

<b>Title of Meeting</b>	112 <sup>th</sup> Meeting of the Public Health Agency Board
<b>Date</b>	20 June 2019 at 1.30pm
<b>Venue</b>	Board Room, County Hall, 182 Galgorm Road, Ballymena

## Present

Mr Andrew Dougal	- Chair
Mrs Valerie Watts	- Interim Chief Executive
Mr Edmond McClean	- Interim Deputy Chief Executive / Director of Operations
Ms Deirdre Webb	- Regional Children's Services Nurse ( <i>on behalf of Mrs Hinds</i> )
Alderman William Ashe	- Non-Executive Director
Mr Leslie Drew	- Non-Executive Director
Ms Deepa Mann-Kler	- Non-Executive Director
Alderman Paul Porter	- Non-Executive Director
Professor Nichola Rooney	- Non-Executive Director

## In Attendance

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

## Apologies

Mrs Mary Hinds	- Director of Nursing and Allied Health Professionals
Dr Adrian Mairs	- Acting Director of Public Health
Mr John-Patrick Clayton	- Non-Executive Director
Mr Joseph Stewart	- Non-Executive Director
Mrs Joanne McKissick	- External Relations Manager, PCC

### 44/19 | Item 1 – Welcome and Apologies

44/19.1 | The Chair welcomed everyone to the meeting. Apologies were noted from Mrs Mary Hinds, Dr Adrian Mairs, Mr John-Patrick Clayton, Mr Joseph Stewart and Mrs Joanne McKissick.

### 45/19 | Item 2 – Declaration of Interests

45/19.1 | The Chair asked if anyone had interests to declare relevant to any items

on the agenda. No interests were declared.

**46/19 Item 3 – Minutes of previous meeting held on 18 April 2019**

46/19.1 The minutes of the previous meeting, held on 18 April 2019, were approved as an accurate record of that meeting, subject to one amendment: Professor Rooney said that the word “psychology” should be replaced with “life sciences” in paragraph 35/19.10.

**47/19 Item 4 – Matters Arising**

47/19.1 There were no matters arising.

**48/19 Item 5 – Chair’s Business**

48/19.1 The Chair advised that he had attended the UK Public Health Network meeting in Wales and was hugely impressed by the range of work being undertaken there. He said that the Welsh Assembly legislated for a Future Generations Act and this involved the appointment of a Commissioner for future generations and staff who were charged with analysing the policies, strategies and activities of public sector organisations with a view to assessing how these would impact on the lives of future generations. He noted that no similar position has been established in any country throughout the world. However, he said that it gives serious food for thought to ensure that the needs of future generations are taken into account in the formulation of strategy and policies.

48/19.2 The Chair said that he had attended the CONFED19 conference where as part of one of the main speeches, it was asserted that the Health Service requires increased funding each year of a rate of 3.3% above the rate of inflation.

**49/19 Item 6 – Chief Executive’s Business**

49/19.1 The Interim Chief Executive advised that she, along with Dr Adrian Mairs, Dr Miriam McCarthy and Liz Fitzpatrick from HSCB attended to give evidence to the Independent Neurology Inquiry which is being chaired by Brett Lockhart QC. She said that, to date, 80 witnesses have been called to the Inquiry with a further 80 still to attend. She said that it is therefore expected that it will be up to a year before the Inquiry publishes its final Report.

49/19.2 The Interim Chief Executive said the session covered a range of issues including performance management of Trusts, prescribing, appraisals and governance.

49/19.3 The Interim Chief Executive advised that PHA has received approval from the Permanent Secretary to proceed with the recruitment of the Director of Nursing post following Mrs Hinds’ decision to retire in

- September 2019. She added that she has also received sign off from the Chief Medical Officer on the job description for the Director of Public Health role and is proceeding with the recruitment of this post.
- 49/19.4 The Interim Chief Executive informed members that a ground clearing Sponsorship Review Meeting with the Chief Medical Officer and other Department of Health officials had taken place on 12 June and that this meeting covered a range of issues including finance, governance and staffing. With regard to staffing, she said that PHA has produced a plan. Ms Mann-Kler asked what period this plan covered given that the issue of staffing is on PHA's Corporate Risk Register. The Interim Chief Executive said that the Plan is for both the short and long term, and she agreed to bring the Plan to the next PHA Board meeting. She noted that the PHA end-year Accountability Meeting with the Permanent Secretary is due to take place on 4 July.
- 49/19.5 The Interim Chief Executive reminded members that in the latter stages of 2018/19, the Department of Health had agreed that PHA could run a number of time limited public information campaigns targeted at key priority areas. She said that these included a new Anti-microbial resistance campaign developed by Public Health England (end of December to mid-February), a new smoking cessation campaign encouraging smokers to make a quit attempt by availing of the 500+ smoking cessation services available throughout Northern Ireland (11 March to 31 March); a rerun of the FAST campaign (February 2019) and a re-run of the Change your Mind campaign developed in partnership with Inspire (March 2019).
- 49/19.6 The Interim Chief Executive agreed to share with members an overview of the early findings of the post-campaign evaluations, but she confirmed that the campaigns have performed very strongly in relation to reach and awareness.
- 49/19.7 The Interim Chief Executive informed members that the PHA and HSCB have been involved in multi-disciplinary discussions over recent months regarding the planning for the 2019 Open Golf Championship which is being held at Royal Portrush from 14-21 July. She said that over 200,000 visitors are expected and that a leaflet has been produced to help give advice regarding entitlement to services, emergency treatment, the role of pharmacists, how to access GP services, GP Out-of-Hours arrangements and dental services.
- 49/19.8 The Interim Chief Executive told members about a new "Living Well Service" programme which is aimed at offering advice to pharmacy customers on public health issues. She said this was launched on 1 June by PHA, HSCB and Community Pharmacy NI. She explained that there will be targeted campaigns within pharmacies over the coming year focusing on care in the sun (currently underway), obesity prevention, Stay Well This Winter, antimicrobial resistance and mental health awareness. She added that a second element of the initiative will

focus on opportunistic interventions to help reduce risk factors which cause illness in Northern Ireland e.g. high blood pressure, tobacco use, harmful misuse of alcohol, unhealthy diet, sexual health and substance misuse.

49/19.9 Ms Mann-Kler asked if there will be an evaluation to see what impact this new programme has. Mr McClean said that an evaluation will be done three months after the completion of the programme, but he said that PHA is currently carrying out a telephone survey of a random sample of pharmacists to check if they are promoting the initiative.

**50/19 Item 7 – Update from Governance and Audit Committee (PHA/01/06/19)**

50/19.1 Mr Drew advised members that the minutes of the Governance and Audit Committee meeting of 17 April were available for members for noting. He said that he had given members an overview of the meeting of 5 June at the special Board meeting on 11 June when the Annual Report and Accounts were approved. He reiterated that the Committee had met with both internal and external auditors and that the auditors were content. He thanked Mr Cummings and his team for their work in producing the accounts.

50/19.2 The Chair asked if there had been any discussions about EU Exit at the Governance and Audit Committee. Mr Drew said this issue has arisen at recent meetings.

50/19.3 Members noted the update from the Chair of the Governance and Audit Committee.

**51/19 Item 8 – PHA Draft Budget 2019/20 (PHA/02/06/19)**

51/19.1 Mr Cummings presented the draft budget for PHA for 2019/20. He said that he was unable to present the budget before the financial year commenced as he did not have the allocation letter from the Department of Health. He pointed out that the budget would normally be accompanied by the Investment Plan, but that the Investment Plan has not yet been agreed because the PHA cannot finalise it until it receives a response from the Department on its savings proposals.

51/19.2 In summary, Mr Cummings said that PHA has an overall budget of £108m. In terms of how this is allocated, he began with an overview of Trust expenditure before moving onto programme expenditure, R&D capital expenditure and management and administration. He said that he had no concerns regarding how PHA will spend its funding, but he said that depending on the outcome of PHA's savings proposals, some decisions may have to be made regarding the Investment Plan.

51/19.3 Professor Rooney noted that the Belfast Trust receives almost 40% of PHA's Trust allocation. Mr Cummings advised that the Belfast Trust

treats patients from outside its own Trust area. He noted that the issue of fair shares across all Trust populations is important and it may be timely to consider this further to ensure that there is no undue weighting towards Derry/Londonderry and Belfast. Mr McClean added that there is no perfect formula and he agreed that PHA does need to reflect on whether it is content with the levels of funding it is spending outside of Belfast and Derry/Londonderry.

- 51/19.4 Alderman Porter suggested that the Belfast and Western Trust areas may receive the highest levels of funding as these are the areas where most community and voluntary sector organisations operate. He suggested that if the funding was skewed in favour of the other three Trusts, then the Belfast and Western Trusts would raise their concerns. Mr Cummings highlighted the example of the organisation which members had an opportunity to visit earlier that day, and how it raised its number of centres from 3 to 8, and these are not all in Belfast.
- 51/19.5 Professor Rooney suggested that PHA needs to look at how effectively it is utilising its funding in areas such as health improvement and health protection.
- 51/19.6 Members **APPROVED** the PHA budget for 2019/20.

**52/19 Item 9 – Corporate Risk Register (PHA/03/06/19)**

- 52/19.1 Mr McClean advised that the Corporate Risk Register for the period up to 31 March 2019 had been presented to the Governance and Audit Committee at its meeting on 5 June 2019. He said that the one new risk had been added since the previous review and this relates to emergency planning and the need to have an adequate mechanism in place to financially compensate staff who may have to work outside normal hours. However, he advised that HR is currently looking at a policy.
- 52/19.2 Mr McClean advised that two risks have been removed from the Corporate Risk Register, those relating to campaigns and Lifeline. He advised members that the Department had reinstated PHA's campaign budget for 2019/20.
- 52/19.3 Professor Rooney focused on the risk relating to staffing, and asked if this was wider than focusing on public health consultants. The Interim Chief Executive said that it covered staffing in general. Professor Rooney asked if PHA was at a tipping point. The Interim Chief Executive said that every day PHA can hire staff, but there are also staff leaving and she noted that there is a higher number of staff in higher age brackets. She said that PHA needs to ensure that it has the right people carrying out the right roles. Professor Rooney asked about PHA's turnover. Mr McClean said that this is approximately 15%.
- 52/19.4 The Chair noted the disparity in wages between Northern Ireland and other parts of the UK, particularly in senior roles. The Interim Chief

- Executive said that in Northern Ireland there is a need to train staff, but also to retain them.
- 52/19.5 Ms Mann-Kler asked about PHA's workforce planning. The Interim Chief Executive said that PHA needs to be able to attract new staff, and provide good HR support. She said that at a recent TIG meeting, there was a presentation about how to attract new GPs with an option being to offer them a mix of experience of, for example, three days a week in general practice and two days carrying out a particular specialty.
- 52/19.6 Mr Drew confirmed that a recent survey had shown that as many as 60% of potential applicants will abandon an online recruitment process within 5 minutes if it is perceived as being unwieldy and cumbersome. PHA should be mindful of this when running recruitment campaigns through BSO. Professor Rooney said there are two issues, firstly identifying needs and having the right staff, and secondly, supporting and retaining those staff.
- 52/19.7 The Chair asked when the output of the last HSC staff survey will be available. Mr McClean anticipated that the overall results of this survey should be available in September. He said that one of the findings of the last survey is that staff who have a degree of autonomy in their roles are more content. The Interim Chief Executive said that she would be keen to speak to Professor Rooney about the concept of the "psychological contract".
- 52/19.8 Ms Woods said that for young people today, there is a thought that they will have to work until they are 70 before they can retire so they may consider a career change.
- 52/19.9 Ms Mann-Kler asked about staff engagement and if PHA has a staff wellbeing strategy. The Interim Chief Executive said that there are many things PHA does in terms of staff engagement. She said that staff appreciate you sitting down with them and asking them about what they are working on, and what is infuriating them. Ms Webb said that she felt that there is good collaborative working at the moment, but that there is frustration around the increased demands being placed on PHA by the Department of Health and the bureaucracy around Transformation funding. Alderman Porter said that staff like to be appreciated and thanked. Mr McClean said that Directors and Assistant Directors would acknowledge the work of their staff, and that there is a staff newsletter which highlights the good work of staff and acknowledges their contribution.
- 52/19.10 Members **APPROVED** the Corporate Risk Register.

**53/19 Item 10 – Breast Screening Programme Annual Report (PHA/04/06/19)**

*Dr Damien Bennett joined the meeting for this item.*

- 53/19.1 Dr Bennett thanked members for the opportunity to present the Breast Screening Annual Report for 2016/17. He explained that PHA has a role in quality assuring the Breast Screening Programme and that the programme offers services to women aged between 50 and 70 on a 3-yearly basis. He said that the aim is to detect invasive breast cancers.
- 53/19.2 Dr Bennett said that the uptake for the programme in 2016/17 was 77% which compares favourably with the rate in England (71%). He advised that 5.7 per 1,000 women screened for the first time had an invasive cancer detected which fell to 5.1 per 1,000 women who were attending subsequent screening. Furthermore, he said 2.9 per 1,000 women under the age of 53 who were being screened for the first time had a small invasive cancer detected.
- 53/19.3 Dr Bennett said that 98.2% of women received an appointment for screening within 36 months of their previous screening, and that 98.8% of women received their results within 2 weeks.
- 53/19.4 The Chair asked why women under the age of 50 are not screened. Dr Bennett explained that while screening has benefits, it can also cause harm and there is a balance to be struck between screening people unnecessarily and considering that some cancers that are detected may not be invasive. He said that there is a trial ongoing in England where the age range has been widened to 47-73.
- 53/19.5 Professor Rooney asked about the consultation on the reconfiguration of breast screening services. Dr Bennett explains that relates to the breast assessment service, which receives approximately one-third of its clients from screening and the other two-thirds from GP referrals.
- 53/19.6 Ms Mann-Kler asked why it had taken so long to produce this report. Dr Bennett advised that he had only recently taken on a role within this particular programme, but he explained that the staff on the programme had been involved in dealing with the incident which had occurred in England. He anticipated that the report for 2017/18 would be finalised shortly. Ms Mann-Kler asked if PHA will look at the learning from the incident in England. Dr Bennett said that PHA is keeping an eye on the review in England.
- 53/19.7 Ms Mann-Kler asked about the 23% of women who do not attend for screening, and if PHA knows the profile of these women. Dr Bennett said that the biggest factor is that these women live in areas of deprivation. He added that there are also language issues, but he said that PHA is working with GP practices to talk to particular groups. Ms Mann-Kler suggested there should be a campaign. Mr McClean

explained that PHA's approach has been to target those areas and using people with local influence and knowledge to help improve uptake rates. The Chair put forward the view that there may be benefit particularly in deprived areas In asking the GP to sign the letter, since these individuals may have a heavy reliance on the GP at the medical centre. Alderman Porter disagreed with the Chair on the possibility of success of this approach.

53/19.8 Alderman Porter asked whether the information leaflets that are distributed by PHA explain false negatives. Dr Bennett said that the information being issued is more balanced and outlines the risks involved in screening.

53/19.9 Mr Drew thanked Dr Bennett for the report and asked whether the upward trend, in terms of attendance, is continuing. Dr Bennett said that PHA would receive quarterly statistics and that the uptake remains at around 75/76%. Mr Drew said that is important to acknowledge the work of the support staff.

53/19.10 Professor Rooney asked about more posters etc. being available giving advice. Dr Bennett said that there is information on "Be Cancer Aware" and that women should contact their GP if they have any concerns.

53/19.11 Ms Mann-Kler noted the high uptake in the Northern Trust area and asked if there was a reason for this. Dr Bennett advised that the Health Intelligence unit had carried out an analysis of uptake in different areas across the Trust, and while all Trusts are working hard to increase the uptake, it depends on the makeup of the population.

53/19.12 Ms Mann-Kler asked if men can get breast cancer. Dr Bennett confirmed that this was the case.

53/19.13 Members **APPROVED** the Breast Screening Programme Annual Report for 2016/17.

**54/19 Item 11 – MOU between the Department of Health, PHA and SBNI (PHA/05/06/19)**

*Miss Rosemary Taylor joined the meeting for Items 11, 12 and 14.*

54/19.1 Miss Taylor advised that when the Safeguarding Board for Northern Ireland (SBNI) was first established in 2011 it was agreed that PHA would act as a corporate host, but that PHA would not be responsible for the organisation's performance against its statutory functions. She said that an MOU was drafted in 2011, but there was a need for it to be revised, and that there has been extensive engagement between PHA, SBNI and the Department to develop this amended MOU.

54/19.2 Miss Taylor said that the amended MOU set out the arrangements whereby the central support team in SBNI would be PHA staff, the most



senior of whom will report directly to a nominated PHA member of staff, currently the Director of Nursing. Furthermore, she said that PHA will be responsible for information governance matters including FOI requests. She noted that the MOU will need to be kept under review given the proposed restructuring changes impacting HSCB and PHA.

54/19.3 Miss Taylor explained that following approval, the MOU will be signed by the PHA Interim Chief Executive and will then be forwarded to the Department for signing with the final signed copy incorporated into the Management Statement and Financial Memorandum between PHA and DoH.

54/19.4 Mr Drew said that the MOU is very helpful and provides the necessary reassurances. Ms Mann-Kler queried how a whistleblowing incident would be reported. Miss Taylor said that it would depend on whether it related to a staff member or to SBNI functions as to whether it would be a matter for PHA or for the Department. She reiterated that SBNI staff are PHA staff and are bound by PHA policies.

54/19.5 Members **APPROVED** the MOU between the Department of Health, PHA and SBNI.

**55/19 Item 12 – PHA Rural Needs Act Annual Report 2018/19 (PHA/06/06/19)**

55/19.1 Miss Taylor explained that the Rural Needs Act 2016 came into operation for public bodies, including the PHA from 1 June 2018 and that under the Act, PHA is required to submit an annual return for DAERA. She said that this first return confirms that PHA has a policy in place and is raising awareness of the need for rural screenings to be carried out, but there remains further work to be done.

55/19.2 Ms Mann-Kler asked if policies are rural screened to ensure they do not have a negative impact or to see if they have a positive impact. Miss Taylor said that it would depend on the individual policy, but it is to ensure that the PHA is considering the needs of the rural population when developing policies.

55/19.3 Members **APPROVED** the Rural Needs Act Annual Report.

**56/19 Item 13 – Personal and Public Involvement Update (PHA/07/06/19)**

*Ms Michelle Tennyson and Miss Roisin Kelly joined the meeting for this item*

56/19.1 Ms Tennyson gave members an overview of recent achievements within PHA's Personal and Public Involvement work. She said that PHA has been enhancing its involvement and co-production approach across a number of pilots in HSC Trusts and one within the Prison Service. She went on to say that PHA is providing a lot of specialised PPI work, and

gave the example of PHA's involvement in the follow up to the Hyponatraemia Review. She said that there is an increasing appetite for PPI with people wanting to be involved, but they remain anxious about the level of support at a strategic level.

56/19.2 Ms Tennyson advised that 100 people have undertaken bespoke involvement training. She added that there is also a bursary scheme to enhance capacity in PPI.

56/19.3 Ms Tennyson informed members that the PPI Leadership Development Programme has 20 participants signed up on this, its first official year. She said that the programme has been co-produced with key partners and covers areas such as improving partnerships, improving communication, developing leadership capacity and improving leadership skills. She said that the Permanent Secretary and the Chief Nursing Officer had attended the final session. She noted that the evaluations of the programme were positive with participants feeling more confident in providing challenge and making others aware of their responsibilities. She added that planning is under way for the next cohort.

56/19.4 The Chair said that he would like to PPI included on job descriptions, objectives and staff appraisals. He said that he is aware that this is already happening in the Southern Trust.

56/19.5 Ms Mann-Kler complimented the breadth of work being undertaken, and paid tribute to the staff who have been involved.

56/19.6 Professor Rooney asked about PHA having service users and carers as partners. Ms Kelly said that PHA has begun to develop a service user and carer forum to support PHA and is looking at how it will fit within PHA's governance structure. She said that there are regional forums, but PHA needs to build on its own accountability mechanisms.

56/19.7 Members noted the Personal and Public Involvement update.

#### **57/19 Item 14 – Corporate Monitoring Report (PHA/08/06/19)**

57/19.1 Miss Taylor advised that the end year corporate monitoring report showed that, of the 75 objectives set in the 2018/19 Business Plan, 1 was rated "red" at year end, 12 were rated "amber" and the remaining 62 were rated "green".

57/19.2 Miss Taylor said that the second report shows a snapshot of progress against a number of high level key indicators in the 2017-2021 Corporate Plan through the use of infographics, and then some further detailed narrative.

57/19.3 Professor Rooney noted that the infant mortality rate in Northern Ireland is much higher than anywhere else in the UK. Ms Webb said that the

situation is complicated by the abortion laws here, but it was agreed that this would be verified by further drilling into the data.

57/19.4 Ms Mann-Kler said that the infographics are helpful. She asked whether any of the corporate objectives which are rated “red” or “amber” in terms of progress would go onto the Corporate Risk Register. Miss Taylor noted that many of the indicators are long term and that the data can inform what PHA should be doing. She added that if a corporate target is not achieved, it may be due to factors outside the control of PHA.

57/19.5 Members noted the Corporate Monitoring Report.

**58/19 Item 15 – Any Other Business**

58/19.1 There was no other business.

**59/19 Item 16 – Details of Next Meeting**

*Thursday 15 August 2019 at 1:30pm*

*Board Room, Tower Hill, Armagh, BT61 9DR*

Signed by Chair:



Date: 15 August 2019