

MINUTES

**Minutes of the 70th Meeting of the Public Health Agency board
held on Thursday 20 November 2014 at 1:30pm,
in Conference Rooms, 12/22 Linenhall Street
Belfast, BT2 8BS**

PRESENT:

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| Ms Mary McMahon | - Chair |
| Dr Eddie Rooney | - Chief Executive |
| Mrs Pat Cullen | - Director of Nursing and Allied Health Professionals |
| 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:

- | | |
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| Mr Paul Cummings | - Director of Finance, HSCB |
| Mrs Fionnuala McAndrew | - Director of Social Services, HSCB |
| Mr Robert Graham | - Secretariat |

APOLOGIES:

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| Mrs Joanne McKissick | - External Relations Manager, Patient Client Council |
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		Action
144/14	Item 1 – Welcome and Apologies	
144/14.1	The Chair welcomed everyone to the meeting and noted apologies from Mrs Joanne McKissick.	
145/14	Item 2 - Declaration of Interests	
145/14.1	The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.	

146/14 Item 3 – Minutes of the PHA Board Meeting held on 16 October 2014

146/14.1 The minutes of the previous meeting, held on 16 October 2014, were approved as an accurate record of the meeting.

147/14 Item 4 – Matters Arising

147/14.1 There were no matters arising.

148/14 Item 5 – Chair’s Business

148/14.1 The Chair informed members that she had attended the Northern Ireland Awards for AHPs and that the event had been uplifting as it showcased staff who enjoyed their work. Mrs Cullen echoed this and said that it had been a pleasure to attend the event.

148/14.2 The Chair said that she had attended an event organised by Belfast Healthy Cities and said there should be more focus on health and planning working together to allow greater focus on planning for people and their well-being, not an exclusive focus on land use.

149/14 Item 6 – Chief Executive’s Business

149/14.1 The Chief Executive said that he had attended the first meeting of the Making Life Better regional project board in advance of the first meeting of the All Department Officials Group on 3 December. He advised that he had also attended a meeting with the Commissioner for Children and Young People.

149/14.2 The Chief Executive informed members that the PHA had facilitated a visit from Professor Sir Liam Donaldson as part of his review into arrangements for quality and safety. He thanked staff for their input in preparing for the visit.

149/14.3 The Chief Executive advised that he had attended the Resurgam Trust AGM, and the launch of the Belfast Active Travel Plan.

150/14 Item 7 – Presentation on CLARE Project

- 150/14.1 The Chair welcomed Caroline Bloomfield and Laura Feeney to the meeting and invited them to give their presentation on the CLARE Project.
- 150/14.2 Ms Bloomfield began with an overview of the initiative, Creative Local Action, Response and Engagement. She said that this programme, based in the Mount Vernon area, was an example of how statutory agencies can work together in the framework of Making Life Better.
- 150/14.3 Ms Feeney, Project Manager, gave members an outline of CLARE's strategic vision and objectives and the achievements of the programme so far. She finished with some case studies and provided members with feedback from participants on the programme.
- 150/14.4 Alderman Porter asked how much funding had been provided by PHA for the programme. Ms Feeney said that £175k had been provided by PHA with additional funding from Big Society. Alderman Porter asked if the programme was sustainable if there was no funding from PHA. Ms Feeney said that people are volunteering who wish to become active within their communities and that is building skills and capacity within communities. However, she acknowledged that there is a challenge in terms of evidencing savings to the Trust and what proportion of these can be reinvested into the programme.
- 150/14.5 Mrs McAndrew said that she welcomed this type of programme and she encouraged Ms Feeney to meet with LCGs to show them the benefits of this type of scheme.
- 150/14.6 Mrs Cullen asked if referrals can be made from primary care. Ms Feeney said that she would welcome a discussion with GPs to facilitate this.
- 150/14.7 Mr Mahaffy asked if it would be envisaged that cuts in domiciliary care packages would see more people volunteering to undertake personal care. Ms Feeney said that this was not something she would intend to undertake, but she would welcome the creation of more social enterprises.

150/14.8 Mr Coulter said that this type of programme was an interesting experiment in terms of PPI. He asked if any gaps had been identified. Ms Feeney said that she hadn't undertaken an analysis to date, but there were gaps in terms of individuals accessing their personal finances, and the length of time it was take for individuals to obtain support. Ms Bloomfield added that the Trusts tend to look at people's physical needs, rather than their emotional and social needs.

150/14.9 Members thanked Ms Bloomfield and Ms Feeney for the presentation.

**151/14 Item 8 – Finance Update
PHA Financial Performance Report (PHA/01/11/14)**

151/14.1 Mr Cummings explained to members that the Finance Report being presented today was prepared in advance of PHA receiving an amended allocation letter with a retraction of £1.5m.

151/14.2 Mr Cummings said that the current financial situation shows that PHA had a surplus of £500k in management and administration. Alderman Porter asked if it was normal to operate with this type of surplus. Mr Cummings explained that the surplus is due to having vacant posts and that this was a reasonable surplus. The Chief Executive said that any surpluses in management and administration are recycled into programme expenditure. He went on to say that a meeting of all budget holders is taking place within the next week to review all budget lines for 2014/15.

151/14.3 Mr Coulter asked about the underspend in Health Improvement in the South Eastern LCG area. Mr Cummings noted that it may be a timing issue in terms of projected expenditure being spent.

151/14.4 Members noted the Finance Report.

**152/14 Item 9 – Performance Management Report – Corporate
Business Plan and Commissioning Plan Directions Targets
for Period Ending 30 September 2014 (PHA/02/11/14)**

152/14.1 Mr McClean presented the Performance Management Report for the period up to 30 September 2014. He said that of 85 targets listed within the Report, 66 were rated as "green", 16 as "amber" and 3 as "red".

152/14.2 Mrs Karp asked about the work of the Safety Forum. Mrs Cullen said that the Safety Forum is struggling due its limited capacity and given that its workload has quadrupled in the last 18 months but she added that PHA has funded some additional resource. She advised that Dr Harper and she would meet with the Clinical Director of the Safety Forum on a regular basis. Mrs Karp queried whether these issues should be put onto the PHA Corporate Risk Register.

152/14.3 Dr Harbison expressed concern regarding the guidance to be sent by DHSSPS regarding the development of skills and capacity within communities with regards to procurement. Mr McClean said that there is skills and expertise within local Councils and that PHA is providing support to these organisations.

152/14.4 Mr Coulter asked about the challenge from pharmacies about retail merchandising. Dr Harper said that there have been ongoing discussions with pharmacists.

152/14.5 The Chair asked whether progress was being made in regard to health visitors. Mrs Cullen said that progress was being made but that there remained a challenge in terms of finding the investment to employ these staff over the next few years.

152/14.6 Members noted the Performance Management Report.

153/14 Item 10 – Northern Ireland Bowel Cancer Screening Programme: Inaugural Report April 2010 – March 2013 (PHA/03/11/14)

153/14.1 Dr Harper welcomed Dr Tracy Owen to the meeting. She noted that members had received the Bowel Screening Report and invited them to address any queries to Dr Owen.

153/14.2 Mr Coulter noted that the report indicated a lower uptake among men, but higher rates of bowel cancer among men, and asked what could be done to improve this. Dr Owen said that as part of the forthcoming public information campaign, there will be more emphasis on getting men to attend. She said that as part of focus groups undertaken before the campaign was prepared, it was noted that there is a stigma among men in terms of talking about health problems, and particularly cancer.

- 153/14.3 Mr Coulter asked about visually impaired people conducting the test themselves. Dr Owen said that there had been meetings with RNIB to discuss these issues. She added that there is currently no alternative test.
- 153/14.4 Alderman Porter suggested that a more positive message should be portrayed about talking about cancer. Dr Owen agreed and said that as part of any press release or written information, it is highlighted that early detection can increase survival rates. She added that as part of the AAA Screening Programme, the men attending that programme are encouraged to attend the Bowel Screening programme.
- 153/14.5 Mrs Karp asked about alternative testing methods. Dr Owen advised that a new test is being piloted in England, and that further information on this "fit test" may be available over the coming months.
- 153/14.6 Dr Harbison noted the reference in the report to a positive predictive value, and queried whether this should be high or low, and how this compared to other parts of the UK. Dr Owen said that the numbers are small, which is encouraging, but said that comparable data for the rest of the UK was not available, apart from Wales where the figures were largely similar. Dr Harbison said that the report should contain an Executive Summary.
- 153/14.7 The Chair asked about the role of GPs in terms of encouraging people to attend. Dr Owen said that GPs were keen to get feedback from their patients following their test and would try to encourage attendance.
- 153/14.8 The Chair asked about the target of 55% uptake. Dr Owen said that this was an arbitrary figure based on when the programme was started, and that over the years the uptake has improved to close to this target.
- 153/14.9 The Chief Executive said that, in terms of public awareness, the final steps in preparing a campaign which will look at different types of cancers are being undertaken.
- 153/14.10 Members noted the Bowel Screening Report.

154/14	Item 11 – Update on Work of Centre for Connected Health and Social Care
154/14.1	Eddie Ritson and Soo Hun joined the meeting and gave members an update on the work of the Centre for Connected Health and Social Care. He showed members how the uptake of telemonitoring and telehealth has increased in recent years and he outlined the advantages and disadvantages of each. As part of the presentation, Mr Ritson showed members a video featuring interviews with service users. He finished the presentation with an update on the planned research evaluation.
154/14.2	Dr Harbison asked about the research evaluation and whether there were any control or comparison groups included. Mr Ritson said that the evaluation was not an RCT (Randomised Controlled Trial). In terms of measuring impact, he said that an analysis could be done before and after a service user availed of telemonitoring. However, he pointed out that the service is used for different purposes in each Trust area, for example, it is more used for diabetes in the Western and Northern area, but more used for COPD in the South Eastern area.
154/14.3	Dr Harbison asked if there was an estimate for unplanned dropouts. Mr Ritson said that this would be looked at as part of the evaluation. He added that professionals only refer staff for whom they feel the programme is appropriate.
154/14.4	Dr Harbison asked about smartphone technology. Mr Ritson agreed that this was an area that merited further review, but there were issues in terms of how this could be linked with the Electronic Care Record.
154/14.5	Alderman Porter asked whether there is the risk of over medication. Mr Ritson supported this saying that there is an argument as to whether telemonitoring can increase or reduce service users' anxiety. However, he added that having supplies of medication at home is not bespoke to telemonitoring. In response to concerns about power outages affecting people's ability to submit results, Ms Hun said that if a result is not sent when anticipated, this is followed up by a triage nurse.
154/14.6	Mrs McAndrew asked whether the research will include telecare. Mr Ritson said that there will be an element of telecare, but it will

focus more on telehealth.

- 154/14.7 Mr Coulter said that the research should note the benefit to carers and the community of telemonitoring and telehealth. Mr Ritson agreed with this point.
- 154/14.8 The Chief Executive noted that following the recent presentation on the eHealth Strategy, a lot of work has been undertaken but more work is required. However, he said that there is a link with the re-enablement model which is part of Transforming Your Care. He added that the research will be important in capturing the advantages and disadvantages of telehealth in helping to inform future decisions.
- 154/14.9 Members noted the update on the work of the centre for connected health and social care.
- 155/14 Item 12 – “Supporting the best start in life” Infant Mental Health Framework and Action Plan 2014-2017 (PHA/04/11/14)**
- 155/14.1 Dr Harper advised members that this framework and action plan had emanated from work undertaken by the Child Development Project Board. She outlined the three key themes and explained that the plan would be issued for public consultation once approved by the PHA Board.
- 155/14.2 Members approved the framework and action plan to go out to public consultation.
- 156/14 Item 13 – Corporate Strategy Project Board Report**
- 156/14.1 Dr Harbison informed members that the Corporate Strategy Project Board had held its most recent meeting on Tuesday and at that meeting, consideration had been given to the feedback which came from the PHA Board workshop in September. He shared with members a summary of the key objectives, as prioritised by members at that workshop.
- 156/14.2 Dr Harbison outlined the format of the staff engagement event which is taking place on 9 December and he encouraged all members to attend. He said that it would be an interactive session and following this, there would be a further workshop, this time with external stakeholders.

156/14.3 Dr Harbison said that the Project Board had considered whether to take forward any of objectives of the current Corporate Strategy into the new Strategy, particularly in areas such as PPI. He added that the Project Board were looking at how key data could be used as indicators for monitoring and target setting. He said that it was also important that the Strategy aligned to the new public health framework, Making Life Better.

156/14.4 Alderman Porter commended the work that had been undertaken, but noted the challenges ahead in terms of the overall financial situation. Dr Harbison agreed that this would also have to be taken into consideration.

156/14.5 Members noted the update of the Corporate Strategy Project Board.

157/14 Item 14 – Any Other Business

157/14.1 There was no other business.

158/14 Item 15 – Date and Time of Next Meeting

Date: Thursday 18 December 2014

Time: 1:30pm

Venue: Conference Rooms
12/22 Linenhall Street
Belfast
BT2 8BS

Signed by Chair: 

Date: 18.12.14

