

MINUTES

**Minutes of the 89th Meeting of the Public Health Agency board
held on Thursday 17th November 2016 at 1:30pm,
Conference Rooms 3 and 4, 12/22 Linenhall Street
Belfast, BT2 8BS**

PRESENT:

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| Mr Andrew Dougal | - Chair |
| Mrs Valerie Watts | - Interim Chief Executive |
| Mrs Mary Hinds | - Director of Nursing and Allied Health Professionals |
| Dr Carolyn Harper | - Director of Public Health/Medical Director |
| Mr Edmond McClean | - Director of Operations |
| Councillor William Ashe | - Non-Executive Director |
| Mr Brian Coulter | - Non-Executive Director |
| Mr Leslie Drew | - Non-Executive Director |
| Mrs Julie Erskine | - Non-Executive Director |
| Mr Thomas Mahaffy | - Non-Executive Director |
| Ms Deepa Mann-Kler | - Non-Executive Director |

IN ATTENDANCE:

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

APOLOGIES:

- | | |
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| Alderman Paul Porter | - Non-Executive Director |
| Mrs Fionnuala McAndrew | - Director of Social Care and Children, HSCB |

		Action
113/16	Item 1 – Welcome and Apologies	
113/16.1	The Chair welcomed everyone to the meeting. There were no apologies.	
114/16	Item 2 - Declaration of Interests	
114/16.1	The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.	

115/16 Item 3 – Minutes of previous meeting held on 20 October 2016

115/16.1 The minutes of the previous meeting, held on 20 October 2016, were **approved** as an accurate record of the meeting.

116/16 Item 4 – Matters Arising

Outcomes Based Accountability

116/16.1 Mr Coulter asked if there was any further update on the proposal for members to be trained in Outcomes Based Accountability. The Chair said that Diane Taylor had acknowledged his correspondence and that he had also written to Katrina Godfrey suggesting that a glossary of terms be developed for commonly used terms throughout the public sector. He added that he had also contacted Diane Taylor with regard to the facilitation of a PHA Board workshop on Board effectiveness.

116/16.2 Mr McClean indicated that PHA may be able to organise in-house training. He noted that some staff had already obtained training.

117/16 Item 5 – Chair’s Business

117/16.1 The Chair informed members that he had attended a meeting organised by the Northern Ireland Confederation at which the Minister responded to a series of questions about her “Health and Wellbeing 2026: Delivering Together” Report and the Bengoa Report. He said that at the meeting he had expressed his hope that the various professions would be flexible with regard to proposals to allocate functions to other staff within the HSC.

117/16.2 Mrs Erskine said that there were a number of inaccuracies within the Report, for example it quoted 12,000 social care workers, but that the actual total is almost 30,000.

117/16.3 The Chair advised that he had also attended a meeting with Stephen Dalton, who had outlined a view that the present government in Westminster would not prioritise health issues to the same extent as the previous government.

- 117/16.4 The Chair said that he had been present at an event looking back at the 15 years' work of the Police Service of Northern Ireland. He added that presentations were also made in health and justice for the future.
- 118/16 Item 6 – Chief Executive's Business**
- 118/16.1 The Interim Chief Executive informed members that the Minister had convened a meeting of all HSC Chief Executives with regard to resilience and winter planning. She said that the Minister had requested an update from each Trust on how their resilience plans were being developed.
- 118/16.2 The Interim Chief Executive said that the Unscheduled Care group, jointly chaired by PHA and HSCB, had already developed a robust plan looking at scenarios of a 2, 5 and 10% increase in admissions to emergency departments. She added that there remain some risks, and that all HSC sites would be under pressure if the 10% scenario presented itself.
- 118/16.3 The Interim Chief Executive advised that the Minister wishes to be kept up to date immediately with any developments and wants Chief Executives to appear in front of the media to report on any issues.
- 118/16.4 The Interim Chief Executive said that she had received correspondence from the Permanent Secretary regarding the establishment of a Transformation Implementation Group to take forward the work outlined in the recent ministerial statement. She said that she has been invited to join this Group, along with other HSC Chief Executives, and Alan Stout and Mark Taylor (who were members of the Bengoa Group). She added that a number of sub-groups will also be established and that the first meeting is due to take place on Monday 21 November in Craigavon.
- 118/16.5 The Interim Chief Executive said that she had received correspondence from the Chief Medical Officer regarding the Improvement Institute. She said that Dr Anne Kilgallen will be leading on this work and will be contacting PHA with requests for information.
- 118/16.6 The Interim Chief Executive advised that Dr Jackie Johnston will

be replacing Dr Eddie Rooney on the all-Ireland Congenital Heart Disease Network Board. She said that the Permanent Secretary had written to her in this regard.

- 118/16.7 The Interim Chief Executive informed members that a mid-year budget review meeting had taken place on Tuesday which had provided an important opportunity to look at the implementation of the Investment Plan. She added that overall good progress is being made and there are plans in place to manage the variances.
- 118/16.8 The Interim Chief Executive advised that she had attended a meeting organised by the Institute of Health Equity entitled “Why Good Work Matters” in Dublin Castle. She said that a lot of learning came from the event and that there were sessions facilitated by Sir Michael Marmot and Dame Carol Black.
- 118/16.9 The Chair asked whether there was an information campaign to increase public awareness about only attending emergency departments in emergencies. Dr Harper said that there is a Stay Well campaign and that there will also be a Stay Warm campaign. She added that there have been health service professionals putting out information directing people to go and visit their local pharmacists in the first instance instead of GP surgeries or emergency departments.
- 118/16.10 Mr Drew noted that there are many departmental groups being set up and questioned whether any of them are delivering. The Interim Chief Executive noted the point, and said that with the establishment of the Transformation Implementation Group, some of the other groups are being stood down.
- 118/16.11 Ms Mann-Kler asked the Chair whether the Minister had indicated that this change would be the definitive change. The Chair said that he came away from the event with a sense of positivity. The Interim Chief Executive added that the Minister had also attended an event in L’derry and that she spoke with great energy and conviction. She said that the Minister will hold the Permanent Secretary, and the HSC, to account for the implementation of her vision. Mr Cummings added that in his opinion, the Minister had been given a clear mandate by her party, and will hold the post for the full term of government.

119/16 Item 7 – Finance Performance Report (PHA/01/11/16)

- 119/16.1 Mr Cummings said that the latest Finance Report showed a slight improvement in the surplus. He said that the meeting with all budget holders that the Interim Chief Executive had alluded to, had provided his staff with reassurance that there are no areas of major concern, and that members should see an improvement over the next couple of months.
- 119/16.2 Mr Cummings said that the £44k surplus within management and administration represented a break even position despite the challenging savings target.
- 119/16.3 Mr Cummings said that as this was the half-year report, there is a mid-year balance sheet. He added that a report on capital had also been included.
- 119/16.4 Mr Drew asked about the additional allocations. Mr Cummings explained that any additional allocation are normally non-recurrent, and are earmarked for specific activities.
- 119/16.5 Mr Drew asked for an update on VES. Mr Cummings explained that there are been a low take-up and the low number of suitable applicants. He said that across the Civil Service, the take-up had been low as it is not as attractive as the previous scheme.
- 119/16.6 Mr McClean said that PHA had received additional funding in the June monitoring round which will be put into Making Life Better and Programme for Government initiatives and this had affected how the spend profiles looked.
- 119/16.7 Mr Coulter said that he still had some concerns remained about slippage and getting the funding spent. Mr McClean explained that formalities such as HR processes, business case sign off etc influence the timescales it takes to get Service Level Agreements in place.
- 119/16.8 Mr Drew expressed concern about the timeline for the Lifeline procurement. Mr Cummings said that there is a recurrent budget, and therefore no financial implications. He said that if the current contract is extended, the PHA would seek approval from the Permanent Secretary. The Interim Chief Executive said that there should be a ministerial announcement shortly

regarding the future of the service.

119/16.9 Members noted the Finance Report.

120/16 Item 8 – Public Health Agency Corporate Plan (PHA/02/11/16)

120/16.1 The Chair informed members that he, along with Ms Mann-Kler and Mr Coulter, were part of the PHA Corporate Plan Project Board. He invited Miss Rosemary Taylor to give members an overview of the development of this draft Plan.

120/16.2 Miss Taylor said that the Project Board had commenced its work in 2014, and that this Plan had been developed to take account of Making Life Better (MLB), Programme for Government (PfG), Community Planning and the current environment. She said that this Plan focused more on actions and goals that are applicable across all directorates in PHA and focused on Outcomes Based Accountability.

120/16.3 Miss Taylor advised that the draft Plan has 4 high level, external facing outcomes with strategic indicators below each theme which link to MLB and PfG. She said that the final section of the draft Plan highlighted some key achievements over the course of the last Plan, but that this needed some further work.

120/16.4 Miss Taylor said that an initial Equality Screening was also included, together with a proposed consultation questionnaire. She said that a communications plan was also in development.

120/16.5 Mrs Erskine said that the draft Plan was user-friendly and eye catching and she was very impressed. Mr Drew said that the questionnaire was excellent and he thanked the staff for their work in producing this.

120/16.6 Ms Mann-Kler said that the final Plan was excellent, following the previous draft. She suggested that some of the consultation questions be reviewed in order to maximise the quality of responses. Miss Taylor explained that the questionnaire is set out along the lines of the strategic actions. Mr McClean added that the aim is to keep the questions at a high level, but he advised that it is PHA's intention to organise a series of consultation events which will allow for more in-depth conversations.

- 120/16.7 Ms Mann-Kler felt that one of the questions was a leading question. Mr McClean agreed that this question could possibly be dropped.
- 120/16.8 Mr Coulter said that he was pleased with the final outcome. He suggested that the final section should make reference to other PHA publications, e.g. the Director of Public Health report. Mr Drew said that PHA had possibly undersold itself in this section.
- 120/16.9 Miss Taylor informed members that PHA would work with its Personal and Public Involvement (PPI) staff regarding the forthcoming engagement events.
- 120/16.10 The Chair thanked Miss Taylor and her staff for all of their work in developing this draft Plan.
- 120/16.11 Members **approved** the draft Corporate Plan.

121/16 Item 9 – Performance Management Report – Corporate Plan Business Targets for Period Ending 30 September 2016 (PHA/03/11/16)

- 121/16.1 Mr McClean asked Miss Taylor to present the Performance Management Report.
- 121/16.2 Miss Taylor indicated that of the 90 corporate targets, 76 are rated “green” at the mid-year point, with the other 14 rated as “amber”. She invited queries from members on the report.
- 121/16.3 The Chair asked about the wording of the targets relating to suicide prevention and smoking. Dr Harper said that these targets were Commissioning Plan Directions set by the Department of Health.
- 121/16.4 With regard to suicide prevention, Dr Harper noted that suicide rates have reduced across the Trust areas, with the exception of Belfast, but that there is encouraging work going on. The Chair noted a recent report which suggested that females are more likely than males to use a telephone helpline, but Dr Harper noted that females are more likely to self-harm.
- 121/16.5 With regard to smoking, the Chair suggested that different

strategies were needed for males and females. Dr Harper agreed, and said that it was also worth considering different strategies for different ages and different communities. However, she advised that all campaigns are developed with focus groups in the first instance.

121/16.6 Ms Mann-Kler noted that some of the amber targets have highlighted workforce issues, and asked whether these would be resolved. Dr Harper said that it was unfortunate that some of the VES applications fell within certain areas of work so some work had to be either deferred or scaled back. Ms Mann-Kler also asked about the targets for C Diff and MRSA, but Dr Harper said that this would be picked up more fully in the next item.

121/16.7 Mr Coulter asked about the outworking of the Bamford Review as there had been some negative press about the state of mental health services. Dr Harper said that the joint work between HSCB and PHA is continuing and that there have been areas of improvement. She said that there is now a wider range of services available for areas such as personality disorders and eating disorders. She added that PHA is trying to work in an integrated way, but there are two key factors to be noted – the first of these is the general context of life in this time of austerity and the reduced scale of investment, and the second is the legacy of the Troubles in Northern Ireland.

121/16.8 The Chair sought clarity that the work of Bamford is still continuing. Dr Harper confirmed that the work is still ongoing. The Interim Chief Executive suggested that Mrs McAndrew could give a fuller update at a future meeting.

121/16.9 Mr Drew asked about the smoke-free initiatives in HSC settings. Dr Harper said that there remains some work to enforce this. Mr Coulter asked if there were any further developments with regard to a policy on e-cigarettes. Dr Harper reported that the most recent research has shown that the vapours are dangerous and can cause harm to the respiratory tract and that PHA's line would be for people to avail of stop smoking services.

121/16.10 Members noted the Performance Management Report.

- 122/16 Item 10 – Briefing on new Healthcare Associated Infections / Anti-Microbial Resistance Improvement Board**
- 122/16.1 Dr Harper invited Dr Lorraine Doherty to provide a briefing for members on the new Healthcare Associated Infections (HCAIs) and Anti-Microbial Resistance (AMR) Improvement Board.
- 122/16.2 Dr Doherty outlined PHA’s role with regard to HCAIs and how tackling AMR has now become a global priority. She said that a recent report by Lord Jim O’Neill said that by 2050, AMR could kill 10 million people a year, the equivalent of 1 person every 3 seconds. She said that a public awareness campaign was needed.
- 122/16.3 Dr Doherty gave members a definition of some of the key terms and outlined the terms of reference for the new Improvement Board. As background, Dr Doherty showed members trend data for both C Diff and MRSA in Northern Ireland from 2001 and explained that each year targets are set between PHA and Trusts.
- 122/16.4 Dr Doherty informed members that 18 November is European Antibiotics Awareness Day and she highlighted some of the activities that would be taking place. She said that there is a section of the PHA website, and gave members a link where people can make a pledge to become an antibiotic guardian.
- 122/16.5 Dr Doherty said that with regard to Northern Ireland, there are gaps in terms of the surveillance of antimicrobial resistance and usage, and gaps in antimicrobial stewardship activity and practice. She said that education was needed as well as a public and professional engagement approach.
- 122/16.6 In summary, Dr Doherty said that work in the areas of surveillance, diagnostics, communication and stewardship would form the focus of working groups for the Improvement Board and that there is a workshop scheduled for January 2017 to develop the improvement approach.
- 122/16.7 The Chair thanked Dr Doherty for her presentation. He asked whether Lord O’Neill’s assessment of AMR being responsible for 1 death every 3 seconds was accurate. Dr Doherty said that this is a particular problem in the developing world, and this is one of

the reasons for the development of the Fleming Fund. She added that an analysis of data across Europe would show that the UK is only performing slightly better than Spain or Italy.

122/16.8 The Chair asked if there will be a strategy to change people's behaviours, attitudes and expectations. Dr Doherty said that there is work to help support medical professionals in handling the public's expectations.

122/16.9 Mr Coulter said that while progress has been made, some Trusts are struggling to sustain this. Dr Doherty explained that a patient may be administered antibiotics following an initial diagnosis, but that once test results are received, there is no way of stopping the antibiotics if they are not required. She said GPs need to be supported more at the initial diagnosis stage.

122/16.10 Ms Mann-Kler noted the presence of antibiotics in the food chain and asked what measures are being taken to reduce this. Mr Drew said that there is work being undertaken in the farming industry to reduce antibiotic use in animals. He noted that some restaurants are indicating that none of the food comes from animals that have been treated with antibiotics.

122/16.11 Members noted the update on Healthcare Associated Infections and the Antimicrobial Stewardship Improvement Board.

123/16 Item 11 – Outbreak of Serious Pneumococcal Disease in a Belfast Shipyard April-May 2015 (PHA/04/11/16)

123/16.1 Dr Doherty gave members an overview of the Report and said that it had been a challenging outbreak for PHA to deal with, given the multi-cultural workforce at Harland and Wolff. She advised that there had been 4 confirmed cases, but that there had been many challenges. She said that there had been tremendous co-operation from the shipyard and the workers' union, and that there were many lessons to be learnt.

123/16.2 Dr Doherty said that a specific recommendation had been made that all staff working in welding should receive the pneumococcal vaccine. The Chair noted that people over the age of 65 receive this vaccine. Dr Doherty noted that it is a younger workforce of people who are hard to reach.

123/16.3 Mrs Erskine thanked all member of the team for carrying out this work and preparing this report.

123/16.4 Members noted the report.

124/16 Item 12 – Any Other Business

124/16.1 There was no other business.

125/16 Item 13 – Date and Time of Next Meeting

Date: Thursday 15 December 2016

Time: 1:30pm

Venue: Conference Rooms 3+4

12/22 Linenhall Street

Belfast

BT2 8BS

Signed by Chair:



Date: 15 December 2016