

*90<sup>th</sup> Meeting of the Public Health Agency Board*

*Thursday 15 December 2016 at 1:30pm*

*Conference Rooms 3+4, 12-22 Linenhall Street, Belfast*

**Present**

Mr Andrew Dougal	- Chair
Mrs Valerie Watts	- Interim Chief Executive
Mr Edmond McClean	- Interim Deputy Chief Executive / Director of Operations
Mrs Mary Hinds	- Director of Nursing and Allied Health Professionals
Dr Carolyn Harper	- Director of Public Health/Medical Director
Councillor William Ashe	- Non-Executive Director
Mr Brian Coulter	- Non-Executive Director
Mr Leslie Drew	- Non-Executive Director
Mr Thomas Mahaffy	- Non-Executive Director
Ms Deepa Mann-Kler	- Non-Executive Director

**In Attendance**

Mr Simon Christie	- Assistant Director of Finance, HSCB
Mrs Joanne McKissick	- External Relations Manager, PCC
Mr Robert Graham	- Secretariat

**Apologies**

Alderman Paul Porter	- Non-Executive Director
Mr Paul Cummings	- Director of Finance, HSCB
Mrs Fionnuala McAndrew	- Director of Social Care and Children, HSCB

**126/16 | Item 1 – Welcome and Apologies**

126/16.1 The Chair welcomed everyone to the meeting. Apologies were noted from Alderman Paul Porter, Mr Paul Cummings and Mrs Fionnuala McAndrew.

**127/16 | Item 2 - Declaration of Interests**

127/16.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

**128/16 | Item 3 – Minutes of previous meeting held on 17 November 2016**

128/16.1 The minutes of the previous meeting, held on 17 November 2016, were **approved** as an accurate record of the meeting, subject to two amendments in paragraphs 117/16.2 and 119/16.8.

**129/16 Item 4 – Matters Arising**

*Outcomes Based Accountability*

129/16.1 The Chair said that he had not yet received a response from the Leadership Centre regarding Outcomes Based Accountability. He said that any training that is provided should be consistent with other providers. Mr McClean agreed to follow up on this.

*Lifeline Contract*

129/16.2 Mr Coulter asked about the Lifeline contract and whether the current contract was going to be extended. Dr Harper advised that in light of current circumstances, and based on procurement advice and the need to ensure a safe transition, PHA has extended the current contract to March 2018. The Chair asked for how long the contract has already been extended. Dr Harper said that the original contract had expired in March 2015. Mr Coulter expressed disappointment that the issue of the contract features on PHA's Corporate Risk Register, but there is limited mitigating action that PHA can take.

129/16.3 Mr Drew said that he agreed with Mr Coulter's views and asked how the extension to the contract had been approved. Mr Christie said that this would be the Agency Management Team under the Scheme of Delegated Authority.

129/16.4 Mr Drew said that if the new contract was due to start in March 2018, there was limited time to undertake a procurement process.

129/16.5 The Chair asked if Department officials are fully aware of the situation. The Interim Chief Executive indicated they did and agreed to raise this matter with the Permanent Secretary.

**130/16 Item 5 – Chair's Business**

130/16.1 The Chair informed members that Mrs Julie Erskine has been appointed as Chair of the Business Services Organisation and has subsequently tendered her resignation as a non-Executive Director of the PHA. He thanked Mrs Erskine for her contribution to the Agency over the past 8 years.

130/16.2 The Chair advised that he had attended a meeting of the Chairs' Forum to discuss the Delivering Together report.

130/16.3 The Chair said that he had attended a seminar in Derry/Londonderry which featured performances by people with disabilities. He said that he was impressed by the positive atmosphere. He added that he had also visited the Foyle Search and Rescue Service.

130/16.4 The Chair also visited Dove House, where a one-stop shop service is

provided for young people who are not in employment. He said that he was able to have informal discussions with service users who valued the service because of the qualities and integrity of the staff who treated them with respect.

**131/16 Item 6 – Chief Executive’s Business**

- 131/16.1 The Interim Chief Executive told members that the Transformation Implementation Group overseeing the implementation of the Minister’s new report, Delivery Together, has met. She said that the Group will consist of the Permanent Secretary, Chief Professional Officers, 2 Deputy Secretaries, Trust Chief Executives, the BSO Chief Executive and herself. She added that the discussion at the first meeting focused on the terms of reference and the need to set up other working groups. She said that there was also a discussion on elective care.
- 131/16.2 The Interim Chief Executive advised that there will also be a Transformation Advisory Board, the membership of which has yet to be finalised, but will consist of independent experts, representatives from trade unions, the community and voluntary sector and service users.
- 131/16.3 The Interim Chief Executive said that she and the Chair had attended the PHA Mid-Year Accountability Review meeting and that the meeting had focused on a small number of areas including the financial position, Making Life Better and the transformation programme. She said that it had been a very constructive meeting, with no major difficulties raised.
- 131/16.4 The Interim Chief Executive said that she had met with representatives from the Faculty of Public Health as she continued to learn more about the work of the Agency.
- 131/16.5 The Interim Chief Executive advised members that PHA had received correspondence from the Department of Health regarding financial planning scenarios for 2017/18, and that a response is due back to the Department by 9 January, with the final outcome communicated to PHA in due course.
- 131/16.6 The Chair asked about the savings which Trusts will be required to make. The Interim Chief Executive explained that Trusts are required to develop their own Savings Delivery Plans, while ALBs are requested separately to outline potential savings.
- 131/16.7 Ms Mann-Kler asked whether the PHA Board would have sight of the proposals. The Interim Chief Executive said that the Agency Management Team would be meeting to consider the proposals, and that any proposals would be shared with Board members in advance of the deadline.

**132/16 Item 7 – Finance Performance Report (PHA/01/12/16)**

- 132/16.1 Mr Christie said that the Finance Report is for the period up to 31 October 2016 and shows a year-to-date overspend of £572k, but that the year-end position should be a break-even one.
- 132/16.2 Mr Christie said that non-Trust expenditure for the month of October showed an overspend against the budget which was due to budget managers catching up against profiled expenditure, as there had previously been a surplus for the year to date. However, Mr Christie pointed out that 56% of the budget remains to be spent.
- 132/16.3 Mr Christie advised that the management and administration budget remains at break even, and that the prompt payment performance continues to be good.
- 132/16.4 Mr Drew asked whether PHA was confident of spending the remaining budget before the year end. The Interim Chief Executive said she had sought assurance in the same regard at the recent mid-year budget review meeting. Mr McClean added that there had been a follow up with budget holders by his staff and Finance staff, and that he remained confident from the assurances given that all programme expenditure will be incurred.
- 132/16.5 Mr Coulter asked about the EITP funding and expressed concern about the retraction as this work was having a positive impact. Mrs Hinds said that the money had not been “lost” as such, but there had been delays in getting the programme started. Dr Harper added that there had been issues in terms of recruitment of staff and staff sickness so the funding had been re-profiled. Mr Christie explained that this funding is ring-fenced and that the full budget will be carried forward.
- 132/16.6 Mr Coulter asked about the spending on Connected Health across each of the Trust areas, particularly the Belfast Trust. Mrs Hinds said that historically the Belfast Trust had been reticent about the implementation of Connected Health, and she added that with any new initiative it was necessary to have a “champion” in each Trust and this was a factor for the high take-up within the Northern Trust area.
- 132/16.7 The Chair asked if the Trusts should be challenged about this. Mrs Hinds said that Eddie Ritson would meet with each of the Trusts. Mr McClean indicated that Mr Ritson had given members a briefing recently on Connected Health, and may be in a position to further update on Connected Health spend.
- 132/16.8 Members noted the Finance Report.

**133/16 Item 8 – Personal and Public Involvement Update (PHA/02/11/16)**

- 133/16.1 The Chair welcomed Ms Michelle Tennyson, Mr Martin Quinn and Ms Sandra Aitcheson to the meeting. Ms Tennyson said that this presentation would give members an overview of recent key achievements within Personal and Public Involvement, an update on a piece of research and next steps, including a joint initiative with the Patient Client Council. She formally welcomed Ms Aitcheson who is the PPI champion within the nursing directorate.
- 133/16.2 Mr Quinn began the presentation by highlighting key achievements, including the introduction of PPI standards and monitoring, the establishment of an online training resource, a successful PPI conference, the commissioning of a piece of research into PPI and the creation of a HSC-wide branding for PPI.
- 133/16.3 With regard to the research, Mr Quinn said that it was a previous non-Executive Director, Dr Jeremy Harbison who had been keen to see PHA establish its own research and evidence base. The Chair asked why two universities had been involved. Mr Quinn explained that the research was led by Queen’s University, but that Ulster University had pulled the team together. He added that there was also independent peer review.
- 133/16.4 Mr Quinn invited Ms Aitcheson to outline to members her role within the area of PPI.
- 133/16.5 Ms Aitcheson explained that her role as PPI champion involves not only following up monitoring, but learning from other parts of the organisation in terms of how PPI is being embedded. Within the nursing directorate, she said that PPI is core to what nurses do, and that it is common sense to develop a partnership approach. She cited the example of the Mental Health Recovery College and the 10,000 Voices initiative. She said that there is also work ongoing within older people’s services.
- 133/16.6 Mr Quinn advised that the Department of Health has taken on board the recommendations made by PHA following PHA’s monitoring visits to HSC Trusts and has asked the Trusts how it is implementing these recommendations.
- 133/16.7 Ms Mann-Kler said that she was pleased to hear that PPI will have a place within the new HSC reconfiguration. She added that she is keen to see the research once it is available.
- 133/16.8 Mr Coulter said it was a great pleasure to hear how PHA is taking a strong lead in this area and is continuing to push the boundaries of partnership working. He asked about small grants. Mr Quinn said that PPI can achieve good outcomes with small amounts of funding and gave the example of the “My Choking Story” video which won a national award. He added that he is continuing to push for PPI funding to get better

- outcomes for service users and carers.
- 133/16.9 The Chair asked about PPI being part of staff appraisals. Mrs Hinds said that this had been picked up as part of the research and that she would be raising this with the Directors of Human Resources.
- 133/16.10 Mrs McKissick said that the update highlighted all of the good work that PHA is doing, and she was pleased to see the proactive approaches being taken.
- 133/16.11 Mr Drew said that the report was very encouraging, but he was concerned that expectations may be raised, but in future the funding may not be there. Mrs Hinds acknowledged that there is now a period of uncertainty coming up, but she was pleased to note that PHA had been asked by the Department of Health to work with PCC on a piece of work regarding public involvement, and that it was good news that Mr Brian O'Hagan has been nominated to sit on the Minister's advisory board.
- 133/16.12 The Chair thanked Mrs Tennyson, Mr Quinn and Ms Aitcheson for their overview and congratulated them on their great outcomes within PPI.
- 133/16.13 Members noted the PPI overview.
- 134/16 Item 9 – Overview of Allied Health Professions (PHA/03/11/16)**
- 134/16.1 Mrs Hinds explained that at the request of a non-Executive Director from HSCB, PHA had compiled this overview of the work of Allied Health Professions (AHP) to give members an overview of this complex area of work. She invited Ms Tennyson to present the overview.
- 134/16.2 Ms Tennyson advised members that the AHP team within PHA is a small number consisting of 5 staff, who work in partnership across many sectors including health, education and housing. She said that there is a range of 12 different types of AHPs who carry out approximately 2.5million contacts annually. She added that the team is committed to PPI and partnership working.
- 134/16.3 Ms Tennyson highlighted work being undertaken in the area of older people and said that the figures show that people over the age of 65 spend on average 100 days a year alone. She said that specific work is being done across a range of support services in this area.
- 134/16.4 Mr Drew said that the report was very interesting and innovative and thanked Ms Tennyson for her overview. Mr Coulter echoed this, but he asked for more detail on the framework for children with special educational needs (SEN).
- 134/16.5 Ms Tennyson explained that work has been ongoing in this over the last 3 years, and that PHA has submitted a Report to the Department of Health and there was representation at a meeting of the Education Committee

- last week.
- 134/16.6 Mr Coulter asked about dysphagia. Ms Tennyson acknowledged that this is one area where work has not progressed as PHA had hoped, but Mrs Hinds added that there is a new initiative being undertaken looking at choking and swallowing.
- 134/16.7 The Chair asked about the 100 days of loneliness experienced by older people, and queried if there was a role for volunteers. Ms Tennyson said that there is some good work being done across the system, with practical initiatives for those who are able to get out of their homes.
- 134/16.8 Members noted the AHP overview report.
- 135/16 Item 10 – The Northern Ireland AAA Screening Programme Annual Report 2014/15 (PHA/04/11/16)**
- 135/16.1 Dr Harper presented the AAA Screening Programme Annual Report, and gave members an overview of some of the key findings. She said that overall, the uptake rate remained high (83%). She advised that 126 aneurysms were newly detected and 22 men were referred onward for treatment with large aneurysms and that 117 men are now being monitored under the surveillance programme. She welcomed Dr Stephen Bergin and Ms Jacqueline McDevitt to the meeting who would deal with any specific queries regarding the report.
- 135/16.2 The Chair noted the higher uptake rate and asked about take up rates within different socio-economic groups. Ms McDevitt said the team within the Belfast Trust have been linking with GPs, the Health Alliance and Healthy Living teams, and Men's Sheds initiatives to increase awareness. She said that there has been no publicity regarding the programme since it was launched. Dr Bergin said that the take-up within socio-economic groups ranged from 60% in the lower groups to 90% within the higher groups.
- 135/16.3 The Chair asked whether PHA carries out a survey of those who do not attend. Ms McDevitt said that there is a patient satisfaction survey and she said that a piece of work had previously been commissioned from the Health Intelligence team and perhaps this should be revisited.
- 135/16.4 Mr Coulter said that the Report showed that this was a very successful screening programme, but he queried why there was no screening location within the Lisburn area. Ms McDevitt said that at the outset, the screening team looks at areas of greatest density and engages with the local Trusts to arrange the clinics, but she agreed to check this specific query with the Programme Manager.
- 135/16.5 Mr Mahaffy asked why the programme was specifically aimed at men of the age of 65. Ms McDevitt said that men of any age can self-refer, but Dr Bergin explained that 65 is seen as the highest risk age category and

this is dictated by national guidance. Dr Harper added that there is a risk of younger men being screened and then being unnecessarily treated for something that may never do any harm,

135/16.6 Members noted the AAA Screening Report.

**136/16 Item 11 – Corporate Risk Register (PHA/05/11/16)**

136/16.1 Mr Coulter advised members that the recent meeting of the Governance and Audit Committee had had to be cancelled, and that as part of that meeting, the Committee would have considered this updated Corporate Risk Register. He invited Mr McClean to give members an overview.

136/16.2 Mr McClean said that following a review by each directorate, there were no additions or deletions to the Register. He added that this Register, which is for the period up to 30 September 2016, had been considered by the Agency Management Team.

136/16.3 Mr Coulter said that GAC would keep under review Risks 30 and 36 as key operational issues.

136/16.4 The Chair asked about Risk 26 and the possible market testing of PHA contracts. Mr McClean said that PHA has a Procurement Plan, which is progressing in keeping with an Internal Audit recommendation.

136/16.5 Members noted the updated Corporate Risk Register.

**137/16 Item 12 – Any Other Business**

137/16.1 There was no other business.

**138/16 Item 13 – Date and Time of Next Meeting**

*Thursday 16 February 2017 at 1:30pm*

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

Signed by Chair:



Date: 16 February 2017



