

agenda

102nd Meeting of the Public Health Agency Board

Thursday 17 May 2018 at 1:30pm

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

standing items

- | | | | |
|-----------|---|---------------------|-----------------|
| 1
1.30 | Welcome and apologies | | Chair |
| 2
1.30 | Declaration of Interests | | Chair |
| 3
1.30 | Minutes of Previous Meeting held on 19 April 2018 | | Chair |
| 4
1.30 | Matters Arising | | Chair |
| 5
1.35 | Chair's Business | | Chair |
| 6
1.40 | Chief Executive's Business | | Chief Executive |
| 7
2.00 | Finance Report | PHA/01/05/18 | Mr Cummings |

items for noting

- | | | | |
|------------|---|--|------------|
| 8
2.10 | Update on General Data Protection Regulations | | Mr McClean |
| 9
2.20 | Update on the Rural Needs Act | | Mr McClean |
| 10
2.30 | Service Development and Screening Update | | Dr Mairs |

closing items

- | | | | |
|------------|--|--|-------|
| 11
2.50 | Any Other Business | | Chair |
| 12
2.55 | Details of next meeting:
<i>Monday 11 June 2018 at 1:30pm</i>
<i>Conference Rooms, Linum Chambers, Bedford Street, BT2 7ES</i> | | |

101st Meeting of the Public Health Agency Board

Thursday 19 April 2018 at 1.30pm

Fifth Floor Meeting Room, 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 Adrian Mairs | - Acting Director of Public Health |
| Councillor William Ashe | - Non-Executive Director |
| Mr John-Patrick Clayton | - Non-Executive Director |
| Mr Leslie Drew | - Non-Executive Director |
| Ms Deepa Mann-Kler | - Non-Executive Director |
| Alderman Paul Porter | - Non-Executive Director |
| Mr Joseph Stewart | - Non-Executive Director |

In Attendance

- | | |
|----------------------|-----------------------------------|
| Mr Paul Cummings | - Director of Finance, HSCB |
| Mrs Joanne McKissick | - External Relations Manager, PCC |
| Mr Robert Graham | - Secretariat |

Apologies

- | | |
|--------------------------|---|
| Professor Nichola Rooney | - Non-Executive Director |
| Mr Cecil Worthington | - Acting Director of Social Care and Children, HSCB |

27/18 | Item 1 – Welcome and Apologies

- 27/18.1 The Chair welcomed everyone to the meeting. Apologies were noted from Mr Cecil Worthington.

28/18 | Item 2 - Declaration of Interests

- 28/18.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

29/18 | Item 3 – Minutes of previous meeting held on 15 March 2018

- 29/18.1 The minutes of the previous meeting, held on 15 March 2018, were approved as an accurate record of that meeting.

30/18 | **Item 4 – Matters Arising**

18/18.4 Financial Outlook

- 30/18.1 The Chair asked if there was any indication of what PHA's financial allocation would be for 2018/19. Mr Cummings said that he envisaged that PHA's management and administration budget would be cut by £500k, and that there would be a 4% reduction in non-Trust programme expenditure. He added that the campaigns budget may be paused for another year. He advised that PHA has yet to receive its formal allocation letter from the Department of Health.
- 30/18.2 Mr McClean noted that campaign funds are withdrawn from PHA's baseline and that the funding for campaigns has been in place since the creation of PHA. He added that Mr Stephen Wilson has prepared a paper on the effectiveness of campaigns, and this has been sent to the Department. Mr Stewart said he did not understand how PHA can carry out its role of promoting public health message in the absence of campaigns. Mr Drew said that campaigns are a core tool in the PHA's work.
- 30/18.3 Mr Clayton asked when PHA will receive its allocation letter. Mr Cummings said that it was imminent.

31/18 | **Item 5 – Chair's Business**

- 31/18.1 The Chair presented his Report and highlighted the need for joint working between the PHA and HSCB in the area of oral health, particularly in children. He said that there has been some joint work carried out in the past and that the British Dental Association has lobbied for PHA to have a full time dental public health consultant. He suggested that PHA should review some of its priorities to see whether existing funds could be reallocated to this area.
- 31/18.2 Dr Mairs advised that PHA does work closely with the dental health consultant in HSCB and that there is a number of PHA programmes which have a dental health element. He added that the dental contract is currently being reviewed, with an emphasis on prevention. He acknowledged that this is an issue as Northern Ireland's dental health is the worst in the UK. He added that the meeting with the BDA is reinforcing what is already known.
- 31/18.3 Alderman Porter said that he would wish to see clear evidence to support any decision to stop any current programmes if funding were to be reallocated. Mr Clayton asked whether PHA would be receiving any of the additional transformation funding given that health inequalities is referenced in the Delivering Together report. Mr Cummings explained that the Department is in charge of the transformation funding. Mr McClean added that in the main, this is being used for service reform. Mrs Hinds advised that PHA staff are involved in the submission of bids.

31/18.4 Mrs McKissick informed the Board that the Patient Client Council had undertaken a piece of work for the Chief Dental Officer on the access and availability of oral health services.

32/18 Item 6 – Interim Chief Executive’s Business

32/18.1 The Interim Chief Executive began her Report with an update on the response to the Inquiry into Hyponatremia related deaths. She advised that Dr Paddy Woods, Deputy Chief Medical Officer, will be leading the work on the Inquiry recommendations, and that the PHA and HSCB will provide support to this important work when required.

32/18.2 The Interim Chief Executive advised members that a new oversight group has been established, chaired by the Permanent Secretary, to oversee the closure of HSCB and the transition to new arrangements. She said that the group held its first meeting in March with a further meeting scheduled for next week. She advised members that in parallel the Department had undertaken a risk assessment and that officials were surprised to realise the full remit and responsibilities of HSCB, particularly in the areas of regulation.

32/18.3 The Interim Chief Executive told the Board that the health allocation for 2018/19 represents a 2.6% uplift compared to 2017/18, but that this leaves a shortfall in relation to the projected spend required to maintain existing services. She added that there will be £30m of investments from the health and social care transformation funding available, but that this will be targeted at tackling inpatient and outpatient waiting times, with priority given to the most urgent cases and reducing the longest waits.

32/18.4 The Interim Chief Executive noted that last week the HSCB, in partnership with the PHA, launched a guide and care pathway for children and young people coming in to Child and Adolescent Mental Health Services (CAMHS) in Northern Ireland. She advised that the Report, entitled “*Working Together: A Pathway for Children and Young People through CAMHS*” and its accompanying Welcome Guide were developed by, and for, young people who have personal experience of using CAMHS services. She thanked the young people who worked with health and social care professionals for their vital contribution in the production and design of the CAMHS resources.

32/18.5 The Interim Chief Executive informed members that a 70-day challenge has begun across the UK under #EndPJPParalysis which aims to achieve 1 million days where patients are dressed, up and moving in their own clothes. She added that a number of wards in each Trust area in Northern Ireland are supporting this initiative which will run up to 26 June. She advised that in one area in England where this initiative ran, it led to reductions in falls, in pressure injuries and in patient complaints.

32/18.6 The Interim Chief Executive moved on to update members on the transition arrangements regarding the Lifeline service. She advised that

she had written to the Permanent Secretary informing him that the transfer of telephony, client information and related communication services to the Belfast Trust had been successfully completed. She acknowledged the work of the Belfast Trust staff, as well as those from BSO and the private sector providers in completing this. The Chair commended the work of PHA staff who had been involved in this project in very unusual circumstances.

- 32/18.7 Mr Stewart sought clarity on the interim nature of the arrangements. Mr McClean said that now the transfer to the Belfast Trust has been completed, PHA would take stock and stabilise the service before determining what the future service should look like and then going out to tender for that service. Mr Drew added that PHA had already tested the market.
- 32/18.8 Mr Clayton asked about the closure of HSCB and the potential transfer of functions to PHA. The Interim Chief Executive explained that the Department of Health is leading on this work, and that there is an oversight Board on which she sits on. She said that the detail has yet to be worked out.
- 32/18.9 The Chair said that, in terms of the Hyponatraemia Inquiry, it is important that the public also can see that progress is being made.

33/18 Item 7 – Finance Report (PHA/01/04/18)

- 33/18.1 Mr Cummings presented the Finance Report for the period up to 28 February 2018 and indicated that, although the Report shows a surplus of £1.1m, he was confident that the PHA would achieve a break even position at the year end. He noted that PHA has carried a number of vacancies throughout the year and therefore it should be able to absorb a reduction of £500k in its management and administration budget for 2018/19. He congratulated budget managers on achieving a break even position.
- 33/18.2 Mr Drew also commended managers for this outcome in what he said has been a challenging year for the PHA.
- 33/18.3 Alderman Porter asked about the vacant posts and asked if they were all within a certain area and if the Department would monitor this. Mr Cummings said that the Department would not monitor the budget to that level of detail, and he pointed out that there have been some shortages in certain areas for a long period, e.g. consultant posts. The Interim Chief Executive advised that there are interviews being held next week which could potentially see up to four consultant posts filled.
- 33/18.4 Mr Stewart also thanked budget managers for their work in ensuring PHA's year-end outturn is within the required tolerance levels, given that there is limited flexibility in these matters. The Chair noted that there may be the possibility of 3-year funding cycles being introduced for health in

the UK.

33/18.5 The Chair sought clarification as to whether R&D money is recorded as spent when the funding is allocated or when it is spent. Mr Cummings advised that it is recorded as spent when it has been utilised.

33/18.6 Members noted the Finance Report.

34/18 Item 8 – Update from Chair of Governance and Audit Committee (PHA/02/04/18)

34/18.1 Mr Drew advised members that the Governance and Audit Committee met on 9 April and that the minutes of the previous meeting, held on 22 February, were available for members for noting.

34/18.2 Mr Drew said that many of the items discussed at the Committee featured on today's agenda and that the Committee were content with these.

34/18.3 Mr Drew informed members that a report of the Governance and Audit Committee for 2017/18 had been prepared which gives the Board an overview of the work of the Committee. He outlined the membership of the Committee and some of the key activities which include the consideration of Assurance Statements, Internal Audit reports and plans, the Corporate Risk Register and various policies.

34/18.4 Mr Drew said that cyber security is an important issue going forward. He added that the Committee would review itself against the Audit Committee Self-Assessment checklist.

34/18.5 Mr Drew advised that the Committee is satisfied in respect of the reliability and integrity of the assurances provided and of their comprehensiveness in meeting the needs of the PHA Board.

34/18.6 Members noted the update from the Committee Chair.

35/18 Item 9 – PHA Assurance Framework 2017-19 (PHA/03/04/18)

35/18.1 Mr McClean explained that the Assurance Framework sets out the key areas of governance and existing controls and when the Board and its Committees would expect to review these.

35/18.2 Mr McClean said that, in the main, the changes to the Framework were not significant, but he drew members' attention to the removal of the assurance relating to the statutory supervision of midwives. He advised that this responsibility no longer lies with the PHA.

35/18.3 Members **APPROVED** the PHA Assurance Framework 2017/19.

36/18 Item 10 – PHA Business Continuity Management Plan and Policy (PHA/04/04/18)

- 36/18.1 Mr McClean said that the PHA Business Continuity Plan is developed in conjunction with HSCB and BSO and that PHA is required to test the Plan on an annual basis. He said that given the importance of this issue, the focus of this year's test was on cyber security.
- 36/18.2 Mr McClean explained that there were no significant amendments to the Plan, but that it is regularly reviewed.
- 36/18.3 Members **APPROVED** the PHA Business Continuity Management Plan and Policy.

37/18 Item 11 – Emergency Planning (PHA/05/04/18)

- 37/18.1 The Chair welcomed Ms Mary Carey to the meeting and invited her to take members through the suite of papers relating to Emergency Planning.
- 37/18.2 Ms Carey began with the Emergency Preparedness Annual Report for 2016/17. She said that the Report follows a standard template set out by the Department of Health.
- 37/18.3 Mr Drew said that the Governance and Audit Committee had considered this Report and that one of the issues raised was clarification on who has overall responsibility for emergency planning. Ms Carey advised that a meeting had taken place with the Department to clarify oversight arrangements and that a workshop will soon be taking place with all Trusts to establish what best practice would look like.
- 37/18.4 Mr Stewart queried if PHA was involved in BRONZE level exercises. Ms Carey explained that these would be done at Trust level, whereas PHA would be likely to be involved at SILVER level.
- 37/18.5 The Chair asked if the simulation exercises are carried out frequently enough. Ms Carey said that there is a full live exercise carried out every three years, and a table top exercise every year. She said that there will be accredited training undertaken this year. Mr Drew noted his concern that the training budget for the whole HSC in this area is £30k, and that this should be raised as a concern.
- 37/18.6 Mr Clayton asked if there were any cross-border initiatives. Ms Carey advised that there is a cross-border multi-agency sub-group, but she said that group was careful not to impinge on the work of CAWT (Co-operation and Working Together). The Chair asked what areas of joint cross-border work there are. Ms Carey said that an MOU will be drawn up which will cover areas such as outbreaks and contamination. She gave an example of a lake being contaminated which would affect water supplies on each side of the border.

- 37/18.7 Mr Stewart asked about the functions of HSCB in this area, and to where these would be transferred, but Ms Carey said that no decisions have yet been made on this.
- 37/18.8 Ms Carey advised that the Joint Response Emergency Plan has been updated, and that appended to this Plan is a Mass Casualty Plan following the recent tragic incidents in the UK in 2017. She said that the Mass Casualty Plan was tested as part of a regional table-top exercise in December 2017 and that an amended Plan based on the outworkings of this test exercise will be finalised shortly.
- 37/18.9 Ms Carey moved on to the Port Health Plan and advised that a Port Health Forum has been established. She said that this Plan outlines how PHA would deal with an outbreak incident.
- 37/18.10 Mr Clayton asked whether there would be a need for a separate plan in the event of a land border between Northern Ireland and the Republic of Ireland post-Brexit. Mr Cummings said there is currently no clarity on the impact of Brexit on the HSC. Mr McClean advised that the Department has established a group to look at all of the areas that may be impacted. He added that CAWT has also been trying to undertake an analysis. Dr Mairs said that one of the PHA's public health trainees has undertaken a piece of work on the impact of Brexit and he agreed to share it with members if they were interested.
- 37/18.11 Members **APPROVED** the Emergency Preparedness Annual Report, the Joint Response Emergency Plan, the Mass Casualty Plan and the Port Health Plan.
- 38/18 Item 12 – Making Life Better Update April 2018 (PHA/06/04/18)**
- 38/18.1 Mr McClean explained that the purpose of this update is to members an overview of recent work. He said that over the last six months the focus has changed from policy to looking at actions and outcomes.
- 38/18.2 Mr McClean advised that that structures are being reviewed with the introduction of an MLB network, which will be priority over the next six months. He explained that the purpose of the network will be to harness and co-ordinate all the activities of the various groups involved in MLB, and from a PHA perspective, it is about thinking about what PHA could do differently.
- 38/18.3 The Chair asked if it has been possible to inculcate into MLB some of the elements of Delivering Together. Mr McClean said that in some ways Delivering Together is more transformative, but it should be seen as complementary. He added that part of PHA, in its role as being the lead for MLB, should be working closely with the Department.
- 38/18.4 Members noted the update on Making Life Better.

39/18 | **Item 13 – Any Other Business**

39/18.1 | There was no other business.

40/18 | **Item 14 – Date and Time of Next Meeting**

Thursday 17 May 2018 at 1.30pm

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

Signed by Chair:

A handwritten signature in cursive script, appearing to read "Andrew Douglas".

Date: 17 May 2018

Public Health Agency

Finance Report

2017-18

Month 12 - March 2018

PHA Financial Report - Executive Summary

Year End Financial Position (page 2)

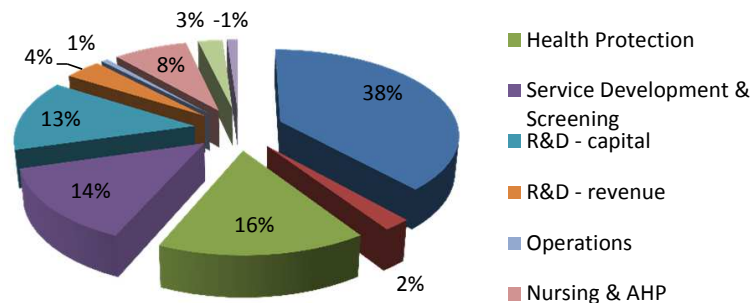
At the end of the year PHA is underspent against its budget by approximately £0.1m. This underspend is primarily caused by underspends on Administration budgets across the Agency, offset by planned overspends on PHA Direct Programme budgets.

Budget managers are to be commended for their close review of their budget positions throughout the year, and in particular in the approach to year-end, which has enabled the PHA to meet its breakeven obligations for the year.

Programme Budgets (pages 3&4)

The chart below illustrates how the Programme budget is broken down across the main areas of expenditure.

PHA Programme Budgets 2017-18

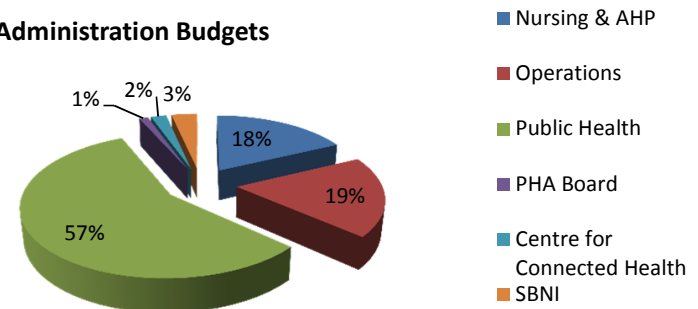


Administration Budgets (page 5)

Approximately half of the Administration budget relates to the Directorate of Public Health, as shown in the chart below.

A significant number of vacant posts remain within PHA, and this has created slippage of approximately £1.1m on the Administration budget. It should be noted, however, that this slippage has been decreasing in recent months, and forecasts for 2018-19 suggest the position will be much closer to breakeven. Management is proactively working to fill vacant posts and to ensure business needs continue to be met.

Administration Budgets

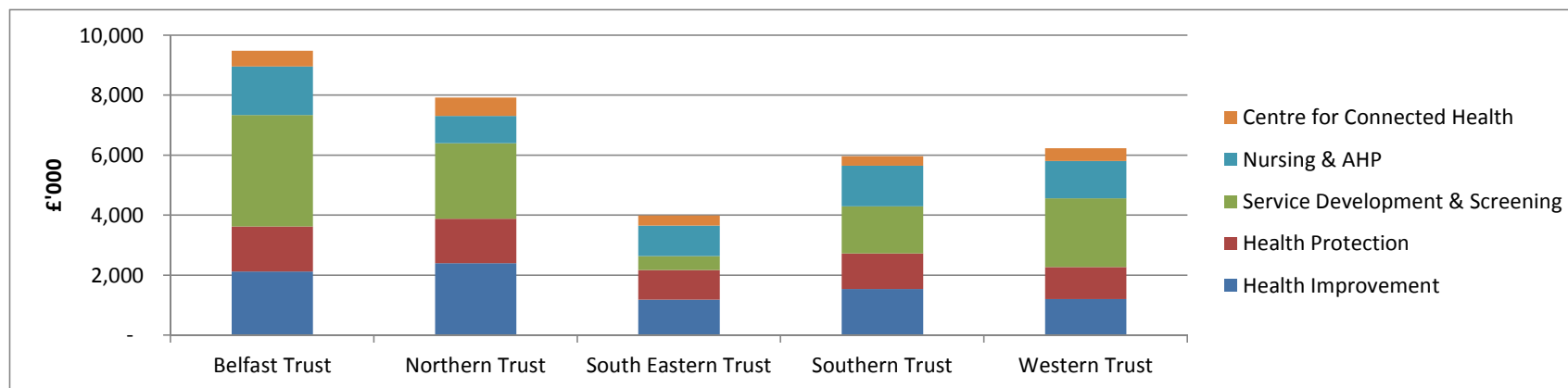


Public Health Agency 2017-18 Summary Position - March 2018

	Annual Budget			
	Programme		Mgt & Admin	Total
	Trust	PHA Direct		
	£'000	£'000	£'000	£'000
Available Resources				
Departmental Revenue Allocation	34,010	42,941	19,106	96,057
Revenue Income from Other Sources	13	282	483	779
Total Available Resources	34,023	43,224	19,589	96,834
Expenditure				
Trusts	34,023	-	-	34,023
PHA Direct Programme	-	44,147	-	44,147
PHA Administration	-	-	18,528	18,528
Total Proposed Budgets	34,023	44,147	18,528	96,697
Surplus/(Deficit) - Revenue	-	(923)	1,061	138
<i>Cumulative variance (%)</i>				<i>0.14%</i>

The year end financial position for the PHA shows a small surplus against budget of approximately £0.1m, mainly due to underspends on Administration budgets (see page 5) offset by planned overspends on PHA Direct Programme budgets (see page 4). This small surplus is within PHA's 0.25% breakeven threshold.

Programme Expenditure with Trusts

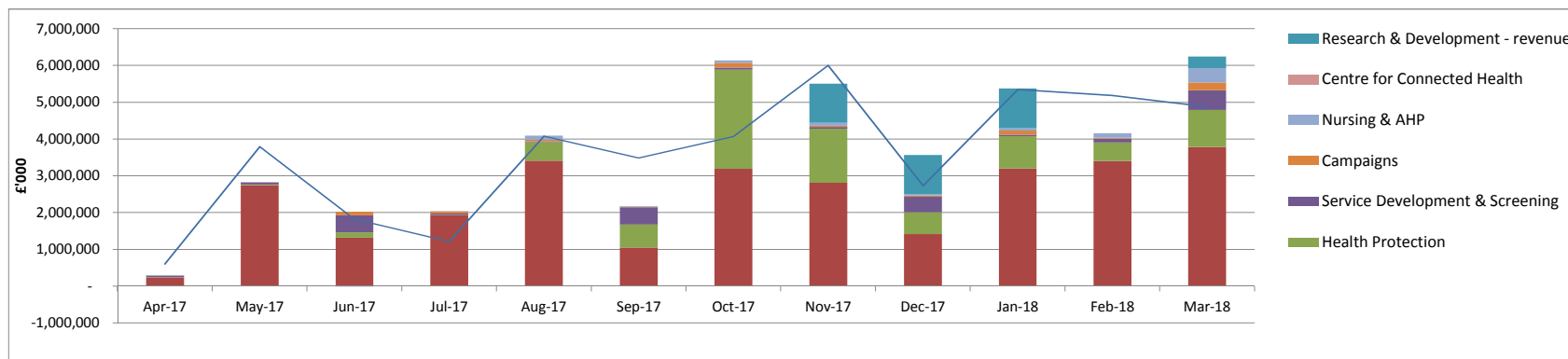


	Belfast Trust £'000	Northern Trust £'000	South Eastern Trust £'000	Southern Trust £'000	Western Trust £'000	Total Planned Expenditure £'000
Current Trust RRLs						
Health Improvement	2,126	2,405	1,181	1,537	1,206	8,455
Health Protection	1,495	1,475	990	1,193	1,068	6,221
Service Development & Screening	3,723	2,519	465	1,569	2,293	10,569
Nursing & AHP	1,615	908	1,014	1,349	1,245	6,131
Centre for Connected Health	528	616	339	321	425	2,229
Other	125	94	48	72	77	417
Total current RRLs	9,613	8,018	4,038	6,041	6,314	34,023
<i>Cumulative variance (%)</i>						

The above table shows the final Trust allocations split by budget area.

The Other line relates to general allocations to Trusts for items such as the Apprenticeship Levy and Inflation.

PHA Direct Programme Expenditure



	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Projected Expenditure													
Health Improvement	306	3,457	1,058	753	3,308	1,094	2,162	3,605	476	3,071	4,413	2,978	26,681
Lifeline	264	264	264	264	264	264	(622)	138	138	138	465	138	1,980
Health Protection	-	27	31	131	424	1,429	1,764	1,314	942	828	500	951	8,340
Service Development & Screening	34	47	456	34	65	456	152	3	441	113	(131)	564	2,234
Research & Development - revenue	-	-	-	-	-	-	-	1,067	1,067	1,067	-	330	3,530
Campaigns	-	-	-	-	-	205	205	45	50	-	25	227	757
Nursing & AHP	1	1	12	35	1	22	40	153	310	319	351	(263)	981
Centre for Connected Health	-	-	-	-	20	20	418	(373)	20	20	(10)	20	137
Other	-	-	-	-	-	-	(50)	50	(706)	(206)	(432)	(72)	(1,416)
Total Projected PHA Direct Expenditure	605	3,795	1,821	1,217	4,082	3,490	4,070	6,001	2,737	5,349	5,182	4,874	43,225
<i>Cumulative variance (%)</i>													
Actual Expenditure	294	2,835	2,016	2,050	3,807	2,190	6,115	5,511	3,567	5,347	4,165	6,249	44,147
Variance	311	961	(195)	(832)	275	1,300	(2,045)	490	(830)	1	1,017	(1,375)	(922)

The budgets and profiles are shown after adjusting for retractions and new allocations from DoH. The Campaigns budget was entirely retracted at the start of the year, but received an in-year allocation to cover pre-existing commitments and a Dementia initiative. Approval was also given to proceed with a Breastfeeding campaign.

The full year position shows a £0.9m overspend which was planned to absorb an anticipated Administration underspend and manage the PHA to a breakeven position. The negative budget in the Other line is an adjustment to reflect the forecast M&A surplus having been allocated to various PHA Direct Programme budgets. The negative Lifeline budget in October reflects the reallocation of some of this funding to other suicide prevention and mental health initiatives within Health Improvement.

PHA Administration
2017-18 Directorate Budgets

	Nursing & AHP £'000	Operations £'000	Public Health £'000	PHA Board £'000	Centre for Connected Health £'000	SBNI £'000	Total £'000
Annual Budget							
Salaries	3,082	2,449	10,667	233	340	399	17,170
Goods & Services	418	1,209	468	33	60	269	2,457
Price Inflation				62			62
Savings target				(100)			(100)
Total Budget	3,500	3,658	11,135	228	401	668	19,589
Budget profiled to date							
Salaries	3,082	2,449	10,667	195	340	399	17,132
Goods & Services	418	1,209	468	33	60	269	2,457
Total	3,500	3,658	11,135	228	401	668	19,589
Actual expenditure to date							
Salaries	3,067	2,279	10,155	91	335	399	16,326
Goods & Services	460	992	490	(26)	16	269	2,202
Total	3,527	3,271	10,645	66	351	668	18,528
Surplus/(Deficit) to date							
Salaries	15	170	512	103	5	0	806
Goods & Services	(42)	217	(22)	59	44	(0)	256
Surplus/(Deficit)	(27)	387	490	162	49	(0)	1,061
Cumulative variance (%)	-0.77%	10.58%	4.40%	71.21%	12.28%	0.00%	5.42%

A savings target of £0.1m was applied to the PHA's Administration budget in 2017-18. This is currently held centrally within PHA Board, and will be managed across the Agency through scrutiny and other measures.

The full year salaries position shows a surplus which has been generated by a large number of vacancies during the year. The monthly surplus has declined as recruitment has progressed during the year, and this level of surplus is unlikely to recur in 2018-19. The Goods & Services budget is also underspent for the year, however an over-accrual of dilapidations costs within Operations in 2016-17 (£0.2m) has exaggerated this position.

Public Health Agency 2017-18 Capital Position

	Annual Budget			Total £'000
	Programme		Mgt & Admin £'000	
	Trust £'000	PHA Direct £'000		
Available Resources				
Capital Grant Allocation & Income	7,018	5,293	-	12,311
Expenditure				
Capital Expenditure - Trusts	7,018			7,018
Capital Expenditure - PHA Direct		5,293		5,293
	7,018	5,293	-	12,311
Surplus/(Deficit) - Capital	-	-	-	-
<i>Cumulative variance (%)</i>				

PHA has received a Capital budget of £12.3m in 2017-18, most of which relates to Research & Development projects in Trusts and other organisations. A breakeven position was achieved for the full year.

PHA Prompt Payment

Prompt Payment Statistics

	March 2018 Value	March 2018 Volume	Cumulative position as at 31 March 2018 Value	Cumulative position as at 31 March 2018 Volume
Total bills paid (relating to Prompt Payment target)	£7,778,743	839	£57,184,234	5,828
Total bills paid on time (within 30 days or under other agreed terms)	£7,739,983	772	£56,636,373	5,381
Percentage of bills paid on time	99.5%	92.0%	99.0%	92.3%

Prompt Payment performance for the year to date shows that on value the PHA is achieving its 30 day target of 99.0%, although on volume performance is slightly below target at 92.3%. PHA is making good progress on ensuring invoices are processed promptly, and efforts to maintain this good performance will continue for the remainder of the year.

The 10 day prompt payment performance remained strong at 90.5% by value for the year to date, which significantly exceeds the 10 day DoH target for 2017-18 of 60%.