

Title of Meeting	108 th Meeting of the Public Health Agency Board
Date	20 December 2018 at 1.30pm
Venue	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

Present

- Mr Andrew Dougal - Chair
- Mrs Valerie Watts - Interim Chief Executive
- Mr Edmond McClean - Interim Deputy Chief Executive / Director of Operations
- Dr Adrian Mairs - Acting Director of Public Health
- Ms Deirdre Webb - Children's Services Nurse (*on behalf of Mrs Hinds*)
- Councillor William Ashe - Non-Executive Director
- Mr John-Patrick Clayton - Non-Executive Director
- Mr Leslie Drew - Non-Executive Director
- Ms Deepa Mann-Kler - Non-Executive Director
- Professor Nichola Rooney - Non-Executive Director
- Mr Joseph Stewart - Non-Executive Director

In Attendance

- Mr Paul Cummings - Director of Finance, HSCB
- Ms Marie Roulston - Director of Social Care and Children, HSCB
- Ms Nicola Woods - Boardroom Apprentice
- Mr Robert Graham - Secretariat

Apologies

- Mrs Mary Hinds - Director of Nursing and Allied Health Professionals
- Alderman Paul Porter - Non-Executive Director
- Mrs Joanne McKissick - External Relations Manager, PCC

124/18 Item 1 – Welcome and Apologies

Before the commencement of the formal meeting, members received an overview of PHA's campaign programme from Mr Stephen Wilson. Mr Wilson played a video and audio clip of the Antimicrobial Resistance campaign and updated members on the proposed stroke and mental health campaigns.

- 124/18.1 The Chair welcomed everyone to the meeting. Apologies were noted from Mrs Mary Hinds, Alderman Paul Porter and Mrs Joanne McKissick.

- 125/18 Item 2 - Declaration of Interests**
- 125/18.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.
- 126/18 Item 3 – Minutes of previous meeting held on 15 November 2018**
- 126/18.1 The minutes of the previous meeting, held on 15 November 2018, were approved as an accurate record of that meeting, subject to two amendments: the word “reduced” replaced by “increased” in paragraph 117/18.2, and the word “Centre” replaced by “Culture” in paragraph 118/18.11.
- 127/18 Item 4 – Matters Arising**
- 127/18.1 There were no matters arising.
- 128/18 Item 5 – Chair’s Business**
- 128/18.1 The Chair thanked members for their good wishes following his recent hip operation, and he thanked Mr Drew for chairing the last meeting of the Board.
- 128/18.2 The Chair informed members that the NICON 2019 conference is taking place on Thursday 16 and Friday 17 May and any members interested should contact the Secretariat. PHA will cover costs of attendance.
- 128/18.3 The Chair told members that there had been discussion at PHA’s recent Accountability Review meeting about staffing issues and vacancies, and he had drawn attention to the fact that in England a much higher proportion, almost 50%, of public health consultants, were from a purely scientific rather than a medical background.
- 128/18.4 Ms Mann-Kler said that she would like to revisit how PHA measures the effectiveness of public information campaigns. Mr McClean explained that measures of effectiveness would need to be built in at the planning stage of any campaign. The Chair recounted that the Permanent Secretary had been most emphatic that there should be robust analysis both before and after each campaign. The Chair sought firm assurance that PHA can demonstrate clearly and explicitly the effectiveness of such media expenditure.
- 128/18.5 Professor Rooney said that from a psychology point of view, she would be interested to learn more about how people’s behaviours change as a result of a public information campaign. She agreed to send some literature on the subject to members.
- 128/18.6 Mr Clayton said that while it is positive that PHA has been able to use funding for campaigns this year, he asked whether there would be much opportunity for doing so again next year. Mr Cummings said that he felt

that there only a small chance of PHA's budget for campaigns being reinstated. He added that if PHA is able to find funding for campaigns through its own initial allocation, then it may be permitted to run one. Mr McClean said PHA looks at evidence from around the world as part of its ground work to look at how, and whether a mass media campaign could influence those that it is trying to reach.

128/18.7 Dr Mairs noted that, in terms of non-medical public health consultants, that all PHA's consultant posts are open to medical and non-medical staff, but that there is no training programme in place for non-medical consultants. He explained that they would have to be trained in PHA, but that Queen's University also offers a Masters in Public Health.

128/18.8 The Chair advised that the ongoing issue regarding problems with the funding of a certain voluntary organisation in County Antrim was raised by the Permanent Secretary. He said that the Permanent Secretary had asked for an assurance that there will be no further delay in resolving this matter.

129/18 Item 6 – Chief Executive's Business

129/18.1 The Interim Chief Executive began her Report with an update on the neurology call back exercise. She reminded member that following the review of 2,500 neurology patients earlier this year, a decision was taken to recall a further 1,044 people and that this further group consists of patients who had been seen by Consultant Neurologist Dr Michael Watt and discharged to the care of their GP.

129/18.2 The Interim Chief Executive explained that this latest review process is being concentrated on specific groups of patients taking specific, specialised medicines, and that of the 1044 people invited as part of this phase of the recall, 456 have been seen and 347 have appointments booked. She added that a further 148 either declined an appointment or no longer need to be seen. She said that it is expected that patients in this phase of the recall will have been seen by February 2019, with the vast majority of people being seen in Belfast Trust, including those who saw Dr Watt in the Ulster Independent Clinic, with a small number being seen in Hillsborough Private clinic, where they had previously seen Dr Watt.

129/18.3 The Interim Chief Executive said she wished to acknowledge the commitment and dedication of staff in the Belfast Trust for progressing this recall in such a well organised yet patient sensitive manner.

129/18.4 The Interim Chief Executive advised that the Department of Health has issued the terms of reference for a Review of Neurology Services. This will be chaired by Dr John Craig, Consultant Neurologist, and have public health and nursing/AHP input from the PHA.

129/18.5 The Interim Chief Executive informed members that an 'Independent

Breast Screening Review' was published by the House of Commons on 13 December following a request by the previous Secretary of State for Health and Social Care in England, Jeremy Hunt, to investigate a serious incident in the English Breast Screening Programme in May 2018, where a large number of women were informed they had not been invited for their final invitation for breast screening. She said that the Review has implications for the PHA and will require a specific work plan to address some of its recommendations, which primarily relate to IT governance and screening governance more generally.

129/18.6 The Interim Chief Executive explained that the main issue identified in the report was ambiguity regarding the age at which women cease to be invited for screening. She said that a service specification document, written in November 2013, stated that women should be invited for screening, "within 36 months of their previous screening, until they reach the age of 71." She went on to explain that this age definition was imprecise and, as a consequence, "did not align with the IT system then in use, and was not consistently implemented by the breast screening units which resulted in a considerable number of women not being invited in accordance with this requirement. She assured members that in Northern Ireland, a more specific 'age definition' is in place, therefore the systems here were not susceptible to the above issue.

129/18.7 The Interim Chief Executive told members that in early December, Deirdre Webb from Nursing in the Public Health Agency, along with Charlotte McArdle, the Chief Nursing Officer joined a group of leaders from Wales and Scotland gave oral evidence to the Health and Social Care Select Committee into the "First 1000 days". She said that the Committee is considering the strong evidence to invest public money much earlier and is considering national strategy, current spending and barriers to investment and local provision.

129/18.8 The Interim Chief Executive advised members that following a recent interview, Dr Gerry Waldron has been appointment on a permanent basis as the Assistant Director of Public Health (Health Protection).

129/18.9 The Interim Chief Executive said that the Permanent Secretary, Richard Pengelly, visited the PHA offices here in Linenhall Street yesterday as part of a round of visits across all HSC organisations. She added that he met with a range of staff in both PHA and HSCB on a directorate basis, and this was followed by a question and answer session. She said that the Permanent Secretary praised the aptitude and dedication of PHA staff and thanked them for their work.

129/18.10 The Interim Chief Executive said that she had also met with the Permanent Secretary last week as she and the Chair had attended the PHA's mid-year Accountability Review meeting.

129/18.11 The Interim Chief Executive advised that in order to continue to support the Winter pressures messaging through Stay Well this Winter, the PHA

has just produced, at the Department's request, a new leaflet tailored for each of the 5 Trust areas. She explained that this contains useful guidance and information about winter illnesses including symptom checker, self-care and accessing local services. She added that the leaflets have been distributed widely to outlets including GP's, Pharmacies, District Council facilities, Libraries and some voluntary/community organisations across Northern Ireland.

129/18.12 The Interim Chief Executive said that PHA will be active on social media over the next couple of weeks featuring a mixture of health promotion messaging relating to the holiday period and the opportunity to use the New Year as a date for changing behaviours e.g. setting a quit date, making small changes to your diet, committing to a more active lifestyle. Finally, she said that PHA's social media channels continue to attract new followers and PHA is delighted to have had significant success with its latest organic videos including falls prevention and button battery harm. She noted that the BBC channel, CBBC have requested permission to feature the button battery video on their website, which is great news given the reach that CBBC has to key audiences.

130/18 Item 7 – Finance Report (PHA/01/12/18)

130/18.1 Mr Cummings advised that the Finance Report for the period up to 31 October 2018 showed a year to date surplus of £1.6m, but that the year-end forecast position remains a break-even one. He said that this surplus will be used to fund additional activities in some areas, and that this work has to be completed by the year end.

130/18.2 Mr Cummings explained that there is an overspend in Trust budgets, but this will be realigned shortly due to funding for Lifeline not having been transferred to the Belfast Trust.

130/18.3 Mr Cummings advised that the underspend in the management and administration budget will continue through to the end of the financial year. With regard to R&D expenditure, he said that there is a slight surplus, but the projection is to break even.

130/18.4 Mr Drew asked about Transformation funding. Mr Cummings advised that there is significant slippage across the HSC with around £20m having to be reallocated. Mr Clayton asked how much Transformation funding had been returned by PHA, and Mr Cummings advised that £545k had been returned.

130/18.5 The Board noted the Finance Report.

131/18 Item 8 – Personal and Public Involvement Update (PHA/02/12/18)

131/18.1 The Chair welcomed Michelle Tennyson, Assistant Director, Martin Quinn, Regional PPI Lead and service user Ms Laura Collins to the

- meeting.
- 131/18.2 Mr Quinn began with a brief overview of recent progress within the field of PPI. He advised that he, along with one of his colleagues, has been part-transferred to the Department of Health to assist with the implementation of the recommendations emanating from the Hyponatraemia Review. He said that PHA has been receiving many requests for PPI assistance as part of the wider Transformation work. He added that PHA has also helped the Department with the development of a consultation scheme. Furthermore, PHA has recently launched a bursary scheme which supports service users and carers who can avail of the scheme to attend courses and conferences. He added that a leadership programme has also been developed, and that this year PHA has received 45 applications for 25 places.
- 131/18.3 Ms Collins said that she has seen a change in the level of buy-in to PPI, and she thanked the staff for promoting it. She added that more members are signed up to become involved because they can see that it is leading to meaningful engagement. She feels that in Northern Ireland, people should start to be referred to as “patient leaders” or “carer leaders”, and that thought needs to be given to be able to empower people, particularly young people, and support them in PPI work.
- 131/18.4 The Chair thanked Ms Collins for her enduring loyalty and commitment to the principles of PPI.
- 131/18.5 Ms Mann-Kler thanked the volunteers and staff for the work which they are undertaking. She congratulated Michelle Tennyson on receiving a Churchill fellowship. She said that is great to see the progress PPI is making in work areas such as Hyponatraemia, Encompass, the Reform of Adult Social Care. She asked why this change is happening. Mr Quinn said that people are now beginning to fully understand PPI and their legal obligations with regard to PPI. He said there is also now a realisation that the PHA PPI staff are a finite resource, so there is a need for more PPI champions within HSC organisations. Ms Collins agreed saying that things have moved on from a position of having only the equivalent of half of one person doing PPI for an entire Trust. She said that it is important that people’s voices are heard.
- 131/18.6 Professor Rooney asked whether it is intended to start to remunerate service users for their time. Mr Quinn acknowledged that there are a lot of people who put in a range of effort but once you begin to pay people it changes the dynamic. Ms Collins added that is about co-production, and that the input of lay people has perhaps not been historically tracked, or even recorded in minutes of meetings.
- 131/18.7 The Chair thanked Ms Tennyson, Mr Quinn and Ms Collins for their contributions. Members noted the update on Personal and Public Involvement.

- 132/18 Item 9 – Sexually Transmitted Infection Surveillance in Northern Ireland (PHA/03/12/18)**
- 132/18.1 The Chair welcomed Dr Neil Irvine to the meeting and invited him to give members an overview of the Sexually Transmitted Infection (STI) surveillance report.
- 132/18.2 Dr Irvine said that this Report is for the year 2017. He advised that one of the key findings for the Report is that there has been an increase in the number of cases of gonorrhoea, and that this is continuing to increase in 2018, predominately in the men who have sex with other men (MSM) group, but also in heterosexuals. He said that this is a critical issue because the infection is becoming more and more resistant to antibiotics. He explained that there are two antibiotics used to treat gonorrhoea, but that it has become resistant to one of them, and in England, a certain strain of gonorrhoea is showing high levels of resistance to the other. However, he added that there has only been a small number of cases of this strain in Northern Ireland.
- 132/18.3 In terms of other key findings, Dr Irvine said that there has been an increase in the number of cases of herpes, with an increased risk of transmission of HIV. He added that there has been a decrease in instances of genital warts, which he contributed to the success of the HPV vaccine.
- 132/18.4 The Chair noted that the number of cases of gonorrhoea has trebled in recent times. Dr Irvine explained that may be due to the rollout of a more sensitive test, and more people being tested.
- 132/18.5 Mr Clayton said that it was concerning that the figures are increasing, and he asked if PHA should consider a campaign in this area. Dr Irvine said that there was a campaign in 2014 specifically aimed at MSM, and there was also a general campaign regarding safe sex messaging. He said that it is difficult to change people's behaviour, but that there is a need to make it easier to access testing.
- 132/18.6 Ms Mann-Kler said that given that gonorrhoea is now becoming more resistant to antibiotics, and that 82% of new cases of STIs is in the 16-34 age group, PHA should be highlighting this issue. Dr Irvine suggested that a campaign could scare people, but he pointed out that the number of cases is quite small.
- 132/18.7 Mr Stewart said that Report needed an action plan. Dr Irvine was also asked about whether there was an opportunity for discussing these issues on a media platform. Dr Irvine responded saying that when the Report is published, there are messages issued, but there is a perception that the media is not interested in material aimed at MSM. Mr McClean advised that PHA works with the Rainbow Project. He said that it is important to get the key messages out to those who are most at risk, and he highlighted a campaign that was done 10 years ago when

- posters were placed in toilets in bars and clubs promoting the safe sex message.
- 132/18.8 Dr Mairs pointed out that this Report is a surveillance report, but he assured members that actions are taken forward through other pieces of work. Mr Stewart said that it would be helpful to see more details in terms of key findings and actions.
- 132/18.9 Ms Mann-Kler asked about receiving this information on a more timely basis. Dr Irvine said that there is data published on a quarterly basis and aimed to bring next year's Report sooner as it should be finalised by August.
- 132/18.10 The Board noted the Sexually Transmitted Infection Surveillance in Northern Ireland report.
- 133/18 Item 10 – HSC R&D Division Annual Report (PHA/04/12/18)**
- 133/18.1 The Chair welcomed Dr Janice Bailie to the meeting who gave members an overview of R&D work in 2017/18, and some highlights to date for 2018/19.
- 133/18.2 Dr Bailie said that the Report summarised how R&D used its initial budget allocation, as well as some additional in-year funding, and gave an overview of R&D governance and how Northern Ireland links in with the rest of the UK. In 2018/19, Dr Bailie said that R&D is on target to break even. She added that investment in R&D infrastructure is being reviewed. She added that following the standing down of the Controls Assurance Standards in Research Governance, Professor Ian Young has developed a new template for reporting activity.
- 133/18.3 Dr Bailie advised that funding for the NICOLA project has been extended for a further 3 years. She said that R&D has access to some funding from the European Commission, but she was not sure what the future of this following Brexit.
- 133/18.4 The Chair asked how research is evaluated post-research. Dr Bailie explained that when funding for research is being awarded, the overriding criterion is the quality of the research, and the methodology is independently evaluated by a peer review panel. She added that every study had a project plan with aims and deadlines which are monitored by auditors. She advised that annual reports are now inputted into a database called Research Fish, and that to date four years' worth of data are now available through this resource.
- 133/18.5 Mr Stewart asked what difference R&D is making given an annual investment of £10m. Dr Bailie said that she could compile a report based on the information that has been inputted into Research Fish. The Interim Chief Executive asked when this might be available for Non Executives. Dr Bailie said that she could bring something to the Board

- before summer 2019.
- 133/18.6 The Chair noted that there can be a long lead time between research being commissioned and knowing what outcomes it has led to. Dr Bailie gave an example of a COPD programme that has been put in place by respiratory physiotherapists where a model that is used in Canada was introduced on a trial basis in Northern Ireland, but is now in use across all respiratory services. The Chair said that it is important that stakeholders know about this type of success and that it is celebrated.
- 133/18.7 Ms Mann-Kler asked about the implications of Brexit in terms of EU funding. Dr Bailie said that the SAPHIRE programme has recently commenced and funding is guaranteed for 3 years. She added that funding is also eligible for Horizon 2020 programmes. She explained that R&D has only recently begun to receive EU funding, and it would be a tragedy to lose the availability of this funding.
- 133/18.8 Ms Mann-Kler asked if funding could be accessed through strategic joint working. Dr Bailie said that contributions can still be made to Horizon Europe which would allow a certain level of access for Northern Ireland, or the UK can be a “third country” where you pay for your own research, but are eligible to apply for funding.
- 133/18.9 Mr Drew asked how many people are involved in R&D work across the HSC. Dr Bailie said that the number would be over 200, and in response to a query from Mr Drew about the governance of these posts, she said that for any post that PHA is providing R&D funding to, there is a letter of support to the relevant Trust.
- 133/1/.10 Members noted the update on Research and Development.
- 134/18 Item 11 – Public Consultation on the Northern Ireland Diabetic Eye Screening Programme (PHA/05/12/18)**
- 134/18.1 The Chair welcomed Dr Stephen Bergin to the meeting and invited him to speak to members regarding the Diabetic Eye Screening Programme.
- 134/18.2 By way of background, Dr Bergin advised members that diabetes is becoming a major public health issue as its prevalence has doubled in the last decade. He explained that a leakage in the eye can cause blindness, and therefore early intervention is necessary, hence the need for a screening programme. However, he noted that for the last year, the uptake of this particular programme was not as high as other screening programme with only around 70% of the 60,000 invited attending, and only 51% of those aged between 18 and 30. He added that ideally, individuals should be screened once a year, but this is slipping to once every 16/18 months.
- 134/18.3 Dr Bergin explained that the current model for delivering the programme, which is overseen by the Belfast Trust, is mixed, and includes both

- mobile and fixed sites. He added that there is a fixed site model operating within the Western Trust, and that the Western Trust is the best performing Trust in Northern Ireland in terms of delivering the programme.
- 134/18.4 Dr Bergin advised members that following a pre-consultation scoping exercise of a number of options, a public consultation exercise will now commence which focuses on 3 options; however the preferred option is one which would see the programme delivered in 22 fixed sites across Northern Ireland. He said that a communications plan has been developed for the consultation exercise, and that there will be consultation events taking place. He said that he would return to the PHA Board with the outcome of the consultation.
- 134/18.5 Mr Clayton stated that he had an interest in this issue as the outcome of this exercise may impact on some of his trade union members.
- 134/18.6 Mr Clayton said that the documentation was very clear, but he noted that the pre-consultation suggested a different model to the one being proposed, and asked if this could be challenged. Dr Mairs said that there are issues in terms of the other models being able to deliver the programme as required.
- 134/18.7 Mr Stewart congratulated Mr Bergin on the development of the options paper and said that he supported the preferred option. He asked how PHA could be confident that the model of 22 fixed sites will improve uptake. Dr Mairs noted that the highest uptake of the programme is in the Western Trust where the fixed site model is in place, but he acknowledged that there could be a downturn if the number of locations for delivering the programme is reduced from 300 to 22. However, he said that the AAA Screening Programme is delivered on 26 sites and has an uptake rate of 84%. Dr Bergin added that in the current model, if an individual misses their annual visit at their local GP practice, they would have to travel to Belfast in order to have the screening. Dr Mairs explained that with the fixed site model, an individual can choose where they wish to attend for screening.
- 134/18.8 Mr Stewart asked if the capacity to deliver this programme has been assessed. Dr Bergin said there is ongoing engagement with the local commissioning groups (LCGs). Mr Clayton noted that there may be job losses and asked who currently employs the screening staff. Dr Mairs said that they are employed by the Belfast Trust, with the exception of those in the Western Trust area as they are employed by the host Trust. Dr Bergin added that if prevalence rates continue to increase, it may be necessary to employ more screeners. Mr Clayton asked if there has been any engagement with the trade unions. Dr Bergin said that this is scheduled to commence in January 2019.
- 134/18.9 The Chair asked why there is a preferred model. Dr Bergin explained that this is good practice, but PHA is not trying to influence the

- consultation.
- 134/18.10 Ms Webb suggested that as children may also be screened, there should be an “easy read” version of the consultation.
- 134/18.11 Members **approved** the public consultation on the Northern Ireland Diabetic Eye Screening Programme.
- 135/18 Item 12 – Information Governance Strategy incorporating the Information Governance Framework 2018-2022 (PHA/06/12/18)**
- 135/18.1 Mr McClean acknowledged the work of those PHA staff involved in the compilation of this updated Information Governance Strategy. He said that building on this Strategy, there is a need to ensure there is awareness among staff of their obligations, and for staff training and monitoring of same. He added that PHA will continue to work with both HSCB and BSO as and when required.
- 135/18.2 Members **approved** the updated Information Governance Strategy which incorporates the Information Governance Framework.
- 136/18 Item 13 – Update from Governance and Audit Committee (PHA/07/12/18)**
- 136/18.1 Mr Drew updated members on the last meeting of the Governance and Audit Committee which took place on 12 December. He said that BSO had provided an update on the most recent audit of Payroll Shared Services, and that although the level of assurance remained “limited”, there is a lot of work ongoing.
- 136/18.2 Mr Drew informed members that the Committee received an update on an ongoing fraud case and were assured that a contingency plan is in place. He said that there is a procurement process currently underway for the appointment of new external auditors, the outcome of which should be known shortly.
- 136/18.3 Mr Drew advised that two new risks have been added to the Corporate Risk Register, one relating to EU Exit, and the other relating to the difficulties in filling vacant consultant posts.
- 136/18.4 Mr Drew said that the 2017/18 report in relation to emergency planning had been considered, and although he had some concerns as to how the emergency planning arrangements had been implemented during Storm Ophelia, he was assured that following a de-brief, these issues had been addressed.
- 136/18.5 Professor Rooney asked about Lifeline and whether the management of the service by the Belfast Trust remains an interim measure. Mr McClean said that it is still an interim service, and that the priority in the short term has been to stabilise the service ahead of a future

procurement exercise. However, he did not feel that there is a market for this type of service.

136/18.6 Members noted the update from the Governance and Audit Committee.

137/18 Item 14 – Update from Remuneration Committee (PHA/08/12/18)

137/18.1 The Chair informed members that the Department of Health has written to HSC organisations regarding senior executive pay and the need for Remuneration Committees and Boards to endorse a 1% increase in pay for 2016/17 based on performance in 2015/16. He advised that the Remuneration Committee had endorsed this.

137/18.2 Members endorsed the decision of the Remuneration Committee.

138/18 Item 15 – Any Other Business

138/18.1 The Interim Chief Executive expressed her thanks to all of the Non-Executives for their support to PHA staff in 2018. She wished members a Merry Christmas and a Happy New Year.

138/18.2 The Chair thanked Mr Graham for his highly efficient servicing of the Board of the Agency. On a personal note he commended him for his outstanding support and forbearance. The Chair also paid tribute to the Interim Chief Executive and Executive Directors for their steadfastness in extremely challenging times. The Chair also recorded the fact that Mrs Watts had now continued for more than two years to play a multiplicity of roles.

139/18 Item 16 – Details of Next Meeting

Thursday 21 February 2019 at 1.30pm

Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

Signed by Chair:



Date: 21 February 2019