

**MINUTES OF THE MEETING OF THE PUBLIC HEALTH FUNCTIONS
PROJECT TEAM
HELD ON THURSDAY 4TH OCTOBER 2006 AT 2.30PM
IN C3.18, CASTLE BUILDINGS**

Members: Dr E Mitchell (Chairperson)
Mr A Elliott
Dr M Donaldson
Dr B Gaffney
Mrs E O'Doherty
Mrs A McLernon
Dr B Smyth

In Attendance: Mr S Devlin
Dr C Harper
Mr D Martin
Mrs P Osborne
Mrs S Tallentire
Mrs J Todorov (Secretariat)

1. WELCOME/APOLOGIES

Dr Mitchell welcomed all members to the meeting, especially Mr Shane Devlin RPA Co-ordination Team, who was attending today's meeting to update members on the progress of RPA.

Apologies were received from Dr N Chada, Dr R Smithson, Dr J Little, Mr N McMahon, Ms C Harrison & Mr W Francey.

2. MINUTE OF MEETING 24TH AUGUST 2006

The minutes were agreed without amendment.

3. MATTERS ARISING FROM MEETING OF 24TH AUGUST 2006

• ***Liason with other Project Teams***

Members sought clarification on the nature of examples of good practice being sought in relation to performance management of public health. It was suggested that robust examples were required of how the delivery of public health outcomes were being managed by identification and monitoring of appropriate performance indicators, thereby ensuring that programmes & services were making a direct contribution to the delivery of outcome targets. Dr Telford highlighted the example of targets in relation to smoking rates, and how performance management arrangements had been developed for smoking cessation services.

It was agreed that more examples of this nature across the public health domains should be brought to the attention of the team developing the new framework for performance management.

ACTION: ALL

Damien Martin agreed to circulate a summary of the meeting that took place with Dr Peter Farley, Welsh Assembly Government.

ACTION: DAMIEN MARTIN

4. UPDATE ON RPA

Mr Devlin advised that the Programme Board had now considered reports from the Project Teams established to make recommendations on key areas of reform including public health. Following consideration of these reports and agreement on key proposals, the Programme Board was now developing new structures to implement the agreed proposals.

The new structures would be led by those with responsibility for the organisations being established by RPA. There will, therefore, be implementation groups with responsibility for the HSSA, Trusts, Department, Patient Client Council and Shared Services. Existing Project Teams would be expected to complete any outstanding design work, with responsibility for implementation then transferring to the Implementation Teams. The Programme Board will however retain responsibility for ensuring the agreed proposals are implemented in line with recommendations.

The Programme Board will itself also be re-configured but will continue to require professional input. It was noted that Ministerial approval would be required before agreed proposals and new implementation structures are finalised. Once such approval had been granted it is expected that the Minister will inform the project leads, including Chief Executives, of relevant organisations of the recommendations that they should be implementing. A discussion followed and members raised concerns about whether public health recommendations would be implemented in line with the proposals of the Public Health Functions Project Team. Dr Gaffney expressed concern about implementation in advance of the HSSA being established and requested that early consideration be given to the implementation of public health recommendations relating to HSS Trusts. It was noted that Dr Telford had already had discussions with the Chief Executive of the new Southern Area HSS Trust. It was agreed that such discussions would need to take place with all new Trust Chief Executives..

Members were advised that consideration was being given by Mr David Sissling to establish a public health sub-group of the HSSA Implementation Team. It was agreed that there was the need to produce a plan to ensure that each of the

implementation teams has a clear understanding of the Public Health Functions Project Team's proposals, as agreed by the Programme Board.

ACTION: DAMIEN MARTIN

This would potentially leave some additional design work to be completed by the Public Health Functions Project Team. Members emphasised the importance of ensuring that the recommendations are implemented effectively and in an integrated way. It was also agreed that it would be essential for public health to continue to be involved in key implementation structures & for the Chief Medical Officer to be able to advise the Programme Board of any concerns about implementation proposals on public health.

Dr Mitchell thanked Mr Devlin for his attendance and informative update.

5. UPDATE FROM CHAIRPERSON

Damien Martin summarised paper 24/06 on the proposals to the Programme Board. It was noted that all recommendations with exception of recommendation 13(a) had been accepted. As indicated by Shane Devlin, responsibility for implementing most of these recommendations would now transfer to the new implementation teams.

Dr Telford suggested that there would be an early opportunity to promote the recommendations of the Public Health Functions Project Team at a meeting convened by Mr David Sissling involving Chief Executives & Directors of HSS Boards and Trusts.

Members were advised that the formal report could not be released until considered by the Minister, but members were encouraged to make colleagues aware of the main proposals within the report.

6. ANY OTHER BUSINESS

Members were made aware that:-

- Dr Mitchell will be speaking to Public & Community Health Committee of BMA on the project team's proposals.
- A meeting with DOE on community planning has been scheduled.

7. DATE OF NEXT MEETING

It was noted that a further meeting would be scheduled if required to complete the Project Team's design work.