

**MINUTES**

**Minutes of the 65<sup>th</sup> Meeting of the Public Health Agency board  
held on Thursday 15 May 2014 at 1:30pm,  
in Public Health Agency, Conference Rooms,  
12/22 Linenhall Street, Belfast, BT2 8BS**

**PRESENT:**

Ms Mary McMahan	- 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
Mr Thomas Mahaffy	- Non-Executive Director
Alderman Paul Porter	- Non-Executive Director

**IN ATTENDANCE:**

Mr Simon Christie	- Assistant Director of Finance, HSCB
Mr Tony Rodgers	- Assistant Director of Social Services, HSCB
Mr Robert Graham	- Secretariat

**APOLOGIES:**

Mr Owen Harkin	- Director of Finance, HSCB
Mrs Joanne McKissick	- External Relations Manager, Patient Client Council

		<b>Action</b>
<b>63/14</b>	<b>Item 1 – Welcome and Apologies</b>	
63/14.1	The Chair welcomed everyone to the meeting and noted apologies from Mr Owen Harkin and Mrs Joanne McKissick.	
<b>64/14</b>	<b>Item 2 - Declaration of Interests</b>	
64/14.1	The Chair asked if anyone had interests to declare relevant to any items on the agenda. None were declared.	

<b>65/14</b>	<b>Item 3 – Minutes of the PHA Board Meeting held on 17 April 2014</b>	
65/14.1	The minutes of the previous meeting, held on 17 April 2014, were approved as an accurate record of the meeting, subject to one amendment. In paragraph 56/14.1, the minute should read, “...there <u>was a year to date</u> surplus of £1.3m”. The minutes were duly signed by the Chair.	
<b>66/14</b>	<b>Item 4 – Matters Arising</b>	
	<i>46/14 Update on Inter-sectoral Programme Boards</i>	
66/14.1	The Chair advised that Mr McClean had circulated dates for a proposed first meeting of the Local Government group. Mrs Cullen advised that she would finalise a date for the first meeting of the Older People’s group. Dr Harper requested that the membership and terms of reference of each group be circulated, and it was agreed that this would be done.	Mrs Cullen Secretariat
<b>67/14</b>	<b>Item 5 – Chair’s Business</b>	
67/14.1	The Chair advised that she had attended a recent NICON event where the new Chief Executive of the NHS Confederation had given a talk and had highlighted the significant issues facing the NHS in England. At the same event, the Chair said that, as part of the round table discussions, she had heard positive feedback on the 10,000 voices project.	
<b>68/14</b>	<b>Item 6 – Chief Executive’s Business</b>	
68/14.1	The Chief Executive advised that the PHA had appointed an Assistant Director of Public Health Nursing, Una Turbitt, and that this appointment would strengthen PHA’s work in the area of public health nursing.	
68/14.2	The Chief Executive said that he had recently attended a session of the Education Committee at Stormont which focused on the area of special needs schools.	
68/14.3	The Chief Executive advised that he was involved in a workshop regarding a cancer prevention campaign and he commended the work of the PHA staff who had been involved in the organisation	

of this and for their inputs.

68/14.4 The Chief Executive said that he had visited the Balmoral Show to support the PHA staff who had organised a stand regarding PHA's Organ Donation campaign.

**69/14 Item 7 – Finance Report  
PHA Financial Performance Report (PHA/01/05/14)**

69/14.1 Mr Christie was asked whether he was aware of any issues regarding staff payments to PHA staff following recent technical issues which had affected staff in some of the HSC Trusts. Mr Christie assured members that he was not aware of any issues regarding any members of PHA staff.

69/14.2 Mr Christie presented the end of year finance report and said that for the year 2013/14, PHA had a total expenditure of £95.2m against an income of £95.3m, thus ending the year with a surplus of £160k. He said that the anticipation that the surplus at the end of February would be spent before the year end had proved to be correct. He said that the final Annual Report and Accounts would be brought to the Board for approval in June.

69/14.3 Mr Christie drew members' attention to two issues within the non-Trust expenditure. He said that there had been overspends on the Lifeline contract and on campaigns, however these had been compensated by an underspend within management and administration.

69/14.4 Mr Christie said that the prompt payment statistics for March had shown a slight dip in performance, but this was mainly due to the transfer of payments to shared services. He noted that 74% of PHA invoices had been paid within 10 days, and he commended this outcome.

69/14.5 Mrs Erskine said she was surprised that the prompt payments figures were so high, given that there had been issues in other organisations. Mr Christie said that this showed that PHA's systems were working well.

69/14.6 Alderman Porter raised a concern that if PHA had not funded the pressure on Lifeline the year end surplus could have been greater. However, he queried whether in fact the pressure was

met by taking away funding from other projects. The Chief Executive assured members that PHA would not run with a financial underspend as there is a list of reserve projects should additional funding be identified. He added that there is significant work undertaken in terms of planning at the start of each year so that when a potential underspend or overspend is identified, action can be taken. He acknowledged that there is a risk with there being a large "tail" of expenditure projected in the last quarter, but he was content that there were no gaps and no unmet needs identified.

69/14.7 The Chief Executive advised members that a full Investment Plan would be brought to the next Board meeting.

69/14.8 Mrs Karp commended the work of the Finance department and PHA staff for achieving this outcome.

69/14.9 Members noted the Financial Report.

#### **70/14 Item 8 – HCAI Target Monitoring Report (PHA/02/05/14)**

70/14.1 Dr Harper introduced Dr Lourda Geoghegan and Mr Gerry McIlvenny to the meeting and invited Dr Geoghegan to present to members the HCAI report.

70/14.2 Dr Geoghegan began her presentation by giving members an overview of the number of cases of C Diff in Northern Ireland during 2013/14. She said that improvements had been made and that the target reduction of 22% in the number of cases had been exceeded.

70/14.3 Dr Geoghegan said that, although the Northern and South Eastern Trusts had missed their target for 2013/14, there had still been a significant reduction in numbers of cases since 2009. She said that the performance of the Belfast Trust compared favourably with comparable Trusts in England.

70/14.4 Dr Geoghegan moved on to give an overview of MRSA cases and said that the regional target for 2013/14 had not been met. She said that the Belfast Trust had met its target, and although the Southern Trust had not met its target, it had achieved a significant reduction in the number of cases in recent years. She added that discussions were on-going with Trusts regarding the

numbers of cases.

- 70/14.5 Dr Geoghegan advised that in England, there are Trusts where no cases of MRSA are recorded, but she said that Trusts in England were much further on in their work to achieve this zero position. She said that PHA will continue to work with Trusts and highlighted areas where Trusts can improve. She added that a workshop is being arranged for June 2014 on MRSA.
- 70/14.6 Dr Harbison asked whether it was possible to do comparisons with Scotland and Wales. Dr Geoghegan advised that there are differences in terms of how each country collects its data. She said that as Northern Ireland uses the same surveillance system as England, it is easier to do comparisons with England. In summary, she said that Northern Ireland fares reasonably well in comparison.
- 70/14.7 Dr Harbison asked about MSSA. Dr Geoghegan said that this PHA also looks at cases of MSSA, and that there was a slight reduction in the number of cases in 2013/14.
- 70/14.8 Mr Coulter queried whether there were any issues relating to the governance arrangements within Trusts, in case there was under-reporting of cases. Dr Geoghegan said that in England there has been proactive work in reducing the numbers of cases, and there are good systems in place, for example undertaking root cause analysis and sharing learning.
- 70/14.9 The Chair asked about infection control procedures within the Northern Ireland Ambulance Service. Dr Geoghegan said that NIAS are required to have procedures in place, and she added that NIAS attends the quarterly HCAI forum.
- 70/14.10 Members noted the HCAI report.
- 71/14 Item 9 – HALT Report 2013: Healthcare Associated Infections and Antimicrobial Use in Long-Term Care Facilities in Northern Ireland (PHA/03/05/14)**
- 71/14.1 Mr McIlvenney outlined to members the background to the HALT report and advised that 31 nursing homes and 11 residential homes in Northern Ireland had taken part. He said that the aim of the study was to evaluate the prevalence of HCAs and to look

at the use of antibiotics in long term care facilities. He outlined the characteristics and care needs of residents within the facilities that had taken part in the study.

- 71/14.2 In terms of the main HCAs identified, Mr McIlvenney said that for both nursing and residential homes the main HCAs related to urinary tract and respiratory tract. The overall prevalence of HCAs was 5.5% which was above the median. In terms of antimicrobial prevalence, Northern Ireland was also above the median with a rate of 10.6%, compared to the median of 9.5%.
- 71/14.3 Mr McIlvenny highlighted issues regarding antimicrobial prescribing, specifically relating to uroprophylaxis, which accounted for half of the prescribing in nursing homes.
- 71/14.4 Dr Geoghegan said that each facility that had taken part in the survey had received a report on their own facility in order to help make improvements. She said that reports were also shared with the pharmacy division within HSCB. She added that there is learning within the report, both in terms of TYC and for RQIA, as part of its inspection process.
- 71/14.5 Dr Geoghegan gave an overview of the recommendations from the report which fell into three broad categories – HCAs, leadership and stewardship.
- 71/14.6 Mrs Karp said that the work undertaken was important but noted that the responsibility for implementing the recommendations fell on a lot of organisations and asked how PHA could be assured that they would be implemented. Dr Geoghegan acknowledged that a joined-up approach is needed but she said that PHA is taking a role in this and is working with HSCB, who will in turn provide support to nursing homes. She said that it is ultimately the responsibility of the homes to take forward the recommendations. In response to a query from Dr Harper, Dr Geoghegan confirmed that a follow up survey would be undertaken every five years.
- 71/14.7 Alderman Porter queried the logic of comparing nursing and residential homes, given the needs of the service users of each facility. Dr Geoghegan acknowledged this, but said that it was useful to have data from both types of facility.

- 71/14.8 Dr Harbison asked whether the results of the survey were expected. Dr Geoghegan said that, with respect to HCAs, the outcome was expected, but not with regard to the rates of antimicrobial prescribing. Dr Harbison was disappointed at the low response rate from residential homes and also said that the rate of prescribing was very high. He asked about the role of RQIA in terms of picking up some of the issues highlighted in the report. Mr Coulter highlighted the same issue and asked about the role of PHA.
- 71/14.9 Dr Geoghegan said that the role of PHA is to advise and provide support for improvement and specialist expertise. She added that in the case of a major incident or outbreak PHA would chair the outbreak control team. Furthermore, if PHA felt that a nursing home was not taking account of PHA's advice, PHA would highlight this to RQIA.
- 71/14.10 Mr Coulter said he was concerned that the value of antibiotics would be diminished through overuse and inappropriate use. Dr Geoghegan advised that PHA would support an approach where pharmacies are aligned to GP practices which would pick up on these issues.
- 71/14.11 Mrs Cullen gave an overview of the role of RQIA and said that it is required to carry out reviews of medicines management. She said that within nursing and residential homes, each individual has a care plan and there should be a registered nurse responsible for that plan. She added that the nurse is responsible for ensuring that the management of medicines is part of the overall management of the home.
- 71/14.12 Mrs Cullen noted that it is not only GPs who prescribe antibiotics, these could be prescribed by an out of hours doctor or a prescribing nurse, but she added that it was important that the right call was made on behalf of the patient.
- 71/14.3 Members noted the HALT Report.

*At this point Alderman Porter left the meeting.*

- 72/14 Item 10 – Performance Management Report – Corporate Business Plan and Commissioning Plan Direction Targets for Period Ending 31 March 2014 (PHA/04/05/14)**
- 72/14.1 Mr McClean presented the end of year Performance Management Report and advised that of the 93 targets, 80 had achieved a “green” rating, 10 an “amber” rating and 3 a “red” rating. The three rated red related to community capacity building, smoking cessation and telemonitoring.
- 72/14.2 Mrs Erskine said that it was disappointing that PHA had been unable to meet its target due to factors outside its control and proposed that a different colour be used to indicate those actions which fall outside PHA’s control.
- 72/14.3 The Chair said that in relation to those targets about healthy choices, there was a need to consider not commissioning these on an annual basis as results could only be measured over a longer time period. She said that some of these areas would be more likely to be squeezed if cuts had to be made.
- 72/14.4 Dr Harper said that all services are currently squeezed but PHA’s influence on the Commissioning Plan can ensure that funding can be secured in important areas, for example the rollout of FNP and the alcohol substance misuse liaison service.
- 72/14.5 Mr Coulter suggested that, with regard to capacity building, PHA should commission a third party to undertake this as there would be no element of prejudice and it would be open for all organisations to attend. Mr Coulter asked about PHA’s position in relation to e-cigarettes, an issue also raised by Alderman Ashe.
- 72/14.6 Dr Harper advised that discussions are taking place at UK-level regarding e-cigarettes and a position paper will be available shortly. In response to Mrs Karp’s query, she confirmed that the quit rates are for individuals who have quit smoking altogether, and have not moved on to the use of e-cigarettes.
- 72/14.7 The Chief Executive assured members that the objectives rated as red would continue to feature within PHA’s priorities moving forward – capacity building, telemonitoring and smoking cessation.



72/14.8 Mrs Erskine thanked the work of all staff for achieving this outcome at the end of the year.

72/14.9 Members noted the Performance Management Report.

*During this item Mrs Erskine left the meeting.*

**73/14 Item 11 – Health and Social Wellbeing Improvement Update (PHA/05/05/14)**

73/14.1 Dr Harper introduced Mary Black to the meeting and said that this presentation was an end of year report on the range of initiatives undertaken within health and social wellbeing improvement.

73/14.2 Mrs Black began by highlighting the context within which health and social wellbeing improvement directorate operates and some of the key challenges. In particular, Mrs Black identified procurement as a challenge going forward.

73/14.3 Mrs Black updated members on initiatives under the banner of “building sustainable communities”, and drew particular attention to Resurgam, MARA and the community allotments programme. She also highlighted work in relation to BME, older people and LGBT.

73/14.4 Mrs Black moved onto “make healthy choices easier” and highlighted work done with regard to suicide prevention and mental health and wellbeing. She cited work PHA does in partnership with sporting bodies.

73/14.5 Mrs Black informed members about PHA’s smoking cessation campaign and its obesity prevention campaign.

73/14.6 Mrs Black finished her presentation by giving members an overview of PHA’s work with the Belfast Strategic Partnership under the banner of “Active Belfast”.

73/14.7 Dr Harbison said that a huge amount of work had been achieved, but he asked how PHA can quantify its impact, for example in areas such as MARA. He asked whether baselines had been set against which PHA can measure activity to see whether PHA’s work is making a dent in the areas it is working in. Mrs Black

said it is not an exact science and baselines had been developed for some areas. Dr Harbison said in terms of future planning, PHA needs to ensure that it uses its resources where they are most needed, by being able to identify where the problem areas are.

73/14.8 Mrs Karp noted that this update is presented annually, and she asked whether it would be possible to facilitate opportunities for individuals to come to the Board and present their stories in the same way as patients have done their experiences. Mrs Black said that this was something that could be done at a future meeting and cited an example of an individual who had benefitted from the MARA programme.

73/14.9 Mr Coulter asked how PHA maps its activity against social inequalities and how PHA knows if it is making a difference. Mrs Black said that PHA's work is largely based on the areas highlighted in the Marmot Review and as part of this work, it is important that PHA seeks to leverage resources from other government departments. She added that PHA will always seek to push on with its initiatives and regularly evaluate its progress.

73/14.10 Members noted the health and social wellbeing improvement update.

#### **74/14 Item 12 – Child Development Programme Board Update (PHA/06/05/14)**

74/14.1 Dr Harper advised members that the Child Development Programme Board (CDPB) has been running since 2010 and she introduced Maurice Meehan to the meeting and invited him to give members an overview of the recent work of the Board.

74/14.2 Mr Meehan said that one of PHA's objectives under "Building Blocks for a Healthy Life" is to work with others to ensure that every child and young people has the best start in life, thus the creation of the CDPB. He gave an overview of the different elements of the Board and some of the programmes.

74/14.3 In terms of looking forward, Mr Meehan said that PHA would seek to continue to inform policy through initiatives like Delivering Social Change and the Early Intervention Transformation Programme. He added that PHA will continue to analyse what

works best and said that the secret of the success of the CDPB is working together.

- 74/14.4 Mrs Karp thanked Mr Meehan for the presentation and said that she was heartened by the amount of work that had been achieved thanks to the enthusiasm and hard work of all of those sitting on the CDPB.
- 74/14.5 The Chief Executive noted that as the work of the CDPB develops the interface with education will be important. Dr Harper said that the 5 Education and Library Boards are members of the Roots of Empathy Project and that there is a proposal to develop a strategic liaison with education. The Chief Executive added that the Education Committee at the Northern Ireland Assembly is becoming interested in PHA's work.
- 74/14.6 Dr Harbison noted the large membership of the Group and asked whether there was a good attendance at each meeting. Dr Harper said there is usually a very good turnout at each meeting and that there is a lot of energy and enthusiasm within the group.
- 74/14.7 Members noted the Child Development Programme Board update.
- 75/14 Item 13 – Development of the PHA Corporate Strategy 2015-19**
- 75/14.1 The Chief Executive explained to members that a full proposal outlining the proposed development of the next PHA Corporate Strategy will be brought to the Board in June.
- 75/14.2 Reflecting on the range of presentations that had been brought to the Board meeting today, the Chief Executive said that this demonstrated the breadth of the work undertaken by PHA and it was now timely for PHA to consider the impact it was having and also to think about areas where PHA needed to make more impact.
- 75/14.3 The Chief Executive said that the next Corporate Strategy will run from 1 April 2016 as DHSSPS has allowed the current Strategy to run for another year, given that in the next few months, the Public Health Strategy will be launched and there will be a new Programme for Government. The Chief Executive

said that PHA needed to consider these in the development of its future core activities and align itself in order to make the desired impact.

75/14.4 The Chief Executive said that the Plan will be developed with input from non-executives and that there will be a formal project plan, with key milestones, developed. There will also be significant discussion at the away day later in the year.

75/14.5 Members noted the update on the development of the new Corporate Strategy.

**76/14 Item 14 – ALB Self-Assessment Action Plan (PHA/07/05/14)**

76/14.1 The Chair said that the Action Plan highlighted the actions that PHA is committed to following the completion of the ALB self-assessment questionnaire.

76/14.2 Members noted the Action Plan.

**77/14 Item 15 – Draft Investment Plan (PHA/08/05/14)**

77/14.1 Mr McClean said that this Plan was a high level summary in advance of the full Investment Plan being brought to the Board in June. It indicates areas of growth and where PHA is anticipating in-year funding.

77/14.2 The Chair stressed that PHA has a responsibility to ensure that it utilises its additional funding appropriately.

77/14.3 Members noted the draft Investment Plan.

**78/14 Item 16 – Any Other Business**

78/14.1 The Chair advised members that the OFMDFM Active Ageing Strategy was out for public consultation and a copy of PHA's draft response was circulated. Members were asked to forward any comments to Chris Totten by Friday 23 May.

78/14.2 Mrs Karp asked whether a date for an away day had been confirmed. The Chair said that a date would be finalised in advance of the June Board meeting.

**79/14 | Item 17 – Date and Time of Next Meeting**

Date: Thursday 19 June 2014  
Time: 1:30pm  
Venue: Public Health Agency  
Conference Rooms  
2<sup>nd</sup> Floor  
12-22 Linenhall Street  
Belfast  
BT2 8BS

Signed by Chair: 

Date: 19/06/14

