

**MINUTES OF THE MEETING OF THE PUBLIC
HEALTH FUNCTIONS PROJECT TEAM
WEDNESDAY 15 MARCH 2006
2.00PM-5.00PM
D2 CONFERENCE ROOM, CASTLE BUILDINGS**

ATTENDEES:

Dr E Mitchell (Chairperson)
Dr M Donaldson
Dr B Gaffney
Mrs A McLernon
Dr J Little
Dr R Smithson
Dr B Smyth
Dr A M Telford

IN ATTENDANCE:

Mr D Martin
Dr C Harper
Mr N McMahan
Mrs P Osborne
Mrs S Tallentire
M/s C Harrison
Mrs J Todorov (Secretariat)

1. Welcome/Apologies

Dr Mitchell welcomed members to the meeting, especially M/S Cathy Harrison, who has been nominated by Dr N Morrow, Chief Pharmaceutical Officer, DHSSPS, to sit on the Project Support Team.

Apologies were received from Mr W Francey and Ms E O'Doherty.

2. Evaluation of Regional Options Papers 11/06 and 12/06 Revised

It was agreed that Knowledge Management was integral to the effective delivery of the public health function and to all 3 domains and that this should be reflected in the Project Team report.

Damien Martin reported that following his conversation with Tracy Power, Chair of the Information Sub-Group, he could confirm that the Information Management Project Team is meeting on 11th April 2006 and the management of public health information would be addressed by the sub-group.

The remaining issue to be resolved therefore would be the management of public health datasets. Dr Chada referred to the interim report, on Knowledge

Management and highlighted some of the key recommendations such as the need for leadership at senior level. It was agreed that scoring would be deferred pending the issue raised with the Information Management sub-group and also consideration to the paper expected from the academic department.

The Project Team commenced the evaluation process of each of the other domains, commencing with screening.

Screening

In the new structures, it is recognised that screening would have relationships with both Health Improvement and Service Development but concerns were raised about risk management in the absence of a direct lead for screening. Following a discussion it was suggested that the report should recognise that the Regional Director of Public Health (RDPH) will be accountable for the screening function and that a regional lead for screening would be required, however it would be a matter for the RDPH to consider the specific management and accountability arrangements.

Health Improvement

It was recognised this was a satisfactory functional area and that there would be a need for a need for a Regional lead reporting to the RDPH.

Health Protection

Dr Smithson highlighted the views of a number of Consultants in Communicable Disease Control and their preference for option A. However following comments by Dr Smithson, Project Team members indicated that the existing arrangements with the Health Protection Agency (HPA) were considered to be very valuable.

Dr Smithson tabled a paper which listed the services that he considered should be provided from the SHSSA in option B, and some of which could be provided jointly with the integration of the Health Protection Agency. Dr Smithson indicated that he broadly agreed with the proposed model and that an agreed version of option B could readily be developed.

Following discussion it was agreed model B was identified as the preferred option.

3. Workforce Survey

Damien Martin tabled examples of returns provided in relation to the Health Improvement workforce following a request to Health Investment managers by Ms Elaine O'Doherty. The returns provided Project Team members with a

better understanding of the functional areas and staffing levels in the Health Improvement domain and highlighted the complexity of current arrangements. Members agreed that the information was useful however it would require validation and refinement.

Dr Janet Little stated that the Northern Board had conducted a survey on the workforce currently within public health. She agreed to request copies of the survey.

Action Point:

Dr Janet Little

4. Development of Options

Project Support Team members have been tasked with facilitating work by Project Team members to refine and develop the local and regional options. Comments are due back to Dr Harper before COB on 22nd March 2006.

Following discussion in relation to the option for Health Improvement it was agreed that the preferred option for Health Protection could recognise the benefit of specialist staff having both a regional and local base.

5. Report Outline

A paper outlining the proposed contexts of the report was tabled for discussion. It was agreed that the report should include information on current structures and arrangements potentially as an Annex. A discussion followed on a timescale for completion of the report. It is envisaged that a draft report will be presented at the meeting of the Project Team on 31st March 06. It is hoped that the report can be “signed off” by members at this meeting and it can then be used as a tool to influence other Project Teams as well as to inform the Programme Board. It was recognised that efforts have been made to keep stakeholders informed of the process on an ongoing basis via Project Team members and the internet, however due to the time constraints it may not be possible to share the draft report prior to it being issued to the Reconfiguration Programme Board. It was agreed that following discussions with the Manager for the reform of the HPSS programme on project timescales consideration would be given to whether it would be practicable to have a stakeholder meeting as had originally planned.

6. Minutes of 7th March 2006

The minutes were agreed.

7. Matters Arising from the last meeting

All action points arising from the meeting held on 7th March 2006 have been completed. Members were reminded to notify Damien Martin of any new IT requirements or amendments to existing systems as a result of the proposed HPSS reforms.

8. Dates of Future Meetings

31st March 2006 in Lecture Theatre, Castle Buildings.

7th April 9.30pm, in C3.18 Castle Buildings.

24th April 2.00pm in Lecture Theatre, Castle Buildings.

Dr Mitchell thanked everyone for their attendance and closed the meeting.