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| Title of Meeting | 139 th Meeting of the Public Health Agency Board |
| Date | 16 December 2021 at 1.30pm |
| Venue | Via Zoom |

Present

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| Mr Andrew Dougal | - Chair |
| Mr Aidan Dawson | - Chief Executive |
| Dr Stephen Bergin | - Interim Director of Public Health |
| Mr Rodney Morton | - Director of Nursing and Allied Health Professionals |
| Mr Stephen Wilson | - Interim Director of Operations |
| Alderman Phillip Brett | - Non-Executive Director |
| Mr John Patrick Clayton | - Non-Executive Director |
| Ms Anne Henderson | - Non-Executive Director |
| Ms Deepa Mann-Kler | - Non-Executive Director |
| Professor Nichola Rooney | - Non-Executive Director |
| Mr Joseph Stewart | - Non-Executive Director |

In Attendance

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| Ms Tracey McCaig | - Interim Director of Finance, HSCB |
| Mr Brendan Whittle | - Director of Social Care and Children, HSCB |
| Mr Robert Graham | - Secretariat |

Apologies

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| Mr Robert Irvine | - Non-Executive Director |
| Dr Aideen Keaney | - Director of Quality Improvement |

135/21 | Item 1 – Welcome and Apologies

135/21.1 The Chair welcomed everyone to the meeting. Apologies were noted from Mr Robert Irvine and Dr Aideen Keaney.

135/21.2 The Chair acknowledged that this was a busy time for the staff of the Agency and the HSC as a whole and the board is extremely conscious of that pressure.

136/21 | Item 2 – Declaration of Interests

136/21.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

137/21 Item 3 – Minutes of previous meeting held on 18 November 2021

137/21.1 The minutes of the Board meeting held on 18 November 2021 were **APPROVED** as an accurate record of that meeting, subject to one amendment to indicate that Mr Clayton left the meeting before paragraph 128/21.10.

138/21 Item 4 – Matters Arising

138/21.1 There were no matters arising.

139/21 Item 5 – Chair’s Business

139/21.1 The Chair advised that some members had attended the King’s Fund annual conference.

139/21.2 The Chair reported while attending a training session on “inspiring boardroom Leadership” he was reminded about the need for a Board to assess how effective it is at balancing support and challenge and how it divides the time between conformance on the one hand and performance on the other. He said another important issue is how regularly the Board reviews the delegation of authority.

140/21 Item 6 – Chief Executive’s Report

At this point Mr Clayton and Professor Rooney joined the meeting.

140/21.1 The Chief Executive reported that it was the general view that the Omicron variant is the biggest threat since the start of the pandemic and that there is a potential for HSC to be in danger of being overpowered by demand. He advised that this may not be due to the severity of the variant but to its very high transmissibility which is likely to multiply the numbers infected. However he said that all effort was now being put into maximising the number of people who receive the booster vaccination.

140/21.2 The Chief Executive reported that the PHA will greatly increase its contact tracing service. He explained that this will necessitate the redeployment of some PHA staff (31 in number) and part-time staff will be asked to increase hours worked.

140/21.3 The Chief Executive said he was concerned about the health protection function since normally the PHA has nine consultants but currently only five are in post. He advised that senior nursing staff and data analysts have been asked to help augment the health protection response.

140/21.4 The Chief Executive reported that two days previously there had been 1800 new cases in Northern Ireland and yesterday, the 15th of December, the number was 2300, the highest ever reported. He said that this is an indication of how quickly the virus spreads. He advised

that the number of cases of Omicron has increased from 10 to 150, but some of this was due to a change in the definition. He added that there are already over 2,000 new COVID-19 cases today and therefore staff have had to be redeployed as this is territory that PHA has never been in before. Because of this increase the number, he said that it was necessary to reduce the number of telephone calls made to each individual contact from 5 to 3 in number.

- 140/21.5 Mr Stewart recalled that previously PHA had indicated that it could reach a point where it could not manage the volume of calls and asked what the ceiling is. The Chief Executive said that he has asked for analysis and the modelling but he has not yet seen it. He pointed out that the first ceiling will be reached in terms of testing. He said that 11,300 tests had been carried out yesterday, and that Northern Ireland will soon reach its limit of 15,000. He noted that it will depend on the positivity rate and how many of those people being tested required to be followed up by contact tracing. He acknowledged that a ceiling will be reached at some point.
- 140/21.6 Ms Mann-Kler asked if there comes a stage when contact tracing becomes pointless as the spread is out of control. She also asked about the wellbeing of staff. The Chief Executive said that he has asked to see the modelling but he has not yet received it so he cannot answer that question, but he acknowledged that there is a limit. He said that the issue in this case is that Omicron is much more contagious than any other variant with its doubling time of 2/3 days.
- 140/21.7 The Chief Executive said that in addition to contact tracing and health protection, the next priority area for PHA is vaccination where there is work ongoing in two areas. He advised that PHA is working with Trusts to provide sessional vaccinators and is also aiming to recruit more vaccinators. He noted that people are not necessarily anti-vaxxers, but they do not wish to stand in a queue for two hours so opening hours of centres are being extended and there is a push to work with community pharmacies.
- 140/21.8 The Chief Executive said that the fourth priority is about digitalisation and being able to produce dashboards and improve digital communication. He added that as this variant will spread in the community PHA has to make contingency plans for losing 20/30% of its staff and he acknowledged that staff are already exhausted. He said that staff have been asked to work from home more and he asked the contact tracing service to explore home working. He explained that his focus is on the next month/six weeks as this situation will escalate quickly, and then ease quickly and although he is planning to the end of January, the impact on the HSC will be felt into February and March.
- 140/21.9 Mr Clayton agreed that the greatest risk for PHA is a breakout in the contact tracing centre. The Chief Executive noted that PHA staff are being dissuaded from Christmas parties. Mr Clayton said that previously

there was a paper presented to the Board looking at the potential numbers of staff that may be required. He noted that there had been discussions about getting assistance from students and from the Trusts. Given the time of year, he asked how open staff were to working overtime. The Chief Executive said that he has concerns as there is a reluctance about overtime. He explained that many contact tracers are part time so they would need to work over 37.5 hours before they would get overtime rates.

140/21.10 Alderman Brett asked how many staff have been redirected to contact tracing, to which the Chief Executive responded that it is 31. Alderman Brett asked how many more would be required. The Chief Executive said that he would like to redirect another 10 staff inside the next week. He noted that during the summer a total of 85 staff were redirected, but there were less full time staff in contact tracing. He added that there are also limitations in terms of capacity and in the absence of an expanded telephony system there is a risk for staff working from home as they would not be as well supported. Alderman Brett asked if the Department has been alerted. He added that given that PHA is reaching the point where it could be overwhelmed, there should be consideration to a stark message going out. The Chief Executive advised that PHA will be meeting with the Department tomorrow. He added that although contact tracing sits within PHA, it is owned by the Department and there are regular meetings about contact tracing and outbreak control.

140/21.11 Mr Morton advised that following a request from the Chief Executive staff have been identified to help and are willing to do additional sessions. The Chair asked if there had been any communication with individuals who had previously worked in contact tracing. He said that he while he understood that there are time pressures on each call, he asked if people are being encouraged to get the vaccine. The Chief Executive said that PHA is using every opportunity and is also pushing out the use of lateral flow tests.

At this point Dr Bergin joined the meeting.

140/21.12 Professor Rooney asked if people are better now at complying with the requirement to isolate. She added that there is a perception that this strain is mild but the message needs to go out about how important it is to isolate. The Chief Executive said that there is no data available on how mild or severe this strain is and while there is a perception it is mild, it is worth noting that South Africa has a different population profile. He added that even if it is mild, the issue is the volume of cases. He said that an area of concern for PHA is students returning home and visiting relatives. Professor Rooney asked how PHA can get the message out there. The Chief Executive said that people are tired, but PHA will keep pushing out the message.

140/21.13 Mr Wilson noted that Professor Chris Whitty has said that people should reduce their contacts over the festive period and not to socialise unless

necessary. He said that PHA is linking with the Department about putting out similar messages here. Focusing on returning students, he advised that both Queen's and the University of Ulster have finished their terms so it is about getting messages out to those returning from England, Scotland and Wales. In terms of the booster campaign, he conceded that if people have to queue for over an hour, they will walk away, therefore there is a need to get a digital solution in place where people can book appointments. He advised that there is a major campaign commencing which will feature across all TV channels, including the BBC. The Chair said that it is important not to lose sight of the other public health messages e.g. wearing a mask. Mr Wilson said that PHA's messaging does not focus on one area alone. He advised that PHA has a strapline about doing a lateral flow before you go out.

- 140/21.14 Ms Henderson said that she was impressed with the work carried out to date and commended the Chief Executive for putting together the four point plan so quickly. She said that any messaging needs to be put out as soon as possible and that it needs to be clear as she feels that people are confused with all the different messages.
- 140/21.15 Dr Bergin delivered a short presentation on the current situation. He said that PHA is trying to mobilise all of its assets. Comparing the number of cases now with the number at this time last year, he showed that the Delta strain has not gone away, but there is a good vaccination programme in place. He advised that 50% of Delta cases are in young people who are going out and about socialising. Looking at admissions into hospitals, he said that although numbers are down compared to last year and the position is better, a wave of Omicron cases could see services being stood down. At present, he advised that 90% of cases are of the Delta variant but with 2,000 cases a day, and that figure likely to double, at present there is no knowledge at present about what will have to be dealt with. He said that the new variant is highly transmissible and will rip through society in a matter of days and will impact the most on vulnerable people who are highly likely to be unvaccinated. He suggested that measures may have to be introduced and that there are a couple of difficult months coming up.
- 140/21.16 The Chair asked what people should be told and suggested that it may be easier for them to accept the hard truths now. Dr Bergin noted that it is central Government that dictates the message. The Chief Executive advised that from a meeting he attended yesterday, the Chief Scientific Officer, Professor Ian Young, said that restrictions may have to be considered. While there may be medical reasons for this, he was not sure whether there would be political acceptance. However, he said that this would have to be decided by the House of Commons. He suggested that perhaps there might be restrictions in terms of numbers in entertainment venues, churches, care home and hospital visitors.
- 140/21.17 Ms Mann-Kler pointed out that the country has been living with COVID-19 since March last year and asked whether there has been any

discussion about the long term management of the condition. She noted that a lot of action being taken is driven by hospital capacity but given that this condition may be around for a lifetime, there needs to be long term plan instead of a stop/start response which is exhausting and unsustainable.

140/21.18 Mr Clayton thanked Dr Bergin for his presentation which he said set out the position starkly. He said that he had a query relating to hospitals, care homes and infection prevention control. Given that this strain is more transmissible, he asked what messages PHA is putting out, particularly if it is transmissible among staff. The Chief Executive recalled that about a month ago he attended a meeting where there was a sense of optimism because Delta was becoming endemic, hospital admissions were reducing and vaccination uptake was increasing. He said that there was a view that the situation was improving but Omicron has come out of the blue and now the thinking is about how long do Trusts need to put plans in place to deal with COVID-19. He felt that there will be a return to a better place as Omicron will escalate quickly and then deescalate, but then he noted that there may then be another variant.

140/21.19 The Chief Executive advised that correspondence has been sent out giving guidance about visiting arrangements in care homes and he agreed to share this with members (**Action 1 – Chief Executive**). Mr Clayton said that this would be helpful. He asked if there were any tools for helping to reduce transmission. The Chief Executive noted that nursing homes are the most vulnerable places, but the number of homes with outbreaks has reduced from 130 to 30. He said that although the picture has improved, there is a need to stay within the good practice that has been developed over the last year so as not to return to the situation that homes were faced with last year.

140/21.20 The Chief Executive updated members on the bowel screening recall. He advised that of the 45 individual who needed to be followed up, 22 remain outstanding. He said that this level sits within the national average but PHA will still continue to follow up with the individuals concerned.

141/21 Item 7 – Finance Report (PHA/01/12/21)

141/21.1 Ms McCaig presented the Finance Report for the period up to 31 October 2021 and reported that PHA has a year to date surplus of £500k. She reported that the year-end surplus was forecast to reach approximately £700,000.

141/21.2 Ms McCaig advised that some funding has not been allocated to Trusts as the Trusts have refused to take the funding. However if a service has been delivered by the Trust, she said that the money will then be allocated to that Trust.

- 141/21.3 In terms of the projected £700k yearend surplus, Ms McCaig advised that this is net of projected expenditure in areas such as diabetes and health research. She reported that two proposals have been approved by ANT totalling £400,000 which would reduce the year-end surplus to £300,000.
- 141/21.4 Miss McCaig advised that the business case for the Contact Tracing Service will have to be revised bearing in mind the increased demand for the service as a result of the Omicron variant.
- 141/21.5 Mr McCaig reported that an additional £358,000 of capital funding has been allocated to PHA relating to the congenital heart disease network. She was confident that the capital budget will achieve break even at yearend.
- 141/21.6 Miss Henderson, Non-Executive Director finance, asked for greater clarity in terms of the value for the money allocated to Trusts and how the board could have greater certainty of the outputs of these programmes. Ms McCaig explained that there is no risk to PHA from a financial position because PHA will be writing to the Trusts to advise them that as the service has been delivered, the funding will be allocated. She accepted that it is not the way in which PHA wishes to manage the position, but PHA has to achieve a break even position which is a surplus or deficit of around £327k. Ms Henderson asked how PHA can be certain of the outputs of these programmes if there is no signed business case. Ms McCaig advised that the risk is minimal as these are long standing programmes. Ms Henderson asked what the total funding of these particular programmes is and Ms McCaig responded that it is a few hundred thousand pounds.
- 141/21.7 Mr Stewart commented that he found this approach quite unusual and asked what would happen in the situation where funding was given to a body and programmes were not delivered. Ms McCaig said that this issue only relates to areas where PHA knows that the programmes have been delivered but the Trusts are passing their financial management issues over to PHA. Mr Stewart asked whether this was funding being provided after the programmes had taken place. Ms McCaig reiterated that the Trusts should be accepting the funds and not managing their own financial position to the detriment of PHA. Professor Rooney said that she agreed with Ms McCaig, and added that if PHA was shown to have an underspend it could potentially lose funding, and therefore the issue should sit with the Trusts.
- Proposed Approach for Managing PHA in-year Funding*
- 141/21.8 Mr Wilson advised that the supplementary paper looks at options for how PHA can make use of up to £1.45m of additional funding in-year. He said that the paper has been prepared with budget leads and links to programmes to be delivered under PHA's Business Plan.

- 141/21.9 Mr Wilson reported that the first proposal relates to the Diabetes Prevention Programme and sustaining that programme. He said that the second proposal is to provide additional funding to the National Institute of Health Research (NIHR) fund. He advised that the third proposal is about extending the pilot of the sexual health testing service, SH24, as there is a cost pressure that can be met in-year, and the final proposal looks at providing PPE to organisations with which PHA has contracts. He said that there was a provisional amount of £220k allocated for this, but the total is around £150k.
- 141/21.10 Mr Wilson advised that there is limited capacity to undertake any new programmes and this paper represents PHA's best efforts to use the funding strategically in-year. He added that there may be other cost pressures associated with managing the Omicron variant and PHA will continue to monitor these. He said that AMT is happy to approve these proposals and they are now being presented for consideration by the Board.
- 141/21.11 Mr Clayton asked for more information about the PPE proposal and which organisations would benefit. Mr Wilson said that while he did not have all the details, it was his understanding that PHA canvassed all of its commissioned services providers and asked them what level of equipment they could reasonably use. He added that as the costs of PPE have significantly reduced, the amount allocated to this has reduced. Mr Clayton noted that organisations may have other sources for getting PPE.
- 141/21.12 Professor Rooney expressed concern about PHA's ability to determine clear outcomes rather than outputs. She asked if PHA was content with the outcomes described. She added that this relates to previous discussions about funding to Trusts and how PHA measures impact. Ms McCaig said that Dr Brid Farrell would be able to provide additional information on the Diabetes Programme. She acknowledged that there is a challenge for PHA in terms of defining outcomes, but AMT was content with the proposals. The Chief Executive echoed what Ms McCaig said, and added that Dr Farrell's paper on the Diabetes Programme did demonstrate outcomes.
- 141/21.13 The Board **APPROVED** of AMT's decision to approve the initiatives outlined in the "*Proposed Approach for Managing PHA in-year Funding*" paper.
- 142/21 Item 8 – Update on COVID-19**
- 142/21.1 This was covered under Item 6 above.
- 143/21 Item 9 - Update from Chair of Governance and Audit Committee (PHA/02/12/21)**
- 143/21.1 Mr Stewart said that there were some issues emanating from the

meeting of the Committee held on 3 December that he wished to raise in the confidential session.

143/21.2 Looking at the minutes of the meeting of 7 October, Ms Henderson said that the Corporate Risk Register should be brought for consideration by the full Board. Mr Stewart confirmed that this happens twice a year.

144/21 Item 11 – Finance

144/21.1 The Chair said he wished to get clarity on those elements of the PHA budget which are ring fenced, and which are discretionary, and what areas are at the discretion of the PHA Board.

144/21.2 Ms McCaig explained that ring fenced funding comes in a variety of categories. She said that some elements, e.g. SBNI funding, is strictly ring fenced and PHA is not allowed to retain any surplus. She added that COVID-19 funding could be specific but could be used for other areas, if they related to COVID-19. She advised that there are other areas where funding is earmarked, rather than ring fenced, for example, vaccination programmes. She said that there are some elements of the programme budget, e.g. those relating to Health Improvement where there is some element of flexibility and where the Board can set out its priorities. She reiterated that most of the flexibility lies within the Health Improvement budget, but there are some areas where funds cannot be utilised differently without input from the Department. She said that this is not an easy question to answer.

144/21.3 Mr Clayton said that this discussion relates to a conversation that was had at the Governance and Audit Committee and steps under way to create a new Board Committee. Ms Henderson stated that the board should be involved at an early stage if it wished to influence decisions on where money was allocated and that there must be Evidence of impact on public health of the population.

144/21.4 The chair informed members that Ms Heather Stevens has been asked by the Department to coordinate the work on the new operating model for PHA. He advised that the Chief Executive and he are to have an initial meeting with Miss Stevens on Tuesday, the 21st of December.

145/21 Item 10 – NI Assembly All Party Group on Reducing Harm Related to Gambling Inquiry Report: The Future Regulation of Gambling in Northern Ireland (PHA/03/12/21)

Mr Maurice Meehan, PHA, and Dr Joanna Purdy, Institute for Public Health (IPH), joined the meeting for this item.

145/21.1 The Chair said that this is an important issue and informed members that Mr Meehan had had attended the Northern Ireland Assembly committee for communities

- 145/21.2 Mr Meehan reported that Northern Ireland had the highest rate of problem gambling in the UK and furthermore the gambling had greatly increased during lockdown. He said there was a need for greater understanding of the harm associated with gambling and how prevention programs should be shaped.
- 145/21.3 Dr Purdy reported that it was accepted in public health that huge harm was caused by gambling problems which are linked to financial issues, relationship breakdowns and substance misuse. She quoted that the scale of the problem is many fold times higher than other parts of United Kingdom. She added that the IPH had also responded to the call for evidence from the committee for communities at the Northern Ireland Assembly.
- 145/21.4 Dr Purdy noted that there has been a marked change in the gambling market With the advent of online gambling.
- 145/21.5 The Chair thanked Mr Meehan and Dr Purdy for covering such a complex issue in a short period of time. He said that this resonates with tobacco campaigns and it took 40 years to ban those adverts so there is a need to start campaigning early.
- 145/21.6 Professor Rooney said that this is an important area and PHA needs to get its views out. She added that this is the type of issue that PHA should be using to raise its profile and she looked forward to supporting the IPH on this.
- 145/21.7 Mr Clayton said that he was struck by the fact that there is more to be done in terms of understanding the scale of this issue in Northern Ireland and said that there should be research specific to Northern Ireland carried out, acknowledging that the IPH is commissioning research. He noted that the advent of online gambling and apps has created an explosion in gambling, particularly in football, and he expressed surprise about the lack of regulation. He asked whether there has been any push back from the gambling sector. Dr Purdy advised that the current legislation dates back to 1985 and does not include any provision for the regulation of gambling. She said that the influence of advertising in football is relevant as in 2019/20, half of English Premier League clubs had sponsorship deals with gambling companies generating £20m of revenue for those clubs. She added that even with that, there is an awareness of the huge impact gambling is having on young people.
- 145/21.8 Mr Meehan said that there is a case for a regulator in Northern Ireland to be active against the gambling industry, particularly for breaching its own code of practice. He cited an example of people who have self-excluded from gambling then being targeted with messages encouraging them to gamble.
- 145/21.9 The Chair said that in Northern Ireland gambling addiction is four times

higher than anywhere else in the UK and levels of mental ill health area seven times higher in areas of deprivation than affluent areas, therefore this is a critical issue for PHA and one where the Board should show vision. Mr Meehan said that the PHA should aim to carry out some research. He felt that looking at the causes and potential interventions could act as a generator for debate.

145/21.10 The Chair thanked Mr Meehan and Dr Purdy for attending. Mr Meehan asked if would be helpful if he were to come back to a future meeting with a proposal for a seminar on gambling that PHA could sponsor. The Chair said that while he was mindful that there are a lot of other pressures facing PHA, thought has to be given to the future, and he felt that this was an issue that needed to be looked at as soon as possible.

145/21.11 The Board noted the update on gambling.

146/21 Item 12 – Any Other Business

146/21.1 With there being no other business, the Chair thanked members for their time and drew the meeting to a close.

147/21 Item 13 – Details of Next Meeting

Thursday 20 January 2022 at 1:30pm

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

Signed by Chair:



Date: 20 January 2022