HSC Public Health Agency

MINUTES

Minutes of the 87th Meeting of the Public Health Agency board held on Thursday 15th September 2016 at 2:30pm, Conference Room, Ormeau Baths, 18 Ormeau Avenue Belfast, BT2 8HS

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

APOLOGIES:

Mr Brian Coulter	-	Non-Executive Director
Ms Deepa Mann-Kler	-	Non-Executive Director
Mrs Fionnuala McAndrew	-	Director of Social Care and Children, HSCB

		Action
89/16	**Item 1 – Welcome and Apologies**	
89/16.1	The Chair welcomed everyone to the meeting and noted apologies from Mr Brian Coulter, Ms Deepa Mann-Kler and Mrs Fionnuala McAndrew.	
90/16	**Item 2 - Declaration of Interests**	
90/16.1	The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.	

91/16	**Item 3 – Minutes of previous meeting held on 18 August 2016**
91/16.1	The minutes of the previous meeting, held on 18 August 2016, were approved as an accurate record of the meeting.
92/16	**Item 4 – Matters Arising**
92/16.1	There were no matters arising.
93/16	**Item 5 – Chair's Business**
93/16.1	The Chair paid tribute to the work of the Chief Executive in this, Dr Rooney's final Board meeting.
93/16.2	The Chair said that Dr Rooney's diverse background of experience was essential in bringing together the disparate and diffuse functions which were to be lead and to be delivered by the new Public Health Agency.
93/16.3	The Chair said that Dr Rooney's interpersonal skills insured that he was able to negotiate with and to persuade people from all sections of the community and from all strata in society and that people felt that they were listened to and knew that their position and opinions on public health issues were respected and taken into account. He added that the work of the PHA is held in high regard at every level in our community, at the grassroots and in the highest levels of government thanks, in no small part, to Dr Rooney's outstanding leadership.
93/16.4	The Chair gave examples of projects and initiatives that Dr Rooney had been personally involved in and said that understanding of the need for personal contact with those who use our services has contributed to the culture and value base in the PHA which sets it apart from other organisations.
93/16.5	The Chair said Dr Rooney empowered staff to do their best and that by being a visible and approachable Chief Executive, he is highly regarded and respected by staff.
93/16.6	In conclusion, the Chair said that the Board of the Public Health Agency would wish to put on record its sincere appreciation of the extent to which Dr Rooney has advanced the cause of public

	health and the public health programmes which have been initiated and delivered by Dr Rooney and his colleagues.
93/16.7	The Chief Executive thanked the Board, and said that it had been a joint journey and that the Agency was going through an exciting and challenging time. He added that nothing has changed in terms of what needs to be done and PHA's contribution to that. He said that he had enjoyed every minute and wished the Agency well in the future.
93/16.8	The Chair advised members that he had received correspondence from the Permanent Secretary advising that Valerie Watts would be taking on the role of interim Chief Executive following Dr Rooney's retirement.
93/16.9	The Chair said that he had been in contact with other public sector organisations regarding ICT solutions for non-executives and that he hoped to progress this matter.
94/16	**Item 6 – Chief Executive's Business**
94/16.1	The Chief Executive said that he had nothing to report.
95/16	**Item 7 – PHA Financial Performance Report (PHA/01/09/16)**
95/16.1	Mr Cummings presented the Finance Report for the period up to 31 July 2016. He advised that the surplus for the year-to-date had reduced to £1m. He drew members' attention to the Trust expenditure and said that there is still significant expenditure planned and that a break even position is still forecast.
95/16.2	Mr Cummings said that the deficit within the management and administration budget had been halved as the costs of staff leaving through the Voluntary Exit Scheme began to take effect.
95/16.3	The Chair asked whether the change of categorisation of R&D expenditure from revenue to capital would reduce the possibility of virement. Mr Cummings said that this was the case as any surplus would have to be returned to the Department of Health. He also explained that whereby in previous year, PHA had been able to redistribute surplus revenue funds to R&D, this will no longer be possible.

95/16.4 Mr Drew commented on the prompt payment performance and said it was excellent.

95/16.5 Members noted the Finance Report.

96/16 Item 8 – Presentation on Connected Health

96/16.1 Mr Eddie Ritson joined the meeting for this item and delivered a presentation to members on telemonitoring and eHealth. He explained the difference between telehealth and telecare and said that, in the main, there has been more progress in relation to telecare vis-à-vis telehealth. He advised that a research study has been carried out and that it is currently going through a peer review process.

96/16.2 Alderman Porter said that it appears to be the case that patients appreciate the value of telehealth, but that clinicians do not. Mr Ritson said that he would agree that is a controversial area. Mrs Hinds said that if you look at the uptake on a Trust-by-Trust basis, it would need only one person to be convinced and then they could encourage others. She said that the HSC system requires less pilot schemes, and more instances of spreading good practice. She added that in her opinion, the amount of support that telecare can provide is significant, but she accepted that it is difficult to change behaviour.

96/16.3 The Chair suggested that PHA should look at how success in uptake was achieved. Mr Ritson said that it would depend on the characteristics of the staff working with the service and cited the example of nurses within the South Eastern Trust. Mr Ritson also observed that if the telemonitoring service received a glowing evaluation, would the present service model be continued.

96/16.4 Mr Drew asked if the telemonitoring service was up for renewal. He said that it would be difficult to develop a business case that would fully support it. He added that given the pace of technological change, should clients be using their own mobile devices. However, he went on to note that this may be difficult if there is a reliance on Broadband and WiFi services. Mr Ritson agreed that the use of clients' own devices would be a major change, and he explained that the current system does not rely on WiFi. He said that in general the system is underused.

96/16.5	The Chair asked that even if there is greater uptake, are there the resources to deliver. Mr Ritson said that there are recurrent resources, but that when developing the business case these resources must be appropriately used. He added that the technology is moving ahead of the evidence base to support it. Alderman Porter asked if incentives had been considered to encourage take up. Mr Ritson said that the idea of incentives had been considered, but it was felt that if telecare was deemed as the right thing to do for GPs, why should there be financial incentives to use it.
96/16.6	The Chair asked about a marketing strategy and using service users, carer or healthcare professionals to be advocates of the service. Mr Ritson said that, although the level of buy-in to existing services could be better, that going forward there is a thirst for finding new ways of working.
96/16.7	Mr McClean asked about Trust management. Mr Ritson said that Trust management are becoming more enthusiastic about the potential of telecare. The Chief Executive advised that at the commencement of the contract, telemonitoring and telecare seemed like a “bolt-on” and that evaluation showed it to be patchy; in some areas very good, in other areas, not so good. He added that the focus was around saving time and initially there had been some strong resistance. The Chief Executive went on to say that now, the context has moved on hugely as the health sector is now lagging behind when it comes to technology and the key outcome now is not about saving time, but better patient outcomes.
96/16.8	Alderman Porter said that any new system has to look different than the previous one. Mr Drew asked about the next steps. Mr Ritson said that the current contract is likely to be extended. Mr Drew said that he would support that as at the moment we do not know what the requirements are for any new system and that it is critical that overheads are reduced, with better patient outcomes.
96/16.9	The Chair asked who HSC would consult with regarding a set of requirements. Mr Drew asked if there was any evidence abroad in this area. Mr Ritson said that industry views telehealth and telecare as a massive opportunity, and that there is frustration that the health sector has not advanced yet so there is great potential.

96/16.10	The Chair thanked Mr Ritson for his presentation and members noted the update on connected health. *At this point Councillor Ashe left the meeting.*
97/16	**Item 9 – Presentation on Palliative Care**
97/16.1	The Chair welcomed Ms Corrina Grimes and Mr Paul Turley to the meeting and invited them to give a presentation on palliative care.
97/16.2	Mr Turley began the presentation by giving members a definition of palliative care and other terms used. He made reference to the recent RQIA review of the implementation of the Palliative and End of Life Care Strategy which concluded that significant progress was made during the period 2010 to 2015 towards implementing the recommendations of the strategy.
97/16.3	Ms Grimes gave members an overview of the regional palliative care programme structure which includes a palliative care board co-chaired by Mary Hinds and Dean Sullivan. She outlined the membership of the board and highlighted some of its key work priorities, including the identification of people who are likely to be in the last year of their life and having an identified key worker for each patient, ideally a District Nurse.
97/16.4	Ms Grimes moved on to talk about Advanced Care Planning and distributed to members some of the materials produced by PHA. She outlined other workstreams and finished the presentation by showing members a video which highlighted the message that your last moments in life should mean as much as your first.
97/16.5	Following the presentation she welcomed questions from members.
97/16.6	The Chair asked about what mechanisms are in place for obtaining independent feedback from next of kin. Ms Grimes explained that this would be part of the role of the key worker, and that there have been pieces of work undertaken relating to specific conditions, including one by the Cancer Registry. The Chair noted that a carer may be reluctant to give honest feedback to the key worker. Mrs Hinds said that there is further work being developed. Mr Turley said that this showed the level

	of complexity that exists across services, and that there is a need to create a structure where organisations can work in partnership. He cited the example of Transforming Your Care, where external engagement had been valuable in reviewing services. Ms Grimes said that all complaints are reviewed and any outstanding issues are added to the palliative care workplan. The Chair noted that complaints are an opportunity for improvement.
97/16.7	Alderman Porter asked about the challenges within nursing homes, and also older people with special needs. Ms Grimes said that nursing homes are a key stakeholder, and as such there has been a lot of work to deliver education in nursing homes as part of Project Echo. With regard to individuals with special needs, she said that there needs to be a particular piece of work to look at this. Mr Turley suggested that advocates or carers could assist.
97/16.8	Mr Mahaffy asked about resources for this work. Mrs Hinds advised that there are issues with regard to the number of district nurses, and that she co-chairs a group which has developed a paper for endorsement regarding the roles of key workers and district nurses. She said that one of the strongest messages coming out from this work was the need to respect the privacy of people's homes and not have too many different types of workers visiting people in their home.
97/16.9	Dr Harper asked about up-skilling GPs. Ms Grimes said that some educational work had been done, including advanced care planning training. However, Dr Harper suggested that a more proactive approach was required and that perhaps GPs should have to undertake training as part of their annual appraisal. Ms Grimes that the GMC are happy to assist with this. Dr Harper went on to ask about the extent to which GP advice is easily available given demographic issues. Ms Grimes advised that one of the recommendations which came from the recent RQIA review of palliative care related to the need to formalise out of hours arrangements. Mrs Hinds added that there is a multi-disciplinary approach being taken to planning in this area of work.
97/16.10	The Chair asked whether there were any examples of families being given financial resources to purchase their own palliative

	care. Mr Turley said that accessing direct payments has proved difficult for people.
97/16.11	Mrs Hinds noted that much of the work being undertaken now is building up work commenced by Dr Jenny Gingles who has now retired. She said that the low number of recommendations in the recent RQIA review is testament to her work.
97/16.12	The Chief Executive acknowledged that the work being carried out in this area is complex as there are different ways to deal with the different issues, but that it should be as easy to engage with people at the end of live, as it is at the beginning of their life.
97/16.13	The Chair thanked Ms Grimes and Mr Turley for their presentation and members noted the update on palliative care.
	At this point Mr Cummings and Mrs Erskine left the meeting.
98/16	**Item 10 – AHP Strategy – Final Implementation Report (PHA/02/09/16)**
98/16.1	The Chair welcomed Michelle Tennyson and Geraldine Teague to the meeting.
98/16.2	Mrs Tennyson explained to members that the AHP Implementation Strategy is a 5-year Strategy and PHA is responsible for its delivery. She explained that today's report is a concluding report on the implementation. She said that Ms Teague was leading on this work and invited her to give an overview of the progress to date.
98/16.3	Ms Teague outlined to members the wide range of Allied Health Professions and the four key themes of the AHP Strategy, namely promoting person centred practice and care, delivering safe and effective practice and care, maximising resources for success and supporting and developing the AHP workforce.
98/16.4	In terms of key achievements from the implementation of the Strategy, Ms Teague highlighted enhanced partnership working, reform and modernisation, robust professional governance, and increased profile and cohesiveness.
98/16.5	Ms Teague advised that PHA had developed resources which

	show the different roles of the different AHPs. She said that a proposal paper has been sent to the Department of Health recommending an extension to the current Strategy and outlining future key priorities. She noted that these priorities included the need to address current pressures, conducting a workforce review as well as enhancing integration and embedding research.
98/16.6	The Chair asked if there were data available on the percentage of time that therapists spend doing face-to-face sessions. Ms Teague said that there is a need to move away from the direct, hands-on approach, but this will require up-skilling. Ms Tennyson added that the percentage would be around 90% for staff at Band 5. Ms Teague said that PHA is trying to encourage group interventions and develop alternative pathways.
98/16.7	Mr Drew said that he was encouraged to see a joined-up approach and he asked whether any outcome measures had been developed. Ms Tennyson said that developing outcome measures is something PHA is very keen on, but that the challenge is to develop a set of measures that all professions can use where trends can be analysed. Mr Drew commented that if there is no impact, then it raises the question of why there are so many frameworks.
98/16.8	The Chief Executive said that over the last four years, through the work in neurological conditions, it has allowed children who have life limiting conditions to have the best life possible. He said that integration is critical. Ms Teague said that there is an excellent workforce which is willing to change practice as AHPs cannot work in isolation.
98/16.9	Members noted the final implementation report on the AHP Strategy.
99/16	**Item 11 – Any Other Business**
99/16.1	There was no other business.
100/16	**Item 12 – Date and Time of Next Meeting**
	Date: Thursday 20 October 2016 Time: 1:30pm

Venue: Conference Rooms 3+4
12/22 Linenhall Street
Belfast
BT2 8BS

Signed by Chair:

Date: 20 October 2016