

Via e-mail

*Kelly Gilliland
Belfast City Council*

Tel: 028 9536 3515
Website: www.publichealth.hscni.net

01 April 2020

Dear Kelly,

Ref: Health briefings for Elected Representatives

Thank you for your email on 10 January 2020 requesting health briefings for Elected Representatives focussing on a range of issues within public health.

Firstly apologies for the delay in responding to you, but we felt it was important to have a response signed off at Director level in PHA and also have discussions at Director level with HSCB and the Local Commissioning Group given that the request was also forwarded to colleagues in Integrated Care and also the notable connection in services commissioned across a number of patient pathways between PHA and HSCB. We have now completed those discussions at Director level and are responding accordingly.

I am aware that there have been very close and productive working relationships between the PHA and Belfast City Council since the Agency's establishment in 2009 and we aim to ensure that these working relationships continue at both official and elected representative level.

You will be aware that Belfast City Council, like others across the Province, is currently represented at a senior officer level in a number of multi-agency groups chaired or facilitated by the Agency (eg BPLIG and BDACT). These groups provide a consistent communication channel between statutory and non-statutory stakeholders for sharing information and discussion on the issues raised in your email. In addition, we have further structures for joint working in the Belfast area, namely the



recently established Statutory Reference Group and recently convened senior level taskforce focussing on Injecting Drug Use in the city and I think that in moving forward we need to make sure we do not add additional layers or complications to the information channels that are already established.

In respect of the specific information set out in your Director of Neighbourhood Services' paper to the People and Places Committee on 03 December 2019, neither the HSCB nor the PHA would be in a position to provide written reports on the range of datasets requested.

Discussion between PHA and HSCB has highlighted that this would not be possible for the following reasons:

- Some of the information requested is provisional until confirmed by the Coroner and is only used by HSC bodies for internal service planning purposes only. For example, we cannot release data on suspected suicides and deaths from drugs and alcohol misuse until deaths are confirmed by the Coroner following toxicology and inquests. This is not possible on a bi-annual basis. PHA (acting on behalf of the Department of Health) enables discussion on such data within the context of the multi-agency Protect Life Implementation Groups across Northern Ireland, where protocols for analysis and discussion of such data within the confines of formal partnership groups protects misinterpretations and data breaches through checks and balances which are built into the discussion around confidentiality. We suggest that this arrangement is maintained and that Council staff at an appropriate level continue to engage in such discussions and consequently feed back to your Elected Representatives as appropriate through the relevant Council committee structure.
- There is both a need to and a statutory duty to respect anonymity of data. Some of the data requested in your Committee report, particularly when focussing on a defined geographical area may well be directly or indirectly identifiable. Neither the HSCB nor the PHA routinely collect some of the data requested in the Committee report.



- Both organisations would have to invest significant additional resource in gathering this data and also have to consider the implications for other Council areas in terms of profiling this data to ensure equity of provision of information. I would suggest that if Council feels there is a requirement to secure additional resources to enable this to happen, we suggest (given the precedent that would be set by information exchange at this level) discussion through appropriate chief executive channels at SOLACE meetings to secure resources to address this issue are secured.

I appreciate this may not be the response you hoped to receive but ensure you that the HSCB and the PHA remain committed to sharing information appropriately within the context of existing structures and available resources.

Given the nature of the issues outlined in the committee report, should Council officials require any additional information for elected representatives beyond that which is routinely provided at BPLIG, BDACT, IDU Taskforce or the Statutory Reference Group meetings, please contact Fiona Teague at Fiona.teague@hscni.net regarding wider Protect Life statistics, or Michael Owen at Michael.owen@hscni.net regarding Drug and Alcohol statistics.

Yours sincerely,

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Health and Social Wellbeing Improvement Manager

Cc

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Improving Your Health and Wellbeing



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