

## MINUTES

**Minutes of the 66<sup>th</sup> Meeting of the Public Health Agency board  
held on Thursday 19 June 2014 at 1:30pm,  
in Public Health Agency, Conference Rooms,  
12/22 Linenhall Street, Belfast, BT2 8BS**

**PRESENT:**

Ms Mary McMahan	- 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
Dr Jeremy Harbison	- Non-Executive Director
Mr Thomas Mahaffy	- Non-Executive Director

**IN ATTENDANCE:**

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

**APOLOGIES:**

Mrs Julie Erskine	- Non-Executive Director
Mrs Miriam Karp	- Non-Executive Director
Alderman Paul Porter	- Non-Executive Director
Mr Tony Rodgers	- Assistant Director of Social Services, HSCB
Mrs Joanne McKissick	- External Relations Manager, Patient Client Council

		<b>Action</b>
<b>80/14</b>	<b>Item 1 – Welcome and Apologies</b>	
80/14.1	The Chair welcomed everyone to the meeting and noted apologies from Mrs Julie Erskine, Mrs Miriam Karp, Alderman Paul Porter, Mr Tony Rodgers and Mrs Joanne McKissick.	
<b>81/14</b>	<b>Item 2 - Declaration of Interests</b>	
81/14.1	The Chair asked if anyone had interests to declare relevant to any items on the agenda. None were declared.	

**82/14 Item 3 – Minutes of the PHA Board Meeting held on 15 May 2014**

82/14.1 The minutes of the previous meeting, held on 15 May 2014, were approved as an accurate record of the meeting. The minutes were duly signed by the Chair.

**83/14 Item 4 – Matters Arising**

*66/14 Update on Inter-sectoral Programme Boards*

83/14.1 The Chair advised that the draft terms of reference for the Local Government Liaison Committee had been shared with members via e-mail.

83/14.2 Mrs Cullen said that she had prepared draft terms of reference for the Older People's Programme Board and that she would seek to approve these at the first meeting of the Group following approval by AMT. She anticipated that the first meeting of the Group would take place during July with a schedule of future dates then agreed at that meeting.

*72/14.6 Position re e-cigarettes*

83/14.3 Mr Coulter asked if there was an update on the development of a PHA position regarding e-cigarettes. Dr Harper said that this would need to be informed by evidence on the health effects of e-cigarettes and developed within a clear policy framework from DHSSPS. Existing employer restrictions on smoking were being extended to e-cigarettes.

83/14.4 Alderman Ashe said he was disappointed at the lack of an explicit PHA position and suggested that, in the absence of evidence, PHA should undertake its own research. Dr Rooney said that he would contact the tobacco leads at DHSSPS to obtain an update and would report back to the Board.

Dr Rooney

**84/14 Item 5 – Chair's Business**

84/14.1 The Chair reminded members that mobile phones should not be used during meetings.

84/14.2 The Chair advised that she had attended the NICON Confederation conference in Liverpool and said that the presentations she had heard were both powerful and interesting. Mr McClean shared with members a write up of some of the sessions he had attended at the same event.

84/14.3 The Chair said that she had attended the annual PHA Scientific Conference, and she thought that the event brought together well all of the Section 75 groups. Dr Harper said that the event went well and that she had received positive feedback. She added that next year's theme would be "Working Age Adults". The Chief Executive congratulated all of those staff involved in the event.

#### **85/14 Item 6 – Chief Executive's Business**

85/14.1 The Chief Executive said that he had commenced a series of meetings with all of the Chief Executive Designates of the new Councils.

85/14.2 The Chief Executive advised members that he anticipated that the new public health strategy, Making Life Better, would be published shortly. He added that PHA will be chairing the Implementation Project Board and that he would wish to start work on the implementation as soon as possible.

85/14.3 The Chief Executive told members that he had attended the opening of a new Haemodialysis Unit and also the launch of the Incredible Years project. He added that he had attended a resilience workshop for PHA staff.

85/14.4 Mr McClean advised members that it had been brought to PHA's attention by DHSSPSNI that it did not have the legal authority to distribute vaccinations. However, he went on to say that this authority lies with the HSCB, and that PHA had signed an agreement with HSCB to continue to undertake this role. He added that the legislation will be amended in due course.

**86/14 Item 7 – Finance / Operations Update**

- **Investment Plan 2014/15 – Final Draft (PHA/01/06/14)**
- **PHA Budgets 2014/15 (PHA/02/06/14)**

86/14.1 Mr McClean presented the final draft of the 2014/15 Investment Plan, the purpose of which is to meet DHSSPS objectives and to allow PHA to begin to deploy its funding resources. He explained that this Plan looked at growth funds, and where it is possible to reform existing baselines.

86/14.2 Mr McClean said that members had already seen earlier drafts of the detail within the Plan, and he said that the financial figures in this Plan clearly link to PHA's revenue resource limit.

86/14.3 Mr Cummings explained that under Standing Financial Instructions, the PHA Board is required to approve a budget for 2014/15. He advised, that despite the Commissioning Plan not having been finalised, it was still appropriate for PHA to approve its own budget. He added that although the gap in the Commissioning Plan is the subject of an additional bid for resources, the impact on the PHA would be minimal.

86/14.4 Mr Coulter asked whether the current impasse on social security reform would impact the Commissioning Plan. He noted a discrepancy between the running costs in the Investment Plan and those in the budget. Mr Cummings said that the outcome of the social security impasse could have an impact on the health budget. With regard to the discrepancy, he said that it may be due to an adjustment for inflation, but he would review this.

86/14.5 The Chief Executive said that given the context PHA is operating in, this budget will be provisional, however, it is necessary for PHA to commence its planning work and carry on its business.

86/14.6 Alderman Ashe asked whether the Board could approve the Plan at this meeting. Mr Cummings said that it was a statutory requirement for the Board to approve the budget, and that if required, the Board could be reconvened to approve a revised budget.

86/14.7 Dr Harbison noted that the budget shows that 20% of PHA's running costs are termed as management and administration. The Chief Executive said that work was under way to look at re-

categorising this section.

86/14.8 Members approved the Investment Plan and the budget for 2014/15.

**87/14 Item 8 – Governance and Audit Committee Update (PHA/03/06/14)**

- **Minutes of 10 April 2014 meeting**
- **Verbal briefing from Chair**

87/14.1 Mr Coulter updated members on the last meeting of the Governance and Audit Committee which had taken place on 11 June 2014. He advised that the minutes of the meeting of 10 April 2014 had been approved and were available to members for noting.

87/14.2 Mr Coulter said that the year end Internal Audit Report had been considered by the Committee, and that the three main audits areas had been finance, corporate risk and governance. He added that PHA had received a satisfactory assurance for each audit and highlighted some of the recommendations that had been made.

87/14.3 Mr Coulter advised that Internal Audit had verified the compliance with Controls Assurance Standards for five of the Standards and that overall PHA had received substantive compliance.

87/14.4 Mr Coulter informed members that the Committee had considered the draft Report to those Charged with Governance, which had contained some Priority One recommendations, primarily in the area of shared services. He said that the Committee had written to the Chief Executive of BSO to invite him to a future meeting.

87/14.5 Members noted the update from the Committee Chair.

**88/14 Item 9 – Corporate Risk Register (PHA/04/06/14)**

88/14.1 Mr McClean said that the Corporate Risk Register had been reviewed for the period up to 31 March 2014 and that a further review was due to take place after 30 June 2014. He advised that two risks had been de-escalated to the operations



directorate risk register.

88/14.2 Members noted the Corporate Risk Register.

**89/14 Item 10 – Remuneration Committee Update (PHA/05/06/14)**

- **Minutes of 4 December 2013 meeting**
- **Verbal briefing from Chair**

89/14.1 The Chair advised that the meeting of the Committee of 11 June had been adjourned to today, and that she would give a fuller report at the next Board meeting.

**90/14 Item 11 – Project Initiation Document: Development of PHA Strategic Priorities 2015/20 (PHA/06/06/14)**

90/14.1 The Chief Executive introduced the Project Initiation Document and said that following the away day in September 2013, PHA had begun the process of evaluating its own impact in areas such as commissioning and tackling inequalities. He said that in areas such as TYC, community planning and Making Life Better, PHA needed to maximise its impact. He added that the additional time given to PHA to develop its new Corporate Strategy would allow a more detailed analysis of all of PHA's fundamental priorities across all of its activities.

90/14.2 The Chief Executive said that he was keen to commence immediately the process of developing PHA's new Corporate Strategy and that this work would be led by a sub-committee of the PHA Board chaired by Dr Jeremy Harbison. He added that a key element of this work will be stakeholder engagement.

90/14.3 The Chief Executive advised that there would be dedicated project support and that there would be an early meeting of the programme board to commence this work.

90/14.4 Dr Harbison said that the forthcoming publication of the new Making Life Better strategic framework would give PHA an overarching framework to take forward its strategic planning. He added that there is also the Programme for Government and opportunities for community planning given the changes in the local government structures.

90/14.5 Dr Harbison said that the changed timetable will give PHA a

more realistic timescale to get everything in place. He said that this was an exciting time for PHA and he was happy to chair the group to take this forward.

90/14.6 The Chair said that the Project Board would be made up of both Executive and Non-Executive Directors.

90/14.7 Members approved the Project Initiation Document.

### **91/14 Item 12 – Programme Report: Health Protection**

91/14.1 Dr Lorraine Doherty joined the meeting and delivered a presentation on the work of the Health Protection team. She began with an overview of the enquiries dealt with by the Duty Room and the work of the emergency response team in dealing with events such as flooding, as well as the Giro d'Italia.

91/14.2 Dr Doherty advised members that the incidence of influenza for 2013/14 was generally lower than expected. In terms of immunisations, Dr Doherty said that Northern Ireland remained ahead of other parts of the UK in terms of uptake rates. She told members that an Infectious Disease Outbreak Plan had been developed.

91/14.3 Dr Doherty told members that there was an upward trend in terms of cases of TB and gonorrhoea. She gave members an overview of HCAs, including an update on her recent trip to South Africa as part of PHA's work in helping establish a surveillance centre.

91/14.4 Dr Doherty finished her presentation by expressing her thanks to all the staff in the health protection directorate.

91/14.5 The Chief Executive expressed concern about the increasing number of cases of gonorrhoea. Dr Doherty said that in recent years, there had been a reduced focus on campaigns regarding sexual health.

91/14.6 Dr Harbison asked about the evidence between increased rates of disease and resistance to treatment. Dr Doherty agreed that this was a challenge. She said that to respond to this threat, PHA is looking at issues such as prudent prescribing and anti-microbial stewardship as well as look at the links between public

health and pharmacists.

91/14.7 Dr Harbison asked if there were any links with the use of drugs in the agricultural industry and knock on effects for humans. Dr Doherty said that she did not have data on this, but she could forward relevant information to Dr Harbison.

91/14.8 The Chair asked about the effectiveness of flu vaccines. Dr Doherty acknowledged that this was an issue, and that PHA is monitoring vaccines, through a project called i-more. The Chair asked whether there had been any reported reactions to the vaccine. Dr Doherty said that there had been some incidents in England, but none in Northern Ireland.

91/14.9 Members noted the update on health protection.

**92/14 Item 13 – Northern Ireland Abdominal Aortic Aneurysm (AAA) Screening Programme Annual Report 2012/13 (PHA/07/05/14)**

92/14.1 Dr Harper introduced Dr Adrian Mairs and Ms Jacqueline McDevitt to the meeting and invited them to present the Northern Ireland Abdominal Aortic Aneurysm (AAA) Screening Programme Annual Report for 2013.

92/14.2 Dr Mairs said that this was the first Annual Report for this screening programme, which was introduced in June 2012 for men aged 65 and over. He added that the report had been produced in collaboration with the Belfast Trust as it runs the programme. He said that, despite a low understanding of what AAA is, there had been a good uptake of men attending the programme.

92/14.3 Dr Mairs explained to members what an abdominal aortic aneurysm is and said that it is easily detected. He anticipated that the numbers of men attending the programme will increase as men are called back for re-screening. To date, no deaths had resulted from the surgery given to men for whom an aneurysm had been detected.

92/14.4 Dr Mairs advised members that the programme is rolled out across 17 locations in Northern Ireland. He said that any man found to have an aneurysm is normally called back within 2



weeks.

- 92/14.5 Dr Mairs informed members of the quality assurance arrangements that are in place and said that there had recently been an event where users of the programme had the opportunity to tell their stories. He added that a similar event would be run later in 2014 at which he hoped to launch a leaflet telling people about the service.
- 92/14.6 Mr Mahaffy asked if PHA had information in terms of the demographic make up of those men who had not attended. Dr Mairs said that this information was not available.
- 92/14.7 Mr Coulter asked how men are encouraged to take part in the programme and if GPs are involved in the process. Ms McDevitt said that a quarterly newsletter is sent to GPs and GPs are encouraged to talk to men about the programme. She added that PHA would wish to encourage GPs to facilitate the programme in their practice. She added that, in the absence of a media campaign, it is important that people self-refer. Dr Mairs noted that, given the success of the programme, it was felt that a media programme was not required.
- 92/14.8 Members noted the Northern Ireland Abdominal Aortic Aneurysm (AAA) Screening Programme Annual Report 2012/13.
- 93/14 Item 14 – DPH Annual Report 2013 (PHA/08/06/14)**
- 93/14.1 Dr Harper informed members that the Director of Public Health Annual Report had been formally launched at the annual public health conference on 16 June 2014. She expressed her thanks to all of those staff involved in the compilation and production of the report.
- 93/14.2 Members noted the Director of Public Health Annual Report.
- 94/14 Item 15 – Personal and Public Involvement Report (PHA/09/06/14)**
- 94/14.1 Mrs Cullen welcomed Martin Quinn and Fiona McLaughlin to the meeting.
- 94/14.2 Mr Quinn began his presentation by outlining PHA's role in

regard to PPI. He advised that the PPI Strategy was coming to an end and that a new Strategy was being developed to commence in 2015. In terms of the implementation of the actions within the current Strategy, Mr Quinn said that PPI standards had been developed and he hoped that these would be formally issued by DHSSPS to allow PHA to monitor Trusts' progress against them.

94/14.3 Mr Quinn said that PPI training had been commissioned, and a new website would be up and running shortly. He added that a further call for research would be undertaken as the first call had proved unsuccessful.

94/14.4 Mr Quinn invited Fiona McLaughlin to tell members of her experience as a service user working with PHA. Ms McLaughlin told her story to members and outlined the work of PHA in helping with the Neurological Conditions Network.

94/14.5 Mr Coulter thanked Ms McLaughlin for her presentation. He asked Ms McLaughlin for her views on what PHA should focus on in terms of PPI. Ms McLaughlin said that for as long as PPI can be demonstrated to be having an impact, people will get involved if they can see it is making a difference.

94/14.6 Members noted the update on PPI.

#### **95/14 Item 16 - Annual Progress Report 2013/14 to the Equality Commission (PHA/10/06/14)**

95/14.1 Mr McClean welcomed Anne Basten to the meeting and asked her to give an overview of the Annual Equality Report.

95/14.2 Ms Basten said that this report is completed based on information collated across each of the directorates in and she added the equality evidence base in PHA is becoming wider. She gave a summary of work carried out in equality areas such as political opinion and ethnicity and highlighted work undertaken with older LGBT, rather than the focus being on young people.

95/14.3 Ms Basten said that the final area she wished to highlight was procurement and said that a lot of work had been done to consider the equality agenda as part of procurement specifications and trying to create good relations the voluntary

sector.

- 95/14.4 Ms Basten outlined to members three challenges for PHA to consider in 2014/15. She noted that during the year 2013/14, not one PHA policy was screened in for assessment, which would suggest that no PHA policies had any equality implications, but she added that was a challenge not unique to PHA. She said the second challenge was around having information in accessible formats, and the third area was around PPI.
- 95/14.5 Dr Harbison asked whether there are internal procedures for challenging the outcomes of equality screenings. Mr McClean said that when equality screenings are being completed, BSO would be involved in the process. He added that papers that are brought to AMT should be screened. Dr Harper noted that perhaps the nature of PHA's business means that it must ensure that all of its work is open to all of the S75 groups.
- 95/14.6 The Chief Executive said that there are PHA initiatives which may have a particular leaning towards one of the S75 groups, and that some of PHA's more meaningful and successful activities would impact across a wide range of communities. Dr Harbison said that the bulk of PHA's activity, for example with Travellers, young people, other groups, would suggest there would be equality impact. Mr McClean said that procurement and PPI will be key into the future.
- 95/14.7 The Chief Executive said that PHA should look at these three challenge areas as part of its new Corporate Strategy.
- 95/14.8 The Chair said that there had been discussions at a NICON meeting regarding feedback from the Equality Commission on these reports. Ms Basten acknowledged the issue of feedback and added that a new template for future reports was being developed but she did not feel that this would address the feedback issue. The Chair expressed her disappointment as all organisations commit time and resources to the compilation of these reports.
- 95/14.9 Members approved the Annual Equality Report for submission to the Equality Commission.

**96/14 Item 17 – Any Other Business**

96/14.1 There was no other business.

**97/14 Item 18 – Date and Time of Next Meeting**

Date: Thursday 21 August 2014

Time: 1:30pm

Venue: Public Health Agency

Conference Rooms

2<sup>nd</sup> Floor

12-22 Linenhall Street

Belfast

BT2 8BS

Signed by Chair: 

Date: 21/08/14