Partnership Agreement between Department of Health and Public Health Agency

April 2025

Revised August 2026 – Updated Engagement Plan

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Introduction

1. The Partnership Agreement

1.1. This document sets out the partnership arrangements between Public Health Agency and the Department of Health. In particular, it explains the overall governance framework within which Public Health Agency operates, including the framework through which the necessary assurances are provided to stakeholders. Roles/responsibilities of partners within the overall governance framework are also outlined.

1.2. The partnership is based on a mutual understanding of strategic aims and objectives; clear accountability; and a recognition of the distinct roles each party contributes. Underpinning the arrangements are the principles set out in the NI Code of Good Practice ***'Partnerships between Departments and Arm's-Length Bodies'*** which should be read in conjunction with this document. The principles which are laid out in the Code are:

LEADERSHIP
Partnerships work well when Departments and Arm's Length Bodies demonstrate good leadership to achieve a shared vision and effective delivery of public services. Strong leadership will provide inspiration, instil confidence and trust and empower their respective teams to deliver good outcomes for citizens.
PURPOSE
Partnerships work well when the purpose, objectives and roles of Arm's Length Bodies and the sponsor department are clear, mutually understood and reviewed on a regular basis. There needs to be absolute clarity about lines of accountability and responsibility between departments and Arm's Length Bodies. In exercising statutory functions Arm's Length Bodies need to have clarity about how their purpose and objectives align with those of departments.
ASSURANCE
Partnerships work well when departments adopt a proportionate approach to assurance, based on Arm's Length Bodies' purpose and a mutual understanding of risk. Arm's Length Bodies should have robust governance arrangements in place and in turn departments should give Arm's Length Bodies the autonomy to deliver effectively. Management information should be what is needed to enable departments and Arm's Length Bodies to provide assurance and assess performance.

VALUE
Partnerships work well when departments and Arm's Length Bodies share knowledge, skills and experience in order to enhance their impact and delivery. Arm's Length Bodies are able to contribute to policy making and departmental priorities. There is a focus on innovation, and on how departments and Arm's Length Bodies work together to deliver the most effective policies and services for its customers.
ENGAGEMENT
Partnerships work well when relationships between departments and Arm's Length Bodies are open, honest, constructive and based on trust. There is mutual understanding about each other's objectives and clear expectations about the terms of engagement.

1.3. A full copy of the NI Code can be found at Annex 8.

1.4. This document should also be read in conjunction with guidance on proportionate autonomy which provides an outline of the principles and characteristics for proportionate autonomy. Guidance on proportionate autonomy has been considered in determining the extent of engagement and assurance to be established between Public Health Agency and the Department of Health and this is reflected in this agreement.

1.5. Department of Health and Public Health Agency are committed to:

- Working together within distinct roles and responsibilities;
- Maintaining focus on successful delivery of Programme for Government outcomes and Ministerial priorities (see also paras 2.5 and 2.6);
- Maintaining open and honest communication and dialogue;
- Keeping each other informed of any issues and concerns, and of emerging areas of risk;
- Supporting and challenging each other on developing policy and delivery – when developing policy this may cut across more than one department;
- Seeking to resolve issues quickly and constructively; and
- Acting at all times in the public interest and in line with the values of integrity, honesty, objectivity and impartiality.

1.6. The effectiveness of the partnership and the associated Engagement Plan will be reviewed each year by the Department and the Public Health Agency in order to assess whether the partnership is operating as intended and to identify any emerging issues/opportunities for enhancement. This can be carried out as part of existing governance arrangements. The Partnership Agreement document itself will be reviewed formally at least once every three years to ensure it remains fit for purpose and up-to-date in terms of current governance frameworks. The formal review will be proportionate to the Agency's size and overall responsibilities and will be published on departmental and PHA websites as soon as practicable following completion.

1.7. A copy of this agreement has been placed in the Assembly Library and is available on the Department of Health and Public Health Agency websites.

Public Health Agency Establishment and Purpose

2. Statutory Purpose and Strategic Objectives

2.1. The Public Health Agency is a body corporate established under section 12 (1) of the Health and Social Care (Reform) Act (Northern Ireland) 2009 (hereafter referred to as the Act). It is named in the legislation as the Regional Agency for Public Health and Social Wellbeing, but it operates under the shorter title of the Public Health Agency (PHA). The PHA does not carry out its functions on behalf of the Crown. For national accounts purposes the PHA is classified to the central government sector.

2.2. The PHA is established for the purposes specified in section 13 of the Act. The approved overall aim for the PHA is to improve the health and social well-being of the population and the quality of care provided, and to protect the population from communicable disease or emergencies or other threats to public health. As well as the provision or securing of services related to those functions, the PHA will commission or undertake programmes of research, health awareness and promotion etc. This aim will be delivered through three core functions of the PHA:

- securing the provision of, developing, and providing programmes and initiatives designed to secure the improvement of the health and social well-being of and reduce health inequalities between people in Northern Ireland,
- protecting the community (or any part of the community) against communicable disease and other dangers to health and social well-being including dangers arising on environmental or public health grounds or arising out of emergencies; and
- providing professional input to the commissioning of health and social care services which meet established quality standards and which support innovation.

2.3. The Agency's general powers etc. are listed in Schedule 2 to the Act.

2.4. The Minister for Department of Health is answerable to the Assembly for the overall performance and delivery of both the Department of Health and Public Health Agency.

2.5. The Executive's outcome-based approach to delivery recognises the importance of arm's length bodies and departments working collaboratively and together in a joined-up approach to improve overall outcomes and results. To that end there is strategic alignment between the aims, objectives and expected outcomes and results of PHA and Department of Health.

2.6. As per PHA's corporate plan, the Agency's purpose is to protect and improve the health and social wellbeing of our population and reduce health inequalities through strong partnerships with individuals, communities and other key public, private and voluntary organisations. Its vision is that all people and communities are enabled and supported in achieving their full health and wellbeing potential, and inequalities in health are reduced.

3. Organisational Status

3.1. The PHA is a legal entity in its own right, employing its own staff and operating at arm's-length from the Department. As a legal entity it must comply with all associated legislation including legislation relating to its employer status.

3.2. In accordance with the Health and Social Care (Reform) Act (NI) 2009, the following services are required to be carried out by the Regional Business Services Organisation, as directed by the Department of Health:

i) Administrative support, advice and assistance

ii) Financial services

iii) Human resource, Personnel & Corporate Services

iv) Training

v) The management & maintenance of buildings equipment & land

vi) Information technology & information management

vii) The procurement of goods & services

viii) Legal, medical, scientific or other professional services

ix) Contractual compliance internal audit and counter fraud & probity services

4. Governance Framework

4.1. The PHA has an established Corporate Governance Framework which reflects all relevant good practice guidance. The framework includes the governance structures established within the PHA and the internal control and risk management arrangements in place, including the PHA's Standing Orders, Standing Financial Instructions and the Scheme of Delegation. This includes its Board and Committee Structure. The Department should be satisfied with the framework.

4.2. An account of this is included in PHA annual Governance Statement together with the PHA Board's assessment of its compliance with the extant Corporate Governance Code of Good Practice (NI). Any departure from the Corporate Governance Code must be explained in the Governance Statement. The extant Corporate Governance Code of Good Practice (NI) is available on the DoF website at https://www.finance-ni.gov.uk/publications/governance-and-risk-guidance.

4.3. PHA is required to follow the principles, rules, guidance and advice in Managing Public Money Northern Ireland. A list of other applicable guidance and instructions which PHA is required to follow is set out in Annex 6. Good governance should also include positive stakeholder engagement, the building of positive relationships and a listening and learning culture.

4.4. The Health and Social Care (Reform) Act (Northern Ireland) 2009 provides the legislative framework within which the health and social care structures operate. It sets out the high-level functions of the various HSC bodies. It also provides the parameters within which each body must operate, and describes the necessary governance and accountability arrangements to support the effective delivery of health and social care in Northern Ireland.

4.5. The Public Health Agency is accountable to the Department of Health, through its Sponsor Branch and the relevant Executive board member, for governance and financial management within the organisation and is operationally independent from other HSC bodies.

5. PHA Board

5.1. The PHA is led by a Board, non-executive members of which are appointed by the Minister of Health, following an open competition. The appointment process for non-executive Board members complies with the Code of Practice on Public Appointments for Northern Ireland. Board membership is defined by The Regional Agency for Public Health and Social Well-being (Membership) Regulations (Northern Ireland) 2009, which prescribes that five non-executive members shall be appointed by the Department and that one officer [Chief Executive] shall be appointed by the Chair and other specified members of the Agency. The regulations also prescribe that the Director of Public Health and the Director of Nursing and Allied Health Professions shall be (executive) members and that 2 (non-executive) members appointed by the Department shall be district councillors.

5.2. As Public Appointees non-executive Board members are office holders rather than employees, they are not subject to employee terms and conditions. Board appraisal arrangements are set out in paras 16.1 and 16.2, and matters for consideration in dealing with concerns/complaints in respect of Non-executive Board members are provided in Annex 5.

5.3. The Board's operating framework/terms of reference provides further detail on roles and responsibilities and should align closely with this Partnership Agreement. Three members of the Agency's executive sit on the PHA Board – the Chief Executive and the Directors of Nursing and Allied Health Professions, Finance and Corporate Services, and Public Health respectively.

5.4. The purpose of the Public Health Agency Board is to provide effective leadership and strategic direction to the organisation and to ensure that the policies and priorities set by the Minister of Health are implemented. It is responsible for

ensuring that the organisation has effective and proportionate governance arrangements in place and an internal control framework which allow risks to be effectively identified and managed. The Board will set the culture and values of the organisation, and set the tone for the organisation's engagement with stakeholders and clients.

5.5. The Board is responsible for holding the Chief Executive to account for the management of the organisation and the delivery of agreed plans and outcomes. The Board should also however support the Chief Executive as appropriate in the exercise of their duties.

5.6. Board members act solely in the interests of the Public Health Agency and must not use the Board as a platform to champion their own interests or pursue personal agendas. They occupy a position of trust and their standards of action and behaviour must be exemplary and in line with the seven principles of public life (Nolan principles). The Public Health Agency has a Board Code of Conduct and there are mechanisms in place to deal with any Board disputes/conflicts to ensure they do not become wider issues that impact on the effectiveness of the Board. A Board Register of Interests is maintained, kept up to date and is publicly available to help provide transparency and promote public confidence in the Public Health Agency Board by providing a mechanism to publicly declare any private interests which may conflict, or may be perceived to conflict, with their public duties.

5.7. Communication and relationships within the Board are underpinned by a spirit of trust and professional respect. The Board recognises that using consensus to avoid conflict or encouraging members to consistently express similar views or consider only a few alternative views does not encourage constructive debate and does not give rise to an effective Board dynamic.

5.8. It is for the Board to decide what information it needs, and in what format, for its meetings/effective operation. If the Board is not confident that it is being fully informed about the organisation this will be addressed by the Chair of the Board as the Board cannot be effective with out-of-date or only partial knowledge.

5.9. In order to fulfil their duties, Board members must undertake initial training (in relation to the duties and responsibilities of a non-executive Director), and regular ongoing training and development. Review of Board skills and development will be a key part of the annual review of Board effectiveness.

6. Governance and Audit Committee

6.1. A further important aspect of the Public Health Agency's governance framework is its Governance and Audit Committee, established in line with the extant Audit and Risk Assurance Committee Handbook (NI).

6.2. The Governance and Audit Committee's purpose/role is to support the Accounting Officer and Board on governance issues. In line with the handbook the Governance and Audit Committee focuses on:

- assurance arrangements over governance; financial reporting; annual reports and accounts, including the Governance Statement; and
- ensuring there is an adequate and effective risk management and assurance framework in place.

6.3. The Public Health Agency and the Department of Health have agreed arrangements in respect of Governance and Audit Committee which may include:

- attendance by departmental representatives in an observer capacity at Public Health Agency's Governance and Audit Committee meetings;
- Access to Public Health Agency Governance and Audit Committee papers and minutes; and
- Any input required from Public Health Agency's Governance and Audit Committee to the departmental Audit and Risk Assurance Committee.

6.4. Full compliance with the Audit and Risk Assurance Committee Handbook (NI) is an essential requirement. In the event of significant non-compliance with the handbook's five good practice principles (or other non-compliance) discussion will be required with the Department and a full explanation provided in the annual Governance Statement.

6.5. The extant Audit and Risk Assurance Committee Handbook (NI) is available on the DoF website at https://www.finance-ni.gov.uk/publications/audit-committees.

7. Public Health Agency Chair

7.1. The Chair, who is appointed by the Health Minister, is responsible for setting the agenda and managing the Board to enable collaborative and robust discussion of issues. The Chair's role is to develop and motivate the Board and ensure effective relationships in order that the Board can work collaboratively to reach a consensus on decisions. To achieve this, they should ensure:

- The Board has an appropriate balance of skills appropriate to its business;
- Board members are fully briefed on terms of appointment, duties, rights and responsibilities;
- Board members receive and maintain appropriate training;
- The Minister is advised of the Public Health Agency's needs when board vacancies arise;
- There is a Board Operating Framework in place setting out the roles and responsibilities of the Board in line with relevant guidance;
- There is a code of practice for Board members in place, consistent with relevant guidance.

7.2. The role also requires the establishment of an effective working relationship with the Chief Executive that is simultaneously collaborative and challenging. It is important that the Chair and Chief Executive act in accordance with their distinct roles and responsibilities as laid out in Managing Public Money NI and their appointment letters.

7.3. The Chair has a presence in the organisation and cultivates external relationships which provide useful links for the organisation while being mindful of overstepping boundaries and becoming too involved in day to day operations or executive activities. Responsibility for the performance assessment of the

Chair rest with the Department of Health, via Sponsorship and Executive Board Member arrangements.

8. ALB Chief Executive

8.1. The role of the Public Health Agency Chief Executive is to run the Public Health Agency's business. The Chief Executive is responsible for all executive management matters affecting the organisation and for leadership of the executive management team.

8.2. The Chief Executive is designated as Public Health Agency Accounting Officer by the departmental Accounting Officer (see section 12). As Accounting Officer, they are responsible for safeguarding the public funds in their charge and ensuring they are applied only to the purposes for which they were voted and more generally for efficient and economical administration. It should be noted that the PHA provides hosting arrangements for the Safeguarding Board Northern Ireland (SBNI). The responsibilities for expenditure relating to SBNI are set out in section 15 of the 2012 HSC (SBNI) regulations. The Memorandum of Understanding between the DoH, PHA and SBNI is attached at Annex 9.

8.3. The Chief Executive is accountable to the Board for the Public Health Agency's performance and delivery of outcomes and targets and is responsible for implementing the decisions of the Board and its Committees. They maintain a dialogue with the Chair on the important strategic issues facing the organisation and for proposing Board agendas to the Chair to reflect these. They ensure effective communication with stakeholders and communication on this to the Board. They also ensure that the Chair is alerted to forthcoming complex, contentious or sensitive issues, including risks affecting the organisation.

8.4. The Chief Executive acts as a role model to other executives by exhibiting open support for the Chair and Board members and the contribution they make. The Chair and Chief Executive have agreed how they will work together in practice, understanding and respecting each other's role, including the Chief Executive's responsibility as Accounting Officer.

8.5. Further detail on the role and responsibilities of the Chief Executive are as laid out in Managing Public Money NI and their Accounting Officer appointment letter.

The Chief Executive's role as Principal Officer for Ombudsman Cases

8.6. The Chief Executive is the Principal Officer for handling cases involving the NI Public Sector Ombudsman. They shall advise the departmental Accounting Officer of any complaints about Public Health Agency accepted by the Ombudsman for investigation, and about the proposed response to any subsequent recommendations from the Ombudsman.

Role of the Department of Health

9. Partnership Working with the Public Health Agency

9.1. The Department of Health and Public Health Agency are part of a total delivery system, within the same Ministerial portfolio. The partnership between Department of Health and Public Health Agency is open, honest, constructive and based on trust. There is mutual understanding of each other's objectives and clear expectations on the terms of engagement. Ministerial/Departmental directions will be issued and implemented as per process at Annex 10.

9.2. Through the Strategic Outcomes Framework, set by the Department, in exercising its functions Public Health Agency has absolute clarity on how its purpose and objectives align with those of Department of Health. and this is reflected in PHA Corporate and Annual business plans. There is also a shared understanding of the risks that may impact on each other and these are reflected in respective Risk Registers.

9.3. There is a regular exchange of skills and experience between Department of Health and Public Health Agency and where possible joint programme/project delivery boards/ arrangements. Public Health Agency may also be involved as a stakeholder in policy/strategy development and provides advice on policy implementation/ the impact of policies in practice.

9.4. The Department of Finance (DoF) has established, on behalf of the Assembly, a delegated authority framework which sets out the circumstances where prior DoF approval is required before expenditure can be occurred or commitments entered into. The Accounting Officer of the Department of Health has established an internal framework of delegated authority for the Department and its ALBs which apply to Public Health Agency. This can be found online at https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-hscf-09-2024.pdf. Other specific approval requirements established in respect of Public Health Agency as set out at Annex 3.

9.5. Once the Public Health Agency's budget has been approved by the Minister of Health, the Public Health Agency shall have authority to incur expenditure

approved in the budget without further reference to the Department. Inclusion of any planned and approved expenditure in the budget shall not however remove the need to seek formal departmental approval where proposed expenditure is outside the delegated limits (as laid out in Annex 3) or is for new schemes not previously agreed. Nor does it negate the need to follow due processes laid out in guidance contained in Managing Public Money NI and Better Business Cases NI (previously NI Guide to Expenditure Appraisal and Evaluation).

10. Lead Official

10.1. The Department of Health has appointed Deputy Secretary for Social Care and Public Health Policy Group as the Executive Board member and lead senior official to manage the relationship with Public Health Agency and ensure effective partnership working. Engagement between the Department and Public Health Agency will be co-ordinated, collaborative and consistent. A clear sense of collaboration and partnership will be communicated to staff in both the Department and the Public Health Agency in order to promote mutual understanding and support. The lead senior official is supported by the Director of Population Health and the branch within the branch responsible for managing PHA sponsorship (known as the Sponsor Branch). The Finance business partner in DoH is the 'Grade 7 Accountant' within DoH Finance Directorate.

10.2. The lead senior official is the policy lead for the policy area relating to the Public Health Agency's business and has a clear understanding of the Public Health Agency's responsibilities for policy implementation/operational delivery and the relevant audiences/stakeholders involved.

10.3. The lead senior official will ensure that where there are departmental staff changes, time is taken to ensure they have a full understanding of the Public Health Agency's business and challenges.

11. Annual Engagement Plan

11.1. The Department and the Public Health Agency will agree an engagement plan before the start of each business year. The Annual Engagement Plan (Annex 2)

will set out the timing and nature of engagement between the Public Health Agency and the Department. The engagement plan will be specific to the Public Health Agency and should not stray into operational oversight.

11.2. Engagement between the Department's lead official/their teams and the Public Health Agency will be centred on partnership working, understanding of shared risks and working together on business developments that align with policy objectives.

11.3. In line with relevant guidance1, the Public Health Agency will work in collaboration and partnership with the Department to prepare corporate and business plans. There should be high level strategic alignment between departmental and Public Health Agency plans. Once approved it will be the Board of the Public Health Agency that primarily holds the Chief Executive to account for delivery and performance. The Department will engage with the Public Health Agency on areas of strategic interest, linking departmental policy and Public Health Agency delivery of policy intent.

11.4. The Annual Engagement Plan will also reference the agreed management and financial information to be shared over the course of a year. The aim will be to ensure clear understanding of why information is necessary and how it will be used. Where the same, or similar information is required for internal governance information requirements will be aligned so that a single report can be used for both purposes. In addition, the engagement plan should consider opportunities for learning and development, growth and actions which could help achieve better outcomes.

12. Departmental Accounting Officer

12.1. The departmental Accounting Officer is accountable to the NI Assembly for the issue of grant in aid to the Public Health Agency. They have designated the Chief Executive of the Public Health Agency as the Public Health Agency Accounting Officer and respective responsibilities of the departmental Accounting Officer

[1] Guidance issued by TEO on NICS Work Programme which includes guidance on business planning for an outcomes-based PfG/ODP

and the Public Health Agency Accounting Officer are set out in Chapter 3 of Managing Public Money Northern Ireland. The departmental Accounting Officer may withdraw the Public Health Agency Accounting Officer designation if they conclude that the Public Health Agency Accounting Officer is no longer a fit person to carry out the responsibilities of an Accounting Officer or that it is otherwise in the public interest that the designation be withdrawn. In such circumstances the Public Health Agency Board will be given a full account of the reasons for withdrawal and a the opportunity to make representations by way of response to DoH officials or the Health Minister. Withdrawal of Public Health Agency Accounting Officer status would bring into question employment as Chief Executive and the Chair should engage with the Department should such circumstances arise.

12.2. As outlined in section 8, the Public Health Agency Chief Executive is accountable to the Public Health Agency Board for his/her stewardship of Public Health Agency. This includes advising the Board on matters of financial propriety, regularity, prudent and economical administration, efficiency and effectiveness.

12.3. The departmental Accounting Officer must be informed in the event that the judgement of the Public Health Agency Accounting Officer (on matters for which they are responsible) is over-ridden by the Public Health Agency Board. The Public Health Agency Accounting Officer must also take action if the Public Health Agency Board is contemplating a course that would infringe the requirement for financial propriety, regularity, prudent and economical administration, efficiency or effectiveness. In all other regards, the departmental Accounting Officer has no day-to-day direct operational involvement with the Public Health Agency or its' Chief Executive.

12.4. In line with DoF requirements, the Public Health Agency Accounting Officer will provide a yearly declaration of fitness to act as Accounting Officer to the departmental Accounting Officer, in line with DAO (DoF) 05/17, found at https://www.finance-ni.gov.uk/sites/default/files/publications/dfp/daodof0517_0.pdf.

13. Attendance at Public Accounts Committee

13.1. The Public Health Agency Chief Executive/Accounting Officer may be summoned to appear before the Public Accounts Committee to give evidence on the discharge of their responsibilities as Accounting Officer (as laid out in their Accounting Officer appointment letter) on issues arising from the C&AG's studies or reports following the annual audit of accounts.

13.2. The Chair may also, on occasion, be called to give evidence to the Public Accounts Committee on such relevant issues arising within the C&AG's studies or reports, in relation to the role and actions taken by the Board, where appropriate.

13.3. In addition, the Department of Health Accounting Officer may be summoned to appear before the Public Accounts Committee to give evidence on the discharge of their responsibilities as departmental Accounting Officer with overarching responsibility for the Public Health Agency. In such circumstances, the departmental accounting Officer may therefore expect to be questioned on their responsibilities to ensure that:

- there is a clear strategic control framework for the Public Health Agency;
- sufficient and appropriate management and financial controls are in place to safeguard public funds;
- the nominated Accounting Officer is fit to discharge their responsibilities;
- there are suitable internal audit arrangements;
- accounts are prepared in accordance with the relevant legislation and any accounting direction; and
- intervention is made, where necessary, in situations where the Public Health Agency Accounting Officer's advice on transactions in relation to regularity, propriety or value for money is overruled by the Public Health Agency's Board or its Chair.

Assurance Framework

14. Autonomy and Proportionality

14.1. The Department of Health will ensure that the Public Health Agency has the autonomy to deliver effectively, recognising its status as a separate legal entity which has its own Board and governance arrangements. Guidance on proportionate autonomy has been considered in determining the extent of engagement and assurance established between the Public Health Agency and the Department of Health and is reflected in this agreement.

14.2. A proportionate approach to assurance will be taken based on the Public Health Agency's overall purpose, business and budget and a mutual understanding of risk. The approach will include an agreed process through which the Public Health Agency Accounting Officer provides written assurance to the Department that the public funds and organisational assets for which they are personally responsible are safeguarded, have been managed with propriety and regularity, and use of public funds represents value for money.

14.3. Recognising the governance arrangements in place within the organisation, the Public Health Agency Accounting Officer will arrange for their written assurance to be discussed at the Public Health Agency Governance and Audit Committee and presented to the Public Health Agency Board prior to submission to the Department where possible. If not possible, or practicable, the Chair of the Public Health Agency Board should have sight of the assurance statement, prior to being submitted to the Department.

14.4. The Public Health Agency Chair will provide written confirmation that the Public Health Agency Accounting Officer's formal assurance has been considered by the Board and is reflective of the Public Health Agency's current position.

14.5. In addition to the Public Health Agency Accounting Officer's written assurance, the Department will take assurance from the following key aspects of Public Health Agency's own governance framework:

- Annual Review of Board Effectiveness;

- Completion of Board Appraisals which confirm Board member effectiveness;
- Internal Audit assurance and External Quality Assessment of the Internal Audit function;
- Externally audited Annual Report and Accounts, reviewed/considered by the Public Health Agency Governance and Audit Committee.

15. Board Effectiveness

15.1. The Public Health Agency Chair will ensure that the PHA Board undertakes an annual review of Board Effectiveness2 which encompasses committees established by the Board.

15.2. The Chair will discuss the outcome of the annual review of Board Effectiveness with the lead official to ensure a partnership approach to any improvements identified. This will inform the annual programme of Board training/development and discussions in respect of Board composition and succession.

15.3. In line with any parameters set out in founding (or other) legislation, the Chair in conjunction with the Department, and Ministers where appropriate, will consider the size and composition of the Public Health Agency Board, proportionate to the size and complexity of the Public Health Agency and keep this under review.

15.4. In addition to the annual review of Board Effectiveness, the Public Health Agency will undertake an externally facilitated review of Board effectiveness at least once every three years covering the performance of the Board, its Committees and individual Board members. The Chair will liaise with the Department to identify a suitably skilled facilitator for the external review (this can be a peer review, and should be proportionate) and will share the findings/outcome report with the Department on completion of the review.

[2] NIAO Good Practice Guide on Board Effectiveness

16. Board Appraisals

16.1. The Chair of the Public Health Agency will conduct an annual appraisal in respect of each Board member which will also inform the annual programme of Board training/ development. The Chair will engage with the Chief Executive/lead official as appropriate on improvements identified through the appraisal process and the annual training/development programme.

16.2. The Chair's annual appraisal will be completed by the lead official within the Department. The appraisal will take account of the Key Characteristics of a good chairperson (particularly for the Chair to have well developed interpersonal skills) set out in the NIAO Good Practice Guide on Board Effectiveness available on the NIAO website. There will be close engagement between the Chair and the lead official on improvements identified through the appraisal process.

17. Internal Audit Assurance

17.1. The Public Health Agency is required to establish and maintain arrangements for an internal audit function that operates in accordance with the Public Sector Internal Audit Standards (PSIAS). The Department of Health must be satisfied with the competence and qualifications of the Head of Internal Audit and that the requirements for approving appointments are in accordance with PSIAS.

17.2. The Public Health Agency utilise BSO's Internal Audit services. BSO Internal Audit is PSIAS compliant and based on an overarching Service Level Agreement and Memorandum of Understanding with the Department, BSO discharges functions, such as Internal Audit to the PHA, on behalf of DoH.

17.3. The Public Health Agency will provide its internal audit strategy, periodic audit plans and annual audit report, including the Head of Internal Audit's opinion on risk management, control and governance to the Department. The Public Health Agency will ensure the Department of Health's internal audit team have complete right of access to all relevant records. This applies whether the internal audit function is provided in-house or is contracted out.

17.4. The Public Health Agency will ensure regular, periodic self-assessments of the internal audit function in line with PSIAS and will share these with the Department. The Public Health Agency will also liaise with the Department on the External Quality Assessment (EQA) of the internal audit function which (in line with PSIAS) is required to be conducted at least once every five years by a qualified independent assessor.

17.5. The Public Health Agency will alert the Department to any less than satisfactory audit reports at the earliest opportunity on an ongoing basis. The Public Health Agency will also alert the Department to a less than satisfactory annual opinion from the Head of Internal Audit at the earliest opportunity. The Public Health Agency and the Department will then engage closely on actions required to address the less than satisfactory opinion in order to move the Public Health Agency to a satisfactory position as soon as possible.

17.6. The Department will take assurance from the fact that the Public Health Agency has met the requirements of PSIAS and has a satisfactory annual opinion from the Head of Internal Audit as part of its overall assurance assessment.

18. Externally Audited Annual Report and Accounts

18.1. The Public Health Agency is required to prepare an Annual Report and Accounts in line with the Government Financial Reporting Manual (FReM) issued by the Department of Finance (DoF) and the specific Accounts Direction issued by Department of Health, and in accordance with the deadlines specified.

18.2. The Comptroller & Auditor General (C&AG) will arrange to audit the Public Health Agency's annual accounts and will issue an independent opinion on the accounts. The C&AG passes the accounts to Department of Health who shall lay/present/deposit them before the NI Assembly together with The Public Health Agency's annual report.

18.3. The C&AG will also provide a Report to Those Charged with Governance (RTTCWG) to the Public Health Agency which will be shared with the Department.

18.4. The Public Health Agency will alert the Department to any likely qualification of the accounts at the earliest opportunity. In the event of a qualified audit opinion or significant issues reported in the RTTCWG the Department will engage with the Public Health Agency on actions required to address the qualification/significant issues.

18.5. The Department will take assurance from the external audit process and an unqualified position as part of its overall assurance assessment.

18.6. The C&AG may carry out examinations into the economy, efficiency and effectiveness with which the Public Health Agency has used its resources in discharging its functions. The C&AG may also carry out thematic examinations that encompass the functions of the Public Health Agency.

18.7. For the purpose of audit and any other examinations, the C&AG has statutory access to documents as provided for under Articles 3 and 4 of the Audit and Accountability (Northern Ireland) Order 2003.

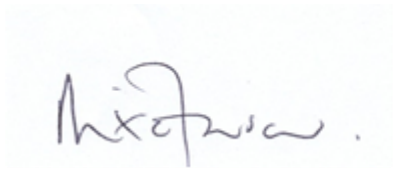
18.8. Where making payment of a grant, or drawing up a contract, the Public Health Agency should ensure that it includes a clause which makes the grant or contract conditional upon the recipient or contractor providing access to the C&AG in relation to documents relevant to the transaction. Where subcontractors are likely to be involved, it should also be made clear that the requirements extend to them.

Signatories

Public Health Agency and the Department of Health agree to work in partnership with each other in line with the NI Code of Good Practice ***'Partnerships between Departments and Arm's-Length Bodies'*** and the arrangements set out in this Agreement.

Signed – Colin Coffey, Public Health Agency Chair
Date – 10 April 2025

Signed – Aidan Dawson, Public Health Agency Chief Executive
Date – 10 April 2025



Signed – Mike Farrar, Department of Health Permanent Secretary
Date – 16 April 2025

Annex 1 - Applicable Legislation

List the founding legislation and other key statutes which provide the Public Health Agency with its statutory functions, duties and powers.

Health and Social Care (Reform) Act (Northern Ireland) 2009, paragraphs 12 and 13, and Schedule 2 - https://www.legislation.gov.uk/nia/2009/1/contents

The Regional Agency for Public Health and Social Well-being (Membership) Regulations (Northern Ireland) 2009 - https://www.legislation.gov.uk/nisr/2009/93/contents

Annex 2 - Annual Engagement Plan

Good engagement is one of the key principles in the Partnership Code, underpinning the other principles of: Leadership; Purpose; Assurance; and Value.

As laid out in the Code, partnerships work well when relationships between departments and ALBs are open, transparent, honest, constructive and based on trust and when there is mutual understanding of each other's objectives and clear expectations about the terms of engagement.

The template provided outlines the key areas of engagement between Departments and ALBs. The template is not intended to be prescriptive and should be completed collaboratively and agreed between the Department and the ALB.

Engagement Plan 2026/27		
Policy Development and Delivery *Add details of the planned engagement between the ALB and the Department in relation to development and monitoring of existing and new areas of policy.*		
Policy Area	**Frequency/Timing**	**Lead Departmental/ALB Officials**
Annual meeting with Minister / Perm Sec to discuss policy and strategic issues affecting the PHA	Annual, as required	*Minister / Permanent Secretary*
Strategic Planning		
Activity	**Date**	**Lead Departmental/ALB Official**
PHA Strategic Planning Workshops – encompassing strategic planning and risk identification. Informed by input on departmental priorities/plans and risk areas	Sufficiently well in advance of the Business Year to inform development of the Business Plan for the year ahead	*As deemed appropriate*
Engagement on the draft Business Plan and identification of areas of strategic interest to the Department to inform further	April 2026	*Sponsor Branch Team / PHA CE, Director of Finance & Corporate Services, Assistant Director Planning and Performance*

scheduled engagement during the year		
Submission/presentation of the ALB Business Plan 2025/26	April 2026	*Sponsor Branch Team / PHA CE, Director of Finance & Corporate Services*
Approval of the PHA Business Plan 2026/7	May 2026	*Sponsor Branch Team*
Engagement on areas of strategic interest iro the ALB Business Plan during the year	As required	*Sponsor Branch Team / PHA CE, Director of Finance & Corporate Services*
Joint Working *Add details of any interchange opportunities, and/or joint programme/project delivery boards*		
Activity	**Frequency/Timing**	**Lead Departmental/ALB Official**
Development of Neighbourhood Model of Health and Wellbeing	As Required	*Sponsor Branch / SPPG / CEO PHA*
Board Appointments *Add details of any engagement related to Public Appointment exercises*		
Activity	**Date**	**Lead Departmental/ALB Official**
Skills Audit of PHA Board	Annual	*Sponsor Branch Team / PHA Chair*
Recruitment of non-executive members to the PHA Board	As vacancies occur	*Public Appointment Unit*
Code of conduct for PHA Board members	Once and when revised	*Public Appointment Unit / PHA Chair*
All newly appointed PHA Board Members have attended an appropriate training course preferably within 6 months of appointment. This training course (which is provided by either CIPFA or ON BOARD TRAINING) is in addition to any Induction training provided by the Chair and the PHA and increases their effectiveness in discharging their roles and responsibilities	As required, following appointment	

Chief Executive Recruitment *Add details of any engagement related to the recruitment of a new Chief Executive (if anticipated during the year ahead). ALBs should engage with the Department at an early stage in the event of the recruitment of a new Chief Executive. While recognising the role of the Board as employer, the Department will work closely with the ALB in the recruitment and selection process in line with extant guidance.*		
Activity	**Date**	**Lead Departmental/ALB Official**
PHA Chief Executive has acknowledged in writing receipt of a formal letter of designation as Accounting Officer defining the role and responsibilities of this position	On appointment	*Sponsor Branch Team / PHA CE*
The PHA Chief Executive has, within six months and preferably within three months of appointment, attended an accounting officer training course run by Chief Executives Forum	Within six months of appointment	*Sponsor Branch Team / PHA CE*
Refresher Accounting Officer Training is undertaken at least every six years	As appropriate	*Sponsor Branch Team / PHA CE*
Assurances *Add details of the timetable for submission of key assurance sources and any other assurance related activity*		
Action	**Date**	**Lead Departmental/ALB Official**
Pre-Ground Clearing Sponsorship Review Meetings	Biannually – mid-year and end-year, in advance of Ground Clearing SRM	*Sponsor Branch Team / PHA Director of Finance & Corporate Services, Assistant Director Planning and Performance*
Ground Clearing Sponsorship Review Meetings	Biannually – mid-year and end-year, in advance of Accountability meeting	*Lead official, Sponsor Branch Team / PHA CE, PHA Executive Board Members*
Accountability Meetings	Biannually – mid-year and end-year	*Permanent Secretary, Lead official / PHA Chair, PHA CE*
Outcome of the Review of Board Effectiveness	Annual review with an externally facilitated review at least once every three years	*Lead official / Sponsor Branch Team*
Planning for the externally facilitated review of Board Effectiveness	Externally facilitated review at least once every three years	*Lead official / Sponsor Branch Team*

Board Appraisals and planned training/development for Board members	Following the end of the Business year	*PHA Chair*
Chair Appraisal	Following the end of the Business year. After Board Appraisals have been completed by the Chair and the annual Review of Board Effectiveness has concluded	*Lead official*
Departmental Attendance at GAC	Attendance as observer Once per Annum	*Sponsor Branch Team*
Assurance Statement	Specify frequency. In most cases this is bi-annual	*PHA CE*
Draft Governance Statement	Annual	*PHA CE / Director of Finance & Corporate Services*
Annual Report and Accounts	Annual	*PHA CE / Director of Finance & Corporate Services*
Report to those Charged with Governance	As required	*PHA CE / Director of Finance & Corporate Services*
Engagement on other planned NIAO reports	As required	*PHA CE / Director of Finance & Corporate Services*
Head of Internal Audit Annual report/Opinion	Annual	*PHA CE / Director of Finance & Corporate Services*
Internal Audit Strategy and Plans	Annual	*PHA CE / Director of Finance & Corporate Services*
Internal Audit External Quality Assessment	To be conducted at least once every five years	*PHA CE / Director of Finance & Corporate Services*
Anti-Fraud Policy	Once, and then when revised - for information	*PHA CE / Director of Finance & Corporate Services*
Fraud Response Plan	Once, and then when revised - for information	*PHA CE / Director of Finance & Corporate Services*
Budget Management *Add details of the information and returns to be provided.*		
Item and Purpose	**Date**	**Lead Departmental/ALB Official**
Engagement on budget requirements and Forecast Expenditure for the Financial Year	November	*Director of Finance / Director of Finance and Corporate Services*

Departmental approval of the annual budget	March	*Director of Finance / Director of Finance and Corporate Services*
Monthly Financial Management Returns	Monthly	*Director of Finance / Director of Finance and Corporate Services*
Monthly Cash Forecast	Monthly	*Director of Finance / Director of Finance and Corporate Services*
Monitoring Round Returns	As required	*Director of Finance / Director of Finance and Corporate Services*
Provisional Outturn	Annual	*Director of Finance / Director of Finance and Corporate Services*
Final Outturn	Annual	*Director of Finance / Director of Finance and Corporate Services*
Other *Tailor as required to reflect the specific requirements*		
Item and Purpose	**Submission Date**	**Lead Departmental/ALB Official**
Accounting Officer - Fitness to Act as Accounting Officer	Periodic (specify) request from the Departmental Accounting Officer	*Sponsor Branch Team / PHA CE*
Fraud Reporting	Immediate reporting of all frauds (proven or suspected including attempted fraud	*Department will report frauds immediately to DoF and C&AG.*
Fraud Reporting	Annual fraud return commissioned by DoF on fraud and theft suffered by PHA	*PHA CE / Director of Finance and Corporate Services*
Media management protocols – independence of PHA to engage with media/announcements of corporate and policy communications significant to PHA - arrangements to share press releases where relevant – ensure no surprises.	As required	*PHA CE / Head of Chief Executive Office / DoH Director of Communications*
Preparation of business cases – departments and ALBs to consider working together to share expertise where appropriate.	As required	*PHA CE / Director of Finance & Corporate Services*

Whistleblowing cases/ Speaking Up/Raising Concerns.	As required	*PHA CE / Director of Finance & Corporate Services*
Review of the Partnership Arrangement *Tailor as required to reflect the specific requirements*		
Item and Purpose	**Date**	**Lead Departmental/ALB Official**
Light touch review of the Partnership Agreement	Schedule following the end of the Business Year	*Sponsor Branch Team / PHA CE, Director of Finance & Corporate Services*
Formal review of the Partnership Agreement	To be conducted once every three years	*Sponsor Branch Team, Lead official / PHA Chair, PHA CE*

Annex 3 - Delegations

Delegated authorities

The Public Health Agency shall obtain the Department's prior written approval before:

- entering into any undertaking to incur any expenditure that falls outside the delegations or which is not provided for in the Public Health Agency's annual budget as approved by the Department;
- incurring expenditure for any purpose that is or might be considered novel or contentious, or which has or could have significant future cost implications;
- making any significant change in the scale of operation or funding of any initiative or particular scheme previously approved by the Department;
- making any change of policy or practice which has wider financial implications that might prove repercussive or which might significantly affect the future level of resources required; or
- carrying out policies that go against the principles, rules, guidance and advice in Managing Public Money Northern Ireland.

Public Health Agency Specific Delegated Authorities

As set out at 4.4 of this Agreement, The Public Health Agency is accountable to the Department of Health, through its Sponsor Branch, for governance and financial management within the organisation. It is operationally independent from other HSC bodies. This means that:

- The Public Health Agency has a high degree of autonomy in relation to its operational activities and how it operationally fulfils its statutory functions. In the context of the status of the Public Health Agency as an arms-length body of the

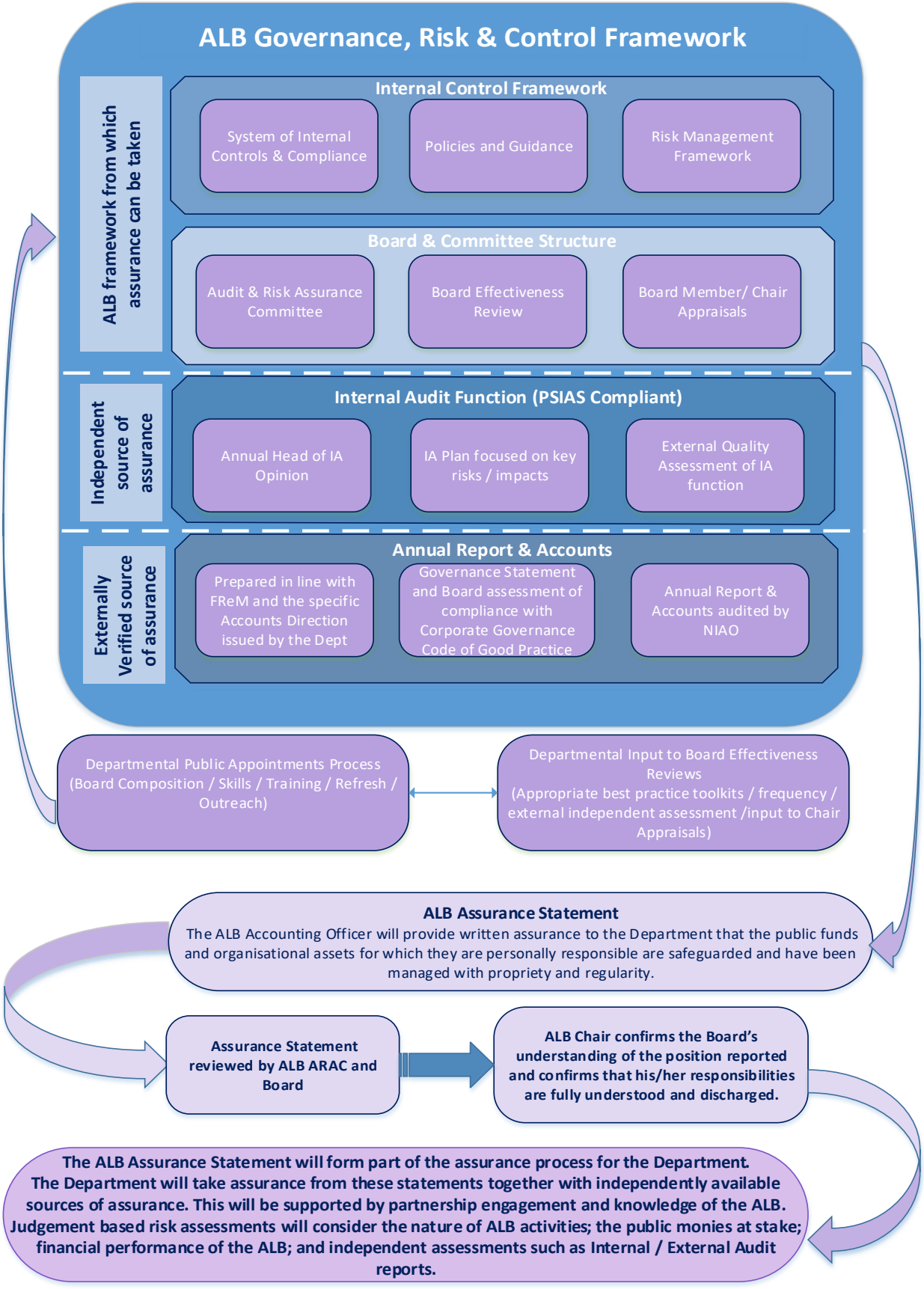
Department of Health, this is demonstrated by a maximum degree of distance, or ‘long arm’, related to the operations of the organisation.

- The Accounting Officer of the DOH has established an internal framework of delegated authority for the Department and the Public Health Agency, found online at:

  https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-hscf-09-2024.pdf.

These delegations shall not be altered without the prior agreement of the department and, where applicable, DoF.

Annex 4 – Illustrative System of Assurance



Annex 5 – Concerns/Complaints in respect of Board members

In line with the NI Code of Good Practice and the arrangements in this Partnership Agreement the approach to concerns/complaints raised in respect of the Public Health Agency Board members should be transparent and collaborative. The principle of early and open engagement is important, with the Department made aware of any concerns/complaints as soon as practicable.

While Board Members are Public Appointees/office holders rather than Public Health Agency employees a Public Health Agency employee may utilise the Public Health Agency's grievance procedure/other HR procedure to raise a complaint against a Board member. The Public Health Agency employee raising the grievance should expect this to be handled in line with the Public Health Agency's HR procedures.

Concerns/complaints might also be raised through:

- Raising Concerns/Whistleblowing arrangements;
- Complaints processes;
- Directly with the Public Health Agency or the Department.

Where a concern/complaint is received within the Public Health Agency in respect of an individual Board Member this should be provided to the Public Health Agency Chair who should notify the Department at the outset in order that lead responsibility for handling the complaint/concern is clear in advance.

Where a concern/complaint relates to the Public Health Agency Chair, the Public Health Agency should notify the Department at the outset for the Department to determine the approach to handling the complaint/concern.

Differences of view in relation to matters which fall within the Board's responsibilities are a matter for the Board to resolve through consensus-based decision making in the best interests of the Public Health Agency.

Exceptionally a concern/complaint may be raised by a Board Member about a fellow Board Member or a senior member of Public Health Agency staff. The Public Health Agency Chair should notify the Department at the outset to ensure that arrangements for handling the concern/complaint are clear. The Department may determine that it should make arrangements to deal with the concern/complaint. This will be agreed at the outset.

Arrangements for concerns/complaints in respect of Board members should be reflected in all relevant procedures, including Standing Orders and Board Operating Frameworks.

Annex 6 - Applicable Guidance

The following guidance is applicable to the Public Health Agency

Guidance issued by the Department of Finance

- Managing Public Money NI
- Public Bodies – A Guide for NI Departments
- Corporate Governance in central government departments – code of good practice
- DoF Risk Management Framework
- HMT Orange Book (Management of Risks)
- The Audit and Risk Assurance Committee Handbook
- Public Sector Internal Audit Standards
- Accounting Officer Handbook – HMT Regularity, Propriety and Value for Money
- Better Business Cases and the Approval Process: https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-hscf-10-2024.pdf
- Dear Accounting Officer Letters
- Dear Finance Director Letters
- Dear Consolidation Officer and Dear Consolidation Manager Letters
- The Consolidation Officer Letter of Appointment
- Government Financial Reporting Manual (FReM)
- Guidance for preparation and publication of annual report and accounts
- Procurement Guidance

Other Guidance and Best Practice

- Specific guidance issued by the Department
- EU Delegations
- Recommendations made by the NI Audit Office/NI Assembly Public Accounts Committee
- NIAO Good Practice Guides
- Guidance issued by the Executive's Asset Management Unit
- NI Public Services Ombudsman guidance

Annex 7 – Role of the Minister

Role of the Minister

The Chair of the Public Health Agency is responsible to the Minister. Communication between the Board and the Minister should normally be through the Chair.

The departmental Accounting Officer is responsible for advising the relevant Minister on a number of issues including the Public Health Agency objectives and targets, budgets and performance.

In addition to being answerable to the Assembly as laid out in paragraph 2.4, the Minister is also responsible for:

- Setting the strategic direction and overall policies and priorities for the ALB as reflected in the PfG;
- Approving the ALB's Business Plan;
- Setting the ALB's budget; and
- Appointment of non-executive board members. The Minister may also be involved in considering the size and composition of the Public Health Agency Board – see para 15.3.

Annex 8 – Partnerships between Departments and Arm's Length Bodies: NI Code of Good Practice

NI Code of Good Practice

Partnerships between Departments and Arm's Length Bodies: NI Code of Good Practice – online at:

https://www.finance-ni.gov.uk/sites/default/files/publications/dfp/NI%20Code%20of%20Good%20Practice%20v3%20%28300323%29.pdf

Annex 9 – Memorandum of Understanding between DOH, PHA and SBNI

January 2025: Memorandum of Understanding under review. Updated MOU to be appended to Partnership Agreement once agreed.

August 2026 – Final MOU appended.

FINAL MOU between the Department, the P

Annex 10 – Process for Communication of Departmental Directions to ALBs

From the Director of Corporate Management
La'Verne Montgomery

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

To: DoH EBMs

Castle Buildings
Stormont Estate
Belfast
BT4 3SQ

Tel: 02890520501
Email: laverne.montgomery@health-ni.gov.uk

Date: 10 August 2021

Dear Colleagues

PROCESS FOR COMMUNICATION OF DEPARTMENTAL DIRECTIONS TO ALBs

To address the recommendation in the report into resignations of the RQIA Board (Action Plan ref 74.16), I wish to advise EBMs that when the Department is exercising the right under legislation to issue a direction to an ALB, the following process should be applied.

Ministerial/Departmental directions should be issued to the Board Chair and copied to the ALB Chief Executive. This is required to ensure that any instruction issued is to the Corporate Body and not only to the Executive team.

It should be noted that this process is distinct from formal Ministerial Directions as detailed in section 3.4 of Managing Public Money Northern Ireland (MPMNI). Departmental and DOF guidance on these can be found in FMD 12-2021 and DAO (DOF) 02/21.

If you have any queries, please contact Governance Unit in the first instance.

Yours sincerely

La'Verne Montgomery

Working for a Healthier People