


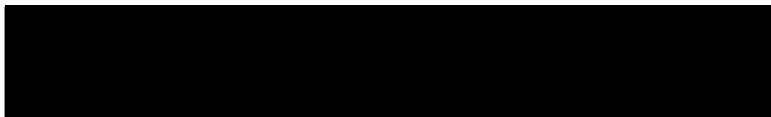
**MINUTES OF THE MEETING OF THE DIRECTORS OF PUBLIC HEALTH/DHSS  
HELD ON MONDAY 03 JUNE 1996 AT 10.00AM IN DUNDONALD HOUSE.**

<b>Present</b>	<b>Department</b>
Dr D Stewart	Dr H Campbell (Chairman)
Dr A M Telford	Dr C E Hall
Dr J D Watson	Dr P McClements
Dr W W M McConnell	Dr Mock
	Dr P Woods
	

**1 APOLOGIES.**



**2 MINUTES OF THE MEETING HELD ON 25 MARCH  
1996**



**3 MATTERS ARISING**

**i Public Health in NI - The roles and responsibilities of  
the Department, Boards and Trusts.**

Dr McClements advised that the above circular had been redrafted taking into account comments received at the last DsPH meeting. It would issue following final departmental clearance.

**FURTHER ACTION**

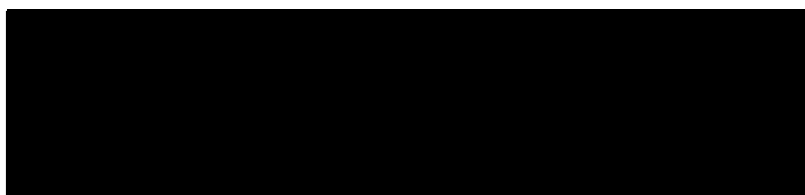
## **ii Regional Strategy**

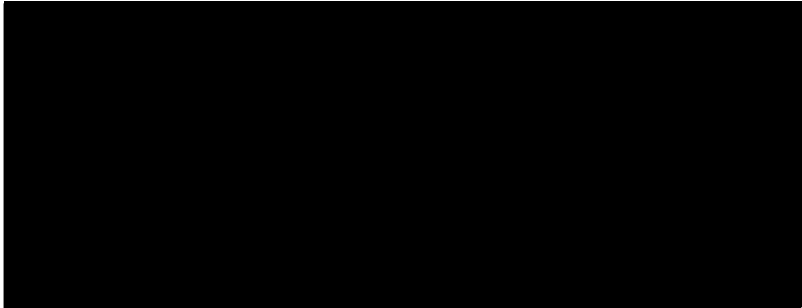
CMO stated that the Regional Strategy required strengthening to emphasise that Boards will be held accountable for significant changes in the delivery of Acute Services. Any proposed development being mentioned by the Minister at present was not in fact new hospital development but rather development of existing services to meet local need. Clearer policy from the Department was needed in areas such as Paediatric, Cancer and A&E Services to help Boards as much as possible. There was further discussion on the Regional Strategy regarding renal and maternity services and the difficulty of maintaining quality and ensuring accessibility.

## **iii Funding and training for doctors with a special interest in environmental health.**

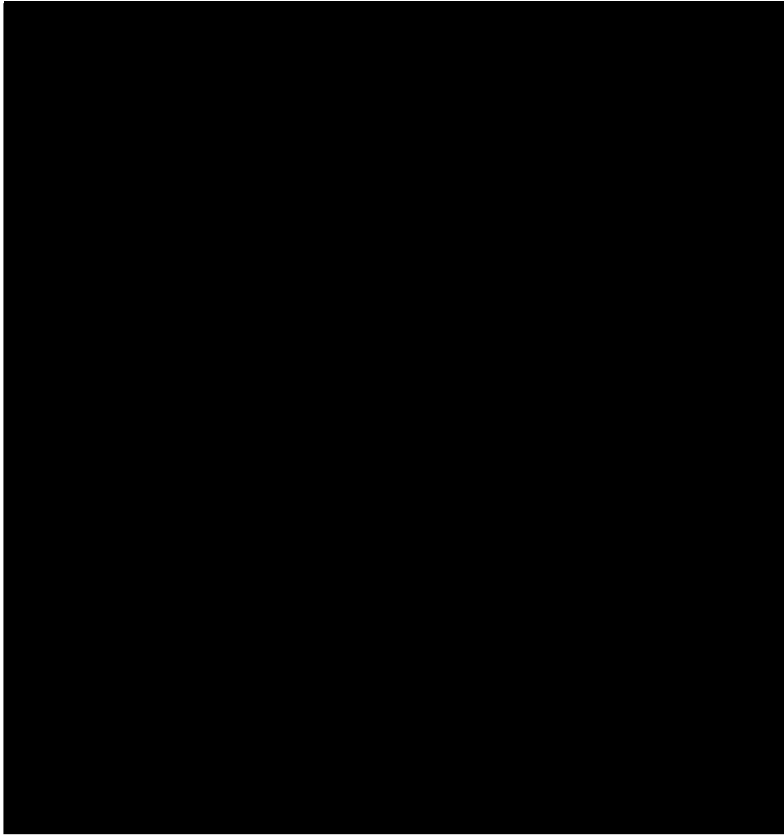


## **iv Cancer Services**

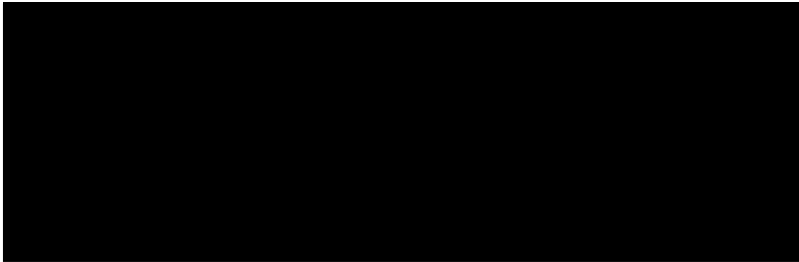




- 4 **ESTABLISHMENT OF CANCER COMMISSIONING GROUPS FOLLOWING THE REPORT "CANCER SERVICES - INVESTING FOR THE FUTURE**



- 5 **NEW ARRANGEMENTS FOR THE STRUCTURE OF CONSULTANT APPOINTMENT PANELS.**



**6 NORTH/SOUTH FORUM FOR DIRECTORS OF PUBLIC HEALTH AND CMO'S .**

CMO told DsPH that Rosaleen Corcoran had suggested setting up a forum where North/South DsPH could meet to exchange views and information. CMO felt it would be a good idea and asked DsPH for their views. Dr McClements added that he had met some of Dr Corcoran's colleagues and believed there were certain areas such as environmental issues and child abuse where discussion could prove quite useful. He suggested that the meetings should not take place too often, perhaps once per year. Dr Watson could see the value in having a meeting and suggested it could be tied in with a regular event, such as the joint faculty meeting.

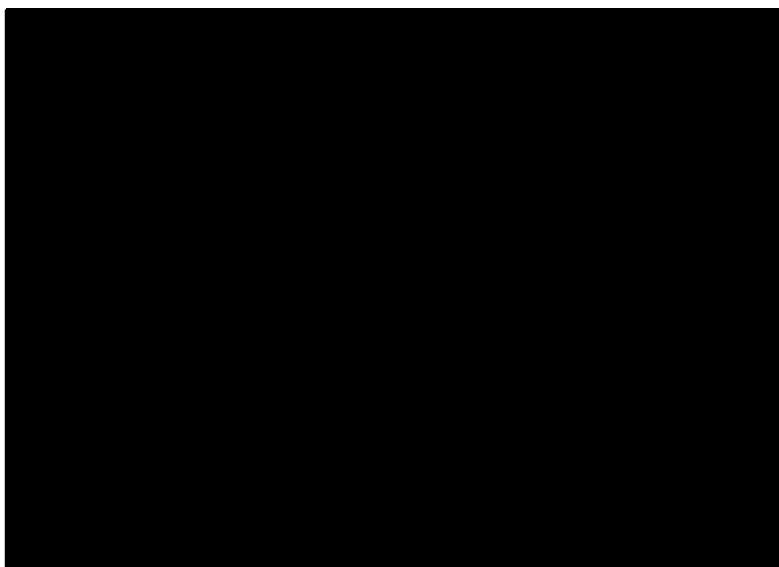
**7 ALL IRELAND INSTITUTE OF PUBLIC HEALTH**

CMO told DsPH that Dr Boyle is a member of a small working group trying to work up proposals for an Institute of Public Health for Ireland. The work of the group is fairly well advanced and a paper has been written for the Minister's approval. The group is now looking at the remit of the proposed Institute which will have 4 main functions; disease surveillance/development of information systems, research, education and training and providing advice on public health issues. The Institute will be quite small and will probably commission research rather than carry it out. Some education and training would be carried out at the Institute and it would also be a reference centre. CMO stated that many of the details had still to be ironed out but she supported the idea in principal. The Institute would be funded by the two Health Departments on a population basis and would be free standing. One possible siting for the institute was in the Royal College of Physicians. She added that it was hoped to have a Director in place, from North or South, by the end of the financial year. Dr Stewart thought it might be a possibility to have an Environmental Health person involved in the Institute in an advisory capacity. CMO agreed to keep DsPH informed of developments.

**8 INFORMED CHOICE LEAFLETS**



**9 CONFIDENTIAL ENQUIRY INTO MATERNAL DEATHS**

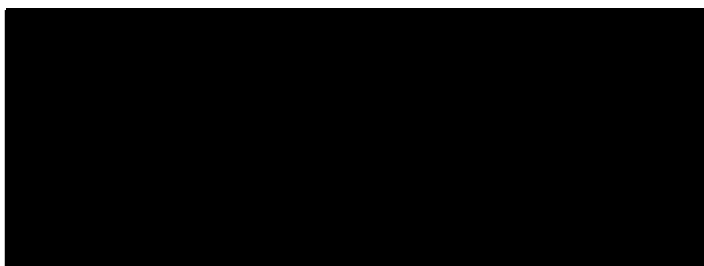




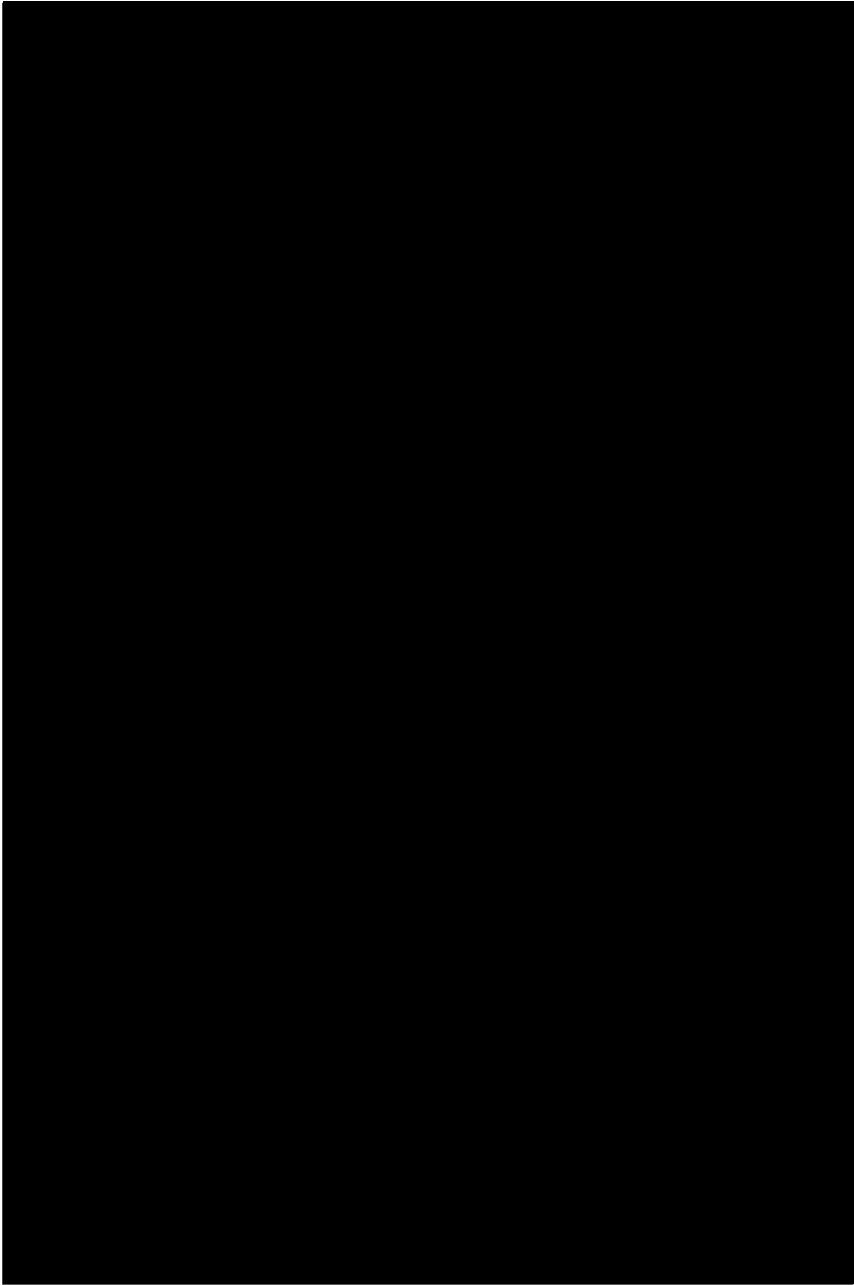
**10 COMPARISONS OF HEALTH CARE IN NI WITH GB REGIONS**

Dr Watson explained he had recently attended a seminar where comparisons of acute hospital activity in NI was being compared to that in England and Wales. He believed that the data being used was flawed and as a result of these comparisons the views of those who made decisions about allocations could seriously be distorted. Dr McConnell added that in his opinion, some of the people speaking at the seminar did not recognise the danger in what they were saying. No account had been taken of deprivation levels etc. in NI. If the English average was to be used it could result in a large tranche of money being taken off the NI allocation. CMO said that the information gained should be used to make sure that NI gets its fair share of the allocation and to ensure that we hold on to what we have. Dr Stewart felt that NI could not be compared to England as a whole. NI had been the only area to lose allocation this year and he did not know how another 3% reduction could be handled next year.

**11 REVIEW OF CERVICAL SCREENING PROGRAMME**



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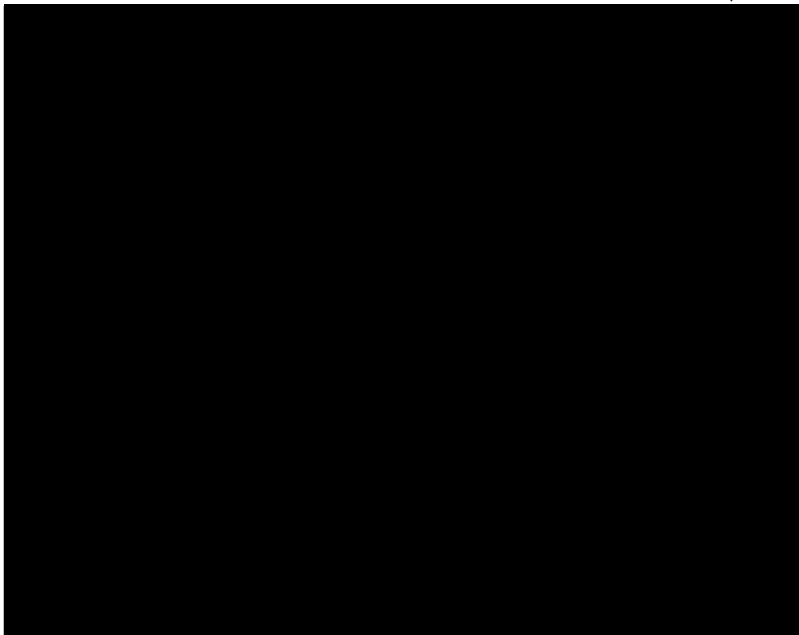


**12 PRIOR OPTIONS REVIEW**



**13 RADIATION PROTECTION**





**14 AREAS OF COMMON INTEREST BETWEEN NURSING AND PUBLIC HEALTH**

Miss Hill joined the meeting and circulated a paper containing some issues of common interest. She then gave a brief presentation on each subject which included Nursing Education, Targeting Health and Social Need Research Project, Midwifery Development Project, Nurse Prescribing, Development of Nursing Practice and Professional Advice to Purchasers including GPFH.

DsPH thanked Miss Hill for attending the meeting and giving an interesting and informative presentation.

**15 ANY OTHER BUSINESS**



**16 NEXT MEETING**

