

MINUTES

**Minutes of the 57th Meeting of the Public Health Agency board
held on Thursday 19 September 2013 at 1:30pm,
in Public Health Agency, Conference Rooms,
12/22 Linenhall Street, Belfast, BT2 8BS**

PRESENT:

Ms Mary McMahon	- Chair
Dr Eddie Rooney	- Chief Executive
Ms Oriel Brown	- Nurse Consultant (<i>on behalf of Mrs Cullen</i>)
Dr Carolyn Harper	- Director of Public Health/Medical Director
Mr Edmond McClean	- Director of Operations
Alderman William Ashe	- Non-Executive Director
Mr Brian Coulter	- Non-Executive Director
Mrs Julie Erskine	- Non-Executive Director
Dr Jeremy Harbison	- Non-Executive Director
Mrs Miriam Karp	- Non-Executive Director
Mr Thomas Mahaffy	- Non-Executive Director
Alderman Paul Porter	- Non-Executive Director

IN ATTENDANCE:

Mr Simon Christie	- Assistant Director of Finance, HSCB
Mr Robert Graham	- Secretariat

APOLOGIES:

Mrs Pat Cullen	- Director of Nursing and Allied Health Professionals
Mr Owen Harkin	- Director of Finance, HSCB
Mrs Fionnuala McAndrew	- Director of Social Care and Children, HSCB
Mrs Joanne McKissick	- External Relations Manager, Patient Client Council

		Action
106/13	Item 1 – Apologies	
106/13.1	The Chair welcomed everyone to the meeting and noted apologies from Mrs Pat Cullen, Mr Owen Harkin, Mrs Fionnuala McAndrew and Mrs Joanne McKissick.	
106/13.2	The Chair welcomed new non-executive member Brian Coulter to his first meeting	

107/13 Item 2 - Declaration of Interests

- 107/13.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. None were declared.
- 107/13.2 The Chair advised that she had been asked to be a member of a Steering Group by Queen's University relating to Dual Diagnosis.

108/13 Item 3 – Chair's Business

- 108/13.1 The Chair advised that a research strategy meeting had been organised by DHSSPS on 14 October and asked that if any member wished to attend, that they advised the Secretariat as soon as possible. Dr Harbison said that as part of the preparation for this event, he wished to commend the work of the Research and Development team following a recent strategy meeting he had attended.
- 108/13.2 The Chair said that PHA had received correspondence from the Permanent Secretary regarding the timetable for the approval of PHA's Business Plan for 2014/15. To fit in with this timetable, it was proposed that the PHA board workshop on Wednesday 11 December be reinstated in members' diaries.

109/13 Item 4 – Chief Executive's Business

- 109/13.1 The Chief Executive said that he had attended the launch of the PHA Smoking Campaign, and that members would be able to see the new advertisement later in the meeting.
- 109/13.2 The Chief Executive advised that he had attended a meeting with other Chief Executives at Stormont following the recent allegations of child sexual exploitation.

110/13 Item 5 - Minutes of the PHA board Meeting held on 22 August 2013

- 110/13.1 The minutes of the previous meeting, held on 22 August 2013, were approved.

111/13	Item 6 – Matters Arising	
	<u>95/13.9 BSTP update</u>	
111/13.1	The Chief Executive advised that he would follow up on the issues raised by the board with the Chief Executive of BSO at a meeting shortly.	
	<u>96/13.2 NIHR Funding</u>	
111/13.2	Dr Harbison queried the non-recurrent funding for National Institute for Health Research and whether this was processed by PHA. Dr Harper confirmed that this had been the case.	
	<u>101/13.4 Serious Adverse Incidents</u>	
111/13.3	Mr Coulter asked about the timescales for reporting SAIs and whether there is any monitoring in this area. Ms Brown confirmed that organisations have 12 weeks to complete a report following an SAI but can request an extension. She said that as part of the review of the SAI reporting process, it is anticipated that this will be reduced. She said that compliance with this timescale is generally good.	
	<u>103/13.5 Evaluation of Telemonitoring</u>	
111/13.4	Dr Harbison asked if there had been further progress in developing the terms of reference for the evaluation of the telemonitoring services. The Chief Executive agreed to follow up on this and write out to members with an update.	Chief Executive
112/13	Item 7 – Finance Update PHA Financial Performance Report (PHA/01/09/13)	
112/13.1	Mr Christie presented the Finance Report for the period up to 31 July 2013 and said that the summary position showed a small surplus of £18k. He advised that there were no concerns with the non-trust programme spend despite the range of variances. He said that it was important PHA maintained this progress, but that this would be closely monitored.	
112/13.2	Mrs Erskine asked whether the report could contain information on prompt payment of invoices. Mr Christie said that this could	

be done as PHA is required to provide this information monthly to DHSSPS.

112/13.3 Mr Coulter asked whether PHA would be able to remain within the 5% tolerance. Mr Christie said that he hoped that this would be the case, but given the number of contracts that PHA manages, it may not always be possible. However, he noted that over the last four years significant progress had been made in terms of financial management.

112/13.4 Members noted the financial performance report.

113/13 Item 8 – Programme Expenditure Monitoring System (PEMS) Report (PHA/02/09/13)

113/13.1 Mr McClean said that the PEMS Report showed that all funding had either been committed or was under negotiation, with no funding uncommitted.

113/13.2 Mr McClean said that the anticipated expenditure was currently 6.7% below budget, but he was not unduly concerned at this stage. He added that in October, a workshop had been planned for all budget managers and the Agency Management Team to review progress to date.

113/13.3 Mr McClean advised that the PEMS Report now contained contract management performance information, following an Internal Audit recommendation.

113/13.4 Members noted the PEMS Report.

114/13 Item 9 – PHA Equality Action Plan 2013-18 (PHA/03/09/13)

114/13.1 Mr McClean welcomed Anne Basten from BSO to the meeting. He explained that PHA had developed an Equality Action Plan for 2011/13 and that following the implementation of that Plan, a further plan for 2013/18 had been developed.

114/13.2 Ms Basten explained that the draft Equality Action Plan had been issued for public consultation and that changes had been made. These changes related to clarification that consultees had sought regarding links between the Equality Action Plan and PHA's Corporate Strategy. Furthermore, consultees sought clarity on

areas which are not specific to the Equality Action Plan, but relate to PHA's Section 75 agenda. Ms Basten noted that this Plan does not represent the totality of PHA's equality work.

- 114/13.3 Mr Mahaffy said that the Equality Plan links with PHA's decision making, particularly in relation to the Commissioning Plan. Mr McClean said that comments received from consultees will have been shared with relevant staff working in these areas. He said that it will be important for PHA to ensure that the equality agenda forms part of the strategic thinking when the new Corporate Strategy is being developed
- 114/13.4 Mrs Karp asked if the Equality Plan was sufficiently challenging, given PHA's role in health inequalities. Mr McClean said that there is scope for further development and that PHA should look at opportunities to work with other agencies to share its thinking in this area. Dr Harper pointed out that PHA outlines in its Business Plan how it intends to tackle health inequalities and therefore, there was a danger of repetition.
- 114/13.5 Dr Harbison felt that PHA's core role of tackling health inequalities should be highlighted in the Plan. He expressed disappointment at the low number of consultation responses. He asked if PHA received any feedback from the Equality Commission regarding its Equality Plan.
- 114/13.6 Ms Basten said that with regard to the Equality Plan, PHA would not receive any feedback as the Plan is submitted for noting by the Commission. She said that PHA had received some feedback on its first Equality Plan as it had been submitted at the same time as the Equality Scheme. Mr McClean said that he did not think there was a good framework in place.
- 114/13.7 Dr Harbison suggested that if all HSC organisations are investing time preparing Equality Plans and that there is no formal feedback mechanism in place, that perhaps Chairs and Chief Executives of HSC organisation should meet with the Chair and Chief Executive of the Equality Commission to raise their concerns. Dr Rooney said that this was a valid suggestion and the Chair proposed that it would be raised at the next NICON meeting with Chairs and Chief Executives.
- 114/13.8 The Chair asked whether there should be a link in PHA's work

between inequalities and human rights. Ms Basten pointed out that all screening documents now contain Section 75 and human rights elements.

114/13.9 Mr McClean said that PHA is seeking a disability champion and suggested that this should be a non-executive member. The Chair agreed to e-mail members to seek expressions of interest.

114/13.10 Members approved the Equality Action Plan, subject to an insertion in the introduction stating PHA's role in tackling health inequalities.

115/13 Item 10 – Northern Ireland Breast Screening Programme Annual Report (PHA/04/09/13)

115/13.1 Dr Harper invited Dr Adrian Mairs to present the Northern Ireland Breast Screening Programme Annual Report for 2011/12.

115/13.2 Dr Mairs advised that the Annual Report is based on national standards set by NHS England and which align with Northern Ireland standards, therefore Northern Ireland can compare its performance with that of England. He explained that the function of the Quality Assurance team who prepared the report is to ensure that the programme meets minimum standards as well as to review and continually improve the programme.

115/13.3 Dr Mairs explained that screening programmes cause harm, but that in relation to breast screening, the benefits outweigh harm. He said that new leaflets are being produced to inform woman about this, but he said that woman may be discouraged from attending.

115/13.4 Dr Mairs said that the uptake for screening was 70% which was higher than in England. He advised that the detection rate was slightly lower than that of England, but with regard to the invasive detection rate, the target for prevalent cancers was exceeded. However, the detection rate for small invasive cancers was slightly higher than the minimum standard.

115/13.5 Dr Mairs explained that the minimum standard for the “round length”, whereby a woman should be offered an appointment within 36 months of her previous screening, is that this should occur in 90% of cases. However, this target was not met in

2011/12 due to issues in the Eastern unit.

- 115/13.6 Mr Mahaffy asked if a comparison was available of the effectiveness of the programme with other European countries. He also queried whether the low uptake rates were in areas of deprivation. Dr Mairs said that PHA does not conduct a comparison with other European nations as different standards are used in different countries. However, he said that a comparison of survival rates would show that Northern Ireland would compare favourably. With regard to the lower uptake in Belfast, he said that a study by Queen's University had shown that there was not a link between lower uptake and areas of deprivation.
- 115/13.7 Dr Harbison asked how Northern Ireland compared with other regions in the UK and with the Republic of Ireland. Dr Mairs said that in the Republic of Ireland, screening is undertaken every two years and therefore a comparison would be difficult. Dr Harbison raised the issue of deprivation. Dr Mairs said that there are many factors which could determine the uptake rate. He cited examples of two areas of Belfast which have a similar deprivation index but one area had an uptake of 54% and the other, 74%. He said that a questionnaire is being prepared to determine the attitudes towards screening. Dr Harbison suggested that if this was going to form part of an action plan, that the action plan should be included as an appendix.
- 115/13.8 Dr Harbison noted that in England a letter has been issued to women as part of a review and asked if a similar exercise was being conducted in Northern Ireland. Dr Mairs confirmed that a similar letter would be issued to women in Northern Ireland in October 2013.
- 115/13.9 Mrs Karp asked about health inequalities, particularly whether women with learning disabilities take up invitations for screening. Dr Mairs said that he suspected the uptake was low, but that a register was being created of women with learning disabilities in each Trust area so that information can be sent to them. Furthermore learning disability nurses will be trained to deal with queries about the programme which may arise.
- 115/13.10 Mrs Karp asked about the introduction of digital mammography equipment. Dr Mairs confirmed that the introduction of the new

equipment may impact on the round length due to the time it will take to install the equipment and train staff in its use.

- 115/13.11 Alderman Porter asked about how PHA works with GPs and practices. Dr Mairs said that there is guidance for GPs and a regional informed choice group has been established as part of the action plan to increase engagement with the primary care sector, but so far there has been limited uptake.
- 115/13.12 Alderman Porter asked what level of detection rate is reached before concerns are raised. Dr Mairs cited links between smoking and breast cancer and alcohol and breast cancer. Dr Harper added that there seemed to be a higher detection rate among affluent people but said that Northern Ireland rates higher than other parts of the UK compared to other screening programmes.
- 115/13.13 Dr Harbison asked whether women over 70 were included in the programme. Dr Mairs said that there is a reduced mortality benefit for women over 70 and added that there is generally poor attendance from this group. He said that in England there had been consideration given to increasing the age range to 47-73 year olds, but the results of a randomised trial will be awaited before a decision is made.
- 115/13.14 Members noted the Breast Screening Annual Report.
- At this point Alderman Ashe left the meeting.
- 116/13 Item 11 – Alcohol and Drugs Commissioning Framework for Northern Ireland 2013-16 – Response to the Consultation 5 July 2013 (PHA/05/09/13)**
- 116/13.1 Dr Harper presented the report and outlined to members the key issues which had been raised following the consultation exercise. She advised that the issue that had raised the greatest concerns was the review of Tier IV services. She said that the findings from the consultation will be forwarded to DHSSPS.
- 116/13.2 Dr Harbison noted the high number of responses to the consultation and praised the work of staff who had compiled the report.

- 116/13.3 Mr Coulter asked if there would be resource issues for the 16 new posts identified in the report. Dr Harper said these issues would be flagged up through the Commissioning Plan.
- 116/13.4 Members approved the framework document.
- 117/13 Item 12 – Reflections on PHA September Board Workshop**
- 117/13.1 This item was deferred until the next meeting.
- 118/13 Item 13 – PHA Smoking Campaign**
- 118/13.1 Mr McClean welcomed Linda Giles to the meeting to give a presentation on the recent PHA Smoking Campaign.
- 118/13.2 Ms Giles give members an overview of how the campaign was developed and the research undertaken. She explained that the two advertisements would run until March 2014.
- 118/13.3 Mr Mahaffy queried the benefits of quitting smoking in old age. Dr Harper said that research shows that benefits can be seen within hours of quitting.
- 118/13.4 Dr Harbison expressed his concern that the smoking rate in Northern Ireland has showed little signs of decreasing in recent years. Dr Harper acknowledged that the figures are disappointing but hoped that there would be improvement in the longer term.
- 118/13.5 Alderman Porter suggested that campaign could have portrayed a different image. Mr McClean noted the comment but said that the advertisement was designed following in-depth research.
- 118/13.6 The Chief Executive said that the key aim was to ensure that the right message was being put across as this has been the failing of a previous campaign.
- 118/13.7 Ms Giles said that the advertisement was one part of a sustained programme of work in this area.

119/13 Item 14 – Any Other Business

119/13.1 There was no other business and the Chair drew the meeting to a close.

120/13 Item 15 – Date and Time of Next Meeting

Date: Thursday 17 October 2013

Time: 1:30pm

Venue: Public Health Agency

Conference Rooms

2nd Floor

12-22 Linenhall Street

Belfast

BT2 8BS

Signed by Chair:

A handwritten signature in black ink that reads "Mary Mc Mahon". The signature is written in a cursive style and is positioned on a light-colored rectangular background.

Date: 17 October 2013