

MINUTES

**Minutes of the 61st Meeting of the Public Health Agency board
held on Thursday 23 January 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
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:

Mrs Fionnuala McAndrew	- Director of Social Care and Children, HSCB
Mr Simon Christie	- Assistant Director of Finance, HSCB
Mr Robert Graham	- Secretariat

APOLOGIES:

Mr Owen Harkin	- Director of Finance, HSCB
Mrs Joanne McKissick	- External Relations Manager, Patient Client Council

		Action
1/14	Item 1 – Apologies	
1/14.1	The Chair welcomed everyone to the meeting and noted apologies from Mrs Joanne McKissick and Mr Owen Harkin.	
2/14	Item 2 – Family Nurse Partnership Presentation	
2/14.1	Mrs Cullen said that she welcomed the opportunity to use this meeting for Board members to meet with service users from the	

Family Nurse Partnership programme. She introduced a service user and her mother to the meeting as well as nurse Roisin O'Neill and Deirdre Webb from Public Health Agency.

- 2/14.2 Ms Webb began by giving members an overview of the Family Nurse Partnership (FNP) programme and explained that it is mainly targeted at teenage mothers. She said that it is currently operating on three sites within the Belfast, Southern and Western Trusts with approximately 242 mothers.
- 2/14.3 Members heard from the service user and her mother about their experience of the programme which they said was a very positive one, and they welcomed the opportunity to share this with the Board.
- 2/14.4 Alderman Porter asked about the work of the programme in the post natal period. Ms O'Neill explained that that after the baby is born there is still engagement with the service user, which includes the PIPE (Parents in Partnership Education) programme.
- 2/14.5 Ms Webb advised that during the programme, users have up to 65 visits, 15 of which are during pregnancy. Overall the programme provides support of up to 100 hours.
- 2/14.6 Dr Harbison asked about the resource implications for delivering this programme over a three year period. Dr Harper said that there is evidence that the most vulnerable mothers require this type of intervention and added that there could potentially be a much higher cost to the service if this investment is not made at this stage. Alderman Porter said that it would be interesting to see the outcome in 10/15 years for a child whose mother came through the programme.
- 2/14.7 The Chief Executive said that in time, the programme will be available in each of the five HSC Trusts and will target all of those who need this type of support. He added that as part of PHA's commissioning role, this was an important programme.
- 2/14.8 Members thanked the service user and her mother for attending the meeting.

3/14 Item 3 - Declaration of Interests

3/14.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. None were declared.

4/14 Item 4 – Minutes of the PHA Board Meeting held on 19 December 2013

4/14.1 The minutes of the previous meeting, held on 19 December 2013, were approved as an accurate record of the meeting. The minutes were duly signed by the Chair.

5/14 Item 5 – Matters Arising

163/13.2 Remuneration Committee Update

5/14.1 The Chair advised that the Chief Executive had completed a paper outlining his personal responsibilities with regard to inequalities and that this paper will be shared with members of the Remuneration Committee.

6/14 Item 6 – Northern Ireland Registry of Self Harm Annual Report 2012/13 (PHA/01/01/14)

6/14.1 Dr Harper said that the first Northern Ireland Registry of Self-Harm Annual Report contained three key areas which required follow up. These are under 18s presenting to emergency departments with self harm, individuals who are self cutting and individuals who are presenting on 2-4 occasions.

6/14.2 Brendan Bonner informed members that a Registry operates in both Northern Ireland and the Republic of Ireland and is very much in the ethos of the Protect Life Strategy. He said that this is the first Annual Report which means that it is not possible to make comparisons with any previous data.

6/14.3 Mr Bonner said that the summary by Trust and gender showed that the Belfast Trust, which has a catchment of 19% of the population, had 28% of the instances of self-harm. He said that self-harm is more common with men and that alcohol remains a serious issue. He added that it was difficult to measure the usage of illegal drugs as each referral would require a full toxicology report.

- 6/14.4 Mr Bonner said that, in comparison to both the Republic of Ireland and the rest of the UK, Northern Ireland had higher rates of suicide iteration presentations. He said that approximately two-thirds of these were male and 5% were for under 18s. He said that it costs £1m annually to tackle self-harm and suicide ideation.
- 6/14.5 Mr Bonner said that PHA is currently reviewing what services can be provided and that a new training programme for frontline staff is being tendered as well as the provision of community awareness programmes and information leaflets. He said that within the Western Trust, a report was being compiled of data which had been collated on self-harm over the previous six years.
- 6/14.6 Mr Mahaffy asked if there was further information available on the reasons individuals self-harm and whether there is a link between those who self-harm and then commit suicide, and furthermore is there a higher or lower proportion from the LGBT community. Mr Bonner said that the information contained in the report is compiled by frontline staff in emergency departments and thus more in-depth information is not available. He said that in 40% of suicides there is evidence of previous self-harm.
- 6/14.7 Alderman Ashe asked about the type of drugs taken by individuals who self-harm. Mr Bonner said that this information was not available as full toxicology reports are not carried out.
- 6/14.8 With regard to the statistic that 28% of self-harm cases were reported by the Belfast Trust which has 19% of the population, Mr McClean said that this reflected the the huge population in Newtownabbey, Carrickfergus who could also use hospitals in Belfast. Alderman Ashe asked about individuals who arrive at emergency departments in a drunken state and are advised to come back. Mr Bonner said that all individuals who report with either self-harm or suicide ideation are advised to wait within the emergency department and are seen within two hours. Mrs Cullen added that there is an issue with regard to the availability of mental health liaison nurses as this service is not available on all sites, but there are on-call arrangements.
- 6/14.9 Dr Harbison asked whether the age/gender/population profile of individuals who committed suicide compared with those who self-

harmed. Mr Bonner said that Queen's University is intending to do some research in this area but he said that evidence would suggest a similar profile. Dr Harbison asked what the overall picture looked like in terms of the number of people who self-harmed. Mr Bonner said that it was difficult to get the exact position as individuals may self-harm in private and that the information contained in the report is only what is obtained from emergency departments, but not at GP or community level. He added that there is a high number of suicides in prisons and that many of these followed episodes of self-harm.

6/14.10 Mr Coulter asked for more information on the new services being tendered. Mr Bonner said that it is intended to have individuals employed within each Trust who can work with the community and voluntary sector to provide support.

6/14.11 The Chair asked about mental health liaison nurses and asked why this service was not available in all Trusts, given the likelihood of individuals requiring this type of service presenting at emergency departments. Mrs Cullen said that the service is targeted in specific areas but acknowledged that in other UK countries, there is a wider range of services available. The Chair suggested this could be put into the Commissioning Plan. Mrs Cullen said that this is being consulted upon against other priorities but the principle remains that the care pathway begins at home. She said that individuals with mental health issues still face barriers accessing primary care services.

6/14.13 Members noted the Annual Report on Self-Harm.

**7/14 Item 7 – HIV Surveillance in Northern Ireland 2013
(PHA/02/01/14)**

7/14.1 The Chair welcomed Dr Neil Irvine to the meeting and asked him to give members an overview of the HIV Surveillance in Northern Ireland report.

7/14.2 Dr Irvine began by giving members general information regarding HIV and how it is acquired, as well as mechanisms for preventing the spread of infection. He said that during recent years the number of new cases worldwide has fallen due to the success of prevention initiatives. However, the number of people living with HIV world-wide has increased as new treatments mean that

people live longer. Within the UK, the main issues regarding HIV are its increasing transmission among men who have sex with men (MSM), and late diagnosis, with up to 25% of individuals with HIV having the HIV virus without realising it.

- 7/14.3 Dr Irvine advised that within Northern Ireland, there are two main surveillance methods. The first of these is through new diagnoses and the second is monitoring the number of people who receive HIV care. He said that there remains a low number of cases of people presenting with AIDS or dying from HIV in Northern Ireland. He added that although the number of people living with HIV per 100,000 population within Northern Ireland is the lowest in the UK, the number of new diagnoses per 100,000 population during 2012 was higher than that of Wales.
- 7/14.4 Dr Irvine said that the PHA chairs the Sexual Health Improvement Network which implements the DHSSPS Health Promotion Strategy. He informed members of the Regional Sexuality and Education programme, and that clinics have been developed in some further education colleges. There is also training for healthcare staff and there are some outreach clinics available. He anticipated that in the future, there will be a campaign to promote greater awareness.
- 7/14.5 Mrs Karp noted that the range of prevention initiatives is important, and asked whether the results of ante-natal screening showed up cases of HIV. Dr Irvine said that the number of cases was small, and that it would be difficult to note if there was a trend.
- 7/14.6 Mr Coulter asked if there were barriers, for example embarrassment, for individuals coming forward for testing, and he asked whether a self-test was available. Dr Irvine said that there are some types of self-sample kit available but there was still a requirement for laboratory testing.
- 7/14.7 Mr McClean asked about the awareness levels of PEP (Post-Exposure Prophylaxis). Dr Irvine said that surveys of MSM have assessed this, and there is awareness among voluntary organisations who have lobbied for improved access.
- 7/14.8 Members noted the HIV Surveillance Report.

**8/14 Item 8 – Mid-Year Report on Safety and Quality Alerts
(PHA/03/01/14)**

8/14.1 Mrs Cullen explained that the responsibility for safety and quality alerts transferred to HSCB and the arrangements for implementing safety and quality alerts are jointly undertaken by HSCB and PHA with Dr Harper chairing an oversight group. PHA's focus is on the performance management of the alerts and ensuring that the learning from alerts is embedded. Each year more alerts are being distributed to the system and one of the method of ensuring that these are communicated widely is through the Learning Matters newsletter, which has received positive feedback.

8/14.2 Dr Harbison asked if an audit was going to be carried out on the effectiveness of the alerts. Mrs Cullen said that an audit had been considered, but she noted that not all alert letters which are issued require an assurance to be reported back. She did suggest that an audit could be undertaken to ensure that all frontline staff are kept informed of alerts and that the learning is embedded.

8/14.3 Mr Coulter asked whether learning letters issued within Northern Ireland take account of learning from across Europe. Mrs Cullen said that the content of alert letters is from intelligence from both the Republic of Ireland and the SQAT team, but that all alerts are sent out following DHSSPS approval.

8/14.4 The Chair noted that the DHSSPS had not yet issued any formal correspondence regarding the Francis Report and she anticipated that the hyponatraemia review may also make recommendations for health and social care. Mrs Cullen assured members that the recommendations from Frances are being taken forward in Northern Ireland.

8/14.5 Members noted the mid-year report on safety and quality alerts.

**9/14 Item 9 – Finance Update
PHA Financial Performance Report (PHA/04/01/14)**

9/14.1 Mr Christie said that the Finance Report up to 30 November 2013 indicated a surplus of £457k which was mainly due to management and administration costs, although these would be

absorbed within programme expenditure. He highlighted to members the costs of the Integrated Services for Children and Young People (ISCYP) programme of which £372k of funding had been provided by DHSSPS, but the remainder was to be funded by PHA. He explained that this had implications for PHA in terms of how the balance of funding could be met by reducing expenditure in other programme areas.

- 9/14.2 Mr Christie also drew members' attention to expenditure relating to the Lifeline programme and explained that the costs of maintaining this service were being closely scrutinised by both PHA and HSCB finance.
- 9/14.3 Mr Christie said that there was no change with regard to the funding allocated to HSC Trusts and that PHA would continue to monitor the use of funds issued to Trusts. Finally, with regard to prompt payment statistics, Mr Christie said that PHA was continuing to make good progress and he highlighted that PHA was achieving paying 67% of invoices within 10 days.
- 9/14.4 Dr Harbison sought clarification on the process for determining which programmes were deemed as lower priority in order to make up the funding gap. Mr Christie explained that there were some programmes which could be delayed into the next financial year. He said that a list of potential programmes where savings could be made had been prepared and shared with DHSSPS.
- 9/14.5 Dr Harbison expressed concern that this suggested PHA was being directed by DHSSPS in terms of its priorities.
- 9/14.6 Mr Christie acknowledged that this had been a difficult process for PHA and that all HSC bodies had been required to find savings. The Chief Executive added that PHA had been faced with a challenge of meeting costs it had not anticipated.
- 9/14.7 Mr Coulter asked whether the list of projects and initiatives that had been stood down were within PHA's current Business Plan and whether the Board had approved the decision to defer these.
- 9/14.8 The Chief Executive said these programmes were likely to be deferred as they had commenced late in the financial year. He added that the programmes would have had a lower impact and although the situation was not ideal, funds taken from PHA would

be used by DHSSPS to deal with priorities for the health system as a whole. Mr Christie added that many of the areas would have fallen within the delegated authority of the senior management team and that many of the business cases had not yet been prepared.

9/14.9 Members noted the Finance Report.

10/14 Item 10 – Programme Expenditure Monitoring System (PEMS) Report (PHA/05/01/14)

10/14.1 Mr McClean presented the PEMS Report and said that the amount of funding under negotiation had fallen to £175k.

10/14.2 Members noted the PEMS Report.

11/14 Item 11 – PHA Business Plan (PHA/06/01/14)

11/14.1 Mr McClean advised that the Business Plan had been updated and amended following comments from members at the recent workshop. He said that the strategic context had been expanded and that a new section had been inserted to draw the link between the Business Plan and the Corporate Strategy. He said that the colouring of the objectives was to give clarity as to which objectives related to DHSSPS.

11/14.2 The Chair requested that the term “hard to reach” was reviewed as she believed that this was not appropriate language.

11/14.3 Members welcomed the revised Plan and thanked staff for their work in compiling this revised version.

11/14.4 Members approved the PHA Business Plan.

12/14 Item 12 – Safeguarding Children and Young People Policy (PHA/07/01/14)

12/14.1 Mrs Cullen said that it was important that PHA had this policy in place and explained that it had been developed by safeguarding nurses within PHA and took account of all current practice. She added that the policy clearly sets out the needs of young people and how PHA ensures that their needs, as well as those of their parents are considered in PHA’s work in this area. She said that

PHA will continue to train staff in this area of work.

12/14.2 Mrs Erskine said that the policy should contain a section which allows staff to know that they are supported in their role in undertaking this work.

13/14 Item 13 – Register of Interests (PHA/08/01/14)

13/14.1 The Director of Operations presented the updated Register of Interests to members.

13/14.2 Members noted the updated Register and were advised that any amendments should be notified to the Secretariat.

14/14 Item 14 – Chair’s Business

14/14.1 The Chair advised that she had attended a reception at Stormont for the Northern Ireland Rare Disease Partnership but noted that the event received limited media coverage. The Chair said that, along with the Chief Executive, she had attended a governance seminar which had been informative.

14/14.2 The Chair informed members about the NICON conference which is taking place on 5 and 6 March.

14/14.3 The Chair updated members on the proposed Commissioning Plan workshop with HSCB. She said that it was unlikely this would take place on 6 February and members would be kept informed.

15/14 Item 15 – Chief Executive’s Business

15/14.1 The Chief Executive said that he was part of a PHA delegation who had visited the Incident Room of Northern Ireland Water to hear about lessons learnt following the recent flooding. He said that he had also attended an event at Belfast City Hall regarding poverty.

15/14.2 Dr Harbison asked if the Chief Executive knew when the public health strategy would be published. The Chief Executive said that he anticipated it would be published shortly.

16/14 Item 16 – Any Other Business

- 16/14.1 Mrs Erskine reminded Governance and Audit Committee members that the Committee would be completing the Self-Assessment at the next meeting in February.
- 16/14.2 There was no other business and the Chair drew the meeting to a close.

17/14 Item 17 – Date and Time of Next Meeting

Date: Thursday 20 February 2014
Time: 1:30pm
Venue: Public Health Agency
Conference Rooms
2nd Floor
12-22 Linenhall Street
Belfast
BT2 8BS

Signed by Chair: 

Date: 20 Feb 2014

