

## MINUTES

**Minutes of the 68<sup>th</sup> Meeting of the Public Health Agency board  
held on Thursday 18 September 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
Ms Oriel Brown	- Nurse Consultant ( <i>on behalf of Mrs Cullen</i> )
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

**IN ATTENDANCE:**

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

**APOLOGIES:**

Mrs Pat Cullen	- Director of Nursing and Allied Health Professionals
Alderman Paul Porter	- Non-Executive Director
Mrs Fionnuala McAndrew	- Director of Social Services, HSCB
Mrs Joanne McKissick	- External Relations Manager, Patient Client Council

		Action
117/14	<b>Item 1 – Welcome and Apologies</b>	
117/14.1	The Chair welcomed everyone to the meeting and noted apologies from Mrs Pat Cullen, Mrs Fionnuala McAndrew and Mrs Joanne McKissick.	
117/14.2	The Chair expressed her apologies to members for not providing an update on accommodation at the last meeting. Members were advised via e-mail after the meeting that the proposed	

move had fallen through. Mr McClean said that PHA was continuing to work with HSCB and BSO to seek to resolve accommodation issues affecting all three organisations.

**118/14 Item 2 - Declaration of Interests**

118/14.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

**119/14 Item 3 – Minutes of the PHA Board Meeting held on 21 August 2014**

119/14.1 The minutes of the previous meeting, held on 21 August 2014, were approved as an accurate record of the meeting.

**120/14 Item 4 – Matters Arising**

*101/14.2 Inter-sectoral Programme Boards*

120/14.1 The Chair advised that the meeting of the Older People's Group has been changed to 7 November, due to the Donaldson Review.

*110/14.9 Use of IT*

120/14.2 Mr McClean advised that he would be e-mailing non-executive members shortly regarding future IT requirements. He cautioned that the procurement process may take time to be completed.

**121/14 Item 5 – Chair's Business**

121/14.1 The Chair advised members that she had attended the launch of the first year report of Together for You, a Big Lottery funded initiative promoting mental and emotional well-being programme. She said that there has been an emphasis on counsellors getting trained, but she expressed concern as to what will happen when funding expires.

121/14.2 The Chair said that she had attended two governance events run by CIPFA and that she would be meeting with some of the non-executives to consider the new CIPFA governance standard.

121/14.3 The Chair informed members that she had attended a Patient

Safety Forum event and noted the excellent work that is undertaken but which does not make its way into the public domain.

121/14.4 The Chair informed members that the agenda for the PHA Board Away Day is currently being finalised and will be distributed to members once it is available.

## **122/14 Item 6 – Chief Executive’s Business**

122/14.1 The Chief Executive informed members that he, along with the Director of Nursing, had attended the Human Rights Commission public inquiry reviewing emergency departments. He said that the Commission was very interested in the 10,000 Voices project. He added that part of the enquiry will try to establish if there is a link between human rights legislation and health policies and priorities.

122/14.2 The Chief Executive advised that he had met with Pat Ramsey, MLA and parents regarding Trisomy 18 and Trisomy 13, diseases which have a very low survival rate. He agreed to pass on information from that meeting to HSC Trusts.

122/14.3 The Chief Executive said that he had visited the ARC Healthy Living Centre in Irvinestown, and suggested that the PHA Board should visit this facility. It was agreed that this would be organised in early 2015.

## **123/14 Item 7 – Presentation on MARA**

123/14.1 Colette Brolly joined the meeting and gave members an overview of the MARA Programme which supports people living in rural areas. She invited Jacinta Linton from the South Down Family Initiative to talk about how the work of MARA has made a difference to people living in the south Down area. Finally, Ruth Liggett, who is an enabler visiting people’s homes, gave members an insight into her role and gave examples of cases where the work of MARA has made a tremendous difference to people’s lives.

123/14.2 The Chair said that the presentation showed the importance of a human approach in helping people and making them aware of all of the services that are available to them. Ms Brolly said that are

people who are still unaware of the project.

123/14.3 Mr Coulter asked about the role of the enablers, what training they receive and whether the post is remunerated. Ms Brolly explained that enablers are trained in areas such as safeguarding and vulnerable adults, but that they are not expected to have a full knowledge of all of the different types of benefits available. She added that the questionnaire which enablers go through at home visits allows them to obtain the information they require to determine what further assistance can be made available.

123/14.4 Mr Coulter asked about lessons learnt. Ms Brolly said that an evaluation will be done of the MARA programme. She said that the success of the programme is the work with other organisations and she added that there is an inter-departmental forum.

123/14.5 Dr Harper suggested that there should be liaison with either Integrated Care Partnerships or GP practices in order to increase the connectivity of the programme.

123/14.6 Members noted the presentation on MARA.

#### **124/14 Item 8 – Finance Update**

- **PHA Financial Performance Report (PHA/01/09/14)**

124/14.1 Mr Cummings presented the Finance Report to members. He advised members that there is currently a deficit to date of £232k, due to a slight overspend in programme expenditure offset by an underspend in management and administration.

124/14.2 Mr Cummings gave an overview of the general financial situation within health and social care. He said that the Minister was unlikely to get any additional funding towards the £160m deficit in the Commissioning Plan, the impact on this for PHA would be a reduction of 2.5% of its budget, namely £465k.

124/14.3 The Chief Executive confirmed that PHA has been asked to find non-recurrent saving of £465k within its management and administration budget, and that he was confident that this could be found for 2014/15. However, he was uncertain as to whether PHA would be asked to find savings within its programme

- budget. He advised that PHA was considering various options to minimise the risk of not completing mainstream programmes.
- 124/14.4 Mr Cummings said that the time delay in confirming the final financial position will make a bigger impact. He said that he was concerned about the recurrent financial position.
- 124/14.5 Mr Coulter noted the tight timescale for responding to the correspondence from DHSSPS. He asked whether the capital budget was at risk, particularly with regard to PHA's attempts to secure new accommodation. Mr Cummings advised that accommodation costs will have a revenue aspect, and he acknowledged that PHA's options were now reduced.
- 124/14.6 The Chief Executive advised that DHSSPS will wish to see that PHA has a high level plan in place. He said that he was confident that PHA could meet its targets non-recurrently.
- 124/14.7 Mrs Erskine asked about the current overspend on the Lifeline budget. Mr Cummings said that over the last few months, Lifeline expenditure has begun to reduce to within budget.
- 124/14.8 Dr Harbison expressed his view that while the correspondence from DHSSPS states that the reduction is non-recurrent, he expects that it will be recurrent, and that PHA should plan for a recurrent reduction. The Chief Executive acknowledged the concern and said that he anticipates further correspondence from DHSSPS shortly.
- 124/14.9 Dr Harper said that there is another element which should be considered, which is that the HSC should consider whether the service can be run more sustainably, and at less cost.
- 124/14.10 The Chief Executive said that it is difficult to know how DHSSPS will allocate the deficit, and whether this will be done proportionately between organisations.
- 124/14.11 Mr Mahaffy asked if the financial outlook would have an impact on the implementation of Making Life Better. The Chief Executive advised that there is no budget for Making Life Better, but that it is a key priority for PHA to take it forward. He added that the first meeting of the Regional Project Board is taking place on 24 October and that the first meeting of the Officials Group is taking place in early December.

124/14.12 Members noted the financial report.  
*At this point Mr Cummings left the meeting.*

**125/14 Item 9 – Programme Report – Service Development and Screening**

125/14.1 Dr Janet Little joined the meeting and gave members an overview of recent work within Service Development and Screening. She started by outlining its role within the public health directorate and its links with the commissioning process. Dr Little gave an overview of all of the screening programmes undertaken and some of the key findings emanating from those.

125/14.2 Dr Little advised that PHA is responsible for delivering the training programme for public health and that this was rated excellent following a visit by NIMDTA. She added that PHA also has a role in terms of revalidation.

125/14.3 Dr Little finished her presentation by giving an overview of future plans and challenges for the directorate.

125/14.4 Mrs Karp asked if there were any plans to introduce a non-invasive test as part of the bowel cancer screening programme. Dr Little said that there was an ongoing pilot in England, but that this new approach would carry a significant additional cost, and there was no evidence that it was more beneficial in terms of the number of lives saved.

125/14.5 Mrs Karp asked if there was any intention to reduce the age for cervical screening, but Dr Little advised that this was not the case.

125/14.6 Mr Coulter asked if there were any plans to introduce further screening programmes. Dr Little advised that there is a quarterly meeting of the Screening Committee to review programmes and that new programmes would be introduced on a risk-based approach.

125/14.7 Members noted the update on Service Development and Screening.



**126/14 Item 10 – Overview of Quality 2020 (PHA/02/09/14)**

- 126/14.1 Dr Harper introduced Lisa Moore, Quality 2020 Project Manager, to the meeting and invited her to give an update on Quality 2020.
- 126/14.2 Ms Moore outlined to members the aims of Quality 2020, and how it hopes to achieve its vision through five strategic goals – transforming the culture, strengthening the workforce, measuring the improvement, raising the standards and integrating the care. She explained how each of the task groups are aligned to the five goals and gave an overview of the achievements to date against each task, as well as an outline of the key priorities for 2014/15.
- 126/14.3 Ms Moore explained to members the links between the Quality 2020 work and the different regional HSC strategies. She said that Quality 2020 is about embedding the systems and process to support good practice. She finished her presentation by outlining her own role in terms of service delivery, collaborative working and communication and information management.
- 126/14.4 Mr Mahaffy asked how seriously the Quality 2020 project is taken by DHSSPS in terms of resources being allocated. Ms Moore said that the Minister is very interested in this project and that PHA is working with DHSSPS to ensure that the project receives an increased profile.
- 126/14.5 Ms Karp asked whether the e-learning system would be rolled out to healthcare assistants. Dr Harper said that in time, it would be envisaged that the training would be rolled out to all areas. Ms Moore added that the launch of the Leadership Framework will take place as part of World Quality Day on 13 November. Ms Brown said that Trusts are ensuring that all staff are undertaking mandatory training, and cited nutrition as an example.
- 126/14.6 Dr Harper said that as well as training, there is a need to reinforce all of the other aspects of Quality 2020 as there is not currently a systematic approach. She said that this would be picked up by the ward level review group.
- 126/14.7 The Chair noted that Quality 2020 has come a long way since 2011. The Chief Executive added that everything that impacts on quality and safety will have implications for Quality 2020 and

that Quality 2020 is a good vehicle for getting messages out across the whole of the health system.

126/14.8 Members noted the update on Quality 2020.

**127/14 Item 11 – 10,000 Voices Phase One Summary Report and Annual Report (PHA/03/09/14)**

127/14.1 Ms Brown advised members that two reports were being brought to the meeting today, the first of which was the full report, and a second summary report.

127/14.2 Ms Brown explained that the first phase of the 10,000 Voices project focused on unscheduled care, emergency departments, GP out of hours, minor injuries units and the Northern Ireland Ambulance Service. She said that information had been obtained from across a range of settings, with the aim of making the survey as accessible as possible. She assured members that in cases where patient stories had highlighted bad practice, these would be escalated immediately.

127/14.3 Ms Brown told members that the majority of the patient stories received had been positive and she outlined to members an example of how feedback from the patient stories had resulted in the recent launch of a PHA initiative, "Hello, my name is..."

127/14.4 Mr Coulter asked how this project linked to other work in the area of patient experience and whether there would be an evaluation undertaken. Ms Brown said that with regard to patient experience work, she said that PHA had received requests to do this work in other areas. She added that at the end of each stage, an evaluation is undertaken and there is also a workshop at which an action plan is developed and the survey reviewed.

127/14.5 Mr Coulter asked if there was an intention to take this project into other aspects of primary care and Ms Brown confirmed that this was the case.

127/14.6 Members APPROVED the 10,000 Voices Phase One Report.

**128/14 Item 12 – HSCB / PHA Annual Quality Report (PHA/04/09/14)**

128/14.1 Ms Brown explained to members that it is a requirement for the



HSCB and PHA to develop an Annual Quality Report. She added that the aim of this report is to share learning from SAls and share the outcomes of the extensive work carried out around Quality 2020.

128/14.2 Mrs Erskine noted that the report contains information about staff appraisal, but not staff supervision and she suggested that this be included in future reports. Dr Harper agreed that this was a good suggestion as there are standards for staff supervision.

128/14.3 The Chair asked whether this report would be submitted to DHSSPS to be formally launched. Ms Brown confirmed that it would be the intention to launch the report as part of World Quality Day.

128/14.4 Members APPROVED the HSCB/PHA Quality Report.

**129/14 Item 13 – Perinatal Mortality Report (PHA/05/09/14)**

129/14.1 Heather Reid joined the meeting and began her presentation with an outline of the work of the NIMACH team before moving on to the Perinatal Mortality Report for 2012. Members were given an overview of statistics relating to stillbirth, perinatal and neonatal deaths, with a more in-depth analysis in terms of age, deprivation, BMI, smoking and type of delivery.

129/14.2 Ms Reid outlined the causes for neonatal deaths and finished her presentation with an overview of the recommendations in the report.

129/14.3 The Chair said that the report was well presented and asked if there was anything further PHA could do. Dr Harbison asked whether the findings from the report would help health visitors target those mothers who are most at risk. Ms Reid said that there is work underway across the rest of the UK. Ms Brown added that it is important that obstetricians, midwives and health visitors work together in this area.

129/14.4 Members noted the Perinatal Mortality Report.

**130/14 Item 14 – Any Other Business**

130/14.1 There was no other business.

**131/14 Item 15 – Date and Time of Next Meeting**

Date: Thursday 16 October 2014  
Time: 1:30pm  
Venue: East Belfast Network Centre  
Templemore Avenue  
Belfast  
BT5 4FP

Signed by Chair: 

Date: 16/10/14