Health Budget Oversight Group Meeting
Minutes

Thursday, 28 April 2022 – 1400-1500

Health Service Executive: TBC - Stephen Mulvany, Anne Marie Hoey, Colum Maddox, Brian Lee, Triona Graham, Dorothea Dolan, Tim Cummins, Brian Donovan, Martin Quinlivan, Phillipa Withero, Chloe Caffrey, Damien McCallion, Alan Ryan, Sonya Cotter, Martin Quinlivan, John Swords.

Department of Health: TBC – Louise McGirr, John O'Grady, Margaret Campbell, Daniel Curry, Claire Doyle, Pat Mullen, Michael O'Leary, Fiona Prendergast, Eleanor Horan, Colin Layde, Alan Hughes.

D/Public Expenditure and Reform: John Kinnane (Chair), Jim Deane, Daniel O'Callaghan, Terry Jennings, Robert Scott, Nicola Fitzpatrick, Niamh O'Reilly, Noel Howard, Tara Featherstone.

1. Minutes of Meeting of 31 March 2022

Noted that suggested amendments have been submitted by email by HSE.

2. COVID-19 Expenditure 2022

DPER opened the discussion, querying the level of expenditure on Covid-19 measures to date in 2022, when compared to the opening months of 2021. Concern was raised about the lack of weekly Covid Flash reporting in Q1. Concern was also raised about the approach taken to planning for Covid expenditure to end-2022, with little evidence of the exploration of options for mitigation.

HSE stated its belief that the standard of Flash reporting has improved since 2021, that forecasting for T&T and Vaccinations was of good quality, and that PPE projections were well-modelled. HSE acknowledged that forecasting future levels of acute/community Covid measures is proving difficult.

DoH concurred on this latter point, noting that any unwinding of Covid expenditure will depend on not just the operational side and clinical guidance, but also policy decisions.

DPER again highlighted the requirement for further information and planning in relation to Covid expenditure. Work by the Department of Health and HSE needs to be completed on the various options and prioritisation of overall allocation. The importance of ensuring a sustainable/appropriate response was emphasised, acknowledging the level of uncertainty.

<u>Vaccines</u>

HSE provided an update on the Covid-19 Vaccination Programme. Bulk purchase agreements account for most of projected expenditure. Regarding administration of doses, transition

from centres to GPs/pharmacies continues. With the possibility of both flu and Covid-19 vaccinations being administered in autumn 2022, key cost factors include: public health advice; eligibility; potential for multivalent vaccines; staffing requirements; administration arrangements for GPs/pharmacies.

Test & Trace

HSE provided an update on Test & Trace (T&T). Planning is underway for transition from commercial testing to surveillance-based GP-led system. Some resilience must be retained for the coming winter.

DPER queried whether those under-55, who are not medically vulnerable, were accessing PCR tests through HSE. Provision of such tests is counter to current public health guidelines and represents a significant expenditure pressure.

HSE responded that as overall demand has dropped so significantly, this is less of a concern. The proposed GP-led system is intended to facilitate this through screening.

DoH noted that testing continues for acute settings in all cases. Discussions are, however, underway to reduce reliance on testing in acute/community settings over the coming months.

DPER requested sight on plans and projections for T&T as soon as possible, to understand likely expenditure pressures and determine how to manage the overall Vote allocation in the context of projected spend on Covid measures.

3. Health Budget Profile and Monitoring

DPER queried year-on-year Issues to April being up €750m compared to 2021. Discussion followed about the level of information that has already been provided to address this matter. DPER also requested a DoH view on the I&E position and Cash Acceleration Request.

On a more general point regarding financial reporting, DoH and HSE noted that their reporting is now more closely aligned and that the expected reporting schedule will be circulated in the near future.

4. New Developments Update (Budget 2021 and 2022)

DPER pointed to recruitment as a key issue, noting the potential for significant savings in this regard and enquiring about the timeline for the final Pay and Numbers Strategy (PNS). DoH noted its continued engagement with HSE on this issue and expectation that the process will be concluded very shortly. DPER also enquired about expenditure on Private Hospital agreements. DoH promised to follow up on this particular point.

5. AOB

Transfer of Functions: DoH pointed to a request that it received from the D/CEDIY to delay the Transfer of Functions until July 1st. This is due to the Ukraine crisis and to allow for remaining key issues to be resolved. DPER agreed to continue to consult internally and it was highlighted that agreement is required between the respective Departments and that DPER could engage further once that point was reached.