

<b>Title of Meeting</b>	119 <sup>th</sup> Meeting of the Public Health Agency Board
<b>Date</b>	20 February 2020 at 1.30pm
<b>Venue</b>	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
Dr Adrian Mairs	- Acting Director of Public Health
Mr Rodney Morton	- Director of Nursing and Allied Health Professionals
Alderman 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
Professor Nichola Rooney	- Non-Executive Director
Mr Joseph Stewart	- Non-Executive Director

**In Attendance**

Professor Hugo van Woerden	- Director of Public Health Designate
Mr Paul Cummings	- Director of Finance, HSCB
Ms Marie Roulston	- Director of Social Care and Children, HSCB
Mr Robert Graham	- Secretariat
Ms Jenny Redman	- Boardroom Apprentice

**Apologies**

Dr Aideen Keaney	- Director of Quality Improvement
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**15/20 | Item 1 – Welcome and Apologies**

15/20.1 The Chair welcomed everyone to the meeting. Apologies were noted from Dr Aideen Keaney.

**16/20 | Item 2 – Declaration of Interests**

16/20.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

**17/20 Item 3 – Minutes of previous meeting held on 23 January 2020**

17/20.1 The minutes of the previous meeting, held on 23 January 2020, were approved as an accurate record of that meeting.

**18/20 Item 4 – Matters Arising**

18/20.1 There were no matters arising.

**19/20 Item 5 – Chair’s Business**

19/20.1 The Chair thanked Mr Stewart and Professor Rooney for their assistance in finalising the job description and personnel specification for the post of PHA Chief Executive, which is being advertised from tomorrow.

19/20.2 The Chair advised that following the PHA Board workshop that was held yesterday, an action plan was being finalised and would be issued to members as soon as possible. He advised that another workshop has been arranged for 7 May.

**20/20 Item 6 – Chief Executive’s Business**

20/20.1 The Interim Chief Executive welcomed Professor Hugo van Woerden to the meeting as he will be taking up the role of Director of Public Health in March.

20/20.2 The Interim Chief Executive invited Dr Mairs to give members a briefing on COVID-19.

20/20.3 Dr Mairs advised that on 31 December 2019, the World Health Organisation (WHO) was informed of a case of pneumonia in Wuhan, China which was identified as a novel coronavirus on 7 January 2020. He explained that it was novel as it had jumped from animals to humans, and that this was the third time in recent years when this had happened following SARS in 2002/03 and MERS-CoV in 2012. He said that on 30 January 2020, WHO declared a public health emergency of international concern as this had become a high consequence infectious disease. He advised that any case needs to be treated in a specialist unit and that there are currently no such units in Northern Ireland with patients having to be transferred to England. He informed members that the strain has been officially termed as SARS-CoV2, or more commonly COVID-19.

20/20.4 Dr Mairs said that the main issue relates to identifying individuals who have travelled from China or other affected countries, and those who display symptoms of the virus. He noted that the number of cases in China has increased due to a change in the definition of a case, but there have been issues in terms of quality assuring the data. He went on to explain that the virus is transmitted through coughing and sneezing, and that it is also airborne. As of 10am on 20 February, he

said that there were 74,576 cases in China and 1,154 cases outside China with more than 2,000 fatalities in China and 6 outside of China. He said that there appeared to be a slowing down of the number of cases within China, but this was not yet the case outside China. He noted that another country has reported cases with 5 in Iran. Within the UK, he advised that there have been 9 positive cases to date, but none in Northern Ireland from 35 cases tested. He explained that on average, there are almost 100 contacts per case in England to follow up, and that the reproductive ratio is currently 2-3, but that the aim would be to get this number below 1. He said that Northern Ireland is currently in “containment” mode.

- 20/20.5 Mr Drew questioned whether WHO should be taking more of a lead role. Dr Mairs said that WHO is providing much of the information, guidance and advice and it currently has a team in Wuhan. Mr McClean sought clarity on the terms “global emergency” and “pandemic”. Dr Mairs said that a pandemic would be declared if it were worldwide, but to date there have been no cases in South America. Ms Mann-Kler asked if there were any cases in the Republic of Ireland. Dr Mairs said there had not been any cases. The Chair asked about co-ordination with the Republic of Ireland. Dr Mairs explained that there are links with the Republic of Ireland and that they are involved in the series of telephone meetings that take place on a daily basis. He added that PHA would take its advice from Public Health England and this ensures that there is a consistency of approach.
- 20/20.6 Alderman Porter raised an issue about being able to identify those individuals, particularly nurses, who may have travelled home to an affected country and then travelled back to Northern Ireland. He also asked if the testing and if contact tracing is done once people have been tested. Dr Mairs explained that tests are only carried out on those individuals displaying symptoms and contact tracing will not commence unless there is a positive test. He explained that up until last week all samples were sent to Colindale in England, but there is now a facility for testing in the Belfast Trust. He added that if an individual tests positive they would be transferred to a specialist unit in England.
- 20/20.7 Mr Drew asked whether WHO would take the lead if it became a pandemic in terms of planning. Dr Mairs explained that countries will have their own plans and that Northern Ireland is currently using the flu pandemic plan as it does not have a coronavirus plan. He added that the Civil Contingencies Group would also have a role, but that the real test will be when the first positive case reaches Northern Ireland.
- 20/20.8 The Interim Chief Executive assured members that this issue is a top priority and that the Chief Medical Officer has written to her on a number of occasions seeking assurances from HSCB and PHA as to the arrangements being put in place. She said that staff in both organisations are working extremely hard in this containment phase. Mr Drew said that the Board passes on its appreciation to those staff for the

- work they are doing.
- 20/20.9 Dr Mairs outlined the series of meetings that take place each day. He explained that there is a number of sub-groups of HSC Silver which have been established, and that these include a group looking at PPE (Personal and Protective Equipment), surge planning capacity, contact tracing as well as sub-groups on human resources and social care. Mr Drew asked about BSO and the supply of face masks as demand is struggling to meet supply. Dr Mairs acknowledged that there are issues in this area.
- 20/20.10 Mr Clayton asked about communication with the public and getting the message out that people should stay at home if they display symptoms. He also asked if PHA is liaising with the Home Office or authorities in the Republic of Ireland about advice for travellers. Dr Mairs said that there are signs at Dublin Airport giving advice to people travelling to Northern Ireland. He advised that on Wednesday 12 February, there was a briefing with media outlets and that the message is being promulgated, but as yet there has not been a mass media campaign. Mr McClean said that communications are being led by the Department of Health. Dr Mairs said that it is important to get the message out to not only the public, but to GPs.
- 20/20.11 Dr Mairs explained that HSC Silver is presently co-chaired by HSCB and PHA with 2 individuals from each organisation fulfilling the role. He said that at this stage the focus has been on the health protection response, but once the focus is mitigation it is more of an issue for the wider service. The Chair asked whether consideration had been given to asking travellers to complete landing cards. Dr Mairs said that this has been talked about.
- 20/20.12 The Chair expressed his thanks to Dr Mairs and the team for all of their work and efforts to date. He appreciated that this has been a drain on resources. Dr Mairs said that there are a lot of staff engaged in this work, including non-health protection staff which is having an impact on daily work. However, he assured members that certain areas of work are being protected, including general health protection work, screening and work on mental health and suicide prevention.
- 20/20.13 The Interim Chief Executive moved on to update members on a range of other matters. She noted that the Northern Ireland Assembly has been re-established and she wished Minister Swann well and said that transforming the health service will be his priority and will take a concerted effort. She noted that there been a period of industrial action and she paid tribute to the HSC staff across the system for their dedication, hard work and compassion in going about their work. She noted that the Minister has agreed to commit to pay parity with England and to look at safe staffing.
- 20/20.14 The Interim Chief Executive advised that drafting of the legislative

- provisions to facilitate the closure of the Health and Social Care Board is continuing with a draft Bill expected in April. She said the timelines have been revised and that Royal Assent will be required on the Bill by July 2021 if the closure is to happen on 31 March 2022.
- 20/20.15 The Interim Chief Executive advised that interviews have taken place for a new Chair of HSCB, and that interviews are scheduled to take place shortly for five new Non-Executive Directors of HSCB.
- 20/20.16 The Interim Chief Executive advised that she had attended the 'Mid and East Antrim Agewell Partnership (MEEAP) "Sharing Our Learning" event on 21 January and was delighted to announce additional funding for a partnership programme that provides community-based care for frail older people in the area. She explained that the IMPACT Agewell programme is an example of good partnership working between GP practices, community pharmacists, the Northern Trust, commissioners and the community/voluntary sector to prescribe alternative care to people over 70. She added that the additional money, to be made available over five years, will allow the programme to be rolled out on a phased basis to all 26 GP practices in the Mid and East Antrim area.
- 20/20.17 The Interim Chief Executive said that she had attended the launch of a new regional service HSC Northern Ireland Adoption and Foster Care. She added that part of the Strategy is to focus on busting the myths on foster care, and that 21 February is "Care Day", the world's biggest celebration of children and young people with care experience. She said that the theme of this year's Care Day is "Reimagining".
- 20/20.18 The Interim Chief Executive informed members that the Deputy Chief Executive, Ed McClean, attended the launch of "Conflict to Peace – Our Community Trust" prepared by the Resurgam Community Development Trust in Lisburn. She explained that this charted a journey of a community in times of conflict to one with a well-developed community infrastructure which focuses on youth initiatives, men's education, environmental schemes, encouraging enterprise, as welcome project focused on migrants from across the EU as well as Early Intervention and Health Development programmes. She added that the late Chris Totten, who was the PHA Health Improvement lead in the south-eastern area was credited with bringing very constructive advice which helped move this community on from years of unrest. She advised that the event was attended by the Minister for Communities, Deirdre Hargey, Allison Morris, security correspondent for the Irish News and Professor Pete Sherlow as well as Sir Jeffery Donaldson MP and that each speaker credited the work and journey of Resurgam as a model and exemplar for others in similar situations elsewhere.
- 20/20.19 The Interim Chief Executive updated members on a project that Deirdre McNamee, Public Health Nurse Consultant, has recently been working on to improve access to Breast Screening for women with Learning Disability. She explained that the project focused on two GP Practices

where women with Learning Disability were identified in advance in order to provide an Easy Read appointment letter and a number of reasonable adjustments were made by the Screening Team to encourage attendance and uptake of Breast Screening. She said that training was also provided to the Screening Team, carers and support staff and two open mornings were hosted at the mobile screening unit to encourage women with learning disability and their carers/support staff to come along, meet the staff and see around the unit and explain what happens during the screening procedure. She highlighted the key outcomes and said that thanks to funding from the Burdett Trust, the next phase of this programme will see the project spread across the whole of the Southern Trust.

20/20.20 Professor Rooney asked if there is any update in terms of the arrangements for the Chief Executive of HSCB. The Interim Chief Executive advised that the Chair of HSCB, together with one of the Non-Executive Directors, had met with the Minister and the Permanent Secretary, but she was not yet clear on the outcome of those meetings. She said that based on the proposed future operating model, it was likely that a civil servant will fill the role and added that work on a business case for the new model is about to commence. Professor Rooney asked about engagement with the PHA Board, but the Interim Chief Executive said that it would be for the two new Chief Executives to work on the relationship between the two organisations.

20/20.21 Mr Clayton declared an interest in his role as working for Unison. He said that trade unions are currently balloting their members with regard to the pay deal, and that this should come to a conclusion next week. He said that he would welcome further clarity on the legislative timeframe and he felt there is still a lack of clarity in terms of the future operating model and that this had been discussed as part of the Board workshop that had taken place yesterday. Mr Drew asked if there was any further clarity regarding whether the social care and children's services would transfer to PHA. The Interim Chief Executive said that this remains the intention, but there is no timeline.

20/20.22 Alderman Porter sought assurance that with regard to fostering, there are linkages between health and other government departments, e.g. education and he cited a recent case he had been involved in. Mrs Roulston said that health and education do work closely together.

*At this point Ms Roulston left the meeting*

## **21/20 Item 7 – Finance Report (PHA/01/02/20)**

21/20.1 Mr Cummings informed members that the latest Finance Report shows that PHA is operating with a surplus of £1.1m, and that this is mainly emanating from the management and administration budget due to the number of staff vacancies. He said that programme expenditure levels are remaining consistent. The Chair asked if this surplus would be

- returned to the Department, and Mr Cummings advised that it will, in order to relieve wider HSC pressures. Mr Drew sought confirmation that PHA is forecasting a break even position, and Mr Cummings said that this was the case.
- 21/20.2 Ms Mann-Kler asked whether the underspend would allow an opportunity to re-profile the workforce. Mr Cummings advised that by doing so, that would relinquish the opportunity to replace those posts that are vacant. He added that there is a small number of posts which have been vacant for a long time, and that posts can take between 6 and 9 months to fill. Dr Mairs added, that previously there had been issues with regard to public health consultants, but there is now only one vacant post. The Chair remarked that if one of the successful applicants had not declined the offer of a post there would now be a full complement of public health consultants in the Agency.
- 21/20.3 Alderman Porter noted that the issue of filling posts has been ongoing for a number of years and said there should be better forward planning. With regard to programme expenditure, he questioned whether the Trust spending on health protection and health improvement is biased towards certain Trust areas. Mr Cummings agreed that the allocation to Trusts does not follow the capitation formula. However, he assured members that PHA did have plans for how to utilise its underspend, but it was not granted permission from the Department to do so due to the wider HSC pressures.
- 21/20.4 Mr Stewart said that he agreed with Ms Mann-Kler's point, and said that following the workshop yesterday the Non-Executive Directors need to contribute to a plan to addressing staffing issues.
- 21/20.5 The Chair noted that some of the Trust programmes have been in place for a number of years and perhaps there was an opportunity to review these. Mr Cummings that is an option, but to stop specific programmes would be challenging.
- 21/20.6 The Board noted the Finance Report.
- 22/20 Item 8 – Surveillance of Antimicrobial Use and Resistance in Northern Ireland, Annual Report, 2018 (PHA/02/02/20)**
- 22/20.1 The Chair welcomed Mr Chris Nugent to the meeting and following a brief introduction by Dr Mairs, Mr Nugent gave members an overview of the Report.
- 22/20.2 Mr Nugent advised that this was the third Report about antimicrobial resistance and antibiotic consumption. He highlighted that there has been a reduction in two E. coli and K. pneumonie bloodstream infections, and in terms of resistance to Piperacillin-tazobactam, this has decreased for E. coli, but increased for K. pneumonie. With regard to antibiotic use, this has reduced slightly overall thanks to efforts from

- pharmacy colleagues, but still remains at 80% in primary care. He added that there has been a slight increase within secondary care.
- 22/20.3 The Chair commended the use of an executive summary in the Report, and for the clear diagrams. He suggested that there could be diagrams showing trends in the summary. It was, however, noted that there are trend diagrams throughout the rest of the Report.
- 22/20.4 Mr Stewart said that his overall impression is that there has been a reduction, but it is a small reduction and he noted that PHA is continuing its existing approach and questioned whether PHA should be considering new initiatives. Mr Nugent advised that, in terms of public engagement, there has been a mass media campaign to raise awareness. He added that there are targets set by the Department of Health in secondary care as part of a national action plan. Dr Mairs said that there is a study that looks at the factors affecting antibiotic prescribing, and that it has been one of the few areas that PHA has been able to carry out a campaign. He said that there is a separate action plan which looks at antibiotic stewardship that looks at both humans and farming. Mr Morton added that the work on new multi-disciplinary teams (MDTs) has seen changes in prescribing practice.
- 22/20.5 The Interim Chief Executive noted that this Report is for data across the HSC system, but that it is possible to buy antibiotics online. Dr Mairs said that the PHA would have no means of monitoring this.
- 22/20.6 Mr Clayton noted that the highest 20% prescribing practices receive correspondence from the Chief Medical Officer seeking information on this. He asked whether the patients in these practices fit a certain profile or whether a tailored intervention is required. Dr Mairs said that perhaps certain practices are linked to nursing homes and added that PHA carried out a separate piece of work which related to nursing homes and within nursing homes patients may be taking antibiotics for longer than required. He said that HSCQI is carrying out work in this area.
- 22/20.7 The Chair said that this area is a major public health issue. Dr Mairs advised that members can sign up to become antibiotic guardians.
- 22/20.8 Alderman Porter asked whether it can be monitored if a specific doctor is prescribing a high number of antibiotics and they move practice, would this be picked up. Mr Cummings said that practices would hold data on individual doctor's prescribing. Mr Morton added that there is monitoring across the HSC system.
- 22/20.9 The Board noted the Surveillance of Antimicrobial Use and Resistance in Northern Ireland, Annual Report, 2018.

*At this point Mr Cummings left the meeting.*



**23/20 Item 9 - Family Nurse Partnership Reports (PHA/03/02/20)**

- 23/20.1 The Chair welcomed Ms Deirdre Webb to the meeting. He invited Mr Morton to introduce the Report.
- 23/20.2 Mr Morton said that Family Nurse Partnership is one of PHA's flagship programmes and it is proud of its achievements and the difference it is making to young people, which is an element of one of PHA's corporate objectives, "Giving every child and young person the best start in life."
- 23/20.3 Ms Webb began by apologising for bringing two reports at the same time. She said that the next report will be brought to the Board in September 2020. She advised that through Transformation funding it has been possible to recruit 10 new nurses, which has increased the capacity of the programme, but these data would not appear in these Reports.
- 23/20.4 Ms Webb said that FNP is targeting the right families, with 70% of clients living in deprived areas and the remaining 30% in private rentals. She said that 85% of the families have an annual income of £13k or less, and that the programme aims to target vulnerable young girls. She noted that there has been a dramatic drop in the teenage pregnancy rate, and that in 2018 there were 374 clients on the programme. She also noted that there are good breastfeeding rates, low attendance rates at A&E and vaccine uptake rates are over 90%. She went on to say that child development has improved with only 15% requiring additional instruction, and that for mothers, they are living better lives.
- 23/20.5 Mr Morton said that many young mothers have now re-entered education and are gaining employment which in turn is improving the lives of their children. She added that there are excellent testimonies from the mothers and that this programme, although intense, is making a real difference to their lives.
- 23/20.6 Prof Rooney asked whether the FNP teams were able to access the required supervision from Clinical Psychology. Ms Webb confirmed that they were and that psychologists were often going over and beyond what was required and agreeing to take families on to their case load. She said that there has recently been a change from using HADS scores to GAS scores as a measure of wellbeing. Mr Morton added that there is also a matrix to look at adverse childhood experiences.
- 23/20.7 Mr Drew said that he supported the programme, but in his capacity as Chair of the Governance and Audit Committee, he has some concerns following the recent Internal Audit report which had given limited assurance, primarily in the area of governance. He said that he would not want to see the good work of the programme overshadowed. Ms Webb said that of the eight recommendations, four have been fully implemented and will be signed off by Internal Audit, but there are two that will not be able to be delivered, one of which relates to the IT

system as the original business case cannot be located. She advised that in relation to the IT system, an options appraisal is being undertaken and she has been working with counterparts in Public Health England. She suggested that the best way forward may be a UK-wide database, but it will take 2/3 months to sign off on this. She pointed out that the license for the current IT system is due to expire in 2021. Mr Drew asked about attendance at the Family Advisory Group meetings. Ms Webb advised that she has recently met with Directors of Nursing, and that terms and reference and a revised membership have been agreed, and she has received an assurance regarding attendance at future meetings. Mr Morton suggested that an update report could be completed to assure the Governance and Audit Committee of the progress that has been made.

23/20.8 Mr Clayton said that this was an excellent report with a large amount of data and asked if there was any way of making it more concise. He added that it is clearly a programme that is making a difference to people's lives. Ms Webb said that it is the intention to make the report more user friendly and through working with the communications team she will aim to produce a summary version. She added that this year is the 10<sup>th</sup> anniversary of the Programme. Mr Morton said that he hopes to look at this type of report and change the focus to show how a particular initiative has improved experience, improved core outcomes and how it supports staff to practice and think differently and to make a difference. Ms Webb advised that there is a 1-page OBA card which gives data on the programme.

23/20.9 Ms Mann-Kler said that this is an incredible initiative which looks to break the cycle of deprivation. She asked about the ambition of the programme and whether it is meeting all the needs it can, and if it requires further funding. She suggested sharing stories from the programme, perhaps via animation to protect the confidentiality of those on the programme. Ms Webb said that "Storytell" is used to capture experience, and added that it is powerful to get feedback from a young person who has availed of the programme. She said that the ambition of the programme is to be able to offer it to every teenage mother because at the moment it is only offered to about 60%. She said that she would like to be able to offer the programme to Looked After Children in the 18-25 age group, and to parents with a learning disability, but she acknowledged that it is not a programme for everyone.

23/20.10 Alderman Porter noted that the programme is 10 years old, and asked if there were any key indicators of progress. Ms Webb advised that some sites have carried out longitudinal studies, and there is evidence of improved health of individuals who have been on the programme. Mr Morton said that there are discussions with the Chief Nursing Officer about developing a research programme, but this has not yet been finalised. The Chair asked where the funding for this would come from, but Mr Morton advised that this had not yet been secured.

23/20.11 | The Board noted the Family Nurse Partnership Reports for 2017 and 2018.

**24/20 Item 10 – Any Other Business**

24/20.1 | There was no other business.

**25/20 Item 11 – Details of Next Meeting**

*Thursday 19 March 2020 at 1:30pm*

*Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast, BT2 8BS*

Signed by Chair:

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

Date: 19 March 2020