

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

21 FEBRUARY 2006

10.00 – 13.00

DUNADRY HOTEL, ANTRIM

ATTENDEES:

Dr E Mitchell (Chairperson)
Dr M Donaldson
Ms E O'Doherty
Mrs A McLernon
Dr A-M Telford
Dr R Smithson
Dr J Little

In Attendance:

Mr D Martin
Mrs D Kenny
Dr C Harper
Dr N Chada
Mr N McMahan
Mrs P Osborne
Mrs S Tallentire
Mrs L Bradford (Secretariat)

1. Welcome / Apologies

Dr Mitchell welcomed members to the meeting. Apologies were received from Dr Brian Gaffney, Mr Willie Francey and Dr Brian Smyth.

2. Functional Mapping

7/06 (Revised)

The functional lists were discussed in detail and amendments were proposed and agreed to each list. In addition, amendments of relevance to a number of the functional lists were proposed. These included that:

- there should be consistency of language in each of the papers and that it would be important to reflect the language of the Roles and Responsibilities paper issued by Dr Andrew McCormick in relation to, for example, standard setting and performance management;

- the role of the Director of Public Health within the Strategic Health and Social Services Authority should be recognised in all domains.
- it will be important to recognise the contribution that other functions can make in ensuring that the public health dimension is properly reflected in service development;
- public health roles within Primary Care should be reflected where appropriate.

Following discussion about the level of detail to be included in the lists, particularly in relation to functions of Health and Social Services Trusts and District Councils, it was agreed that, as long as all key functional areas were recognised, it would not be necessary to detail specifically all public health functions, many of which would be unaffected by the proposed reforms. It was also recognised that there would need for a training and development function in all domains.

It was recognised by the Project Team that, irrespective of which model of delivery was selected, there would be a need to clearly establish accountability arrangements. It was also agreed that, later in the Project, consideration should be given to the Review of Public Health recommendation in relation to the need for an advisory committee on public health.

ACTION POINT: FUNCTIONAL LISTS TO BE REVISED BY

- Nigel McMahon [Health Protection]
- Dr Naresh Chada [Health Improvement]
- Dr Anne-Marie Telford [Population Screening]
- Dr Carolyn Harper [Service Development]
- Damien Martin [Workforce Planning, Education & Training]

ACTION POINT DAMIEN MARTIN TO SEEK GUIDANCE ON RESPONSIBILITY FOR SPONSORING AGENCIES/ORGANISATIONS

3. Communication and Engagement

9/06

Damien Martin spoke to the tabled paper 9/06 on communication and engagement. Project Team members agreed that the Project Team would seek to be open and accessible and to provide timely information on its activities to stakeholders. This would enable stakeholders to communicate their views to the Project Team as well as directly to the Programme Board. However, it was recognised by Project Team members that given the timescale for the development of recommendations there would be limited opportunity for direct, formal engagement with stakeholders.

It was suggested that the Board and Staff of the Health Promotion Agency and academic public health interests should be specifically identified as stakeholder groups within the communication plan.

It was agreed that there would be a presumption that Project Team papers could be made available to stakeholders as soon as Project Team members had an opportunity to ensure the accuracy of the papers. The importance of communicating with stakeholders from outside public health, such as the Chief Executives and Directors of Boards and Trusts and members of other Project Teams, was emphasised. It was noted that a workshop involving Chairs and Members of all the Reform of Health and Personal Social Services Project Teams was being planned by the Programme Board.

ACTION POINT PROJECT SUPPORT GROUP TO ADVISE ON STATUS OF PAPERS WHEN CIRCULATING THEM TO THE PROJECT TEAM

DAMIEN MARTIN TO SEEK CLARIFICATION ON HOW BEST TO ACCESS THE MINUTES OF OTHER PROJECT TEAMS

DAMIEN MARTIN TO DEVELOP A COMMUNICATION PLAN FOR THE PROJECT

4. Options to Deliver Public Health Functions 10/06

Dr Carolyn Harper tabled a draft paper outlining a range of options for the delivery of public health functions in each of the 3 domains.

Following a brief discussion, members were asked to forward, by close of play on Wednesday 22 February, their views on:

- Options that were missing, and;
- Whether options identified as having limitations should be included for evaluation and scoring.

The need for preferred models to be flexible was highlighted by Project Team Members as was the challenge of integrating models. It was suggested that a decision support model be utilised to support the process of evaluation.

5. Future Meetings

The meeting of 28 February 2006 will now commence at 9:15 am.

**ACTION POINT SECRETARIAT TO CONFIRM LOCATION FOR THE
PROJECT TEAM MEETING ON 7 MARCH 2006 AND
TO SEEK ALTERNATIVE TO THE MEETING OF 23
MARCH 2006**

6. Minutes of Previous Meeting

Due to time pressures it was agreed that the minutes of the meeting of 14 February 2006 and the matters arising from these minutes should be considered at the meeting of 28 February 2006.

7. AOB

Dr Janet Little informed the group that the Workforce Planning Report would be available within the next week.

The meeting concluded at 1:00 pm