

<b>Title of Meeting</b>	146 <sup>th</sup> Meeting of the Public Health Agency Board
<b>Date</b>	15 September 2022 at 1.30pm
<b>Venue</b>	Board Room, Gransha Park House, Londonderry

**Present**

Mr Andrew Dougal	- Chair
Mr Aidan Dawson	- Chief Executive
Dr Joanne McClean	- Director of Public Health
Mr Rodney Morton	- Director of Nursing and Allied Health Professionals
Mr Stephen Wilson	- Interim Director of Operations
Mr Craig Blaney	- Non-Executive Director
Mr John Patrick Clayton	- Non-Executive Director
Ms Anne Henderson	- Non-Executive Director
Mr Robert Irvine	- Non-Executive Director ( <i>via video link</i> )
Ms Deepa Mann-Kler	- Non-Executive Director ( <i>via video link</i> ) ( <i>up to paragraph 95/22.7</i> )
Professor Nichola Rooney	- Non-Executive Director
Mr Joseph Stewart	- Non-Executive Director

**In Attendance**

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

**Apologies**

Dr Aideen Keaney	- Director of Quality Improvement
Mr Brendan Whittle	- Director of Social Care and Children, SPPG
Ms Vivian McConvey	- Chief Executive, PCC

**85/22 | Item 1 – Welcome and Apologies**

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| 85/22.1 | The Chair welcomed everyone to the meeting. Apologies were noted from Dr Aideen Keaney, Mr Brendan Whittle and Ms Vivian McConvey. |
| 85/22.2 | The Chair welcomed Dr Joanne McClean to her first Board meeting as Director of Public Health.                                      |
| 85/22.3 | The Chair invited members to join in a minute's silence in memory of Her Majesty Queen Elizabeth II.                               |

**86/22 Item 2 – Declaration of Interests**

86/22.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared at this time. During the meeting Mr Clayton declared an interest in relation to UNISON's interest in the COVID Public Inquiry and stepped out of the meeting during the discussion. It was noted that the update provided by the Chief Executive on the COVID Public Inquiry had not been listed as an agenda item in advance of the meeting.

**87/22 Item 4 – Minutes of previous meeting held on 18 August 2022**

87/22.1 The minutes of the Board meeting held on 18 August 2022 were **APPROVED** as an accurate record of that meeting.

**88/22 Item 5 – Matters Arising**

*76/22.18 Director of Nursing post*

88/22.1 Professor Rooney sought assurance that, with particular reference to the Director of Nursing post, all posts are reviewed when they are vacated. The Chief Executive confirmed that this was the case.

*80/22.8 Equality Training*

88/22.2 Professor Rooney asked if there would be an action taken given the discussion that Board members had not taken up the opportunity to undertake equality training. The Chair agreed that this should be the case (**Action 1 – Chair**).

**89/22 Item 3 – Update on CAWT**

*Mr Bill Forbes attended the meeting for this item*

89/22.1 Mr Forbes delivered a presentation which he began by explaining the role of CAWT and the different bodies which contribute to it. He outlined the five current INTERREG projects which are due to complete by June 2023.

89/22.2 Mr Forbes gave an overview of the PEACE Plus Programme which he explained is a €1bn investment comprising 21 areas across 6 themes, one of which, Theme 4, is healthy and inclusive communities. He advised that there is an allocation of €97m for Theme 4.1 which relates to collaborative health and social care. He explained that the call for funding opens in January 2023 with projects estimated to start in the summer of 2023.

89/22.3 Mr Forbes outlined the CAWT strategic themes and also the Peace Plus Strategy Groups. He advised that within Integrated Care, there are 6 themes which are now set, and they are in the areas of respiratory,

- obesity, renal, medicines management, coronary care and frailty. Under the mental health framework, he advised that there are 5 themes which cover children's services, adult mental health, disability and older people's services. He outlined some of the proposals under these areas. He highlighted possible eHealth enablers across the projects.
- 89/22.4 Mr Forbes concluded his presentation by showing a list of the different strategies and working groups that have been established and the PHA representation on each of these.
- 89/22.5 Professor Rooney asked how the work of CAWT maps into the work of PHA and if it links with the Mental Health Strategy. Mr Forbes advised that CAWT is required to give an assurance that any initiative it funds is aligned to national and strategic priorities, and that this is analysed by the CAWT Management Board. He said that CAWT aims to provide additional and innovative services and it analyses all of the available research documents and literature to give the assurance that there is that alignment. He added that the Department of Health also screens the work of CAWT so there are a number of safety measures built in.
- 89/22.6 Professor Rooney asked about the Multiple Adverse Childhood Experience (MACE) project. Mr Forbes explained that the MACE project was put out to private tender. He said that there are two frameworks, one in Northern Ireland, and one in the Republic of Ireland, and that when children are being processed by social services those frameworks are used and there is a strict validation process in place. He noted that due to the success of that project, demand is outstripping supply and the budgetary target has been reached. He explained that under SEUPB funding rules, funding cannot be taken from one project to support another.
- 89/22.7 Mr Morton advised that PHA staff are heavily involved in CAWT and ensure that there are links with Making Life Better and PHA's objectives around promoting mental health and wellbeing for children and young people. He explained that there is an anomaly whereby the rules do not allow for CAWT to undertake work that should be owned by, and delivered by, the state. Mr Forbes agreed, and he clarified that when he referred to the strategic themes of CAWT, there is a number of strategic groups and these contain representatives of all of the partner agencies who will determine how services will be delivered. He said that all initiatives must be cross-border initiatives. He added that the ideas for initiatives are generated by the partner organisations, and he acknowledged that some services will benefit clients, but may disadvantage other clients.
- 89/22.8 Mr Clayton noted that with more and more programmes there is more potential for overlap of services. Mr Forbes said that there is a number of risks, including alignment, duplication and human resources as well as the possibility of services becoming mainstream. He explained that if a service is already in place CAWT cannot fund it. He advised that

CAWT and its partners, have an 85% success rate in terms of initiatives becoming mainstreamed. He agreed that there is a need to be careful, and this is why CAWT engages with the North South Ministerial Council. Mr Clayton noted the reference to workforce challenges, and asked if CAWT is effectively aiming to recruit from the same pool as other organisations. Mr Forbes advised that there is an HR Strategy Group which is looking at workforce challenges, for example, whether there will be industrial action at some point, or a moratorium on recruitment. He added that these matters feature on the PEACE Plus Risk Register. He said that CAWT is aiming to engage with the community and voluntary sector, but it is at maximum capacity. Mr Clayton asked if services are delivered by the Trust or outside the Trust. Mr Forbes said that for example, if the Western Trust needs staff for a service, it will advertise posts, but applicants may come from within the Trust. He added that CAWT is exploring a range of options, including from universities, and that there have been discussions with Ulster University.

89/22.9 Ms McCaig noted that when talking about CAWT, most of the discussion is on its work in the Southern and Western Trust areas, but there is little reference to other Trusts being involved. Mr Forbes agreed that the work of CAWT extensively relates to those areas, but within the European programmes, there is an opportunity for other areas to bring their knowledge, skills and expertise to the table and he gave the example of one programme where there will be input from Scotland. Ms McCaig said that if the focus is on the border areas then when discussing health inequalities, this creates an inequality. Mr Forbes acknowledged that there are benefits for some, but not for others.

89/22.10 Professor Rooney asked how PHA captures the work and outcomes of CAWT in its reporting. Mr Forbes said that updates on CAWT are presented to the Management Board and while information is not routinely shared with PHA, there is no reason that it should not be. The Chief Executive advised that he sits on the Management Board and he can share reports with members. He added that one of the reasons why he invited Mr Forbes to today's meeting was so that the PHA Board could hear about some of the reports. He noted the discussion around the social and economic benefits and work around the social determinants of health. He said that trialling an initiative in the Southern and Western Trust areas could then lead to something that would benefit the whole population. Professor Rooney commented that it would be important for the Board to get information on this as it struggles to get information on health inequalities.

89/22.11 Mr Morton said that Professor Rooney's point about the visibility of this work is important. Using the example of MACE, he said that this is a priority for PHA, but there needs to be a method of showing how the objectives of that programme link with the overall objectives of PHA.

89/22.12 The Chair thanked Mr Forbes for attending today's meeting.

**90/22 Item 6 – Chair’s Business**

- 90/22.1 The Chair noted that there had been a good response from members regarding attendance at the strategy workshop on Monday 17<sup>th</sup> October which will be facilitated by Roger Courtney.
- 90/22.2 The Chair commented that the situation with regard to fuel poverty is worsening and noted that while PHA is supporting some organisations, there may be a point in the future when people ask what PHA did to help in this crisis. He asked if PHA can be more agile and can direct slippage to help organisations working in the field of fuel poverty. Mr Stewart said that PHA’s role is to highlight the connection between fuel poverty and ill health, but it cannot, for example, provide funding for people to buy oil. Ms Henderson suggested that it may be useful to invite the Chief Executive of the Northern Ireland Housing Executive (NIHE) to the Board as it does work with the universities to highlight the links between health and fuel poverty.
- 90/22.3 The Chief Executive reported that PHA has already commenced a piece of work to develop a campaign which will signpost people to organisations that PHA funds that could help them, and also clarifies the role of PHA. Mr Wilson confirmed that this work is ongoing and added that there will also be a focus on smoking cessation.
- 90/22.4 Mr Clayton said that if PHA is advocating for improved public health, it should offer an analysis of how the cost of living crisis is affecting public health. He explained that people on lower incomes use a higher percentage of their income on fuel, food etc. He added that the increasing cost of food is also an issue. Mr Morton agreed that PHA should develop that intelligence and present it to policy makers and use its data to influence. He added that PHA does a lot of work in community development partnerships and this should also be highlighted. He said that these issues are not issues that PHA can solve on its own. He advised that PHA does a lot of work already in areas such as homeless health.
- 90/22.5 Ms Henderson said that the work of NIHE cannot be ignored as it produces a lot of reports and that PHA should contact them to ensure that there is no duplication of effort. Mr Morton advised that PHA does engage with NIHE and there is a joint programme ongoing which looks to tackle a whole range of the social determinants of health.
- 90/22.6 Mr Blaney said that the cost of living crisis and the cost of food is having an impact. He outlined how, in his wife’s school, people are not able to provide healthy lunches for their children because of the cost of fruit. He said that he hoped the cost of fuel would go down. He noted that healthy eating habits are formed young and last through a person’s life so it is important that young people eat healthily. He suggested that PHA could outline what reasonably priced meals look like. Dr McClean advised that PHA has a “Cook It” programme. She added in terms of

- communications, it is important to get the message out that being cold is bad for your health and can increase the risk of heart attacks, falls and stroke. She advised that PHA should also signpost people to how they can maximise their income as they may not be aware of benefits to which they are entitled.
- 90/22.7 Mr Blaney asked if PHA has a list of places of where people can go given that local churches and libraries are extending their opening hours so people can stay and keep warm. Mr Wilson said that local Councils would be aware of places. It was reported that some individuals, because of their disability, are unable to work other than full time at home.
- 90/22.8 The Chair said that the suggestions put forward by Dr McClean were helpful. Mr Morton said that there is an urgency to help the most vulnerable people in society. Ms Henderson commented that the timing in developing this communications strategy is spot on. Mr Clayton commented that while it is right that PHA highlights what is available to people, it should also highlight that there is a public health crisis.
- 90/22.9 The Chair said that climate change should feature on PHA's agenda. He noted that Public Health Wales has produced some interesting infographics and that the UK Health Security Agency (UKHSA) is keen to work with PHA. Professor Rooney asked what PHA is doing in relation to climate change. Mr Morton said that the Department is looking at this area and he referred to the "Greener NHS Strategy" which is in place in England, but not yet in Northern Ireland. However, he added that there is ambition to implement this here. Ms McCaig advised Trust produce annual sustainability reports but given the scale of PHA, it is not required out this work to the same degree. Professor Rooney commented that PHA should be setting an example. Mr Morton explained that as part of the strategies in other countries, there is an aim to look at how sustainability can improve health, He said that prevention need to be at the heart of any initiative.
- 90/22.10 The Chair referred to an article by McKinsey and Company on social capital and noted that there has been a change in perception around networks and how the quality of these has reduced over the last couple of years with younger staff not getting the benefit of learning from senior staff. Ms McCaig said that the hybrid working policy aims to take account of that, but there is not one size that fits all. Ms Henderson said that it is important to be able to meet people in person to learn how an organisation works, but added that at the moment she feels that PHA has the right balance with its hybrid working model. The Chief Executive said that there is a need to be cautious as there is a potentially difficult winter ahead and while there is an advantage in bringing people together, there are also risks in terms of increased socialisation and a new variant of COVID. He added that the pandemic is still ongoing.
- 90/22.11 The Chair asked for an update on the implementation of the hybrid

working policy. Mr Wilson advised that staff are required to work in the office at least 2 days a week until January when the policy will be reviewed. He said that the policy is being implemented in conjunction with line managers whilst looking at the available space. The Chief Executive advised that staff have the opportunity to apply for hybrid working and to date over 200 have applied. He noted that some staff will welcome the opportunity to work in the office 5 days per week. The Chair advised that there was discussion about this at the most recent meeting of the Disability Champions network.

**91/22 Item 7 – Chief Executive’s Business**

91/22.1 The Chief Executive said that at the last meeting he had informed members that Dr Joanne McClean would be taking up post as the Director of Public Health, and she has now taken up post as from 1 September. He advised that she is currently going through her induction programme and that it is good to have this post filled permanently. He said that he wished to express his thanks to Dr Stephen Bergin who had been acting in the role for all of his work, especially during the pandemic, and he also thanked Dr Brid Farrell for her support.

91/22.2 The Chief Executive advised that PHA is currently responding to four Public Inquiries.

*At this point Mr Clayton stepped out of the meeting due to a conflict of interest.*

91/22.3 The Chief Executive reported that Module 2 of the COVID Inquiry is now opening and that will require a considerable amount of resources for PHA to respond. He added that there will also be significant resources required by the Directorate of Legal Services (DLS) for administrative, solicitor and counsel support and that there is a bid in for this.

91/22.4 The Chief Executive advised that PHA is also responding to the Urology Inquiry which is centred on the Southern Trust. He said that a response was due back, but PHA has asked for an extension. He added that there is also the Infected Blood Inquiry and the Muckamore Inquiry. He said that he wished to highlight these because the resources required have to come from within the Agency and this presents a risk.

*At this point Mr Clayton re-joined the meeting.*

91/22.5 The Chief Executive reported that there are no new risks on the Corporate Risk Register. He advised that a report on PHA’s readiness for the flu and COVID vaccination programmes will be presented to the Agency Management Team (AMT) shortly and will be shared with members. He added that PHA is also doing work on the cost of living and is looking at accommodation. The Chair said that it is important that accommodation is kept on the agenda. The Chief Executive reported that with the Northern Ireland Civil Service looking at new ways of

working, there may be opportunities to avail of some of the Crown Estate. Mr Wilson added that the lease on PHA's offices in Linum Chambers is due to expire which may aid PHA's cause in securing new accommodation. Ms McCaig noted that PHA does need to take a hard look at its needs as there are challenging times ahead.

## **92/22 Item 8 – Finance Report**

- 92/22.1 Ms McCaig reminded members that at the last meeting she advised that there had been a security issue regarding the Finance, Procurement and Logistics system. She reported that the issues have been resolved and that the period of recovery went well with all data being updated. She explained that it was not possible to complete a formal monthly Finance Report, but having reviewed the latest figures she said that she had not noted any issues of significant concern, and that she would members an early alert if anything did arise.
- 92/22.2 Ms McCaig advised that the Chief Executive would shortly be holding a round of accountability meetings with Directors which will provide an opportunity for scrutiny of their budgets.
- 92/22.3 Ms Henderson said that she was content that the Month 5 report, when available, will present a good opportunity to take stock. She asked if there were any issues about costs for COVID and vaccinations. Ms McCaig advised that she was awaiting some clarity around some elements, but she was not anticipating any problems for PHA. Ms Henderson asked about the issue around staff payments which was picked up by Internal Audit. Ms McCaig advised that this primarily related to contact tracing staff.
- 92/22.4 The Board noted the Finance update.

## **93/22 Item 9 – Health Protection Update**

- 93/22.1 Dr McClean delivered a short presentation updating members on COVID, Respiratory Syncytial Virus (RSV) and monkeypox.
- 93/22.2 Dr McClean reported that the latest data from the ONS survey suggests that the number of people with COVID in Northern Ireland is around 1 in 50 which is a slight increase from the previous week. She said that the increase could be due to increased social mixing. She showed members the latest data on waste water surveillance and said that is another way of monitoring COVID.
- 93/22.3 Dr McClean advised that hospital admissions are down, as are hospital acquired infections. She said that when the prevalence of COVID is high in the community, it will also be high in hospitals. She added that the number of deaths is low as is the number of outbreaks in care homes.



- 93/22.4 Dr McClean said that PHA is continuing to monitor RSV. She explained that it is a common infection in children and can lead to children ending up in hospital. She added that during the pandemic it appeared to vanish, but now it has re-emerged with cases at an earlier point in the year than usual. She said that there continues to be an upward trend which will lead to a pressure on hospital wards. She advised that for the most vulnerable children there is a form of immunisation available, but it is only for a selected group.
- 93/22.5 Dr McClean reported that there are 31 confirmed cases of monkey pox in Northern Ireland out of over 3,000 in the UK, most of which are in the London area. She said that most of the cases here have been imported. She advised that there are services in place to assess and manage cases and that a vaccination programme has commenced.
- 93/22.6 Professor Rooney asked if the data on RSV trends can be used for prevention. Dr McClean said that when it is seen that RSV is starting to circulate a programme is put in place to target children who need vaccinated. She added that the decision is taken on a UK basis, but Northern Ireland started its programme a month later in time for the surge of cases. In terms of other actions, she said that there has been messaging aimed at people with respiratory infections. She added that most children will have experienced RSV by the time they get to school, and schools are encouraged to ensure that they have good hygiene.
- 93/22.7 Professor Rooney said that there can be learning from COVID, particularly around restrictive practices. Dr McClean pointed out that while RSV did disappear, the price was shutting down everything. She said that she would be concerned if schools and nurseries got to the point where they were turning away children because they have a runny nose or a cough. Professor Rooney agreed that messages around hand hygiene are important.
- 93/22.8 The Chair asked if there was any correlation between the ONS survey data and the data collected from the waste water surveillance. Dr McClean explained that there is a lag in the reporting from the ONS survey, but added that the waste water surveillance acts as a useful early alert. She said that they do present the same information but at slightly different times.
- 93/22.9 Mr Morton said that there is a challenge for society in terms of maintaining a balance between maintaining good infection prevention control and keeping services open. He said that the messaging is perhaps being lost and it is important to maintain that messaging.

**94/22** | **Item 10 – Update on Personal and Public Involvement (PHA/01/09/22)**

*Mr Martin Quinn joined the meeting for this item*

94/22.1 Mr Quinn advised that this is the twice yearly report to the Board on Personal and Public Involvement (PPI).

94/22.2 Mr Quinn said that the PPI team has helped make a contribution during the pandemic as some of the team were redeployed. He added that the team is working with Mr Wilson on the vaccination sub-group. With regard to the Report being presented today, he said that he wished to highlight a few areas.

94/22.3 Mr Quinn reported that work has progressed in terms of remuneration and reimbursement. He said that this is a tricky area as while some service users wish to keep their independence, others can feel excluded if they do not feel that their time is valued. He advised that the Department has created a policy which should bring some consistency to this area. However, since the policy was created, he said that there have been some changes to cover areas which hadn't been considered, and that Mr Martin McCrory has been working with the Patient Client Council on this. He explained that this is a difficult area because there could be implication for service users' benefits and tax. He advised that there are three projects where recognition payments will be piloted in the first instance.

94/22.4 Mr Quinn advised that the bursary scheme has been re-introduced. He said that the PPI team has always been good at using non-recurrent funding, and this year service users will be able to avail of places at the NICON conference as recompense for their time.

94/22.5 Mr Quinn said that the PPI team is contributing towards rebuild work and has been supporting the Department in programmes including the Cancer Strategy, where a reference group has been established consisting of 27 people. He added that 145 people participated in a series of online engagement events and almost 600 people contributed to the Strategy. He said that an outcome in that area is that staff who are responsible for developing strategies are more competent about doing so from a co-production perspective.

94/22.6 Mr Quinn reported that shortly after the introduction of the co-production guide, PPI monitoring was suspended due to COVID and this made it difficult for PHA to get data in this area. However, he advised that the Department is now keen to get assurances that HSC bodies are fulfilling their legislative responsibilities with regard to involvement. He said that there was a Circular issued by the Deputy Chief Medical Officer regarding Shared Decision Making and added that there needs to be a way to show that this is being put into practice. He advised that while it is easy to see if service users have been engaged in the redesign of a

- service, it is more difficult to measure this at an individual level. He added that Outcomes Based Accountability (OBA) training has taken place, but there is a need for this to be undertaken by senior staff.
- 94/22.7 Mr Quinn reported that the Regional PPI Forum has been in place for over 10 years and the Forum was pleased to welcome the Chief Executive at one of its last meetings. He noted that there has been some discussion about a review of PPI policy and the Forum has seen the terms of reference for this.
- 94/22.8 Mr Quinn advised that the Engage website has been relaunched and that there an event to mark this which 150 people attended. He said that the website is the online go-to resource for PPI and there is a need to ensure that it is updated, monitored and managed.
- 94/22.9 Mr Morton commented that while it is important to recognise that PHA has a statutory responsibility for PPI across the HSC, the Board has a responsibility for insuring that PHA itself is meeting its obligations. He added that if PHA wishes to explore the impact of engaging citizens more broadly then it needs to have a strategy around building social capital by giving people a voice and giving them an opportunity to be mentors. He said that the narrative around PPI is changing and made reference to health literacy.
- 94/22.10 The Chair asked how people can be helped with health literacy. Mr Quinn advised that there was a steering group looking at this which PHA health improvement staff were involved with. He said that PHA needs to look at its own work and it has reached out to partners in the community and voluntary sector to look at this.
- 94/22.11 Ms Mann-Kler welcomed the Report and said that it was the best report to date, in terms of its format. She said that it was good to see the progress that has been made in terms of remuneration and reimbursement within the context of understanding the sensitivities around this issue. She asked if there is any intention to share this Report beyond the Board. Mr Quinn replied that PPI papers would go onto both the Engage and the PHA websites. Ms Mann-Kler said that the Report is a valuable tool and should be shared with key stakeholders. The Chief Executive noted that as this is a public meeting, the Report is a public document and he would be content that it should be published on the website and shared with stakeholders. In terms of the Report itself, he welcomed that PHA is looking at patient and client centred health and wellbeing. He thanked the team for compiling the Report and he said he looked forward to seeing the next one.
- 94/22.12 Ms Henderson asked if PHA assumes an audit type role in assuring that statutory responsibilities around PPI have been satisfied. Mr Quinn said that it is not possible to give such an assurance, but Ms Henderson said that if PHA is required to give one, that is a big ask. Mr Morton

commented that there should be clarity about the type of assurance. He said that PHA can see an overview of PPI activities and whether expectations are being met, but it is not possible to provide assurances at an individual level. He added that there is work ongoing around the Shared Decision Making framework. Mr Quinn advised that when PHA was carrying out monitoring, it was able to provide evidence of engagement and each Trust report may have had 25/30 recommendations to increase the level of assurance. He said that monitoring will commence again shortly. Mr Morton said that the infrastructure around engaging citizen needs further investment, and that there is only a small PPI team in PHA.

94/22.13 Mr Clayton asked about the reimbursement and whether, from an Internal Audit perspective, there is a system in place for managing this. He also asked if there is a sense of how much PPI work takes place across each of the Section 75 groups. He commented that there will be service users who have years of experience, but there will be others who will have never contributed. Mr Quinn said that as part of any PPI programme, there will be an element of the budget set aside for reimbursement and that Mr McCrory is doing work with PCC around this.

94/22.14 Ms Henderson said that the Report was excellent, but she queried whether it had been sanitised and explained that PHA should not be afraid of pointing out issues it has come across. Mr Quinn said that any issues will be picked up in future monitoring reports.

94/22.15 Ms Mann-Kler asked that if there was an audit happening of PHA's PPI work, how sure can PHA be that it is meeting its responsibilities to a high standard. Mr Quinn said that until internal monitoring is re-introduced, he could not answer that question. However, he explained that each division has a PPI lead and that Directors should ensure that these staff attend quarterly meetings so as to understand the importance of the internal monitoring process and how it links to PHA's Corporate Plan.

94/22.16 Returning to Mr Clayton's query about engagement with Section 75 groups, Mr Quinn advised that PHA has been looking at this as there are likely to be groups that are being missed. Mr Clayton asked if there is equality monitoring and Mr Quinn advised that there is.

94/22.17 The Board noted the update on Personal and Public Involvement.

### **95/22 Item 11 – Autumn/Winter Preparedness**

95/22.1 Dr McClean updated members on preparations for the autumn and winter in terms of the flu and COVID vaccination programme, surveillance and how PHA will respond to a new variant of COVID or a surge in cases. She said that events in the southern hemisphere are a useful predictor and in recent months there has been a bad flu season.

95/22.2 Dr McClean outlined the list of those people who are eligible for the flu

and COVID vaccine and pointed out that over 1.5 million people are eligible for the flu vaccine and 1.1 million for the COVID vaccine. She explained how the programme will be delivered and the communication and messaging that will accompany it. She gave an overview of some of the risks surrounding the programme, including supply and logistics issues, non-frontline healthcare workers not being able to get the vaccinations and there being a low uptake generally. She said that the HSC system is ready to begin the programme and that it is due to launch imminently.

95/22.3 Dr McClean said that with regard to surveillance, information from the Duty Room as well as from primary care will alert PHA to potential issues. She advised that the ONS survey will continue to run until March 2023 and waste water surveillance will also continue. If there is a new variant, she advised that there will be an escalation response within PHA and that there is a plan being developed which will be tested shortly.

95/22.4 The Chair thanked Dr McClean for the presentation and said he hoped that PHA gets additional resources to do this work.

95/22.5 Mr Stewart noted that there is always agitation in the media about supply and logistics and therefore communication is key around the expectations of the programme. He asked how PHA can monitor uptake of the vaccine and the environment in which vaccinations take place. He also asked that given the number of contacts people will have with GP practices and pharmacies, whether there is an opportunity for PHA to put out more of its public health messages in those spaces and signpost people to organisations where they can get help with some of the issues discussed earlier. Dr McClean said that with regard to monitoring uptake, every vaccination is recorded on a system so data will be available in real time. She noted that PHA does not have direct sight of where vaccines will be delivered as pharmacies are contracted through SPPG, but she expected that they should be of a good standard. She agreed with the suggestion about using GPs and pharmacies for other messages, but noted that in GP practices, people will be dealt with as quickly as possible so they won't spend much time in the practice.

95/22.6 Mr Clayton said that the presentation was thorough and gave a good oversight. He asked about those staff who are not directly employed by a Trust but deliver health and social services, such as homecare workers, and how they can get vaccinated. Dr McClean advised that they will be able to get a vaccine through the Trust, GPs or community pharmacies. Mr Clayton asked about being able to monitor the uptake among staff given there can be hesitancy and if it will be possible to do a deep dive on a Trust by Trust basis to see where there may be gaps. Dr McClean said that as staff can get the vaccine anywhere there is no way of monitoring this, except by a manual process.

*At this point Ms Mann-Kler left the meeting.*

- 95/22.7 The Chair asked if there is evidence of vaccine fatigue. He suggested that the messaging should be reworked.
- 95/22.8 Professor Rooney asked if areas of deprivation will be targeted. Dr McClean advised that through VMS, it will be possible to see in which geographical areas there are gaps. She added that the Low Vaccine Uptake Group can then take action and work with community groups in those areas.
- 95/22.9 Mr Wilson advised that PHA has certain levers of control with regard to the messaging. He said that whether GPs call people can be an issue as he agreed that vaccine hesitancy and lethargy are also an issue. He noted that, based on feedback, the 50+ age group is more likely to get a vaccine than younger groups.
- 95/22.10 Mr Wilson said that PHA has a Living Well campaign and as part of that campaign, pharmacies are required to push PHA campaign and there will be a winter campaign at the time of the vaccination programme so there is a good match up in terms of getting those messages out. He added that PHA will not push its campaign too intensely at the outset as people will likely come forward quickly, but once there is a slowing of the uptake, PHA will push out its messaging.
- 95/22.11 The Board noted the update on autumn/winter preparedness.

**96/22 Item 12 – Any Other Business**

- 96/22.1 There was no other business.

**97/22 Item 13 – Details of Next Meeting**

*Thursday 20 October 2022 at 1:30pm*

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

Signed by Chair:



Date: 20 October 2022