

MINUTES

**Minutes of the 83rd Meeting of the Public Health Agency board
held on Wednesday 16 March 2016 at 1:30pm,
in Fifth Floor Meeting Room, 12/22 Linenhall Street,
Belfast, BT2 8BS**

PRESENT:

- | | |
|----------------------|---|
| Mr Andrew Dougal | - Chair |
| Dr Eddie Rooney | - Chief Executive |
| Dr Lorraine Doherty | - Assistant Director of Public Health |
| Mrs Mary Hinds | - Director of Nursing and Allied Health Professionals |
| Mr Edmond McClean | - Director of Operations |
| Mr Brian Coulter | - Non-Executive Director |
| Mr Leslie Drew | - Non-Executive Director |
| Mrs Julie Erskine | - Non-Executive Director |
| Mr Thomas Mahaffy | - Non-Executive Director |
| Ms Deepa Mann-Kler | - Non-Executive Director |
| Alderman Paul Porter | - Non-Executive Director |

IN ATTENDANCE:

- | | |
|------------------------|--|
| Mr Robert Graham | - Secretariat |
| Mr Paul Cummings | - Director of Finance, HSCB |
| Mrs Fionnuala McAndrew | - Director of Social Care and Children, HSCB |
| Mrs Joanne McKissick | - External Relations Manager, PCC |

APOLOGIES:

- | | |
|-------------------------|--|
| Dr Carolyn Harper | - Director of Public Health/Medical Director |
| Councillor William Ashe | - Non-Executive Director |

		Action
29/16	Item 1 – Welcome and Apologies	
29/16.1	The Chair welcomed everyone to the meeting and noted apologies from Dr Carolyn Harper and Councillor William Ashe.	
29/16.2	The Chair welcomed Ms Deepa Mann-Kler to her first meeting and confirmed that the DHSSPS had agreed to extend Mr Thomas Mahaffy’s term on the Board by another 12 months to 31 st March 2017.	

30/16 Item 2 - Declaration of Interests

30/16.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

31/16 Item 3 – Minutes of previous meeting held on 18 February 2016

31/16.1 The minutes of the previous meeting, held on 18 February 2016, were approved as an accurate record of the meeting.

32/16 Item 4 – Matters Arising

25/16.3 Telemonitoring Evaluation

32/16.1 Mr Coulter asked if the evaluation on telemonitoring had been completed. The Chief Executive said that it would be brought to the Board when it is available.

33/16 Item 5 – Chair’s Business

33/16.1 The Chair advised members that following the last meeting he had received correspondence from the Chief Executive confirming his decision to retire in October. He said that this would be a great loss and that Dr Rooney would be a hard act to follow.

33/16.2 The Chief Executive thanked the Chair for his sentiments and said that he would now advise all PHA staff of the situation.

33/16.3 Alderman Porter paid tribute to the work of the Chief Executive, but noted that with the voluntary exit scheme there is a lot of long-serving staff leaving and asked how PHA’s appreciation of their work is being shown. The Chair said that it is important that their work is recognised.

33/16.4 The Chair informed members that there had been a meeting of the Corporate Strategy Project Board, at which there was a discussion about performance indicators. He referenced the gap in life expectancy and said that this gap is widening when comparing affluent areas to less affluent ones. The Chair urged that we should highlight and applaud any absolute improvements in performance indicators in deprived areas, irrespective of

improvements in affluent areas. He added that with reference to screening, PHA does not have the resources to follow up with those who do not attend, but that resources should be redirected.

33/16.5 The Chair said that the Permanent Secretary had expressed concern that the Strategy will not be finalised until April 2017, but that clarification had been obtained that this was in line with DHSSPS timescales given the restructuring of the HSC and the forthcoming publication of a new Programme for Government

33/16.6 Mr Coulter asked whether there would be discussion on the new Corporate Strategy at the April away day. The Chief Executive said that this was an option. He acknowledged that there are many moving parts within the HSC system at the moment, but that PHA's agenda should not remain static. He added that the development of a new Corporate Strategy is an opportunity for PHA to do a stock take.

33/16.7 Mr Mahaffy asked about how PHA could reduce the gap in inequalities and said that it is an issue that needs to be addressed. Ms Mann-Kler said that she would welcome discussion on the key strategic drivers going forward. She asked whether there would be consultation on the new Strategy. The Chief Executive said that this would take place. Alderman Porter added that it is important that there is a balanced approach when deciding where PHA's resources should be allocated.

34/16 Item 6 – Chief Executive's Business

34/16.1 The Chief Executive said that he had attended the Ministerial Committee on Public Health regarding Making Life Better and added that there was good attendance from the Ministers of the relevant departments.

34/16.2 The Chief Executive explained that PHA is responsible for the implementation of MLB and that at the meeting it was given a mandate, along with local councils, to continue the work. However, he wished to ensure that there is funding for MLB in PHA's financial allocation for 2016/17.

34/16.3 The Chief Executive said that he had also attended a meeting of the Ministerial Group on Suicide Prevention. He noted that community response plans had recently been initiated in both

north and west Belfast, and said that this is an area where there are no easy solutions and requires cross-sectoral working.

34/16.4 The Chair asked if there was an increase in the number of suicides compared to previous years. The Chief Executive said that over the last year the numbers of recorded cases was at an all-time high.

34/16.5 The Chair asked if there was any update on the Lifeline business case that had been submitted to DHSSPS. The Chief Executive advised that DHSSPS had responded to say that this is under active consideration.

35/16 Item 7 – Finance Update – PHA Financial Performance Report (PHA/01/03/16)

35/16.1 Mr Cummings presented the Finance Report for the period up to 31 January 2016 and reported that the financial position is a stable one. He said that there is a slight deficit, but that this is due to a timing issue. He said that the end of year position shows a surplus of £600k, and that PHA will ensure that any surplus funds are utilised throughout the HSC.

35/16.2 Mr Cummings said that since the last year there has been some minor slippage in terms of both Lifeline and EITP. He noted that there is a spike of activity towards the end of the year, and although this has previously been an issue for PHA Board members, he said that in recent years this spike as reduced due to improved financial forecasting.

35/16.3 Mr Cummings drew members' attention to the VES scheme figures and said that PHA was given an allocation of £1.840m, but that this represents a shortfall of £0.291m which he was confident would be funded by DHSSPS.

35/16.4 Mrs Erskine asked whether the closure of FASA would impact on Lifeline. Mr Cummings said that Lifeline is a demand-led service and that there may be an increase in demand in the short term.

36/16 Item 8 – Obesity Campaign

- 36/16.1 Mr McClean welcomed Mr Stephen Wilson to the meeting and invited him to present the Obesity campaign. Mr Wilson gave members an overview of the campaign, reminding members of the previous campaign and explaining how the new campaign had been developed. He then showed members a clip of the current television campaign.
- 36/16.2 Alderman Porter asked whether there is joined-up working with other parts of the UK, and about media coverage. Mr Wilson said that PHA's findings are shared with other countries. With regard to media coverage, he explained that through Skysmart, PHA can get better access to its target audience and increase awareness levels.
- 36/16.3 Mr Drew asked whether PHA targets large employers, e.g. with leaflet drops. Mr Wilson said that due to cost, this would not be viable, but he gave an example of work PHA is undertaking with Translink to encourage people to use public transport or make their workplaces healthier.
- 36/16.4 Ms Mann-Kler said that the campaign was excellent and tailor-made for joint-up working, and asked what strategic partnerships PHA has in place. She asked whether there had been any discussions on treating sugar as addictive, as she felt that issue is currently under-played. She expressed surprise at how little people know about nutrition, and said that PHA should do more to encourage its staff to consider healthier choices. Mr Wilson responded saying that there is a Health and Wellbeing group within PHA and it has worked on a number of initiatives, including £ for lb. He also referenced work with Sustrans. With regard to sugar, he said that Public Health England has led with a message about sugar intake, and PHA would look at the evaluation of that. Mr Wilson said that, in terms of strategic partnerships, the Chief Executive sit on a forum with other organisations to ensure there is a joined-up approach, as there is a sub-group within that looking specifically at communications.
- 36/16.5 Mrs Erskine said that she had participated in the £ for lb challenge, and was greatly encouraged by the support that was available. Mrs McKissick also commended the work that PHA is doing, and asked about schools. Mr Wilson said that there is

joint working between PHA and education.

36/16.6 Ms Mann-Kler said that it would be valuable to follow up with real people and share their stories on social media. Mr Wilson said that PHA is encouraging people to do this.

36/16.7 Members noted the update on the Obesity Campaign.

37/16 Item 9 – Five Year Review of Equality Scheme (PHA/02/03/16)

37/16.1 Mr McClean said that this Five Year Review is due to be submitted to the Equality Commission by the end of March. He said that there has been good progress across the eight key areas which has shown PHA's commitment to the equality agenda. He invited Anne Basten from the Equality Unit to comment further.

37/16.2 Ms Basten said that one of the key questions for PHA is, what difference has this work made over the last five years? She said that PHA core functions are now aligned with the equality agenda. She went on to say that if you look at the mechanisms of Section 75, you can see that PHA has made significant progress with regard to equality screenings and equality impact assessments. Ms Basten added that equality has been integrated into annual business planning and also into procurement processes, but there is still a challenge to embed this further as staff sometimes struggle to carry out equality screenings when they do not impact on people.

37/16.3 Ms Basten said that looking ahead, PHA should ensure that organisations that do work on PHA's behalf are collecting equality monitoring data to see what can be learnt. Mr Drew asked whether the Equality Commission listens to the feedback it receives. He added that the work required to complete the templates is made unnecessarily difficult by the templates, and that you can lose sight of the equality legislation. Ms Mann-Kler posed a series of questions based on her reading of the report. She queries whether Section 75 has made a real difference to PHA's work, and if discussions are taking place with the Commission regarding the different plans and if the Commission are listening to the feedback that is coming through? Furthermore, she asked about different identities and what further work was being done in the area of

procurement.

37/16.4 Mr Mahaffy asked whether there are benefits from the SLA with BSO regarding equality. Mr Coulter asked about costs and felt that a sensible approach is necessary to completing this work, as the key purpose of undertaking it is lost due to the burden of completing the templates. He argued that the biggest users of health and social care services are elderly people, but that this is not reflected within the report, and that perhaps other groups come through more predominantly because they are stronger in putting forward their point of view. He said that he preferred to think in terms of equity, rather than equality.

37/16.5 In response, Ms Basten acknowledged that there are practical difficulties in completing all of the different forms, but this is because there is separate legislation. She said that class is not one of the nine Section 75 categories, and neither is geography, but that access is an important issue. She added that a lot of equality screenings are picking up the issue of poverty. In terms of feedback from the Equality Commission, she said that they are open to feedback and that last year was the first year in which there has been feedback given to organisations on a 1:1 basis. She added that this is an advantage in partnership working. She finished by saying that within procurement, equality monitoring data were collected as part of a recent smoking cessation tender, and that there was a greater emphasis placed on getting people with a learning disability to participate in screening programmes; this intelligence having come from an equality screening.

37/16.6 Mr McClean returned to Mr Mahaffy's comment about value for money. He acknowledged that before 2009 he did not value the work in this area, but since then he has seen that this is not a barrier or a burden and that the interactions with BSO are helpful. With reference to Ms Mann-Kler's question as to whether this has made a difference, he did not feel that the legislation was telling PHA to do something that it would not be doing in any event, but if the legislation was not in place he could not guarantee that PHA would work within those parameters. Dealing with the issue of the templates, Mr McClean said that they do not fit within the work that PHA is doing, but that it would be difficult to get them amended.

- 37/16.7 Mrs McKissick picked up on the issue of business planning, and cited the user/carer reference as an excellent example of co-design.
- 37/16.8 The Chief Executive drew the discussion to a close by noting that PHA is one of the few organisations where equality features in its key legislation. He said Section 75 should be a central part of everything that PHA does as PHA strives to narrow the gaps in health inequalities. He said that PHA has come a long way in terms of its equality work, and that it is getting better.
- 37/16.9 Members **approved** the Five Year Review of the Equality Scheme.
- 38/16 Item 10 – Infant Mental Health Framework (PHA/03/03/16)**
- 38/16.1 Dr Doherty introduced Mr Maurice Meehan and asked him to present the Infant Mental Health Framework.
- 38/16.2 Mr Meehan began by saying that the first 36 months of life are the most critical in terms of brain development and that this Framework has been developed following a 3-year discussion with leading thinkers in this area. He emphasised the need to get the start of life absolutely right in the current environment, and that this Plan is one of the main actions of Making Life Better. He added that it is further supported by other strategies within the Marmot framework for tackling health inequalities.
- 38/16.3 Mr Meehan gave an overview of some of the key themes within the Framework. He said that key research and data will be disseminated widely and that PHA has influenced the Strategic Investment Fund to help build a case for an INTERREG V bid. In terms of workforce development, he said that training will be provided across the HSC and that PHA will also work with CAMHS colleagues in terms of service development. Finally, he advised that the actions in the plan on an annual basis.
- 38/16.4 Mr Drew asked whether this Framework is new work or repackaging of existing programmes, and what the cost of implementation is. Mr Meehan explained that many of the initiatives are already taking place, and that there is a high level of awareness training. He added that training will be developed within nursing and midwifery, and that opportunities will be

sought in the education sector with discussions having already taken place with Stranmilis College as part of its Early Years programme. He finished by saying that this is work also being taken forward through the Early Intervention Transformation Programme (EITP).

38/16.5 Ms Mann-Kler said that she was pleased to see this framework. She asked for more detail on the action plan and what work PHA will be responsible for, and how outcomes will be monitored. Mr Meehan said that there is Plan, and that there are departmental targets. He advised that there are currently 350 individuals going through the mental health training, and that a business case has been developed. He said that there will be a group monitoring progress and that he would be happy to keep the board informed.

38/16.6 Mrs Erskine asked when this framework would be available to other organisations. Mr Meehan said that it is intended that it is launched as soon as possible.

38/16.7 Members approved the Infant Mental Health Framework.

39/16 Item 11 – PHA Business Plan 2016/17 (PHA/04/03/16)

39/16.1 Mr McClean welcomed Miss Rosemary Taylor to the meeting and invited her to give an overview of the development of the PHA Business Plan for 2016/17. Miss Taylor advised that the Plan has been developed in line with DHSSPS requirements, taking account of the financial context and MLB. She said that PHA staff had also been consulted. She noted that it was a high level document as it was impossible to include every function and action that will be undertaken.

39/16.2 Miss Taylor explained that, subject to Board approval, the Plan will be formally sent to DHSSPS, and the Board will be kept apprised of progress against the objectives through the quarterly Performance Management Reports.

39/16.3 Mrs Erskine noted that the Plan may change, given the financial situation, but thanked staff for their hard work in its development. Members **approved** the PHA Business Plan for 2016/17.

At this point Mrs McAndrew left the meeting.

40/16 Item 12 – Board Governance Self-Assessment Tool (PHA/05/03/16)

40/16.1 The Chair presented the ALB self-assessment, and suggested an amendment with regard to the calculation of members' commitment of days per month, but Mrs Erskine said that on average, the figure represented a fair summation.

40/16.2 Ms Mann-Kler asked about the date of submission as the situation outlined in the first question had changed due to her appointment onto the Board. It was agreed that this would be updated to reflect that.

40/16.3 Members approved the ALB self-assessment.

At this point Mr Mahaffy left the meeting.

41/16 Item 13 – Update on Unscheduled Care

41/16.1 The Chief Executive reminded members that PHA and HSCB were jointly the regional lead organisations for the work on unscheduled care. He said that the initial focus of the work was on winter pressures, a key part of the work now is to look at longer term issues. He invited Dean Sullivan and Pat Cullen to update members.

41/16.2 Mr Sullivan said that the new arrangements had taken effect from the end of last year and he gave an overview of the regional and local structures that have been put in place.

41/16.3 Mr Sullivan noted that it was difficult to gauge whether control had been maintained over winter pressures this year. He said that 12-hour breaches had increased in January, but had decreased in February. He added that the biggest issue relates to discharge, but that the discharge agenda is far from straightforward. He went on to say that a session had been held with each of the HSC Trusts to see what additional support could be offered to them.

41/16.4 Mr Sullivan said that up to date information is now available on acute care, but not the same level of detail in relation to community care. He hoped that by next time much of the work will be embedded and he gave members an overview of the eight

key work areas which include effective discharge arrangements, repatriation arrangements, 7-day hospitals and roll out across community services.

- 41/16.5 Mrs Cullen said that the 10,000 Voices initiative has been useful in gathering patient stories from emergency departments and also from frontline staff in these departments. She said that staff are telling us about the challenges they face, but that they have many good ideas. She said that Martin Quinn has been working with a user/carer to bring a PPI perspective to this work.
- 41/16.6 Mrs Cullen gave an overview of the clinical audit rotation programme that has been put in place and advised that some audits have already taken place within two of the Trusts, with outcome and recommendations being fed back. She said that the audit team currently consists of nursing staff only, but in the future it is hoped to have social work, medical and AHP staff involved.
- 41/16.7 Mr Drew asked whether the new Emergency Department at Royal Victoria Hospital was making a difference. Mr Sullivan said that the new facility is a more fit for purpose facility and that, combined with the use of the old emergency department as an ambulatory station has allowed the Royal to deal much better with emergency cases.
- 41/16.8 Mr Sullivan said that there still remains some process re-engineering to be done, particularly in trying to reduce the number of people going to hospital, and ensuring that people are medically fit for discharge.
- 41/16.9 Ms Mann-Kler asked whether there is a sense that the issues are under control. Mr Sullivan said that in his opinion, control has been maintained. Ms Mann-Kler asked if there is sufficient resourcing and what other key issues there are. Mr Sullivan said that delayed discharges has always been an issue and conceded that capacity needs to be greater in specific areas and locations. He added that finance is also an issue.
- 41/16.10 Mrs Erskine said that it is a massive task that PHA and HSCB have taken on. The Chief Executive agreed that it is a complex task and that there remain many outstanding issues. He said that any shortages create a problem, and that some of the work

to resolve these problems is at the heart of PHA's agenda, for example prevention.

41/16.11 The Chair suggested that there if there was a prototype which had worked well In one location, that it might be replicated elsewhere.

41/16.12 The Chair asked about whether ambulance staff could direct patients to GP Out of Hours services. Mr Sullivan said that was possible, but it would be preferable that patients were able to receive paramedic care. He noted there is also the Marie Curie Rapid Response service.

41/16.13 Members noted the update on unscheduled care.

42/16 Item 14 – Any Other Business

42/16.1 There was no other business.

43/16 Item 15 – Date and Time of Next Meeting

Date: Thursday 19 May 2016
Time: 1:30pm
Venue: ARC Healthy Living Centre
116-122 Sallys Wood
Irvinestown
BT94 1HQ

Signed by Chair:



Date: 19 May 2016