

**MINUTES**

**Minutes of the 82<sup>nd</sup> Meeting of the Public Health Agency board  
held on Thursday 18 February at 1:30pm,  
in Conference Rooms 3+4, 12/22 Linenhall Street,  
Belfast, BT2 8BS**

**PRESENT:**

- |                         |   |
|-------------------------|---|
| Mr Andrew Dougal        | - Chair   |
| Dr Eddie Rooney         | - Chief Executive                                     |
| Dr Carolyn Harper       | - Director of Public Health/Medical Director          |
| Mrs Mary Hinds          | - Director of Nursing and Allied Health Professionals |
| Mr Edmond McClean       | - Director of Operations                              |
| Councillor William Ashe | - Non-Executive Director                              |
| Mr Brian Coulter        | - Non-Executive Director                              |
| Mr Leslie Drew          | - Non-Executive Director                              |
| Mrs Julie Erskine       | - 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 Robert Graham  | - Secretariat                         |

**APOLOGIES:**

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

		<b>Action</b>
<b>15/16</b>	<b>Item 1 – Welcome and Apologies</b>	
15/16.1	The Chair welcomed everyone to the meeting and noted apologies from Mr Paul Cummings, Mrs Fionnuala McAndrew and Mrs Joanne McKissick.	
<b>16/16</b>	<b>Item 2 - Declaration of Interests</b>	
16/16.1	The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.	

**17/16 Item 3 – Minutes of previous meeting held on 21 January 2016**

17/16.1 The minutes of the previous meeting, held on 21 January 2016, were approved as an accurate record of the meeting.

**18/16 Item 4 – Matters Arising**

*6/16 Chief Executive's Business*

18/16.1 Mr Coulter referred to the recent meeting with Professor Bengoa of the Expert Review Panel and asked whether public health has a place within the "Manchester Model". Dr Harper explained that this model is a multi-agency one which includes social care, education, housing as well as public health. She advised that in England public health budgets have been devolved to local government and that the experience of this has been mixed. Dr Harper added that with the cuts in Council budgets in England public health spending is being reduced with programmes being stood down. She suggested that a factor behind this is that in some Councils the responsibility for public health is held by an officer at second tier level or in some instances it is part of the remit of another officer.

18/16.2 The Chair asked what model Professor Bengoa had referenced. Dr Harper said that PHA had not been given a lot of detail on his model during their discussions with him but that he had asked about the public health delivery model. She added that an integrated model would have services such as GPs, pharmacy and social care all within the same centre.

18/16.3 The Chief Executive said that the Manchester Model is difficult to translate across to Northern Ireland given the different budgetary responsibilities. He said that there is more integration in health and social care but less in education and that local authorities in England have more power. He said that it is not yet known how successful this type of model is.

**19/16 Item 5 – Chair's Business**

19/16.1 The Chair said that he had attended a conference on anti-microbial resistance at Queen's University. He said that this is an important issue and he would welcome a fuller discussion on

this at a future PHA Board meeting.

- 19/16.2 The Chair said that he had attended a meeting of the Chairs' Forum at which the Comptroller and Audit General, Kieran Donnelly, had spoken expressing his concern about the volume of paperwork that non-executive Board members receive, and whether this impedes their ability to carry out their fiduciary and scrutiny roles. He said that a working group is being set up by the Northern Ireland Audit Office to look at this.
- 19/16.3 The Chair advised members of his attendance at the UK Health Forum where there was discussion on obesity and a proposed tax on sugar. He said that the focus of the strategy was on children and young people and sought clarity on Northern Ireland's approach. Dr Harper confirmed that the DHSSPS obesity strategy is for all age groups, but there had been a recent focus on family, children and pregnancy.
- 19/16.4 The Chair said that he had asked that members receive an update on Zika virus and he welcomed Dr Gerry Waldron to the meeting and asked him to give a brief presentation.
- 19/16.5 Dr Waldron gave an overview highlighting how the Zika virus is spread and its symptoms. He outlined the possible impact of Zika virus on pregnant women and the advice that is being given to travellers both travelling to and coming home from infected areas. Finally, he outlined how PHA is using its website and social media platforms to give out messages to the public.
- 19/16.6 The Chair asked how people who do not have access to social media can obtain information. Dr Waldron said that information has been shared with the media and that people can also contact their healthcare professional. He said that the Duty Room also receives queries.
- 19/16.7 The Chair asked about the Olympics in Rio and possible impact. Dr Waldron said that it is up to individuals to make their own choices as to whether they decide to go.

## **20/16 Item 6 – Chief Executive's Business**

- 20/16.1 The Chief Executive advised members that he had attended the launch of Ulster Rugby's Wellbeing Strategy and said that he

was impressed with the work that Ulster Rugby does in the community.

20/16.2 The Chief Executive said that he had attended the second meeting of the UK and Ireland Collaborative looking at health inequalities.

20/16.3 The Chief Executive said that he had attended the CAWT management Board meeting yesterday afternoon at which the application to Interreg V was part of the agenda.

### **21/16 Item 7 – Finance Update – PHA Financial Performance Report (PHA/01/02/16)**

21/16.1 Mr Christie advised members that the Financial Performance Report for the period up to 31 December 2015 showed a projected end of year surplus of £684k. He explained that this was due to two main factors; a better than expected position with regard to the management and administration budget; and an underspend in the Lifeline budget. He noted that although the year to date position shows a surplus of £1,988k, he said that this was due to a timing and profiling issue, and would rectify itself before the year end.

21/16.2 Mr Christie went through the Report and drew members' attention to the spike of activity in projected non-Trust programme spend for the months of February and March. He said that PHA was ahead of its spend this year due to quicker and improved processes in terms of raising requisitions and making payments.

21/16.3 Mr Christie said that the prompt payment performance statistics showed that 99.9% of invoices by value were paid within 30 days last month (96% by volume). He said that the 10-day performance figure was 87.6% which he said was excellent.

21/16.4 The Chair commended staff for their prompt payment and budgetary discipline in a straitened environment.

21/16.5 Mr Coulter commented that there are risks in this type of financial profiling, particularly with regard to health improvement and research and development. Mr Christie noted the concern and explained that historically much of PHA's expenditure has been

incurred towards the year end. However, he said that the expenditure profile is based on that of previous years, therefore due diligence has been undertaken.

21/16.6 Mr Mahaffy asked how the programme budget was distributed between Trusts. The Chief Executive explained that the Belfast Trust proportion is higher as many regional programmes are run from Belfast, and then there is an element of capitation. He added that recent procurement exercises have seen a shift away from regional, and into more local, services.

21/16.7 The Chair asked why Service Development and Screening are referenced together. Dr Harper explained that this is because within service development PHA provides advice to HSCB, almost exclusively vis-à-vis screening, and that screening is a core public health function.

21/16.8 Members noted the Finance Report.

**22/16 Item 9 – Governance and Audit Committee Update (PHA/03/02/16)**

22/16.1 Mr Coulter advised that the minutes of the Governance and Audit Committee meeting of 9 December were available for members and that he would give members a verbal report of the meeting of 4 February. He said that the Committee welcomed Mr Drew to his first meeting.

22/16.2 Mr Coulter said that three of the papers considered by the Committee featured on the agenda for today's Board meeting and that the Committee is happy to recommend these to the Board for approval, namely Standing Orders and Standing Financial Instructions, Scheme of Delegated Authority and Records Management Policy.

22/16.3 Mr Coulter said that the Committee had received a progress report from Internal Audit. He added that a Shared Services audit had shown that there has been an improvement in performance, but still some issues within payroll. He said that the Committee had also considered an update on the Report to those Charged with Governance, the timetable for the preparation of the Annual Report and Accounts for 2015/16, the External Audit Strategy and the Assurance Framework for AHPs.

- 22/16.4 Mr Coulter updated members on the Corporate Risk Register. He reminded members that the Register currently has six risks, four of which are rated “high”, and the other two as “medium”. He advised that the risk relating to the reduction in PHA’s management and administration budget had been amended to make reference to “essential screening programmes”.
- 22/16.5 The Chair asked which screening programmes were essential. Dr Harper explained that screening programmes are mandated by DHSSPS from the UK Screening Committee; however, due to VES and staff shortages PHA has flagged up issues to DHSSPS with regard to being able to complete these. She said that PHA is attempting to restructure within that area as an inability to complete these programmes could create reputational damage for PHA.
- 22/16.6 Dr Harper explained that PHA staff carry out an assessment of what screening is needed, undertake quality assurance visits and complete reports on these visits. However, she said that one area of work which has had to be deferred is the work to reach out to those groups of the population who do not take up invitations to attend screening. The Chair asked if this would be flagged up with DHSSPS. The Chief Executive said that this would form part of the discussions as PHA has to ensure that it manages these types of situation and maintains critical functions.
- 22/16.7 Members noted the update from the Chair of the Governance and Audit Committee.
- 23/16 Item 10 – Review of Standing Orders and Standing Financial Instructions (PHA/04/02/16)**  
**Item 8 – Review of PHA Scheme of Delegated Authority (PHA/02/02/16)**
- 23/16.1 Mr McClean explained that PHA is required to carry out an annual review of its Standing Orders and Standing Financial Instructions to ensure that they are line with guidance and DHSSPS circulars.
- 23/16.2 Mr Christie said that the only updates in the SFIs related to DHSSPS circulars. He drew members’ attention to the Scheme of Delegated Authority and explained that the key changes in it were an alteration to the EU threshold for procurement and a

reduction in the approval limits for SBNI officers.

23/16.3 Mrs Erskine highlighted that the reference to “Chair” in paragraph 1.4.1 of the Governance and Audit Committee’s terms of reference and clarified that this refers to the Committee Chair, and not the Chair of the Board.

23/16.4 Members **approved** the updated Standing Orders, Standing Financial Instructions and Scheme of Delegated Authority.

**24/16 Item 11 – Records Management Policy (PHA/05/02/16)**

24/16.1 Mr McClean said that Records Management is one of the core Controls Assurance Standards and that since the previous policy was approved in 2012, there has been a new Information Governance Strategy, and that this updated policy reflects that.

24/16.2 Members **approved** the Records Management Policy.

**25/16 Item 12 – Performance Management Report – Corporate Business Plan and Commissioning Plan Directions Targets for period Ended 31 December 2015 (PHA/06/02/16)**

25/16.1 Mr McClean presented the Performance Management Report which details PHA’s progress against its corporate objectives and Commissioning Plan Directions. He said that many of the targets were rated “green” in terms of achievability, but that 18 are rated as “amber” and 3 as “red”. He added that an analysis of the targets rated “red” show that the rating is due to factors beyond PHA’s control.

25/16.2 Mr McClean said that the three targets rated “red” were number 2.7 (telemonitoring and telecare), number 3.7 (relating to a regional learning system) and number 3.20 (relating to long term conditions regional implementation group). He said that the issue with two of these related to a lack of funding.

25/16.3 With regard to the long term conditions groups, Dr Harper confirmed that PHA has asked HSCB to consider investment in this, but due to other competing priorities this has not been possible. She added that there are currently a number of small piecemeal projects in this area creating a large administrative cost when it would be more efficient to have this programme

centrally procured and managed.

25/16.4 Mr Mahaffy asked about the development of the 2016/17 Commissioning Plan. It was noted that there is no indication as yet as to when the draft Plan will be brought to the PHA Board.

25/16.5 Mr Coulter said that overall the report was a positive one but he expressed concern regarding the lack of progress within telehealth, particularly within the current eHealth agenda. The Chief Executive advised that there are two elements, telemonitoring and telecare. He said that telecare is lower threshold, and supports people in isolation and has a high level of demand, but that telemonitoring has seen different patterns of usage across the HSC Trusts. The Chief Executive went on to say there is an evaluation of telemonitoring being conducted by R&D.

25/16.6 Alderman Porter said that the targets set are very high and although progress is being made, it is perceived that each year the objective has failed. The Chief Executive said that the experience of Trusts has been mixed. He said that patients have seen the benefits of telemonitoring, but clinicians have not. He said he would await the outcome of the evaluation, which should be complete by the end of March. He added that the current contract is due for renewal in March 2017 so there could be a different model put in place depending on the outcome of the evaluation.

25/16.7 Members noted the Performance Management Report.

### **26/16 Item 13 – Register of Interests**

26/16.1 Mr McClean said that the Register of Interests is brought to the Board annually and reminded members that if there are any changes that members should advise the Chief Executive's office.

26/16.2 Members noted the updated Register of Interests.

### **27/16 Item 14 – Any Other Business**

27/16.1 There was no other business.



**28/16 Item 15 – Date and Time of Next Meeting**

Date: Wednesday 16 March 2016

Time: 1:30pm

Venue: Fifth Floor Meeting Room

5<sup>th</sup> Floor

12/22 Linenhall Street

Belfast

BT2 8BS

Signed by Chair:



Date: 16 March 2016