

**Minutes of a Special Meeting of the Public Health Agency board
Thursday 30 June 2011, at 4:00 pm
in Ann Brown Suite, Farset International, Belfast**

PRESENT:

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| Ms M McMahon | Chair |
| Dr E Rooney | Chief Executive |
| Dr C Harper | Director of Public Health/Medical Director |
| Dr J Harbison | Non-Executive Director |
| Mr T Mahaffy | Non-Executive Director |
| Mr R Orr | Non-Executive Director |
| Mrs J Erskine | Non-Executive Director |
| Mrs M Hully | Chief Executive, Patient Client Council |

IN ATTENDANCE:

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| Miss Rosemary Taylor | Assistant Director of Planning and Corporate Services |
| Mrs F McAndrew | Director of Social Care and Children, HSCB |
| Mr P Cummings | Director of Finance, HSC Board |
| Mrs P Cullen | Assistant Director Nursing, Safety, Quality and Patient Client Experience |
| Mr D Sullivan | Director of Commissioning, HSCB |
| Mrs H Quigley | Secretariat |

APOLOGIES:

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| Mr E McClean | Director of Operations |
| Ms M Hinds | Director of Nursing & Allied Health Professionals |
| Mrs M Karp | Non-Executive Director |

Mrs Patricia McKeown, Regional Secretary, UNISON had emailed Miss Mary McMahon, Chair, PHA, earlier today requesting to apply for speaking rights at this meeting on behalf of UNISON.

The request was agreed to and Mrs McKeown was invited to address the meeting at the outset.

Mrs McKeown's contributions are attached as Appendix 1.

Introduction

The Chair welcomed everyone to the meeting to consider the Draft Commissioning Plan.

Joint Commissioning Plan 2011-2012

The Chief Executive advised under the Health and Social Care (Reform) Act (NI) 2009, the Health and Social Care Board (HSCB) is required to prepare and publish a Commissioning Plan setting out such details as the Department may direct concerning the health and social care which the Board is to commission in that year and the costs to be incurred in that regard. In doing so, the Board must consult the Public Health Agency (PHA) and have due regard to any advice or information provided by it and must not publish a commissioning plan unless it has been approved by the PHA.

Mr Sullivan provided a presentation to members which give an overview of the Commissioning Plan. The presentation set out the context, structures, key themes and the next steps required within the Commissioning Plan.

The Chair thanked Mr Sullivan for the detailed presentation and invited comments from members.

Mr Orr who had previously submitted some written comments on an earlier draft was invited to elaborate on some of his key concerns. The key issues were:

- *GP Lists;*
- *New Ways of Working;*
- *Family Support;*
- *Older People: and*
- *Prison Health Services*

Mr Mahaffy asked the Chair could he make a brief statement to members that he would like recorded in

the minutes. The Chair agreed.

The Statement read as follows:

“Chair. I have a brief statement of dissent from agreeing the draft Commissioning Plan that I would like minuted in full for the record.

Whilst I recognise the efforts of PHA staff and this Board to prioritise our agenda, I dissent from agreeing this draft Plan for the reasons I have raised at previous meetings and in correspondence.

These concerns relate to both the process by which the Plan has been developed and many of the proposals contained within it.

- 1. Firstly, I do not believe we have had time to exercise due diligence over the Department’s Commissioning Direction. The Plan does not reflect this lack of due process*
- 2. Secondly, there has been no equality or any other assessment of the potential impact of the proposals we as a Board are signing up to. We have no assessment whatsoever of the impact of the restricted financial envelope in the Plan on current and unmet health need and our core goal of reducing health inequalities. Our Equality Duty and associated requirement to consult cannot be discharged if screening is only post-approval.*
- 3. We have also not fulfilled our general duty to the widest public consultation. Process and timescales are not addressed by the Plan.*
- 4. The Plan does not incorporate specific enough targets on health improvement and reducing health inequalities. These are the core fundamental objectives of the PHA.*
- 5. To be publically accountable the Plan must provide detail on crucial issues such:*

- *Job loss*
- *Decommissioning of treatments*
- *Co-payments and charges*
- *Care package reductions*

Currently it does not.

- 6. The Plan quotes the 2002 Developing Better Services report as justification for reviewing Acute Hospitals. There is no clear and systematic criteria for such a review.*
- 7. There are no substantive proposals to address identified major and demonstrated underfunding on mental health or children's services.*
- 8. GP appointment targets are crucial and there is no guidance in the Commissioning direction.*

For these reasons I believe this draft Plan should not be approved today. It should be taken off the table until these issues are fully addressed”.

Dr Harbison expressed concerns on the lack of financial information available for 2011/2012 and the consequent late availability of the draft Plan. He also raised concerns about the commissioning process itself, the reliance of political support to deliver the commissioning plan and finally he asked the Chief Executive if he was content with the reflection of public health priorities in the commissioning plan and process.

Dr Rooney confirmed that he was satisfied that PHA staff had appropriate representation on the various work streams and that our staff had fed back that the final draft fully reflected their views.

Mrs Erskine endorsed Dr Harbison's concern about the late availability of the Plan and urged that in future more collaborative discussion between the HSCB and PHA.

Mrs Hully welcomed the work done on the Commissioning Plan and requested greater transparency in the process going ahead.

Dr Harper informed members that she shared the Chief Executive's view that the draft commissioning plan reflected the Public Health and Health Inequalities agenda and PHA staff had significant involvement and engagement at various stages of the drafting process. Dr Harper described the Commissioning Plan, if approved with the Minister, as setting the strategic direction in health and social care.

The Chief Executive reminded members it was important to distinguish between the 'what' and 'how'. The draft Commissioning Plan is the 'what' and if approved then the 'how's' will be the Trust Delivery Plans.

The Chair then asked PHA board members to formally approve the regional and locally draft Commissioning Plans for onward transmission to the Department. All PHA board members present with the exception of Mr Mahaffy were content to approve the draft Plans.

**SUBMISSION TO PUBLIC HEALTH AGENCY FROM PATRICIA
McKEOWN, REGIONAL SECRETARY, 30 JUNE 2011**

I want to pick up this morning on one of slogans on the UNISON placards outside picket of the Regional Health & social Care Board. (Nothing about us, without us, is for us)

You will know that this is the clarion call that has been picked up by the disadvantaged and the excluded around the world, most recently to great effect by the black community of post-Katrina New Orleans who were abandoned by state and government.

It is a cause of very great concern to UNISON that this Agency has jointly produced a Commissioning Plan without any public engagement and without any engagement with the trade union movement as a whole, the health service unions and other stakeholders.

It must also be of deep concern to all of us that we are reading about that plan in the Irish News this morning.

The Public Health Agency can be under no illusion that UNISON has much to contribute to the construction of a new, fairer and more effective Health and Social Care system which begins to address health inequality and deliver real outcomes.

Before this Agency was created we had to take those views directly to the Minister for Health, the Department of Health and in direct evidence to the Assembly Health Committee.

Although we are opposed to the false Commissioner / provider split in the health service which adds 15% to the Health Bill, we lobbied vigorously for the establishment of both the Board and a separate Public Health Agency to ensure a proper system of governance.

We lobbied and secured a trade union seat on this Agency in what we hoped would be an open and transparent relationship. In return we have been excluded. We will accept neither the isolation of our trade union representative nor the exclusion of our voice from this decision-making process.

What we know about this commissioning plan we read in this morning's today's papers. The Board agreed this morning to disclose the document to us this afternoon. However, we are reminding the Agency today of key issues which UNISON has already raised in our response to the Programme for Government, the Budget and in evidence to the health structures.

The first key issue is about the peace process and support for the Good Friday Agreement. Any Plan for future health and social care must make clear and transparent:-

- The strategic link between health and peace building, in particular the most disadvantaged
- Must have the clear and direct involvement of the people
- Must address the alarming post-conflict, post traumatic stress levels of the population
- Must identify and remove all avoidable health inequalities
- Must ensure that current and future generations can have the best of physical, mental health and social care.

Without the perspective, the Plan will not be sustainable.

We have argued for the restoration of the health and well-being of the people as the prime priority in the new programme for Government. This means that those responsible for health must stand up now for the resources to deliver it. This Health Board & Social Care made such statements on its creation and most recently in response to the budget. Since the May elections it now appears to have accepted the unacceptable. As the Department identifies, cutting our coats to a reducing cloth means:

- Restricted access to community care;
- Closure of beds
- Hospitals will get blocked
- Waiting lists will extend, both for hospital and community services;
- No ability in implement NICE guidance;
- Reduction in grants to the voluntary sector;
- No new patients on high cost drugs
- Jobs will be lost – c.4000 whole-time equivalents
- A moratorium in employment
- Cash control on necessary agency and locus spend leading to unplanned closure
- New buildings currently in construction left unopened

- Co-payments
- Greater contributions from service users

Since the Department and the Board made their statements the McKinsey & Co report has been made public we cannot get past the fact that it bears the joint logos of the Department and the Board. The McKinsey and Co proposals cannot be tolerated in this society. They will fundamentally damage the health and well-being of the people. UNISON today sought assurances that those proposals are not contained either by direct statement or omission in the plans for future health and social care. We have yet not an answer from the Board. We are asking the Agency the same question.

The Regional Board has a duty to address the critical under-funding in mental health – 44%; services to children – 30% and the general underfunding of social care running at 35%. We expect any credible plan to identify what health promoting strategies will be implemented to address these deficits. We need to know for the Agency what steps it has taken to secure a credible plan.

It is a cause for deep concern that the Agency has not only failed to consult on the contents of its Plan. It has spectacularly failed to equality impact assess any proposal placed before the Board today. UNISON can say this with confidence because your entire equality and human rights apparatus is committed to direct engagement with us. Most recently we have commented on your equality scheme review and action plan. There has been no engagement on the assessment of your commissioning plan.

The statutory duty to assess your commissioning plan proposals is yours and yours alone. It cannot be passed to the Regional Board, the department or to the Trusts or local Commissioning Groups. They in turn have their own responsibilities but you must discharge yours. For example, last week the Equality and Human rights Commission in Britain reported that allocations of care time, similar to those in NI, violated fundamental human rights because insufficient time has been allocated to meet need. We expect the Board of the Agency to give serious consideration to this in its commissioning plan and adjust plans accordingly.

Failures to properly address the issues we raise leave the Agency susceptible to Judicial Review.

UNISON was directly involved in the first Programme on Investing for Health. That programme was commended for the efforts it made to engage with the public. The exercise resulted in a disturbing picture of the state of health inequality. It also resulted in a series of high level targets based on health outcomes as opposed to internal processes. It is imperative that this approach is sustained and developed, not diluted. We expect you to be the lead champion on this. We therefore expect that the Plan will set out transparent and powerful targets, with a clear timetable and robust evaluation of outcomes. If it does not, it will not meet need and you will not have fulfilled your obligations.

Among the other issues of great concern to UNISON are:

- Criteria for the future of acute and local hospitals
- GP access for patients
- Action on infant mental health
- The impact of charging and co-payments

And last but not least job loss.

And on that final point let us be crystal clear that the impact of your proposals on the jobs of health and social care workers is your concern and the Regional Board's concern and not someone else's. It cannot be fobbed off to the Trusts or other agencies. It has a direct impact on the health and well-being of workers, and the life of this local economy.

As the Public Health Agency all of this is your direct business and we expect open and transparent consideration in your Plan.

As a consequence of what we are saying today we are calling on this Agency, as we called on the Board this morning to commence immediately the process of direct engagement with the public, with the unions and with other stakeholders before any final decisions are taken and that process of engagement must be meaningful and real as it was in the first round of devolution.

We should not have to be here in this manner giving you these messages. We reminded the Regional Board this morning that the failure to consult on health plan by the Eastern Health Board back in 1986 led to longest ever strike in the health service here. It resulted in an independent inquiry chaired by Sir John Woods which concluded that as health union we had a dual role as both the voice of the members we represent and public which uses our services. It was totally clear that it is our right to be consulted and engaged in a manner which enables us to genuinely effect decision before they are taken.

Signed:

Mary Mc Mahon
(Chair)

Date: 18 August 2011