

Title of Meeting	127 th Meeting of the Public Health Agency Board
Date	19 November 2020 at 1.30pm
Venue	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

Present

Name Redacted	- Chair
Mrs Olive MacLeod	- Interim Chief Executive
Mr Rodney Morton	- Director of Nursing and Allied Health Professionals (<i>via video link</i>)
Professor Hugo van Woerden	- Director of Public Health (<i>via video link</i>)
Name Redacted	- Non-Executive Director (<i>via video link</i>)
Name Redacted	- Non-Executive Director (<i>via video link</i>)
Name Redacted	- Non-Executive Director (<i>via video link</i>)
Name Redacted	- Non-Executive Director (<i>via video link</i>)
Name Redacted	- Non-Executive Director
Name Redacted	- Non-Executive Director

In Attendance

Name Redacted	- Assistant Director of Finance, HSCB (<i>via video link</i>)
Name Redacted	- Assistant Director, Planning and Operational Services (<i>via video link</i>)
Name Redacted	- Assistant Director of Finance, HSCB (<i>via video link</i>)
Ms Marie Roulston	- Director of Social Care and Children, HSCB (<i>via video link</i>)
Name Redacted	- Secretariat

Apologies

Dr Aideen Keaney	- Director of Quality Improvement
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113/20 Item 1 – Welcome and Apologies

113/20.1	The Chair welcomed everyone to the meeting. Apologies were noted from Dr Aideen Keaney.
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114/20 Item 2 – Declaration of Interests

114/20.1	The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.
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115/20	Item 3 – Minutes of previous meeting held on 15 October 2020
115/20.1	<p>The minutes of the Board meeting held on 15 October 2020 were APPROVED as an accurate record of that meeting, subject to an amendment in paragraph 102/20.2 proposed by NR. He proposed that the sentences, “He went on to say that NR had advised that various business cases have been submitted and that he had given an overview of the level of oversight and the records that in place of the decisions that were taken regarding these NR noted that there had been discussion about the status of one of the business cases and that it had to be revised so he suggested that there should be an update at each Board meeting on the status of the business cases.” should be replaced with, “He went to on to say that NR was confident that there was a clear audit trail of those business cases of which he had oversight but that some may have been subject to revision subsequently and he was unable to comment upon them. NR noted that there had been discussion about the status of some of the business cases and that some had been revised and it was therefore important that the Board be regularly advised as to their status.”</p>
116/20	Item 4 – Matters Arising
	<i>109/20.2 Manual for Board Members</i>
116/20.1	<p>NR asked if the new handbook for Board members was available. The Chair advised that he did not know when it would be available but he agreed to raise this at the next Duty of Candour meeting which is taking place on 26 November [Action – Chair].</p>
117/20	Item 5 – Chair’s Business
117/20.1	The Chair began his Report by updating members on senior level recruitment in the organisation. He advised that the role of temporary Director of Operations has been advertised internally and is due to close later this week. In terms of the recruitment of a permanent Chief Executive he advised that he has been pressing the Department of Health concerning this matter.
117/20.2	The Chair reported that he had circulated a letter to all PHA staff thanking them, on behalf of the Board, for their work to date during the pandemic.
117/20.3	The Chair referred to an article he had read about learning from the pandemic in the Taiwan which he thought may be of interest. He said that Taiwan had achieved great success in curtailing the virus, normal life had resumed and the country was expected to have a GDP growth.
117/20.4	<p>NR asked if there was any progress in terms of appointing a Deputy Director of Public Health. The Interim Chief Executive advised that the post of Director of Public Health is about to</p>

be advertised, but she would wish to wait until the outcome of the review by Dr Ruth Hussey before deciding on the need for a Deputy, but it would be her view that this post is required. She added that she would discuss this with Professor van Woerden during his exit interview. The Chair noted that the role of the Director of Public Health and Medical Director vis-à-vis its responsibilities to both PHA and HSCB is determined in statute.

118/20 Item 6 – Chief Executive’s Business

- 118/20.1 The Interim Chief Executive presented her Report and said that it showed members the volume of work with which the organisation is dealing. She drew attention to the increasing volume of FOI requests and Assembly Questions (AQs) and said that additional resource has been obtained for that team. Rather than go through the Report, she asked members if they had specific queries they wished to raise.
- 118/20.2 **NR** asked whether there is a formula to determine the number of staff required for contact tracing. The Interim Chief Executive advised that PHA uses a model devised by the European Centre for Disease Control whereby up to 45 minutes is allocated for each call to an index case. She said that forecasts are done based on Professor Ian Young’s modelling. She noted that the number of daily cases has reduced slightly since the restrictions were put in place, but not drastically. She advised that the contact tracing centre can easily deal with up to 500 cases a day, but the hospital system cannot cope with the current numbers. **NR** asked if staff are then stood down if not required. The Interim Chief Executive explained the centre operates a core of full time staff as well as a number of part time staff and Trust bank staff. **NR** asked if PHA is happy with the current set up. The Interim Chief Executive said that she would like to see an increased uptake in the digital self-trace service as England is currently achieving an uptake of 40%. She said that there is a meeting taking place regarding this on Friday.
- 118/20.3 The Interim Chief Executive advised that BBC Spotlight are putting together a programme on the contact tracing operation and comparing the programme here with that of Wales. She said that discussions are required with the modelling team to determine if more staff will be needed, but she advised that the maximum capacity of the centre in County Hall has been reached. She added that PHA has been able to recruit staff for the centre through the HSC Workforce Appeal, but that these staff would require extensive training before they would be able to work remotely. She said that it would be important for all medical staff to be onsite in the same office. She advised that at present PHA is reaching up to 90% of the index cases.
- 118/20.4 **NR** said that he was pleased to see that PHA is directing people to AdviceNI, but he sought clarity on the status of the paper on future options for contact tracing which had been issued to members following

- the briefing held on 29 October. The Interim Chief Executive advised that the paper is with the Chief Medical Officer (CMO) and has not been progressed. She confirmed that the staff in the contact tracing centre are directing individuals to support mechanisms, should these be required.
- 118/20.5 **NR** noted that PHA had submitted a report to the Health Committee on the impact of COVID-19 on care homes and asked if there was any further outcome. The Interim Chief Executive advised that a piece of work had been carried out at the request of the Permanent Secretary and it has been determined that the increased number of discharges from hospitals into care homes had not contributed to the number of outbreaks in homes. **NR** asked if PHA would get sight of the report, but the Interim Chief Executive advised that PHA has not been notified when it will be published, but that it will be placed in the public domain.
- 118/20.6 **NR** said that she would be keen to understand the issues relating to the flu vaccine which featured in the media on Monday. The Interim Chief Executive advised that in August the CMO issued a direction regarding this year's vaccination programme. By way of background, she explained that PHA had undertaken its planning for the flu vaccine programme in January so the vaccines were ordered before the COVID-19 pandemic. However, she said being mindful that a pandemic was coming, additional supplies were ordered as it was anticipated that there would be greater demand. In total, she advised that 1.15 million vaccines were ordered and that these were due to arrive in tranches and that the CMO's letter had stated that practices should only store sufficient supplies for one week.
- 118/20.7 The Interim Chief Executive said that the first group of people to be vaccinated were those in the over 65 category, but as uptake was greater than expected PHA made a decision to slow down the number of vaccines being released into the system. On 16 October, she said that a letter was issued to GPs advising them of this but also that more vaccines were due to arrive in mid-November. Following this, she advised that PHA received a letter from **NR** requesting a meeting and that **NR** **NR** and Dr David Irwin attended a meeting at which they were asked what the situation was and why there not enough vaccines. She said Dr Waldron informed them that the CMO's letter had explained how the programme should run and that the first tranche would arrive on 16 November and a follow up the following week.
- 118/20.8 The Interim Chief Executive advised that she was surprised to then see the media coverage on Monday. She explained that the GPs were informed that there may not be enough doses of the vaccine for those over the age of 65, but that the vaccine for those under the age of 65 would be suitable. However, she noted that the correspondence from the CMO did not specifically state this. She said that today the portal

has now reopened for practices to order the vaccine but said that any practices with an oversupply should be sharing their excess with other practices. He reiterated that she was disappointed that this had been played out in the public domain. **NR** asked if there was anything that could have been done differently. The Interim Chief Executive felt that there was not. Mr Stewart said that he had always thought that there would be an issue with regard to supply, and was confused that the GPs had not foreseen this.

- 118/20.9 Alderman **NR** asked whether PHA was content with the modelling it used and if the extra supplies ordered had resulted in an increased uptake among HSC staff and in the care home sector. He added that he would have liked to have known about the issue earlier. The Interim Chief Executive advised that Trusts were seeing an uptake of up to 40% and she assured members that enough vaccines have been ordered. Professor van Woerden said that staff in the public health directorate were also surprised at how the story unfolded and he thought the only explanation was there had been a misunderstanding.

119/20 Item 7 – Finance Report (PHA/01/11/20)

- 119/20.1 **NR** began her Report by welcoming **NR** to the meeting. She explained that Ms Henderson has recently been appointed as an Assistant Director of Finance within HSCB and she will be providing support to PHA.
- 119/20.2 **NR** reported that PHA is currently sitting with a year to date surplus of £1.778m with a projected year end surplus of £1.85m. She said that surplus has arisen due to the unique circumstances of COVID-19 and many “business as usual” services being downturned. She advised that the Department of Health has commenced an in-year monitoring exercise so may take back some of PHA’s surplus. She explained that Ms **NR** will be working with the Executive Directors in the PHA to clarify the totality of the projected surplus.
- 119/20.3 **NR** noted that some PHA staff have been redeployed to assist with COVID-19 related work, but the budget has not been reclassified to take account of this but she said that AMT has asked for a desktop exercise to be completed to get a sense of the financial resource that has gone into the COVID-19 response. She advised that within the Finance Report there is now a separate line detailing COVID-19 expenditure but it is a high level figure. She explained that PHA has received an additional £2.4m, primarily for the child flu vaccine, and she is anticipating another £4m for contact tracing and screening bids. She said that £600m of COVID-19 funding is sitting with the Department of Finance and that the Department of Health has bid for £560m of funding (including £527m of revenue bids) and it is assumed that PHA will receive the funding that it has requested. She added that Ms Henderson will work with PHA colleagues to refine PHA’s bids and to ensure that any monies allocated are spent.

- 119/20.4 **NR** said that there is a separate line in the Report relating to Transformation funding and she was confident that this money would be spent across a range of programme. Finally, she said that AMT had discussed the management and administration budget at its most recent meeting and an exercise will be commencing shortly to review those budgets in advance of the next financial year.
- 119/20.5 **NR** thanked **NR** for the report and while he noted the comments that PHA should receive the COVID-19 funding for which it has submitted bids, PHA is continuing to spend money in advance of any approved allocation. He added that if PHA's surplus continues to grow that money could be moved across to cover the bids. Ms Frazer reiterated that she was confident that all of the bids submitted by PHA will be covered. She acknowledged that funding has been spent in advance of an allocation, but this was done for safety reasons and there are templates in place so PHA should be covered. **NR** asked whether the projected surplus will continue to grow and if this will provide a comfort blanket for COVID-19 expenditure. Ms Frazer said that she did not think that there would be an issue with resources this year and if there are ways in which PHA can redeploy its funding, these will be looked at but first of all she is aiming to ensure that all expenditure has been categorised correctly and any surplus reported to the Department so that it can be used elsewhere across the HSC.
- 119/20.6 **NR** said that it will be useful to see the breakdown of costs associated with COVID-19, and also the review of the management and administration budget. The Chair noted that the budget cannot be revamped in-year but he said that the footnotes at the bottom of each page were useful. He asked for more information about returning funding to the Department. **NR** said that the Department is asking all HSC organisations to review their budgets, but PHA does not have to return any funding unless it is certain that it cannot be spent. The Chair asked if the Board will be kept informed of any decision to return funding and **NR** confirmed that this would be the case. Professor van Woerden said that it is frustrating that PHA cannot spend its funding and gave an example of the temporary cessation of screening programmes. The Chair asked for examples of any projects that were halted or not commissioned due to COVID-19. Professor van Woerden highlighted homelessness as an example.
- 119/20.7 **NR** urged PHA to ensure that it reallocated any surplus funding to the voluntary and community sector and he cited the example of the Healthy Living Centre in Lisburn as a project that would welcome additional funding. **NR** assured **NR** that AMT is consistently reviewing its budget and that Health Improvement is an area that is being looked at. **NR** also pointed out that there is a discrepancy in funding outside of the Belfast area. Professor van Woerden noted that **NR** had joined the meeting for the next item, but suggested that she could update the Board on the work of Health Improvement is involved in. **NR** said that she took on board the

	concerns raised by [NR] but advised that there is a Healthy Living Co-ordinator who is working to bring a lot of organisations in that network together. She also made reference to the small grants scheme that PHA administers where £1m of funding is available for programmes around emotional wellbeing. She added that each month the Health Improvement team reviews all of its services to see which can and which cannot be delivered by community groups. She highlighted the fact that face-to-face services and some support services cannot be delivered at this time. She said that the Health Improvement team is looking at the reset agenda and connects with each of its contract holders on a monthly basis. She added that PHA also has close links with community planning partnerships.
119/20.8	[NR] advised that this was her last meeting and that [NR] will attend the next PHA Board meeting. The Chair thanked Ms [NR] for her report and her input at the meeting.
119/20.9	Members noted the Finance Report.
120/20	Item 8 – Update on COVID-19
	<i>Self-Isolation Support Pathways</i>
120/20.1	[NR] began her presentation by saying that a challenge had been identified whereby staff in the contact tracing centre were identifying people who required additional support but they did not know where to signpost them to and the issues these people were raising covered a range of areas including food poverty, finance, isolation, stress and wellbeing issues.
120/20.2	[NR] advised that the Department for Communities has commissioned Advice NI to facilitate a Regional COVID Helpline to support the public to access services to address these challenges. She added that PHA has been supporting Advice NI to produce a leaflet in 15 languages detailing the service. She said that one of the key priorities for the Health Improvement Team has been to facilitate the joining up of services in a more holistic way to better meet complex client needs.
120/20.3	[NR] reported that PHA has recently launched its Digital Self-Trace service and through engagement with Health Improvement Division, this service has been further enhanced to ensure individuals receive additional information on useful support services. Furthermore, she said that a protocol has been established between the Contact Tracing Centre and Advice NI, facilitated by Health Improvement Division, to enable the contact tracing centre staff to fast track referrals to Advice NI, when additional support needs are identified through the contact tracing call and to enable individuals to access practical support to self-isolate. She advised that data is collected weekly and reported to the AMT Huddle on Monday mornings.

- 120/20.4 **NR** said that these developments support smarter working for both the Regional Helpline and the Contact Tracing Centre, and facilitate more efficient use of limited resources as staff in the contact tracing centre can focus on contact tracing instead of trying to figure out what services they can refer onto and the regional advice helpline can direct issues about COVID-19 back to PHA as appropriate.
- 120/20.5 **NR** advised that this specific collaboration began on 2 November and 92 staff in the contact tracing centre have been trained to date in signposting people to Advice NI (totalling 31 hours of training to date). In addition, she said that training is also being provided for those staff in terms of “self-care” appreciating the challenging nature of the work they are doing. She added that all Contact Tracing Centre staff will complete Psychological First Aid (30 mins online programme) as part of their induction and ongoing training to support self-care. In addition, she said that over 81,500 people across Northern Ireland have completed the online stress control programme with 98%-99% giving a positive evaluation. She explained that this training will continue to be offered and promoted to contact tracing centre staff. The Chair said that he was pleased to hear about all of this work.
- 120/20.6 **NR** said that consideration has also been given to how to work with those individuals for whom English is not their first language. She added that by involving Health Improvement staff, Incident Management Teams have been able to facilitate a more bespoke response to outbreaks in work and community environments with a higher proportion of migrant and BAME workers where English is not their first language and also with Travellers. She advised that this has included engagement of specific PHA contracted organisations and PHA staff in the tailored responses.
- 120/20.7 **NR** said that she welcomed this presentation as she had been concerned that PHA was focusing more on contact tracing rather than supporting those who have to self-isolate. She asked if any data was being collected on the impact of self-isolation. **NR** advised that she and **NR** had met with **NR** from the Department for Communities (DfC) on data collection – the Advice NI service is commissioned directly by DfC and data collection protocols are already in place and data will be made available to PHA on the services accessed by individuals and the outcomes of this support.
- 120/20.8 **NR** said that it would be helpful to know if people are more likely to adhere to the self-isolation request, having received support. **NR** acknowledged that there are practical reasons why some people are unable to self-isolate e.g. to obtain food supplies, medicines, for childcare reasons, zero hours contracts & income needs etc. By fast tracking these individuals to Advice NI, where they have been able to be identified, practical support can be activated quickly. She described it as a process of “joining up the dots” between existing services rather than trying to develop new services. Ms Rogers advised

- that she would look at options to address **NR** suggestions about impact of the interventions in relation to adherence to self-isolation advice.
- 120/20.9 **NR** asked how people can be made aware that these services exist and how can they get the leaflet that was seen in the presentation **NR** advised that the Department for Communities would push this out through their normal communication methods and PHA would use its social media channels and community planning partnerships – this promotional work is already underway across NI. She added that through the digital work led by Ms Jennifer Lamont, links have also been inserted on the messages that go out to people who are asked to self-isolate.
- 120/20.10 **NR** also welcomed the initiative as this was also an issue he was concerned about. He said that he would like to see evidence of how much this has helped and its impact in supporting people during the pandemic. He asked about people who are in a situation where they cannot afford not to work and if they can get advice about sick pay. Ms **NR** said that the income matter is being addressed via the Department for Communities, and that they are currently implementing steps to address this. She said that if there is an outbreak, for example in a facility where people are employed on zero hours contracts, that there are links with the Department for Communities so that appropriate support can be activated rapidly. She said that there are hardship funds available, which can be used to facilitate workers on zero hours contracts to self-isolate and to bridge the time gap between people becoming unemployed and being able to access benefits. She explained that this element of wraparound support is provided by DfC, via Advice NI and other agencies e.g. SVDP, Citizens Advice, therefore it is important for PHA to keep DfC updated on any emerging trends or potential outbreak situations so they can rapidly activate their elements of the bespoke response to complement the PHA's Health Protection and Health Improvement roles. She added that Trade Unions are also actively involved in this issue and developing solutions and responses.
- 120/20.11 **NR** said that this work adds value to what PHA does and she reiterated the points made by other members about being able to monitor the impact and asked about how PHA can continue to monitor the effectiveness of this work, and also how it can be improved.
- 120/20.12 **NR** advised that the particular initiative presented to the Board today is a new process and has only really commenced this week now that staff are trained. She said that the data coming out of the contact tracing centre and the data provided by Advice NI will show how this service is evolving. Furthermore, she advised that the Department for Communities will be funding local initiatives, but this has not yet been finalised or agreed. She said that it is important that there are links through the community planning partnerships and also noted that there are multiple organisations setting up helplines at present which can be

- challenging to influence and causes confusion for local residents.
- 120/20.13 **NR** suggested that they may be individuals who do not make contact with the advice helplines when they are self-isolating and sought assurance that there are no barriers in place in case a situation arises where there is not enough support available to meet the demand. **NR** said that PHA sees its role as a health improvement organisation and as such, it aims to promote the different networks of safe and high quality supports that are available. She suggested that it is important to share the concept that it is everyone's responsibility to make people aware of the support that is available to them and this approach is being embraced by Community Planning Partnerships. She assured members that if PHA identifies an increase in demand for support which exceeds the supply, this would be raised as appropriate, including with the Department for Communities. She added that PHA has been promoting the Regional COVID Helpline through its social media.
- 120/20.14 The Chair said that it is important to use the data to get messages out and he suggested that the Research and Development team could be involved in this. He said that this was an area about which he had become increasingly anxious. However, he said that this this presentation had considerably allayed his fears.
- 120/20.15 **NR** said that when discussing social determinants, cross-departmental working is important. She noted that the Department for Communities has recently announced an extension to the Active Ageing Strategy and said that this area of work represented an opportunity to advertise cross-departmental working. **NR** agreed to look at this Strategy extension and advised that there is an Age Friendly Co-ordinator working in each Local Council area, funded via PHA, and they are engaged in implementation of Active Ageing. She agreed that it is good to see departments working together.
- 120/20.16 The Chair thanked Ms Rogers for her presentation and contribution to the meeting.
- Launch of Digital Self Trace Platform for Contact Tracing
(PHA/02/11/20)*
- 120/20.17 The Interim Chief Executive advised that she wished to inform the Board that PHA has launched a digital self-trace platform to help with its contact tracing work. **NR** said that it was a succinct paper and she asked how success would be measured. The Interim Chief Executive responded saying that in England, over 40% of individuals are completing digital self-trace so she would wish to achieve a higher success rate. She noted that the number of positive cases has not been decreasing as much as PHA would like.
- 120/20.18 **NR** noted that the paper refers to a proxy service and asked for

	more information on this. The Interim Chief Executive advised that NI Direct could potentially do this, but PHA needs to do more promotion of the digital self-trace. Professor van Woerden advised that workshops take place every Friday looking at digital self-trace and external work is being commissioned to look at feasibility testing.
120/20.19	NR said that there needed to be more time dedicated to look at this as the discussion felt rushed. The Interim Chief Executive suggested that Ms Lamont could attend a future meeting and deliver a presentation on this initiative, by which stage it will have been operational for a few weeks. This suggestion was AGREED [Action – Interim Chief Executive] .
121/20	Item 9 – Update on Self-Harm (PHA/03/11/20)
121/20.1	Professor van Woerden presented the update saying that it was important that members are aware of the variations internationally in the definition of suicide, highlighting that deaths defined as “accidental” now fall outside the definition of suicide. The Chair recalled that at one point the suicide rate in Northern Ireland was twice as high as that of England, but has now reduced and he asked whether this was due to reclassification. Professor van Woerden advised that the reclassification of suicide has not yet taken effect and he cited societal changes in Northern Ireland as a factor in this decrease.
121/20.2	NR thanked Professor van Woerden for the paper. She noted that there is an approach to minimise press coverage about self-harm but queried if a balance needs to be struck as this is an important issue and needs to be discussed openly. She also asked about funding and if the current commissioning models fit service users’ needs as there appear to be many different services operating in this area. Professor van Woerden felt that the approach to commissioning was reasonable and he agreed that there was a need to de-stigmatise self-harm, particularly among teenagers. He acknowledged that this is an area of intense media interest, and it is appropriate not to amplify the issue. In terms of the infrastructure around this area, he said that different Government departments may look to consolidate their strategies when it comes to funding areas around emotional wellbeing.
121/20.3	NR suggested that higher incidence of suicide is likely to be linked to areas of deprivation and asked whether resources are being targeted into this areas and if there are more targeted interventions. Professor van Woerden agreed that there is a link with deprivation and also Adverse Childhood Experience (ACEs). He said that there is a need to create emotional support for children and assist with parenting skills. He noted that there is an intense focus on specific groups of families, but he was not certain whether the focus was on the right families. Mr Morton added that there is an Adverse Childhood Experience Committee and Board which he and Mrs Roulston sit on which oversees some of the work that Professor van Woerden was

referring to. He advised that there are other frameworks that are in place in addition to the work being done by the Health Improvement team in PHA. Mrs Roulston agreed that there is a lot of work going on in this area and she suggested it may be useful to do a more in-depth presentation on this at a future meeting or workshop.

121/20.4 The Board noted the update on self-harm.

122/20 Item 10 – Any Other Business

122/20.1 There was no other business.

123/20 Item 11 – Details of Next Meeting

Thursday 17 December at 1:30pm

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

Signed by Chair:

Personal Data

Date: 19 November 2020