

Present:

Louise Wilson	Director of Public Health, NHS Orkney / NoSPHN Lead (Chair) (tc)
Maggie Watts	Director of Public Health, NHS Western Isles (tc)
Susan Webb	Director of Public Health, NHS Grampian and NHS Shetland (vc)
Chris Littlejohn	Interim Deputy Director of Public Health, NHS Grampian (vc)
Hugo van Woerden	Director of Public Health, NHS Highland (vc)
Ann Conacher	Manager, Scottish Public Health Network (ScotPHN) (vc) until 2.30pm
Pip Farman	Public Health Specialist / North of Scotland Public Health Network Coordinator (vc)
Mike Bisset	Regional Medical Director, North of Scotland Planning Group (NoSPG) (vc) for Item 25.2b
Jenny Wares	Public Health Specialty Registrar, NHS Highland (tc) for Item 25.2b

Not all members were in attendance for all items. The items were not taken in order but are reported here in numerical order.

		Action
21/16	Louise welcomed everyone to the meeting and congratulated Susan Webb on her appointment to the post of Director of Public Health, NHS Grampian and NHS Shetland. Apologies had been received from Phil Mackie, Jim Cannon, Jonathon Iloya and Kerry Russell.	
22/16	Minute of the last meeting 23rd August 2016 Members approved the note of the last meeting and gave no reason why the papers / minutes of the last meeting should not be made available by open access on the internet.	LB
23/16	Matters arising from the last meeting and not on the agenda <ul style="list-style-type: none"> NHS Orkney Dental Public Health: Louise advised there was nothing to update. Members noted that national Dental Health guidance was anticipated shortly. UHI updates / mapping of academic links / endowment funds: Hugo advised that an Highlands and Islands Improvement Partnership (NHS Highland and UHI), a web based framework into which to link Improvement work, was in the early stages of development which it was hoped to extend to other Boards in time. Louise noted developing links with RGU and other sectors also. National Clinical Cancer Services Group – public health representation: members noted they were not aware that an invite had yet been received. FPH Practitioner Scheme – implications: members noted that no further updates had been received. Review of NoS Strategic Commissioning Plans: Pip noted that she had not received any feedback on the draft paper circulated previously so was intending to complete the review work in the format circulated. Members agreed to discuss the plans at the next meeting to identify any gaps / shared learning from the work. Rural Proofing Toolkit: Pip highlighted the feedback on the previous version of the toolkit, noting that it had been well received and that she intended to finalise and circulate the toolkit to members. The group agreed to ensure timely circulation to the Scottish DsPH, NoSPG, and Shared Services Review Group and feed the work into activities linked to: the Island Bill; Public Health Strategy and wider UK and international links eg WONCA. Yammer – Pip reminded NHSWI and NHSG colleagues to test whether they could access and join 'Yammer' https://www.yammer.com/ so NoSPHN might test whether it might be used to support NoSPHN work. NHS Grampian Clinical Strategy: Chris noted that the strategy had been endorsed by NHS Grampian and discussions were now underway on how to take forward actions and planned care. 	LW PF PF ALL CL/MW
24/16	Scottish Public Health Network (ScotPHN) - updates 24.1 Updates / workplan a ScotPHN workplan update: Ann noted the paper circulated and highlighted that the Scottish Government Fuel Poverty work was now available at http://www.gov.scot/Publications/2016/10/2273 Pip agreed to make the link to the work in the remote and rural toolkit. Ann also advised that the Health & Housing: Guidance for public health and housing would be available by the end of the year.	PF

b Advisory Group Meeting 5th December 2016: Ann noted that the next ScotPHN Advisory Group meeting would focus on the role of ScotPHN for the next two years. Pip advised she was attending on behalf of NoSPHN and welcomed any feedback to take to the meeting. Ann agreed to circulate the agenda for information.
(Post meeting note - the ScotPHN meeting has now been deferred to January 23rd).

All
AC

25/16 North of Scotland Planning Group / programmes

25.1 Feedback from NoSPG meetings (NoSPG papers are available at <http://www.nospg.nhsscotland.com>).

a NoSPG meeting 5th September – Louise noted the agenda circulated and advised she was happy to feedback to colleagues on specific items but advised that relevant items were already on the agenda.

b NoSPG annual event 30th November – Pip noted that she understood that Louise Wilson, Maggie Watts, Susan Webb, Jenny Wares and herself were attending and that once the agenda for the event was clarified any preparatory information would be prepared.

PF

c Attendance at next NoSPG meeting 7th December – Pip agreed to check diaries to ensure NoSPHN representation.

PF

25.2 Update on NoSPG workplan / programme developments

a Major Trauma Review - feeding back on behalf of Maria Rossi Pip advised that Maria was now on Catherine Calderwood's (CMO) national Major Trauma Review Group on behalf of the Scottish DsPH which was proving helpful in identifying and feeding in public health perspectives. Maria was also working with Phil Mackie (ScotPHN) re preventative issues at a national level. Further NHSG/NoS audit work has still to be progressed. The group noted the progress and agreed no further NoSPHN action was required pending any further national developments.

The group further discussed how best to ensure public health input and influence into national and regional work streams eg through national commissioning, modernisation of national / specialist services, the shared services review work and how best to maximise / align capacity to and messages across these work streams. Susan suggested listing all the areas we might be asked for a view on (or would wish to contribute a view to), understand timelines and who to influence. Susan agreed to email members with an outline of an approach.

SW

b NoS Clinical Strategy developments – Mike Bisset updated on the development of the clinical strategy noting that an initial event with clinicians in November 2015 had highlighted key issues which Chief Executives in the NoS had agreed should be linked to the national clinical strategy and focus on ensuring robust planning at a population level locally, regionally and nationally but with delivery lying with individual Boards. Mike noted there remained a need for a NoS clinical governance structure that bridged boundaries across Boards. A case for change document had been developed and supported by Boards which recognised that whilst the status quo is not an option, change is difficult. It was acknowledged that some services would in the future need to be planned and managed as single services but this needed to be set against population data and needs. The regional event at the end of November 2016 had been planned (the final programme was still being developed) to explore the principles of how the NoS should work together in the future through regional enablers eg resource alignment and HR. There remained some uncertainties re structural change in the NoS but the aim would be to develop supporting structures for regional services that were efficient and effective at any regional level. Mike welcomed and thanked Jenny Wares for the demography work she had prepared (paper circulated) and asked if he could share the work with the NoS Chief Executives and agreed that he would come back to NoSPHN if further work was required.

The group discussed the strategy work and noted the need for clear drivers for the work including: clinical outcomes and variation across NoS Boards; equity of access; quality and the sustainability of services. The group noted that this required robust data to inform the discussion but this was currently variable across Boards and different work streams. The group acknowledged that this would be subject to further discussion on the 30th November.

c Surgical services – Pip noted recent work / meetings had focused on Upper GI services and that she continued to feed in the low volume and outcomes work. Maggie asked how the work would link for example to the elective centres for Scotland and wider issues re the sustainability of services. Pip noted the challenges with focussing on single service issues and the wider

service contexts and that NoSPG colleagues were aware of and exploring this in the context of all the NoS work streams. Louise advised that she understood these issues would be part of the discussion at the NoSPG event in November. Susan suggested that she speak to Graham Smith (NHSG) with regards the scoping work on the elective centres to understand if public health input was required.

SW

d Population of 1.3M / Cancer Intelligence Hub (meeting 28th September)

Pip updated on the second meeting of the cancer intelligence hub at which there was an agreed need to explore and develop cancer health intelligence queries through the group. Discussion had highlighted queries over the governance of group which had still to be worked through with NoSPG colleagues. The group had also discussed a business case for a new NHS Grampian business intelligence repository to improve the tracking and reporting of cancer patients which once developed would then be available to other Boards (NoS /nationally). The aim was to join up data from disparate systems to improve access to information leading to better cancer intelligence and ultimately, improved management of care for cancer patients. The discussion had sought support for the proposal from Boards and further work was ongoing to see whether governance for and financial support could be secured to inform funding opportunities.

26/16 National reviews/development (updates and implications for NoSPHN)

a Public Health Review – Susan advised that the Scottish DsPH were working on an action plan in relation to the review recommendations and suggested that the NoSPHN Phase 2 work should be fed in as much of it focussed on evaluation and small tests of change and the collective learning (rather than individual) should be used to influence any new models of working for example, the NoS island health protection on call rota. Pip summarised progress on each of the 8 phase 2 work streams and the group agreed there was a need to align progress on the work with the national work and Pip agreed to follow up being clear on the questions we are seeking to answer and bring back to the group.

PF/SW

b Public Health Strategy – feedback from the Scottish Government was anticipated shortly.

c Health Intelligence – Pip advised that Gerry McCartney was working on an implementation plan arising from the consultation work and suggested that continued input from the NoS was required to ensure developments took cognisance of NoS issues.

d Shared Services Review (SSR) – Susan noted that a paper recommending next steps was expected to be considered at each of the next Board Chief Executives and Scottish DsPH meetings – the paper was recommending 5 streams of work. She anticipated that the pace of work following would be quick and noted that Leads for each work stream would be sought. Each DsPH agreed to brief their respective Chief Executives locally.

DsPH

e Islands Bill / discussion — Louise noted that a meeting scheduled for October had been deferred due to a clash with diaries. The group agreed to wait until the Islands Bill was published and the detail of the Bill was known before rescheduling.

PF

**27/16 Public Health Network Workplan
27.1 Update on NoSPHN programmes of work**

a Health Protection

i NoS Island Health Protection Resilience / rota developments

Louise noted the islands rota had been working well. An advert was out for a further 6 month NHSG locum appointment (as the first was leaving) and flagged for concern that there may be gaps in resilience in the short term eg if Louise was off island. Maggie too highlighted the arrangements were working well and noted recent proposals from Tim Patterson re second on call out of hours developments which she thought could be supportive.

Susan noted also that arrangements were working well for NHSG/NHSS and there had been a range of learning generated through case reviews (NHSG/NHSS) for example how island and mainland Boards deal with issues and how this influences local policies and procedures. Members agreed it would be very useful to capture and share the learning both within the NoS and more widely in respect of the Shared Services Review activities.

SW

b Workforce planning / developments / CPD

i Scottish Faculty Conference October 2016 Members fed back on the conference and Louise and Pip noted that the NoSPHN stand and posters had generated useful discussion eg

potential links to the National Geoparks. Pip advised that the webcasting had in the main worked well and that she had asked for data in respect of how many people had linked over the 2 days etc. An evaluation survey (specific to webcast delegates) was to be sent out by the organisers which would inform future developments. Pip noted that the NoSPHN posters would be uploaded to the NoSPHN website for download and the A0 versions were available for local use.

ii Scottish Faculty Conference 2nd/3rd November 2017 (Aviemore). Pip noted that the date and venue for the next conference had been confirmed and that she would email shortly seeking nominations from each of the Boards / Universities in the NoS and other interested groups and individuals. Meantime she asked members to seek suggestions for a theme and speakers.

Pip/All

c Futures thinking / planning

i Scenarios development – speaking to the paper circulated Louise asked members whether they thought scenario generation would be helpful for NoS work (noting her plans to use it in NHSO for planning and risk management) and if so, what might be the focus for the scenarios? Louise summarised the approach referencing other work (eg Wanless and the Foresight reports) and highlighted that scenario generation plotted what might the future look like given a number of scenarios and generated a narrative to stimulate thinking and debate through the issues (eg with Boards / communities). For example, if this is the way our society manifests eg through IT how might our planning manifest differently?

Members discussed the approach noting that:

- technology was likely to be the most dominant feature in the future and it would be good to explore how this would affect the next generation of public health (at individual and population levels) eg virtual reality; personal measurement/monitoring systems; computer assisted support; health improvement activities and what if for example, broadband and mobile phone network developments in remote and rural areas lagged behind?
- people to people as well as IT based scenarios were important eg to explore the sustainability of populations, impact of community empowerment and need to reduce social isolation.

The group further discussed the need to:

- share the idea of scenario development with local teams, the Scottish DsPH
- reflect on whether such approaches might inform the priorities outlined in the 'A Call to Action to Improve Scotland's Health' work (eg through the 'aspirational' and 'desperate' zone view points)
- consider the potential to run a session on scenario planning at the next Faculty conference sharing the any work we have generated.

DsPH

The group agreed to the setting up of a small group to progress the work noting that there would need to be further discussion on: scoping of the work; ensuring appropriate representation on the group and to test the work in small stages and feedback.

LW/PF

ii NoSPHN development day 2016/17 – Pip noted that the date of the development session had been rearranged to the 1st March 2017 and that she would consult on the invitation list and agenda in the new year. Pip advised that a travel budget had been allocated to the event.

PF

iii Integration updates – there were no updates.

27.2 NoSPHN Workplan 2016/17 (please note the meeting was running late and key points were raised at the meeting for information *but further information is given in italics in the note below for clarification*).

a Workplan update – Pip noted she had discussed the work plan with each of the DsPH since the last meeting and that all were supportive of current progress and priorities and that she would continue to monitor and report on the plan. She had also suggested that the Phase 1 work, Remote and Rural Proofing Tool and NoS Clinical Strategy work contributions (ie the demography work) should be NoSPHN's top 3 visibility products for the year and she would frame and promote these products accordingly.

PF

b Specific updates from key groups / programmes and related actions not on the agenda
Please note the paper circulated included updates on: the NoSPHN Defined Specialists – peer support sessions; Health and Welfare Reform Outcomes meetings; representation on the national Informing Investment in Inequalities Group and input to discussions on the Public Health

c NoSPHN budget 2016/17 and 2017/18 funding. *Members are asked to note a remaining £400 to the end of this financial year and are asked to highlight any concerns asap re continued funding of NoSPHN next year.*

DsPH

28/16 AOCB

- HPS Health Protection Symposium Tuesday 29th November – Louise noted that this event was available by remote access and Pip agreed to email all members with details.

PF

29/16 Items to be brought forward to future meetings: Members are asked to highlight items for the next meeting and issues for future discussion and to forward these to Pip.

All

30/16 Dates of next meeting: Tuesday 7th February 2017 by vc/tc, 2 - 4.30pm

Dates of further meetings for 2017 are confirmed as (all by vc/tc, 2 - 4.30pm)

Tuesday 28th March

Tuesday 23rd May

Tuesday 22nd August

Tuesday 5th December