

**Present:**

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

Sarah Taylor - Director of Public Health, NHS Shetland

Suzanne Baird – Health Promotion Manager, NHS Orkney

Maggie Watts – Director of Public Health, NHS Western Isles (from April 2014) / CPHM NHS Ayrshire and Arran (by teleconference)

Ray Watkins – Head of Health Improvement and Consultant in Dental Public Health, NHS Grampian

Phil Mackie – Lead Consultant, ScotPHN (by teleconference)

Jim Cannon – North of Scotland Director of Regional Planning

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

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.

		Action
01/14	<b>Welcomes and apologies:</b> Margaret welcomed Maggie Watts as the new Director of Public Health for NHS Western Isles who was due to take up her appointment at the beginning of April 2014.  <b>Apologies</b> had been received from: Susan Webb, Ken Black, Noelle O'Neill, Louise Wilson, Sara Aboud, Sharon Pfeleger, Martin Malcolm and William Moore.	
02/01	<b>Minutes of the last meeting</b> 2 <sup>nd</sup> October 2013 (the meeting of the 20 <sup>th</sup> November 2013 had been cancelled). Members approved the minute of the meeting and gave no reason why the papers and minutes of the last meeting should not be made available by open access on the internet.	AM
03/14	<b>Matters arising from the last meeting and not on the agenda</b> <b>Integration agenda</b> – Margaret noted that NHS Highland was now pursuing discussion with the Argyll and Bute Council re integration. Ray noted that Aberdeenshire had appointed managers to progress the integration agenda. Sarah noted concerns nationally with regard the latest policy statement on the functions of the Integration Board and Public Health on which clarity had been sought. Members agreed to discuss further at the June / August NoSPHN meetings once there was clarity on the position.	PF
04/14	<b>ScotPHN / NHSHS updates and developments</b> <b>4.1 Scottish Public Health Network (ScotPHN)</b> <b>a Update</b> - members noted the update given with thanks. In response to queries, Phil noted that the ScotPHN Pharmacy report was due out in March. Margaret highlighted work in NHS Highland on a prison needs assessment and Phil noted that the ScotPHN work on prisoner health would focus on prisoner needs when in the community.  <b>b ScotPHN audit</b> - Speaking to the ScotPHN audit papers circulated Phil noted that ScotPHN has always had a program of annual internal self assessment but the audit had been an external national review (following recommendations in the national review of regional planning). Some of the recommendations from the audit highlighted actions the ScotPHN Board were automatically progressing, others the Board felt required to be discussed further with stakeholders in particular: stability and increased capability; knowledge management; the structure and hosting of ScotPHN; and governance. NoSPHN as a key stakeholder was being asked to make a corporate response.  Members discussed the papers and the following was noted: <ul style="list-style-type: none"><li>• The authors of the report were as noted on the front cover only (ie and were all independent of ScotPHN)</li><li>• The potential benefits of formalising approaches through MOU's but recognising that the key was ensuring all stakeholders felt they had ownership of ScotPHN activities. Members noted that with broadening stakeholder focus, ownership might become more challenging</li></ul>	

- The strengths and weaknesses of different models of hosting ScotPHN in terms of ownership
- The need to reflect on the relationship between NoSPHN and ScotPHN given the results of the audit but recognise the synergies of the current arrangement between the two
- The need to clarify routes for work both in and out of ScotPHN particularly for disseminating ScotPHN work
- The need to build collaborative links with the other regions
- The benefits of an approach that focussed on subsidiarity
- The need to build capacity within ScotPHN was seen as key
- The relationship with the Directors of Public Health was seen as key in terms of engagement with Boards
- The need for closer working with the planning community eg Directors of Planning / NPF
- Ensuring the quasi commissioning role of ScotPHN works
- Understanding ScotPHN role in relation to other national groups eg SHTG and the need for relationship building across national groups.

Pip agreed to draft a response to the consultation based on the feedback to date for further discussion at the NoSPHN DsPH/ reps meeting on 7<sup>th</sup> March (and meantime welcomed further comments) and agreed also timetable time to reflect at the meeting on the transferability of the lessons learned from the audit for NoSPHN ie focus, commitments, governance, profile and knowledge management capabilities. Members noted that the deadline for responses to the consultation was 4<sup>th</sup> April.

PF  
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## 05/14 North of Scotland Planning Group / programmes

**5.1 Feedback from NoSPG meetings** – Jim noted that the meeting of the NoSIPG on the 20<sup>th</sup> November had been cancelled and he reported on key themes from the November and December 2013 NOSPG meetings. Jim emphasised the current focus on data collection and the appointment of a programme manager to support the development of the Intelligent Region (a two year appointment).

### 5.2 Update on NoSPG / programme developments

**a NoSPG workplan** – the NoSPG workplan circulated was noted.

Updating on the oncology services review Jim highlighted that a short life working group was progressing work and external facilitation had been sought from Dr Jane Barrett, a recently retired Oncologist with significant experience in the configuration of oncology services and cancer policy within the Department of Health, NHS England. Jane had supported a session with stakeholders particularly clinicians in January. The intention now was to develop an action plan to progress the work with a focus on each of the tumor sites for which meetings were being set up with a Lead clinician to support each with a view to understanding how best to support services locally, regionally or nationally and data information needs and models of working. Workforce planning colleagues had been engaged to support a 6 steps approach to the workforce issues and a part time project manager was being appointed. It was intended that the work would be complete by the end of the year.

Jim noted that William Moore from NHSG was involved from NoSPHN and Pip in relation to lessons to be learned / applied from the small volumes work and he anticipated that support from NoSPHN would be required for looking at the data needs of the work.

Pip noted the potential need for support from NoSPHN with the NoS Vascular services project (business case) which she had noted to Keith Farrer and Jim also highlighted discussion with regards the CAMHS Secure Forensic estate which would likely require an understanding of need / demand for services for the next 10-15 years (recognising that this may need a national response). Jim agreed to feedback on developments after the next national Chief Executives meeting.

JC

**5.3 Small volumes / outcomes and sustainability work** - update, scoping and sustainability. Pip noted that the second literature review being conducted by Aberdeen University colleagues had been completed (Pip had just received) – the focus of this had been to understand the evidence supporting for the setting of the HPB threshold. The next stage was to conduct a more detailed review of the evidence for pancreatic resectional surgery which was due at the end of March – the third stage would be the production of a number of case studies summarising evidence against a number of key questions highlighted by the project eg the impact of regional / centralisation on outcomes etc.

Jim noted the potential to look at radical prostatectomy / laparoscopic prostatectomy as part of the work which was discussed at national level although Pip highlighted that it had been previously agreed to let the work progress nationally first.

Pip further advised that interviews had been held with colleagues previously conducting small volumes work – interviews were still to be held to review the vascular service work. In addition she was developing a scoping for a meeting of Medical Directors and others to come together to understand and review small volume issues (eg what services should be provided locally, regionally or nationally and what was in /out/or unclear). In agreement with Jim, Pip noted that this was now being done in the context of the wider sustainability work that NoSPG was progressing (paper circulated) and known sustainability work going on in Boards. The intention was to host the meeting in April / May 2014.

#### 5.4 Oncology Service Review – as noted above.

06/14

#### Public Health Network Workplan

##### 6.1 NoSPHN Work plans 2013/14 and 2014/15

**a Workplan update (2013/14)** - Members were asked to comment on/note progress on the workplan and discuss forward planning arrangements for 2014/15 and reflect on the balance of work in terms of 3 horizons thinking (focus on fixing, innovating, transforming). Pip reflected that much of what has been progressed during the year was ongoing work (eg the Intelligent Region) and much had also focussed on supporting or sharing of practice eg SCHWL rather than the development of new major programmes.

It was agreed to defer discussion on this until the 7<sup>th</sup> March DsPH/ reps meeting 7<sup>th</sup> March.

PF

**b NoSPHN Budget** (2013/14 and forward planning 2014/15). Pip advised of a small underspend in the budget and welcomed further ideas for spend but indicated final planned spend on 7<sup>th</sup> March; IT equipment and CPD would influence what was available. Members noted the proposed costs of NoSPHN to Boards for 2014/15 and that Boards would be invoiced as usual in May 2014. Members were asked to notify of any likely problems in meeting these asap.

PF

ALL

**c Specific updates from key groups / programmes** and related actions not on the agenda. Pip highlighted key work since the last NoSPHN meeting and new work being progressed including:

- Promotion of the Child Health logic model to the national Service Improvement/Healthcare Public Health Interest Group on the 29<sup>th</sup> October.
- SHIIAN workshops had been held in NHS in November and NHSWI in December 2013 – with further workshops being planned across Scotland before a report back was due.
- NoSPHN update sessions had been held with NHSG colleagues (Nov 2013) and NHS colleagues (Jan 2014).
- Single issue sharing sessions had been held with health improvement colleagues for Smoking cessation / smoke free NHS grounds (Dec 2013) and also the Health Promoting Health services / and physical activity (Feb 2014).
- Sarah highlighted the Chronic Pain meeting which had been held on the 2<sup>nd</sup> December at which it had been helpful to share issues and which had highlighted: the potential for sharing good practice across the NoS Boards; actions which might better be supported nationally which had been forwarded to Steve Gilbert (national lead clinician) for comment; and regional actions. She noted that further work was required with regard the spinal stimulation service in NHSG (ie links into local care pathways) but that there was nothing to suggest this should be a regionally funded service. The group did not intend to meet again. Jim highlighted a conversation with Gillian Gunn (national Chronic Pain Steering Group) who had noted a number of gaps in services in the NoS. Sarah advised that the group had highlighted a range of gaps / needs of Boards but the discussion had indicated that there was not a regional agenda to addressing these over and above those highlighted in the paper. Jim noted further ongoing work nationally with regards the location of the specialist residential Chronic Pain Service.
- The NoSPHN website had been reviewed to ensure compliance with copyright legislation.
- The first meeting of the NoS Health Protection working group had been held on the 10<sup>th</sup> February. A note of the suggested actions from that meeting and follow up work was to be discussed at the 7<sup>th</sup> March DsPH/ reps meeting. Pip noted also that the NoS Surge Capacity MOU was due for renewal.
- Discussions were ongoing with regard to setting up a NoS WebEx session re ArcGIS online.
- CPD planning for 2014/15 was ongoing including discussion with regard shared programmes for health protection and health intelligence colleagues.

- Ray noted that appointments to the NHS Grampian Consultant in Dental Public Health and Consultant in Health Improvement had not been successful but work continued to recruit to the posts. Members noted the need to pick up on recruitment challenges at the 7<sup>th</sup> March meeting.
- Maggie highlighted feedback from Martin Malcolm encouraging attendance at the initial meeting of the national OS/GIS meeting with local liaison officers on the 2<sup>nd</sup> April.

Members noted the updates with thanks.

Phil and Suzanne left the meeting.

**6.2 Workforce planning session** (2nd October 2013) Members noted the paper circulated summarising the actions arising from the discussion on the 2<sup>nd</sup> October and Pip updated on progress on these. As previously discussed a health protection working group had been established; issues had initially been highlighted to Jim Chalmers re the recruitment of trainees but Margaret had suggested following this up more formally with a letter; information had been shared between Boards and a follow up day had been set of the 7<sup>th</sup> March. It was intended that the further actions / suggestions for work highlighted in the paper be discussed on the 7<sup>th</sup> March.

MS/P  
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Planning for further session 7<sup>th</sup> March 2014. Pip confirmed the date of the follow up session and the venue as Aberdeen and confirmed all DsPH were able to attend and that all travel / accommodation costs would be met by NoSPHN. Highlighting issues suggested for discussion on the 7<sup>th</sup> Pip sought support for prioritisation of the issues and an outline programme for the session. Members noted the needed to reflect on health improvement challenges (eg funding for SHWL, Keep Well and Child Healthy Weight) across Boards; getting ready for integration and the outcomes / impact so the devolution referendum; and the need to consolidate thinking to inform the NoSPHN workplan for 2014/15 and whether the workplan was being directed to where we really needed to be.

Pip agreed to draft a programme and circulate. Members agreed that the current attendee list was sufficient to support the agenda. Jim asked that in discussing planning for a population of £1.3m that members took cognisance of the intelligent region work and the role the new NoSPG programme manager would have in supporting this.

PF

**6.4 NoSPHN Health Improvement Collaborative** – update from Health Improvement Collaborative and including Scottish Centre for Healthy Working Lives developments.

Ray fed back on behalf of the group who had met in December 2013 and were due to meet again in March 2014. The group had discussed shared concerns about current and potential further impacts of funding withdrawal of Health Improvement funds particularly where Boards had not been able to achieve mainstreaming of services. Members shared the concerns and noted ongoing national meetings with regards to SCHWL which Susan Webb was leading on and agreed to get at update at the 7<sup>th</sup> March meeting.

SW

Ray also highlighted health Improvement colleagues concerns about the enforceability of smoke free NHS grounds and that they had suggested that higher level advocacy was needed for this but that he understood that NHSHS was hosting meeting to begin to look at issues.

**6.5 Scottish Affairs Committee Faculty Conference 2014** – Members noted that the date of the next Faculty Conference in Scotland was the 6<sup>th</sup>/7<sup>th</sup> November (venue to be confirmed), the first meeting of the NoS organising group was the 26<sup>th</sup> February 2014 (all NoS Boards were represented) when the Chair for the group would be confirmed. Pip invited members to share ideas / suggestions for the focus of the event and key speakers through their representatives.

All

#### **6.6 North of Scotland Regional Resilience Partnership (RRP)**

Members reviewed the papers circulated and updates from Tom Laverty (NHSWI) and Peter MacPhee (NHSH) re the development of the RRP. The RRP since 1<sup>st</sup> November 2014 is now the multi-agency strategic level partnership group for the Highlands and Islands, Grampian and Tayside. This is led by an Assistant Chief Constable and each organisation attending is represented by a senior executive officer (usually the Chief Executive). The next NoS RRP meeting is scheduled for 6 March 2014.

Below this group are a series of Regional Capability Groups and subsequent sub-groups. The four main Capability Groups are centred on functions namely: Response Capability; Risk Capability; Training and Exercising Capability; and People Capability. Each of these has sub-groups which deal with topics/specialities within these functions. For the People Capability Group

these are: Mass Fatalities; Public Health; Animal Health and; Mass Casualties. The People Capability Group is being led by Caroline Selkirk (NHST) and the first meeting of the Public Health sub group being led by Jackie Hyland (NSHT) had been held on the 21<sup>st</sup> January 2014.

In addition to this there are Local Resilience Partnerships (the LRP's) which are essentially the Strategic Co-ordinating Groups, with a working group below that comprising the practitioners and replicating the previous H&I Emergency Planning Co-ordinating Group. The 3 LRP's are H&I, Grampian and Tayside. Each of these has a series of local working groups, namely: Rescue; Care for People and Business/Community Resilience. Health Boards and Local Authorities etc are expected to have representation upon each group.

NoS Health Emergency Planning Officers have formed an informal group with the aim of ensuring that health communicates and engages with the new structures in a cohesive and pragmatic fashion.

Noting public health representation on the RRP and the Public Health sub group Tom had highlighted that he did not think there was now any need for RRP developments to be reported through NoSPHN and that this should all be done through the RRP / Public Health sub group and had proposed taking a request from NoSPHN to the Chair RRP to adopt the current relationship between the civil contingencies multi-agency body and NoSPHN.

Members noted the updates with thanks and agreed that given the current arrangements that no formal reporting to NoSPHN was required but that should local colleagues feel it necessary there should always be an open invitation for RRP structure representatives / Health Emergency Planning Officers to bring issues to NoSPHN if that was helpful. Sarah further noted concerns with regard the unsustainability of the new structures and suggested all members highlight this through their representatives.

All

**6.7 Draft annual report** - Members discussed the content for the 2013/14 NoSPHN annual report which would be submitted to NoSPG and circulated to NoS colleagues.

Members recognised that much of what NoSPHN had progressed during the year had focussed on following through of previous work eg the Horizon scanning project through the intelligent region work, sharing and CPD and work that was still in process eg the small volumes and outcomes work. Members emphasised the need to describe the work that had gone on, supported a proposal to articulate how the work highlighted different ways of working across the North and using the logic model approach demonstrate we have achieved our planned outcomes.

Jim advised that the NoSPG annual report would likely focus on a standardised reporting not unlike the NSD reporting format with the expectation of data reporting that might not readily fit with what was proposed for the NoSPHN report.

Pip agreed to further draft the report for NoSPHN and liaise with Jim re what would be best to feed into NoSPG. Priorities for 2014/15 would be informed by the DsPH session on the 7<sup>th</sup> March.

PF

**6.8 NoSPHN Lead role** (for review by August 2014) - Margaret advised members of her intention to retire from her post in NHS Highland in early October 2014. This coincided with the need to review the position of NoSPHN lead role which was rotated every 2-3 years and she advised that she would discuss options for future arrangements with colleagues before the next NoSPHN meeting.

MS

## 07/14 AOCB

- Myalgic Encephalopathy (ME) / Chronic Fatigue Syndrome (CFS) – Margaret noted that Rob Henderson in NHSH had conducted work on ME/CFS last year as a result of requests for out of area residential care but highlighted that previous ScotPHN work had noted there was no specialist CFS service. NHSH were as a result aiming to boost primary care services locally. Margaret asked for views on whether this should be picked up regionally as had been recommended in the ScotPHN report?

Jim advised that this had been discussed at the national Chronic Pain meeting in respect of the Bath service and that this was something on which to keep a watching brief and the need to link with Gillian Gunn on the national Chronic Pain Steering Group. Sarah noted recent press coverage of the possible siting of a national pain service at the Glasgow Homeopathic Hospital although emphasised that this had not been confirmed. She highlighted the potential for looking at a standardised approach across Boards using the ScotPHN report as

a guideline.

Margaret agreed to circulate the NESH report and members agreed to share by email the current situation in each of their Boards and bring the question back to NoSPHN and/or NoSIPG for further discussion.

MS  
All

- NHS Highland Sustainability project – Pip noted a Scottish Government funded project in NHS looking at the sustainability of in particular primary care services in remote and rural areas. Pip agreed to source and circulate information as available. Jim highlighted that Gillian Needham was to lead a discussion at the next NoSPG meeting on the move to a single deanery in Scotland and there was a need to understand if there would be further impacts on recruitment as a result.

PF

**08/14 Items to be brought forward to future meetings:** members were asked to highlight and agree proposals for items to be brought forward to the next meeting (April 2014) and highlight further items for future discussion:

- Update on NoS Homelessness Hub work (due Feb 2014 – deferred to April meeting) – Pip noted a conference that was being planned in Highland on behalf of the NoS hub and agreed to circulate information to members.
- Members confirmed their support for inviting Elaine Mead as Chair NoSPG to attend the NoSPHN June 2014
- Inequalities Discussion – focussing on Report of the Ministerial Task Force on Inequalities (now expected late February 2014), Welfare Reform and SIMD / Colin Fischbacher's paper 'Identifying Deprived Individuals' – to be considered on the 7<sup>th</sup> March assuming reports were available or defer to June NoSPHN meeting if not.
- Substance misuse developments (Susan Webb) – NHSG colleague now appointed to this area of work – expecting to feedback once familiarised self with agenda (Chris Littlejohn)
- ADTC Collaborative (Sharon Pflieger)
- Audit of NoSPHN – are we focussing on what really matters / asking ourselves the right questions / got the balance right across work programmes? Agreed to discuss at the session on 7<sup>th</sup> March.
- NoSPHN Quality Framework – to be brought forward to a future meeting.

PF

PF/MS

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**09/14 Date of next meeting:** 29<sup>th</sup> April 2014 2 – 4.30pm

Dates for 2014: (all dates 2pm – 4.30pm with video/teleconference)

Wednesday 11th June

Thursday 21st August

Tuesday 28th October

Wednesday 10th December