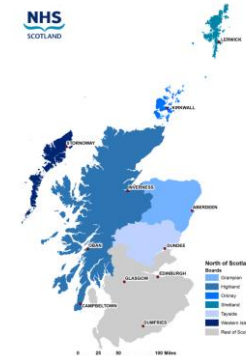




North of Scotland Public Health Network

Steering Group

Date		22 nd February 2023			
Venue		Microsoft Teams			
Chair:		Maggie Watts			
Present:		Kim Penman, Jim Cannon, Pip Farman, Shantini Paranjothy, Susan Laidlaw, Emma Fletcher			
Apologies		Louise Wilson			
Agenda Item	Subject	Discussion Points	Agreed Actions	By who	Timescale
1.	Welcome and Apologies	Maggie welcomed Jim (NoS Planning Lead), Pip (representing NHS Highland) and Shantini (representing NHS Grampian).			
2.	Note of Last Meeting	All agreed note of last meeting approved.			
3.	Matters Arising				
4.	Reconnecting with Regional Planning Group Programme	JC presented an overview of Regional Planning in the North of Scotland. This provided a historical perspective setting out how Regional Planning had evolved since 2002. HDLs issued in 2002 and then 2004 set out expectations on Boards to collaborate working across boundaries. Since this regional planning has focused on a range of specialities / priorities including specialist			



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paediatric care: child protection, gastroenterology, respiratory neuro and neonates, Gastroenterology, Regional cancer networks.

Over the past 10-15 years there has been close working with NoSPHN, Pip has been involved in a lot of this. During JC's tenure he has facilitated how to strengthen Regional Planning, to strengthen the approach moving from informal collegiate buy-in to more formal arrangements e.g. SLAs for clinical time to support longer term sustainability and resilience.

In 2017 following the publication of the national clinical strategy there was a policy directive to formalise the three regional arrangements. Funding was provided for transformational regionally. The general consensus was this would evolve towards three regional NHS boards. But the political appetite waned, delivery plans were never published, and the funding ceased. The regional landscape changed considerably, the regional team had to considerably shrink as funding ceased. Around 2019 the governance also had shrunk back with only a Chief Executives Group in place supported by JC.

At national level John Burns is now Chief Operating Officer with two deputies. One is Paula Spears, who has a planning remit and is working with stakeholders to establish a new planning framework for Scotland. The main aim is to align planning at all levels to deliver for whole of Scotland and have a more cohesive system. It will be driven by population needs. JC has been actively involved in the regional and national elements of this. The expectation is there will be a duty to collaborate.



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JC advised that a Clinical Cabinet had recently been established bringing Medical Directors and Directors of Nursing together. From this group has emerged an ask of NoSPHN to provide a high level overview of key population health challenges, issues and risks. This will inform the direction of travel.

The group discussed the request. EF reflected that the greatest challenge for PH in longer term and priority is sustainability and climate change. IJB plans are focused on their own areas. Need focus on child health as main priority if prevention is to be taken seriously. MW confirmed PH does have a role – we need to be clear on the elements we are looking at. PF wondered what difference this work would make and suggested that if future planning is to focus on population health/ needs it would be logical to have PH representation in the Cabinet to help define the case. She also asked JC how the new framework would facilitate something different – as previously Chief Execs and Board act as independent agents.

JC was positive that change would be achieved with a duty to collaborate and opportunity for delegation of accountability where a corporate body acts as a host board. Paula Spears invited the three Regional Directors to ADP discussions with Boards to identify opportunities for regional focus. JC reflected there was limited synergy currently.

JC advised that the new framework will support medium term planning. Need to signal what PH should focus/ be priority. Focus at the moment on recovery and renewal, and secondary care performance indicated.

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		<p>KP asked if priorities in the new framework are expected to be different? She also sought clarification on the ask of the Clinical cabinet –as it feels a large ask within a tight timeframe.</p> <p>JC had no further definition/ information and suggested DsPH engage with their MD / DoN to define the ask. PF suggested it would need to fairly high level and look at themes.</p> <p>SP considered how to get to H3. Need a focus on younger population, what preventative is required. She suggested service modelling, health economics to ascertain how much to invest in prevention to realise improvement in overall population health.</p> <p>JC suggested there is a more immediate piece of work - what is the current disease burden – so what needs to be in the ADP. Is there needs assessment analysis that can be fed back?</p> <p>MW reflected that the ScotPHO Burden of disease report was published in 2022 looking at disease patterns in 20yrs time. But need to consider if N of Scot would expect anything significantly different in patterns. Would need to identify health intelligence capacity to support any specific analysis. EF advised they have no capacity. MW suggested further consideration on this at the Development Day on 15th. Maybe able to access LIST support.</p>	<p>Confirm date when information is required by Clinical Cabinet</p> <p>Further consideration of</p>	<p>JC</p> <p>ALL</p>	
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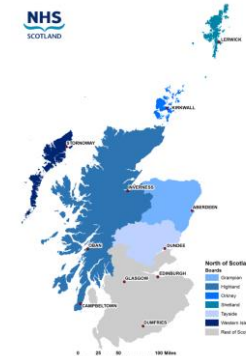
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			NoSPHN input at Dev Day 15.3.23		
5.	Public Health Workforce Planning	Due the Regional Planning item overrunning it was decided to defer consideration of the workforce scoping report. It will now be considered at the NoSPHN Development Day.	Schedule as part of the NoSPHN Development Day	KP	
a.	National Public Health Workforce Group				
6.	NoSPHN Budget 2023/24	<p>KP provided an overview of expected expenditure for 2022-23 and summarised the funding options for next financial year. The expected expenditure is £43K against a budget of £60K. Underspend mainly due to Programme Manager post being vacant for 4 months.</p> <p>The paper set out 4 funding options for 2023-24- two keeping a budget of £60K and two at £65K. Option 2 and 4 assumed all 6 Boards' contribution would be based on NRAC. In these options NHS Tayside's contribution increases meaning the other Boards would have a reduced contribution.</p> <p>EF advised she supported Option 2. Any further increase in NHS Tayside's contribution would be very challenging, so not supportive of Option 4.</p> <p>On that basis, MW advised she would be content to maintain Western Isles contribution at 2022-23 levels, to enable the budget to be increased. She wondered if Orkney and Shetland would also be willing to do this. SL confirmed she was. PF and SP agreed to confirm Highland and Grampian's</p>	Confirm preferred approach for 23-24 funding contributions	PF/ SP/SL	

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		position – either to reduce contributions as per Option 2 or maintain 2022-23 contributions.			
7.	NoSPHN Branding and Website Development	<p>KP shared 3 draft logo options for consideration. The group considered these and provided feedback. The group concluded that further work was required.</p> <p>MW advised she disliked all options. She wanted to have a better sense of connection. They also didn't represent the islands fully. EF didn't like the overlap of circles in option 1. SL preferred the arch concept in option 2. PF suggested the colour scheme in option 1 suggested political affiliations across areas. SP initially liked the first option. KP liked option 1 and the way it symbolised the map of NoS, and didn't like option 3. Group concluded they wanted to have more of a geographical feel and connectivity. It was agreed for KP to ask the graphic designer to develop a revised draft logo.</p>	Request Further development based on Option 1 logo	KP	
8.	NoSPHN Development Day 15th March 2023	<p>The group reviewed the draft programme. It was agreed it would be re-worked to enable a focussed look at the workforce planning scoping report, and more time to consider the priorities for next year including the NoS Regional Planning request. MW suggested the initial session might raise topics for discussion in the afternoon.</p> <p>SL suggested we need to consider how to achieve wider involvement in NoSPHN. EF suggested consideration on healthcare planning PH would be worth some focus.</p>	Revise and circulate Programme	KP	



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		It was agreed that each DPH would book their own travel and accommodation and NoSPHN would reimburse the costs.			
9.	Date of Next/Future Meetings	<p>Development Day 15 March 2023 10.00am-4.15pm (in person)</p> <p>Steering Group 26 April 2023 3.00-4.00pm (Teams)</p>			