

**MINUTES OF THE MEETING OF THE PUBLIC HEALTH FUNCTIONS**

**PROJECT TEAM**

**HELD ON TUESDAY 16<sup>TH</sup> MAY 2006**

**2.30 PM – 4.30 PM**

**CONFERENCE ROOM B5.4, CASTLE BUILDINGS**

**ATTENDEES:-**

Mr A Elliott (Acting Chair)

Mr W Francey

Dr J Little

Mrs E O'Doherty

Dr M Donaldson

Dr AM Telford

**IN ATTENDANCE:-**

Mr D Martin

Dr C Harper

Dr N Chada

Mrs P Osborne

Mrs S Tallentire

Mrs J Todorov (Secretariat)

**1. WELCOME/APOLOGIES**

Mr Andrew Elliott welcomed members to the ninth meeting of the Project Team. He offered apologies on behalf of Dr Mitchell, Dr B Gaffney, Mrs C Harrison, Mr N McMahon, Dr R Smithson, Dr B Smyth and Mrs Angela McLernon.

Mr Elliott advised that the main issue on the agenda for the meeting would be the Project Team workshop on 10 May and the implications of the issues raised at the workshop for the Project Team's report.

## **2. MINUTES MATTERS ARISING FROM THE MEETING OF 31ST MARCH 2006**

The minutes were agreed without amendment.

- **Meeting of Health Promotion Professionals**

Damien Martin to clarify with Dr Brian Gaffney whether notes of the discussions which took place at this meeting are available.

- **Information Technology Requirements**

Damien Martin advised that Dr Brian Smyth and Mrs Elaine O'Doherty had notified him of IT requirements arising from the proposed HPSS reforms.

- **Correspondence from the BMA**

The Project Team was advised that further correspondence had been received from Dr Brian Patterson seeking representation for the BMA on the Project Team. It was noted that Dr Mitchell would be offering to meet with Dr Patterson to provide an update on the work of the project team and to explore issues of interest/concern to the BMA.

## **3. MINUTES AND MATTERS ARISING FROM THE MEETING HELD ON 24<sup>TH</sup> APRIL 2006.**

The Minutes were agreed without amendment. There were no substantive matters arising outstanding.

#### **4. RPA WORKSHOP**

Project Team members were reminded that the papers and slides associated with the workshop had been circulated. Damien Martin then highlighted specific issues that those present from the Public Health Functions Project Team had agreed to action following the meeting. The issues for action were:

- To engage directly with other Project Teams, including Performance Management, Information, Social Services, and the Patient and Client Council to ensure that public health dimensions are adequately addressed.
- To redraft report to provide a clearer rationale for decisions and to make clear the substantive changes that are being proposed.
- To move into the next phase of the project as soon as possible in order to develop more detailed proposals and thereby provide more clarity for public health staff on the likely implications of the proposals.

Dr Harper also reminded the group of the issues for consideration highlighted by Mr Paul Simpson in his capacity as workshop chair. Mr Simpson suggested that clarity was needed in relation to:

- the role of Public Health doctors in the reformed arrangements
- the effect of the reforms on the wider multi-disciplinary workforce
- the role of health promotion at Trust level
- whether a Medical Director would be required as well as a Regional Director of Public Health.
- the distinction between the role of the Chief Medical Officer (CMO) and the Regional Director of Public Health (RDPH).

Following lengthy discussion it was agreed that it would be necessary to provide a clearer explanation within the Project Team's report of the role of specialist and non-

specialist public health staff. In particular, it would be essential to explain more fully the service development domain and the importance of the public health involvement in the commissioning of services. It was suggested that the use of a good practice example of how such input is currently provided would be helpful. It was agreed that Dr Harper and Dr Little would forward a section on service development for inclusion within the Project Team's report.

**ACTION POINT: DR HARPER AND DR LITTLE**

Damien Martin undertook to obtain a copy of the Chief Medical Officer's job description and to utilise this to draft a section clarifying the distinction between the CMO and RDPH roles.

**ACTION POINT: DAMIEN MARTIN**

**5. DISCUSSION OF DRAFT REPORT**

Project Team members were invited to consider and comment on each section of the report. In addition to the amendments proposed earlier in the meeting, the Project Team agreed that the report should be redrafted to:

- reflect the connections between local public health work and community development
- reference connections between health improvement and the social services agenda
- demonstrate more clearly that public health will be delivered through multidisciplinary teams and not just individuals

- explain in the early sections of the report the need for reform as identified in the RPH and summarise how this was being delivered through the changes proposed.
- recognise the need for efficiency, but emphasise public health as a front-line service and the need for re-investment
- provide more detail on health improvement in chapter 4 and explain that all aspects of health improvement are part of an investing for health approach
- provide rationale for screening
- ensure consistency of language in description of functions

Project Team members also undertook to forward minor changes to Damien Martin by 23 May 2006.

**ACTION POINT: PROJECT TEAM MEMBERS AND DAMIEN MARTIN**

Dr Chada undertook to provide an example of why the three domains need to be integrated to support effective delivery of public health.

**ACTION POINT: DR CHADA**

**6. FORWARD PLAN**

The Project team discussed a revised project plan being prepared for the Programme Board. The Project Team noted the significant work that would be required to support implementation. Members also discussed the need for revised membership and ways of working to deliver the plan. Project Team members did not consider that there would be a need to revise membership, but suggested that it may be necessary to co-opt members for specific projects and for work to be undertaken via sub-groups.

## **7. COMMUNICATION AND ENGAGEMENT**

Mr Elliott advised that a number of workshops were being organised by the Department over the next number of months as part of the RPA communication process. As the workshops will provide an update on progress it was suggested that Project Team representation at each of the workshops would be helpful . It was agreed that Andrew Elliot would attend on 17 May 2006, Damien Martin would attend the workshop on 8<sup>th</sup> June 2006, Dr Donaldson would endeavour to attend the workshop on 12<sup>th</sup> June and Dr Chada would attend on 21<sup>st</sup> June .

## **8. AOB**

Mr Francey advised the Project Team of developments in relation to the work-streams being established by the local government taskforce. Damien Martin undertook to follow-up his expression of interest, on behalf of the Project Team, in being represented on the community planning group.

**ACTION POINT: DAMIEN MARTIN**

## **9. DATES OF FUTURE MEETINGS**

The next meeting will be held on 1<sup>st</sup> June 2006 at 2.30 in D2 Conference Room, Castle Buildings. It was suggested that a members of the legislative team should be invited to attend.

Mr Elliott thanked everyone for their attendance and closed the meeting at 4.30pm.