

**Minutes of the Second Meeting of the Public Health Agency
held at 10.15am on Thursday, 23 April 2009 in the Public
Health Agency, Ormeau Avenue Unit, 18 Ormeau Avenue,
Belfast, BT2 8HS**

PRESENT:

Ms M McMahon	-	Chair
Mrs J Erskine	-	Non-Executive Director
Dr C Harper	-	Director of Public Health/ Medical Director
Ms M Hinds	-	Director of Nursing & Allied Health Professionals
Ms M Karp	-	Non-Executive Director
Mr T Mahaffy	-	Non-Executive Director
Mr E McClean	-	Director of Operations
Mr C Mullaghan	-	Non-Executive Director (joined at 10.25am)
Mr S Nicholl	-	Non-Executive Director
Mr R Orr	-	Non-Executive Director
Dr E Rooney	-	Chief Executive

IN ATTENDANCE:

Mr S Brown		Head of Development and Corporate Services, Patient and Client Council
Mrs P Crossan		
Ms F McAndrew	-	Director of Social Care and Children, HSC Board

06/09 **Chair's Business**

(i) **Welcome**

The Chair welcomed the Non Executive Members to their first Public Health Agency board Meeting – Mrs Julie Erskine, Ms Miriam Karp, Mr Thomas Mahaffy, Mr Cathal Mullaghan, Mr Stephen Nicholl and Mr Ronnie Orr. The Chair reported that she anticipated that the outstanding Non Executive appointment would be confirmed early next week.

The Chair reminded Members that representatives from the HSC Board and Patient and Client Council would attend Public Health Agency board Meetings and welcomed Mrs Fionnuala McAndrew, Director of Social Care and Children, HSC Board to the meeting. The Chair explained that the Patient and Client Council would discuss attendance at the board meetings of the various HSC organisations with its new Members over coming weeks and would advise of its representative at Public Health Agency meetings thereafter. The Chair welcomed Mr Sean Brown, Head of Development and Corporate Services, who was representing the Patient and Client Council at today's meeting. The Chair informed Members that Dr Harper and Ms Hinds will attend HSC Board Meetings.

The Chair felt it would be important to hold regular meetings with the Patient and Client Council and invited suggestions as to how this could be facilitated.

Mr McClean, Director of Operations, noted that joint meetings would provide both bodies with an opportunity to share perspectives on issues and suggested that these should be held on a bi-annual basis. Members noted that arrangements will be undertaken to facilitate the meetings in due course.

(ii) Induction of PHA board Members

The Chair informed Members that DHSSPS had organised a generic induction programme for Non Executive Members of HSC organisations which will be held on 22 May 2009. The Chair stated that the Public Health Agency would also organise an internal induction for Non Executive Members.

Mr McClean explained that the induction would cover controls assurance standards and financial governance as well as major incidence planning.

Dr Harper, Director of Public Health/Medical Director, felt it was important for Members to have an understanding of the Agency's lead role in managing major incidents. Dr Harper stated that, whilst this will be led from a Public Health perspective, social care colleagues will be involved in order to ensure a co-ordinated response across health and social care with appropriate community involvement.

The Chair invited Members to identify other issues for inclusion in the induction programme which will be taken forward over the next six months.

Members were informed that a Commissioner Development Programme for Health and Social Care is being planned for Members and Senior Staff, which will be held over a 12-18 month period. Members noted that the draft programme would be circulated to them for comment.

07/09 Chief Executive's Business

(i) Organisation of two PHA board Committees

Dr Rooney, Chief Executive, informed Members that it was vital to have the governance structure established for the PHA as soon as possible.

Dr Rooney reported that DHSSPS had set out guidance for the new HSC organisations in respect of their role in preparing the final accounts and annual reports for the legacy organisation. Members noted that PHA was responsible for the Final Accounts of the former Health Promotion Agency for Northern Ireland. In light of this, Dr Rooney stated a Governance and Audit Committee should be established as quickly as possible. Dr Rooney stated that it would also be important to establish a Remuneration and Terms of Service Committee. Dr Rooney stated that the Standing Orders, copies of which were available for Members today, provided information on both Committees and noted that four Non Executive Members were required for the Governance and Audit Committee and two Non Executive Members for the Remuneration and Terms of Service Committee. Dr Rooney invited, through the Chair, nominations to these Committees and requested that names are submitted by Wednesday 29th April 2009.

Mrs Erskine, Mr Mullaghan and Mr Nicholl stated that they would be willing to serve on the Governance and Audit Committee. Mrs Erskine informed colleagues that she would attend a half-day seminar, organised by the Chief Executives Forum on 21 May, "Good Governance and the role of Audit Committees" and suggested that Officers could check if there were any further places available.

Dr Rooney informed Members that work was currently underway to develop an interim Risk Register, which is integral to the business planning process, and it was anticipated that this will be brought to the next board Meeting on 21st May 2009.

08/09 **Minutes of Previous Meeting held on 1 April 2009**

After consideration, Members AGREED the minutes of the previous meeting held on 1 April 2009 as an accurate record.

The minutes were proposed by Dr Harper, seconded by Ms Hines and duly signed by the Chair.

09/09 **Minutes of Legacy Organizations**

Dr Rooney explained that the Minutes of the Legacy organisations, which provide an indication of detailed business at the year-end, had been submitted for noting.

Dr Rooney referred to the Minutes of the Legacy Boards particularly on the Health and Wellbeing Investment Plan, which will form a large part of the business planning process for Year 1 and invited Members to identify particular issues for further discussion during that process.

Dr Rooney stated that the work of the former HPANI is particularly relevant to the PHA since it is required to formally sign off the Accounts of that organisation. Members noted that hard copies of the KPMG "Year End Report against Audit Plan for 2008/09" had been tabled for information.

(i) **Minutes of the Health Promotion Agency for Northern Ireland Meeting held on 26 March 2009**

Members formally noted the contents of the Minutes of the meeting of the Health Promotion Agency for Northern Ireland which was held on 26 March 2009.

(ii) **Minutes of the Eastern Health and Social Services Board Meeting held on 12 March 2009**

Members formally noted the contents of the minutes of the Eastern Health & Social Services Board Meeting which was held on 12 March 2009.

(iii) **Minutes of the Northern Health and Social Services Board Meeting held on 26 March 2009**

Members formally noted the contents of the Minutes of the Northern Health and Social Services Board Meeting which was held on 26 March 2009.

(iv) **Minutes of the Western Health and Social Services Board Meeting held on 26 March 2009**

Members formally noted the contents of the minutes of the Western Health and Social Services Board Meeting which was held on 26 March 2009.

(v) **Minutes of the Southern Health and Social Services Board Meeting held on 24 March 2009**

Members formally noted the contents of the Minutes of the Southern Health and Social Services Board Meeting which was held on 26 March 2009.

10/09 **Register of Interests**

Dr Rooney informed Members that, under the Code of Conduct and Code of Accountability, all board Members are required to declare interests which are relevant and material to the Agency. Dr Rooney stated that the Chair and Executive Directors had submitted their respective details and noted that letters will be issued to Non Executive Directors following today's meeting in this regard. Members noted the intention to submit the Register to the next meeting on 21 May 2009.

11/09 **Draft Schedule of PHA Board Meeting 2009/10. (Paper No: PHA/09/09)**

Members received, for approval, Paper No: PHA/09/09 "Draft Schedule of PHA Board Meetings 2009/10."

After consideration, Members AGREED to approve the following schedule of Board Meetings for the period April 2009 – March 2010. There will be no Board Meeting in July 2009. Members noted that a confidential session will be held at 9.45 am on each of the following dates:

<u>Date & Time</u>	<u>Suggested Venue</u>
10.15 am 21 May	PHA, Ormeau Avenue Unit, Belfast
10.15 am 18 June	PHA, Ormeau Avenue Unit, Belfast
10.15 am 20 August	Gransha Park, Derry
10.15 am 17 September	PHA, Ormeau Avenue Unit, Belfast
10.15 am 15 October	The Clinton Centre, Enniskillen
10.15 am 19 November	Belfast City Hall
10.15 am 17 December	County Hall, Ballymena
10.15 am 21 January 2010	PHA Ormeau Avenue Unit, Belfast
10.15 am 18 February	Craigavon Civil Centre
10.15 am 18 March	PHA, Ormeau Avenue Unit, Belfast

Dr Rooney informed Members that the need for a confidential session would be governed by Standing Orders. Members noted that confidential meetings would be reported by the Chair to the subsequent public meeting.

Dr Rooney stated that it was important to reflect the regional responsibility of the PHA by holding meetings throughout the Province.

The Chair stated that it was the intention to include presentations on projects and activities in particular localities at future meetings since this would facilitate meaningful engagement with the public.

Members noted that board Meetings are advertised in the press, internet and intranet with notices placed in the particular venue in advance of the meeting. Members further noted that the advertisement will also refer to requests for Speaking Rights on substantive agenda items.

The Chair invited further suggestions from Members on how to encourage interaction with the public at board Meetings.

In response to Mr Orr, Mr McClean undertook to consider arrangements to facilitate the attendance of Members at venues outside Belfast.

12/09 **Public Health Agency Financial Report. (Paper No: PHA/11/09)**

Members received, for noting, Paper No: PHA/11/09
“Public Health Agency Financial Report April 2009.”

In presenting Paper No: PHA/11/09, Mr McClean, Director of Operations stated that a process was underway to determine the budgets for the new HSC Organisations. Mr McClean explained that, for the PHA, the budget will comprise of three elements: Salaries and Wages, Goods and Services and: Programme Funding. Mr McClean informed Members that whilst it would be some time before resources could be bottomed out, some ballpark figures had started to emerge and reported that an initial staffing budget of £12.5m had been identified. Mr McClean stated that he wished to reassure Members that work was progressing.

Mr McClean referred to Financial Reports and stated that this was currently being addressed. Mr McClean informed Members that the particular design of the new HSC organisations was such that the PHA would receive its financial services from two sources: the Health and Social Care Board (HSCB) will provide support for PHA budgets and; Business Services Organisation (BSO) will provide General Ledger and Payroll functions. Mr McClean reported that Officers were currently engaged with both organisations about the practical outworkings of these services. Mr McClean stated that an earlier paper by the DHSSPS Modernisation and Improvement Project Board on the shape, functions, role and design of the new bodies, indicated that a number of finance staff from the HSCB and BSO would be embedded within the PHA. Mr McClean further stated that sound financial arrangements, including timely and proper advice, would be pivotal to ensuring good governance within the organisation.

The Chair felt that it was very unsatisfactory that the budget for the first year of operations of the PHA was still not known.

Mr Mullaghan, Non Executive Director, queried the timescale for the recharge mechanism between the PHA and HSC Board.

Mr McClean stated that, as the current emphasis is on the establishment of a baseline for the core budget as well as the fact that it will take some time to obtain details on all areas to be recharged, it was likely that the mechanism would be engaged from September 2009. Mr McClean pointed out that as the PHA was already incurring expenditure, it was vital to ensure that this was correctly attributed and reported that an exercise will be undertaken later in the year, which will also guarantee that the PHA Final Accounts are correct in this regard.

Mrs Erskine, Non Executive Director, stated that it would be important to ensure there are clear policies and procedures with the BSO in respect services provided to the PHA.

Mr McClean informed Members that an early meeting had been held with BSO Officers which had been constructive and stated that a Service Level Agreement with BSO will be drawn up to cover the totality of services and codify the requirements of the PHA.

Dr Rooney noted the inter-dependency between the HSC organisations and agreed that it would be important to ensure clarity throughout all process in order to ensure that PHA was in control of its resources and had the capacity to deliver on its core business.

After consideration, Members formally noted the contents of Paper No: PHA/11/09.

13/09 Corporate Business Planning (Paper No: PHA/12/09)

Members received, for approval, Paper No: PHA/12/09 which had been tabled at the meeting.

In presenting Paper No: PHA/12/09, Dr Rooney stated that it had not been possible, under the present arrangements, to prepare a Corporate Business Plan for the Public Health Agency. Dr Rooney felt that, even with the exceptional set of circumstances and absence of a budget allocation, it was, nonetheless, a priority for PHA to develop a strong Business Plan.

Dr Rooney stated that the Plan should include those elements which the PHA had inherited from legacy bodies, including contractual and policy commitments, many of which are embedded in Health and Wellbeing Investment Plans, and to match to the financial information which is expected shortly. Dr Rooney further stated that the Plan should also reflect the core purpose of the PHA and shape the new issues, develop the parameters and framework within which it operates.

Dr Rooney stated that he proposed to begin work on the Plan over the next fortnight and submit an initial draft Plan for consideration to the next board Meeting on 21 May but a starting point for serious discussion. Dr Rooney stated that Directors and staff would be engaged to identify the initial content for inclusion in the 2009/10 Plan.

After consideration, Members AGREED that initial work be undertaken by Officers during the first half of May 2009 to develop the content of a draft Business Plan for 2009/10. Members noted that a Business Plan for 2009/10 would be submitted for consideration at the next board Meeting on 21 May 2009.

Dr. Rooney undertook to circulate the draft outline Plan to Non Executives in advance of the meeting. Members noted that following the May board Meeting the Plan would be adapted to meet the needs of DHSPS prior to formal submission for approval by the board.

Dr Harper stated that a number of health-related priorities had already been identified for the draft Business Plan: (i) to reduce Healthcare Acquired Infections such as MRSA and C.Difficile; develop preparatory plans in respect of a future pandemic flu and; re-organise the delivery of Health Protection, a function which transferred under the Review of Public Administration from the Health Protection Agency in England to the PHA, and which is currently delivered in up to six individual patches throughout Northern Ireland. Dr Harper stated that the total resource would be reconfigured as a regional service, with specialist information surveillance staff taking the lead responsibility in areas such as respiratory diseases in order to ensure it is responsive both in and out-of-hours.

Dr Harper noted that whilst DHSSPS had set a number of targets for Health Improvement, the PHA would also progress a number of priority areas. Dr Harper stated that the first area *Health Inequalities* required engagement with local communities on challenging issues – smoking, obesity, alcohol and drug use amongst young people as well as Mental Health factors which determine these and how people respond. Dr Harper pointed out that it would be important to work with the Local Commissioning Groups as well as local government, with a strengthened joint working in taking the whole agenda forward.

Dr Harper referred to *Screening Programmes* and informed Members that a number of new or extensions to the existing programme would be undertaken during the 2009/10 year. Dr Harper explained that as both primary and secondary care are involved in providing the service, it was vital to ensure that it integrated and responsive, with the capacity to deal with patients presenting, especially those with bowel cancer.

Dr Harper stated that *Engagement with the HSC Board* and its Commissioning Teams at a local level, was another priority since the PHA and HSC Board would develop a joint Commissioning Plan for 2010/11.

Dr Harper concluded by stating that the *Research and Development* function had also transferred to the PHA which provided an opportunity to integrate its staff with the teams addressing health improvement, health protection and screening.

Ms Karp, Non Executive Director, felt it would be beneficial to have information on the component parts of the PHA, particularly about former functions and responsibilities.

Mr Mullaghan queried whether Health Action Zones had also transferred to the PHA.

Members were informed that Investing for Health, Health Action Zones, the Health Promotion Agency for Northern Ireland as well as Health Promotion Commissioners in the legacy Boards had transferred to PHA and integrated into one Health Improvement Team. The PHA also had the total Research and Development resources. Members noted that consideration will be given as to how to make best use of the totality of services, including Health Improvement resources in the community and voluntary sector, across the region, which is especially pertinent given the key objective of achieving the required savings.

Mr Nicholl referred to Trust Health Improvement Teams and noted that whilst there is an integrated service across a number of agencies, felt it would be important to engage in joint working.

Dr Harper stated that engagement focused on outcomes and how the various bodies are working together to achieve these.

Mr Mahaffy, Non Executive Director, queried whether there had been any global evaluation of past structures to assess their effectiveness in delivering on expectations, since this could be built upon by the PHA.

The Chair stated that the engagement will be on actual outcomes. The Chair noted the need for a reduction in teenage pregnancy rates, which are higher in Northern Ireland than elsewhere in the UK and Europe, and also in

the levels of Mental Illness which is higher than in other parts of the UK.

Members noted that whilst local programmes had an impact, the scale was not sufficient enough to change rates at a regional level. It is therefore important, in the first instance, to have an understanding of what is required with appropriate programmes put in place and the extent of a shift in outcomes could then be ascertained in subsequent years. Members further noted that the current information systems were limited and required further investment.

Dr Rooney noted that the Investing for Health Review would provide an opportunity to reflect on what has happened over the past few years. Dr Rooney accepted that the balance of intervention could only be as good as the analysis of the root cause and stated that there is a need to push the boundaries when programmes are implemented in order to ensure that they will make a difference. Dr Rooney stated that the PHA will have a major task in addressing this issue which is exacerbated by the fact that there is no organisational structure in place to help shape the design of the organisation in order that it can deliver on outcomes.

Mrs McAndrew, Director of Social Care and Children's Services HSC Board, reported that work was already underway, on a multi-agency basis, to integrate the work of the PHA and HSC Board, whilst noting their respective responsibilities, and stated that there is a need to work closely in order to ensure that these arrangements are feasible.

Dr Rooney stated that there were two dimensions to the exercise - integration across the health sector and with external organisations – and there is an expectation, and challenge, within the PHA to provide that integration.

Mr Orr stated that he found Dr Harper's comments to be very encouraging about the interface with other bodies and re-engagement with local government about capacity for community planning.

Ms Karp stated that she would be keen to learn how the organisation will bring the various components together especially steps to motivate the staff within the PHA. Ms Karp felt that, alongside the business and efficiency agenda, it was important to ensure that staff feel valued and respected and requested an update at future board Meetings.

Dr Rooney informed Members that prior to 1 April 2009, much time had been invested in bringing together the staff who had been mapped into the PHA from the various legacy bodies and stated that he was determined to ensure that engagement with staff would continue.

In response to Mr Mullaghan, Mr McClean stated that a number of Officers would be attending the "Determinant of Health Inequalities" event during May.

Dr Rooney stated that early discussions had taken place about organising a Public Health event in the autumn involving key individuals in Health Inequalities and the wider Health Sector and further stated that Members will be provided with details in due course.

Mr Mullaghan noted that Education and Library Boards had made a major contribution to health, especially in early years, and queried whether PHA had established any links with the new body Education Skills Authority.

Dr Rooney stated that was currently arranging a meeting with Mr Boyd, Chief Executive of the Authority.

14/09 Health Protection Issues

Dr Harper apprised Members about a recent incident which involved the issue of a Boiled Water notice to 220,000 homes.

Dr Harper explained that the Water Service routinely tested water on a daily basis and, in some cases, twice a day, and if any result proves positive, it contacts the Director of Public Health for advice. Dr Harper reported that she had

been contacted in early evening on Easter Monday about a result from the routine testing and she had advised them to issue a boiled water notice which was in place for 24 hours. Dr Harper stated that as the subsequent test had proved negative, the notice was lifted.

Dr Harper stated that a number of lessons had been learned about the handling of this incident. Dr Harper reported that whilst the PHA arrangements had worked well in terms of initial contact and speed of response to the Water Service, there had been a delay in informing the public. Dr Harper pointed out that because of the timing, over Easter, the Water Service had to reply through the media as opposed to a mail drop to the individual homes.

Dr Harper stated that a number of issues are now being addressed. The Water Service will now: use two different laboratories to test water samples; consider the process for immediate issue of Notices to the public and is seeking the advice of the DHSSPS Water Liaison Group, which is comprised of representatives of the key parties, in this regard and ; consider alternatives for mail drops, which is currently carried out by Royal Mail which has a deadline for its one delivery each day. Dr Harper stated she was confident that these changes would significantly reduce the event of any such incident in the future and concluded by informing Members that Dr Rooney, Mr McClean and she had arranged a meeting with the Chief Executive of the Water Service to discuss these issues.

In response to Mr Mullaghan, Dr Harper stated that if the tests had proved positive, an organism in the water could have caused a GI upset amongst the occupants of the 220-250,000 affected.

Mr Nicholl expressed concern at the delay by the Water Service in issuing the Boiled Water notice to the public.

Dr Rooney felt that the incident highlighted sharp end of public health and informed Members that staff had been involved with incidents over the past three weekends. Dr Rooney concluded by stating that it would therefore be

important to ensure that this is fully resourced in future business plans.

15/09 **Any Other Business**

(i) **Physical Activity Public Information Campaign.**
(Paper No: PHA/10/09)

Members received, for noting, Paper No: PHA/10/09
"Physical Activity Public Information Campaign."

In presenting Paper No: PHA/10/09, Dr Harper, Director of Public Health/Medical Director stated that the Physical Activity Public Information campaign would be launched on 8 June 2009. Dr Harper informed Members that the campaign was targeted at maintaining physical activity amongst children through parents and carers of primary school children. Dr Harper explained that some research had indicated that children should have 60 minutes of physical activity each day and noted that the rates amongst older children was much lower and that parents had over-estimated the amount of activity their own child had undertaken.

Dr Harper stated that the campaign would be conducted through the use of television, radio and website, with resources – an activity log book - provided to schools. Dr Harper reported that the campaign had been tested with 4 focus groups of parents who agreed on the concept "It all adds up" as they felt that dividing the 60 minutes in shorter bouts throughout the day would be more achievable.

In response to Mrs Erskine, Dr Harper stated that Members will be kept informed of future campaigns.

In response to Mr Nicholl, Dr Harper outlined how researchers evaluated TV campaigns and stated that this campaign would have to be carefully scrutinised in order to ascertain whether children have become more active.

Mrs McAndrew stated that it would be important for the campaign to link into other work, such as Sure Start Schemes which are aimed at improving the lives of children and making them more active. Ms McAndrew pointed out that some families may find it difficult, especially in deprived areas where there is a lack of play areas, to sustain physical activity amongst their children. Ms McAndrew suggested that consideration should be given to linking in to the various schemes and bodies in future campaigns. Dr Harper agreed with Ms McAndrew's point about connecting with other bodies in order to improve circumstances, particularly in disadvantaged areas.

Mr Mullaghan referred to the Physical Activity log book and queried how it would be maintained.

Dr Harper stated that the log book would be distributed through the primary school for use by children and parents.

The Chair noted that a driving campaign had been ongoing for quite some time, and pointed out that as the Physical Activity campaign would only last four weeks, she felt it would take time in order for behaviours to change.

Dr Rooney, noted that Health Action Zone and Investing for Health teams are now within the PHA and felt that this would provide an opportunity to focus on what is happening in location communities since this will provide information on how best to direct resources towards particular areas in order to achieve a better outcome. Dr Rooney concluded by stating that, whilst this would be challenging, it would be an important part of the business planning process.

After consideration, Members formally noted the content of Paper No: PHA/10/09.

Date & Time of Next Meeting: The Third Meeting of the Public Health Agency Board will be held at 10.15 am on Thursday, 21 May 2009 in Public Health Agency, Ormeau Avenue Unit, 18 Ormeau Avenue, Belfast BT2 8HS.

Signed:  (Chair)

Date: 21/05/09