

Title of Meeting	113 th Meeting of the Public Health Agency Board
Date	15 August 2019 at 1.30pm
Venue	Board Room, Tower Hill, Armagh

Present

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| Mr Leslie Drew | - Non-Executive Director (<i>in the Chair</i>) |
| Mr Edmond McClean | - Interim Deputy Chief Executive / Director of Operations |
| Mrs Mary Hinds | - Director of Nursing and Allied Health Professionals |
| Dr Stephen Bergin | - Acting Assistant Director (<i>on behalf of Dr Mairs</i>) |
| Alderman William Ashe | - Non-Executive Director |
| Mr John-Patrick Clayton | - Non-Executive Director |
| Alderman Paul Porter | - Non-Executive Director |
| Mr Joseph Stewart | - Non-Executive Director |

In Attendance

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| Ms Marie Roulston | - Director of Social Care and Children, HSCB |
| Mr Robert Graham | - Secretariat |
| Ms Jenny Redman | - Boardroom Apprentice |
| Ms Nicola Woods | - Boardroom Apprentice |

Apologies

- | | |
|--------------------------|------------------------------------|
| Mr Andrew Dougal | - Chair |
| Mrs Valerie Watts | - Interim Chief Executive |
| Dr Adrian Mairs | - Acting Director of Public Health |
| Ms Deepa Mann-Kler | - Non-Executive Director |
| Professor Nichola Rooney | - Non-Executive Director |
| Mr Paul Cummings | - Director of Finance, HSCB |

60/19 | Item 1 – Welcome and Apologies

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| 60/19.1 | The Chair welcomed everyone to the meeting. Apologies were noted from Mr Andrew Dougal, Mrs Valerie Watts, Dr Adrian Mairs, Ms Deepa Mann-Kler, Professor Nichola Rooney and Mr Paul Cummings. |
| 60/19.2 | The Chair welcomed Ms Jenny Redman to her first meeting as a Boardroom apprentice. |

61/19 Item 2 – Declaration of Interests

61/19.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

62/19 Item 3 – Minutes of previous meetings held on 11 June 2019 and 20 June 2019.

62/19.1 The minutes of the previous meetings, held on 11 June 2019 and 20 June 2019, were approved as an accurate record of those meetings.

63/19 Item 4 – Matters Arising

Plan re Staffing

63/19.1 Mr Stewart asked when the plan regarding staffing and vacancies would be brought to the Board. Mr McClean suggested that this could be done at the September meeting. He stressed that it is not a “point in time” plan, but will be continually kept under review and that it would also be discussed with sponsor branch. Mr Stewart suggested that an overarching plan for the Agency is important, particularly given the number of retirements that are taking place.

64/19 Item 5 – Chair’s Business

64/19.1 The Board noted the Chair’s Business which was distributed at the meeting.

65/19 Item 6 – Chief Executive’s Business

65/19.1 Mr McClean advised members that following a Serious Adverse Incident review investigation carried out by an independent panel following the tragic deaths of Michael and Marjorie Cawdery, the Permanent Secretary met with the family to offer his unreserved apologies on behalf of the HSC system. He added that the family would be meeting with RQIA and two Trust Chief Executives, as well as the HSCB Chief Executive.

65/19.2 Mr McClean informed members that Mrs Briege Quinn would be taking over as Interim Director of Nursing following the retirement of Mrs Hinds, until her permanent successor takes up post.

66/19 Item 7 – Finance Report (PHA/01/08/19)

66/19.1 The Board noted the Finance Report.

67/19 Item 8 – Draft Annual Progress Report 2018-19 to the Equality Commission on Implementation of Section 75 and the Duties under the Disability Discrimination Order (PHA/02/08/19)

Ms Karen Beattie from the BSO Equality Unit joined the meeting for this item.

- 67/19.1 Ms Beattie began her presentation with an overview of the legislative context which explains why PHA is required to submit this Annual Report. She also noted the Disability Discrimination Order, which gives disabled people the opportunity to give their voice to the work of statutory bodies. She said that PHA is required to have a Disability Action Plan.
- 67/19.2 Ms Beattie highlighted four areas of work where PHA demonstrated its equality duties. Under “access of information”, she gave examples of PHA providing translations of its leaflets and the browse aloud feature of the PHA website. Within “access to and uptake of services”, she highlighted work undertaken with the Roma community to increase uptake of vaccinations. The third area she focused on was “new and innovative approaches”, where PHA has used digital technologies to improve the health of older people, and also the use of mannequins as part of the breast cancer awareness public information campaign. Finally, with regard to “promotion of equality issues with non-statutory partners”, she explained that PHA has been part of a drive to ensure that the contract specification for recruitment agencies puts an obligation on agencies to take account of equality issues.
- 67/19.2 Ms Beattie raised the number of equality screenings that are carried out. She advised that during 2018/19, there were seven equality screenings carried out and no EQIAs.
- 67/19.3 Ms Beattie reported on PHA’s work in undertaking its disability duties, and said that PHA is part of the Tapestry disability staff network, and that PHA has participated in the disability placement scheme. She added that an evaluation of the scheme has shown that there are direct benefits for both the participants, and the hosting organisations and it has helped to change attitudes towards disabled people.
- 67/19.4 Ms Beattie said that PHA’s priorities for 2019/20 will focus on increasing the number of equality screenings and EQIAs as well as monitoring of policies and programme areas. She said that further equality training was required as only 32 staff in PHA completed online training during 2018/19.
- 67/19.5 Mr Clayton said that Ms Beattie’s overview clearly highlighted all of the key messages and the good work that has been done, but he agreed that without evidence of equality screenings or EQIAs PHA may be vulnerable to challenge.

- 67/19.6 Alderman Porter felt that with regard to the obligation of employment agencies to ensure they take disability into consideration, that PHA is enforcing policy towards organisations who already operate under a legislative framework. Ms Beattie said that PHA works with the Procurement and Logistics Service (PALS) and is responsible for overseeing different contracts. As part of that, she said that organisations are scored against various criteria, including training and equality issues. Mr McClean added that through applying this series of governance checks, PHA is ensuring that these organisations are engaging with all sectors and are therefore fit and competent and cognisant of PHA's objectives.
- 67/19.7 Alderman Porter sought clarity on the view that there is a higher risk of mental disorder for LGBT people in the workplace. He asked whether all staff had access to mental health wellbeing and support. Mr McClean said that there is evidence that LGBT people are of significant higher risk. He said that all staff have access to a counselling service.
- 67/19.8 Alderman Porter asked whether the needs of rural communities, but also religious communities, are taken into account as they can feel isolated. Mr McClean said that in terms of rural needs, there is a separate legislative process, and that a report on this work will come to the Board.
- 67/19.9 Mr Stewart said that while supportive of Section 75, he felt that the completion of the templates within this report feels more like compliance rather than implementation.
- 67/19.10 Alderman Ashe felt that one disability placement was a very low number. Mr McClean acknowledged that one was fewer than the PHA would like, but there are practical challenges, both in terms of developing a meaningful opportunity for someone, but also having the appropriate physical space to place individuals. Both Ms Roulston and Mrs Hinds confirmed the points raised by Mr McClean and said that ideally they would like to offer more opportunities.
- 67/19.11 Mr Clayton said that training is a key area and that this should be targeted in the first instance to those who are leading in particular policies or areas of work. He also suggested that there should be a focus on equality in a future Board workshop.
- 67/19.12 The Board thanked Ms Beattie for completing this comprehensive report.
- 67/19.13 The Board **APPROVED** the draft Annual Progress Report 2018-19 to the Equality Commission on Implementation of Section 75 and the Duties under the Disability Discrimination Order.

68/19 Item 9 – Draft Commissioning Plan 2019/20 (PHA/03/08/19)

- 68/19.1 Dr Miriam McCarthy thanked members for the opportunity to come to the PHA Board meeting to present the draft Commissioning Plan for 2019/20. She explained that the purpose of the Plan is to provide an overview of key priorities and investment decisions for 2019/20. She said that the Plan is the “what”, but that the Trust Delivery Plans (TDPs) will explain the “how”.
- 68/19.2 Dr McCarthy advised that Section 4 of the Plan outlines the Commissioning Plan Direction themes with Section 5 focussing on individual objectives. She said that the HSC is operating within a difficult financial context with very little additional money some of which may be non-recurrent. She added that Trusts are also being asked to deliver on savings targets. She explained that although there is also Transformation funding, it is non-recurrent and is dealt with outside of the Commissioning Plan process. In total, she advised that there are 71 objectives, and 171 priorities within the Plan.
- 68/19.3 Dr McCarthy explained that the 2019/20 Plan contains a section on population health for the first time and added that she would like this section strengthened to show the linkages with each of the Commissioning Plan Direction targets. She said that the development of the Plan is a 6-month process.
- 68/19.4 Mr Clayton said that he had some issues in relation to the process for the development of the Plan. He noted that the Trusts have to make savings and referred to the consultation process that took place last year in that regard. He was concerned that the ability of the Trusts to break even goes against what is set out in the Plan. He said although the Plan has outcomes and details inequalities, there are no resources to deliver services to respond to this. In his view, Trusts may have to cut staffing, reduce the number of operations or the amount of domiciliary care packages, but there is no assessment in the Plan of the impact that these measures would have. He felt that the process should have been reversed with Trusts being told at the outset of the Plan and the financial allocation against it. He also felt that the Equality Screening is flawed as it doesn't highlight the points he has covered, and that a full EQIA is needed. He asked about the impact of Trust savings and inequalities.
- 68/19.5 Dr McCarthy acknowledged that there is a delicate balance between what the HSC would like to do and what it can do and the system is affected by the political situation and challenges to long term financial planning. She said that the HSCB will have a round of discussions with the Trusts regarding their TDPs, and she is aware of some of the areas that will potentially be flagged up, but not the detail of what might be suggested in the savings plans.
- 68/19.6 Dr McCarthy said that for some of the objectives in the Plan, the work in 2019/20 will build on existing work. Alderman Porter was unsure as to

whether this Plan could deliver the best outcomes in the current financial climate, given issues such as the ageing population. He asked specifically about special needs. Ms Roulston said that there is an ongoing learning disability review across both adult and children's services and there is an action plan around the issue of long stays.

68/19.7 Mr Clayton noted that there has been more focus on health inequalities, but he asked whether focusing on improvements in specific areas could result in exacerbating the inequality. Dr McCarthy acknowledged this risk and agreed that better informed and better educated people will avail of opportunities, which may create inequalities. She said that it is important to target those who are most at need, citing the example of screening programmes where there needs to be focus in areas of deprivation to improve uptake.

68/19.8 The Chair thanked Dr McCarthy and her team for putting together the draft Plan.

68/19.9 The Board, with the exception of Mr Clayton, **APPROVED** the draft Commissioning Plan for 2019/20.

69/19 Item 10 – Consultation Report for Northern Ireland Diabetic Eye Screening (PHA/04/08/19)

69/19.1 Dr Bergin began his presentation of the Report by outlining the current trends in relation to diabetes in Northern Ireland. He advised that rates are going up markedly, and that by the middle of the next decade over 100,000 people will be required to attend for screening. He explained that one of the consequences of diabetes is eye disease, so the point of this screening programme is to detect any changes in the eye. He said that the current model of using GP practices to carry out the assessments is becoming unsustainable, hence the consultation exercise to consult on different models, with a preference for a fixed site model. He added that this is the sort of model using for the AAA Screening Programme.

69/19.2 Dr Bergin advised that the consultation exercise ran from January to March 2019 and that 268 responses were received. Of the three models proposed – fixed GP sites, fixed HSC sites or High Street optometrists, he said that the preference identified by respondents was for fixed HSC sites.

69/19.3 Mr Stewart felt that the response rate was low given the potential numbers of people who would be affected, and expressed concern about proceeding with this type of model. He said that the Board is being asked to approve this model, but without knowing where the locations of the sites would be. Dr Bergin said that to identify the proposed sites as part of the consultation could have prejudiced the outcome of the consultation. He explained that there are certain criteria the sites must meet based on concerns raised in the consultation about

issues such as transport links, opening hours—and there is a need to ensure that the tests, which are technical, can be carried out robustly and to a high standard. He added that the initial proposal is for 4-6 sites in each Trust area and pointed out that this model is already in place in the Western Trust, and that this Trust area has the highest uptake. He said that the next stage would be to discuss the model with key stakeholders including service users, Trusts and Local Commissioning Groups (LCGs).

- 69/19.4 Mr Clayton felt that this paper represented a direction of travel and that the Board would need to see more detail on the next stage. He noted that although the proposed direction of travel is a fixed HSC site model, he queried whether it could be a mix of HSC sites and GP practices. Dr Bergin said that there are practical issues with a mixed site model, but it could be an option.
- 69/19.5 Alderman Ashe said that if the target is to improve attendance, then it is important to ensure that the sites are in convenient locations. Ms Woods pointed out that the lowest uptake is among young people so extended opening hours should be considered.
- 69/19.6 The Board **APPROVED** the consultation report for Northern Ireland Diabetic Eye Screening.

70/19 Item 11 – Northern Ireland Cervical Screening Programme – Annual Report for 2016/17 (PHA/05/08/19)

- 70/19.1 Dr Bergin introduced what he said is the penultimate report in this current cycle of screening programme annual reports. He advised that the cervical screening programme is aimed at all women between the ages of 25 and 49 on a three-yearly basis and between the ages of 50 and 64 on a five-yearly basis. He said that this equates to over 100,000 screening invitations per year.
- 70/19.2 Dr Bergin said that there are approximately 80 cases per year of cervical cancer, but this number would be higher if it were not for the screening programme. Going forward, he explained that the programme will start to use the HPV test, and that as school children have begun to be immunised against HPV since 2008, there should be a reduction in the number of cases found.
- 70/19.3 Dr Bergin stated that the programme is functioning well with 76.8% of eligible women screened, however this is a slight reduction on the previous year. He added that the Belfast Trust area saw the lowest uptake, and he expressed concern about inequalities, but said that PHA is increasing its efforts and is looking to develop communications strategies, e.g. adopting social media campaigns. He also noted the work of the Women's Resource Development Agency (WRDA) who target disadvantaged communities to encourage people to come forward for screening. He explained that an evaluation of their work has been

- completed and a decision will be made regarding extending their contract.
- 70/19.4 Mr Stewart expressed concern about the timelines and the number of samples reported within 14 days, and also the increasing number of inadequate samples from GP and community clinics. Dr Bergin said that the main target for reporting is 28 days, but he assured members that there is an electronic pathway whereby abnormal findings identified within a laboratory are communicated directly to a diagnostic centre. With regard to the adequacy of samples, he highlighted some issues within general practice where the test has not been conducted as required. Mrs Hinds said that as a result of some SAs in this area, PHA has rewritten the guidance for nurses, and that the Chief Nursing Officer has asked PHA to continue to monitor this.
- 70/19.5 Mr Clayton asked why the Board was only seeing the 2016/17 report at this stage. Dr Bergin conceded that there have been delays, and that following a recommendation from Internal Audit there will be an improvement in the timeliness of reporting. He added that it does take several months to analyse a year's worth of information.
- 70/19.6 Mr Clayton asked about the high percentage of inadequate samples from the laboratory in Antrim. Dr Bergin said he was aware of this issue, but it was not a critical issue in terms of the delivery of the programme.
- 70/19.7 The Board **APPROVED** the Cervical Screening Annual Report for 2016/17.
- 71/19 Item 12 – 25 Years' Service Award Proposal (PHA/06/08/19)**
- 71/19.1 Mr McClean indicated that as a responsible employer, the PHA kept under review how it retained staff and rewarded those who had made a commitment to the HSC over a long period of time. He said that in keeping with a number of Trusts, HR Directors had proposed that staff who have more than 25 years' service an additional 5 days of annual leave on a one-off basis.
- 71/19.2 Members noted the advice from BSO HR on this matter and confirmed the appropriateness of this approach as consistent with making the PHA an employer of choice.
- 71/19.3 The Board **APPROVED** the proposal for the 25 years' service award.
- 72/19 Item 13 – Any Other Business**
- 72/19.1 Ms Woods noted that this was her last meeting as part of the Board apprentice scheme, and thanked members for the opportunity to work with them.
- 72/19.2 The Chair said that he hoped that Ms Woods had enjoyed the

experience and wished her well for the future.

73/19 Item 14 – Details of Next Meeting

Thursday 19 September 2019 at 1:30pm

Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast, BT2 8BS

Signed by Chair:

A handwritten signature in cursive script, appearing to read "Ann Douglas".

Date: 19 September 2019