University carrying out a mandatory anonymous survey about whether students had been vaccinated and asked if Queen's University would be doing a similar survey. She asked why, following the Republic of Ireland's success in improving the uptake of the vaccine among younger people through the need for proof of a vaccine in order to gain access to restaurants and nightclubs, the approach of the Northern Ireland Executive has been so varied. In terms of the screening update she said it would be helpful to have a snapshot of the current situation and what the targets are. She commented that the cost of unidentified disease is not yet known and she would wish to see a timeline for getting these programmes back on track.

88/21.14 Mr Clayton asked whether there was any sense of the impact on contact tracing of the change in the rules regarding self-isolation in terms of numbers of daily cases and what pressure this would put on the contact tracing service. He noted that student health technicians are being employed and he sought clarity that they were being remunerated. The Chief Executive confirmed that they are. Mr Clayton also noted that the Chief Medical Officer (CMO) has asked PHA to continue to boost the workforce in terms of vaccinators but he was under the impression that PHA was not recruiting anymore and he sought clarity on whether these individuals would be employed by PHA.

88/21.15 Dr Farrell said that most of the information that Ms Mann-Kler is seeking regarding vaccinations is on the Department of Health's dashboard. She explained that there is a Vaccine Management System, but it is not set up within PHA, although this should be sorted out within the next few months. In terms of screening data, she said that PHA's current systems are not set up to produce reports on some of the queries raised, hence the need to boost PHA's information and intelligence systems. The Chair commented that he prefers to see data that is not static and where trends can be seen over a period of 13 weeks, with daily figures averaged over each week.

88/21.16 The Chair asked if there will be a shortage of staff once the student contact tracers return to college. The Chief Executive explained that the students have come in at Band 4 level and that cases are now triaged with the Band 4s dealing with the more straightforward cases. He said that to date only 4% of cases have been referred upwards. He commented that the trial has been successful and that PHA will look to employ individuals at this level and keep the students on a sessional basis. He said that this is all part of the workforce planning that will take place.

88/21.17 The Chief Executive said that in terms of the policy change for self-

isolation, PHA is still working through the impact of this as it was informed at short notice that the change was coming. He explained that PHA had to change some of its systems in terms of text messages or recorded messages. He said that he would advise the Board further as the situation becomes clearer. He suggested that there could be an increase in the number of daily tests being carried out, but Dr Farrell sounded caution as she said that numbers were beginning to increase anyway.

88/21.18 The Chief Executive undertook to ensure that the screening data is included in the next Report. He said that in terms of requiring proof of a vaccine to gain access to nightclubs and restaurants, he advised that is a matter for the Executive as Northern Ireland continues to follow the approach in England.

88/21.19 Ms Tennyson advised that PHA received correspondence from the CMO recognising that although the employment of vaccinators is outside its normal statutory functions, the Department wishes PHA to continue to recruit and deploy these staff until March 2022. The Chief Executive added that PHA is being asked to do this as there is no other vehicle for doing so. Mr Stewart said that there still remains the question of requiring legal opinion as to whether the Department has authority to do this and if the PHA is satisfied that this authority exists. Ms McCaig said that she received advice from the Governance Team at the Department that the letter from the CMO should have been sent to the PHA Chair and that she would follow up with the Governance Team **(Action 1 – Ms McCaig)**.

At this point Mr Clayton left the meeting.

89/21 Item 7 – Finance Report (PHA/01/08/21)

89/21.1 Ms McCaig said that following approval of the Financial Plan, this is the Finance Report as at the end of month 3 and it is shows that there is a small underspend on the management and administration budget offset by the programme budget being slightly ahead of spend. She advised that the forecast full year position is a surplus of around £400k but she expects this to grow. She noted that PHA was asked to carry out a full review of its budget in order to ascertain where there were inescapable pressures and that given that there is a forecast surplus, another review may be required.

89/21.2 Ms McCaig advised that 30% of PHA's budget is allocated to Trusts with a further £53m allocated to other programme activities. She pointed out that the spend is a little ahead of budget, but said that this is simply a timing issue. She said that the next page of the Report shows the ring-fenced allocations and that although it is showing an overspend in the COVID-19 budget, she was not concerned as work is currently ongoing on the cost of contact tracing for this year. She said she did not expect any of these budgets to be overspent.

89/21.3 Looking at the management and administration budget, Ms McCaig warned that if PHA is not able to recruit staff soon, further slippage will be generated which could be up to £1.5m by the end of the year. She added that this has also been discussed at AMT.

89/21.4 Ms McCaig indicated that at this stage there is a small surplus in the capital budget but she was not concerned. She advised that PHA's prompt payment performance is the highest in the HSC. She said that the final section of the Report gives more information on COVID-19 expenditure and advised that this assumes funding for vaccine infrastructure.

89/21.5 The Chair asked why the campaigns budget has such a high variance at this stage, but Ms McCaig advised that this is a timing issue. The Chair noted that there is normally an underspend at this stage on the campaigns budget but this year it is the reverse. Ms McCaig explained that this this year's budget was more reflective of the true situation following a profiling exercise. The Chair sought assurance that the full budget would be used. Mr Wilson confirmed he anticipated that this will be the case.

89/21.6 Mr Stewart noted that the revenue spend is ahead of the planned budget but that this will not impact on the projection for the rest of the year.

89/21.7 The Board noted the Finance Report.

90/21 Item 8 – Update on COVID-19

90/21.1 There were no further issues relating to COVID-19 discussed as these were picked up under the Chief Executive's Report.

91/21 Item 9 - Communicating with Different Audiences (Publics)

91/21.1 The Chair said that Non-Executive Directors have raised an issue about how PHA communicates with the public and what media it can use to do so. He said that many organisations will provide their accounts to Companies House but also produce a separate report for the public on their work. He noted that PHA does not do this and it should look at ways it can convey its messages to the public.

92/21 Item 10 – PHA Five Year Review of Equality Scheme (PHA/02/08/21)

Ms Karen Beattie joined the meeting for Items 10 and 11

92/21.1 Mr Wilson said that PHA has an Equality Scheme which is reviewed on a five-yearly basis. He advised that Ms Beattie helped PHA with its review and he invited her to take members through the report.

92/21.2 Ms Beattie explained that the five year review is a self-assessment process to determine whether PHA has achieved the objectives it set,

what is outstanding and what lessons have been learned. She said that both quantitative and qualitative data were used to do this and there were focus groups held with Directors and Assistant Directors. She advised that the review follows a structure suggested by the Equality Commission.

92/21.3 Ms Beattie said in terms of outcomes, a review of PHA's annual submissions to the Equality Commission over the last five years would show how the work of PHA has achieved good outcomes for all of the Section 75 groups. She noted that there is a challenge in terms of the low number of equality screenings that have been carried out. Going forward, she said that PHA should build on the good work it has done during COVID-19 and cited examples of where PHA's work has benefitted groups who have been marginalised, for example, ethnic minorities or people with learning disabilities.

92/21.4 Ms Beattie said that PHA should ensure its Business Plan shows how consideration has been given to equality screenings and equality impact assessments (EQIAs). She explained that on the cover sheet for all papers being presented to the weekly Agency Management Team (AMT) meeting there is a check box to indicate whether an equality screening is required. However, she said that if it is indicated that a screening is not required there should be a rationale to explain why. She also highlighted a challenge in ensuring that equality is mainstreamed throughout the organisation, giving an example of where two directorates may be involved in the same programme so equality issues need to be considered at the outset rather than after the programme has been implemented. She suggested that when PHA has completed its Business Plan it should have an equality screening programme based on the objectives within the Plan.

92/21.5 Ms Beattie reported that in terms of access to information and monitoring, PHA has been collecting Section 75 information as part of its contracts and using that information to determine areas where there is underrepresentation of Section 75 groups. She highlighted the Abdominal Aortic Aneurysm (AAA) screening programme as an example of where the monitoring of data resulted in efforts being made to increase the uptake among single men and ethnic minority groups.

92/21.6 Ms Beattie said that PHA has shown leadership in the area of equality through its participation in the HSC Equality Forum, along with 10 other regional organisations. She noted that that are many benefits to this forum, including the sharing of resources and examples of good practice.

92/21.7 Looking ahead, Ms Beattie suggested that PHA should invite the Equality Commission to a Board meeting to discuss some of its challenges and to hear about equality work in other organisations. The Chair said that when the 3 new Non-Executive Directors are appointed to the Board he will ensure that equality training forms part of their

induction.

92/21.8 Ms Mann-Kler thanked Ms Beattie for the report but suggested that in future there should be a summary page. She asked about data and felt that as data gaps remain, this limits PHA's reach and effectiveness in terms of equality screenings and measuring impact. She also asked whether there is a sense that there is a culture change happening across the organisation in terms of embedding equality as she said that everything PHA does has an impact on everyone across Northern Ireland, including all Section 75 groups. Finally, she asked what PHA's ambitions are for the next five years.

92/21.9 Ms Beattie replied that with regard to cultural change, she felt that particularly during the COVID-19 response, PHA demonstrated this through improvements in terms of access to services and information. She said that were benefits for people with sensory impairments and ethnic minorities through the use of graphics and translation services which enabled those groups to access key messages and information about the pandemic.

92/21.10 Ms Beattie said that there are limitations in the data set that PHA has. She explained that the HRPTS system which collects equality data on staff is limited because staff do not complete it despite reminders. She added that on PHA programmes people may not be willing to give information about themselves for equality monitoring purposes, but if the rationale for collecting it is explained to them, it can happen. However, she said that the fact that they don't wish to give the information is a finding in itself.

92/21.11 Ms Beattie advised that over the next five years PHA aims to continue looking at learning and examples of best practice. She said that there have been benefits for staff working at home who have caring responsibilities. She commented that there are staff from ethnic minority backgrounds and it would be beneficial to collect data on this not just from PHA, but all regional organisations, in order to help develop policies which can improve outcomes for all staff. She added that she would like to see an increase in the number of equality screenings and in terms of the checkbox on AMT papers, she would like to see more information on why screenings were deemed not to be required.

92/21.12 Dr Farrell commented that there is a large number of ethnic groups across Northern Ireland and when things were being set up quickly in response to the pandemic, for example, testing centres, equality considerations may not have been taken into consideration, but equality has become embedded.

92/21.13 Mr Stewart said that the situation with regard to the low number of equality screenings needs to be progressed given concerns have been expressed about this on previous occasions. He felt that Executive Directors need to take a lead on this and pursue the rationale for when a

decision is made not to carry out an equality screening.

92/21.14 The Board **APPROVED** the Five Year Review of the Equality Scheme which will be submitted to the Equality Commission.

93/21 Item 11 – Draft Annual Progress Report 2020-21 to the Equality Commission on Implementation of Section 75 and the Duties under the Disability Discrimination Order (PHA/03/08/21)

93/21.1 Mr Wilson advised that PHA has a statutory duty to produce this Report which is done with the support and involvement of the whole organisation. He noted that some of the themes in the Report have been picked up in earlier discussions, but added that there is a number of positives in what was a challenging year and he commented on the dedication of staff. He said that there are areas that need addressed.

93/21.2 Mr Wilson said that over the last year there has been an impetus for PHA to reach out to other partners and build good relationships. He explained that PHA had to arrange the translation of leaflets and that the Northern Ireland Executive was due to set up a translation hub, but this currently offers a very limited range of translation languages. He advised that Public Health Scotland is mandated to provide all of its materials in 35 different languages. The Chair asked if PHA does translations into Chinese. Mr Wilson replied that materials have been translated into Mandarin. He explained that there is no standardised approach and materials are translated depending on the needs of a particular population group. He invited Ms Beattie to go through the Report.

93/21.3 Ms Beattie said that members will be familiar with the format of the Report and that the first two chapters reflect some of the issues picked up in the review of the Equality Scheme. She advised that there has been an improvement in terms of the number of equality screenings and EQIAs carried out. She added that last year, it was highlighted that a low number of PHA staff had undergone equality training, but this year almost 300 staff had availed of training.

93/21.4 Ms Beattie reported that despite managing a pandemic PHA was able to demonstrate improvements for all Section 75 groups and highlighted some examples. She said that through the use of new technology attendances at screening programmes improved because of smart clinics, and the Text-A-Nurse provided a confidential service for young people at school. She added that a number of programmes demonstrated co-production, for example work to improve outcomes for children and young people with special education needs. She highlighted the area of communication and again made reference to the work PHA did in translating leaflets and creating infographics for people with sensory impairments as well as videos using both British Sign Language (BSL) and Irish Sign Language (ISL).

93/21.5 Ms Beattie said that the next section of the Report looked at progress against PHA's Equality Action Plan for 2020/22 where PHA did not complete two of the actions. In the Disability Action Plan she confirmed that one action had not been completed and this related to the Disability Placement Scheme. She said that the appendices to the Report contained updated Equality and Disability Action Plans. She advised that this year, the Disability Placement Scheme is being reviewed so that participants will be able to work from home.

93/21.6 In terms of the focus for 2021/22, Ms Beattie advised that the main priorities relate to equality screenings, data collection, monitoring and building on the progress and learning generated through the COVID-19 pandemic.

93/21.7 The Chair asked about the mental health survey and if there was any evidence of any reduction of referrals to mental health services or if people in Section 75 groups were less likely to get a referral. Ms Beattie said that this was a PHA survey carried out as part of the 10,000 Voices initiative so she did not know. Ms Tennyson said that she would look into this **(Action 2 – Ms Tennyson)**. Mr Wilson said that his reading of the situation was that although there was a downturn in services during the pandemic, mental health hubs were created but people did not come forward. The Chair asked whether GPs still make the referrals to mental health services and noted that at present GPs prefer to carry out assessments by telephone rather than in person. The Chief Executive commented that young people were very engaged with the recent mental health consultation because they were able to participate from home and not have the stigma of attending a mental health service. He noted that although there was a high level of engagement via video, some mental health professionals were not in favour of this medium as it did not allow them to read an individual's body language. However, he said that marginalised groups were more engaged. The Chair asked whether individuals have to go through their GP if they have a mental health issue. The Chief Executive advised that this is the case but noted that GPs can employ their own mental health practitioners.

93/21.8 The Board **APPROVED** the draft Annual Progress Report 2020-21 to the Equality Commission on Implementation of Section 75 and the Duties under the Disability Discrimination Order which will be submitted to the Equality Commission. The Chair thanked Ms Beattie for her work in helping put together this Report.

94/21 Item 12 - Update on Personal and Public Involvement (PHA/04/08/21)

Mr Martin Quinn and Ms Bronagh Donnelly joined the meeting for this item.

94/21.1 Ms Tennyson explained that this is the update on PPI that the Board receives every six months on the work that PHA does in this area, an

area for which it has a statutory responsibility. She acknowledged the work of the team and noted that they are presently supporting contact tracing but also maintaining PPI work.

94/21.2 Mr Quinn said that PHA plays a critical role in the field of involvement and he wished to highlight some areas where PHA has been active. He began with the Neurology Review which he said is a high profile and highly sensitive review and PHA worked with RQIA and service users to develop an involvement plan and communication and engagement strategy. He moved onto the IHRD (Inquiry into Hyponatraemia Related Deaths) programme where PHA has been involved in the work plan for the consultation on the Duty of Candour. He commented that although the PPI team is small, it deals with a range of demands from across the system. He referenced the HSC Rebuild Programme and initiatives such as No More Silos, the Review of Urgent and Emergency Care, Elective Service Planning, the review of General Surgery and Cancer Services.

94/21.3 Mr Quinn advised that under training and development, a review of the Engage website has taken place with the involvement of service users and carers and it hoped to relaunch this in the autumn. He noted that at a recent AMT meeting the Chief Executive sought assurance that this website was accessible in different languages so this is being looked at. He added that PHA also worked with the Clinical Education Centre (CEC) on the Shared Decision Making resources and supported its launch in June. He said that this resource will be useful for staff as well as service users and carers as part of work under “No Decision About Me, Without Me”.

94/21.4 Mr Quinn reported that during COVID-19 training continued to take place with over 130 people participating in webinars this year on top of the 1,000 or so who had last year. He added that the sixth cohort of the Leadership Programme completed their training.

94/21.5 Mr Quinn advised that an Executive level briefing is available and he would be delighted if the PHA Board were able to avail of it. He said that all of this training work is done with the aim of bringing together a critical mass of people who understand the benefits of involvement.

94/21.6 Mr Quinn shared an animated video with members about PPI which he said had been designed with input from service users and carers and was produced in association with The Ulster Fry. He reported that to date, feedback on the video has been constructive, and he would be keen to see it uploaded onto the Engage website.

94/21.7 Mr Quinn advised that the main challenges going forward include work having to be undertaken in terms of a review of PPI policy and the co-production guide. He added that PHA needs to look at engaging with service users and carers who have felt that they have not been engaged with as much during the pandemic. He said that work needs to take

place on succession planning and there is a need to redesign and re-introduce PHA's PPI monitoring arrangements.

94/21.8 Mr Stewart expressed concern at the last points made by Mr Quinn. From recent personal experience, he said that the acceptance or engagement of PPI isn't immediately obvious and there should be a sensible means of measuring if PPI is making any difference. He also felt concerned about the lack of resourcing within the PPI team and said that PHA is spreading itself too thinly if a handful of staff are expected to deliver for the service as a whole. The Chair said that he was conscious of the good work that the PPI team does, and asked what percentage of staff are presently fully focused on PPI work. Ms Tennyson advised that the current team of three is almost exclusively working on contact tracing but maintaining a watching brief on PPI. The Chair said that when there is such a small team, he would be most anxious that those staff are repatriated as a matter of urgency. Mr Quinn noted that there is a limited number of people with the required skillset and that with recruitment timescales, it can take up to six months to replace a vacant post. Ms Tennyson agreed and said that even across the system, PPI is a small resource and that while PHA has been successful in raising the profile of PPI, the reality is that the skillset is not there.

94/21.9 Ms Mann-Kler said that PPI has gained significant profile as it is referenced in Public Inquiries. She commended the work that PHA staff undertake but asked if there has been any reflection on whether PHA is the best home for PPI, or should it sit with the Patient Client Council (PCC). She expressed the view that PPI needs to be mainstreamed in the same way as Equality and Quality Improvement and that an overlap with these areas will help the HSC deliver a service that will address people's needs. She said that there is a tension in the work that is undertaken by the public on PPI, who often give up their free time, and are not remunerated.

94/21.10 Mr Quinn said that the role of PHA does need to be examined. He explained that when PHA was given the leadership role for PPI back in 2012, it was not equipped with any resources or given any direction, but PHA has managed to deliver on its responsibilities. He said that PHA and PCC are two sides of the same coin, as both organisations exist to change the culture and engage with the public, but he felt that as PCC has a challenge function, it was best to keep PPI within PHA, but that the Department will be looking at this as part of the review. In terms of making connections with the area of quality, he reported that he has been working with Ms Linda Craig in the Patient and Client Experience side and that when Ms Jill Munce was in post there were good linkage with the quality team, and he would like to get those back in place. He agreed that areas such as complaints, quality and patient experience all interact.

94/21.11 Mr Quinn noted that the issue of remuneration has been around for 10 years and that PHA recently commissioned research in this area. He

said that people should be remunerated for their time and their expertise and work is ongoing with PCC to look at their paid associates model.

94/21.12 Dr Farrell commented that when dealing with Long Term Conditions, PPI and co-production are key as it is better for a patient to be engaged in their treatment rather than simply receiving an outpatient appointment every six months. However, she said that it is important to be upfront in terms of the boundaries and limits of PPI as she has been involved in discussions with people relating to the reconfiguration of services and this can be a more difficult type of engagement. She welcomed the use of the video and agreed that care works best when you have an actively informed patient.

94/21.13 Mr Quinn said that he agreed with Dr Farrell's comments and that some of his most successful engagements have been with people who have long term conditions. He noted the comments about the need to be clear with service users, carers and staff. He commented that there can be many voices and that the loudest voice is not necessarily the right one and that what people say has to be balanced with policy and clinical expectations.

94/21.14 Dr Farrell said that in relation to remuneration she felt that individuals should at the very least receive expenses.

94/21.15 Ms Tennyson returned to Ms Mann-Kler's point about whether PPI is housed within the right organisation. She said that one of the reasons PPI is housed in the PHA is because of PHA's ability to reach frontline staff. In terms of the engagement on service reconfigurations, she agreed this can be challenging but said that there should be engagement at the earliest opportunity, rather than at the end of any process.

94/21.16 The Board noted the update on Personal and Public Involvement.

95/21 Item 13 – NI Clinical Research Recovery Resilience and Growth Taskforce (PHA/05/08/21)

Dr Janice Bailie joined the meeting for this item.

95/21.1 Dr Bailie advised that the last time she attended a PHA Board meeting she described how the situation with regard to research across the UK was one where most of the studies and trials taking place had been stood down in favour of studies looking at COVID and vaccine trials. She said that despite an attempt to restart other work in the summer of 2020, little progress was made and it was held up again until after the Christmas wave of the pandemic. She advised that in early 2021 a UK-wide Recovery, Resilience and Growth (RRG) Implementation Plan was drawn up and as Northern Ireland has been adversely affected by COVID-19, the R&D Division set about establishing its own taskforce in Northern Ireland and convinced the Department to support its work with

an investment of £3m in order to help get research projects for Northern Ireland. She said that she would share the Recovery Implementation Plan with the Board **(Action 3 – Dr Bailie)**. She explained that a series of subgroups has been set up to mirror the set up across the rest of the UK.

95/21.2 Dr Bailie showed members how the recruitment to COVID research has overtaken the recruitment to non-COVID research and although non-COVID research is starting to pick up again, it is a slow process. She noted that the redeployment of research nurses across Northern Ireland poses a risk to research activity.

95/21.3 Dr Bailie reported that there is a centralised governance approval process where PHA works with BSO which chairs the ethics process. She advised that there is a disparity in terms of how research income is re-invested and this will be looked at by a specific subgroup. In terms of PPI, she advised that there strong patient involvement in research and there is a service user group that has been established for about 12 years. She said that the power of the public voice should be recognised and it is important that research matches the needs of service users.

95/21.4 Dr Bailie said that there is a subgroup looking at the impact of the Northern Ireland Protocol and to ensure there are preparations for any interruption of supplies to clinical trials.

95/21.5 Dr Bailie said that as research has delivered so much, it should be supported, and in October she is planning to bring a report to the Board on the impact of R&D funding during the pandemic. She advised that £3m funding to health research resulted in £12m of research in Northern Ireland. She reported that there was a trial led in Northern Ireland in paediatric ICUs looking at improving the efficiency of weaning from ventilators. She reiterated that there is a need for research to be adequately funded.

95/21.6 The Chair said that the whole world needs to realise the debt it owes to research. He pointed that Northern Ireland receives only half of the money that Wales and Scotland receives for research per 100,000 population. He said that every £1 invested in research can get £4.60 fed back into the economy. He recalled that at the height of austerity, when other budgets were being slashed, the Government ensured that the research budget remained secure and he said that type of vision is important because without research there would not have been a COVID vaccine.

95/21.7 The Chair asked if there are lay people on research panels and Dr Bailie replied that there are. She advised that there are 2 or 3 PPI representatives on panels who initially may have only commented on a proposal from a PPI perspective, but now feel able to comment on other aspects.

95/21.8 The Chair asked why there is not more research done in the field of public health. Dr Bailie advised that there is probably more of that research taking place now than previously and she would bring examples of this to the Board.

95/21.9 Mr Stewart said that he was looking forward to the presentation in October. He asked how the gap in resources for Northern Ireland might be addressed. Dr Bailie said that the taskforce will be putting a case to the Department regarding this. She assured members that the case is made on a regular basis but perhaps not to the right people. She said that R&D is definitely underfunded. The Chair said that efforts have been made through the Chief Medical Officer to get this addressed.

95/21.10 The Chair thanked Dr Bailie for her presentation and expressed his thanks to her and her colleagues for their work during this pandemic.

95/21.11 The Board noted the update on the Northern Ireland Clinical Research Recovery Resilience and Growth Taskforce.

96/21 Item 14 – Any Other Business

96/21.1 There was no other business.

97/21 Item 15 – Details of Next Meeting

Thursday 16 September 2021 at 1:30pm

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

Signed by Chair:

Date:

HSC Public Health Agency

Public Health Agency

Finance Report

2020-21

Month 4 - July 2021

PHA Financial Report - Executive Summary

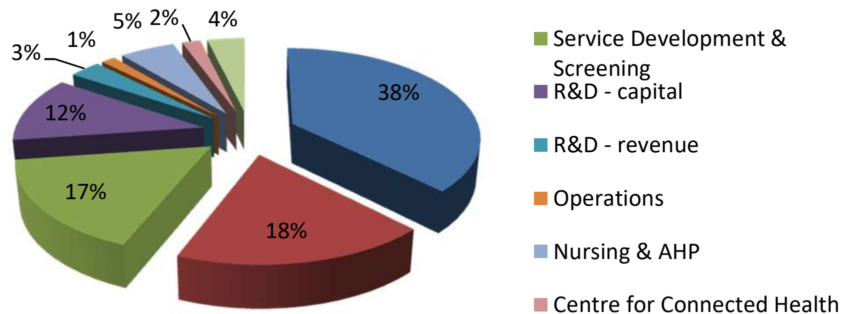
Year to Date Financial Position (page 2)

At the end of month 4 PHA is reporting a small underspend of £0.1m against its profiled budget. This underspend is primarily the result of underspends on Administration budgets (page 6), offset by some expenditure ahead of profile on Programme budgets.

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.

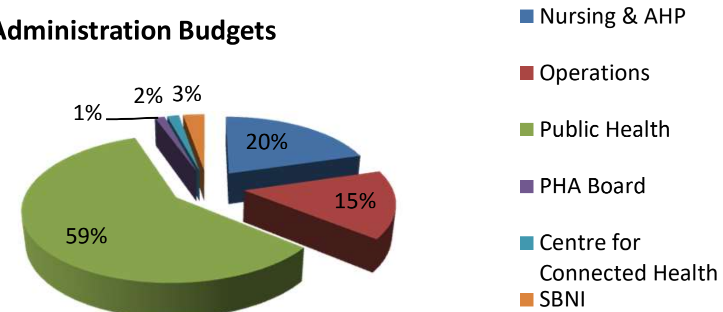


Administration Budgets (page 5)

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.



Full Year Forecast Position & Risks (page 2)

PHA is currently forecasting a surplus of £0.5m for the full year, arising from identified slippage on Administration budgets less anticipated utilisation on Programme priorities throughout the year.

At this early stage in the financial year, staffing resources have already been diverted to assist in PHA's response to the latest Covid-19 surge. There is a risk that this, and any further surges later in the year, may have an impact on planned expenditure and therefore an ongoing review of Administration and Programme spend will be conducted to update the full year forecast as required.

Public Health Agency

2021 -22 Summary Position - July 2021

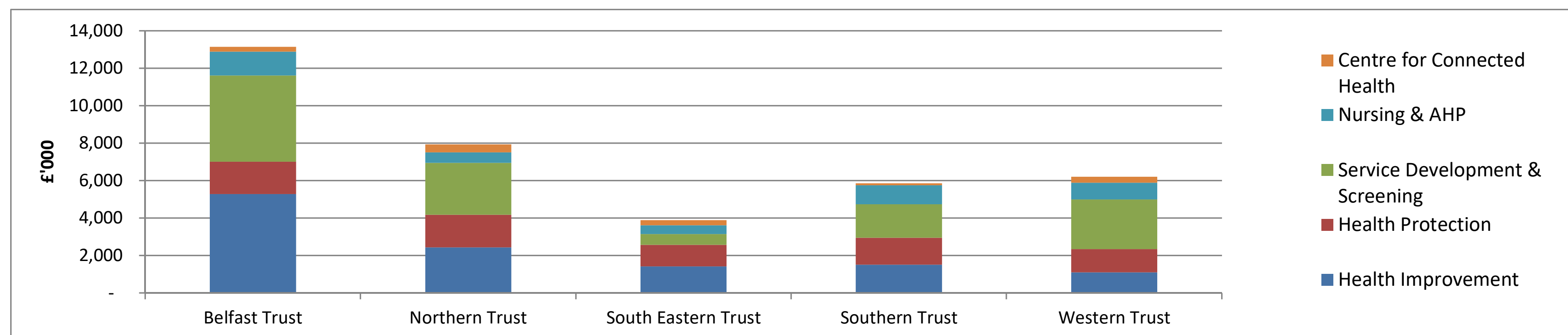
	Annual Budget					Year to Date				
	Programme		Ringfenced	Mgt &	Total	Programme		Ringfenced	Mgt &	Total
	Trust	PHA Direct	Trust & Direct	Admin		Trust	PHA Direct	Trust & Direct	Admin	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Available Resources										
Departmental Revenue Allocation	37,056	53,677	8,516	26,248	**125,496**	12,352	8,345	1,971	8,771	**31,438**
Assumed Retraction	-	-	-	-	**-**	-	-	-	-	**-**
Revenue Income from Other Sources	-	31	-	998	**1,029**	-	31	-	280	**311**
Total Available Resources	37,056	53,708	8,516	27,245	**126,525**	12,352	8,375	1,971	9,050	**31,748**
Expenditure										
Trusts	37,056	-	-	-	**37,056**	12,352	-	-	-	**12,352**
PHA Direct Programme *	-	54,093	8,516	-	**62,609**	-	8,661	1,961	-	**10,622**
PHA Administration	-	-	-	26,375	**26,375**	-	-		8,688	**8,688**
Total Proposed Budgets	37,056	54,093	8,516	26,375	**126,040**	12,352	8,661	1,961	8,688	**31,662**
Surplus/(Deficit) - Revenue	-	(385)	-	870	485	-	(287)	10	362	**85**
Cumulative variance (%)						***0.00%***	***-3.43%***	***0.52%***	***4.00%***	***0.27%***

The year to date financial position for the PHA shows an underspend of £0.1m, which is the result of underspend on Admin budgets offset by expenditure ahead of profile in PHA Programme budgets.

A year-end underspend of £0.5m is currently forecast, due to some additional early slippage not identified in the PHA's approved Financial Plan. This forecast position may be subject to change through the year and will be kept under review to identify any significant movements. For example, this would include any in year impact to PHA's normal operations from its ongoing response to Covid-19 surges (such as support to the Contact Tracing service).

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

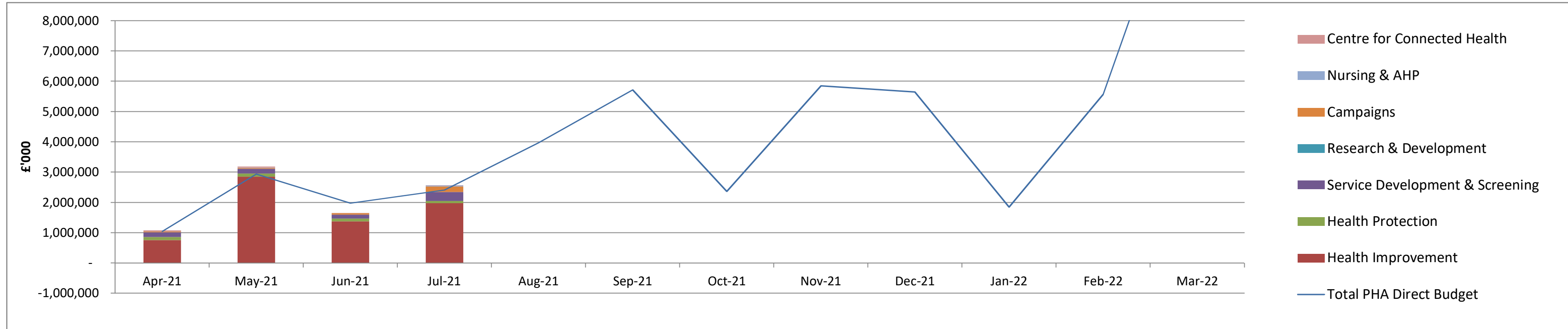
Programme Expenditure with Trusts



Current Trust RRLs	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
Health Improvement	5,287	2,442	1,425	1,518	1,109	**11,782**	3,927	3,927	-
Health Protection	1,718	1,729	1,148	1,429	1,239	**7,262**	2,421	2,421	-
Service Development & Screening	4,607	2,782	581	1,796	2,649	**12,415**	4,138	4,138	-
Nursing & AHP	1,273	558	457	1,015	890	**4,192**	1,397	1,397	-
Centre for Connected Health	265	422	286	106	326	**1,405**	468	468	-
Total current RRLs	**13,150**	**7,934**	**3,897**	**5,863**	**6,212**	**37,056**	**12,352**	**12,352**	-
Cumulative variance (%)									***0.00%***

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.

PHA Direct Programme Expenditure



	Apr-21 £'000	May-21 £'000	Jun-21 £'000	Jul-21 £'000	Aug-21 £'000	Sep-21 £'000	Oct-21 £'000	Nov-21 £'000	Dec-21 £'000	Jan-22 £'000	Feb-22 £'000	Mar-22 £'000	Total £'000	YTD Budget £'000	YTD Spend £'000	Variance £'000	
Profiled Budget																	
Health Improvement	884	2,625	1,357	1,788	3,523	650	1,095	4,493	1,078	624	4,603	4,053	**26,772**	6,655	6,955	(301)	*-4.5%*
Health Protection	77	100	87	85	92	4,790	835	927	2,630	513	100	1,527	**11,763**	349	386	(37)	*-10.6%*
Service Development & Screening	51	158	470	242	349	224	333	307	224	233	257	1,911	**4,757**	921	889	32	*3.5%*
Research & Development	-	-	-	-	-	-	-	-	1,676	-	-	1,535	**3,211**	-	-	-	*0.0%*
Campaigns	10	10	20	227	5	5	1	83	22	444	223	422	**1,471**	267	290	(24)	*-8.8%*
Nursing & AHP	4	22	4	59	2	47	99	31	1	22	77	1,076	**1,445**	90	40	50	*55.4%*
Centre for Connected Health	20	20	43	11	5	5	5	5	11	10	311	38	**484**	94	79	15	*16.1%*
Other	-	-	-	-	-	-	-	-	-	-	-	3,804	**3,804**	-	22	(22)	*100.0%*
Total PHA Direct Budget	**1,046**	**2,935**	**1,981**	**2,413**	**3,976**	**5,721**	**2,368**	**5,846**	**5,642**	**1,844**	**5,571**	**14,365**	**53,708**	**8,375**	**8,661**	**(286)**	
Cumulative variance (%)																***-3.41%***	
Actual Expenditure	**1,128**	**3,228**	**1,693**	**2,612**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**8,661**				
Variance	**(82)**	**(293)**	**288**	**(198)**									**(286)**				

The year-to-date position shows an overspend of approximately £0.1m. There are small overspends and underspends at present neeting off to create the overpsned position at this point in the financial year.

An overspend of approximately £0.4m for the full year is currently anticipated on PHA Direct budgets, reflecting the planned utilisation of some of the underspend within Administration areas to fund key Programme Priorities.

July 2021

Public Health Agency
2021-22 Ringfenced Position

	Annual Budget				Year to Date			
	Covid £'000	Transformation £'000	DAERA & EITP £'000	£'000	Covid £'000	Transformation £'000	DAERA & EITP £'000	£'000
Available Resources								
DoH Allocation	7,966	272	111	**8,349**	-	-	-	**-**
Assumed Allocation	-	-	166	**166**	1,920	-	51	**1,971**
Total	7,966	272	277	**8,516**	1,920	-	51	**1,971**
Expenditure								
Trusts	-	-	-	**-**	-	-	-	**-**
PHA Direct	7,966	272	277	**8,515**	1,916	1	43	**1,961**
Total	7,966	272	277	**8,515**	1,916	1	43	**1,961**
Surplus/(Deficit)	**-**	**-**	**-**	**-**	**4**	**(1)**	**8**	**10**

PHA has received a COVID allocation of £6.3m to date, £5.0m of which is for Contract Tracing. PHA is working with DoH to assess the costs of expanding the Contact Tracing service, and further funding is expected for this. More detail on the COVID funding allocations PHA has received is provided in page 9 of this report.

A number of Transformation projects are also on-going, and separate ringfenced funding has been received for these totalling £0.3m. 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.

July 2021

PHA Administration

2021-22 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
Annual Budget								
Salaries	5,300	582	2,990	15,382	301	366	396	**25,316**
Goods & Services	171	1	1,129	324	35	42	339	**2,042**
Total Budget	**5,471**	**584**	**4,119**	**15,706**	**337**	**407**	**735**	**27,358**
Budget profiled to date								
Salaries	1,712	194	996	5,102	100	121	132	**8,359**
Goods & Services	65	1	376	110	12	14	113	**692**
Total	**1,777**	**195**	**1,373**	**5,213**	**112**	**135**	**245**	**9,050**
Actual expenditure to date								
Salaries	1,413	155	880	5,258	101	134	171	**8,113**
Goods & Services	38	9	421	40	24	15	28	**575**
Total	**1,451**	**165**	**1,301**	**5,298**	**125**	**149**	**200**	**8,688**
Surplus/(Deficit) to date								
Salaries	299	39	116	(156) -	1	(13)	(39)	**245**
Goods & Services	27	(8)	(45)	71	(12)	(1)	85	**117**
Surplus/(Deficit)	**326**	**31**	**71**	**(85)**	**(13)**	**(14)**	**45**	**362**
Cumulative variance (%)	*18.36%*	*15.79%*	*5.19%*	*-1.63%*	*-11.30%*	*-10.42%*	*18.50%*	***4.00%***

PHA’s administration budget is showing a year-to-date surplus of £0.4m, 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 £0.9m. In previous years this would normally have been absorbed through PHA Direct budgets to address programme priorities, but the potential to do this in 2021-22 may be restricted due to the impact of Covid-19.

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

July 2021

Public Health Agency
2021-22 Capital Position

	Annual Budget			Year to Date		
	Trust	PHA Direct		Trust	PHA Direct	
	£'000	£'000	£'000	£'000	£'000	£'000
Available Resources						
Capital Grant - R&D	-	12,000	**12,000**	-	1,188	**1,188**
Other Capital funding	-	-	**-**	-	-	**-**
Capital Grant Allocation	**-**	**12,000**	**12,000**	**-**	**1,188**	**1,188**
Expenditure						
Capital Grant - R&D	-	12,000	**12,000**	-	-	**-**
Other Capital funding	-	-	**-**	-	740	**740**
Capital Expenditure	**-**	**12,000**	**12,000**	**-**	**740**	**740**
Surplus/(Deficit) - Capital	**-**	**-**	**-**	**-**	**448**	**448**

PHA has received a Capital budget of £12.0m in 2021-22, most of which relates to Research & Development projects in Trusts and other organisations. At present no funds have been allocated to Trusts and expenditure of £0.7m on R&D projects is shown for the year to date, with a breakeven position is anticipated for the full year.

PHA Prompt Payment

Prompt Payment Statistics

	July 2021 Value	July 2021 Volume	Cumulative position as at July 2021 Value	Cumulative position as at July 2021 Volume
Total bills paid (relating to Prompt Payment target)	£2,867,047	452	£19,419,700	2,243
Total bills paid on time (within 30 days or under other agreed terms)	£2,858,096	448	£19,386,434	2,226
Percentage of bills paid on time	**99.7%**	**99.1%**	**99.8%**	**99.2%**

Prompt Payment performance for July and the year to date shows that on both value and volume the PHA is achieving its 30 day target of 95.0%. Prompt payment targets will continue to be monitored closely over the 2021-22 financial year.

The 10 day prompt payment performance remains very strong at 93.3% on volume for the year to date, which significantly exceeds the 10 day DoH target for 2021-22 of 70%.

PHA COVID-funded Expenditure to month 4

	Budget to 31 July 2021 £'000	Spend to 31 July 2021 £'000	Balance to Spend at 31 July 2021 £'000	*Notes*
Contact Tracing Centre	1,675	1,725	3,303	*1*
Screening	47	-	560	
Vaccine Roll Out Programme	198	191	404	*2*
Infection Prevention Control Nursing	-	-	420	
NI Advanced Care Planning	-	-	450	
AHP Elective Care Support	-	-	41	
Band 8s Overtime	-	-	50	
Respiratory / ICU Surge Support Team	-	-	94	
Post Covid Syndrome Support Team	-	-	271	
Care home outreach support	-	-	191	
Schools Support Team	-	-	115	
HSCQI	-	-	150	
	1,920	**1,916**	**6,050**	

Notes

1. *A further Contact Tracing business case is being worked on to address any new shortfall in current budget along with a proposal for maintainig Contract Tracing to 31 March 2022.*
2. *Funding is assumed to be coming from the Vaccine infrastructure funding 2021/22*