

*97<sup>th</sup> Meeting of the Public Health Agency Board*

*Thursday 16 November 2017 at 2.00pm*

*Conference Rooms 3+4, 12-22 Linenhall Street, Belfast*

**Present**

Mr Andrew Dougal	- Chair
Mrs Valerie Watts	- Interim Chief Executive
Mrs Mary Hinds	- Director of Nursing and Allied Health Professionals
Councillor William Ashe	- Non-Executive Director
Mr Brian Coulter	- Non-Executive Director
Mr Leslie Drew	- Non-Executive Director
Mr Thomas Mahaffy	- Non-Executive Director
Alderman Paul Porter	- Non-Executive Director

**In Attendance**

Mr Paul Cummings	- Director of Finance, HSCB
Mrs Joanne McKissick	- External Relations Manager, PCC
Mr Robert Graham	- Secretariat

**Apologies**

Mr Edmond McClean	- Interim Deputy Chief Executive / Director of Operations
Dr Carolyn Harper	- Director of Public Health/Medical Director
Mrs Fionnuala McAndrew	- Director of Social Care and Children, HSCB
Ms Deepa Mann-Kler	- Non-Executive Director

**88/17 | Item 1 – Welcome and Apologies**

- 88/17.1 The Chair welcomed everyone to the meeting. Apologies were noted from Mr Edmond McClean, Dr Carolyn Harper, Mrs Fionnuala McAndrew and Ms Deepa Mann-Kler
- 88/17.2 The Chair welcomed the members of the public who had come to attend today's meeting.

**89/17 | Item 2 - Declaration of Interests**

- 89/17.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

**90/17 Item 3 – Minutes of previous meeting held on 19 October 2017**

90/17.1 The minutes of the previous meeting, held on 19 October 2017, were approved as an accurate record of that meeting, subject to minor amendments.

**91/17 Item 4 – Matters Arising**

91/17.1 There were no matters arising. It was noted that the Secretariat had issued information to members related to the matters arising from the September Board meeting.

**92/17 Item 5 – Chair’s Business**

92/17.1 The Chair’s Business had been issued to members in advance of the meeting.

92/17.2 The Chair informed members that he had attended the PHA launch of the PPI/Engage website and he expressed his appreciation to the team for all of their work in getting this website up and running.

**93/17 Item 6 – Interim Chief Executive’s Business**

93/17.1 The Interim Chief Executive advised members that the Permanent Secretary had published a report outlining the progress made in the first year following the launch of the Delivering Together strategy by the Minister. She noted that the Permanent Secretary had thanked all HSC staff for their work to date.

93/17.2 The Interim Chief Executive said that the HSC Leadership Strategy has now been published.

93/17.3 The Interim Chief Executive gave members an overview of the emergency planning arrangements that had been put in place during the time of storm Ophelia. She said that while there had been no significant impact, there was learning for similar future events.

93/17.4 The Interim Chief Executive informed members that she had attended, and delivered the closing remarks, at a Future Search event in relation to suicide. She said that she had also attended, and chaired, the most recent meeting of the Belfast Strategic Partnership.

93/17.5 The Interim Chief Executive advised that she had attended a meeting of the Chief Executives of the four UK public health organisations in Scotland, and that a variety of areas had been discussed, including Brexit, global health, adverse childhood event and UK-wide research and evaluation opportunities.

**94/17 Item 7 – Finance Report (PHA/01/11/17)**

- 94/17.1 Mr Cummings began his finance update by giving members an overview of the overall HSC financial situation. He said that following the announcement that the Northern Ireland budget has been approved for 2017/18 with a 5% increase for health, members should note that the figures presented are based on the opening position for 2016/17 and almost half the increase was non-recurrent. He advised that the pay award for 2017/18 may be funded this year, but in order for it to be funded recurrently, this may create further difficulties for future years.
- 94/17.2 Mr Cummings said that the PHA Finance Report for the period up to 30 September showed that the PHA's surplus has increased to £1.7m. He said that £1.3m of the surplus is due to a timing issue and he hoped that this figure would start to reduce. He added that a mid-year budget review meeting was due to take place inside the next 2 weeks.
- 94/17.3 In relation to the management and administration budget, Mr Cummings said that the underspend is due to staff turnover and he did not expect this situation to change. He said that if this surplus remained it may be necessary to declare this to the Department of Health.
- 94/17.4 Mr Drew asked when PHA would find out if any additional funding would be provided. The Interim Chief Executive indicated that following a recent meeting of the Permanent Secretaries Group, the Permanent Secretary for Health advised that there may be slippage across other departments which may be allocated to health.
- 94/17.5 Mr Coulter asked about the staff turnover and the significant number of vacancies. Mr Cummings said that the recruitment process is slow. The Interim Chief Executive added that a common issue for PHA is that when a post is recruited internally, it leaves another post vacant.
- 94/17.6 The Board noted the Finance Report.

**95/17 Item 8 – Family Nurse Partnership Revaluation Report (PHA/02/11/17)**

- 95/17.1 Mrs Hinds welcomed Ms Una Turbitt, Ms Deirdre Webb, Mr Wesley Emmett, Mr Andrew Harrison and Mr Andrew Darnton to the meeting. She said that the Family Nurse Partnership (FNP) programme is a pioneering programme and should be a key element of Programme for Government. She invited Ms Turbitt to begin the presentation.
- 95/17.2 Ms Turbitt began by thanking the Board for the opportunity to come and present this work. She advised that FNP had been commissioned initially by PHA. The international programme originates in the United States but has been adapted to make a difference to the lives of the mothers and children which it supports in NI.

- 95/17.3 Ms Turbitt explained that the programme was first implemented in the Western Trust, but there is now a small team operating within each HSC Trust. She said that the programme has a strong evidence base but that the recent Building Blocks research report carried out on behalf of Department of Health in England had raised some questions. The PHA public health nursing team felt that it was important to review the programme to ensure that it delivers safe, effective and compassionate care to young parents, and that PHA is delighted to have had the opportunity to be involved in this Revaluation. She said that Mr Andrew Harrison would give members an overview of the process for the revaluation, how the programme can be taken forward.
- 95/17.4 Mr Harrison began his presentation by saying that FNP has created value, as savings are being realised within areas such as residential care. He said that there is a clear return on the investment PHA has made and that the relationship infrastructure between nurse, mother and child has been key to the success of the programme.
- 95/17.5 Mr Darnton presented the theory of change model. He said that FNP breaks the cycle of poor parenting as almost all of the mothers on the programme have had experience of poor parenting. He added that in 10-15% of cases it can be shown that substantial savings have been made across all parts of the social care system.
- 95/17.6 Mr Emmett said that FNP creates a massive difference for some of the most vulnerable people in society. He said that PHA has taken the courage to invest in an initiative that is very powerful and it would be good if the programme could be rolled out more widely.
- 95/17.7 The Chair confirmed the cost of the programme is £1.75m. Ms Webb said that to implement the programme across the whole of Northern Ireland would cost £4m. The Chair noted that a new programme could only be delivered if there was new money and that PHA needed to be able to decide which areas were of higher priority when making decisions around expenditure. Mr Emmett reiterated his view that this programme is a high value initiative.
- 95/17.8 Ms Turbitt said that there are economies of scale. She said it is PHA's role to work across other departments and collaborate together for the greater good. Ms Webb added that through her experience, she has seen a lot of children go through the care system, but that there are other children who are equally vulnerable, particularly in areas of high deprivation who need assistance. Mr Harrison said that in Scotland, the programme has been rolled out across the whole country following a successful pilot in some areas.
- 95/17.9 Alderman Porter sought clarity as to whether the views of participants had been sought when compiling the report. Mr Harrison said that the Belfast Trust had hosted a workshop which gave mothers an opportunity to tell their stories. Alderman Porter asked about the support for staff who are

- dealing with the most vulnerable young mothers. Ms Webb said supervision is important for these staff and that they would have regular meetings with their managers.
- 95/17.10 Mr Coulter asked Ms Turbitt about other evaluations that had been done. Ms Turbitt said that a number of randomised controlled trials have been undertaken but acknowledged that improved understanding is needed about the impact of early intervention. She explained that for any child, if there are four or more “adverse childhood experiences”, it is highly likely that their long term health and wellbeing will be affected, for example, they will be more likely to be involved with the youth justice system. Mr Coulter said that he would wish to look at some of the end user stories. He expressed concerns about some of the metrics used within the report and felt that evidence needed to be seen over a longer period of time.
- 95/17.11 Councillor Ashe said that he welcomed the presentation as he has been involved in projects dealing with teenage pregnancy in his local area. He noted that in Scotland 56% of the children living in poverty do not live in the top 10% most deprived areas. He added that in his opinion, this is an excellent project.
- 95/17.12 Mrs McKissick said that she had had the opportunity to attend one of the sessions and thought it was an inspirational experience. The Interim Chief Executive added that she was very impressed with the work but would like to have been able to read more of the stories. Mr Harrison said that he would be happy to address any other queries that members had.
- 95/17.13 The Chair thanked all of the people involved in the preparation of the report.
- 96/17 Item 9 – Northern Ireland Diabetic Eye Screening Programme Pre-Consultation Exercise (PHA/03/11/17)**
- 96/17.1 The Chair welcomed Claire Armstrong from PHA and Raymond Curran from HSCB who were attending the meeting for this item on behalf of Dr Harper.
- 96/17.2 Mr Curran advised members that the Diabetic Eye Screening Programme (DESP) is going through a period of change and that the Programme Board had agreed that there should be a pre-consultation exercise to look at potential future models for the scheme. To date, he said that there has been extensive engagement and that following this a screening process will identify options which will go out to full public consultation.
- 96/17.3 Mr Drew said that the paper was very helpful. He asked whether the “High Street” option (Option 5) would require external procurement. Mr Curran confirmed that this would be the case.
- 96/17.4 The Chair asked about larger primary care centres. Mr Drew felt that

these wellbeing centres were not being utilised effectively for frontline services, but Mrs Hinds disagreed with this view. Mr Curran said that the options outlined in the paper are reflective of a more progressive approach.

96/17.5 Mr Coulter asked if the capital costs are one-off costs. Mr Curran said that these are largely IT costs. Mr Coulter asked how the figure of £2.2m for the “High Street” option was arrived at. Mr Curran said that these are indicative costs based on modelling some across different jurisdictions, and that. He added that there have not been any negotiations with primary care optometrists.

96/17.6 Mr Coulter asked if the recruitment issues have been addressed. Mr Curran advised that these had been resolved, but that there was a need to build resilience and capacity within the programme.

96/17.7 The Board noted the Northern Ireland Diabetic Eye Screening Programme pre-consultation exercise.

**97/17 Item 10 – PHA Community Planning Update (PHA/04/11/17)**

97/17.1 The Chair welcomed Miss Julie Mawhinney who was attending the meeting for this item on behalf of Mr McClean.

97/17.2 Miss Mawhinney said that the aim of this paper was to give members an update on what PHA has been inputting into the community planning process. She advised that to date, all of the local Councils’ community plans had been agreed with the exception of Belfast City Council and Derry and Strabane Council. She added that PHA staff have played a key role and have initiated meetings with HSC and Council Chief Executives.

97/17.3 Miss Mawhinney explained that there are four key areas of focus (early years, age-friendly, physical activity and mental health) and that it is important that these are aligned with the objectives in Making Life Better and Programme for Government. In terms of challenges, she noted that the main challenge for PHA is resources, but there is also a challenge in terms of the number of different reporting and monitoring systems being used. She advised that PHA had raised its concern about this with the Department for Communities and the Permanent Secretaries Group.

91/17.4 Alderman Porter said that PHA needed to be careful to ensure that some areas are not given more funding than others. Miss Mawhinney advised that a lot of the work PHA is doing is building on existing work.

91/17.5 Mr Drew picked up on the issue of different monitoring systems. The Interim Chief Executive said that she has continually raised this issue at meetings as it will be difficult for HSCB and PHA to assist 11 different Councils if there are many different systems.

91/17.6 Mrs McKissick raised the issue of access to swimming pools and toilets. Mrs Hinds said that PHA is working with Councils to ensure that public toilets are kept open. She added that there needs to be joined up approach as incontinence is becoming a major issue.

91/17.7 The Board noted the update on community planning.

**98/17 Item 11 – Any Other Business**

98/17.1 The Chair advised that a schedule of meeting dates for 2018 will be issued to members next week.

**99/17 Item 12 – Date and Time of Next Meeting**

*Thursday 21 December 2017 at 1.30pm*

*Conference Rooms 3+4, 12/22 Linenhall Street, Belfast.*

Signed by Chair:



Date: 21 December 2017