HBOG Draft Minutes – 25th November 2021

Health Service Executive: TBC - Stephen Mulvany, Colum Maddox, Tim Cummins, Philippa Withero, Brian Lee, Damien McCallion

Department of Health: TBC – John O'Grady, Margaret Campbell, Daniel Curry, Claire Doyle, Pat Mullen, Aidan Gilchrist, Kevin Colman, David Noonan, Michael O'Leary, Mary McCarthy, Louise McGirr, Fiona Prendergast, Eleanor Horan, Colin Layde

D/Public Expenditure and Reform: John Kinnane (Chair), Daniel O'Callaghan, Jim Deane, Robert Scott, Patrick Moran, Nicola Fitzpatrick, Niamh O'Reilly

1. Minutes of Meeting of 28 October 2021

Minutes of meeting on 28th October 2021 were approved.

2. Health Budget Profile and Monitoring

- DoH still expects a relatively small surplus for 2021 in the HSE's I&E accounts. There was some discussion around the yet unresolved difference between this and the exchequer returns, which show health spending as almost €900m behind profile at end October.
- HSE noted that Testing and Tracing (T&T), Covid vaccination and the booster programme are impacting I&E position; expenditure pressure on such programmes could increase if the disease situation significantly changes over the coming weeks.
- DPER noted that while Covid response measures are a source of expenditure pressure, the situation is also leading to knock on savings in new developments and staffing. While DPER notes progress has been made on the overall information deficit, it is also noted that the final cash figure for year-end has been requested for some time.
- DoH notes that Department and HSE outturn projection lines up closely once account is taken of booster vaccination or potential T&T scenarios.

3. Staffing

- DPER queried whether HSE is likely to meet the revised recruitment target of 7,370 by end-year.
    - HSE noted the significant recruitment taking place and pointed to the strong recruitment in Q4 2020. HSE also highlighted the uncertainties around labour market projections for 2022 and states that the recruitment target for next year will be a range rather than a specific number.

    - DoH noted the impact on core savings of the recruitment shortfall, potentially offsetting spending on covid measures. DoH also pointed to the particular difficulty in recruiting homecare and social care workers, as well as issues around turnover.
- DPER requested timeline for the Pay and Numbers Strategy (PNS) as a matter of urgency and queried the composition of staff targets for next year.
    - DoH stated an expectation that the PNS would be complete before year-end.
- It was acknowledged by all parties that any recruitment delivery lower than the overall funded level would be considered savings on the overall health budget.

4. COVID-19 Reporting and Monitoring

Antigen Testing: DPER sought an update on related proposal. DoH pointed to ongoing work, expects a clearer position to emerge very soon.

Vaccination Booster Programme

- HSE provided an update, including latest advice from NIAC. Booster campaign will likely run into early 2022. Vaccine centres to be main delivery locations rather than GP surgeries. Paediatrics Covid Vaccines unlikely to be offered before 2022.
- DPER queried whether any limiting factors exist re mass rollout of boosters. HSE noted work underway to increase capacity.
- DoH noted potential pressure on previous cost estimates for Vaccination now due to evolving clinical advice on eligibility. DoH also noted the outstanding sanction issue on same. All parties were clear that sanction is outstanding, but that this is not impeding HSE work on booster programme.

Testing & Tracing

- HSE notes that contact tracing is working within its limits, partly due to automation.
- With regard to testing, the greatest pressure is in relation to swabbing. HSE has engaged private providers for short-term contracts to assist. Labs are performing very well.
    - Unmet demand appears to be highest in East/Southeast/Cork.
    - General consensus is that return to regular demand will be gradual, not cliff edge.
- DPER queries private capacity and measures to improve efficiency and effectiveness of testing.
    - HSE points to additional short term capacity in Dublin, Cork and Shannon, along with a small number of mobile teams. HSE also notes that only 20% of

tests are referred by GPs and the greater difficulty of affecting self-referral; the potential introduction of self opt-out is raised.

Private Hospitals

- DPER queried the utilisation of private hospital capacity beyond end-May 2021.
- In response to DPER queries, DoH had previously committed to bringing a Memo to Government which would address any changes made to the agreements with private hospitals and the quantum of additional capacity and costs involved.
    - DoH responded that the Memo was still in development, and did not have a timeline for submission to Government.
- DPER emphasised the need for urgency on this matter, to bring clarity to both the nature and scale of private hospital utilisation being funded, as well as the basis for sanctioning this expenditure.
- DPER further emphasised the importance of conducting an assessment of the value for money of purchasing private hospital capacity in this way, and requested an update on what planned or ongoing work is envisaged to examine this.

5. AOB

a) Additional funding in 2021 - Mental Health, Palliative Care and Disability

- There was a brief discussion on this issue including the level of information provided and the requirements of public financial procedures. In response to a query from HSE, DPER provided the clarification that the funding in question consists of additions to specific areas rather than to the Vote.

b) Transfer of functions

- DoH provided a brief update and noted that discussion with DCEDIY is ongoing to resolve a number of outstanding issues.