

**Minutes of the 51<sup>st</sup> Meeting of the Public Health Agency board  
held on Thursday 21 February 2013 at 1:30pm,  
in Public Health Agency, Conference Room,  
18 Ormeau Avenue, Belfast, BT2 8HS**

**PRESENT:**

- |                       |   |
|-----------------------|---|
| Ms Mary McMahon       | - Chair   |
| Dr Eddie Rooney       | - Chief Executive                                     |
| Dr Carolyn Harper     | - Director of Public Health/Medical Director          |
| Mrs Mary Hinds        | - Director of Nursing and Allied Health Professionals |
| Mr Edmond McClean     | - Director of Operations                              |
| Alderman William Ashe | - 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                              |
| Mr Ronnie Orr         | - Non-Executive Director                              |
| Alderman Paul Porter  | - Non-Executive Director                              |

**IN ATTENDANCE:**

- |                        |  |
|------------------------|--|
| Mr Paul Cummings       | - Director of Finance, HSCB                  |
| Mr Robert Graham       | - Secretariat                                |
| Mrs Maeve Hully        | - Chief Executive, Patient Client Council    |
| Mrs Fionnuala McAndrew | - Director of Social Care and Children, HSCB |

**APOLOGIES:**

None

		<b>Action</b>
<b>14/13</b>	<b>Item 1 – Apologies</b>	
14/13.1	The Chair welcomed everyone to the meeting.	
<b>15/13</b>	<b>Item 2 - Declaration of Interests</b>	
15/13.1	The Chair asked if anyone had interests to declare relevant to any items on the agenda. None were declared.	

### **16/13 Item 3 – Chair’s Business**

- 16/13.1 The Chair advised that she had recently attended a NI Confederation event on Integrated Care Partnerships and that following the session, she would like to organise a board workshop on Transforming Your Care with inputs from Sloan Harper, Mary Hinds and Fionnuala McAndrew. Board members welcomed this suggestion.
- 16/13.2 The Chair said that she had attended an equality workshop and commended the presentation delivered by Dr Adrian Mairs. Mr Orr, who was also present, said that the workshop was excellent and also commented on another event he had attended which was organised by ARC.
- 16/13.3 The Chair informed members that the March board workshop would focus on the 2013/14 Business Plan and the Board self-assessment tool. She added that a date needed to be finalised in June for a special board meeting to approve the Annual Report and Accounts and this would be arranged shortly.
- 16/13.4 The Chair said that she had discussed the forthcoming vacancy on the PHA board with the Public Appointments Unit. She indicated that the post would not be likely to be filled until June 2013. Members discussed the requirement to fill the vacancy with an individual with a social care background and it was agreed that the post would be filled as a lay member with a preference for an individual with a social care, finance or health economics background.

### **17/13 Item 4 – Chief Executive’s Business**

- 17/13.1 The Chief Executive said that he attended a workshop to mark the first anniversary of the Healthy Hearts initiative and that he had also attended a launch with the Belfast Taxi company.
- 17/13.2 The Chief Executive commended the work of the PHA staff who had been involved in the organisation of the cancer conference which he had attended on 20 February.

**18/13 Item 5 - Minutes of the PHA board Meeting held on 17 January 2013**

18/13.1 Members approved the minutes of the board meeting held on 17 January 2013.

**19/13 Item 6 – Matters Arising**

19/13.1 Mr Mahaffy sought clarification on paragraph 11/13.3 regarding the need to undertake consultation following a change in the capitation formula. Mr Cummings clarified that a consultation would be undertaken following any change in the formula.

19/13.2 Mrs Karp said that the Register of Interests on the PHA website was not updated following the recent review. Mr Graham agreed to follow up on this.

**20/13 Item 7 – Finance  
PHA Financial Performance Report (PHA/01/02/13)**

20/13.1 Mr Cummings presented the Finance Report and said that the projected end of year surplus had reduced from £7.1m to £6.3m. he explained that £1.1m had been returned to DHSSPS. He explained that in order to achieve break even, PHA was required to spend 50% of its programme expenditure in the final 25% of the year. He added that the reports showing the Trust spend and management spend showed no significant change to the current rate of expenditure.

20/13.2 Alderman Porter sought clarification on whether PHA had experienced a cut in its funding for 2012/13. Mr Cummings explained that this was not the case. Mr Cummings added that the money returned represented money that could not be spent due to delays in advertising and other projects and in regard to salaries and wages, where posts had not been filled. Alderman Porter asked whether there was an issue with PHA not receiving invoices. Mr McClean noted that there is always a lead-in time before PHA would obtain evidence that work had been carried out before an invoice would be paid. He anticipated that the situation would improve by the next month's report.

20/13.3 Alderman Porter asked if PHA was spending money on new projects. The Chief Executive assured the board that PHA would

not be allocating funds to projects that were outwith its core activities. He reiterated that some services are demand-led and therefore the projected expenditure had not been realised.

20/13.4 The Chief Executive advised that he had attended a meeting with DHSSPS to explain the situation. He explained that with regard to vacancies, there were instances where posts were being filled by internal candidates which in turn created another vacancy. He added that there were also procurement issues which required to be addressed.

20/13.5 Mrs Erskine raised a concern about the new payroll system and sought assurance that the January salary payments made to staff had been correct. Mr Cummings assured the board that this was the case.

20/13.6 Dr Harbison queried the high surplus of non-Trust spend in the Western area. Dr Harper explained that the majority of this related to the non-receipt of invoices from Councils in this area. Mr McClean added that this issue had been identified previously and that Health Improvement staff were following up.

20/13.7 Mr Orr asked if the process of managing contracts could be streamlined due to the quantity of contracts. The Chief Executive said that in the longer terms PHA would like to reduce the number of contracts or introduce contracts for a three year period but added that this would present challenges, both for PHA and for the community and voluntary sector.

20/13.8 Mr Mahaffy suggested that reducing the number of contracts would impact on the innovative nature of some of the work. The Chief Executive felt that the challenge for the community and voluntary sector was to look at more innovative and collaborative ways of working but there was a fear that smaller organisations would be subsumed by bigger ones. Mrs McAndrew said that if the specification for a project defined the delivery model then this could be prevented.

20/13.9 It was agreed that members should receive a presentation on procurement at a future workshop.

20/13.10 Members noted the Finance Report.

**21/13 Item 8 – Programme Expenditure Monitoring System (PEMS) Report (PHA/02/02/13)**

- 21/13.1 Mr McClean presented the PEMS report and advised that the level of uncommitted funding had reduced from £612k to £88k and that the amount under negotiation had reduced from £774k to £55k. He said that the challenge was to ensure that all the necessary invoices were received before the end of the financial year.
- 21/13.2 Members noted the PEMS Report.

**22/13 Item 9 – Performance Management Report (PHA/03/02/13)**

- 22/13.1 Mr McClean presented the Performance Management Report and advised members that of the 104 targets being monitored at 31 December 2012, 81 were rated “green”, 21 were rated “amber” and 2 were rated “red”. He explained that from the previous report, 5 targets had moved from amber to green, 5 had moved from green to amber and 2 from amber to red. He said that the two rated red related to telemonitoring and clinical research.
- 22/13.2 Members raised queries about telemonitoring and sought further clarity on this. Mrs Hinds explained that it had been the intention of PHA to undertake an evaluation but this had not yet commenced due to resource issues and a lack of information to make an evaluation meaningful. She told the board that two of the HSC Trusts were ahead of their targets (Southern and Western Trusts) and that overall, Northern Ireland had achieved approximately 70% of its target. She added that there would be a new member of staff working in the team from the end of February.
- 22/13.3 The Chief Executive advised that PHA had met with each of the Trusts Chief Executives and that formal evaluation would be undertaken shortly.
- 22/13.4 Mrs Hully suggested that PHA should look directly at the patient experience. The Chair asked if voluntary organisations could be used to promote telehealth and asked if there was an issue at clinician level with advocating this approach. Mrs Hinds said that she hoped that the appointment of a clinician in PHA would help address these issues. Mr McClean added that there had been PR work to promote this approach.

- 22/13.5 Mr Mahaffy asked about the reduction in cases of MRSA and C difficile. Dr Harper explained that the high bed occupancy rate in Northern Ireland made it difficult to maintain good infection control but she added that three HSC Trusts are currently ahead of their projected targets and that although the other two were below their targets, their rates were favourable in comparison across the UK as a whole.
- 22/13.6 The Chair queried whether it was the responsibility of the PHA to develop a Research and Development Strategy. Dr Harper said that it was the responsibility of DHSSPS and it was agreed that the wording of the target should be changed.
- 22/13.7 Mr Orr asked about poverty, including fuel poverty and proposed changes to the benefits system. The Chief Executive said that while PHA does not have the power to change the benefits system it has undertaken an innovative programme which provides people with information and guidance on obtaining additional resources. Mr Orr suggested that PHA could bring forward issues for attention by other departments. The Chief Executive acknowledged this view but felt that PHA's role was to target its resources to where it can make a difference and not to get involved in the work of other departments.
- 22/13.8 Mr Mahaffy referenced the Marmot Review and asked whether PHA ensure that when it was contracting work to the independent sector that the staff in those organisations were receiving at least the minimum wage. The Chief Executive said that PHA should ensure that it acts responsibly in relation to procurement. Mrs McAndrew said that when specifications are being drawn up, the impact on economic regeneration is not taken into consideration.
- 22/13.9 The Chief Executive said that this was a complex area as PHA was focused on the outcomes. Mrs McAndrew said that there would be information within any contract price that could reflect what remuneration may be.
- 22/13.10 Mr Orr suggested that there should be a future board workshop on the theme of suicide and Protect Life to keep board members informed on developments in this area. The Chair agreed to this suggestion.

**23/13 Item 10 – Governance and Audit Committee Meeting (PHA/04/02/13)**

- 23/13.1 Mrs Erskine advised that the Governance and Audit Committee had met on 7 February and said that the Committee had requested that an action plan be presented following the recent internal audit report on contracts with the community and voluntary sector. She said that the Committee did not feel that the report had fully addressed the concerns of the Committee and that she had written to the Chief Executive regarding this and that a further supporting information would be brought to the Committee in April.
- 23/13.2 Mrs Erskine said that Committee had also drawn to the attention of the Chief Executive concerns about the new BSTP payments system.
- 23/13.3 Mr Mahaffy asked if the Committee was assured on the progress made following the internal audit report following the last meeting. Mrs Erskine said that this was not fully the case and that there remained the possibility that PHA's accounts could be qualified. It was agreed that this issue should be brought to the PHA board in April following the next Committee meeting.
- 23/13.4 The Chief Executive assured the board that all internal audits are given thorough consideration and that he would ensure that all of the issues raised would be taken on board and acted upon.
- 23/13.5 Members noted the update from the Committee chair.

**24/13 Item 11 – Alcohol and Drug Commissioning Framework for Northern Ireland (PHA/05/02/13)**

- 24/13.1 Dr Harper advised the board that PHA and HSCB had been required to produce a commissioning framework for alcohol and drugs. She outlined the purpose of the framework and the six key priorities for commissioning.
- 24/13.2 Dr Harper explained that the framework was not specific as yet but and would have to go through a process of consultation and approval. She said that following today's meeting the framework would be issued for public consultation. The framework proposed broadening and development community and home based support enabling the reconfiguration and potential reduction of inpatient

units as there would be a reduced need for these.

24/13.3 Alderman Porter queried if hospital was the most suitable environment for a member of a public who was found to be drunk. Dr Harper said that a hospital was the best environment for a patient to be assessed and monitored for a period of time. She added that there may be instances of self-harm and therefore it was more appropriate for individuals to have access to services relating to mental health.

24/14.4 Dr Harbison commended the work of the group to complete this framework and asked for further detail on the resourcing implications as he noted that there was variability across the Trusts. Dr Harper said that the new framework would ensure a consistent direction of travel as the existing investment will be supplemented with additional Programme for Government funding. Dr Harbison asked if any benchmarking had been undertaken with services in other parts of the UK to ensure there was no mismatch in terms of the levels of funding allocated to this type of work but Dr Harper said that it would be difficult to undertake such an exercise.

24/14.5 Mr Orr said that he was pleased to see an emphasis on treatment and prevention within the document and suggested that there should be co-operation with organisations such as the Probation Board.

24/14.6 Dr Harbison asked about the role of GPs and whether they should carry out initial assessment of patients as he felt that this type of early intervention could have an impact. Dr Harper agreed that securing buy-in from GPs was an issue.

24/14.7 Members approved the drugs and alcohol commissioning framework.

## **25/13 Item 12 – Presentation on Francis Report (PHA/06/02/13)**

25/13.1 Mrs Hinds delivered a presentation on the main findings of the Francis Report. She gave an overview of some of the patient stories and the warning signs before looking at the role of the board and the governance arrangements. She moved on to consider the implications, not only for PHA but for the HSC in Northern Ireland as whole.



- 25/13.2 Dr Harper said that there was concern about the number of recommendations in the report, but felt that the report would help with embedding the core values of Quality2020 in areas such as respect for patients, clients, families and colleagues.
- 25/13.3 Alderman Porter asked whether individuals had been disciplined or removed from post following the report. Mrs Hinds confirmed that individuals were sacked and referred to their professional bodies.
- 25/13.4 Mrs Karp welcomed the presentation and the opportunity to discuss the issues pertinent to the board. Mr Mahaffy asked whether the Trust achieved a financial break even position each year and did that give the impression that there were no underlying issues. Mrs Hinds confirmed that the Trust did break even and this was seen as essential in the Trust's pursuit of becoming a Foundation Trust. This had resulted in the Trust not focusing on quality of care.
- 25/13.5 Mr Mahaffy asked about how staff can raise concerns and the lessons for Northern Ireland. Mrs Hinds said that the structures in Northern Ireland can provide a reassurance because of how issues such as safety and quality, complaints and SAIs are dealt with and that there is a smaller number of organisations. Dr Harper added that, in relation to raising concerns, Trusts can have policies but if management ignore these and the board are more focused on financial performance, then there needs to be a change in dynamic.
- 25/13.6 Mrs Hully believed that the report showed that at a point in time, people stopped becoming shocked and reiterated the importance of peer review and the role of the board. She said that there should be a complaints system that allows people to raise concerns and that there is ongoing feedback on the issues raised.
- 25/13.7 Mr Orr expressed his concern that the situation in Mid Staffordshire is not unique. He said that dignity, respect and compassion were the foundations of proper care and he hoped that the issues highlighted in this report would bring about a significant and lasting change.
- 25/13.8 Dr Harbison queried the use of mortality statistics and how hospitals in England were going to use the Dr Foster intelligence

model. Dr Harper said that CHKS analysis was used in Northern Ireland, but even though rates may be seen as normal, this does not mean that there are no concerns but she believed that the use of codes was appropriate.

25/13.9 Dr Harbison expressed concern about the number of recommendations and how many of these would be fully implemented within five years.

25/13.10 The Chair brought the discussion to a close and hoped that members would attend the forthcoming workshop on the report in April.

### **26/13 Item 13 – Commissioning Plan 2013/14**

26/13.1 The Chief Executive outlined the process for the development and approval of the Commissioning Plan. He said that the HSC Board received a direction from DHSSPS to produce a draft Plan. He said that a number of workstreams had been brought together to complete the draft Plan which was considered at a joint workshop in early February. He said that the HSC Board had a role to consult with PHA and to take regard of PHA advice regarding the Plan. He finished by saying that he had received assurances from PHA professional staff that their input had been taken into account but that there were some issues which required clarification.

26/13.2 Mr Cummings noted apologies from Dean Sullivan who was due to attend this meeting on behalf of HSC Board. He presented the draft Plan and said that the Plan seeks to balance quality and quantity of services and to address the needs of the population, taking into account the priorities outlined in the Programme for Government and Transforming Your Care. He said that there had been discussion with PHA and with Local Commissioning Groups. He added that the draft Trust Delivery Plans had been issued and should be returned in time to allow the draft Plan to be sent to DHSSPS by 27 February.

26/13.3 Mr Cummings explained that following submission of the draft Plan to DHSSPS, comments would be returned to HSC Board with the revised Plan being brought to the boards of HSCB and PHA in March.

26/13.4 Mr Mahaffy said that it was unsatisfactory that the board had not

received the draft Plan in advance of the recent workshop as this did not allow for informed discussion. He also raised concerns about the equality and consultation processes.

26/13.5 Mr Mahaffy queried the governance arrangements of the integrated care partnerships which would be responsible for implementing elements of the Plan. Mr Cummings responded by saying that the HSCB is accountable for the commissioning of services. He said that there was a clear distinction between Local Commissioning Groups and Integrated Care Partnerships and that the governance arrangements were clear. He explained that integrated care partnerships had no legal entity and therefore were not responsible for commissioning.

26/13.6 Mrs Karp also expressed concerns about the role of the PHA board in developing the Plan. Mr Cummings said that there is a challenging timetable and suggested that the joint workshop should be arranged at a different time. The Chair felt that the PHA board should begin consideration of commissioning priorities at a workshop in September.

26/13.7 The Chief Executive said that process for development of the Plan is a joint issue with the HSC Board and agreed that there was a need to have time to consider the Plan. Mr Orr suggested that perhaps individual members could have specific areas of focus to inform discussion.

26/13.8 Mr McClean asked if there was a detailed finance strategy by programme of care. Mr Cummings said that until HSC Board was in receipt of the Trust Delivery Plans this level of detail could not be put into the Plan.

26/13.9 Dr Harper said that PHA would write to HSC outlining the comments made by board members and to seek clarification on the process for development and approval of the Plan.

26/13.10 Members approved the draft Commissioning Plan with the exception of Thomas Mahaffy who was not content to approve the Plan at this stage.

26/13.11 Mr Mahaffy believed that there had been a failure of the HSCB and PHA to meet their equality obligations under Section 75 of the Northern Ireland Act 1998 and to generally assess and mitigate

the potential impact of the proposals within it. He felt that the Plan is fundamentally flawed in that it implements Transforming Your Care which, in his opinion, promotes the privatisation of public services and creates unaccountable decision making structures.

**27/13 Item 14 – Any Other Business**

27/13.1 There was no other business.

**28/13 Item 15 - Date, Time and Venue of Next Meeting**

Date: Thursday 21 March 2013  
Time: 1:30pm  
Venue: Public Health Agency  
Conference Rooms  
2<sup>nd</sup> Floor  
12-22 Linenhall Street  
Belfast  
BT2 8BS

Signed by Chair:

A handwritten signature in black ink that reads "Mary Mc Mahon". The signature is written in a cursive style and is positioned below the text "Signed by Chair:".

Date: 21 March 13