

**Minutes of the Ninth Meeting of the Public Health Agency board held
at 2.15pm Thursday 19 November 2009 in The Spinning Room,
Mossley Mill, Newtownabbey BT36 5QA**

PRESENT:

Ms M McMahon	-	Chair
Dr E Rooney	-	Chief Executive
Mrs J Erskine	-	Non-Executive Director
Dr J Harbison	-	Non-Executive Director (joined at 2.45pm)
Ms M Karp	-	Non-Executive Director
Mr T Mahaffy	-	Non-Executive Director
Cllr C Mullaghan	-	Non-Executive Director
Cllr S Nicholl	-	Non-Executive Director
Mr R Orr	-	Non-Executive Director
Dr C Harper	-	Director of Public Health Medicine
Mr E McClean	-	Director of Operations

IN ATTENDANCE:

Ms P Cullen	-	Assistant Director of Nursing and Safety, Quality and Patient/Client Experience (representing Ms Hinds)
Ms M Hully	-	Chief Executive, Patient and Client Council
Miss R Taylor	-	Assistant Director Planning and Corporate Services
Dr F Kennedy	-	Consultant in Public Health
Dr S McGuinness	-	F2 doctor, Altnagelvin Hospital
Dr S Bergin	-	Consultant in Public Health Medicine
Mr S Logan	-	Assistant Director, PMSI, HSC Board
Mrs D Griffiths	-	Secretariat

APOLOGIES:

- Ms M Hinds - Director of Nursing & Allied Health Professionals
Mr P Cummings - Director of Finance, HSC Board
Mrs F McAndrew - Director of Social Care and Children, HSC Board

72/09 Chair's Business

The Chair welcomed members to the meeting. Dr Rooney was welcomed back and the Chair thanked the management team for their collaborative working in his absence.

The Chair gave an update of her main appointments since the last PHA board meeting (17 October 2009).

73/09 Chief Executive's Business

The Chief Executive thanked members for their best wishes and support throughout his period of absence.

The RQIA report from the first phase of its Child Protection Review and the Health Committee report on the Inquiry into Obesity have been received by the Chief Executive. The implication of both reports for the Public Health Agency will be identified and brought to the PHA board. A copy of the reports will be sent to members.

Dr Rooney

74/09 Minutes of the Previous Meeting held on 15 October 2009

Two amendments were received from Mr Mahaffy in respect of item 61/09 (Financial Report) and 64/09 (Equality).

61/09 “Mr Mahaffy expressed concern that the key health promotion and tackling health inequality objectives of the PHA would be adversely affected if, in the future, the organisation was subject to budget cuts, similar to those impacting the rest of the HSC system”.

64/09 A proposed amendment in paragraph was withdrawn.

Subject to amendment 61/09 members agreed the minutes of the meeting on 15 October 2009 as an accurate record.

75/09 Matters Arising from previous meeting

**Equality – Annual Review of Progress 2008-2009
& Summary Annual report for PHA 08/09
(Item 64/09)**

Mr McClean reported that work is in progress with BSO Equality Unit to develop a comprehensive equality action plan which will be brought to a future board meeting for detailed consideration.

**The Local Supervising Authority Midwifery
Officer’s Annual Report (Item 67/09)**

Dr Harper informed members that she would propose to outline work health improvement staff are undertaking to encourage breastfeeding.

Any other matters arising were discussed as agenda items.

76/09 Corporate Plan update (PHA 01/11/09)

Mr McClean presented a further draft of the Corporate Plan, Paper PHA 01/11/09 to members for approval.

Mr McClean indicated that member's comments and suggestions had been incorporated into the plan. The narrative has been streamlined and specific reference to addressing health inequalities included.

Dr Harper confirmed that Action 2.5, Handling Serious Adverse Incidents on page 11 is Ms Hind's area of responsibility.

A suggestion was made to amend initials in the document to full job title.

Mr McClean advised that a full glossary of terms will be included in the final document which will be circulated to board members, staff, partner organisations and the DHSSPS once finalised. It will also appear on the Public Health Agency website.

Members approved the plan subject to the suggested amendments.

77/09 Financial Report

In Mr Cummings absence Dr Rooney updated members on the PHA financial position, paper PHA 02/11/09.

The Minister has approved the non-recurrent withdrawal and redeployment of £0.963 million of identified slippage to address other priority HSC areas. A letter from the DHSSPS outlining further possible reductions in funding is expected.

PHA Administration and Commissioning Costs currently shows an under spend of £574,000. This is a reflection of vacant posts as a result of RPA and Dr Rooney explained that it is not possible to

determine a trend at the current stage of populating new structures.

Mr McClean advised that work is ongoing on more accurately determining the goods and services budget of the PHA beyond the initial opening position.

Members noted the paper.

78/09 Staffing Structure Issues

Fifty seven formal responses have been received on the Consultation on Proposed PHA Staffing Structure. Dr Rooney referred to previous workshops to discuss comments received and advised that a revised structure paper will be brought to the board for approval in December.

Dr Rooney

79/09 H1N1 Swine Influenza update

Dr Harper tabled paper PHA 10/11/09, Update for PHA Board on Swine Flu.

Figures on 'flu and flu-like illness' show an increase in comparison to previous winter/seasonal figures. Figures are continually being monitored.

Vaccine supplies have improved and the uptake by health care workers is encouraging. Pressures on services are managed without major impact on capital and community services.

Children with severe learning disabilities have been vaccinated. Ms Karp highlighted a concern that children with moderate learning difficulties were not offered vaccination yet they too may have underlying health problems. Dr Harper advised that children with underlying health problems were identified and should have been vaccinated in the

first phase.

The vaccination programme is now to be rolled out to children aged 6 months to 5 years. The vaccination programme will be done through GPs.

Dr Harbison asked about a possible second wave or mutation of the H1N1 virus which is resistant to the vaccination. Dr Harper advised that this is being monitored and as yet is not a significant issue.

Mr Orr suggested providing a summary of developments to date for public information. Dr Harper advised that DHSSPS has a regular media briefing on Thursday afternoons.

80/09 CEMACH Perinatal Mortality Report 2007

Dr Kennedy presented the key findings from the 5th Annual Perinatal Mortality Report published by CEMACH, Paper PHA 03/11/09.

One of the maternal risk factors for perinatal mortality is late booking for antenatal care of which deprivation is a common strand. It was suggested that the PHA could promote early booking for antenatal care through its partnership working with different interests and communities.

A large number of stillbirths are still unexplained. To address this further CEMACH need post mortem results, however, this is often refused by the parents.

In response to a question from Dr Harbison, Dr Kennedy indicated that she would raise with the Neonatal Intensive Care Outcomes Research and Evaluation (NICORE) Unit the potential for Northern Ireland level data in a recent UK wide report.

Dr Harper

Work is ongoing on facilitating learning through foetal electronic monitoring. Ms Hully highlighted the need for further information on non-white ethnicity and social class.

Members thanked Dr Kennedy for an informative presentation and noted the paper.

81/09 Patient Client Experience

Mrs Cullen provided a summary of the Progress report on 'Implementation and Monitoring of the DHSSPS Patient and Client Experience Standards', Paper PHA 04/11/09. PHA staff are working with the five Health and Social Care Trusts and the Northern Ireland Ambulance Service on progressing this.

A patient satisfaction survey has been developed for completion during the quarter ending December 2009. The survey is being issued to acute medical wards and will be issued to psychiatric units in the second quarter. The findings will be collated and subsequently presented to the PHA board.

Members queried the number of questions included in the survey. Mrs Cullen advised that they have looked at current questionnaires to avoid unnecessary duplication. The response rate and calibre of information received will be tested.

Mr Mahaffy highlighted a potential issue if the patient has literacy problems. A covering letter and guidelines is with the questionnaire and arrangements are in place to assist the patient if English is not their first language or if there are literacy issues.

Ms Karp asked how engagement will be made

through groups and services to target hard to reach individuals. Mrs Cullen advised that Trusts are committed to the work and each has a Director responsible for ensuring the implementation of the standards across all directorates.

Ms Cullen also indicated that links are being made with PPI and Patient Client Council on productive use of technology.

Members noted the paper.

82/09 Performance Monitoring Report

Miss Taylor gave an Update on Achievability of PfA Targets 2009/2010 that the PHA is specifically responsible for, paper PHA 05/11/09. Targets that the PHA is jointly responsible for with the HSCB will be fed back at a later date.

The draft action plan to improve access to smoking cessation services for manual workers will be presented at the Agency Management Team for approval.

Arrangements for the collection of BMI data through School Nursing Service has been delayed due to other commitments in relation to swine flu.

The target for achieving a 40% reduction in the rate of births to mothers under 17 has been achieved in the Northern and Southern area but not in the Eastern or Western area.

The implementation of a screening service for abdominal aortic aneurysm will begin when funding is available in April 2010.

Clarification is awaited from the DHSSPS on the antenatal screening for foetal anomalies.

Ms Hully advised that PCC has recently completed work with 300 people to identify what they would like to see as priority objectives in Priorities for Action. Ms Hully offered to present the findings at a future PHA board meeting.

Ms Hully

The content of the paper was noted by members.

83/09 Corporate Calendar

Members were provided with a draft corporate calendar for PHA board meetings and a draft schedule of PHA board workshop topics, paper PHA 06/11/09.

The Chair's Report will be included as a standing monthly PHA board item. Mr Orr suggested including periodic meetings of the Audit Committee with the HSCB equivalent. Dr Rooney advised that SLAs with BSO are in the advanced stages and once in final draft will be put to the board.

It was agreed that workshops would be held every second Wednesday of each month, starting with lunch at 1pm until 5pm. The first is proposed for Wednesday 9 December, details to be confirmed.

Members accepted and noted the paper.

84/09 Health and Social Care Mental Health and learning Disability Taskforce (Bamford)

Members were asked to approve paper PHA 07/11/09 on the HSCB/PHA Proposal for the implementation of the DHSSPS Action Plan on the Bamford Report through the Health and Social Care Mental Health & Learning Disability Taskforce.

Dr Bergin presented the paper which outlines the

background to the Bamford review, the aims and objectives of the taskforce, its structure and taskforce sub-groups.

Members raised a number of concerns on resource issues and wider implications at a time when the financial situation is already strained.

Mr Orr was specifically concerned over resource implications for topical issues such as eating disorders, personality disorders and child and adolescent mental health and highlighted the need for joined up work. Dr Bergin advised that a new strategy on child and adolescent mental health is almost ready to be launched. Mr Logan advised that personality disorder is a recognised issue and interagency work with the criminal justice system is also happening.

Mr Mullaghan raised the interface between education and links with the Trust.

Mr Mahaffy raised a possible lack of representation from certain groups for example resettlement groups and Trade Unions.

The absence of the Chief Executive of the PHA in the membership structure of the Project Board was noted an important omission.

The importance of including prevention and the promotion of positive mental health in the Project Initiation Document (PID) was highlighted.

Members agreed to approve the paper subject to clarification on concerns raised.

Dr Rooney will convey these to the HSCB Chief Executive and seek agreement on the shared responsibility of the PHA and HSCB Chief

Executive to sponsor the Taskforce; the membership of the PHA Chief Executive in the Project Board; the PHA taking a lead role in the Taskforce Working Group.

Dr Rooney

85/09 Date and Time of Next Meeting

The next meeting will be held on **Thursday 2.15pm 17 December 2009, Ormeau Avenue Unit, Public Health Agency** following the planned event for staff that have retired from the Public Health Agency.

Signed: _____ (Chair)

Date: _____