

**MINUTES OF THE MEETING OF THE PUBLIC HEALTH  
FUNCTIONS PROJECT TEAM  
TUESDAY 7<sup>th</sup> MARCH 2006  
9.15am – 12.30pm  
DUNADRY HOTEL, ANTRIM**

**ATTENDEES:**

Dr E Mitchell (Chairperson)  
Dr M Donaldson  
Mr Willie Francey  
Dr B Gaffney  
Ms E O'Doherty  
Dr R Smithson

**In Attendance:**

Mr D Martin  
Mrs D Kenny  
Dr C Harper  
Mr N McMahan  
Mrs P Osborne  
Mrs S Tallentire  
Mrs J Todorov (Secretariat)

**1. Welcome / Apologies**

Dr Mitchell welcomed members to the meeting. Apologies were received from Dr B Smyth, Dr J Little and Mrs A McLernon.

**2. Minutes of the meeting of 28th February 2006**

Minutes of the 28<sup>th</sup> February were agreed.

**3. Matters Arising from the meeting of 28<sup>th</sup> February 2006**

- **Comments on roles and responsibilities paper**

Following the last meeting members had been asked for their comments on the roles and responsibilities paper which had been circulated by Dr A McCormick. Mr Francey highlighted the need for consistency of language with some of the Ministerial statements about the Community

Planning process and the specific role outlined for LCGs. He said that given the importance of Investing for Health a more realistic approach needed to be highlighted in the overall delivery mechanism.

Ms Doherty also suggested a few minor amendments:-

Page 7 - bullet point 6 of Dr McCormick's paper should be amended to Read Health & Wellbeing Care.

Page 8- bullet point 15 should be amended to read Regulation Quality Improvement including standards relating to Health & Well Being Improvement Activity.

Damien Martin highlighted comments that had been received from Dr B Smyth.

Dr Mitchell advised members that future versions of the roles and responsibilities paper would include comments from the Project Team to ensure that Public Health functions are clearly recognised.

- **Evaluation of local options**

A copy of the note from Mr W Francey was tabled. The note highlighted general agreement with the preferred options, however he emphasised that it would be important when developing local options to reflect the important role of the organisations beyond the HPSS and the potential opportunity provided by Community Planning.

- **Public Health contribution to Service Development**

It was noted that the secretariat would liaise with Dr Chada to identify examples of public health contribution to Service Development within Trusts.

- **Functional Lists**

It was noted that revised lists had been circulated to members electronically.

#### **4. Regional Options**

**Paper 11/06**

Dr Harper introduced this item and stated that the proposed process for developing and evaluating the regional options would be similar to the process for the local options. Members were given the opportunity to discuss and make comments on each of the domains one by one and agree

which of the suggested models should be scored to enable the Project Team to move towards a preferred option.

The Project Team commenced the evaluation process commencing with the Knowledge Management domain.

- **Knowledge Management Public Health Functions**

There was a lengthy discussion in relation to the role within public health of Knowledge and Information Management. It was agreed that an additional option for large public health departments to be managed by other Directorates within the SHSSA should be included. However, it was also agreed that irrespective of options selected for managing such information that knowledge management and research must be integrated to the Public Health function and that appropriate capacity would be required.

- **Health Protection Public Health Functions**

Following lengthy discussion members agreed that Model Option C had significant limitations and therefore should not be scored. The reasons for Model C being rejected were: - roles and responsibility/accountability would be unclear, cost effectiveness and the potential for mixed signals.

The paper supplied by Dr B Smyth was also brought to the attention of the Project Team Members in connection with this item.

- **CDSC Public Health Functions**

Following discussion in relation to concerns about the CDSC functions having a separate identify, it was agreed that options required to be amended to reflect health protection functions and not just CDSC functions.

Following discussion it was agreed that model option B had significant limitations and that only model option A would be scored.

**ACTION POINT: MODELS TO BE REVISED IN LINE WITH DISCUSSION.**

- **Screening Public Health Functions**

Concerns were expressed about managing risk if option C were to be selected. It was noted that Dr Little's views would be helpful to inform discussion on options.

It was noted that paper 12/06 was based on the criteria for the evaluation of local options. Following discussion it was agreed that criterion on local knowledge and critical mass were not relevant. It was suggested that the note at the end of bullet point 3 of the Criteria paragraph should be removed. Members agreed there was a need to include Management of Risk as a Criterion and revise the weighting.

6. **Development of Models**

**Paper 13/06**

Dr Harper introduced this item and outlined Paper 13/06. Members were asked to develop the description of the three domains based on the preferred local option. Dr Harper suggested that in order to progress this task the Project Team members should work in the groups identified for the purpose of developing functional lists, facilitated by a member of the Project Support Team.

**ACTION POINT: DAMIEN TO E-MAIL SCORING MATRIX TO PROJECT TEAM MEMBERS.**

**PROJECT SUPPORT TEAM LEADERS TO FACILTATE WORKING GROUPS.**

7. **Communication Plan**

**Paper 14/06**

Members were asked to consider and comment by 14<sup>th</sup> March on paper 14/06 which was tabled.

**ACTION POINT: MEMBERS SHOULD E-MAIL DAMIEN MARTIN WITH COMMENTS BY 14<sup>TH</sup> MARCH 2006.**

8. **Workforce Survey**

Dr Mitchell highlighted the need for a better understanding of the scope of the Health Improvement functions and staff at Board and Trust level. Mrs E O'Dohery undertook to request this information from colleagues. Dr B Gaffney also agreed to provide a contact list of names held by the Health Promotion Agency.

9. **Any Other Business**

Dr R Smithson raised the issue of Specialist Registrars (SpRs) who were coming to the end of their contracts. He requested that their contracts are extended until consultant posts become available. Dr Mitchell advised that this matter was being dealt with outside this group.

Dr Mitchell advised members that the chairs of the Project Teams had been asked to identify any IT requirements for the new structures. Members

highlighted potential requirements including Confidential Inquiry and Environmental Surveillance which were important for Public Health. Damien Martin agreed to circulate the letter to members and asked members to think about any additional requirements that would be needed.

It was noted that a pharmacy representative has been nominated by Dr N Morrow, Chief Pharmaceutical Officer to sit on the Project Support Team.

**Dates of Future Meetings**

- 15<sup>th</sup> March 2006 at 2.00pm in D2 Conference Room, Castle Buildings
- 31<sup>st</sup> March 2006 at 9.30am in Lecture Theatre, Castle Buildings.

There being no other business Dr Mitchell thanked everyone for their attendance and closed the meeting.