

MINUTES

**Minutes of the 76th Meeting of the Public Health Agency board
held on Thursday 18 June at 1:30pm,
in Fifth Floor Meeting Room, 12/22 Linenhall Street,
Belfast, BT2 8BS**

PRESENT:

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| Mr Andrew Dougal | - Chair |
| Dr Eddie Rooney | - Chief Executive |
| Dr Carolyn Harper | - Director of Public Health/Medical Director |
| Mrs Mary Hinds | - Director of Nursing and Allied Health Professionals |
| Mr Edmond McClean | - Director of Operations |
| Councillor William Ashe | - Non-Executive Director |
| Mr Brian Coulter | - Non-Executive Director |
| Mrs Julie Erskine | - Non-Executive Director |
| Mrs Judena Leslie | - Non-Executive Director |

IN ATTENDANCE:

- | | |
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| Mr Robert Graham | - Secretariat |
| Mr Paul Cummings | - Director of Finance, HSCB |
| Mrs Fionnuala McAndrew | - Director of Social Care and Children, HSCB |
| Mrs Joanne McKissick | - External Relations Manager, Patient Client Council |

APOLOGIES:

- | | |
|----------------------|--------------------------|
| Mr Thomas Mahaffy | - Non-Executive Director |
| Alderman Paul Porter | - Non-Executive Director |

		Action
60/15	Item 1 – Welcome and Apologies	
60/15.1	The Chair welcomed everyone to the meeting and noted apologies from Mr Thomas Mahaffy and Alderman Paul Porter.	
61/15	Item 2 - Declaration of Interests	
61/15.1	The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.	

62/15 Item 3 – Minutes of the PHA Board Meeting held on 21 May 2015

62/15.1 The minutes of the previous meeting, held on 21 May 2015, were approved as an accurate record of the meeting and were duly signed by the Chair.

63/15 Item 4 – Matters Arising

53/13.7 Making Life Better

63/15.1 Mr Coulter asked for an update on Making Life Better. The Chief Executive said that the first ministerial meeting was due to take place but was postponed. He said that a constructive session had taken place with a range of stakeholders to gather their views. He said that there were varying opinions on how existing Investing for Health partnerships should evolve and this will be the subject of ongoing deliberations.

63/15.2 Mr Coulter said he wanted to know if the new local councils were taking ownership of the public health agenda, as was beginning to be the case in Scotland. Mr McClean said that the new councils had been given an extension in terms of the deadline of the completion for their community planning. The Chief Executive said that through Making Life Better there was more engagement with the councils and this was being undertaken in the right spirit.

64/15 Item 5 – Chair's Business

64/15.1 The Chair expressed his thanks to Mrs Erskine for her guidance during his first few weeks as Chair. He said that he had met with the Chief Executive, the Chair of HSCB and would be meeting with the Chair of NICON and the Chair of Public Health England in the coming weeks.

64/15.2 The Chair said that he had attended the launch of PHA's sexual health campaign and was impressed with the effort that had been put into the development of the campaign.

64/15.3 The Chair advised that he had addressed the Irish Cardiology Conference and had given a brief outline of the role of PHA.

65/15 Item 6 – Chief Executive’s Business

- 65/15.1 The Chief Executive said that he had attended a joint workshop with Safefood and the Food Standards Agency, from which emanated some ideas for future joint working.
- 65/15.2 The Chief Executive said that he had visited some community garden projects in East Belfast as part of a “meanwhile use” scheme. He added that under the scheme, derelict areas of land would be put to better use and what is grown can be eaten.

66/15 Item 7 – Commissioning Plan 2015/16 (PHA/01/06/15)

- 66/15.1 The Chair welcomed Mr Dean Sullivan and Ms Lisa McWilliams to the meeting.
- 66/15.2 The Chief Executive began by outlining the PHA’s role in the approval of the Commissioning Plan. He said that it is a key legislative function, and an area of interest to PHA Board members, and that before the Plan can be approved, PHA must be satisfied that the Plan is as effective as it can be in terms of its outcomes and tackling health inequalities.
- 66/15.3 The Chief Executive said that the HSCB must take regard of PHA’s advice when drawing up the Plan. He noted that PHA members had had the opportunity to hear first-hand from PHA commissioning leads in terms of their input in the development of the Plan, and overall the view was that the Commissioning Plan was a reasonable reflection of the information and advice given, and given the financial constraints. The Chief Executive said that due to the complexities of the commissioning process, it is difficult to see that all of PHA’s advice has been incorporated into the draft Plan. He noted that there remain issues within the Plan which may be the outcome of a bid at the June monitoring round, and that these may be subject to a degree of prioritisation. However, although some of the issues may appear of small scale, they could be issues of strategic significance. Therefore there should be a continuous review of the prioritisation.
- 66/15.4 The Chief Executive outlined three possible options that the PHA Board might contemplate: to reject, approve or approve conditionally the draft Plan. He added that if conditional approval was given, a letter would be issued to HSCB and DHSSPS

outlining PHA's concerns.

- 66/15.5 Mr Sullivan thanked PHA Board members for the opportunity to present the draft Plan. He explained that the Plan had been drafted as a response to the Commissioning Direction and had been produced as a joint effort between HSCB and PHA and that it represented the best use of the available resources. He highlighted that there are service developments and need which at this point will either not commence at all or proceed at a reduced pace, due to the financial constraints. He pointed out that the Plan is not currently in balance as there is still a £31m shortfall, which he hoped could be addressed as part of June monitoring. He finished by saying that the draft Plan was approved by the HSCB at its meeting last week and must be approved by the PHA Board to enable publication by DHSSPS.
- 66/15.6 Mrs Erskine asked whether the HSCB Board had given full approval of the Plan and added that she was more in favour of giving the Plan conditional approval. She expressed concerns regarding the uncertainty around the outcome of the June monitoring round. She said that if this was unsuccessful, the priorities should be reviewed. Mr Sullivan said that the Plan had been given full approval by HSCB and that it represented the best Plan to respond to the current pressures and needs.
- 66/15.7 Mrs Erskine pointed out that the Plan does not balance. Mr Cummings explained that the Plan is in balance, as the £31m had been clearly identified and certain initiatives would not be commenced until the outcome of June monitoring is known. Mrs Erskine asked Mrs Hinds and Dr Harper if they were content with the Plan. Mrs Hinds said that she felt that the Plan was a honest one and clearly articulated what could and could not be achieved, and while she acknowledged that certain elements were subject to financial uncertainties, she was assured that these would be kept continuously under review. She said that in her view, the plan was reasonable and there had been engagement with staff in its development.
- 66/15.8 Mrs Leslie asked about potential patient safety issues. Dr Harper said that she still has some concerns about some areas she wished to see taken forward. Mr Cummings advised that he was aware of the areas Dr Harper is referring to, and he hoped that these would be reviewed following the outcome of June

monitoring. Mr Sullivan referred members to the summary of unfunded service pressures outlined in Appendix 3 of the draft Plan, and acknowledged that there are risks in not taking forward each of these areas.

- 66/15.9 Mr Coulter said that the Plan was highly complex and wanted to acknowledge the work of staff in preparing the draft Plan. He welcomed the further analysis of the impact of the decision-making process within the Plan and the list of pressures at Appendix 3. He expressed concerns about the June monitoring round and said that in his view that the Plan is not balanced. He said that he was concerned about the £22m, and its potential impact on elderly and vulnerable people. He said that the outcome of the wider discussions on welfare reform could have a negative impact from a health inequality point of view.
- 66/15.10 Mrs McKissick said that the Patient Client Council welcomed the improved foundation of involvement which clearly underpins a number of strategic priorities within the Plan. She said that based on the evidence base coming from the voices of service users in Northern Ireland through their work, the PCC would wish to make some comments.
- 66/15.11 Mrs McKissick welcomed that priority was being given to addressing staffing levels. However this only appeared to be for nursing staff. She said that PCC would wish to see the implementation of “Living Matters, Dying Matters”, but expressed concern at the number of services that are under threat due to funding pressures, specifically noting that no funding had been identified to support future planning for elderly carers caring for dependent adults in the community.
- 66/15.12 Mrs McKissick was pleased to note the rollout of the Meningitis B vaccine and the establishment of a urology network. However, she was concerned that there were further setbacks to achieving the implementation of the Bamford Review, but welcomed the commissioning priority to increase Child and Adolescent Mental Health Services.
- 66/15.13 Mrs McKissick thanked the work of Dr Christine McMaster and Maria Wright with regard to the introduction of the Pain Management Programme.

- 66/15.14 Mrs McKissick noted that the draft Plan outlined services that are under threat which will be of concern to service users. She suggested that there should be a more engagement with the public about the future of direction and delivery of health and social care.
- 66/15.15 The Chief Executive agreed that the outcome of the June monitoring is critical. He felt that the main issue of concern for non-executives was around the prioritisation and how those areas will be taken forward.
- 66/15.16 Mrs McAndrew noted that her area of responsibility is most impacted by the outcome of the discussions on welfare reform. She assured non-executives that there has been ongoing dialogue between HSCB and PHA regarding the important decisions that have to be made.
- 66/15.17 Mrs Erskine suggested in future there should be an update on Commissioning brought to the PHA Board two or three times a year.
- 66/15.18 The Chair sought a proposal from members. He suggested that the Plan should be approved, but that the concerns of members should be flagged up. The Chief Executive said that there are issues that members will want to consider carefully, and articulate clearly to HSCB how these should be taken forward. Mr Coulter added that there should be clarity on the prioritisation, and that what is finally funded has been “equity-proofed”.
- 66/15.19 The Chief Executive summarised the discussion by proposing that the Plan is to be approved to go forward to HSCB for publication, but will be accompanied by correspondence setting out PHA’s reservations, particularly with regard to prioritisation of safety and quality issues, and addressing health inequalities.
- 66/15.20 The Chair advised that he had received comments from non-executive member Thomas Mahaffy who wished to have his dissent to the draft Plan recorded in the minutes as follows: “The Commissioning Plan rests on an unsound and unstable financial platform. It is not predicated on a proper and objective assessment of need within the HSC. It will do nothing to tackle the fundamental and increasing health inequalities facing the people. It leaves the door open to the increased privatisation

of our health and social care services (e.g. in the areas of domiciliary care and through unaccountable and opaque LCG activity). Of particular concern is the absence of measures to control what is clearly going to be a spectacular inflation in waiting times with profound adverse clinical consequences".

66/15.21 Members approved the draft Commissioning Plan, subject to reservations which will be outlined in correspondence to HSCB, with the exception of Mr Mahaffy.

66/15.22 The Chair sought clarity from Mr Sullivan on the £83m being transferred into the community, as outlined in the Commissioning Direction. Mr Sullivan said that this did represent a challenge, and that models are being put in place. Mr Cummings added that this target emanated from Transforming Your Care. Mr Sullivan said that this related to attempting to reduce the number of bed days and to avoid people going into hospital when not required to do so. Dr Harper said that the transfer needed to be a safe transfer into the community and that the appropriate medical staff needed to be in place. Mr Sullivan informed the Board that resources were not being transferred from secondary to primary care, but that any new money would be directed to primary care.

67/15 Item 8 – Draft PHA Budget 2015/16 (PHA/02/06/15)

67/15.1 Mr Cummings explained that under Standing Financial Instructions, the PHA Board is required to approve a draft annual budget. He presented members with the draft budget and explained how PHA would use the £101.7m of funding allocated for 2015/16.

67/15.2 Mr McClean gave members an overview of the proposed programme expenditure for 2015/16, pointing out that £1.5m of the £2.8m savings that PHA is required to make in 2015/16 will come from programme expenditure. He outlined how these savings could be made, but also explained how £500k of funding for other developments had yet to be allocated.

67/15.3 Mrs Erskine asked if staff had been kept informed of the financial situation. The Chief Executive said that a further e-mail would be issued to all staff in the coming days once there is clarification regarding the Voluntary Exit Scheme.

67/15.4 Mr Coulter commended the work of staff in compiling this draft budget. He queried why it appeared that the South Eastern Trust were receiving a more reduced allocation in terms of service development and screening. Dr Harper explained that screening programmes are commissioned regionally, and she assured members that irrespective of where you live, there is equal access to the programmes.

67/15.5 Mr Coulter asked about the reduction in the management and administration budget. The Chief Executive advised that there remain some elements of this which have to be dealt with strategically. Mr Coulter noted that this issue is on the Corporate Risk Register.

67/15.6 The Chairman said that he had found the format of the draft budget useful and easy to follow.

67/15.7 Members approved the draft budget.

68/15 Item 9 – PEMS Report 2014/15 (PHA/03/06/15)

68/15.1 Mr McClean explained that this PEMS Report was a look back at how expenditure was allocated in the previous year. He noted the importance of the community sector in PHA's health improvement work and he pointed out the increased spending in areas such as drugs and alcohol, suicide prevention, smoking cessation and vaccinations.

68/15.2 Mrs Erskine said she wished to express her thanks to staff for their work during 2014/15 in these areas.

68/15.3 Members noted the PEMS Report for 2014/15.

69/15 Item 10 – Governance and Audit Committee Update (PHA/04/06/15)

69/15.1 Mr Coulter advised that the minutes of the Governance and Audit Committee meeting of 15 April were available for members for noting. He said that he hoped the Chair would take the opportunity to review the membership of Committees given the issue with regard to the quorum of the Governance and Audit Committee.

69/15.2 Mr Coulter gave an overview of the meeting of 10 June where the Annual Report and Accounts and Governance Statement were considered. He said that the Committee also considered the Corporate Risk Register as well as its self-assessment checklist. He added that the Committee also received a report on Single Tender Actions.

69/15.3 Members noted the update from the Governance and Audit Committee Chair.

70/15 Item 11 – Corporate Risk Register (PHA/05/06/15)

70/15.1 The Chair asked whether members had any queries with regard to the Corporate Risk Register which has been considered by the Governance and Audit committee at its last meeting. No queries were raised.

70/15.2 Members noted the Corporate Risk Register.

71/15 Item 12 – Data Protection/Confidentiality Policy (PHA/06/06/15)

71/15.1 The Chair asked whether members had any queries with regard to the Data Protection/Confidentiality Policy which has been considered by the Governance and Audit committee at its last meeting. No queries were raised.

71/15.2 Members approved the Data Protection/Confidentiality Policy.

72/15 Item 13 – Gifts and Hospitality Policy (PHA/07/06/15)

72/15.1 The Chair asked whether members had any queries with regard to the Gifts and Hospitality Policy which has been considered by the Governance and Audit committee at its last meeting. No queries were raised.

72/15.2 Members approved the Gifts and Hospitality Policy.

73/15 Item 14 – Annual Report 2014/15 to the Equality Commission (PHA/08/06/15)

- 73/15.1 The Chair welcomed Anne Basten from the Equality Unit at BSO to the meeting and asked Mr McClean to introduce the report.
- 73/15.2 Mr McClean said that members will be familiar with the requirement for PHA to submit an annual report to the Equality Commission. He said that this year's report follows a different format. He drew members' attention to the work being undertaken in equality, specifically with regard to procurement. He said that the nature of this work would now suggest that there may be a greater number of EQIAs required to be undertaken. He added that for the year 2014/15 PHA undertook one EQIA and that the Equality Commission may choose to focus on this area. However, he assured members that PHA staff do comply with the requirements of the legislation.
- 73/15.3 Mrs Erskine thanked the staff who had been involved in the compilation of the Report.
- 73/15.4 The Chair asked why there could be increased scrutiny by the Equality Commission. Ms Basten suggested that this could be due to the amount of funding that PHA receives. The Chair sought clarity that the Equality Commission are not concerned with potential poor practice. Mr McClean indicated he thought the Equality Commission had focused on HSCB last year and to some extent, it was expected they would focus on PHA this year given that the work of the PHA has an impact on the entire population and a lot of its activities cover many of the Section 75 groups.
- 73/15.5 Mr Coulter asked about the outstanding cancer screening report. Dr Harper confirmed that although there was a slight delay due to staff sickness, that it would be included in the final report submitted to the Equality Commission.
- 73/15.6 Members approved the Annual Report to the Equality Commission.

**74/15 Item 15 – Personal and Public Involvement Update
(PHA/09/06/15)**

- 74/15.1 Mrs Hinds explained that PHA has a leadership role in regard to PPI, and that a branding has now been developed. She said that a team had been set up which had developed a set of standards which have now been approved by DHSSPS, and that a monitoring process is now in place which includes both self-assessment and verification. She added that within each Trust there is now internal self-assessment.
- 74/15.2 Mrs Hinds said that work has not yet taken place to take forward the Engage website.
- 74/15.3 Mrs Erskine said that she had attended the launch of the PPI Standards and said that it was a very positive event.
- 74/15.4 The Chair asked how PHA receives information with regard to PPI. Mrs Hinds said that she chairs a User Forum and that information can also be obtained from the returns submitted by the Trusts. The Chief Executive also noted that there is the 10,000 Voices project which obtain views from service users.
- 74/15.5 Dr Harper said that PPI is referenced in the Equality Plan as PHA is working harder to get to the “harder to reach” groups. She said it is very satisfying for staff to be involved in the redesign of a service, and they can see the value that this brings. Mrs McKissick added that the co-design work is excellent.
- 74/15.6 Members noted the PPI update.

**75/15 Item 16 – Management Statement / Financial Memorandum
(PHA/10/06/15)**

- 75/15.1 Mr McClean explained that the Management Statement and Financial Memorandum outlines PHA’s relationship with its sponsor branch and is required to be brought to the Board annually. Mr Coulter noted the need for Board members to ensure compliance with the Code of Conduct. The Chair said that he would wish to take time to consider the training requirements of the Board.
- 75/15.2 Members noted the Management Statement and Financial

Memorandum.

76/15 Item 17 – Any Other Business

76/15.1 The Chief Executive informed members that two PHA staff, Eleanor Ross and Dr Tim Wyatt, had received honours in the recent Queen's birthday honours. He offered his congratulations to them on behalf of the Board.

77/15 Item 18 – Date and Time of Next Meeting

Date: Thursday 20 August 2015
Time: 1:30pm
Venue: Fifth Floor Meeting Room
12/22 Linenhall Street
Belfast
BT2 8BS

Signed by Chair:



Date: 20 August 2015