

**Minutes of the 48th Meeting of the Public Health Agency board
held on Thursday 15 November 2012 at 1:30pm,
in Public Health Agency, Conference Rooms,
2nd Floor, 12-22 Linenhall Street, Belfast, BT2 8BS**

PRESENT:

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| Ms Mary McMahon | - 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 |
| Alderman William Ashe | - 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 |
| Mr Ronnie Orr | - Non-Executive Director |
| Alderman Paul Porter | - Non-Executive Director |

IN ATTENDANCE:

- | | |
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| Mr Paul Cummings | - Director of Finance, HSCB |
| Mr Robert Graham | - Secretariat |
| Mrs Maeve Hully | - Chief Executive, Patient Client Council |
| Dr Adrian Mairs | - Consultant in Public Health Medicine (<i>for items 12 and 13</i>) |

APOLOGIES:

- | | |
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| Mrs Fionnuala McAndrew | - Director of Social Care and Children, HSCB |
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		Action
122/12	Item 1 – Apologies	
122/12.1	The Chair welcomed everyone to the meeting. She noted apologies from Fionnuala McAndrew.	
123/12	Item 2 - Declaration of Interests	
123/12.1	The Chair asked if anyone had interests to declare relevant to any	

items on the agenda. None were declared.

124/12 Item 5 - Minutes of the PHA board Meeting held on 18 October 2012

124/12.1 Members agreed the minutes of the PHA board meeting held on 18 October 2012 as an accurate record of the meeting.

125/12 Item 6 – Matters Arising

E-coli Outbreak

125/12.1 Dr Harper updated the board on the recent e-coli outbreak. She advised that following a meeting of the control team earlier this week the outbreak has now been declared to be over. She added that the investigation is ongoing and a final report will be available in due course.

Fit and Well Consultation Response

125/12.2 The Chair confirmed that the PHA response to the consultation document had been submitted in advance of the deadline.

Annual Report on Safety and Quality

125/12.3 Dr Harper confirmed that the purpose of this report is to inform board members of the arrangements in place and how alerts were issued during 2011/12 and the handling of these alerts.

126/12 Item 12 – Northern Ireland Breast Screening Programme: Annual Report and Statistical Bulletin 2010-2011 (PHA/05/11/12)

126/12.1 Dr Adrian Mairs informed the board that this annual report and bulletin had been produced by the Quality Assurance Reference Centre (QARC) and that PHA was required to produce this report as part of its quality assurance oversight of the Northern Ireland Breast Screening Programme.

126/12.2 Dr Mairs gave an overview of the main findings of the report, drawing attention to the high uptake (76%) of women getting screened, the detection rate of invasive cancers, the number of small invasive cancers diagnosed and the high percentage of

women offered mammography screening within 36 months of their previous normal screen.

- 126/12.3 Dr Rooney said that there had been increased media interest in breast screening and asked about the cost effectiveness of the programme. Dr Mairs said that Northern Ireland follows the same guidance and standards as in England.
- 126/12.4 Mrs Karp asked about what areas PHA would like to see improvement in over the next 12 month period. Dr Mairs explained that the quality assurance function has two aspects, firstly to ensure that minimum standards are met, but also to look at strategic direction. He highlighted areas that PHA were currently working on which include working with disadvantaged and transgender groups, redesigning information leaflets and bringing groups together into a regional forum.
- 126/12.5 Mr Mahaffy queried if there was a link between the uptake rates and areas of deprivation. Dr Mairs said that this was not the case, particularly in the Belfast area, and was more to do with the demographic database.
- 126/12.6 Mr Orr sought an update on the business case for digital imaging which had been approved by the PHA board. Dr Mairs said that this had sent to DHSSPS and PHA were currently responding to the queries that had been raised. He anticipated that it would be signed off before the end of this financial year.
- 126/12.7 Members noted the annual report and statistical bulletin.

127/12 Item 13 – The Benefits and Harms of Breast Cancer Screening: An Independent Review (PHA/06/11/12)

- 127/12.1 Dr Mairs advised the board that there had been significant media interest in breast screening and that it was felt that a review should be carried out to look at its effectiveness. The report had found both benefits and harms to breast screening. It found that breast screening extends lives but there is also over-diagnosis and women being treated for cancer which would not have caused them any problems.
- 127/12.2 Mr Cummings asked if a cost benefit analysis of breast screening would be carried out. Dr Mairs said that further information in that

regard would be available shortly. He pointed out that the benefits of breast screening have not changed and that there is a better understanding of the harms. Dr Harper added that the cost benefit / harm ratio is an area that is coming under increased scrutiny.

127/12.3 Mrs Hully asked about the information that is provided to women and how it allows them to make informed decisions. Dr Mairs noted the points and said that in England, screening programmes will not be responsible for producing information. He said that the information that a woman requires will depend on the pathway her treatment requires.

127/12.4 Alderman Porter asked if the uptake would continue to increase and how much promotion was being done to get the relevant information across. Dr Mairs said that none of the four units in Northern Ireland had noted any decrease in uptake.

127/12.5 Mr Orr asked if any recent research could assist with the situation where women are being diagnosed for cancers that will not affect them. Dr Mairs said that work had been published which showed that for every 3 DCIS detections, there was 1 fewer interval cancer detected. He said that further attention was being given to the detection of DCIS.

127/12.6 Dr Rooney noted that discussion and said that this was an international issue and impacts on so many programmes that it was a difficult task to communicate this information, but that it is important that the discussion is in the public domain.

127/12.7 Members noted the review.

**128/12 Item 7 – Finance
PHA Financial Performance Report (PHA 01/11/12)**

128/12.1 Mr Cummings gave an overview of the financial performance report. He presented members with a further paper detailing actual spend against projected spend and said that there was an overall projected underspend of £6.5m.

**129/12 Item 8 – Programme Expenditure Monitoring System (PEMS)
Report (PHA/02/11/12)**

129/12.1 Mr McClean presented the latest PEMS Report and advised that

the gap between projected expenditure and actual expenditure was closing. He said that there was £430k of uncommitted funds and £6.3m currently in negotiation. He drew members' attention to the breakdown of Programme for Government (PfG) expenditure which is appended to the report.

129/12.2 Alderman Porter stated that it could be misrepresented that the PHA received additional funding for 2012/13 but is not spending it. Mr Orr asked what steps were being taken to remedy the situation.

129/12.3 Dr Rooney explained that during the last year PHA has sought to improve its internal processes, firstly through the development of the PEMS reporting system and also through regular meetings with budget holders. He added that there are difficulties, particularly in relation to procurement, but these are being actively addressed with BSO.

129/12.4 Dr Rooney said that the PHA will declare any underspend and return funding to DHSSPS if required to do so. Alderman Porter proposed that a more detailed breakdown of programme expenditure should be brought to the next meeting. Dr Rooney agreed to this request.

129/12.5 The Chair noted that in comparison to 2011/12, PHA is in a better position. Mr McClean added that the Project Managers were working to ensure that the money was spent before the year end but he noted the issues in relation to procurement. Alderman Ashe asked if these issues were being highlighted to DHSSPS. Mr Cummings said that he intended to raise it with the Permanent Secretary and the Chair confirmed that PHA would raise it at the Mid-Year Accountability Review meeting in December.

129/12.6 Dr Harbison asked if PHA was required to report separately on PfG expenditure. Dr Rooney confirmed he would ensure that it is accounted for separately.

129/12.7 Mrs Karp asked about the definition of inescapable pay and price uplifts. Mr Cummings explained that this is a combination of pay and non-pay expenditure and that a set figure is used.

129/12.8 Mr Orr asked about non-Trust expenditure and the potential for making savings over a period of time. Dr Rooney said that there is a challenge to condense or reduce the number of programmes

over a period of time.

129/12.9 Members noted the PEMS report.

130/12 Item 9 – Research and Health Intelligence Sub-Committee Meeting (PHA/03/11/12)

130/12.1 The board noted that the Research and Health Intelligence sub-committee had met and that the theme of the last board workshop was also health intelligence.

130/12.2 Dr Harbison gave a summary of the main points of the meeting and noted that following a recent ministerial decision, Northern Ireland would have access to up to £100m in health research funding. He also made reference to the public health research network and also Horizon 2020, which will also provide funding for Northern Ireland-based research.

130/12.3 Dr Harbison said that the sub-committee had received a presentation on the new research and development strategy. He said that the strategy was currently being developed but he was pleased that public health consultants had been involved in its development.

130/12.4 Dr Harbison added that there had been a discussion on how to balance the validity of HSC funding against accountability and governance.

130/12.5 The Chair noted that the meeting had been useful and hoped that another meeting would take place in January 2013.

130/12.6 Dr Rooney said that the topic of research and development featured on the agenda of meetings with DHSSPS and that there was a lot of interesting work going on in this area.

131/12 Item 10 – Performance Management Report – Corporate Business Plan and Commissioning Plan Directions Targets for Period Ending 30 September 2012 (PHA/04/11/12)

131/12.1 Mr McClean presented the report and noted that of the 7 Commissioning Plan Direction targets for PHA, 4 targets were rated as green and 3 targets as amber. With regard to the 97 targets in the corporate business plan, 76 targets were rated as

green, 19 as amber and 2 as red. He invited questions from board members on the report.

- 131/12.2 Alderman Porter asked how the progress made to date this year compares with last year and if any of the objectives were more challenging this year. Mr McClean noted that the objectives were different and thus it was difficult to make a comparison but Dr Harper gave the example of rates of C Diff and MRSA and said that this year there were improvements in these rates.
- 131/12.3 The Chair expressed concern at the low uptake in tele-monitoring. Mrs Hinds said that the figures were an improvement on the previous year and pointed out that the Southern and Western Trusts had made good progress in this area, along with the Northern and South Eastern Trusts but that the Belfast Trust was falling behind.
- 131/12.4 Mrs Hinds said that there is ministerial support for tele-working as it is embedded within Transforming Your Care. She added that each of the Trusts have now recognised the need to progress this. Dr Rooney added that the PHA is meeting with the Chief Executives of each Trust to review the situation.
- 131/12.5 Dr Harbison asked whether PHA intends to widen out the use of tele-monitoring. Dr Rooney said that this was the case and he added that PHA had received two awards recently for its work in this area. Mrs Hinds confirmed that PHA is considering an evaluation of tele-working.
- 131/12.6 Mrs Hully asked if Trusts have targets for tele-monitoring and Mrs Hinds confirmed that each Trust has its own individual target.
- 131/12.7 Mr Mahaffy queried the delay in the AAA screening campaign. Mr McClean explained that the campaign was not ready to be launched and that it was not linked to the recent delays in advertising campaigns.
- 131/12.8 Mrs Erskine acknowledged the work of PHA staff in achieving the outcomes detailed in the report.
- 131/12.9 Members noted the Performance Management report.

132/12 Item 11 – DHSSPS Evaluation of the Implications of the Northern Ireland Protect Life Suicide Prevention Strategy and Action Plan 2006-2011

- 132/12.1 Dr Harper gave an overview of the main findings from the DHSSPS evaluation which was carried out by Moore Stephens.
- 132/12.2 Dr Harper said that there is evidence of good partnership working and good engagement with families which helps to provide focus and priority on suicide prevention. She noted that there is stronger engagement with primary and secondary care, better cross-departmental working and clarity of the roles and responsibilities of the various groups working in this area.
- 132/12.3 Dr Harper advised that a Suicide Strategy Implementation Board is in place, although both the PHA and the Trusts have their own arrangements in place. There is a suggestion that the PHA should have a co-ordinating role at a local level.
- 132/12.4 Dr Harper said that the report detailed the main factors affecting suicides and suicide rates, including financial restraints, unemployment and other factors which impact on individual's overall wellbeing.
- 132/12.5 Mr Orr commented that there had been an indication that people who had telephoned support lines were dissatisfied. Dr Harper pointed out that individual who contact helplines will naturally be in a state of distress and that there was an issue in terms of ensuring that there were processes in place for adequate referrals based on calls.
- 132/12.6 Members noted the update on the evaluation report.

133/12 Item 3 - Chair's Business

- 133/12.1 The Chair gave an overview of recent conferences and meetings that she had attended on behalf of PHA.
- 133/12.2 The Chair said that she had attended a conference on mental health at which a number of charities were present. She also attended an event entitled Babies Love Books, which was a joint initiative between health and education.

133/12.3 The Chair advised that she had attended a CAWT event, the theme of which was alcohol and early inventions, and she commended the work being done in this area.

133/12.4 Finally, the Chair said that she had attended a suicide prevention event at Greenmount.

134/12 Item 4 - Chief Executive's Business

134/12.1 Dr Rooney told the board that he had attended a meeting with the Chair of the Stormont health Committee and community groups regarding suicides in east Belfast.

134/12.2 Dr Rooney said that he had attended two recent events in rural areas at which the Minister was present and he felt that these events were beneficial for raising the profile of the PHA in these areas.

134/12.3 Dr Rooney advised the Board that the PHA had received an award in the Ireland Marketing Awards for its recent flu campaign and he wished to record his appreciation of the hard work of all those involved.

134/12.4 Dr Rooney told the board that he had attended a conference on pressure ulcers and said that it was a very worthwhile event.

135/12 Item 14 – Any Other Business

135/12.1 Alderman Porter noted that a report will be published in February 2013 regarding the Social Investment Fund and wished to bring this to the attention of the PHA.

135/12.2 Dr Harbison asked about the introduction of a vaccine in England for babies for rotavirus. Dr Harper advised that it was anticipated that this vaccine would be introduced in Northern Ireland in late 2013.

136/12 Item 15 - Date, Time and Venue of Next Meeting

Date: **Thursday 20 December 2012**

Time: 1:30pm

Venue: Public Health Agency

Conference Rooms
2nd Floor
12-22 Linenhall Street
Belfast
BT2 8BS

Signed by Chair:

A handwritten signature in black ink that reads "Mary Mc Mahon". The signature is written in a cursive style with a large initial 'M' and a decorative flourish at the end.

Date: 20 December 2012