

Title of Meeting	153 rd Meeting of the Public Health Agency Board
Date	27 April 2023 at 1.30pm
Venue	The Mount Conference Centre, Woodstock Link, Belfast

Present

- Mr Andrew Dougal - Chair
- Mr Aidan Dawson - Chief Executive
- Dr Joanne McClean - Director of Public Health
- Mr Stephen Wilson - Interim Director of Operations
- Mr Craig Blaney - Non-Executive Director
- Mr John Patrick Clayton - Non-Executive Director
- Ms Anne Henderson - Non-Executive Director
- Mr Robert Irvine - Non-Executive Director
- Professor Nichola Rooney - Non-Executive Director
- Mr Joseph Stewart - Non-Executive Director

In Attendance

- Dr Aideen Keaney - Director of Quality Improvement (*Left after Item 8*)
- Ms Deirdre Webb - Assistant Director of Nursing
- Ms Tracey McCaig -- Director of Finance, SPPG
- Mr Robert Graham Secretariat

Apologies

- Ms Deepa Mann-Kler - Non-Executive Director
- Mr Brendan Whittle - Director of Hospital and Community Care, SPPG
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50/23 Item 1 – Welcome and Apologies

- 50/23.1 The Chair welcomed everyone to the meeting. Apologies were noted from Ms Deepa Mann-Kler and Mr Brendan Whittle.

51/23 Item 2 – Declaration of Interests

- 51/23.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda.
- 51/23.2 Mr Clayton indicated that if the Chief Executive wished to give any update in relation to Public Inquiries under his Chief Executive's Business he would declare an interest given that Unison is engaging with the Inquiries. It was agreed that the Chief Executive would give an

update on Inquiries at a point when Mr Clayton left the meeting.

52/23 Item 3 – Minutes of previous meeting held on 16 March 2023

52/23.1 The minutes of the Board meeting held on 16 March 2023 were **APPROVED** as an accurate record of that meeting, subject to an amendment in paragraph 39/23.8 to change “Mr Clayton commented...” to “Mr Stewart commented...”

52/23.2 A member said that going forward comments should be unattributed to individual members.

53/23 Item 4 – Matters Arising

53/23.1 For action 1 relating to the Vaccine Management System (VMS) and expenditure on Gartner, the Chief Executive said that he would update members on this later in the meeting.

53/23.2 For action 2 relating to R&D funding the Chair advised that he did not feel that it was an appropriate time to be writing to the Department seeking additional funding. However, he said that he would prepare draft correspondence which could be sent by his successor.

54/23 Item 5 – Chair’s Business

54/23.1 The Chair reported that the Department of Health has set up a review of Senior Executive pay as there has been a lengthy dispute which has been ongoing and has led to a legal case. He advised that Mr Hugh McPoland will lead on this work and that Mr McPoland attended a meeting of the Chairs’ Forum to update them. The Chief Executive said that Mr McPoland is meeting with them on 10 May. The Chair asked that if any members have any thoughts on this matter that they should share them with him.

54/23.2 The Chair advised that as part of the Refresh and Reshape work there are two staff engagement sessions taking place next week and he encouraged members to attend.

54/23.3 The Chair reported that the Deputy Chief Medical Officer in England has made money available for vaping kits as an aid to assist individuals who wish to stop smoking. He expressed concern about the number of young people who are vaping having never smoked and how tobacco companies are moving into the vaping industry. Dr McClean noted that she was aware of the situation in England and that NICE guidance would recommend that e-cigarettes can be seen an aid to stopping smoking, but in Northern Ireland such an approach is not recommended. She added that there is not a lot of evidence to suggest that vaping will make young people take up smoking.

54/23.4 The Chair noted that in England, the Government is not so much

concerned with climate change but it is very much focused on waiting lists.

55/23 Item 6 – Chief Executive’s Business

- 55/23.1 The Chief Executive reported that Ms Heather Reid will take up the post of Interim Director of Nursing and AHPs with effect from 1 May 2023.
- 55/23.2 The Chief Executive advised that Phase 2a of the Reshape and Refresh programme will conclude shortly. He said that information has been shared with Board members which will be shared with staff early next week in advance of the staff engagement sessions taking place on Wednesday and Thursday. He explained that what will be presented at the events is the preferred option in terms of an operating model for PHA going forward.
- 55/23.3 A member noted that EY’s involvement in this work was due to last a further 7/8 months and asked when the PHA would be able to carry out this work on its own. The Chief Executive confirmed that this was the intention as PHA did not previously have the capacity to do this work and EY was facilitating the process. However, he advised that PHA has now recruited a Band 8b Programme Manager and a Band 4 Administrative Officer and that a Band 8a Change Manager will also be appointed, thereby giving PHA the in-house capacity to take this work forward.
- 55/23.4 A member asked if the Chair, or Professor Rooney, as the Board’s representatives on the Project Board could give an assessment on how this work is progressing. Professor Rooney replied that the work is progressing at speed and that the Oversight Board meetings tend to be short with limited time for discussion. However, she added that it is important that whatever structure is developed impacts positively on how PHA does its business and on the local community, and those conversations have not yet happened. The Chief Executive echoed this and said that following discussion with staff and agreement of the operating model, the next stage will be discussion on how it will work.
- 55/23.5 The Chair said that the Reshape and Refresh work should be completely as quickly as possible and that EY can empower PHA to change its culture, but this has not happened as yet. The Chief Executive agreed that the culture has yet changed but he hoped that will happen as part of the next phase. He added that the Oversight Board’s role is to ensure that the deliverables were completed, and that the staff engagement sessions are where the discussions take place. Professor Rooney said that the next stage is the exciting one. The Chair said that he had hoped that there would be more involvement of Non-Executive Directors in each of the workstreams but despite several requests, he never received the terms of reference.
- 55/23.6 A member asked if it would be fair to say that there is now more

understanding of what PHA does, its functions and what it has to deliver. The member asked what the next steps now that an operating model has been recommended for approval. The Chief Executive said that the next stage is to consult with staff at the staff engagement sessions. Mr Wilson added that the feedback received from staff will then be fed back and the final model will be signed off at the next Oversight Board meeting. The member noted that this meant that within the next few weeks the precise location of all PHA's functions will be known and there will be a timeframe to move to a new structure. The member asked if the Board will be conducting its own review of its Committees. The Chief Executive noted that part of this has already happened with the establishment of the Planning, Performance and Resources (PPR) Committee.

55/23.7 The Chief Executive advised that a draft Strategy had been produced for consideration by the Board later in the meeting and that it will be brought to the PPR Committee next week and come back to the Board on 18 May. The Chair added that if any members wished to attend the PPR Committee, that they can do so.

55/23.8 The Chief Executive said that a paper on the Integrated Care System has been prepared for members' information and has been sent to the Chair. The Chair undertook to share this with members after the meeting.

55/23.9 The Chief Executive reported that the financial outlook for the HSC is bleak and that Ms McCaig will pick this up as part of her report. He said that PHA is presently reviewing the savings proposals it submitted in a letter to the Permanent Secretary on 27 January.

55/23.10 The Chief Executive advised that a Ground Clearing Meeting has been arranged with the Chief Medical Officer on 12 May in advance of the Accountability Meeting with the Permanent Secretary on 13 June.

56/23 Item 7 – Finance Report (PHA/01/04/23)

56/23.1 Ms McCaig presented the Finance Report for the period up to February 2023 and said that this showed that PHA was forecasting a year-end surplus of £439k. She added that since this report was prepared there has been further movement and minor retractions and that the forecast position is now a surplus of £223k, which represents break-even. She advised that the capital budget will also break even and she commended the work done by officers to achieve this outcome.

56/23.2 The Chair asked about the work that had been undertaken. Ms McCaig explained that work took place across PHA to look at what ways slippage could be used to advance the work of PHA. She said that a lot of work happened behind the scenes. The Chair conveyed his appreciation to those for achieving this.

- 56/23.3 A member said that the finance team has performed a sterling job in getting PHA to a break even position, but noted that next year there will be a different challenge as PHA's budget will be cut. The member added that it is time to push forward on training for budget managers and offered their help with that. Ms McCaig advised that the training is in development and that she has spoken to Ms Henderson about this. She added that Mr Lindsay Stead has prepared a pack and that he will be working with PHA until the end of June.
- 56/23.4 A member noted that the underlying surplus was very significant and asked for more information on the additional funding allocated to care homes. Ms McCaig agreed that there was a significant underlying surplus and explained that it would not have been retracted unless it could be applied to good use. She advised that the funding was retracted to support cost pressures across the care home sector.
- 56/23.5 A member said that performance needs to be embedded into the role of the PPR Committee and its meetings need to be dovetailed so it can get more information on how PHA manages its resources. The member noted that there were issues in relation to vaccines so more work needs to be done in that area. Ms McCaig advised that some improvements have been made in that area but further work needs to be done. She added that Mr Stephen Murray will be preparing a high-level paper on Trust spend for the PPR Committee as there has been some additionality in this area over the last couple of years. The Chair welcomed this as he has queried why Trust funding has increased in recent years. Ms McCaig noted that some areas are ring-fenced.
- 56/23.6 Ms McCaig reminded members that in January PHA submitted savings proposals to the Permanent Secretary for levels of 3% and 5%, but since then she said that the situation has moved on. She noted that she did not know the confirmed budget so any planning is theoretical. She advised that any proposals classed as low or medium risk will have to be delivered, but she added that PHA is not being asked to implement any that are classed as high risk as that would require the decision of a Minister or the Secretary of State.
- 56/23.7 Ms McCaig said that she, the Chief Executive, Dr McClean, Mr Wilson, Mr Stead and Mr Murray have met to go through the proposals again and a paper will be submitted to the PPR Committee. She advised that the figures contained in the paper are being reviewed. She said that the proposals to achieve 3% savings are mostly low and medium risk and total £3.6m, but added that PHA will be unable to fund certain programme areas out of slippage as was previously the case. When looking at the proposals to achieve 5% savings, she advised that the funding for R&D has been provided until November, but after that it would be a Minister or Secretary of State who would determine if this should be stopped. She reiterated a summary of the review of the paper will be prepared for the PPR Committee and added that PHA will also need to carry out a review of its baseline budget.

- 56/23.8 A member welcomed the opportunity to review this paper and asked if the £1.3m of savings against the management and administration budget is achievable as well as the £700k for Nicotine Replacement Therapy (NRT), and the £1m for areas such as diabetes, HSCQI, mental health community grants and all-Ireland Institute support. Ms McCaig confirmed that all of these areas need to be looked at and pointed out that the savings need to be made recurrently. She added that a further £60m of savings is required from across the HSC and it should be planned that the PHA's contribution to this will be around £0.25m. The member said that the savings from the management and administration budget are an "easy win" for this year, but if the savings are to be found recurrently, this will be a significant issue.
- 56/23.9 The Chair sought clarity on the position with regard to HSCQI funding. The Chief Executive advised that he and Dr Keaney have been having ongoing discussions with the Department and the HSCQI Alliance regarding this but have not made much progress. He explained that when HSCQI was established, it was done so without an operational budget and therefore it was funded out of slippage. However, he added that going forward that slippage funding will not be available so PHA has gone back to the Department on this and has also written to Trusts to ask if they could provide funding out of their charitable funds so that HSCQI can be more self-sustaining in the longer term.
- 56/23.10 A member said that this is an extremely concerning position as all of the areas listed in the paper have an impact and not only on PHA. The member noted that while the low and medium impact areas have to be delivered on this year while the high impact areas require a Ministerial decision, the recurrent nature of the savings will mean that while areas may be rated as low or medium for this year, they could become high impact in the future. Ms McCaig said that the whole HSC has to contract and this exercise will help PHA buy time to deliver a recurrent solution. She reiterated that all HSC organisations have to deliver savings with the least impact. She said that at this stage, she does not know the level of the savings required so PHA may develop a partial in-year plan and then come back and refine it. She added that if PHA uses the slippage out of the management and administration budget, this may impact on the outworking of the Reshape and Refresh work.
- 56/23.11 A member noted what has been highlighted but added that there is a knock-on effect for the organisations delivering PHA's work, and funding for staff support. Ms McCaig explained that the staff are not in place at the moment and that PHA is running with a lot of underlying vacancies. She said that there will be no need for redundancies to deliver these savings within PHA. The member noted that the Board has questioned how programmes are delivered and the need to review whether PHA's current contracts are in line with PHA's strategic objectives, whether the correct interventions are being made and if the third party organisations are delivering. Ms McCaig agreed that there will need to be some form of review. She commented that the slippage in management and

administration budget has been a long-term problem, there is not a high uptake of NRT, there are other areas of slippage and Connected Health work has stopped. She said that there is no significant impact from these areas, PHA would rather be able to use the slippage on other initiatives. She reiterated that there is a further £0.25m of savings to be factored in, but she felt that PHA could manage this in-year. However, she added that if PHA has to implement those proposals which are high impact, this will mean a retraction of services. The member said that all of this needs to be balanced off with the review of PHA's structure because in the longer term PHA may be left exposed in certain areas.

56/23.12 Ms McCaig said that following a review of the paper, there will be an assessment of where it leaves PHA and then once there is clarity on the budget, it can be reviewed again. She reiterated that PHA should be able to manage the situation this year.

56/23.13 A member said that there needs to be a discussion about how PHA can ring fence elements of its budget even though they are seen as an "easy hit". The member noted that PHA has a specific role in reducing health inequalities. Ms McCaig reiterated that this will all be discussed at the PPR Committee meeting. Another member said that the Agency Management Team (AMT) has done a good job in preparing this document. However, the member noted that the budget for this year is a flat cash settlement for health and therefore PHA should no longer engage in random activities on behalf of the Department unless funding is provided.

At this point Ms Webb joined the meeting.

56/23.14 A member said that there should be a review of PHA's budget because cuts across the wider public sector will have implications and could leave PHA weaker which will have a detrimental impact on public health.

56/23.15 Dr Keaney asked whether the lack of funding for HSCQI is seen as low/medium impact. Ms McCaig clarified that the context is that HSCQI is funded from slippage from programme funding, but if there is no slippage, then there is no funding. She reiterated that all of the figures in the paper need to be reviewed. Dr Keaney said that HSCQI is therefore on the verge of collapse and she sought the view of the Board on that. The Chair noted that there had been discussions on the HSCQI budget and asked if the Department has agreed to contribute. Ms McCaig said that there is a significant budget deficit across the health service and with regard to HSCQI, she did not know what the solution is. Dr Keaney said that not funding HSCQI was a retrograde step as the focus of HSCQI is to lead regional improvement programmes that are focused on improving the quality and safety of services. The Chair said that PHA should flag this as a critical service. A member added that reduction of critical services will impact on people's health as will cuts to the community and voluntary sector and other areas that PHA funds.

- 56/23.16 The Chair asked if PHA has gone back to review those areas which it has been funding for many years. Dr McClean said that PHA will have to do this as there will be a need for PHA to focus its resources on population need. A member said that this is an important question as there is a need to get a high-level indication of what PHA is spending in areas such as vaccination, screening and alcohol and drugs. The member added that it would be useful to know what funding PHA has to use at its own discretion given that funding for screening and vaccinations goes out through the Trusts. The Chief Executive commented that given the current situation, PHA will have no funding to use at its own discretion. Ms McCaig echoed this but added that for the financial plan, the aim will be to provide more high-level figures.
- 56/23.17 A member returned to the issue of vaping and using it as an example, PHA should be aim to pre-empt issues and get ahead of them. The member said that while they had good knowledge about the implications of smoking, they were less clear about the implications of vaping and suggested that there should be an anti-vaping campaign. The Chair commented that at present PHA is financially powerless. Another member said that if PHA had financial reporting that linked spend to functions, it would be easier to see where money is being spent. The member added that there are always communities that are suffering and it is important to begin with that principle and keep that in mind.
- 56/23.18 The Chief Executive advise that there needs to be a change in the culture about how PHA spends it funding. He said that managers should not be managing their budgets freely and that any slippage should be coming back to a central location.

56/23.19 The Board noted the Finance Report.

57/23 Item 8 – Health Protection Update

- 57/23.1 Dr McClean reported that the number of cases of flu has begun to dwindle as the flu season is over. She advised that COVID is still circulating in Northern Ireland with a new variant, Arcturus beginning to appear. She said that an expert from UKHSA has indicated that this new variant is not expected to cause major issues. She reported that there are still a lot of cases of Strep A.
- 57/23.2 A member asked it if would be possible to get an update on screening programmes similar to that brought to the Board at this time last year. Another member echoed this, noting the commentary in the draft Annual Report did not indicate when programmes would be back up and running fully. The Chair added that he would keen to see data comparing the uptake of screening programmes now with pre-pandemic levels. Dr McClean noted that there was recently a meeting of the Screening Programme Board where the quarterly update that was prepared for the Department was shared. She undertook to bring an update to the next meeting (**Action 1 – Dr McClean**).

57/23.3 A member asked if PHA monitors cases of shingles. Dr McClean explained that shingles is caused by the same virus as chickenpox and at this time of year it is normal to see chickenpox circulating. She noted that the uptake of the shingles is not as high as PHA would like it to be and there is need to get this included on VMS. The Chair said that he had previously expressed concern about individuals not being aware of the vaccine.

57/23.4 A member said that the screening programmes is a concern for them and the Board should receive an update which indicates what the targets are for the various programme. The member also said that a written update on VMS would be helpful. Ms McCaig advised that VMS has not yet transferred to PHA.

At this point Dr Keaney left the meeting.

58/23 Item 11 – PHA Bursary for Post Graduate Courses in Substance Use and Substance Use Disorders (PHA/04/04/23)

Mr Kevin Bailey and Ms Adele Dunn joined the meeting for this item.

58/23.1 Mr Bailey began a presentation by outlining the strategic context for the development of this bursary. He advised that as part of the Substance Use Strategy, “Preventing Harm, Empowering Recovery”, there are 10 outcome groups. He added that there is a Commissioning and Implementation Plan which has 8 strategic priority areas. He noted that there is a difficult financial context.

58/23.2 Mr Bailey said that workforce is a key priority and there is a need to attract and retain the right workforce and this is where the bursary scheme comes in.

58/23.3 Ms Dunn gave an overview of the scheme to date. She advised that it commenced as a programme for individuals in the community and voluntary sector in drug and alcohol services to complete a diploma in substance use or substance misuse disorder. She reported that 41 bursaries have been granted and 27 individuals have taken up the opportunity at an average cost of £2,217 per bursary.

58/23.4 Ms Dunn advised that a questionnaire was carried out on the impact of the programme among those who had completed it and shared some of the key findings. Going forward, she said that the aim is to implement the recommendations of the evaluation which will be carried out in four phases, including targeting the Trust areas and service types where there has been low uptake, opening the opportunity across other drug treatment services, opening the bursary to PHA staff and exploring other options. She explained that the bursary criteria will be amended so that priority is given to those with low educational attainment and that staff can apply to complete both the certificate and diploma. She said that the aim is to help reduce health inequalities and not to give people a

degree who already have a degree.

- 58/23.5 Mr Bailey concluded the presentation by showing a video where a Needle Exchange Outreach worker outlined their personal journey
- 58/23.6 A member asked if PHA developed this course but Mr Bailey explained that it was developed by Queen's University with both national and international input. The member asked if this type of programme is a one-off and Mr Bailey replied that it is a very specific programme, but there are other programmes which are tied into the overall budget. The member noted that this work relates to prevention and early intervention and asked if it forms part of the Mental Strategy, to which Mr Bailey confirmed that it does.
- 58/23.7 A member said that this is an inspiring initiative and it was good to see how it has been targeted. The member asked if there was any reason why it has not been opened up to statutory sector staff previously, and if there is any way of being able to evidence change of practice. Ms Dunn replied that there is no reason why staff could not have applied to undertake the course previously, but she noted that the training took place on a Saturday. She said that as part of the monitoring, it would be useful to look at evidence of change of practice. Mr Bailey said that PHA would not necessarily wish for its staff to be availing of this pot of money, but he recognised that staff need to have the skills and experience. He added that there are specific outcomes tied to each module of the course.
- 58/23.8 The Chair said that this training is something that staff should undertake as there are benefits. He expressed his congratulations to those who people who have contributed to this work.
- 58/23.9 A member noted that in other organisations, if staff obtain a professional diploma through their work there is a clause whereby the organisation benefits for a period of time. The member asked if there is such a tie-in with this course. Mr Bailey advised that this included and by remaining in this sector there is job security for the individual.
- 58/23.10 The Board noted the report on the PHA bursary for post graduate courses in substance use and substance use disorders.
- 59/23 Item 9 – Update from Chair of Governance and Audit Committee**
- 59/23.1 Mr Stewart advised that the minutes of the Governance and Audit Committee meeting of 7 February were available for information for members, and that a further meeting of the Committee took place on 20 April.
- 59/23.2 Referring to the minutes of the February meeting, Mr Stewart advised that an Internal Audit report on population screening programmes had given a "limited" level of assurance with one the actions being around

- the need to produce annual reports. He said that the action relating to the suggestion of the Board to have a half-day workshop to discuss the Corporate Risk Register has been flagged with the Chair. He complimented Dr McClean on her work to sharpen up her directorate risk register. He advised that a matter was raised in the Fraud Liaison Officer report which will be picked up on in the confidential session.
- 59/23.3 Mr Stewart reported that at the April meeting there was a matter raised regarding SBNI which reinvigorated the issue about responsibility for SBNI. He advised that Internal Audit had presented the report of the Financial Review audit where a “satisfactory” level of assurance was given, but he highlighted issues around staff in post reports and managers knowing where their staff are. He also noted a recommendation from Internal Audit around the reporting of Direct Award Contracts and the need for these reports to contain more detail on cumulative spend, and this has been forwarded to AMT for action.
- 59/23.4 Mr Stewart said that Internal Audit presented a report which showed that 78% of outstanding audit recommendations had been implemented, but the Committee took the view that AMT should ensure that this figure is sitting at around 95%. He added that the Internal Audit programme for 2023/24 was approved where there will be an audit looking at areas such as locum spend and use of the HSC Leadership Centre. He said that there will also be an audit on community and voluntary sector contracts, and on complaints, an area that the Committee is not presently sighted on.
- 59/23.5 Mr Stewart advised that a new risk has been added to the Corporate Risk Register regarding PHA not achieving a year-end financial break-even position. He added that the Committee debated whether there should be a risk regarding the Reshape and Refresh programme and the consequences if it failed its objectives.
- 59/23.6 Mr Stewart reported the Committee approved the draft PHA Annual Report and Governance Statement which will be considered in the confidential session.
- 59/23.7 The Chair sought clarity about the staff in post reports. Mr Stewart explained that there are processes where managers confirm their staffing, but these are not being considered in a timely manner and this can lead to inaccurate reporting.
- 59/23.8 A member asked about the audit of population screening programmes. Mr Stewart explained that the recommendation related to reports not being produced for the PHA Board and some issues regarding quality assurance. He added that there 7 recommendations from the audit and all 7 have been accepted by management.
- 59/23.9 The Chair thanked Mr Stewart for the update and commended the work of those members on the Committee.

59/23.10 The Board noted the update from the Chair of the Governance and Audit Committee.

60/23 Item 10 – Draft PHA Organisational Strategy 2023-25 (PHA/03/04/23)

60/23.1 Mr Wilson said that members will be aware of the journey that PHA has taken to prepare this draft Strategy and how there has been some pauses to reflect on what PHA was aiming to develop. He advised that the task that was set was to develop a strategic framework for the next couple of years. He said he hoped that the Strategy was easy to follow as it sets out the context of how PHA is operating in an environment of ongoing change, and then moves on to set out PHA's priorities and how those link with the outcomes in the extant Corporate Plan. He added that this Strategy will give PHA a direction until it has to prepare its new Corporate Plan. He advised that the Strategy was discussed at the AMT yesterday and following discussion today, any comments will be fed back and a final version will be brought back to the Board next month for approval. The Chair added that it will also be considered by the PPR Committee next Friday.

60/23.2 A member noted that Strategy aims to complement the existing Corporate Strategy and how PHA develops a new one, but queried the purpose of why this Strategy has been developed. The member noted that there has been no external input and it has not been consulted on. Noting that the document has outcomes and priorities, the member said that it was not clear what actions were going to be taken to achieve these, and how performance is going to be measured against priorities. The member queried how progress will be measured or how it will be known if outcomes are being achieved. With regard to staff welfare, the member felt that it would be useful to have discussions, and get input from staff side representatives. The member noted that PHA has a role in commissioning services and given the way the bursary scheme presented earlier in the meeting was targeted, there is a role for PHA to look at health inequalities and mainstream that into its procurement going forward.

60/23.3 The Chair said that he had a concern about an organisation having a 2-year Strategy. He asked whether a review of Making Life Better (MLB) has been carried out as he felt an independent review would be useful. Dr McClean advised that a review of MLB was planned. She added that the All Department Officials Group (ADOG) will be re-established with the aim of getting better working across Government departments. She advised that PHA will work with the Department to identify 9/10 priority areas that ADOG will drive forward, including obesity, school meal provision and migrant health. The Chair commented that at a meeting with the Minister he had said that cross-departmental working groups function better if there is a Minister.

60/23.4 A member commented that this is a hybrid Strategy and asked if the Chief Executive and Directors find it helpful with the day-to-day

operations of the PHA. Mr Wilson replied that this Strategy will bring focus as some of the actions have been extrapolated from the Business Plan. He added that there is a good reason why this is a hybrid document, and said that it provides more clarity and focuses on how the organisation needs to change. He noted that at a meeting earlier in the week with SPPG, it was noted that PHA has not yet received notification of what the Department's priorities are for this year so PHA is planning, to an extent, in a vacuum.

60/23.5 A member said that they did not know what to make of this Strategy. The member advised that following an Internal Audit report on performance management there was a recommendation that PHA needed to develop a Corporate Plan and said that it is difficult to determine if this Strategy represents a Corporate Plan or a Business Plan. The member added that an organisational plan would deal with deal with staffing levels. The member said that without a Plan, PHA is in a weak position of implementing a Plan without resources and this means operating outside statutory functions.

60/23.6 The Chief Executive said that he was getting exasperated as this has been going round in circles, and that there is not a joint understanding about PHA's Corporate Plan and Business Plan. He explained that PHA has a Corporate Plan and it remains a live document. He added that this Strategy has been developed for a short period because the HSC is in a period of transition and this document is to help PHA navigate the next couple of years. He said that its needs to be read in conjunction with the Business Plan. He pointed out that the Commissioning Plan has been rolled forward, there is no Commissioning Plan Direction and work on a new Integrated Care System remains embryonic. He said that PHA is operating in a confused and volatile environment and therefore it is impossible to come up with a Strategy to meet the ask. He acknowledged that there has not been consultation, but said that PHA has always been a reactive organisation and he did not want a document designed by committee where PHA was being directed by its stakeholders as to what it should be doing. He said that PHA cannot develop a Strategy when there is no Ministerial input into the direction of the HSC system. He added that PHA is doing the things that it knows are the right things to do and that PHA needs to stop expending energy where it is not required.

60/23.7 A member said that there is a need for clarity and a need to draw under a line under this. The member asked that if this Strategy is seen as acceptable then the Board should move on. The Chief Executive said that he cannot direct the Board, but consideration needs to be given to the amount of energy being expended and whether it is capable to come up with a product at the end. He added that this Strategy is being brought to the Board for it to suggest changes, but this process cannot keep going on and on. The Chair noted that this was the second attempt to produce a strategy in recent years and that there have been several periods of lengthy hiatus. He recorded his admiration for the

work of the staff of the PHA in very difficult times and said that a robust strategy was essential for the effectiveness of any organisation. The Chief Executive pointed out that PHA is operating in a difficult environment and instead of being reactionary, but added that it needs to be setting its own path.

- 60/23.8 A member noted that the Strategy will be brought to the PPR Committee next week. The member said that it would be helpful to have discussion about health inequalities and felt that the document is almost complete. Another member noted that the Directors have indicated that there is merit in the document so there is a need to draw a line under it as it has taken up too much time.
- 60/23.9 A member said that there is a difficulty in that no document would be able to show the vast work of the PHA right across Northern Ireland. The Chair agreed that this work is not known publicly.
- 60/23.10 A member said that they accepted the points made by the Chief Executive that this document cannot be perfect. The member noted that while MLB is there, but there is no Programme for Government (PfG) and there is uncertainty in terms of funding. The member acknowledged that this document will sit in parallel with PHA's Corporate Plan, which has been rolled forward. The Chief Executive said that within the next 18 months/2 years, PHA will go through a recovery phase; there will be a new organisational structure with a new set of Directors; there will be PfG, MLB, ICS will have progressed, and there will be a Commissioning Plan so PHA will be in a better place to develop a Strategy. He added that the Board needs to give leadership to the organisation through this transitional period and ensure that any financial impact on the organisation is limited. The member said that it would be helpful if this was set out in the document in context. The member added that when referring to engagement, this was more to do with the vacuum that PHA finds itself in and PHA should be outlining what its priorities are. The Chief Executive advised that he has recently attended meetings with the Education Authority, the Society of Local Authority Chief Executives (SOLACE), SPPG and the Department, each seeking the assistance of PHA staff, so instead of satisfying its stakeholders, PHA should be creating a Strategy which outlines what it is going to do and what it wants its staff to do.
- 60/23.11 A member said that the current Corporate Plan predates the appointment of all current Board members, therefore no members are signed up to it, and that represents a weakness. The member added that having a Plan will provide the protection that the Chief Executive is referring to, and therefore if the Department wants PHA to do something else, then it needs to provide the funding. The Chief Executive said that the current Corporate Plan predates everyone and is based on MLB, Commissioning Directions and the Commissioning Plan, and in the absence of these PHA cannot produce a new Plan.

60/23.12 | The Board noted the draft PHA Organisational Strategy.

61/23 | Item 12 – Register of Interests (PHA/05/04/23)

61/23.1 | The Chair noted that an updated Register of Interests has been included in today's papers.

61/23.2 | Mr Graham advised that this Register reflects the position as at 1 April 2023 and asked that members ensure that their entries are correct and advise him of any changes.

61/23.3 | The Board noted the Register of Interests.

62/23 | Item 13 – Any Other Business

62/23.1 | As there was no other business the Chair drew the meeting to a close.

63/23 | Item 14 – Details of Next Meeting

Thursday 18 May 2023 at 1:30pm

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

Signed by Chair:



Date: 18 May 2023