

105th Meeting of the Public Health Agency Board

Thursday 20 September 2018 at 1.30pm

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

Present

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| Mr Andrew Dougal | - Chair |
| Mr Edmond McClean | - Interim Deputy Chief Executive / Director of Operations |
| Dr Adrian Mairs | - Acting Director of Public Health |
| Mrs Mary Hinds | - Director of Nursing and Allied Health Professionals |
| Councillor William Ashe | - Non-Executive Director |
| Ms Deepa Mann-Kler | - Non-Executive Director |
| Professor Nichola Rooney | - Non-Executive Director |
| Mr Joseph Stewart | - Non-Executive Director |

In Attendance

- | | |
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| Mr Paul Cummings | - Director of Finance, HSCB |
| Ms Marie Roulston | - Director of Social Care and Children, HSCB |
| Mr Robert Graham | - Secretariat |

Apologies

- | | |
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| Mrs Valerie Watts | - Interim Chief Executive |
| Mr John-Patrick Clayton | - Non-Executive Director |
| Mr Leslie Drew | - Non-Executive Director |
| Alderman Paul Porter | - Non-Executive Director |
| Mrs Joanne McKissick | - External Relations Manager, PCC |

84/18 | Item 1 – Welcome and Apologies

- 84/18.1 The Chair welcomed everyone to the meeting. Apologies were noted from Mrs Valerie Watts, Mr John-Patrick Clayton, Mr Leslie Drew, Alderman Paul Porter and Mrs Joanne McKissick.

85/18 | Item 2 - Declaration of Interests

- 85/18.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

86/18 | Item 3 – Minutes of previous meeting held on 16 August 2018

- 86/18.1 The minutes of the previous meeting, held on 16 August 2018, were approved as an accurate record of that meeting, subject to the following amendments:

86/18.2 The last section of paragraph 74/18.2 which reads, “Dr Mairs said that it would be beneficial to develop multi-disciplinary teams, but that the real issue is that there are no local multi-disciplinary training programmes available, but that this is being addressed.” should read, ““Dr Mairs said that public health consultant posts were open to both medical and non-medical public health specialists, but that the real issue is the lack of a local multi-disciplinary public health training programmes. Work is ongoing with DoH to address this issue.”

86/18.3 Paragraph 76/18.9 which reads, “Mr Stewart complimented officers on their work in scaling down the funding into projects of a meaningful size.” should read, “Mr Stewart complimented officers in scaling the procurement requirements to match the scale of the project”.

87/18 Item 4 – Matters Arising

77/18.6 Campaigns

87/18.1 Mr McClean advised that the list of proposed campaigns forwarded to DoH in July would be distributed to members.

88/18 Item 5 – Chair’s Business

88/18.1 The Chair expressed his congratulations to the Interim Chief Executive, Acting Director of Public Health, HSCB Director of Finance and HSCB Director of Commissioning for their professionalism during their appearance in front of the Northern Ireland Affairs Committee.

88/18.2 The Chair advised that he had attended the Public Health England (PHE) conference and from speaking to representatives from PHE, there was agreement that there is a need to examine the implications of not running media campaigns, and he cited the example of smoking rates. Mr McClean agreed and advised that PHA would note a decrease in the uptake of smoking quit kits during periods when there is no public information campaign.

89/18 Item 6 – Chief Executive’s Business

89/18.1 In the absence of the Interim Chief Executive, Mr McClean updated members on four areas.

89/18.2 Mr McClean advised that the Transformation work relating to HSC structures is continuing and he referenced the correspondence from the Permanent Secretary which outlined the new arrangements for the management of the Performance Management and Service Improvement directorate in HSCB.

89/18.3 Mr McClean informed members that PHA has received correspondence concerning the retention of documents relating to the UK-wide Infected Blood Enquiry. He noted that the information sought relates largely to

legacy documents and may not be in the possession of PHA, however PHA will undertake the necessary due diligence searches in this matter when further contact is had by the Inquiry.

89/18.4 Mr McClean advised members that the Belfast Healthy Cities conference is taking place from 1st to 4th October. He explained that Belfast Healthy Cities is co-funded by PHA and Belfast City Council and he highlighted some of the site visits and side events that will be taking place as part of the programme.

89/18.5 Mr McClean told members that senior officers in HSCB and PHA had attended a two-day workshop on strategic emergency and crisis management. Mr Stewart said he was pleased that such a workshop had taken place given PHA's important role in this area.

90/18 Item 7 – Finance Report (PHA/01/09/18)

90/18.1 Mr Cummings advised that the Finance Report for the period up to 31 July showed a surplus of £717k, but that this was not an issue and is due to current spend falling behind planned expenditure. Mr Cummings explained that there is a slight overspend in some areas of Trust expenditure, but this is due to the process of realignment of budgets not having yet taken place.

90/18.2 In relation to the management and administration budget, Mr Cummings advised that the situation remains that there is a high level of vacant posts, therefore the £300k surplus is likely to continue. He said that the issue with regard to vacancies is not solely an issue for PHA and he highlighted the costs of bank and locum staff for the Health Service in general, but he clarified that bank and locum staff is not an issue for PHA.

90/18.3 Ms Mann-Kler asked if there is an action plan to fill vacant posts. Mr Cummings said that there is not a plan in the short term, but there is a workforce study being led by the Department of Health looking at the longer term. Dr Mairs explained that within public health, it can take up to five years for an individual to be trained. Mr McClean explained that in some instances, staff are promoted so there are backfill issues. He added that there are some roles within the PHA where staff can gain better remuneration outside the public sector.

90/18.4 Mr Stewart suggested that the Remuneration Committee of the PHA should be looking at succession planning. The Chair noted the point and agreed that a meeting of that Committee should be convened shortly.

90/18.5 Councillor Ashe noted that within goods and services, the current spend is ahead of profile and asked if this was an issue. Mr Cummings said that there was no issue and this is a timing matter.

90/18.6 The Chair asked at what stage PHA should consider utilising any surplus to fund a public information campaign. The Chair was conscious that

there were only six months remaining in the financial year and any campaign would require 3 to 6 months to initiate. Mr Cummings said that work could begin on a campaign at any time, subject to approval from the Department of Health. Mr McClean added that any potential campaign would take up to four months to develop so a decision to proceed would need to be made in the next 4/6 weeks.

90/18.7 Mr Cummings presented members with a list of the HSCB and PHA Transformation initiatives. The Chair queried whether it would have been beneficial to undertake a smaller list of larger programmes. Mr Cummings that almost 1200 staff are required to undertake all of this work.

90/18.8 Mr Stewart asked if there was any potential for the funding to be continued given that this funding had come from political lobbying. Mr Cummings said that this was unlikely without a further political intervention, but he agreed that it would be beneficial if the funding was recurrent and that this issue arose as part of the conversation at the Northern Ireland Affairs Committee hearing.

90/18.9 The Chair asked if only proposals that were time limited had been chosen. Mr Cummings said that it was felt that the funding could be used to maximise training, but some training can take more than two years. Mr Stewart commented that staff undertaking training would remove them from their daily work.

90/18.10 Mr Cummings advised members that Simon Christie, Assistant Director of Finance, HSCB was leaving to take up the post of Director of Finance in a local Council. Members passed on their congratulations to Mr Christie for his appointment to this role.

90/18.11 Members noted the Finance Report.

91/18 Item 8 – Draft Commissioning Plan (PHA/02/09/18)

Dr Miriam McCarthy and Mr Roger Kennedy joined the meeting for this item.

91/18.1 Dr McCarthy began by saying that following the Board workshop she had received correspondence from Mr Clayton expressing concerns about the draft Plan and that she, and Dr Mairs, had met with Mr Clayton to discuss this. She felt that the discussion had been useful and had allowed for an understanding of the process of putting together the Plan, the constraints in terms of timescales, how inequalities are dealt with as part of PHA's work in areas such as health improvement, and the approach taken in terms of the equality screening.

91/18.2 The Chair asked if there had been any major changes made to the Plan. Dr McCarthy said that since the workshop there had not been any major changes, and that the draft Plan had been approved by the HSCB Board

at its meeting last week. She said that the Plan is a joint Plan between HSCB and PHA and that this year there was a more joined up approach with a multi-disciplinary editorial team and that this approach had felt more cohesive.

- 91/18.3 The Chair asked about outcome measures. Dr McCarthy said that it would depend on the objective, and that it can be difficult to have objectives with actions that can be easily measured, but the aim is to have SMART objectives. For some of the longer term objectives, she said that there are different approaches to measuring success, e.g. statistical analysis. Dr Mairs said that looking at commissioning priorities and the evidence leads to the outcome, but there will be a stage when a determination must be made as to whether a particular objective is worthwhile. Mr Stewart said that there are so many objectives and asked how they can all be measured to determine if a difference is being made. He asked if short, medium and long term objectives are all looked at separately. Dr McCarthy responded by saying that there is a rigorous approach to performance management. She explained that there are ministerial targets within the Plan e.g. 12-hour waiting times, MRSA, where outcomes are measured, but there are other objectives which may be input-based, e.g. additional pathology staff. She said that there is not one single report that pulls all of these together.
- 91/18.4 Mr Stewart said that from an assurance point of view, he cannot understand how the objectives can be measured. Mr Cummings explained that it is the role of HSCB to undertake the measurement and that each month its Board would receive reports on progress. Mr Stewart asked if it the role of the PHA Board to approve the funding, but Mr Cummings said that it was in relation to the £100m PHA budget, not the Commissioning Plan budget. He added that the role of PHA Board vis-à-vis the Commissioning Plan is to determine if PHA's views have been incorporated into the Plan. Mr Stewart questioned if this meant that effectively the role of measurement has been delegated to another body. Mr McClean acknowledged that this process reflects the particular characteristics of the relationship between the two organisations, and how it is the role of HSCB to undertake performance management. He added that it is HSCB's role to propose a Plan and for PHA to be content that its views have been given due regard during the preparation of the Plan. Mr Stewart said that from consultation of the governing rules and procedures it was for the Agency Board to approve the plan.
- 91/18.5 Mr McClean asked Dr Mairs and Mrs Hinds if they were content that their views, and those of their staff, have been taken on board. Dr Mairs said that his staff would be intimately involved in the preparation of the Plan and may also lead on some of the work. Mrs Hinds said that it is a very inclusive process, and she felt this year, despite the financial challenges that the Commissioning Plan was a more rounded document.
- 91/18.6 Ms Mann-Kler raised how rural proofing had been taken into account. Dr McCarthy said that it had been dealt with at a high level and

acknowledged that individual aspects of the Plan may be rural proofed in more detail as that would be more meaningful. Mr Cummings added that the draft Plan is prepared in line with capitation, which takes into account health inequalities. Mr McClean said that the Trust Delivery Plans will also look at issues regarding rural proofing and inequalities.

91/18.7 The Chair asked if there is a link between the Commissioning Plan and the PHA's Corporate Strategy. Mr McClean said that PHA's annual Business Plan, which derives from the Corporate Plan, is based on priorities set by the Department and the Commissioning Plan is also developed in that way.

91/18.8 Professor Rooney asked about the recent correspondence from the Permanent Secretary and its impact on future arrangements. Mr Cummings said that this will mean that the Department of Health's senior team will also receive reports on performance.

91/18.9 Members approved the Commissioning Plan, with the exception of Mr Clayton who had advised in advance of the meeting that he was not content to approve the Plan primarily due to the lack of clarity with regards to the savings it requires Trusts to make of £44.7 million.

92/18 Item 9 – Director of Public Health Annual Report (PHA/03/09/18)

92/18.1 Dr Mairs presented his Director of Public Health Annual Report, which for this edition has the theme of early intervention. He said the Report looks at the full life course from pre- and post-pregnancy to interventions for older people. He went through the Report and highlighted examples of initiatives from each directorate within public health; health improvement, health protection, screening and research and development. He said that those who had contributed to the report came from a wide range of backgrounds: public health, health intelligence, nursing and social care.

92/18.2 The Chair was delighted to see that there was much to celebrate in this report. He said that thirty years ago Scotland and Northern Ireland were suffering the worst record of premature mortality from coronary heart disease, but now Northern Ireland has a much lower rate than Scotland and is on a par with Wales. He added that in the last 30 years Northern Ireland had enjoyed a reduction of 59% in premature deaths from coronary heart disease. This is no mean achievement.

92/18.3 Councillor Ashe welcomed the theme of early intervention, but he noted that waiting lists are getting longer which has an impact on people's mental and physical wellbeing. Mr McClean said that there is always a balance to be struck between demand and capacity, and you can put more and more money into services, but what PHA aims to do, through its work, is to delay the day when people may need access to these services by maintaining and improving their health and social wellbeing. He added that there is a workshop taking place with the Northern Trust to look at health inequalities and health needs and how the Trust might plan its

- work on a different, and in the longer term, more effective basis.
- 92/18.4 The Chair asked if any of the Transformation money is being used on waiting lists. Mr Cummings said that £30m has been allocated as part of a three-year plan, but £100m a year is required. Dr Mairs said that his Report does not look at waiting lists, but he advised that the Patient Client Council had published a report recently on waiting lists and the findings indicated that this is a public health issue given the emotional and physical impact of waiting for treatment.
- 92/18.5 Ms Mann-Kler asked about next steps and how the Report is circulated. She cited obesity as an area where more work needs to be done. She asked if the mental health first aid has been undertaken in schools. Dr Mairs confirmed that this had been done.
- 92/18.6 Dr Mairs said that the Report will be published and launched at a PHA event shortly. In terms of obesity, he advised that there is an Obesity Strategy which is taken forward by the Health Improvement directorate. He said that it is a multi-faceted strategy looking at physical activity as well as healthy eating and is done in partnership with local Councils. He suggested that the food sector should also be involved. Ms Mann-Kler noted that the figures are continuing to rise and questioned if PHA is confident in its approach to tackling this issue. Dr Mairs said that PHA is doing what it can to tackle the problem. Ms Roulston advised that there is work happening in schools with school nurses working with children. Mrs Hinds said that if more funding were available, she would like to see more school nurses. Mr McClean said that this area could be the subject of a workshop. He added that issues such as these are often more amenable to actions by Councils and the education sector, rather than PHA alone and that is why PHA has emphasised inter-agency working to activate and mobilise other sectors to effect behavioural change.
- 92/18.7 Ms Mann-Kler suggested that the message could be turned around with the emphasis on staying healthy, rather than becoming overweight. The Chair said that Public Health England has moved its focus to obesity in children. Councillor Ashe said that Councils would not have the experience or the resources for this type of work and would need assistance. The Chair said that in Coventry, improvements were able to be made as two of the Councillors took an interest in public health.
- 92/18.8 The Chair asked about anti-microbial resistance (AMR), and if there are enough GP champions advocating the need to reduce the number of prescriptions being issued. Dr Mairs said that there are some champions and that work is being done to impress on GPs the need to reduce the number of antibiotics being issued.
- 92/18.9 Members noted the Director of Public Health Annual Report.

**93/18 Item 10 – Management Statement / Financial Memorandum
(PHA/04/09/18)**

- 93/18.1 Mr McClean advised members that the Management Statement and Financial Memorandum had been reviewed and revised in this format in line with a template stipulated by the Department of Finance.
- 93/18.2 Mr Stewart asked whether the revised version changed any of the powers of the Department vis-à-vis the PHA, but Mr McClean advised that this was not the case.
- 93/18.3 Members noted the Management Statement / Financial Memorandum.

**94/18 Item 11 – Review of PHA Procurement Planning Procedures
(PHA/05/09/18)**

- 94/18.1 Mr McClean explained that PHA is required to have a Procurement Plan to assist with dealing with all of the contracts it holds with the community and voluntary sector. He said that the part of the procurement process that required the most work was perhaps not the procurement itself, but the preparatory work and that this was proving a challenge for PHA.
- 94/18.2 Mr McClean said that, as part of an exercise to look to see if this could be carried out in a more effective way, it would be useful to have the input of a Non-Executive Director on a short life working group. He asked that any member interested should advise the Chair.
- 94/18.3 Members noted the update on the review of PHA procurement planning procedures.

95/18 Item 12 – Programme for Government Report Cards (PHA/06/09/18)

Miss Julie Mawhinney joined the meeting for this item.

- 95/18.1 Mr McClean explained that PHA is required to produce these report cards based on an Outcomes Based Accountability (OBA) approach.
- 95/18.2 Miss Mawhinney advised that in the absence of an Assembly, an Outcomes Delivery Plan has been brought in to replace Programme for Government. She said that across the 12 outcomes, there are 3 that are relevant to PHA which have a total of 6 areas that PHA has to report on. She explained that these report cards have been issued to the Department of Health in draft and will, in time, be forwarded to The Executive Office for publication, possibly around mid-November.
- 95/18.3 The Chair noted that there has been a changeover of staff within the Department and asked if this has had an impact. Mr McClean said that changes have resulted in delays in timescales, but despite there being no Assembly, PHA has an opportunity to try to make the development of these reports an exercise that is as meaningful as possible, and to learn

for the future.

95/18.4 Mr Cummings said that while he appreciated the presentation of the information, he felt some of it could be misleading and confusing without a developed understanding of the context. Ms Mann-Kler agreed and asked who the audience is for this information. Miss Mawhinney said that ultimately the information is for the public. Mr McClean acknowledged the point, but said that in some cases PHA does not have a choice in terms of what information must be presented. Ms Mann-Kler said that there is valuable information on the report cards, and that this could be a model for reporting in the future.

95/18.5 Mr Stewart said that there is an issue for PHA in terms of being able to show its work in a format that can be understood and he suggested that these could be used as an adjunct to the Annual Report. Mr McClean agreed saying that this is the time for PHA to start thinking about the format of its Annual Report for this year, and how the Report could be made more user friendly and meaningful for the public. He added that there is some latitude for PHA in this regard and that the Report should be used as a marketing tool. Mr Stewart said that it was his reading of the legislation that the Agency was required to produce an annual report in a particular format. However this did not prevent the agency from presenting a summary document or leaflet for wider consumption in the same way which many other organisations currently do. The Chair reported that he had in the room a copy of the Annual Report of Public Health England for 2017/18 and it is in a format which would be somewhat more appealing to the public.

95/18.6 Members noted the Programme for Government report cards.

96/18 Item 13 – Any Other Business

96/18.1 Mr Stewart made reference to the information presented to Board members regarding programme expenditure at the end of the previous meeting, and asked when members could receive further information in terms of how contracts are managed, what assurances are received, escalation procedures and monitoring. Mr McClean said that this type of discussion would be more appropriate for a Board workshop and agreed to come back to members with a proposal regarding this.

97/18 Item 14 – Details of Next Meeting

Thursday 18 October 2018 at 1.30pm

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

Signed by Chair:

A handwritten signature in black ink that reads "Andrew Douglas". The signature is written in a cursive style with a large initial 'A'.

Date: 18 October 2018