

**Approved minute of the North of Scotland
Public Health Network Steering Group Meeting**

Wednesday 7th August 2013, 2:00– 4:30pm

All members joined by videoconference / teleconference

**NORTH OF SCOTLAND
PUBLIC HEALTH NETWORK**

Present:

Margaret Somerville - NoSPHN Lead, Director of Public Health, NHS Highland (Chair)

Sarah Taylor - Director of Public Health, NHS Shetland

Louise Wilson – Director of Public Health, NHS Orkney

Susan Webb – Deputy Director of Public Health, NHS Grampian

Martin Malcolm - Head of Public Health Intelligence & Information Services, NHS Western Isles

Phil Mackie – Lead Consultant, ScotPHN

Pip Farman – Public Health Specialist / North of Scotland Public Health Network Co-ordinator

Elaine Garman – Public Health Specialist, NHS Highland

William Moore – Consultant in Public Health NHS Grampian (for Item 33.2c)

Noelle O'Neill – Public Health Scientist, NHS Highland (for Item 33.2)

Cathy Lush – Clinical Dental Director, NHS Highland (for Item 34.2)

NB Not all members were in attendance for all items. 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.

29/13 Welcomes and apologies

Apologies had been received from: Ann Conacher, Ken Black, Paddy Luo-Hopkins, Ray Watkins, Sara Aboud and Jim Cannon.

30/13 Minutes of the last meeting 5th June 2013

The minute of the last meeting was approved. Members gave no reason why the papers and minutes of the last meeting should not be made available by open access on the internet.

AM

31/13 Matters arising from the last meeting and not on the agenda (matters arising were also updated at Item 34.1b)

- **North of Scotland Homelessness Hub** – Pip advised that she had met with Janice Wilson (Highland Council) to establish whether there were any shared areas of interest for work between NoSPHN and the NoS Homelessness Hub given our shared geographical boundaries. Noting that the NoS Homelessness Hub were currently reviewing their priorities with local members Janice had agreed to ensure all Hub members were aware of their local Public Health colleagues and to agree local priorities first. NoSPHN members asked for a review of the position after 6 months. PF
- **NHSWI DPH post** – Margaret noted that she understood an interview panel was being organised for the post and highlighted national discussion with regard to the advertising of the post on a Senior Manager pay scale and grade as opposed to Agenda for Change (possibly due to NHS England Local Government guidance) and agreed to ensure that Alison McCallum (as Chair of the DsPH group nationally) was kept updated. MS
- **NSSC Renal Transplant review** – Margaret advised that she had been asked to represent NoSPG on the review Group given her agreement to be the Public Health contact but in terms of time commitment could not commit to this. Margaret noted that Rob Peel (NHSH) was representing NHSH and Pip agreed to discuss options with Jim Cannon. PF
- **Faculty Conference 7/8th Nov 2014, Dunblane** – Pip noted that given the early development of current NoSPHN projects no NoSPHN abstracts had been submitted for the conference this year. Susan confirmed a NHSG abstract with regard the Intelligent Board had been submitted on which NoSPHN could build at future conferences.
- **Health Protection Stocktake** – following the first meeting of the latest review group led by Fiona Mackenzie, Sarah had been part of a sub group clarifying the role of HPS for the review. This work had concluded and was due to be presented to the main review group and DsPH by the end of September. Although there remained strong views nationally on the review she felt there was a clear drive to ensure that issues should be resolved and to seek a conclusion to the original review and its findings. Sarah noted that she had been able to share the experiences of NoSPHN and how we work as evidence of how a national network might operate.

32/13 ScotPHN / NHSHS updates and developments

32.1 Scottish Public Health Network (ScotPHN)

Members noted the update submitted by Phil with thanks and welcomed the new format of the report. Phil highlighted he was still without a research post and as a result the team was stretched. Phil also noted that a call for Lead Authors for further work had been circulated and he welcomed discussion on this (as below):

- Long term conditions needs assessment toolkit
- Needs assessment of gambling
- Scoping of research proposal on violence
- Development of guideline for public health input to Care of dying.

Margaret asked that when the ScotPHN audit was complete it would be helpful to have discussion on this at NoSPHN in terms of any transferable lessons to be learned.

PM

33/13 North of Scotland Planning Group / programmes

33.1 Feedback from NoSPG meetings

Pip advised that the last NoSPG meeting had been held on the 19th June 2013. The majority of items discussed were summarised in the Workplan Exception Report circulated with the papers which Pip noted was very helpful and she felt reflected move toward an Intelligent Region approach. The exception report also differentiated between the different types of NoSPG programmes. It had been Elaine Mead's first meeting as Chair and Elaine had signalled her wish to ensure a move from a regional problem solving approach to proactive regional planning which Pip noted may result in requests for different types of support requirements from NoSPHN. Other items discussed were on the NoSPHN agenda.

The next NoSPG meeting of the 21st August had been cancelled as the Group were moving to moving to 4 meetings per year. The next IPG meeting was on the 4th September and an update on Intelligent Region was noted for the agenda.

33.2 Update on NoSPG / programme developments

a **NoSPG workplan** (exception report) – as above

b Cardiac Services Event Report (Oct 2012) and draft workplan.

Elaine Garman summarised the draft Cardiac workplan circulated, the priorities for which had been drawn from the Cardiac event in October 2012 and subsequent discussions. Whilst Elaine supported the priorities she felt the plan would benefit from a focus on outcomes and inequalities. Pip further updated on her discussion with Keith Farrer and Sandra Hay at which she too had highlighted the need for outcomes to be clearly highlighted, and clarity on the questions to be asked so that appropriate methodologies might be chosen. Keith had asked for support with refining the presentation of the draft workplan and the understanding methodologies to deliver the actions. Pip suggested that this would be appropriate for NoSPHN and might be achieved with use of the 'draft Planning Blue Print'. This process would then help define any further support required from NoSPHN. She sought members support for this and further comments on the papers.

Discussion noted that the draft workplan was data light, needed to clarify the questions that the network were seeking to answer, clarify the methodologies that would deliver these and demonstrate an understanding of the issues from a population basis ie where the priorities have come from, why they are important and what difference they would make including health benefits / savings.

Members approved the offer of NoSPHN support suggested and Pip and Elaine agreed to follow up. Members noted that the draft workplan had still to go to the Cardiac Network and IPG. Martin asked about NHSWI involvement given both NoS and WoS regional links suggesting that this needed to be stated in the plan and agreed to clarify this from a NHSWI perspective.

EG/PF

MM

c North of Scotland Hepato-Pancreatico-Biliary (HPB) / Oesophago-gastric(OG) Surgical Service Sustainability Review

William noted the HPB/OG review had been completed and spoke to the papers circulated. He had been involved to use a multi criteria decision approach to determine what would be the most appropriate surgical service delivery model for HPB and Upper GI Cancer patients in the North of Scotland, given small surgical volumes and pressures to centralise services nationally.

Five options, including no change, were identified and further examined. The final recommendation of the Working Group was that a “virtual specialist centre on three sites with a unified MDT, protocols and CMGs and would be subject to outside scrutiny” was the most appropriate option. Although a surgical services perspective was adopted, likely adverse impacts on other supporting clinical services in the care pathway were considered. The outcome of the decision approach was consistent with the expressed views of Group members and had subsequently been supported by NOSCAN.

Members noted that the report documentation did not present a summary of the current empirical evidence. William stated that the available published evidence, local audit data, and local service provision had been reviewed by the Group at an earlier meeting. It was assumed that the Group participants in the multi-criteria decision approach were informed and up to date. William noted that the rationale for the surgical volume thresholds in the latest national guidance was unclear. The empirical evidence for centralisation is predominately based on changes to service provision in other countries, which may not be directly applicable to the North of Scotland context. It is also unclear which specific components of a centralised model may result in improved clinical outcomes. The Working Group decision was that a regional integrated service, with joint multidisciplinary working across sites, was likely to result in optimal clinical and patient reported outcomes.

Members noted that the CMO Harry Burns had recently sought support from DsPH for an audit of urological cancers, where there are small numbers but many operators. Exploring the learning from this project, William reiterated the need to understand the rationale for thresholds being set for small volumes work, noting that the focus should be on quality of care provision and ensuring optimal outcomes for the local population. Pip and William agreed to debrief further to ensure that the learning was fed into the NoS project looking at small volumes. William noted that a Decision Making Process for evaluative comparisons, using a multi-criteria decision approach, was in development within NHSG. Further information on this process and applications will be shared with NoSPHN.

WM/PF

33.3 Small volumes / outcomes and sustainability work

Pip updated members on the work. The first paper circulated had been submitted to the last NoSPG meeting at which the proposals for the project had been supported. As a result Pip had developed a project scoping detailing the work further and including an action plan on which she sought member's views in particular whether the questions being asked encapsulated all perspectives and on who best to engage further in the work.

Members supported that plans and agreed to reflect on the work locally and feedback comments to Pip. Sarah noted her discussion with Pip asking that on island / off island perspectives are built into the project and that she was following this up with local colleagues to better understand how the island experience related to the work.

All

33.4 The 'Intelligent Region'

a Update on projects / developments

Updating on the Intelligent Region project Pip highlighted the paper submitted to the last NoSPG meeting which offered a revised visual model for the concept (Appendix 1) and also highlighted six projects which were being taken forward to test proof of concept. The projects had been approved at the last NoSPG meeting and were differentiated into projects which focussed on how NoSPG does its business and projects that informed NoSPG business. Within these, NoSPHN input focussed on refining the model; supporting the approach overall, organising a meeting on 27th August to further share and discuss the concept with colleagues, developing a NoSPG core data set and the small volumes project. Jillian Evans (NHSG) was also supporting an imaging data review. Members noted the draft agenda circulated for the meeting on the 27th August.

Discussion highlighted the value of including lessons learned from the HPB work into the model and also reviewing the Cardiac work stream activities from an Intelligent Region perspective. Susan noted further developments on the Intelligent Board in NHSG highlighting the need for keeping the work simple and making the connections re various stands of work.

PF

In response to requests from Mark O'Donnell (SG) that ScotPHN were sighted on the work, Phil agreed to email Pip and Mark to clarify and ensure alignment as appropriate with national workstreams (NIIF, QuEST Efficiency and Productivity work). Pip proposed that after the 27th August meeting when the views of regional colleagues on the work had been sought that

PM

national colleagues including Hester Ward and Lorna Jackson should be apprised of the work.

34/13 Public Health Network Workplan
34.1 NoSPHN Workplan 2013/14

a Workplan update (2013/14) - Members noted the update and proposed asking at the Intelligent Region meeting on the 27th August whether a NoS GIS event would be helpful (noting the anticipated national meeting might not be forthcoming).

b Members noted the specific updates from key groups / programmes and related actions not on the agenda.

34.2 A Regional Approach to Dental Public Health

Speaking to the paper circulated by Ray Watkins, Margaret highlighted the latest proposals with regards to the appointment in NHSG of a full time Consultant in Dental Public Health with leadership responsibilities for a NoS Dental Public Health Network and the development of an indicative SLA with NHSH for up to 2 sessions a week for agreed Public Health activities. Cathy Lush highlighted the very positive relationships in the NoS and how the proposals in the paper would build on this. Susan noted a job description for the post was being drafted and she was keen to understand what the SLA might look like (eg needs assessment, expertise required) ahead of recruitment and to explore what the network might look like and suggested that Bruce Archibald may be able to support some of this process initially. Members noted too that the SLA would likely need to be reshaped over time as work developed.

SW/CL

Sarah noted that she too would be interested to understand what the SLA content might look like as a way of clarifying the contribution Dental Public Health activity makes to services / service planning (generically and specialist) and to understand what this might mean on a regional basis.

Cathy highlighted the opportunity to develop a strategic collaborative advantage if we could move towards a regional Oral Health and Dentistry strategy and Susan noted the recent benefits of such an approach in NHSG. Margaret asked that this be highlighted in the job description and asked that Cathy seek planning and finance advice in the next stage of the process and ensure inclusion of Argyll and Bute colleagues.

SW/CL
CL

Members noted the need to ensure that other NoS colleagues had also been engaged in discussions and were signed up to a networked approach proposed.

RW

34.3 Workforce planning

Following discussion at the last NoSPHN meeting with regard to the focus of a workforce planning event for key NoSPHN members, Pip had circulated a draft programme which drew on the Horizon Scanning / IFF methodology and as she understood it aligned to the work ongoing through the national SDsPH Group. Members discussed the potential benefits of a critical friend/facilitator in discussions; the need ensure participants could think radically and 'out of the box' at the event and to ensure the format for the day and methodologies proposed would support this.

Pip and Margaret agreed to review the programme, seek advice from Sharon Millar and /or local Organisational Development teams (Pip and Susan) on appropriate methodologies for the session. Members further agreed to review the programme after the next DsPH meeting when the outcome of the national DsPH work was to be discussed. Members noted the need for some preparatory work prior to the event in terms of reviewing the horizon scanning work, reflecting on current national work and local concerns.

MS/PF
PF/SW

34.4 NoSPHN CPD programme

Pip highlighted the range of sessions that were in planning as part of the CPD / NoSPHN development programme including the intelligent region session and workforce planning session. Pip confirmed that plans were in place to offer Noelle O'Neill's 'Tour de Technologies' presentation as a 'NoS education session' as requested at the previous meeting and that following a similar model other colleagues were being invited to do the same. The Health Improvement Collaborative had agreed to arrange three sessions focussing on single issues (smoking cessation, health promoting health service - physical activity and the integration agenda); the logic model resource was to be presented as a session nationally. Further CPD opportunities were being explored in relation to member's suggestions.

Members noted the plans and Margaret asked that the distribution of information for each type of session be assessed to maximise appropriate attendance from both Public Health and others eg planning colleagues.

PF

34.5 Chronic Pain Service

Sarah noted that the Scottish Government consultation report on specialist chronic pain services had been launched (<http://www.scotland.gov.uk/Publications/2013/07/9995>) and noted the need for work in NHS Shetland to look at Tier 1-3 services and asked whether there was a shared NoS agenda for looking at this (mirroring similar previous work on Weight Management services)?

The vc link to the meeting ended at this point in the discussion and the following notes are as a result of subsequent email discussions.

Members noted issues with local Chronic Pain Service provision and supported the setting up of a meeting to discuss the issues further and for scoping collaborative work on the pain pathway. Pip also agreed to note the proposal for interest at the next IPG meeting. Susan also highlighted that a paper on a NoS Chronic Pain Network went to the November 2012 IPG meeting (Pip to circulate separately for information).

ST/PF

PF

36/13 AOCB

Phil advised that he had been invited by NSD to participate in a review of the national Child In-Patient Psychiatry Service. The purpose of the review was to ensure this nationally designated Service continues to meet the criteria for designation of national specialist services. Phil was keen to ensure that colleagues were aware of the review and offered to ensure that NoS Public Health input was fed in through him if colleagues were content with this. Margaret supported this offer.

37/13 Items to be brought forward to future meetings: members are asked to highlight and agree proposals for items to be brought forward to the next meeting (October) and highlight further items for discussion.

- Scottish Health Inequalities Impact Assessment Network (SHIAN) – national review of rural developments (to be updated on at Oct meeting)

To be brought forward to future meetings:

- NoSPHN Quality Framework
- Audit of NoSPHN – are we focussing on what really matters / asking ourselves the right questions / got the balance right across work programmes? (to be reviewed in part through workforce planning event) – October event to address this.
- Substance misuse – Susan Webb (local report when available / if appropriate)
- Update on Integration agenda in NHS (Margaret Somerville) / case study to be developed (work is in progress on this)
- SIMD and Colin Fischbacher's paper 'Identifying Deprived Individuals' (Sarah Taylor)
- NoSPHN engagement with colleagues in Boards – Pip is having ongoing discussions. Suggestion to date is to offer a NoSPHN education session either as part of one of local Boards sessions or separately.

38/13 Date of next meeting – Wednesday 2nd October, 2pm – 4.30pm

Further dates for 2013

Wednesday 20th November, 2pm – 4.30pm