

Title of Meeting	115 th Meeting of the Public Health Agency Board
Date	17 October 2019 at 1.30pm
Venue	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
Mrs Briega Quinn	- Interim Director of Nursing and Allied Health Professionals
Alderman William Ashe	- Non-Executive Director
Mr Leslie Drew	- Non-Executive Director
Ms Deepa Mann-Kler	- Non-Executive Director
Professor Nichola Rooney	- Non-Executive Director
Alderman Paul Porter	- Non-Executive Director
Mr Joseph Stewart	- Non-Executive Director

In Attendance

Dr Aideen Keaney	- Director of Quality Improvement
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

Mr John-Patrick Clayton	- Non-Executive Director
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88/19 | Item 1 – Welcome and Apologies

88/19.1 The Chair welcomed everyone to the meeting. There were no apologies.

89/19 | Item 2 – Declaration of Interests

89/19.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

90/19 Item 3 – Minutes of previous meeting held on 19 September 2019

90/19.1 The minutes of the previous meeting, held on 19 September 2019, were approved as an accurate record of that meeting, subject to one amendment: the words, “in keeping with the guidance” were added in the first sentence of paragraph 81/19.2.

91/19 Item 4 – Matters Arising

91/19.1 There were no matters arising.

92/19 Item 5 – Chair’s Business

92/19.1 The Chair presented his Report and began by commenting on the findings regarding high rates of loneliness, particularly among those in the 16-24 age group. Ms Roulston advised that this is an issue for those young people in the care system.

92/19.2 The Chair noted that there is a swab test available to determine if a patient has a bacterial or a viral infection, but it is not used in Northern Ireland. He said that this test could reduce the consumption of antibiotics. Dr Mairs advised that there is a 5-year action plan to reduce the use of antibiotics entitled, “Changing the Culture”.

92/19.3 The Chair said that during his appraisal meetings with members, there had been positive feedback on the recent workshops held and that another workshop has been arranged for December 2019.

92/19.4 The Chair advised that the issue of staffing and workforce planning had been referenced at the recent PHA Accountability Review and that he would like to extend the remit of the Remuneration Committee to look at this. The Interim Chief Executive asked whether this meant bringing reports from Directors on these matters as she said that the situation is a dynamic one. She referenced the difficulties in recruiting public health consultants. The Chair noted that at present there is only one non-medical consultant post available in Northern Ireland, and that more could be done in this area. Dr Mairs explained that the training scheme for public health consultants in Northern Ireland is only available for medical trainees, however it is possible to get an equivalent qualification through the Faculty of Public Health and individuals have done that. He said that work is ongoing to improve opportunities, perhaps working with the Deanery in Scotland who will hopefully act as the accrediting body.

92/19.5 Mr McClean advised that the Agency is required to have a Governance and Audit Committee and Remuneration Committee, and their remits are set out in the legislation and associated regulations. Mr Stewart said that under Standing Orders, the Board could establish another Committee if it was appropriate to do so. The Interim Chief Executive informed members that she has signed off on a proposal for work to commence on a Human Resources and Organisational Development

Strategy for the Agency and that members will be kept informed of this work.

- 92/19.6 The Chair noted that almost two years have passed since members had undertaken training on outcomes, and that it may be useful to have refresher training.

93/19 Item 6 – Chief Executive’s Business

- 93/19.1 The Interim Chief Executive updated members on EU Exit and advised that planning is continuing, covering a wide range of scenarios. She reminded members that the Department of Health convenes a forum of the Health and Social Care organisations in Northern Ireland to discuss matters relevant to EU Exit.

- 93/19.2 The Interim Chief Executive updated members on the closure of the Health and Social Care Board. She said that the Oversight Board had met recently to discuss the way forward, but in the absence of an Assembly there is no vehicle to approve the necessary legislation, meaning that the anticipated closure date of March 2021 may need to be changed.

- 93/19.3 The Interim Chief Executive advised that the most recent meeting of the HSC Making Life Better partnership had taken place last Friday. She reminded members that the partnership was established in April 2018 as part of the refresh of regional MLB structures. She said that it is convened by PHA and comprises Chief Executives and Directors representing PHA, HSCB, BSO, NIAS, HSC Trusts and the Department of Health with a core purpose of considering MLB implementation across the HSC, improving outcomes and making life better for the individuals and communities served by the HSC.

- 93/19.4 The Interim Chief Executive said that there have been discussions exploring the critical learning and experience obtained through TIG pathfinders to date, and the potential of developing a broad framework of principles for population health planning. She went on to say that there was overall agreement of the need to explore and develop a framework of principles for population health planning that will help to improve health and wellbeing and reduce inequalities through a consistent approach to population health focussed planning. She added that the Chief Medical Officer is supportive of this work.

- 93/19.5 The Interim Chief Executive moved on to give members an overview of the HSC Hospital Passport for people with Learning Disability which was developed to improve the experience of people with Learning Disability accessing general hospital services. She advised that the information in the passport will help hospital staff to make reasonable adjustments to provide safe and effective care and enable the individual with learning disability to feel as involved as possible in shared decisions about their care. She advised that the passport has recently won a British Medical

- Association award for accessible information. Members were shown a video outlining how the passport works.
- 93/19.6 The Interim Chief Executive informed members that following a recruitment process, Mr Rodney Morton has been offered the post of PHA Director of Nursing, Midwifery and Allied Health Professions. She expressed her thanks to Mrs Briege Quinn for her work in filling the role on an interim basis. She further advised that the recruitment process for the Director of Public Health role has commenced with the shortlisting stage completed and that interviews are scheduled to take place on Monday 11 November.
- 93/19.7 The Interim Chief Executive reported that she plans to retire as Interim Chief Executive of the Public Health Agency and Chief Executive of the Health and Social Care Board on 31st March 2020. She said that this has not been an easy decision, however, after nearly 40 years in public service, she feels it is now the right time to spend more time with her family. She added that over the last 5 years, it has been a privilege to lead both organisations. She noted that both organisations have faced many challenges, most notably the announcement of the closure of the HSCB, yet have still continued to deliver so much across all areas of Health and Social Care.
- 93/19.8 The Interim Chief Executive said that she has really enjoyed working with the PHA Board and with staff across both the PHA and HSCB, and that the professionalism, commitment and dedication to patients, service users and the wider public which she has experienced has been second to none.
- 93/19.9 The Chair acknowledged the tremendous effort of the Interim Chief Executive in carrying out both roles simultaneously and thanked her for her valiant commitment to the work of the Agency.
- 94/19 Item 7 – Finance Report (PHA/01/10/19)**
- 94/19.1 Mr Cummings presented the Finance Report for the period up to 31 August, and advised that there was very little variation in comparison to the previous report and that PHA continues to have a surplus largely due to expenditure not being in line with the budget. He highlighted Health Improvement and Service Development and Screening as two areas where spend is lagging, but he said that he has received assurances that the funding will be spent in the second half of the year and that there is a meeting of all budget managers taking place on 8 November to review all budget lines.
- 94/19.2 The Chair asked about virement and spending on media campaigns. Mr McClean explained that at this stage it would be difficult to undertake a new campaign and he added that there are issues with staffing levels and capacity as a team that would once have had up to 6 staff has been reduced to 2.

- 94/19.3 Mr Drew said that he is reassured that the surplus will be looked at with the meeting taking place of all budget managers and he hoped that the next update will have further detail on this.
- 94/19.4 Professor Rooney noted the large variance in the Board's administration budget, but it was noted that this is due to the fact that the Agency is not currently covering the salary costs of a Chief Executive.
- 94/19.5 The Board noted the Finance Report.
- 95/19 Item 8 – Update from Governance and Audit Committee (PHA/02/10/19)**
- 95/19.1 Mr Drew informed members that the Governance and Audit Committee met on 8 October and considered two reports from Internal Audit. He said that the first relating to Lifeline received a satisfactory level of assurance, but there were some concerns about response times. He said that the second report concerning Family Nurse Partnership received a limited assurance. He reassured members that there is excellent work going on within the programme, but the issues related to areas such as governance and IT. He went on to say that the Committee received an update on the implementation of previous Internal Audit recommendations, and that 45/62 had been fully implemented, with the remaining 17 partially implemented.
- 95/19.2 Mr Drew said that members reviewed the latest Corporate Risk Register, on which there was one new risk relating to the PHA Intranet. He said that the Committee acknowledged the detailed briefing on staffing received at the last Board meeting. He added that the Committee approved the updated Risk Management Strategy and Policy.
- 95/19.3 Mr Drew advised that the Committee received the final Report to those Charged with Governance from the Northern Ireland Audit Office which confirmed that PHA had received an unqualified audit opinion. He added that the Committee noted the retirement of Mr Denver Lynn from NIAO.
- 95/19.4 Mr Drew said that the Committee approved the Mid-Year Assurance Statement, which is being presented to the Board today, and also received updates on EU Exit and Emergency Planning. He thanked the other Non-Executives who contribute so effectively to the work of the Committee.
- 95/19.5 The Chair asked about the Family Nurse Partnership audit. Mr Drew reiterated that the concerns pertain to ensuring that opportunities to share knowledge are not missed by Trusts ensuring there is improved attendance at meetings. Mrs Quinn said that the feedback from the audit has been taken on board. Ms Mann-Kler added that there is a commitment to bring an update on the programme to the full Board in the next few months.

95/19.6 The Board noted the update from the Committee Chair.

96/19 Item 9 – Mid-Year Assurance Statement (PHA/03/10/19)

96/19.1 The Interim Chief Executive advised members that PHA is required to submit a Mid-Year Assurance Statement to the Department of Health following approval by the PHA Board. She said that the Statement is similar to previous statements but that the sections relating to staffing and the management and administration budget have been merged.

96/19.2 Alderman Porter asked about the number of temporary staff and the risk of them losing their jobs. The Interim Chief Executives explained that many of the staff are acting up in temporary roles, and this creates an issue of backfilling, but she assured Alderman Porter that these staff have substantive posts. Mr Cummings added that these temporary posts are generally non-recurrent short term roles. Alderman Porter said that the high number of these is concerning, but the Interim Chief Executive said that PHA is starting to review all of these.

96/19.3 The Board **APPROVED** the Mid-Year Assurance Statement.

97/19 Item 10 – Annual Quality Report (PHA/04/10/19)

Ms Grainne Cushley joined the meeting for this item.

97/19.1 Mrs Quinn introduced the Annual Quality Report and said that this is the sixth year this report has been prepared. She said that the Report remains a draft but will be finalised in preparation for World Quality Day on 14 November. She invited Ms Cushley to give members an overview of the Report.

97/19.2 Ms Cushley said that the Report sets out a series of stories and examples of the HSCB/PHA's commitment to safety and quality. She explained that the first section of the Report features some infographics, the second section contains the short stories and the final section gives readers links to other useful documents. She added that it is hoped that the final online version will be interactive.

97/19.3 Ms Cushley advised that the five sections, each in a different colour, are the five themes that the Department requires HSCB/PHA to report on. Under Transforming the Culture, she highlighted the commitment to governance and leadership, the number of SAIs and complaints, and examples of patient experience and co-production. Under Strengthening the Workforce, she noted the commitment to helping staff improve.

97/19.4 Within Measuring Improvements, Ms Cushley advised that work has been done in the areas of quality improvement plans, prevention of pressure ulcers, falls and mixed gender accommodation. In Raising the

Standards, she highlighted dysphagia and maternity and children's services. Finally, under Integrating the Care, she gave examples of inter-agency and inter-organisational working with, for example, the Department of Justice and the Department of Education.

97/19.5 Ms Cushley said that the Report will be launched on World Quality Day and there will be coverage of this on social media.

97/19.6 The Chair said that the Report was well laid out and easy to follow. He asked whether exit interviews are carried out as part of the work on Project RETAIN. Ms Cushley said that she would find out.

97/19.7 Professor Rooney sought clarity that the categories of complaints were indeed the main ones. Ms Cushley confirmed that this was the case. Professor Rooney asked about the specialist group referrals for disseminating the lessons from SAI. Ms Cushley explained that a better way of sharing learning may be through a group, for example there is a maternity collaborative, and any learning can be more quickly disseminated through that forum.

97/19.8 Ms Mann-Kler said that the infographics are really useful at highlighting key information, but she felt that an opportunity is being missed as the graphics are process-focused, but should perhaps look at outcomes and patient experience. She highlighted the example of stroke and said that there is an assumption that strokes affect men more than women, but women experience very different symptoms. She said that having this information could better inform PHA's approach to a campaign in this area. Mr McClean acknowledged the point, and said that, with additional funding, PHA would have liked to have extended its FAST campaign to look at targeting different genders and age groups. Dr Mairs added that there is also an educational aspect to this. Ms Mann-Kler said that it may be useful for PHA to link with Public Health England to look at a twin-track approach. The Chair noted that the issue of women's heart disease and its distinct aetiology have been on the agenda for the last 15/20 years.

97/18.9 The Board **APPROVED** the Annual Quality Report.

98/19 Item 11 – Presentation Update on Connected Health EU Projects

Mr Eddie Ritson and Ms Soo Hun joined the meeting for this item.

98/19.1 Mr Ritson explained that the team in PHA was previously the European Centre for Connected Health, but it now works closely with the eHealth team in HSCB. He invited Ms Hun to give an overview of some of the European projects that the team has been involved in.

98/19.2 Ms Hun began her presentation by saying that the Centre for Connected Health's first project was in relation to Implementing Transnational Telemedicine Systems, and since then has been supporting the

- Department of Health, HSCB and PHA in a range of projects, including Beyond Silos, Sunfrail and ACT@Scale. With regard to the Sunfrail project, she gave an overview of a screening tool that had been developed.
- 98/19.3 Ms Hun advised that there are three projects currently ongoing, namely PLACE-EE (a rural project), MAGIC (looking at procurement) and VIGOUR (looking at social prescribing). In terms of impact, she said that work is ongoing to ensure that projects align better with HSC priorities. She added that improvements are being made in terms of sharing knowledge and good practice.
- 98/19.4 Ms Hun informed members that she has been involved in a digital blueprint project which looks at 12 different personas across a matrix of life course and health needs.
- 98/19.5 In terms of future work, Ms Hun highlighted the PEACE Plus and INTERREG programmes.
- 98/19.6 The Chair asked about the virtual reality work in stroke. Ms Hun explained that following the identification of upper body rehabilitation as an issue, different organisations had come forward with a prototype and in consultation with Ulster University, a European company and a local company in Northern Ireland a virtual reality idea was developed which is currently being tested. She said that physiotherapists will look at different exercises and then through a process called gamification, these are transferred into virtual reality where the patient can work through different exercises and progress through different levels.
- 98/19.7 Ms Mann-Kler said that it is excellent to see such innovation, but she was not certain that this innovation would be adapted based on previous experience, and asked if this was likely to change. Mr Ritson agreed that as people are busy it is difficult to find time to adapt to new innovations.
- 98/19.8 Mr Ritson also highlighted pre-commercial procurement. He said that this area is about looking at innovations that might work, and then developing a business case.
- 98/19.9 Ms Hun added that in European projects, the emphasis is not on doing new things, but to look at existing practice and how it can be improved. Mr Ritson said that the solution is not about developing new gadgets, rather applying existing technologies for mainstream issues.
- 98/19.10 Ms Mann-Kler asked about the impact of EU Exit. Ms Hun advised that there are ring-fenced funds with PEACE Plus. Mr Ritson conceded that the possibility of EU Exit has made potential partners reluctant to work with Northern Ireland, but he hoped that there remained the possibility of continuing work with a European perspective, particularly in R&D. Ms Hun added that the issues facing the population haven't changed, and

that there could be some form of network that Northern Ireland can continue to participate in.

98/19.11 The Chair thanked Mr Ritson and Ms Hun for the update.

99/19 Item 12 – Surveillance of Influenza in Northern Ireland 2018/19 (PHA/05/10/19)

Dr Gerry Waldron and Mr Mark O’Doherty joined the meeting for this item.

- 99/19.1 Mr O’Doherty advised that PHA carries out surveillance of flu all year round and produces a weekly flu bulletin in addition to the Report that is being presented today. He noted that 2018/19 was a relatively quiet year as the predominant flu strain was H1N1. He reported that there were only a few outbreaks of flu within the nursing homes sector.
- 99/19.2 Mr O’Doherty said that PHA also monitors the uptake of the flu vaccine, both among specific public groups, and also healthcare workers in line with targets set by the Chief Medical Officer. He advised that there had been a slight decline in the uptake among the public groups, but an increase in the uptake for healthcare workers. He noted that although the number of vaccines has increased, the population is also increasing. He added that last year there was a specific vaccine for those over 65.
- 99/19.3 Going forward, Mr O’Doherty advised that PHA is developing its public information for this year’s flu season by developing a bespoke letter for “at risk” groups. He added that the weekly flu bulletin has been revamped and it will be more accessible to the public and healthcare professionals. He added that as part of the public relations work, two animations have been developed for social media, one targeted for the public, and the other for healthcare professionals. He said that there is also a “Flu Fighters” programme to help increase uptake among healthcare staff.
- 99/19.4 Alderman Porter highlighted an issue in his own area where people were forming long queues to get the vaccine. Dr Waldron said that there was an issue last year, but that it is the responsibility of GP practices to manage their own administration of the vaccine, whether that be through an “open” session, or through an appointment system. He advised that the issue last year related to a delay in the vaccine for those over 65. Alderman Porter acknowledged the point, but felt that as PHA is paying for the vaccine it has a responsibility for ensuring that people can access it properly because if there is a situation where people have to queue, then they may choose not to get the vaccine. Dr Mairs said that practices have to find the time to provide the service in addition to their other services, but he said that this issue could be raised with the GP Federation.
- 99/19.5 The Chair said that he has always had concerns about the low uptake among healthcare staff. Dr Waldron agreed that the rate needs to

increase, but he highlighted an issue around availability. Mr O'Doherty said that PHA works with the Occupational Health teams in Trusts. He said that there needed to be a streamlining of the information sent in by Trusts as some Trusts may report the uptake among certain groups of staff, but that other Trusts may not.

99/19.6 The Board noted the Surveillance of Influenza in Northern Ireland Report for 2018/19.

100/19 Item 13 – Update for Making Life Better, Community Planning and Programme for Government (PHA/06/10/19)

100/19.1 Mr McClean presented the update and reminded members that PHA is responsible for leading on the implementation of the Making Life Better strategy on behalf of the HSC system and the Department of Health. He advised that a meeting of the HSC Partnership had taken place last week where there was an increased focus on the population health planning approach and trying to bring a more holistic focus to that work. He said that PHA is working with the Kings Fund in London in this area. In terms of community planning, Mr McClean drew members' attention to the table which shows the different areas where each of the Councils is either leading or supporting others.

100/19.2 Mr McClean said that with regard to Programme for Government, a meeting had taken place earlier today to look at the action plan and in particular those areas that PHA is involved in, namely Family Nurse Partnership, smoke-free society, vaccinations and, at the request of the Department, reduction in suicide. He said that this will be done using an Outcomes Based Accountability approach and that there will be a website and a dashboard showing how this is progressing, with the aim of linking it back to the Making Life Better strategy.

100/19.3 Alderman Porter acknowledged that there is a lot of good work being done, but he asked whether there are data on how much each Trust is doing in the field of mental health. He said that there is a lot of information being generated, but he queried what difference it is making and are we helping people. The Interim Chief Executive acknowledged that waiting lists are an issue and that the Permanent Secretary would like to see more being done to reduce them.

100/19.4 Alderman Ashe said that while there is good work being done in the field of community planning, there is a knock-on effect in other areas and he cited an example of declining numbers of children playing rugby at school possibly due to a lack of investment in facilities. He thought that community planning would have had a greater impact at grass roots level, but this has not been the case. The Interim Chief Executive agreed with Alderman Ashe, but suggested that there is a responsibility on communities, as well as on parents.

100/19.5 Ms Mann-Kler said that the summary grid is useful to see the overview,

but she asked about further detail on the impact on the population of areas with higher deprivation. Mr McClean said that each Council may have its own metrics for this. He added that next month a review will commence which looks at the implementation of community planning.

100/19.6 The Chair sought clarity as to whether PHA or the Department of Health is responsible for the implementation of Making Life Better. Mr McClean said that it is cross-departmental policy and the Department had asked the PHA to lead on its implementation across the wider system. Responding to Alderman Porter's queries on mental health, he said that it is important for PHA to support counselling-type initiatives. He said that although PHA does some work in this area, it could potentially be increased. Mr Drew made reference to a recent documentary that highlighted Parkrun as a way of improving mental health and wellbeing.

100/19.7 The Board noted the update on Making Life Better, community planning and Programme for Government.

101/19 Item 14 – Any Other Business


101/19.1 There was no other business.

102/19 Item 15 – Details of Next Meeting

Thursday 21 November 2019 at 1:30pm

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

Signed by Chair:



Date: 21 November 2019