

MINUTES

**Minutes of the 60th Meeting of the Public Health Agency board
held on Thursday 19 December 2013 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
Dr Jeremy Harbison	- Non-Executive Director
Mrs Miriam Karp	- 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 Thomas Mahaffy	- Non-Executive Director
Mr Owen Harkin	- Director of Finance, HSCB
Mrs Joanne McKissick	- External Relations Manager, Patient Client Council

		Action
154/13	Item 1 – Apologies	
154/13.1	The Chair welcomed everyone to the meeting and noted apologies from Mr Thomas Mahaffy, Mrs Joanne McKissick and Mr Owen Harkin.	
155/13	Item 2 - Declaration of Interests	
155/13.1	The Chair asked if anyone had interests to declare relevant to	

any items on the agenda. None were declared.

- 155/13.2 The Chair advised that the Secretariat would be sending members their entries on the Register of Interests as part of the annual review. She requested that members review these to enable the updated Register to be brought to the Board in January for approval.

156/13 Item 3 – Chair’s Business

- 156/13.1 The Chair said that she had attended the opening of the Welcome Centre facility at Townsend Street as well as the launch of the East Belfast Community Counselling Service.
- 156/13.2 The Chair informed members of the forthcoming NICON conference in March 2014 and said that members should register attendance with the Secretariat.
- 156/13.3 The Chair proposed that a workshop be held on 6 February 2013 for members to consider the draft Commissioning Plan. She said that the confirmed date would be issued to members as soon as possible.
- 156/13.4 The Chair outlined the process for the completion of the ALB Self-Assessment tool. She proposed that a draft will be brought to the confidential session of the Board in February and any revised version to the Board in March for approval.
- 156/13.5 The Chair proposed that Mrs Erskine is formally appointed as Deputy Chair of the PHA Board. Members approved the nomination.

157/13 Item 4 – Chief Executive’s Business

- 157/13.1 The Chief Executive advised that he had addressed the DUP annual conference on health inequalities. He also attended a dinner with the Cuban ambassador.
- 157/13.2 The Chief Executive said that he had attended a meeting of the Northern Ireland Assembly Health Committee regarding organ donation.
- 157/13.3 The Chief Executive advised that he had attended an event to

mark the 25th anniversary of Belfast Healthy Cities and also, the launch of the Antrim Sixmile Water outdoor gym.

158/13 Item 5 - Minutes of the PHA board Meeting held on 21 November 2013

158/13.1 The minutes of the previous meeting, held on 21 November 2013, were approved, subject to two amendments in paragraph 149/13.6. The minutes were duly signed by the Chair.

159/13 Item 6 – Matters Arising

144/13.1 Equity Review

159/13.1 It is anticipated that the Equity Review will be brought to the board meeting in January 2014.

**160/13 Item 7 – Finance Update
PHA Financial Performance Report (PHA/01/12/13)**

160/13.1 Mr Christie advised that the position up to 31 October 2013 showed a surplus of £666k, however he was anticipating a year-end break even position. He said that the surplus is made up of an overspend in programme expenditure and a surplus in management and administration. He advised members that there are ongoing discussions with DHSSPS regarding funding for ISCYP.

160/13.2 Mr Christie advised that a mid-year budget review meeting had been held at which all budget managers were present. He said this meeting provided assurances that the proposed budget plan for 2013/14 remains in place and on target.

160/13.3 Mr Christie said that there is an overspend on the Lifeline contract which is being monitored. He moved on to say that, although there is a surplus in management and administration costs, this will be utilised within the programme budget. Finally, he said that the prompt payment table showed that the majority of payments are being made in line with prompt payment requirements.

160/13.4 Mrs Erskine asked about the Lifeline contract. Mr Christie explained that at present, the demand is exceeding the

anticipated demand and therefore further analysis is required to be undertaken. Dr Rooney added that Lifeline is one of two demand-led services and that although financial allowances have been made, there is a limit to what PHA can absorb within its budget. He added that there are also unresolved financial issues from DHSSPS.

160/13.5 Mr Coulter noted that the variance in Trust spend is over 10%. Mr Christie explained that the Trust allocations are indicative allocations and are constantly changing, depending on additional service developments.

160/13.6 Members noted the Finance Report.

161/13 Item 8 – Programme Expenditure Monitoring System (PEMS) Report (PHA/02/12/13)

161/13.1 Mr McClean presented the PEMS Report and noted that the amount under negotiation has now reduced to £433k.

161/13.2 Dr Harbison asked about the funding for ISCYP. The Chief Executive advised that he was awaiting correspondence from DHSSPS regarding other expenditure commitments which included ISCYP.

161/13.3 Mr Coulter queried the risk of pushing expenditure nearer to the year end. Mr Christie agreed that the expenditure profile does indicate this, but reiterated that the mid-year budget review meeting with managers had provided assurances regarding the financial plan. The Chief Executive acknowledged that PHA continues to have large proportion of its expenditure in the final quarter but he was assured a break-even outcome would be achieved.

161/13.4 Members noted the PEMS Report.

162/13 Item 9 – Governance and Audit Committee Update (PHA/03/12/13)

162/13.1 Mrs Erskine advised that the minutes of the Governance and Audit Committee meeting of 3 October were available for noting. She said that the Committee had met on 5 December and welcomed Brian Coulter to his first Committee meeting.

162/13.2 Mrs Erskine gave an overview of the issues discussed at the meeting which included the Corporate Risk Register, the Gifts and Hospitality Register, FOI procedures and the Report to those Charged with Governance.

162/13.3 Members noted the update from Mrs Erskine.

163/13 Item 10 – Remuneration Committee Update (PHA/04/12/13)

163/13.1 The Chair said that the Remuneration Committee had met to undertake a mid-year review of the Chief Executive's performance.

163/13.2 Mrs Karp asked about the timescales for the development of a paper by the Chief Executive regarding his personal responsibilities on inequalities. The Chief Executive said that a draft paper had been prepared following the discussions on inequalities at the recent Board away day, and this would be brought to the Remuneration Committee shortly.

163/13.3 Members noted the update from the Remuneration Committee.

164/13 Item 11 – Consultation for Volunteering in the HSC (PHA/05/12/13)

164/13.1 Mrs McAndrew said that this consultation document was ready to be issued jointly by PHA and HSCB for public consultation. She said that in 2011 a scoping exercise had been undertaken to look at the extent of volunteering, noting that volunteers are not a substitute for paid HSC employees. In 2012, HSCB had commissioned Volunteer Now to develop a framework on how volunteers should be managed.

164/13.2 Mrs McAndrew advised that the consultation document also contain a consultation questionnaire and an equality screening template. She said that the equality screening had flagged up under-represented groups which would be targeted. She added that following the public consultation, a report would be written up of the comments received and this report, together with an amended document, would be brought to a future board meeting.

164/13.3 Alderman Porter suggested that the consultation should be

shared with social enterprises. Mrs McAndrew confirmed that the consultation will be a full public consultation and therefore, social enterprises will be included.

164/13.4 Mr Coulter welcomed the consultation document and said that he wish to see more volunteering champions. He added that he was interested in the development of the tools and recording mechanisms for the uptake of volunteer and how this would link with the “shift left” agenda. Mrs McAndrew said that it was not only important to encourage volunteers, but to ensure that these volunteers were well supported in the environment in which they are working. She added that an implementation plan would be developed as well as a financial plan.

164/13.5 Mrs Erskine asked whether the consultation document would be available in other formats. Mrs McAndrew said that all requests for additional formats would be considered.

164/13.6 The Chair noted that the regional steering group is largely composed of females and asked whether there was a stigma that volunteering was a largely female activity. Mrs McAndrew noted the comment but did not agree with the view.

164/13.7 Members approved the Volunteering document to be issued for public consultation.

165/13 Item 12 – PPI Update (PHA/06/12/13)

165/13.1 Michelle Tennyson introduced the PPI update by saying that as part of the bi-annual it was agreed to bring along service users to discuss their experience of working with the PHA PPI team.

165/13.2 Martin Quinn did an overview of recent developments in PPI and said that over £350k had been invested in PPI in the last three years.

165/13.3 At this point, three service users made a presentation to the Board outlining their experience of living with Huntington’s Disease and telling of their experience of working with PHA PPI staff who helped support events that they ran to make life better for people suffering from Huntington’s.

165/13.4 Board members thanked the service users and said that they

appreciated the opportunity to hear their story. Mrs Tennyson said that this presentation showed how a small amount of PPI funding can make a difference to people's lives.

- 165/13.5 Following the presentation, Dr Harbison said that he hoped that bureaucratic processes do not hinder with PHA's ability to provide support to groups in this way. The Chief Executive said that he would ensure that this was not the case and he emphasised PHA's role in improve health and wellbeing for all groups.
- 165/13.6 Mr Coulter said that the biggest issue that came through from the presentation was the sense of isolation felt by the group and he was pleased to see how PHA had helped support them.
- 165/13.7 Mrs Cullen thanked the Board for allowing the group the opportunity to come and present. Alderman Porter suggested that in future, PHA should consider holding its meetings in venues where they can meet with similar groups.
- 165/13.8 Members noted the PPI update.
- 166/13 Item 13 – GAIN Audit – Experience of Users and Carers of Mental Health Services (PHA/07/12/13)**
- 166/13.1 Briega Quinn, Molly Kane and Marie Crossen joined the meeting to give members an overview of the findings from the recent GAIN Audit on the experience of users and carers. Mrs Quinn began by outlining the methodology used in the review, namely a questionnaire designed in consultation with service users and carers. A target of 600 returned questionnaires had been anticipated, but in the end 720 were collected.
- 166/13.2 Mrs Quinn said that overall, the report was split between areas of good practice and areas where improvement was needed. She said that the recommendations focused on areas such as attitudes, culture, communication and information sharing. As part of the research, Trusts were invited to workshops as this allowed each Trust to hear first-hand of good practice in other Trust areas. Mrs Quinn said that it was envisaged that a re-audit would be carried out in 2015.
- 166/13.3 Mrs Quinn gave an overview of the ImROC regional programme

which will ensure that Trusts implement the recommendations from the audit. She said that groups involving service users, carers, Trust professionals and community and voluntary sector partners had been established.

- 166/13.4 Mrs Quinn explained that she had attended a meeting with the Southern Trust and gave an overview of the measures the Trust was taking to embed the learning from the audit. Mrs Kane added that there are currently “champions” working within each Trust.
- 166/13.5 Mrs Erskine thanked Mrs Quinn for the presentation and was pleased to see the ten key challenges, however, she asked whether it would be possible for the Board to receive updates on how the recommendations were being implemented. Mrs Kane said that there is a newsletter which can be shared with members, but she assured the Board that Trusts were implementing the recommendations before the report was published.
- 166/13.6 The Chief Executive noted the individual Trust results and how the South Eastern Trust was regularly the highest scoring Trust whereas the Belfast Trust was the lowest scoring. He queried if this indicated that a “one size fits all” approach would not work. Mrs Quinn said that Trusts are using the information gained from the audit to identify their own priorities. She said that each Trust had a Service Improvement Manager who acts as a link between the Trust and PHA and provides updates on the improvements made.
- 166/13.7 The Chief Executive queried whether the findings allowed PHA to be able to clearly identify the areas where early interventions are most needed, how the data can be translated into specific actions which are then followed through. Ms Crossen cited the example of a Trust in England where, as a result of service failures being rated as SAls, significant improvements were noted.
- 166/13.8 Mr Coulter asked whether the media had shown any interest in the report, as its references to attitudes and behaviour drew comparisons with the Frances Report. It was noted that there was little media interest in the audit. Dr Harbison said that the Executive Summary was very measured and it was only on reading the full report that the variations across Trusts could be

seen.

166/13.9 The Chair said that people wish to be engaged in helping to improve their own health and noted that like other reports, the issue of communication has been raised. She said that perhaps there is an issue of how staff are trained. She said that attitudes should be changed where the focus is on recovery and communicating that people will get well. Mrs Cullen agreed and said that it had been noted that newer recruits provide good care, but this level of care needs to be maintained.

166/13.10 Dr Harper said that a recent report by Jocelyn Cornwell from the King's Fund showed that there is a correlation between patient care based on how staff, particularly staff who are under stress are treated. Furthermore, if budgets are reduced, it is normally the training budget that is the first line to be reviewed.

166/13.11 Members noted the GAIN Report.

167/13 Item 14 – National Institute for Health Research Contribution – PHA Progress Report (PHA/08/12/13)

167/13.1 Dr Janice Bailie joined the meeting and gave members an overview of progress within Research and Development. She began by highlighting the outcome of a recent evaluation of R&D investment, carried out by McClure Watters and moved on to give an update on the programmes open to Northern Ireland researchers through the National Institute of Health Research (NIHR) funding streams and gave examples of successful projects led by Northern Ireland researchers.

167/13.2 Dr Harbison thanked Dr Bailie for outlining a positive picture on research and the impact it is having. He queried if there had been any uptake in the Enabling Research awards. Dr Bailie said that there were two applications going through the process. She added that there are a number of phases to be completed before, during and after NIHR funding is awarded, and it can take time to complete all of the research governance or initiate studies at multiple centres.

167/13.3 Dr Harbison noted the difficulties in measuring the value of research. Dr Bailie said that there is now an established monitoring system in place which is being used by a large

number of funders called ResearchFish.

167/13.4 Alderman Porter asked whether there were examples where it can be demonstrated how research has made a difference, or where research has been shown not to work. Dr Bailie acknowledged that researchers worldwide have difficulty in demonstrating this, but there is a “knowledge exchange” whereby research findings can be brought together to implement particular new policies and practices. It is hoped the information being collected through the ResearchFish database will help provide answers to these questions for HSC R&D and other funders.

167/13.5 Mrs Karp said that at the recent Child Development Programme Board meeting, there was discussion about how to encourage people to participate in research. Dr Bailie said that there is work ongoing to encourage clinical staff to be part of research. Dr Harper added that the establishment of a public health research network to bring together groups from the research and service sides may assist with this.

167/13.6 Mrs McAndrew expressed her thanks for the support she had been able to receive within social care working with HSC R&D and the new social care research lead in HSCB.

167/13.7 Mr Coulter asked about the origin of applicants, and do they mainly originate from the universities, and how many public health research programmes are currently running. Dr Bailie said that the universities are best placed to lead on research and that through the Public Health Research Network, they can bring people together to develop proposals for any calls. She said that projects go right across the range of health and social care.

167/13.8 Dr Rooney thanked Dr Bailie for putting together the information and for presenting this to the board.

167/13.9 Members noted the update on the National Institute for Health Research contribution.

168/13 Item 15 – Business Continuity Plan (PHA/09/12/13)

168/13.1 Mr McClean advised that the Business Continuity Plan had been reviewed and updated following the recent joint exercise with the HSC Board. Mrs Erskine added that this had been considered

and approved by the Governance and Audit Committee.

168/13.2 Members approved the Business Continuity Plan.

169/13 Item 16 – Winter Preparedness

169/13.1 Dr Harper gave an overview of arrangements in place for winter preparedness. She said that lessons learnt from any emergency situations are reflected in updates to the Emergency Plan.

169/13.2 From a health protection perspective, Dr Harper advised that the protocols had been refined with regard to norovirus and flu. She added that the latest surveillance indicated that current flu levels are low.

169/13.3 Dr Harper advised that PHA is currently working with HSC Trusts and primary care providers regarding supporting vulnerable people in emergency situations. In relation to Emergency Care and Emergency Departments, HSCG has ongoing interaction with Trusts to reduce 12 hour breaches and improve patient flows. She added that the system is already under considerable pressure from increased admissions even though attendances to Emergency Departments have decreased slightly.

169/13.4 Dr Harper said that although individual organisations work well in response to emergency situations, there needed to be improved cross-sectoral working and that she was currently compiling a response to a request from the Chief Medical Officer as to how this could be improved. Within Health and Social Care, Dr Harper and Michael Bloomfield, HSCB chair a group for flu, weather and major events, which reports to the respective senior management teams and Boards.

169/13.5 Mrs Erskine asked about arrangements for private nursing homes. Dr Harper said that Trusts work with the independent sector providers that they contract with in the event of an emergency.

169/13.6 Mrs Karp asked about the storage of vaccinations. Dr Harper acknowledged that there are some issues regarding the temperature control chain for some vaccines. However, the scale is small and PHA is seeking to review the existing arrangements as there is variation across the HSC Trusts.

169/13.7 Alderman Porter asked about how crisis management, particularly when services are changed to adapt to circumstances. Dr Harper said that HSCB would take a lead in dealing with general service pressures. She said that normally these pressures are as a result of not having enough staff, and if there are too few staff, the impact this has on being able to fill rotas. Alderman Porter asked about the impact of flu. Dr Harper said that flu related illness typically peaks during November to February each year, but that Trusts have plans in place to respond to increased demand, due to flu or other causes.

169/13.8 Members noted the update on winter preparedness.

170/13 Item 17 – Any Other Business

170/13.1 There was no other business and the Chair drew the meeting to a close.

171/13 Item 18 – Date and Time of Next Meeting

Date: Thursday 23 January 2014

Time: 1:30pm

Venue: Public Health Agency

Conference Rooms

2nd Floor

12-22 Linenhall Street

Belfast

BT2 8BS

Signed by Chair: 

Date: 23/01/14