

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

*Thursday 21 December 2017 at 1.30pm*

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

**Present**

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|-------------------------|---|
| Mr Andrew Dougal        | - Chair   |
| Mr Edmond McClean       | - Interim Deputy Chief Executive / Director of Operations |
| Mrs Mary Hinds          | - Director of Nursing and Allied Health Professionals     |
| Councillor William Ashe | - Non-Executive Director                                  |
| Mr Brian Coulter        | - Non-Executive Director                                  |
| Mr Leslie Drew          | - Non-Executive Director                                  |

**In Attendance**

- |                  |                             |
|------------------|-----------------------------|
| Mr Paul Cummings | - Director of Finance, HSCB |
| Mr Robert Graham | - Secretariat               |

**Apologies**

- |                        |  |
|------------------------|--|
| Mrs Valerie Watts      | - Interim Chief Executive                    |
| Dr Carolyn Harper      | - Director of Public Health/Medical Director |
| Mr Thomas Mahaffy      | - Non-Executive Director                     |
| Ms Deepa Mann-Kler     | - Non-Executive Director                     |
| Alderman Paul Porter   | - Non-Executive Director                     |
| Mrs Fionnuala McAndrew | - Director of Social Care and Children, HSCB |
| Mrs Joanne McKissick   | - External Relations Manager, PCC            |

**100/17 | Item 1 – Welcome and Apologies**

- 100/17.1 The Chair welcomed everyone to the meeting. Apologies were noted from Mrs Valerie Watts, Dr Carolyn Harper, Mr Thomas Mahaffy, Ms Deepa Mann-Kler, Alderman Paul Porter and Mrs Fionnuala McAndrew.

**101/17 | Item 2 - Declaration of Interests**

- 101/17.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

**102/17 | Item 3 – Minutes of previous meeting held on 16 November 2017**

- 102/17.1 The minutes of the previous meeting, held on 16 November 2017, were approved as an accurate record of that meeting, subject to minor amendments in paragraphs 95/17.11 and 96/17.4.

**103/17 Item 4 – Matters Arising**

*94/17.4 Funding*

- 103/17.1 Mr Coulter asked if PHA benefitted from any additional funding allocated to the Department of Health. Mr Cummings explained that the funding was allocated to ensure that the overall health budget is in a break even position. He said that £7m has been allocated for winter pressures, and £7m for waiting list pressures, but that PHA had made no bids.
- 103/17.2 The Chair advised members that at the recent PHA Accountability Review meeting, the Permanent Secretary had indicated that PHA could use some of its management and administration surplus on funding a public information campaign. However, he added that the Permanent Secretary is seeking a report from PHA on the general effectiveness of campaigns.
- 103/17.3 Mr McClean expressed concern that much has been said about the effectiveness of campaigns, and added that it was the Permanent Secretary who wished to review the ceiling on campaign expenditure.

**104/17 Item 5 – Chair’s Business**

- 104/17.1 The Chair tabled his business for members and highlighted the report on antimicrobial resistance which will be presented later in the meeting.
- 104/17.2 The Chair advised that he had spoken at a recent conference about dementia and he congratulated all of those involved in organising this event, and in particular Eleanor Ross of PHA. Mr Coulter asked whether the withdrawal of funding support from Atlantic Philanthropies will impact on PHA. Mr Cummings said that there are agreements in place for Atlantic Philanthropies to fund initiatives for a further two years. Mr McClean added that PHA would look at any funding requirements as part of the totality of all available funding to PHA.

**105/17 Item 6 – Interim Chief Executive’s Business**

- 105/17.1 There was no Chief Executive’s Business.

**106/17 Item 7 – Finance Report (PHA/01/12/17)**

- 106/17.1 Mr Cummings presented the Finance Report and said that he was pleased to see a reduction in the surplus in programme expenditure in line with the forecast. He said that there was no significant change with regard to the management and administration budget with its surplus heading towards £1m. He advised that this will be used to fund non-recurrent programme initiatives.
- 106/17.2 Mr Cummings advised that the capital budget is slightly overspent, but that this is due to a timing issue.

- 106/17.3 Mr Drew thanked those who had been involved in overseeing this “catch-up” in the programme expenditure in line with the budget.
- 106/17.4 The Chair noted the number of vacancies, which equates to approximately 10% of the workforce. Mr Cummings said that since the announcement regarding the future of the PHA and HSCB, both organisations’ vacancy rates have increased as it has become difficult to fill posts given the uncertainty.
- 106/17.5 The Board noted the Finance Report.
- 107/17 Item 8 – Surveillance of Antimicrobial Use and Resistance in Northern Ireland, Annual Report, 2017 (PHA/02/12/17)**
- Mrs Hinds joined the meeting during this item.*
- 107/17.1 The Chair welcomed Declan Bradley and Lynsey Patterson to the meeting and invited them to present the 2017 Annual Report on the “Surveillance of Antimicrobial Use and Resistance in Northern Ireland”.
- 107/17.2 Dr Bradley began by explaining to members the meaning of antibiotic resistance and how it can affect individual patients, whereby when an antibiotic is prescribed, it can work against many bacteria in the body, but some resistant bacteria survive and consequently future infections become harder to treat with antibiotics.
- 107/17.3 Dr Bradley said that the infections described in this Report are those detected in blood and therefore represent the more serious infections, but that resistance is also a problem in more common infections, such as urinary tract infections. He explained that the information about antibiotic use in the Report was presented at a Northern Ireland level, but the team was working towards being able to provide information about antibiotic use on individual wards to healthcare teams. He advised that given the serious chance of death by infection today, the Chief Medical Officer has endorsed an approach to reduce the amount of antibiotic use and the incidence of Gram-negative bloodstream infection. He explained that the resistance to some antibiotics has doubled in recent years, which could have serious consequences for patient treatment and survival.
- 107/17.4 Dr Bradley said that the majority of antibiotic prescribing is in primary care. He advised that the use of Colistin (which is normally used as a last resort) is twice as high in Northern Ireland as it is in England.
- 107/17.5 The Chair said that public attitudes need to change and asked what work was being done to affect this change. Dr Bradley said that during World Antibiotics Awareness Week in November, there were many events and workshops with adults and children to teach them about infection and AMR. He added that a Public Health England programme called e-Bug will be being implemented in schools in Northern Ireland and that PHA is working with CCEA to get this mapped to the NI the school

- curriculum. For GPs, he advised that PHA is working with the Innovation Lab in the Department of Finance to influence GP antibiotic prescribing, including having carried out a survey about knowledge and attitudes regarding antibiotic prescribing. He also described work to implement in NI a toolkit called TARGET to support GPs' antibiotic decision-making. In secondary care, Dr Bradley advised that there is an Antimicrobial Stewardship Pharmacy Subgroup tasked with addressing this issue and there is the Antimicrobial Improvement Board which is chaired by Dr Lorraine Doherty of the PHA.
- 107/17.6 Mr Drew asked if there is a cultural issue and suggested that some of the main issues emanating from this Report should be shared with the public in a plain English way. He asked about new medical graduates and how they could be trained. Dr Bradley said that in the recent survey of primary care prescribers, they recognised antimicrobial resistance as an important and pressing issue. He said that there is currently no public information campaign in Northern Ireland, and a change in policy to allow this could help change the public's attitudes towards antibiotics.
- 107/17.7 Mr Coulter asked what PHA's understanding is of infection rates across secondary and community care, and how those rates compare with England. Dr Bradley advised that, in general terms, Northern Ireland has a high uptake of childhood vaccinations, which has sheltered the area from major outbreaks of some infections, such as measles. He said that PHA is developing a surveillance programme to monitor Gram-negative infections that result from healthcare given in the community. Dr Patterson said that in term of C. diff and MRSA, Northern Ireland's rates vis-à-vis C. diff compare favourably to England, but those for MRSA are higher in Northern Ireland.
- 107/17.8 Mr Coulter asked that, given demographic changes, whether manufacturers should take on some responsibility. Dr Bradley said that the priority for PHA was to work within its sphere of influence, including those that are part of HSC and independent contractors such as community pharmacists and general practitioners.
- 107/17.9 The Chair asked whether continuous low dose antibiotic as a prophylaxis is harmful. Dr Bradley said that there is not strong evidence that long term prophylaxis against urinary tract infection benefits patients, and it is an area of attention. He discussed some work that PHA has carried out to improve antibiotic prescribing for urinary tract infection in care homes.
- 107/17.10 The Chair asked whether GPs and pharmacies compile data about the effects of antibiotic prescribing on patients. Dr Bradley said that there is currently no effective feedback loop to prescribers about the effects of their own prescribing, but this is an area that PHA is working towards improving.
- 107/17.11 Councillor Ashe said that a major issue for him was patient notes and ensuring that patients are not given antibiotics if they are allergic to

- them. Dr Bradley acknowledged that this is important, and he said that GPs should also document the reason for prescribing antibiotics.
- 107/17.12 The Chair thanked Dr Bradley and Dr Patterson for presenting the report on this important area of work to the PHA Board.
- 107/17.13 The Board noted the report.
- 108/17 Item 9 – Research and Development Division Annual Report 2016/17 (PHA/03/12/17)**
- 108/17.1 The Chair welcomed Dr Janice Bailie to the meeting and invited her to give members an update on the work of the Research and Development division.
- 108/17.2 Dr Bailie began her overview by explaining that the R&D budget is now classed as capital expenditure, and is currently at a level of £10.3m. She added that an additional allocation of £3.2m of funding has been made available from the Department of Health, which is paid into a national funding pot held by Department of Health England, and allows Northern Ireland researchers access to the UK National Institute of Health Research (NIHR) funding streams. However, she noted that compared to the rest of the UK, health R&D is underfunded in Northern Ireland by a factor of 3.
- 108/17.3 In terms of how the budget is spent, Dr Bailie said that investment in infrastructure funding has been highly successful. She advised that there is a Public Health Network, the Northern Ireland Clinical Research Network covering twelve health areas including Primary Care, and a Cancer Trials Network. Research governance is managed by research offices in each of the HSC Trust areas. Dr Bailie explained that PHA also commissions research and gave examples of research in mental health and dementia care. She highlighted other potential areas of future commissioned research under consideration, including misuse of prescription drugs. R&D also contributes to a number of national and international funding consortia, one example being a forthcoming call for research in neuro-degenerative diseases.
- 108/17.4 The Chair asked whether doctors are able to access the necessary support for statistics or data analysis for research. Dr Bailie said that there is an issue, not solely in Northern Ireland, with regard to skills in statistics and data analytics. The Chair said that there is a need for qualified statisticians and Dr Bailie agreed with this and noted that many of the current statisticians are reaching retirement age and others are very heavily committed with existing workloads. Currently, R&D Division has addressed this by funding a Statistics and Methodology support service, which holds a list of statisticians who have agreed to provide HSC staff with statistical advice.
- 108/17.5 Mr Drew asked how it can be determined if a particular piece of research

represented value for money, and is not merely research for the sake of research. He also queried if research can be patented. Dr Bailie explained that there is an independent peer review process and that everything funded by PHA is of high quality, and that it is expected that there is an annual report and progress report on each study. Researchers are also expected to provide a dissemination plan and more recently, a pathway to impact plan. Dr Bailie conceded that on occasions it is difficult to measure the impact of research, but she gave the example of recent research regarding 'Living Well With COPD', where there is a self-management programme in each of the 5 Trusts with a second programme in development for bronchiectasis. She explained that any research carried out by PHA is uploaded onto Research Fish, which records measures of impact as well as the more conventional indicators such as publications. R&D Division also funds a regional HSC Innovations service, which works with the five HSC Trusts to advise on management of intellectual property.

108/17.6 Mr McClean commented on the links between R&D and Trusts and other networks, but he asked about the impact of Brexit. Dr Bailie said that there is some anxiety with regard to Brexit as under the Horizon 2020 programme each piece of work requires at least 3 member states working together and there is concern that there may now be a reluctance to involve the UK, due to the uncertainty of the outcome of Brexit negotiations. She said that after Brexit there is a number of options available whereby the UK could become an associate like Switzerland, which pays the H2020 contribution to allow their researchers full access, or there is the model of how the EU currently works with the US and Australia, which will fund their own researchers' participation in any project. She hoped that there would be some form of continued collaboration as Northern Ireland has been a net beneficiary of EU funding for health research. Mr McClean said that the Department of Health is currently looking at the impact of Brexit and that there is a wish to ensure there is minimal disruption.

108/17.7 Councillor Ashe asked if any approaches are made to pharmaceutical companies when it comes to securing funding for research. Dr Bailie said that there are a lot of studies carried out in conjunction with these companies, who often approach the HSC to carry out research on their behalf, and can on occasions provide drugs free of charge. She added that one of PHA's researchers had recently been able to secure a €50m EU grant, which was 50:50 match funded by a consortium of pharmaceutical companies and the EU commission. Councillor Ashe asked if the involvement of HSC in pharmaceuticals research gives them exclusivity. Dr Bailie said that it would depend on the product, but if the project was collaborative research, HSC would potentially have a share of the Intellectual Property and any input from HSC professionals is protected, with help from the HSC Innovations service. Councillor Ashe asked how much this research investment could be worth, and Dr Bailie said that UK-wide the investment in health R&D has been estimated around £8.8bn per year, with about 60% of that coming from the private

sector. She added that there is a challenge in Northern Ireland of having the capacity to deliver because some projects are so complex and that for some projects there is a small pool of people to study.

108/17.8 Mr Coulter noted there was little reference to social care research. He understood that efforts have been made to improve involvement of social care in research. He also queried the 3:1 ratio in favour of research carried out by Queen's University compared to Ulster University. Dr Bailie advised that she had attended the latest meeting of the Social Work Research Strategy Group and that this group is currently reviewing its priorities. She added that one of PHA's Programme Managers has been working with the Social Work R&D lead in HSCB and that, although this report is a snapshot of activity, there is work ongoing in the area of social care research, funded by HSC R&D Division. In terms of the apparent disparity in the research carried out by the two universities, Dr Bailie said that, besides the competitive schemes, Queen's are more proactive with proposals for e.g. match funding, but that she and Professor Ian Young have been encouraging Ulster University to become more proactive. She also added that the overall balance of funding to the local Universities by HSC R&D Division was reflective of their QR funding (awarded to higher education institutes based on the quality of their research outputs). She informed members that in terms of EU funding, Ulster University fares well, and for example had been highly successful in the recent INTERREG VA research and innovation funding call, receiving funding for 4 of the 5 funded projects.

108/17.9 Mr Coulter felt that the PHA Board should have more of a scrutiny role, particularly for projects where there is an element of the research that is specific to PHA. The Chair noted that in previous times there would have been closer links with the Department of Epidemiology at QUB and there would have been joint appointments. Dr Bailie advised that PHA retains links with the Centre for Excellence and the Northern Ireland Public Health Network.

108/17.10 Members noted the update on Research and Development.

**109/17 Item 10 – PPI Update (PHA/04/12/17)**

109/17.1 Mrs Hinds introduced Michelle Tennyson, Claire Fordyce and Brendan O'Hagan to the meeting and invited them to give the Board an update on Personal and Public Involvement (PPI).

109/17.2 Mrs Tennyson informed members that PHA had been an active participant in some of the workstreams relating to HSC transformation. She advised that PHA had also secured non-recurrent small grant funding for some of its PPI work and was continuing to carry out its statutory role in terms of PPI monitoring of HSC organisations. She added that PHA is working with the other parts of the United Kingdom and sharing its resources.

- 109/17.3 Mrs Tennyson advised that this year the Engage website has been launched which is seen as a one stop shop for PPI, and that there is also an e-learning package for service users and carers.
- 109/17.4 Mr O'Hagan told members that the Engage website was a project which aimed to have one portal for everything relating to PPI. He said that its development involved HSC staff, service users and carers and the Department of Health. He explained that the most difficult part was engagement, but PHA reached out to as many people as possible and that was a good example of co-production.
- 109/17.5 Mr O'Hagan said that the resources available are Trust specific and service specific and allows people to shape and transform their futures. He added that it could develop further as the transformation programme develops.
- 109/17.6 Mrs Tennyson gave members an overview of the PPI priorities for the next six months, which includes reviewing the outcomes of the PPI monitoring programme and also a piece of work around remuneration. She said that PHA will continue to provide the leadership role that it does.
- 109/17.7 The Chair asked Mr O'Hagan about his role on the Transformation Advisory Board. Mr O'Hagan said that involvement of the public is important and that in terms of further expansion to the Engage website, workshops could be held or social media could be used to involve the public. The Chair asked if information is being uploaded onto the Engage website. Mr O'Hagan said that there is a need to tidy up the various portals so that going forward there is information available on all of the transformation work.
- 109/17.8 The Chair asked where the responsibility for PPI lies in other parts of the United Kingdom. Mrs Tennyson said that it can lie within Trusts, or within local Councils.
- 109/17.9 Mr Coulter said that what is now apparent in the PPI work is a coherence that was missing before and that it is important that PPI remains at the forefront going forward. He still felt that there was some confusion regarding the language.
- 109/17.10 Mr O'Hagan said that the PPI forum was recently involved in the Daisy Hill Pathfinder Project, and that in Northern Ireland there is better linkages with the healthcare system than there is in other parts of the UK.
- 109/17.11 Members noted the PPI update.
- 110/17 Item 11 – Any Other Business**
- 110/17.1 There was no other business.



**111/17 | Item 12 – Date and Time of Next Meeting**

*Thursday 15 February 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: 15 February 2018