

*94<sup>th</sup> Meeting of the Public Health Agency Board*

*Thursday 17 August 2017 at 1:30pm*

*Conference Rooms 3+4, 12-22 Linenhall Street, Belfast*

**Present**

Mr Andrew Dougal	- Chair
Mr Edmond McClean	- Interim Deputy Chief Executive / Director of Operations
Dr Carolyn Harper	- Director of Public Health/Medical Director
Mrs Mary Hinds	- Director of Nursing and Allied Health Professionals
Mr Brian Coulter	- Non-Executive Director
Mr Thomas Mahaffy	- Non-Executive Director
Ms Deepa Mann-Kler	- Non-Executive Director
Alderman Paul Porter	- Non-Executive Director

**In Attendance**

Mr Paul Cummings	- Director of Finance, HSCB
Mrs Fionnuala McAndrew	- Director of Social Care and Children, HSCB
Mr Robert Graham	- Secretariat

**Apologies**

Mrs Valerie Watts	- Interim Chief Executive
Councillor William Ashe	- Non-Executive Director
Mr Leslie Drew	- Non-Executive Director
Mrs Joanne McKissick	- External Relations Manager, PCC

**48/17 | Item 1 – Welcome and Apologies**

48/17.1 The Chair welcomed everyone to the meeting. Apologies were noted from Mrs Valerie Watts, Councillor William Ashe, Mr Leslie Drew and Mrs Joanne McKissick.

**49/17 | Item 2 - Declaration of Interests**

49/17.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

**50/17 | Item 3 – Minutes of previous meeting held on 13 June 2017**

50/17.1 The minutes of the previous meeting, held on 13 June 2017, were **approved** as an accurate record of the meeting.

**51/17 Item 4 – Matters Arising**

*34/17.2 Public Awareness Campaign on Anti-Microbial Resistance (AMR)*

- 51/17.1 Mr Coulter noted that Public Health England is undertaking a campaign in relation to AMR, and asked if PHA has a similar plan for Northern Ireland. Mr McClean indicated AMR was an important issue to the PHA, however the Department had put in place a “temporary pause” on PHA public information campaigns, with the removal of the associated budget to assist wider HSC funding pressures.
- 51/17.2 Alderman Porter asked whether the loss of campaigns had reduced PHA’s expectation in achieving targets. Dr Harper explained that the Commissioning Plan Direction outlines targets for PHA, particularly in areas such as obesity, but these are longer term targets. She added that evaluations of previous PHA campaigns show where they have had benefit. She assured Board members that PHA did actively engage with the Department before the decision to pause campaigns was made, but ultimately the financial context took priority.
- 51/17.3 Ms Mann-Kler asked whether the difference between short term pain and long term gain was articulated to the Department. Mr McClean advised that this did happen, but that the overall financial challenge was the determining factor. The Chair pointed out that if PHA adopted media campaigns from Public Health England with Northern Ireland accents voiced over this would save considerable design costs, although the media buying costs would not be reduced.
- 51/17.4 Mr Cummings said that, by virtue of having received an indicative allocation letter, PHA knows what its financial position is for 2017/18, but that HSC Trusts are currently being asked to publicly consult on their savings plans. He added that in a few weeks, we would more fully understand the situation facing the HSC as a whole.
- 51/17.5 Mr Coulter said that the point he wished to raise related to AMR, and that in the light of there not being a campaign, PHA should not be silent on what is a significant public health issue. He suggested that countries should work together on a campaign. Dr Harper said that PHA does work with colleagues across the rest of the UK, and it was her understanding that the other countries are still purchasing media coverage. Mr McClean advised that PHA had used campaigns developed in other countries before, although the call to action needed to reflect local circumstances.
- 51/17.6 The Chair said that this is an issue that is of grave concern to the PHA Board, and this is the reason he raised it at the recent Accountability Review meeting.
- 51/17.7 Ms Mann-Kler asked if PHA submitted proposals for savings which did not focus on campaigns. Mr Cummings explained that PHA was asked to

submit proposals for savings of 2% and 5% from its budget, but such was the magnitude of savings required across the system that approaches were determined by the Department . He added that ultimately, savings had to be made from areas where funds could be obtained quickly. Dr Harper added that campaigns were not explicitly discussed during those 2 days.

51/17.8 The Chair reiterated the concern of the PHA Board in this matter.

**52/17 Item 5 – Chair’s Business**

52/17.1 The Chair outlined to members the work undertaken in Coventry as it participated in the UK Marmot Network. He said that since 2003, the life expectancy gap between the most and least affluent has decreased, and that there have been other improvements. He advised that he had contacted the individuals concerned with the research in order to obtain more information.

52/17.2 The Chair advised that he had attended a meeting of the Disability Champions network, and that this group was working with recruitment agencies to encourage applications from people with disabilities.

52/17.3 The Chair said that Public Health England (PHE) is currently subject to a review by the Cabinet Office, and that he and the Chief Executive, had recently met with Richard Parish, a non-executive Director of PHE. He added that PHE is shortly commencing a campaign regarding AMR, but this had been referenced previously.

52/17.4 The Board noted the Chair’s Business.

**53/17 Item 6 – Chief Executive’s Business**

53/17.1 In the absence of the Chief Executive, Mr McClean updated the Board on some current issues.

53/17.2 Mr McClean said that he, along with a number of colleagues had attended meetings at the Department of Health with regard to transformation funding. Mr Cummings said that key to this was establishing clarity in terms of how the funding can be used, and when it will be available.

53/17.3 Mr McClean advised that from 1 June 2018, PHA will fall under the scope of the Rural Needs Act, and he outlined what this will entail for PHA in terms of “rural proofing” its work and completing monitoring templates. Ms Mann-Kler asked if there will be training for non-executives. Mr McClean said that when sessions are being organised for staff, non-executives will be invited.

53/17.4 Mr McClean said that PHA had received correspondence from the Department of Health regarding Controls Assurance Standards. He said that these will cease from 1 April 2018, however, suitable alternative

- assurance arrangements are expected to be put in place.
- 53/17.5 The Board noted the updates from the Deputy Chief Executive.
- 54/17 Item 7 – Finance**  
**PHA Draft Budget (PHA/01/08/17)**  
**PHA Finance Report up to 30 June 2017 (PHA/02/08/17)**
- 54/17.1 Mr Cummings informed members that PHA had received an indicative allocation letter because no budget has been approved, however PHA can proceed based on the amounts outlined in the letter.
- 54/17.2 Mr Cummings noted the comments received from Mr Drew on the draft budget. The variation in budget is due to the removal of non-recurrent funding which will be received in future allocation letters.
- 54/17.3 Mr Cummings advised that PHA's opening allocation totals £94m, but there are retractions totalling £0.35m. He went through the budgets relating to Trust and non-Trust expenditure, and PHA administration, and explained any increases are solely due to adjustments for inflation and demography funding. He added that a more detailed breakdown of the programme expenditure will be presented at the next meeting.
- 54/17.4 The Chair asked if R&D had been affected in the budget cuts, but Mr Cummings explained that R&D is funded from capital which is a separate issue.
- 54/17.5 Alderman Porter asked how the PHA can be assured that Trusts are spending their allocations appropriately. Mr Cummings explained that there is a process whereby PHA monitors the outputs and if objectives are not met, then funding is not provided. Dr Harper said that there is an agreement in place for what is to be delivered, and Mr McClean added that a business case would also be prepared setting out service requirements.
- 54/17.6 Mr Coulter noted that the screening budget in the South Eastern Trust is lower than that of other Trusts. Dr Harper explained that this is due to the configuration of services and where the screening centres are located. Mr Coulter asked if the distribution of funding is in line with capitation. Mr Cummings said that the distribution of funding as outlined for both Trust and non-Trust expenditure does not reflect capitation, because some of the contracts are regional contracts.
- 54/17.7 The Board **APPROVED** the PHA budget for 2017/18.
- 54/17.8 Mr Cummings presented the Finance Report for the period up to 30 June 2017, but said that there are no areas of underspend to be concerned about at this stage. He said that the delay in confirming the budget is the main factor.

- 54/17.9 Mr Coulter asked about the underspend in the Lifeline budget. Dr Harper explained that recent data has shown that the levels of activity are more appropriate to the service.
- 54/17.10 Mr Coulter asked about the number of vacant posts which are making up the underspend in management and administration, and if there are difficulties in getting these posts recruited. Dr Harper said that the recruitment process had not commenced now that funding has been confirmed, but that the recruitment process can be lengthy.
- 54/17.11 The Board noted the Finance Report.
- 54/17.12 Mr Cummings updated members on the process for developing the Commissioning Plan for 2017/18. He advised that the Commissioning Plan Direction had been received by the Chief Executive on 26<sup>th</sup> July, but that the timescale for development is very narrow. He said that the Plan will drive the Trust Delivery Plans, which will be developed after the Trusts have gone out to public consultation on their savings plans.
- 54/17.13 Mr Cummings proposed that a joint HSCB/PHA workshop to consider the draft Plan take place on 13<sup>th</sup> September. Members expressed concern at the tight timescale, but Mr Cummings explained that the Commissioning Plan Direction for 2017/18 is similar to that for 2016/17.
- 55/17 Item 8 – Procurement of Services in line with Protect Life 2 Strategy (PHA/03/08/17)**
- 55/17.1 Dr Harper said that the Project Initiation Document (PID) outlined the steps which would be undertaken to complete the procurement of services and manage the transition to any services, all within a period of 18 months. She noted Mr Drew's comment about internal capacity, and advised that some of the underspend in the management and administration budget will be utilised to support this work in the short term.
- 55/17.2 The Chair asked if there will be user involvement. Dr Harper said that PHA would take advice from PALS (Procurement and Logistics Service). The Chair asked if refresher training was needed on procurement, but Dr Harper advised that Health Improvement are frequently involved in procurement exercises.
- 55/17.3 Alderman Porter asked about promotion and advertising. Mr McClean said that PHA will be promoting this work widely and encouraging potential providers to come forward.
- 55/17.4 Ms Mann-Kler asked whether there was some work that evaluates what PHA will get from this contract. Dr Harper explained that the monitoring process consists of both written returns and visits to organisations, and there are escalation policies in place if there are any issues. She went on to say that in terms of outcomes, there are 4 or 5 strategic areas within mental health, each with their own strategic objectives. Mr McClean

suggested that this area could be the focus of a future PHA Board workshop.

55/17.5 Ms Mann-Kler asked if there was a co-production/co-design element to this, or if providers could be asked if they have met their PPI obligations. Mr McClean said that as part of the procurement, a detailed specification will be prepared, and these elements (such as PPI) would be included in that.

55/17.6 The Board noted the PID for the procurement of services in line with the Protect 2 Strategy.

**56/17 Item 9 – Programme Expenditure Monitoring Report (PHA/04/08/17)**

56/17.1 Mr McClean said that the PEMS Report allows for members to see in a different way from the monthly finance reports where PHA's budget was spent. Members welcomed the report, but asked if the report could be tabled more frequently. Mr McClean explained that previously this report would have been brought to the Board on a monthly basis, but for the first half of the year, the details were so similar as to render the report of doubtful value, given the increased amount of programme-related activity in the latter half of the year.

56/17.2 Mr Cummings noted that the information contained in the PEMS Report would not be directly compatible with the Finance Report, but over the course of the year the two reports would converge. In response to a query from the Chair, he advised that the PEMS report is compiled by PHA staff, while the Finance report is compiled by HSCB staff.

56/17.3 Mr McClean agreed to review the frequency of the report coming to the PHA Board. The Chair asked that in future reports, the sections on directorate expenditure included percentages in addition to the figures.

56/17.4 The Board noted the Programme Expenditure Monitoring Report.

**57/17 Item 10 – Update on PHA Social Care Procurement Plan (PHA/05/08/17)**

57/17.1 Mr McClean said that this update allows members to see all of the different procurement exercises which are ongoing. He reminded member that the need to this type of plan came from an audit recommendation, due to the high number of contracts PHA is dealing with.

57/17.2 Alderman Porter noted that there is the possibility that carrying out a new procurement could see all of the current providers replaced with new providers, which would result in previous providers going out of business. Mr Cummings acknowledged that this is always a possibility. Mr McClean said that in procurement exercises contracts are broken into "lots" to reflect different population needs and provide a broader provider base.

57/17.3 Mr Mahaffy asked if it would be possible to see the outputs from the TIG working group on social care procurement clauses. Mrs McAndrew said that she could share this.

57/17.4 Mr Coulter asked what the interest was in the public information sessions. He added that this update was very useful from a governance perspective, but noted the volume of work. Mr McClean said that it will take a number of years for all of this work to be completed, and that there have been capacity issues. He added that there had been good interest from the public in the awareness sessions.

57/17.5 The Board noted the update on the PHA Social Care Procurement Plan.

#### **58/17 Item 11 – Board Effectiveness – Update on Implementation**

58/17.1 The Chair went through the latest version of the Board Effectiveness Action Plan, and noted that various meetings are to be arranged to keep the recommendations on track.

58/17.2 The Board noted the update on Board Effectiveness.

#### **59/17 Item 12 – Any Other Business**

59/17.1 The Chair asked Dr Carolyn Harper about the new bowel cancer screening test and the delay in its implementation in Northern Ireland. Dr Harper explained that in January 2016, the National Screening Centre recommended the adoption of a new test (FIT) for bowel cancer screening. She said that while the test is being rolled out across the UK, no decision had been made in Northern Ireland due to the absence of a Health Minister, however staff were working on a proposal for the new test.

59/17.2 Dr Harper explained that the new test requires patients to submit one sample, instead of 3, and could therefore increase uptake by 7-10%. She added that the new test is slightly more expensive, but could reduce the number of colonoscopies carried out.

59/17.3 The Chair said that the failure to introduce this new test should be of concern to the PHA Board.

59/17.4 The meeting concluded at 3.10pm.

#### **60/17 Item 13 – Date and Time of Next Meeting**

*Thursday 21 September 2017 at 1:30pm*

*Conference Rooms 3+4, 12/22 Linenhall Street, Belfast*

Signed by Chair:

A handwritten signature in cursive script that reads "Andrew Douglas". The signature is written in black ink and is positioned to the right of a vertical line.

Date: 21 September 2017