

<b>Title of Meeting</b>	138 <sup>th</sup> Meeting of the Public Health Agency Board
<b>Date</b>	18 November 2021 at 1.30pm
<b>Venue</b>	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

**Present**

Mr Andrew Dougal	- Chair
Mr Aidan Dawson	- Chief Executive
Dr Stephen Bergin	- Interim Director of Public Health ( <i>via video link</i> )
Mr Stephen Wilson	- Interim Director of Operations
Alderman Phillip Brett	- Non-Executive Director
Mr John Patrick Clayton	- Non-Executive Director ( <i>via video link</i> )
Ms Anne Henderson	- Non-Executive Director
Mr Robert Irvine	- Non-Executive Director
Ms Deepa Mann-Kler	- Non-Executive Director ( <i>via video link</i> )
Professor Nichola Rooney	- Non-Executive Director
Mr Joseph Stewart	- Non-Executive Director ( <i>via video link</i> )

**In Attendance**

Dr Aideen Keaney	- Director of Quality Improvement
Ms Geraldine Teague	- Lead Allied Health Professionals Consultant ( <i>on behalf of Mr Morton</i> ) ( <i>via video link</i> )
Ms Tracey McCaig	- Interim Director of Finance, HSCB ( <i>via video link</i> )
Mr Brendan Whittle	- Director of Social Care and Children, HSCB ( <i>via video link</i> )
Mr Robert Graham	- Secretariat

**Apologies**

Mr Rodney Morton	- Director of Nursing and Allied Health Professionals
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**123/21 | Item 1 – Welcome and Apologies**

123/21.1 The Chair welcomed everyone to the meeting. Apologies were noted from Mr Rodney Morton.

**124/21 | Item 2 – Declaration of Interests**

124/21.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

**125/21 Item 3 – Minutes of previous meeting held on 21 October 2021**

125/21.1 The minutes of the Board meeting held on 21 October 2021 were **APPROVED** as an accurate record of that meeting.

**126/21 Item 4 – Matters Arising**

*115/21.8 Deficit in PHA Board Spend*

126/21.1 Ms McCaig confirmed that the deficit against PHA Board spend is as a result of there being an overlap between the outgoing and incoming Chief Executives and would smooth out as the year progresses.

**127/21 Item 5 – Chair’s Business**

127/21.1 The Chair said that he continues to be concerned about gambling and this was an issue he raised at the meeting in June. He noted that many soccer clubs in England had sponsorship deals with gambling companies and this has led to young people becoming heavily involved with gambling. He advised that the NHS in England has set up a number of clinics for gambling addiction and he asked whether representation should be made in order to offer such a clinic in Northern Ireland. Dr Bergin said that this would need a joined up approach and a stepped or tiered model, similar to other addiction services. He added that this would require additional investment. He noted that in due course specialist practitioners would be needed. The Chair noted that it would take time for any relevant legislation to go through the Northern Ireland Assembly and he is aware that budgets are already stretched. He pointed out that very few new programmes are started up without new money and given the pressures on the HSC he suggested there needs to be a review of what is currently funded and see if that funding could be used in a more agile fashion. Professor Rooney commented that the discussion should not always be about services but should be about causes and the public health approach to dealing with such issues. The Chair agreed that this is an issue which has been raised before and is a major concern to him.

127/21.2 Ms Henderson suggested that gambling is not strategically a priority area at the moment. She noted that at the last PHA staff engagement session, she was concerned that a recent survey found that many staff are not aware of the strategic vision of the organisation. She noted that PHA spends £10m on flu, £11m on Protect Life 2, £8m on drugs and alcohol services and £5m on obesity, and although COVID-19 has given PHA a bigger profile and portrays it as a nimble and responsive organisation, she feels there is a need to get a better grip of what the priorities of the organisation are. She added that there is a perception that PHA is about improvement, and she said that it has a good website, but there should be a discussion about vision, especially if staff do not feel they know what the organisation’s vision is. The Chair agreed that this is an issue that has been raised.

- 127/21.3 The Chief Executive said that there must be more time devoted to planning for the next year. He said that the PHA has been in business continuity mode and as such identifying such time has been difficult. He added that there must be an intensive focus on inequalities in health and on the wider determinants of health.
- 127/21.4 Mr Clayton queried whether it would be possible with the upcoming election to the Northern Ireland Assembly to ensure the public should be informed about the issues in public health and in particular the link between COVID-19 and health inequalities. The Chief Executive pointed out that it is PHA's role to respond to policies developed by the Department and to seek to influence these.
- 127/21.5 Ms Henderson questioned whether it was appropriate to spend £10 million on flu and how this might reduce health inequalities. The Chief Executive pointed out that this allocation is ring fenced by the Department to provide a vaccination service for flu each year. Miss Henderson expressed the need to get a sense of the priorities of PHA. The Chair stated that there is an urgent need to identify those areas where the PHA does in fact have discretion. Dr Bergin clarified that there is a range of vaccination programmes which are determined and prescribed at UK level by an expert committee which advises the Secretary of State for Health who in turn advises the four chief medical officers as well as health ministers in the devolved institutions.
- 127/21.6 Ms McCaig suggested that it might be fruitful to have a discussion in a workshop to see how funds flow through the organisation on an annual basis.
- 127/21.7 Mr Wilson referred to the discussion on the Ministerial Group on Public Health. He advised that there was an extant Group which existed prior to the collapse of the Northern Ireland Assembly but it has not met since the Assembly restarted. The Chair commented that Government departments were not likely to work together effectively unless there is a group of ministers pressing the officials in each Department to advance the cause of public health.
- 127/21.8 Miss Henderson suggested that it would be beneficial to have a 10 minute slot as the next few meetings on a different topic area in order to get a better understanding of the baseline. The Chief Executive said that he would discuss this at AMT (**Action 1 – Chief Executive**).
- 128/21 Item 6 – Chief Executive's Report (PHA/01/11/21)**
- 128/21.1 The Chief Executive advised that for today's meeting, he was presenting a progress report against PHA's Business Plan. He reported that PHA continues to work in business continuity mode due to COVID-19 and therefore has not made progress with regard to business planning.
- 128/21.2 The Chief Executive said that there is an escalating number of cases of

- COVID-19 and that testing capacity in Northern Ireland is at its limit. He advised that the number of daily positive cases is now around 1,700 having been at around 1,000 over the last few weeks. He reported that this increase has resulted in moving the status of the Contact Tracing Service (CTS) to “red” and that the Department has been informed. He advised that the disease is most prevalent in the 11-30 year old age group.
- 128/21.3 The Chief Executive advised that PHA is awaiting the outcome of the discussions at Northern Ireland Executive level. He said that as well as the introduction of COVID-19 passports, the Chief Medical Officer (CMO) has indicated that there may be a suite of other measures which will have an impact. He explained that he has informed the Department that PHA has brought all of its staff back to their normal duties and he has no plans at present to redeploy them back to contact tracing, and although he is reluctant to do so because other areas of work are falling behind, he is not ruling it out.
- 128/21.4 The Chief Executive reported that PHA is presently focusing on nosocomial spread and working with the Department, HSCB and the Southern Trust to look at measures to help decongest hospitals in the Southern Trust. The Chair sought clarity as to the definition of nosocomial spread. The Chief Executive explained that this is when an individual acquires an infection while in hospital.
- 128/21.5 The Chair said that he was pleased to see that staff had been repatriated back to their normal duties and asked if the CTS is currently recruiting. The Chief Executive confirmed that recruitment is ongoing, but pointed that as funding is only confirmed until 31<sup>st</sup> March 2022, and that other organisations are able to offer people longer term contracts, it is becoming more difficult to attract candidates. He noted that PHA has offered overtime opportunities to its own staff who have been previously involved in contact tracing. The Chair expressed concern that PHA could lose many of its contact tracing staff, and a huge amount of time and effort would be needed to recruit new staff with the appropriate skills. The Chief Executive advised that he has raised this matter with the CMO.
- 128/21.6 Mr Clayton welcomed the report and said that it was useful in terms of giving the wider strategic context. He noted that he would have welcomed some additional narrative around the KPIs about contact tracing. He asked about the vaccination programme, and PHA’s role in terms of targeting areas of low uptake. Given the spread in hospital settings, he asked whether PHA has raised the issue of low uptake with the Trusts and with the independent sector.
- 128/21.7 The Chief Executive said that he proposed to take members through the areas of the Report where actions were rated as “amber”, one of which relates to vaccination uptake. He advised that PHA is continuing to identify those areas where there is low uptake and to target specific

communities. He said that this work is led by Mr Maurice Meehan and he would report each week to the Vaccination Programme Board, following which mobile vaccination centres would be set up in areas of low uptake.

128/21.8 The Chief Executive advised that the Vaccine Management System (VMS) had been the subject of discussions with the Department earlier this week and he assured members that it is a safe system and that PHA has issued strong statements to counter what is being said about the system's security.

128/21.9 Mr Clayton asked for more information about unvaccinated staff in Trusts and the independent sector and if PHA is targeting those staff to improve uptake in the same way as it targets other population groups. The Chief Executive advised that the information on VMS is on a population basis and does not go into specific sectors. However, he said that RQIA is looking at care homes and it is the responsibility of Trusts to identify any unvaccinated staff. He added that PHA has indicated that it will work with Trusts and has informed Trusts of its concern. He pointed out that there is a gap in terms of the information because staff may have gone to their local GP or pharmacy to get their vaccine instead of through the Trust. Dr Bergin said that from an information perspective, PHA would like to get to the same situation that exists with the flu vaccine, where detailed information is available regarding staff vaccination rates.

*At this point Mr Clayton left the meeting.*

128/21.10 Ms Mann-Kler thanked the Chief Executive for the Report which she said was helpful. She noted that there may have been a similar type of report in the past which was also aligned to reporting on Programme for Government (PfG) and used Outcomes Based Accountability (OBA) to demonstrate where PHA is having an impact. She said that it would be beneficial to get more information on the areas rated "amber" on a monthly basis. In terms of COVID-19, she asked what role PHA will have in terms of vaccine passports, and where PHA sits in the debate on mandatory vaccines for HSC staff. She asked whether PHA's messaging around encouraging vaccination uptake is subtle enough to differentiate between people who are vaccine hesitant and those who are anti-vaxxers. She added that it would be useful to understand what the data are showing in terms of attitudes to vaccination uptake. With regard to the booster programme, she noted that there has been a lot of media coverage about people not being invited to get their booster and she also asked about second vaccines for 17/18 year olds.

128/21.11 The Chief Executive said that this is a first cut of this type of report and he is keen to hear feedback and if there are any other areas on which members would like to receive information. He said that he will work to get the report more polished. In terms of the 8 areas rated "amber", he advised that work on infection prevention control will progress. For

HSCQI, he noted that as many of Dr Keaney's staff had been redeployed this work is behind schedule, but Dr Keaney is working on a recovery plan. He advised that PHA has been working with the Simon Community and Queen's University to progress the work in relation to the homeless health hubs. He again referenced the redeployment of HSCQI as a factor in not progressing the work of scoping QI across the HSC. He noted that although PHA is awaiting a policy direction from the Department in relation to its Corporate Plan, PHA should be commencing work to look at its own strategic direction going forward. In relation to the outworking of the review of PHA, he advised that an exercise to recruit a Project Manager had been unsuccessful, and that COVID-19 has also resulted in some of the work not being progressed. However, he reported that the work of the information strategy subgroup is progressing with 3 new staff having been brought in, and he said that he would bring a paper on its work to the Board in the new year (**Action 2 – Chief Executive**). He noted that there is a lot of vacant posts but that Ms McCaig and her team will work with PHA to look at this from an accounting perspective. He noted there has been a suggestion about having a Board workshop to look at HR and data.

- 128/21.12 The Chief Executive said that, in terms of mandatory vaccination, the Minister has put a paper out to public consultation. He explained that the vaccine will not be mandatory for all current staff, but for new staff, or if current staff move post. He noted that one of the Trade Unions is opposed to the move, but is content that it went out to public consultation. He said that the issue of vaccine hesitancy is a particular one among young females who have expressed concerns about fertility. He noted that this concern remains as it was part of some of the early messaging. Mr Wilson advised that the majority of PHA's messaging goes out to the whole population and is not nuanced, but through partner organisations or selected media, messages are put out to target audiences. He added that PHA is constantly gaining insights about the nuances that it needs to embed and just this week, there was feedback in terms of the sensitivities around myth busting and how people react to that. He advised that there has only been a 50% uptake in the 16/17 year old age group and among 12/15 year olds, some schools have returned low numbers in terms of uptake so PHA will continue to work with Trusts to get additional pop up clinics in place and put out targeted messages through social media. He said that PHA is being as agile as it can be. He noted that there will always be 10% of the population which will be anti-vax or very hesitant and so PHA will not spend a lot of time responding to that group but will focus its efforts on the other 90% and aim to help those hesitant people make a positive decision in terms of getting a vaccine.
- 128/21.13 Ms Mann-Kler asked about the vaccine passports and the role of PHA. She asked whether PHA is following the yellow card scheme. She noted that the Royal College of Obstetrics has noted 30,000 women reporting changes to their menstrual cycle which may link to vaccine hesitancy and asked if PHA is looking into this and making those

connections. Mr Wilson advised that the yellow card scheme operates within the health protection team and consequently PHA's messaging to young females has changed. He added that Public Health England has published resources which PHA is looking to adapt for Northern Ireland. In terms of vaccine passports, the Chief Executive noted that this policy decision was only made yesterday and to date PHA has had no conversations with the Department regarding this. He said that if there was going to be any impact for PHA, he would inform the Board.

- 128/21.14 Mr Stewart said that he was pleased to see that in the absence of guidance from the Department, PHA is continuing to focus on its Business Plan at the present time and that will ensure the organisation is well placed and won't have to produce a Plan in a rush.
- 128/21.15 The Chair commented that there is a lot of confusion around the vaccine passport so there needs to be clear targeted messages. He said that the objective is not only to get more people vaccinated, but to keep them out of hospital.
- 128/21.16 Professor Rooney asked, apart from the COVID-19 pandemic, do staff normally have to be vaccinated in any case against other illnesses. The Chief Executive said that certain professional groups have to be vaccinated as part of their contract, but he noted that the flu vaccine is not mandatory.
- 128/21.17 The Chair thanked the Chief Executive and the Directors for compiling this Report with its new format.

### **129/21 Item 7 – Finance Report (PHA/02/11/21)**

- 129/21.1 Ms McCaig presented the Finance Report and noted that this month a formal executive summary has been included. She advised that as at the end of September there is a year to date surplus of £0.5m which has reduced from £1m at the end of August. She explained this change is due to health improvement expenditure coming back in line, planned campaign expenditure being slightly ahead of schedule and a slight decrease in the management and administration underspend.
- 129/21.2 Ms McCaig advised that in the programme budget, there is a projected underspend of £0.5m. She highlighted the Nicotine Replacement Therapy (NRT) budget and said that demand this year for NRT has reduced compared to previous years and she suggested that during COVID-19 response this may not have been promoted as with previous years and smoking cessation may be focusing on other areas. She explained that this is referred to as a COVID-19 downturn and will be offset against COVID-19 expenditure. She advised that she has liaised with the Department regarding this and in effect, PHA will receive £500k less COVID-19 funding once its business case for Contact Tracing has been approved.

- 129/21.3 Ms McCaig said that there remains a projected surplus at the yearend of £800k. She reiterated that there is a surplus in the management and administration budget.
- 129/21.4 Ms McCaig highlighted some risks. She said that programme expenditure will continue to be reviewed so there may be an additional slippage which may accrue during the year.. She noted that there was an additional £1m spend against COVID-19 during September. She said that in terms of the impact of the COVID-19 response, there is an issue as to whether PHA's partners can support the organisation in managing slippage by way of short term projects as they would have done previously.
- 129/21.5 Ms McCaig advised that the capital expenditure budget does not show a lot of spend at present, but Dr Janice Bailie manages this budget well and the profile is generally towards the end of the year.
- 129/21.6 Ms McCaig reported that PHA's prompt payment performance continues to be the best in the HSC.
- 129/21.7 Ms Henderson said that she would be keen to delve more into the Trust spend as she commented that it is all showing break even. She suggested that there may be SLAs which have been in place for some time. She noted that given there are only four months until the yearend, and although the underspend did not concern her, she felt it would be useful for the Board to have some visibility in terms of the areas which the AMT has identified as being priorities to benefit from the underspend. The Chief Executive advised that there have been some discussions around this, and that some funding will be put towards getting behavioural science input and that will roll into next year. He added that there has been some expenditure in relation to digital and information systems. He noted that with staff returning to their normal duties, there will be difficulty in terms of getting current money spent before there can be consideration about how to spend additional money. The Chair stated that the Board would be keen to see some options and have input into the decision making on this issue. He noted that in previous years when PHA was developing its Business Plan, it would have done so in conjunction with the Department prior to presentation to the Board, but the Board should have more input. The Chief Executive suggested that it may be useful to have a workshop early in the new year to look at strategic direction (**Action 3 – Chief Executive**).
- 129/21.8 Mr Irvine said that as a Councillor he is aware that PHA funds Local Councils and although it is not clear in this Report he would welcome seeing a small table highlighting the programme areas of spend. Ms McCaig said that this would be challenging for the Finance team to produce as the finance system would not record in this way, but she agreed that if any decisions were brought to the Board, any element of Council spend could be made clear.



- 129/21.9 Ms McCaig said that in relation to Trust expenditure, a suite of reports is currently being prepared for sharing with members. She said each individual investment is monitored by budget holders and she would be happy to discuss this in more detail outside the meeting. She explained that PHA's role is to consider its priorities and approve investments, not to ensure that Trusts are breaking even. In terms of the surplus, she explained that the Chief Executive has a responsibility for ensuring that the budget breaks even with a tolerance of  $\pm 0.25\%$  (around £300k) so an underspend is an issue. She reiterated the point that because of the pandemic, PHA's partners are unlikely to be able to assist PHA with further spend. She said that there may not be time to bring proposals back to the Board because of the speed at which things can happen, but the planning cycle for 2022/23 will be commencing which will consider the overall priorities for the PHA.
- 129/21.10 The Chair recalled that when he had previously asked for details of the breakdown of the funding to the Trusts he was informed by the then Director of Finance that this would cause redundancies. He stated categorically that neither he nor the Board had any intention to cause such an outcome but merely wished to know how the money was being spent. Ms McCaig said that with regard to Trust expenditure, PHA's role is to ensure that the outcomes on the activity that it funds are achieved, so it is less about spend and more to do with ensuring PHA is getting what it has commissioned. In response to a question from Ms Henderson Ms McCaig stated that there may not be other opportunities to fund initiatives outside the organisation which are within PHA's priority areas but because of COVID-19, it will be difficult for PHA's partners to spend money. Ms Henderson suggested that as there is an urgency on this, any options could be shared with members via e-mail. The Chief Executive agreed with the point that it will prove difficult for PHA's partners to spend further money and as Accounting Officer, it is his responsibility to ensure that money is spent judiciously and properly.
- 129/21.11 The Chair noted that a 3-year Comprehensive Spending Review has just been completed and he asked if this meant that there will finally be a 3-year budget. Ms McCaig advised that a process has commenced within Departments and PHA has been inputting to that in terms of highlighting what it sees as inescapable pressures. She said that although it is technically a 3-year process, bids will still have to be made each year and a prioritisation exercise done, but it is a helpful move as it allows for slightly longer term planning. The Chair asked if there is good interaction between the finance staff in each of the ALBs and the Department in preparation for this major change. Ms McCaig replied that there has been good communication with the professional and policy leads at the Department. She said that she would update members further on this at a future meeting when the budget is released at draft stage by the Minister (**Action 4 – Ms McCaig**).
- 129/21.12 The Board noted the Finance Report.

*At this point Mr Irvine left the meeting.*

**130/21 Item 8 – Update on COVID-19**

130/21.1 This was covered under Item 6 above.

**131/21 Item 9 - Outcomes and Impacts of HSC R&D Funding**

*Dr Janice Bailie joined the meeting for this item.*

131/21.1 Dr Bailie thanked members for the invitation to attend the meeting and showcase the work of the Research and Development (R&D) team. She said that as there were some new members she would begin by briefly explaining the role of R&D.

131/21.2 Dr Bailie advised that the R&D division was first established in 1994 as part of the Central Services Agency and transferred into PHA in 2009. She explained that R&D's work is not to deliver research *per se*, but to deliver on the R&D Strategy for the HSC. She said that the work of the division covers the whole spectrum of research. She advised that the division manages funding awards for programmes within Trusts, universities and the charitable sector and ensures that any schemes are in line with good practice elsewhere. In 2020/21, she said that the fund administered by R&D was £19.5m.

131/21.3 Dr Bailie said that the R&D division supports quality research that aims to have a positive impact on the delivery of health and social care. She showed where R&D division in PHA sits within the overall R&D infrastructure in Northern Ireland, and said that through the use of Researchfish the division can capture information on the outcomes and the impact of the work that it funds. She explained that over the last number of years there has been an average of an 8.4 fold return on investment.

131/21.4 Dr Bailie advised that R&D provides an annual subscription of around £3.2m to the National Institute of Health Research (NIHR). She said that helps build R&D's reputation and she hoped to continue to grow that success.

131/21.5 Dr Bailie took members through some case studies showing the successes of R&D funding.

131/21.6 Dr Bailie gave an overview of CHITIN (Cross-border Healthcare Intervention Trials in Ireland Network) and advised that over 3,000 participants have been recruited to assist with this work. She gave a synopsis of some of the trials in which the team is involved.

131/21.7 Dr Bailie reported that during the COVID-19 pandemic the R&D division provided input in three ways; contributing to workstreams in PHA and wider consortia; commissioning funding schemes and supporting urgent

- UK-wide public health and surveillance studies.
- 131/21.8 In conclusion Dr Bailie said that evidence shows that research active hospitals provide better care and outcomes; that investment in R&D is essential; that there is a fourfold return on investment; that good communication is needed to ensure stories are shared and heard; involving patients and carers is key, and that research changes lives. She shared with members the story of one man whose participation in drug trials saved his life and whose story featured in the media and on NTV.
- 131/21.9 The Chair thanked Dr Bailie for her comprehensive overview of the work carried out by a small group of people with a small budget.
- 131/21.10 Mr Stewart asked how the return on investment is calculated and what measures are in place to ensure that research being carried out does not duplicate work done elsewhere. Dr Bailie explained that the formula to work out return on investment is a published formula used by Professor Stephen Hanney which takes account of both financial and spillover benefits. She said that many of the figures she quoted are purely financial, but there are benefits in kind. In terms of duplication of work, Dr Bailie advised that all UK-wide funders work together to ensure there is no duplication. She added that when an evaluation of paperwork is undertaken, PHA relies on peer review processes and takes great pain to ensure that the appropriate peer reviewers are used. She said that PHA always seeks to ensure that any research is novel and of high quality. The Chair said that from his experience of using peer reviewers, the aim is always to ensure that only high quality research is funded and in case of uncertainty, it is better to hold back funds until a number of more worthwhile projects is put forward for evaluation. He commented that in a recent worldwide survey it was shown that the ratio of return on investment is 4.6 and that was the reason why, even during the extremely severe austerity budget of 2012, the UK Government did not cut the R&D budget as there was a recognition that with R&D there is always a very positive payback.
- 131/21.11 Professor Rooney said that she is a great supporter of research, but asked what the impact would be on public health research if a decision was made that the R&D function should be hosted elsewhere. Dr Bailie said that R&D has now spent more than half of its lifetime in PHA and from her perspective, PHA has been an ally and protected R&D from having its budget cut. She advised that R&D funds public health research and there is now a Centre for Public Health Research led by Professor Frank Kee at Queen's University which is now getting funding through a range of UK-wide avenues. She added that PHA also works with Ulster University and the All-Ireland Institute for Public Health and there is a joint conference run each year. She said that there are benefits for R&D being hosted within PHA and that during the pandemic R&D worked with different parts of PHA and with colleges and the value of this work can be demonstrated through of the outcomes of the

projects.

131/21.12 The Chair advised that he has been involved with R&D since its early days and that PHA is the appropriate host for this function. He noted that its role is to look at R&D across the whole HSC and having it in PHA adds to the organisation's kudos. He said that relationships with the academic institutions are important and that he would like to see more collaboration between PHA and Queen's and Ulster University. He noted that previously some staff working in public health would have spent half-time in Queen's Department of Epidemiology and half-time in health and social care.

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

131/21.13 Dr Bergin said that R&D is a critical part of the public health directorate.

131/21.14 The Chair emphasised that it is really important that people recognise the true value of research and development. He said that the research funded by PHA is not pure or basic scientific research but it is translational and brings direct benefits to patients.

131/21.15 The Chief Executive said that the information and intelligence functions of PHA are key and when PHA is commissioning services, it should be doing so using an evidence-based approach and R&D and health intelligence should be working together. He said that PHA should ensure that its evidence underpins how services are commissioned and going forward this information should be provided to the new integrated care systems. He added that when funding should be spent judiciously and efficiently and based on evidence and research and PHA may already have that research information or that research may have to be commissioned.

131/21.16 Ms Henderson said that the presentation was very uplifting with good news stories picked by the media. She asked about public health research in terms of people's habits. Dr Bailie advised that CHITIN, which is an EU-funded programme, has brought in over €10m of funding for the HSC and it has carried out research in public health areas, for example walking and nutrition, and this may be of interest to the Board.

131/21.17 The Chair thanked Dr Bailie and congratulated her and her team for the outcomes they have achieved from their research over recent years. He said that this work is greatly valued.

131/21.18 The Board noted the presentation on the outcomes and impacts of HSC R&D funding.

## **132/21 Item 10 – Communication with the Public**

132/21.1 The Chair asked if PHA is communicating effectively with the public as he felt that many people are not getting the right messages and he

suggested using the exterior of the building in Linenhall Street to promote messages. He said he had been asked by a Board member why the exterior of the building on Linenhall Street is not used to promote messages. He added that the public needs consistent messages and this is not always possible with different messages being broadcast in the media from different parts of the UK. He said that the public is also confused because the messages change.

132/21.2 Ms Henderson noted that PHA has been very reactive to recent news stories and did not miss an opportunity. Professor Rooney commented that in Northern Ireland at present the number of cases and the vaccine uptake rates are the worst in the UK. The Chair commented that the booster programme is not going well. Mr Wilson explained that a strategic decision to prioritise the booster programme in care homes. He added that in terms of the messaging, recent surveys have shown that people are aware of where they can get a vaccine, although he commented that the NI Direct website can be difficult to navigate.

132/21.3 Mr Wilson said that he would be happy to take time at a workshop to outline PHA communications programme going forward. He added that COVID-19 has given PHA huge public exposure and should be used as a springboard going forward. He advised that there have been meetings with BSO to look at using the windows in Linenhall Street for public health messaging. Ms Henderson asked if PHA could pay people to become public health champions. Mr Wilson advised that PHA could use influencers, but noted that the organisation is not always in control of what message they put out. He said that influencers have been approached. Adding to the comment about putting messages on the outside of the building, the Chief Executive noted that there is a limit in terms of how much of its budget PHA can use and agreed that it would be useful to spend a bit of time looking at this. The Chair commented that BBC should be approached about public service advertising, but Mr Wilson explained that this is managed centrally through London and the Cabinet Office. However, he advised that PHA is trying to get BBC on board with its messaging on vaccination as part of social norming day on 2 December.

132/21.4 Professor Rooney asked if Local Councils have public health champions. The Chair reported that in a previous role he had successfully recruited Mayors and Chairs of Local Councils to become health champions during their year of office. Mr Wilson advised that Local Councils would support PHA through community planning and if there are key healthcare issues identified that need to be addressed, for example mental health and physical activity, then partnerships would be put in place.

### **133/21 Item 11 – Any Other Business**

133/21.1 With there being no other business, the Chair thanked members for their time and drew the meeting to a close.

**134/21 | Item 12 – Details of Next Meeting**

*Thursday 16 December 2021 at 1:30pm*

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

Signed by Chair:

A handwritten signature in cursive script, appearing to read "Ann Douglas".

Date: 16 December 2021