

## MINUTES

**Minutes of the 63<sup>rd</sup> Meeting of the Public Health Agency board  
held on Thursday 20 March 2014 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                                     |
| 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                              |
| Mr Thomas Mahaffy     | - Non-Executive Director                              |
| Alderman Paul Porter  | - Non-Executive Director                              |

**IN ATTENDANCE:**

- |                        |   |
|------------------------|---|
| Ms Cara Anderson       | - Assistant Director of Commissioning, HSCB ( <i>for item 9</i> ) |
| Mr Simon Christie      | - Assistant Director of Finance, HSCB                             |
| Mrs Fionnuala McAndrew | - Director of Social Care and Children, HSCB                      |
| Mr Dean Sullivan       | - Director of Commissioning, HSCB ( <i>for item 9</i> )           |
| Mr Robert Graham       | - Secretariat   |

**APOLOGIES:**

- |                      |  |
|----------------------|--|
| Dr Jeremy Harbison   | - Non-Executive Director                             |
| Mrs Miriam Karp      | - Non-Executive Director                             |
| Mr Owen Harkin       | - Director of Finance, HSCB                          |
| Mrs Joanne McKissick | - External Relations Manager, Patient Client Council |

		<b>Action</b>
<b>36/14</b>	<b>Item 1 – Apologies</b>	
36/14.1	The Chair welcomed everyone to the meeting and noted apologies from Dr Jeremy Harbison, Mrs Miriam Karp, Mr Owen Harkin and Mrs Joanne McKissick.	

**37/14 Item 2 - Declaration of Interests**

37/14.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. None were declared.

**38/14 Item 3 – Minutes of the PHA Board Meeting held on 20 February 2014**

38/14.1 The minutes of the previous meeting, held on 20 February 2014, were approved as an accurate record of the meeting. The minutes were duly signed by the Chair.

**39/14 Item 4 – Matters Arising**

*32/14 HCAI Report*

39/14.1 In response to the queries raised at the last meeting, Dr Harper advised that the MRSA figures have been reviewed with the Western Trust. She said the issues related to the decolonisation of patients and ensure adherence to procedures. She added that the focus was now on community settings.

39/14.2 Dr Harper added that MRSA is regularly discussed at meetings with Medical Directors. However, it was noted that the MRSA figures have now reduced greatly and it would be difficult to achieve a further reduction, but a workshop was being organised with HSC Trusts to review this.

**40/14 Item 5 – Chair’s Business**

40/14.1 The Chair advised that she had attended an event organised by the Patient Client Council regarding an e-learning system which could potentially be used as part of PPI. She said that she had also attended the launch of Flourish, a churches’ initiative working within the community.

40/14.2 The Chair had attended the NICON conference which had featured interesting contributions from patients. She said that the talks at the conference had shown that there is a highly motivated workforce within the HSC who are striving to do the right thing for patients and do it well.

40/14.3 The Chair noted that Board member Thomas Mahaffy had sent

an e-mail requesting an update on social clauses and procurement and advised that there would be an update at a future meeting, with attendance of representatives from BSO.

**41/14 Item 6 – Chief Executive’s Business**

41/14.1 The Chief Executive said that he had attended an event in Templepatrick regarding the e-health strategy and noted the wide range of work going on in this area. He also informed the Board that he had attended a 2-day conference on “Delivering Safer Care”, which had been a success for PHA.

**42/14 Item 7 – Finance Update  
PHA Financial Performance Report (PHA/01/03/14)**

42/14.1 Mr Christie said that the Finance Report for the period up to 31 January showed a deficit of £105k within programme expenditure, and a surplus of £400k within management and administration costs. However, this surplus would be re-invested within programmes. He said that 29% of the PHA’s budget was due to be spent within the last two months of the year, but he said that finance staff were liaising with budget managers and working to ensure that the expenditure could be processed.

42/14.2 Mr Christie said that the issues regarding Lifeline were being worked through, but should not affect the projected break-even position. He finished the report by saying that the prompt payment figures were continuing to show a cumulative improvement.

42/14.3 Mrs Erskine expressed her concern about the rising costs of the Lifeline contract. Mr Christie said that Lifeline is a demand-led service, but that there is a 3-year value on the contract and that the contract will be managed to that value. The Chief Executive added that PHA was reviewing the contract, but acknowledged that there was learning for PHA with regard to demand-led services. He said that discussions have been taking place with Lifeline to ensure that a quality service was being provided.

42/14.4 Alderman Porter asked whether PHA would be in a similar year next year in terms of having to expend additional funds for this service. He asked whether an in-depth report could be provided. Dr Harper said that PHA was currently reviewing the activity

reports provided by Lifeline and obtaining evidence to substantiate the volume of calls being invoiced. She added that a clinical audit is being undertaken of the volume of calls and to ensure the appropriateness of the work Lifeline is undertaking in keeping with the contract.

42/14.5 The Chief Executive acknowledged that this is an important issue, and PHA needed to ensure that the funding for Lifeline is being used appropriately. However, as demand tends to fluctuate, it may be necessary to make adjustments. He assured the Board that PHA is taking an in-depth review of the financial aspects.

42/14.6 Mr Coulter asked about the projected slippage in the overall PHA programme budget and queried whether the slippage was intentional and how it was intended that it would be used. The Chief Executive said that PHA has a complex budget as it is dealing with many organisations and that each year PHA attempts to anticipate where additional cost pressures may arise. He said that work remains ongoing to finalise the PHA's Investment Template for 2014/15 and that the main variances exist in those demand-led services. With regard to surplus funds, the Chief Executive said that PHA works to ensure that any surplus funding is used appropriately. Mr Coulter said that he felt that more information is required on where slippage has been generated.

42/14.7 Mr Christie echoed the comments of the Chief Executive and assured the Board that the generation of slippage is not intentional, and that PHA strives to achieve a break-even position, and that the organisation is held to account by DHSSPS in terms of its financial management.

42/14.8 Members noted the Finance Report.

#### **43/14 Item 8 – Programme Expenditure Monitoring System (PEMS) Report (PHA/02/03/14)**

43/14.1 Mr McClean presented the latest PEMS Report and advised that following a recent allocation, there had been a slight increase in PHA's overall operational budget. He said that the amount in negotiation has been reduced to £18k. He advised that there was a slight under-investment in smoking cessation services.

- 43/14.2 The Chair asked whether there was an increased demand for smoking cessation services during the running of PHA's public information campaigns. She believed that the anti-smoking campaign should be a continuous one. Dr Harper acknowledged that smoking is thought to contribute to half of health inequalities and results in 2,300 deaths per year in Northern Ireland. She added that there is a clear correlation between the campaigns and increase in the demand for services. Following the last campaign, a decline had been noted in the demand.
- 43/14.3 Mr McClean said that PHA is required to further reduce its advertising expenditure, but that a refresh will be undertaken of the current campaign. Mr Coulter asked if PHA used social media. Mr McClean confirmed this and indicated that the PHA always seeks to use the most appropriate form of media to reach its target audience.
- 43/14.4 Alderman Ashe asked if PHA can measure the success of its campaigns. Mr McClean said that data is available of numbers of individuals who have quit smoking and Dr Harper added that figures can be obtained in terms of the percentage of individuals who have quit once they have accessed services. Alderman Ashe said that the issue was individuals taking up smoking in the first instance. Dr Harper said that this is an angle that PHA is pursuing.
- 43/14.5 Mr Coulter asked when the Lifeline contract was due to expire. Mr McClean confirmed that this was in 2015. Alderman Porter queried the reduction in advertising and felt that advertising companies would struggle without government advertising. Mr McClean indicated that considerable effort was expended in ensuring it used the right media and that this was bought far enough in advance to get the best rates.
- 43/14.6 Members noted the PEMS Report.
- 44/14 Item 9 – Draft Commissioning Plan (PHA/03/03/14)**
- 44/14.1 The Chair welcomed Dean Sullivan and Cara Anderson to the meeting. She said that this was the sixth Commissioning Plan to be developed, and approved by the PHA and she acknowledged that there had been improvements in the process over the six

years. She added that members had already had two opportunities to consider the Plan at Board workshops.

- 44/14.2 The Chief Executive reminded members of PHA's role in the approval of the Plan and that approval could only be given following an assurance that due regard had been given to PHA's advice during the development of the Plan and that the final Plan had taken account of that advice.
- 44/14.3 Mr Sullivan advised members that the draft Commissioning Plan had been developed following receipt of the Commissioning Plan Direction from DHSSPS in December 2013. He said that the Direction contained seven strategic priorities and a range of ministerial targets. He added that the draft Plan sought to respond to these targets and priorities as well as key HSCB and PHA priorities, and four issues highlighted by the Patient Client Council.
- 44/14.4 Mr Sullivan explained that the development of the Plan had been a team effort, with extensive input from PHA, as well as from all directorates within HSCB at local and regional level. He advised that there was no separate TYC Plan, and that local plans had been built into this one Plan. Mr Sullivan drew members' attention to the financial challenges associated with the delivery of the Plan and said that these remained the subject of ongoing discussions with DHSSPS.
- 44/14.5 Mr Sullivan said that the Plan had been approved by the Board of the HSCB at its meeting on 13 March, and that he was seeking PHA approval, not of publication of the Plan, for submission to DHSSPS as a fit for purpose response to the Commissioning Plan Direction. He said that HSCB has been working closely with DHSSPS to identify the costs associated with the Plan, and that it is ultimately a ministerial decision in terms of how the gap can be reduced, but that HSCB has discharged its responsibility.
- 44/14.6 The Chief Executive invited Executive Directors from PHA to provide assurance to the Board that due regard had been taken of their advice.
- 44/14.7 Dr Harper said that from her perspective, the development of the Plan had been a team effort, and that she was content with what was being proposed.

- 44/14.8 Mrs Cullen also agreed that the compilation of the Plan had been a team effort and from a nursing, AHP and PPI perspective, she was content to approve it.
- 44/14.9 Mr McClean advised that he felt that the Plan reflected the requirements of DHSSPS Commissioning Directions.
- 44/14.10 The Chair invited Non-Executive Directors to comment on the draft Plan.
- 44/14.11 Alderman Ashe asked about how the Plan would ensure that waiting times would be reduced and how it will make a real difference for service users. Mr Sullivan said that within the Plan, there are targets, at both regional and local level and that these are also within Trust delivery plans, therefore any targets set by the Minister will be monitored and managed.
- 44/14.12 Mr Coulter believed that the Plan was a robust response to the Commissioning Directions, noting the constraints that this presented. Mr Coulter said that he would have preferred to have seen discrete identification of areas relating to TYC and the “shift left” but he acknowledged that it was an integrated plan. With regard to the financial outlook, he queried if the Plan had taken account of unforeseen emergencies, noting that in the current financial year HSC Trusts were facing a significant financial shortfall. He asked if any reprioritisation of areas within the Plan had been undertaken. Finally, he expressed concern at the lack of evidence base in social care areas.
- 44/14.13 Mr Sullivan acknowledged the issue of contingency and felt that there was an element of contingency built into the Plan. He sought to give an assurance that the Plan being presented today has taken account of the difficulties within the system and that any saving targets are robust and that what is being asked of Trusts can be realistically delivered. In terms of reprioritising, he said that no reprioritisation has yet taken place, as the draft Plan seeks to fulfil all aspects of the Commissioning Plan Direction.
- 44/14.14 Mrs McAndrew agreed that in relation to an evidence base in social care, there is an ongoing debate in terms of what can be measured, but she explained that funding has been provided from DHSSPS to allow research to be undertaken and that HSCB

is working with R&D colleagues in PHA to develop a strategy for how research can be taken forward in this area.

- 44/14.15 Mrs Erskine said that she had attended the two workshops and that from talking to staff who had been involved in the groundwork for developing the draft Plan, she was assured that due regard had been taken of PHA advice, however she expressed concerns about the financial situation. She thanked all those staff who had been involved in the development of the Plan.
- 44/14.16 Mr Mahaffy expressed his thanks to those who had compiled the draft Plan. He said that he remained concerned at the lack of an assessment of the impact of the Plan on equality or any assessment of current and unmet need. He felt that equality considerations had been relegated from the decision making section of the Plan to the implementation section. He expressed dissatisfaction that the Plan seeks to deliver on TYC which raises a range of issues, mainly the potential privatisation of aspects of the HSC.
- 44/14.17 Mr Mahaffy asked about the options for financial stability and whether the revisions in this section had been driven by a change in policy as this could raise issues with regard to health inequalities. Mr Sullivan explained that this section had been revised as some of the suggestions previously made were outwith the remit of HSCB. The Chief Executive advised that this issue had been raised by PHA members at one of the earlier workshops and that he was pleased that this section had been revised following PHA's concerns.
- 44/14.18 Mr Mahaffy noted that an overall decision had been made in the Equality Screening regarding the need to carry out an EQIA, but not for each individual Programme of Care. Mr Sullivan said that HSCB is aware of its equality obligations and that it would ensure that these are discharged appropriately. He said that HSCB would work with provider organisations to complete full impact assessments where required. Ms Anderson added that if a full EQIA were required to be completed, this would add three months to the process of developing the Plan. Mr Mahaffy felt that there would be merit in having discussions to address some of these concerns.



- 44/14.19 Alderman Porter said that within the Plan, some of the targets needed to be reviewed. Mr Sullivan agreed that there should be greater rigour with regard to some of the targets and agreed to review these.
- 44/14.20 The Chair advised members that the Patient Client Council had written to her and outlined their approval of the draft Plan but there was an acknowledgement of the financial difficulties.
- 44/14.21 The Chief Executive said that the next steps would be that the Plan would be forwarded to DHSSPS for consideration and that if the Plan required to be amended, that an amended Plan would be brought to the PHA Board for consideration and approval. Mr Sullivan said that the final Plan would include some capital projects.
- 44/14.22 Members approved the draft Plan to be submitted to DHSSPS as a fit for purpose response to the Commissioning Plan Direction, with the exception of Mr Mahaffy who expressed his dissent on the basis of his earlier comments.
- 45/14 Item 10 – Board Governance Self-Assessment Tool (PHA/04/03/14)**
- 45/14.1 Mr McClean presented the completed self-assessment tool and explained that following correspondence from DHSSPS in November 2013, PHA was required to complete the questionnaire.
- 45/14.2 Mrs Erskine thanked Rosemary Taylor and Robert Graham for their work in helping to complete the questionnaire but expressed her concern that there is little feedback from DHSSPS regarding the completed questionnaires.
- 45/14.3 The Chief Executive said that the completion of the questionnaire is a positive way of PHA ensuring that it is complying with its governance requirements and identifies areas where there may be gaps in practice. Mr McClean agreed that the findings of the questionnaire show how much PHA has achieved.
- 45/14.4 Mrs Erskine said that an action plan will be completed as part of the questionnaire with action owners identified.

45/14.5 Members approved the self-assessment questionnaire for forwarding to DHSSPS.

**46/14 Item 11 – Update on Inter-Sectoral Programme Boards**

46/14.1 The Chief Executive gave an overview of the three areas for which it was proposed that programme boards be established, namely child development, local government and older people.

46/14.2 The Chief Executive acknowledged that each group is at a different stage in terms of its operation, but requested that members nominate themselves for the group in which they are most interested. In terms of reporting arrangements, he suggested that regular reports should be brought to the Board.

**47/14 Item 12 – Any Other Business**

47/14.1 There was no other business and the Chair drew the meeting to a close.

**48/14 Item 13 – Date and Time of Next Meeting**

Date: Thursday 17 April 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: 17 April 2014