

**Present:**

Margaret Somerville - NoSPHN Lead, Director of Public Health, NHS Highland (Chair)  
Sarah Taylor - Director of Public Health, NHS Shetland  
Susan Webb – Deputy Director of Public Health, NHS Grampian  
Martin Malcolm - Head of Public Health Intelligence & Information Services, NHS Western Isles  
Ken Black – Consultant in Public Health Medicine, NHS Orkney (by videoconference)  
Phil Mackie – Lead Consultant, ScotPHN  
Pip Farman – Public Health Specialist / North of Scotland Public Health Network Co-ordinator  
Jim Cannon – Director, North of Scotland Planning Group (NoSPG)  
Suzanne Baird – Health Promotion Manager, NHS Orkney  
Jenny Wares – Locum Appointment for Training (LAT), NHS Highland (by videoconference)

NB Items were not taken in order but are reported in numerical order.

Members of the Group and those attending the meeting should be aware that their names will be listed in the minutes/papers, which will be published on the internet.

**39/13 Welcomes and apologies**

Apologies had been received from: Ray Watkins, Louise Wilson, Elaine Garman, Noelle O'Neill and Sharon Pflieger.

**40/13 Minutes of the last meeting 7<sup>th</sup> August 2013**

The note of the meeting was agreed as accurate with the following amendments: Phil Mackie to be noted as attending the meeting; removal of the reference to a funding request for the ADTC Collaborative training noting that the request had been an informal query (Item 34.1b). Members gave no reason why the papers / minutes of the last meeting should not be made available by open access on the internet.

PF

**41/13 Matters arising from the last meeting and not on the agenda**

- NHSWI DPH post – Margaret confirmed that a date had been set for the interviews of 15<sup>th</sup> November.
- NSSC Renal Transplant review: NoS representation – Jim Cannon confirmed that Keith Farrer had attended the first meeting of the group and the intention was that Mark McEwen (NHSG) would attend future meetings.
- Health Protection Stocktake – Sarah Taylor advised that the latest working group Chaired by Fiona Mackenzie had looked at and described: where Health Protection Scotland sat in relation to the national Health Protection Network; described the network as an obligate network and clarified the role of the DsPH nationally in terms of governance and performance management delivery in relation to the network. The work was now concluded and the working group members felt it provided clarity in response to previous questions which should now be sufficient to allow work to move on. The report had been submitted to the National Planning Forum and would be reported to the NHS Board Chief Executives Group nationally. Members agreed to brief Chief Executives locally when the report was presented.
- NoSPHN engagement with colleagues in Boards – Pip advised that following discussion with a view to ensuring continued engagement of local staff in NoSPHN work she was presenting at a NHSG Public Health lunchtime education session on the 12<sup>th</sup> November and she was happy to do similar presentations for other Boards if appropriate. Pip also noted that arrangements were being finalised to ensure that all NoS Board Public Health colleagues had access to each others lunchtime Public Health education sessions on which she would circulate more information shortly.

PF/DsPH

PF

**42/13 ScotPHN / NHSHS updates and developments**

**42.1 Scottish Public Health Network (ScotPHN)**

**a Update** – Phil noted the update circulated and advised that: he had, as discussed at the previous meeting assured Mark O'Donnell that ScotPHN was sighted on the Intelligent Region work and was ensuring alignment to national workstreams; that there was nothing formal to report at this stage on the review of the National Child Inpatient Psychiatry Service of which

Phil was a member of the working group and had offered to represent NoSPHN but that he would feedback to NoSPHN and Jim Cannon on developments; ScotPHN were still seeking Lead Authors for the gambling needs assessment, violence research, and long term conditions needs assessment toolkit projects.

Members noted the update with thanks and Margaret highlighted current interest by the Chair of the Highland Licensing Board in statements of support for gambling licences which might be of interest. Sarah noted that she and Phil were presenting to the next national Service Improvement/Healthcare Public Health Interest Group to prompt discussion on the delivery of work through the Group. Margaret also suggested highlighting the names and Board affiliations of the Lead Authors in the ScotPHN papers.

PM

**b Scottish Health Inequalities Impact Assessment Network (SHIAN) – scoping the health impacts of rural developments project.** Pip updated members on the work of the group summarised in the paper circulated and advised that scoping workshops were being planned for NHS Highland and NHS Western Isles – with the expectation of further workshops being organised in NHSO, NHSS and Aberdeenshire (and other rural Boards in Scotland) for which Martin Higgins or she would be in touch. As part of the scoping, the working group were seeking to generate a list of rural developments that may have positive / impacts on health eg forestry, fish farming, tourism, oil/gas developments and decommissioning of services that would be of interest to members to explore.

Members highlighted: the impacts of welfare reform and consequences of austerity; IT / electronic infrastructure; changes to local services and impacts on community cohesion (eg schools, community hospitals), policy shifts eg road maintenance in particular the gritting of roads; and the development of and support for small and medium sized businesses as being of particular interest. Discussion noted the need to understand the distinct characteristics of a rural economy that need to be taken into account when proposing developments (ie short and long term benefits / dis-benefits) and the distinction between the development; infrastructure support for the developments and sustainability of these in terms of the local workforce. Members asked to be kept briefed on the work through NoSPHN and at the national DsPH group

PF/PM

#### 43/13 **North of Scotland Planning Group / programmes**

**43.1 Feedback from NoSPG meetings:** NoSIPG 4<sup>th</sup> September and NoSPG 18<sup>th</sup> September. Sarah highlighted key issues discussed at the meetings including: work to look at Cancer Specialist Oncology services across the NoS (referrals, pathways and developing a more sustainable approach regionally and nationally) and the outcomes of the review of NoSCAN with recommendations highlighting the need to better align NOSCANA with the regional planning structure (rather than being seen as a separate network) and clarification on governance arrangements and links into Boards.

In addition the following were highlighted; the oral and dental work; the national spinal surgery review was discussed (which was also linked to NoS work on the back pain pathways, spinal services stimulation in NHSG and the Chronic Pain Services Pathway work proposed through NoSPHN); hyperbaric services; and forensic in patient capacity. Further items discussed at NoSPG were on the NoSPHN agenda.

#### **43.2 Update on NoSPG / programme developments**

**a NoSPG workplan / exception report** - Jim Cannon updated colleagues on the NoSPG workplan which was summarised in the NoSPG report circulated with an exception report as a cover sheet. In line with the Intelligent Region approach it was intended to better clarify through the report the various types of work ongoing through NoSPG (eg regional projects, regional network activities and regionally funded services) and the expectations of the NoSPG team in relation to these. The intention was also to make available more detailed reports on work on the NoSPG website. Jim said he would welcome feedback on the approach – members were supportive.

Sarah asked Jim whether there were areas within the plan that were not making progress where NoSPHN might help with tools or support or whether current NoSPHN involvement was sufficient. Jim advised that at present he felt Public Health input was sufficient but would highlight issues where further help might be needed as work progressed.

Jim further updated on recent discussion with regards to the information needs of NoSPG (as

part of the Intelligent Region approach). Jim had met with Michael Muirhead at ISD and Carol Sinclair (CHKS) who were developing an information consultancy through ISD. Part of this was the development of 'DISCOVERY', a tool to connect up ISD information and enable Boards to submit queries – for example Jim highlighted that whilst CHKS focussed on secondary care data there was a need in redesign work to access data for example from primary care also – the tool would better support this. Jim flagged a potential need for NoSPHN support in identifying the queries to be submitted to ISD for example specifying the problem to be solved, population based aspects and cross referencing to other work and that there would need to be a mechanism developed to achieve this. Sarah asked that NoSPHN be engaged in the queries at an early stage to determine if they might first be answered at a regional level as well as to refine the queries and then to understand the results of any queries from a Public Health point of view.

Jim concluded by advising that NoSPG had agreed in principle to the development of a Clinical Director type post for NoSPG which he felt would be particularly helpful in ensuing engagement of clinical teams into all NoSPG work on which he would be putting a paper on this to the next NoSPG meeting.

### **43.3 Small volumes / outcomes and sustainability work**

Pip reminded members that the aim of the work was to develop a resource that supported a consistent approach to work looking at small volumes and outcomes based work in particular in relation to the sustainability of services. The work had been prompted by the Hepatobiliary Cancer services review and similar other recent work eg around vascular services. Referring to the project scoping document and action plan circulated Pip advised that the reference group for the work had been established; expectations continued to be tested (which were varied); work was ongoing to review previous small volumes work (which Pip had proposed as being HPB, Vascular, Endocrine cancer and possibly Max Fax services) and Aberdeen University had completed the first high level review of systematic reviews which was also summarised in the paper circulated.

The next piece of work was to conduct a more detailed literature review of one or two potential pressure areas for the future, not to solve these issues but to understand the commonality of issues to support the questions we should be asking eg parameters for defining small volume outcomes, understanding the evidence sources being used and whether thresholds were being set and if so on what basis. Pip noted it had been difficult to clarify the issues on which to focus particularly given the breadth of some of the needs highlighted eg trauma services and given some of the time constraints with regards to consulting with key stakeholders. Pip advised that as a result there were delays to the original timetable and that she now expected that the review of previous reviews and the literature reviews would be concluded by the end of the year but with wider consultation on what might be core DGH services and the resource questions extending into the New Year. There had also been suggestion to review a specific small volumes service with clinicians and use the process to frame the work instead of the literature review approach.

Pip made the case for maintaining the current plan to review previous issues and conduct the literature reviews but also to work along side a current review area as it progressed to inform the work and sought the advice of members.

Members discussed the issues extensively and the following was agreed:

- With regard to the literature review: the focus for the next literature review should be determined with the key stakeholders (proposed as the Medical Directors and Jim Cannon) and further prioritisation be guided by the volume of evidence available excluding work that was currently being progressed nationally (eg Major Trauma). In addition it was proposed that the follow on work in response to the NOSCAN Strategic Cancer Service Review be reviewed to identify which if any of the services to be looked at related more specifically to small volumes and if they could be supported by a literature review that might be delivered in time to support the review work; and following discussion with a key clinician in each of the agreed area(s) to understand the specifics of the issue under review. Members were also keen to be reassured that they grey literature was reviewed to inform the work.
- To note the current and emerging questions for further literature reviews including: outcomes in relation to different types of interventions; guidance and standards of practice in relation to these (grey literature); problem solving on the issues emerging in relation to new innovations and technology (eg new models of care eg telemedicine, networked

approaches); understanding clinicians views of the risks of operating within particular models of care and reviewing the evidence of benefits and dis-benefits of centralising services (for any service regardless of volume).

- To work alongside the cancer services review and generate, test and refine through this process a set of questions that should be asked to guide the review and inform the final resource and to understand which aspects of the services being reviewed might be described as core to DGH activity.
- That it was important to understand as part of the overall resource development what were the core services that interplayed with other services without which a DGH would be undermined (engagement for this to be progressed in the New Year).
- That whilst there were pressures in the current system the NoSPHN work should seek to inform the medium, longer term view rather than be rushed to support short term activities.

Members noted the relevance also of the discussion under Item 44.3 and taking a NoS population based approach to defining needs and also the need to look at sustainability of services for such a population. Jim also noted work proposed in NHSG on tertiary services being led by Graham Smith which might also inform the work.

PF

Pip agreed to update the project plans to reflect the discussion and progress work.

#### **43.4 The 'Intelligent Region'**

##### **a Update on projects / developments**

Pip briefly summarised the outcome of the discussion at the Intelligent Region workshop on the 27<sup>th</sup> August which was recorded in the report circulated. In addition to the current programme of work discussion had highlighted further work that might be progressed as part of the approach and this was being reviewed. Jim Cannon noted his intention to appoint a programme manager post (18 months) in NoSPG to pull together and deliver the various elements of work.

Those members present who attended the session noted that although Boards were in different places in relation to the themes embodied in the work: the principles embedded in the approach were useful to relate to at both local and regional levels; the usefulness of the tiered intelligence approach in offering a framework for local developments which was having some traction in some Boards and that it was helpful to see work tested and rehearsed at a regional level in support of this. Jim noted he was keen to continue to test approaches and his discussion with Carol Sinclair and Michael Muirhead (Item 42.3a) was part of the follow up work from the session on the 27<sup>th</sup> August in particular to support the different reporting requirements of NoSPG.

Members noted the suggestions for further work highlighted in the report and supported continuation of testing of the approach in particular to gather information for specific purposes with questions attached and clear interpretation of the data – and subsequent mandate for change or action on the back of the work (ie the process for requiring and using the information is as important as the information generated).

#### **44/13 Public Health Network Workplan**

##### **44.1 NoSPHN Workplan 2013/14**

**a Workplan update (2013/14)** - Pip highlighted new work that had been added to the plan including: the SHIAN rural developments project; the single issue meetings being set up with Health Improvement colleagues to focus on sharing of learning on smoking cessation (including smoke free grounds), HPHS (eg Physical activity as a treatment option in acute services), and the Integration agenda; the adaptation of the NoSPHN logic model work for national dissemination and the Chronic Pain Services Pathway work. Members noted the update with thanks.

##### **b Specific updates from key groups / programmes and related actions not on the agenda**

In relation to the new Civil Contingencies structures and updates received from both Peter MacPhee and Tom Laverty – members noted that the new planning structures were due to begin on the 1<sup>st</sup> November but that there were some concerns about duplication of structures at both regional and local levels which would be difficult to support.

Members asked that the EPOs' be asked to review and feedback on how the health sub agenda would be met in the future following the first meeting of the North of Scotland Regional Resilience Partnership on the 12<sup>th</sup> November (Margaret was also due to attend) and that this

PM/TL/

be discussed at the next NoSPHN meeting and to ensure that Health Board representatives attending the meeting on the 12<sup>th</sup> of November were well briefed in advance.

MS

Members noted the rest of the updates with thanks.

#### **44.2 A Regional Approach to Dental Public Health**

**a NHSG CDPH post and NoS service level agreement** – Susan Webb advised that the job description for the NHSG CDPH had been drafted and shared with both NHS and NoSPG colleagues to ensure regional dimensions. The interview panel had yet to be agreed. A draft SLA (generic, focussing on major pieces of work) was being developed with Cathy Lush and Margaret Somerville to include a contract, monitoring schedule and nominated local contacts.

**b Dental needs assessment for special care groups** – Pip highlighted a request from Cathy Lush (NHS) to understand if NoS colleagues would welcome a joint approach to a needs assessment for special care groups (eg people with Long Term Conditions, bariatric patients, older patients) and likely impacts on service demands (ie patients registered with GDPs transferring into NHS dental care as their needs become greater / more specific) – with related funding impacts. It was noted that this may not be as relevant to Island Boards as the model of service care may be different eg in NHSS all dental services were NHS services so their starting point was different. The group proposed that the need for the work should be highlighted to the national Dental Public Health Needs Assessment Group (through Anne Conacher - ScotPHN) to test for national relevance and to identify if other Boards were conducting similar work. If still required or appropriate, members agreed that the needs assessment could be encapsulated in the SLA at a NoS level.

PF

SW/CL

#### **44.3 Future planning / workforce planning session – 2nd October 2013**

Margaret advised that the discussion at the NoSPHN workforce meeting that morning would be written up and circulated but that one of the main outcomes was agreement to begin to look at how we might review our collective needs from the perspective of a population of 900,000, how work might progressed from this perspective and what then the Public Health workforce/ actions might look like to support this. Margaret proposed further discussion of the issues at the next NoSPHN meeting and Jim asked that in line with similar NoSPG discussions that NoSPHN share its thinking with NoSPG at a future meeting.

PF/MS

**44.4 Scoping of Chronic Pain Services** – Sarah advised that following discussion at the last NoSPHN meeting and subsequent discussion at NoSIPG, it had been agreed that there would be a value in discussing at a NoS level local Chronic Pain tier 2 and 3 services starting with a preliminary scoping meeting to determine what might be helpful for example; gaining a common understanding of current local Tier 2/3 service provision and any gaps / unmet need; a common understanding of pathways into Tier 4 services and the scope for more prevention / early intervention to use available specialist resources more effectively. The NoS Integrated Planning Group had also noted the need to reflect in discussion links to other work on going regionally for example on the Back Pain Pathway and Spinal Surgery Services. Sarah summarised that the first meeting would be to understand whether there was an appetite for work and what the task would be with a view to bringing this back to NoSPHN / NoSPG. Representatives from each Board had been sought and the meeting was being set up.

ST/PF

#### **45/13 AOCB**

- **NoSPHN newsletter September / October 2013** – Pip highlighted that a NoSPHN newsletter was now due and asked what focus would be useful to colleagues? Members highlighted updates on key work including the Intelligent Region (short description), small volumes work and future planning. It was also suggested that each Board be approached to share current work / key issues in their department ie a single focus on each Board.
- **SpT recruitment** – this had been discussed at the NoSPHN workforce meeting earlier the in day (to be reported separately).

PF

#### **46/13 Items to be brought forward to future meetings:** members asked for the following for the next meeting:

- Update on Civil Contingencies
- Results of / reflections on ScotPHN audit (available November 20<sup>th</sup>)

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PM

In addition it was agreed that the following be circulated in advance and highlighted for discussion at the next meeting:

- Substance misuse paper (Susan Webb) along with work ongoing in other Boards. Susan

SW/All

noted a new appointment to cover the work in NHSG and that she would welcome connections being made with other Boards in this respect. Susan agreed to prepare a brief paper (with Liz Smart in NHS, and Sarah Taylor in NHSS) for the next meeting.

PF

- Update on Integration agenda in NHS (Margaret Somerville) / case study to be shared and NHS Board paper prepared by Evan Beswick (What are the Leadership Lessons to be Learned From the Integration of Health and Social Care in North Highland?) to be circulated.

MS

**Further items for future meetings**

- Audit of NoSPHN – are we focussing on what really matters / asking ourselves the right questions / got the balance right across work programmes?
- NoSPHN Quality Framework
- Inequalities based discussion on SIMD and Colin Fischbacher's paper 'Identifying Deprived Individuals' (Sarah Taylor) and Report of the Ministerial Task Force on Inequalities linked to Welfare Reform (February 2014).
- Update on NoS Homelessness Hub work (February 2014)

**47/13 Date of next meeting** – Wednesday 20<sup>th</sup> November, 2pm – 4.30pm

Dates for 2014 to be confirmed shortly.

AM