

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

Tuesday 29th April 2014, 2:00– 4:30pm

All members joined by videoconference or teleconference

**NORTH OF SCOTLAND
PUBLIC HEALTH NETWORK**

Present:

Margaret Somerville - NoSPHN Lead, NHS Highland (Chair)

Louise Wilson – Director of Public Health, NHS Orkney

Maggie Watts – Director of Public Health, NHS Western Isles (by teleconference)

Susan Webb - Deputy Director of Public Health, NHS Grampian

Phil Mackie – Lead Consultant, ScotPHN (by teleconference)

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

Elaine Garman - Public Health Specialist NHS Highland for Item 15.5

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
10/14	Welcomes and apologies – Margaret welcomed colleagues to the meeting, apologies had been received from: Sarah Taylor, Noelle O'Neill, Anne Conacher and Jim Cannon.	
11/01	Minutes of the last meeting 18 th February 2014 Members approved the minute of the last reason and gave no reason why the papers / minutes of the last meeting should not be made available by open access on the internet.	AM
12/14	Matters arising from the last meeting and not on the agenda <ul style="list-style-type: none"> NHSG recruitment to Consultant posts – Susan noted that that NHS Grampian were holding interviews for the Consultant in Dental Public Health on the 20th May. There had been no applicants for the Consultant in Health Improvement post and options for locum cover / secondment were being explored. North of Scotland Regional Resilience Partnership (RRP) – Pip had fed back to Tom Laverty and Peter MacPhee the discussion at the last NoSPHN meeting noting that given the new RRP 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. Both were supportive of this arrangement. NoSPHN Lead role (for review by August 2014) – Margaret noted that she had still to progress this. ME/CFS – following discussion at the last meeting when Boards had agreed to share their local position re ME/CFS, Pip had advised that she had not heard from all Boards but the general position appeared to be that there were no ME/CFS specific services but support was provided through GPs. Phil noted that the Scottish Parliament were holding an open meeting in May to revisit current progress in Scotland – there were to be updates from NHS Lothian and Greater Glasgow and Phil was to feed in the ScotPHN needs assessment. Members agreed to wait for feedback following the event and review whether any issues needed to be highlighted through NoSPG. NHSH sustainability document – Pip had still to access and circulate Invitation to Elaine Mead as Chair NoSPG to attend 11th June 2014 meeting. Members discussed the agenda to be discussed with Elaine Mead at the next NoSPHN meeting and agreed it would be helpful to focus on a review of NoSPHN's current work and future contributions to NoSPG. Margaret asked that Pip ensure that Jim Cannon was also invited (<i>post meeting note – Elaine is no longer available on this date, further dates to be reviewed</i>). 	<div>MS</div> <div>PM/ MS PF</div> <div>PF/MS</div>
13/14	ScotPHN / NHSHS updates and developments 13.1 Scottish Public Health Network (ScotPHN) a Update – Phil spoke to the paper circulated noting that he had not been able to secure a Lead Author for the Gambling project – further scoping of the work was to be progressed but the work would not be progressed without a Lead Author. It had not been possible to secure a Lead for the Child Healthy Weight Expert Advisory Group before July 2014 – Phil had therefore agreed to prioritise and lead the work himself. Phil noted that the work planned for the Tiree /	

Argyll Array off shore wind farm which was being noted to NoSPHN was not now going ahead as the development had been halted. Phil noted approvals for the Northern Array (Moray Firth) and proposed that previous work now be aligned to this work as appropriate. Phil further advised that Alison McCann had been appointed to the ScotPHN research post.

In response to members queries Phil noted that the fuel poverty literature review work was due to report by the end of May / mid June and the skin cancer report by mid to end of June. With regard the Learning Disability scoping a teleconference with local Leads had been set up to explore what needed to be delivered, Maggie emphasised the need for the work to be clear on timescales and what Boards needed to do given the inclusion of the work into Board LDP's.

b ScotPHN audit – Phil advised members that the audit consultation had closed. A preliminary report was being discussed at the next ScotPHN Board on the 15th May which highlighted emerging themes around: knowledge management and support; a need to focus on work of national importance / development stands; resolving the ScotPHN management arrangements to maximise effectiveness with the least disruption; and clarifying responsibilities for the management of the ScotPHN agenda. Following discussion on the 15th the management Board would feedback to Boards / respondents.

In respect of the implications for the ScotPHN / NoSPHN relationship Phil emphasised the need to maintain subsidiarity and a flexible approach and in particular understanding how far what we currently do helps with local support and provision (i.e. beyond Public Health).

c Welfare reform - proposal - Phil outlined a ScotPHN proposal for a joint NoS welfare reform event to share planning of national pilot work (NHS and NHST) and share work ongoing within Boards and if supportive to explore potential for joint work. An event had initially been proposed for NHS but NHS had agreed to extend the remit of the session. A provisional date had been identified towards the end of June but this was venue and vc dependent. Members supported the proposal for a NoS event in particular to share work ongoing in Boards. Phil agreed to progress developments with Pip and Lorraine Mann who was leading on the NHS work.

PM/PF
/LM

13.2 Audit of NoSPHN – Margaret asked members to reflect on the ScotPHN audit and potential lessons to be learned from this for NoSPHN (the relevant challenges from the audit were on: focus, commitments, governance, profile and knowledge management capabilities) and also asked members to consider whether NoSPHN should prioritise an audit this year?

Following discussion members agreed that rather than a significant piece of audit work NoSPHN should continue to work through its current process of checking through plans with stakeholders (in particular NoSPG) and reviewing the workplan and developments in September to ensure that it will help us progress to where we need to be. Maggie asked to see the NoSPHN Terms of Reference which Pip agreed to circulate to all members for review.

PF

14/14 **North of Scotland Planning Group / programmes**

14.1 Feedback from NoSPG meetings – Pip briefly highlighted items discussed at the last NoSPG meeting on the 19th February (noting the next NoSPG meeting was the 28th May). Members noted the report. Pip agreed to ensure those members not on routine NoSPG mailing list be circulated with the minutes of the NoSPG meetings as available.

PF

14.2 Update on NoSPG / programme developments

a NoSPG workplan – In Jims absence Pip noted the NoSPG workplan / exception report which had been circulated with the papers for the meeting and suggested that if members had queries she would be happy to pick them up or seek updates from Jim.

b NoSPG Annual event focussing on sustainability - 20th November 2014. Pip noted the date of the NoSPG annual event and its focus on sustainability and asked that all members note the date for diaries / local dissemination.

All

14.3 Small volumes / outcomes and sustainability work – Pip summarised the work verbally noting her intention to circulate a draft report for comment shortly. Pip noted that high level literature reviews had been completed by Corrie Black and Lynn Robertson at Aberdeen University – which has been useful in summarising the evidence relating to low volume activity and outcomes and highlighting some key questions to consider in progressing future low volume work in relation to the evidence. Pip had spoken with a number of colleagues with

PF

regard to previous low volume / outcomes work and themes had emerged from this which she had drawn together. The NoS Medical Directors had approved a meeting to have a discussion re low volume activity with a small number of Boards representatives to understand the challenges in more detail and discuss how further work might progressed. It was hope that the work would feed into the NoSPG sustainability event in November.

In discussion, members noted the balance between low volumes and sustainability and how these might be managed and the importance of having the discussion on a case by case basis.

14.4 NoSPHN annual report to NoSPG – Pip advised members of a change in focus this year for the NoSPG annual report which was to be more on reporting on regional networks and data reporting. Pip was due to discuss NoSPHN's contribution with Jim Cannon on the 2nd May and would seek the necessary sign off from Margaret for the NoSPHN submission which had to be in the following week.

PF/MS

Phil Mackie left the meeting.

15/14 **Public Health Network Workplan**

15.1 NoSPHN Work plans 2014/15

a Workplan update (2014/15) speaking to the papers attached Pip highlighted that the workplan had been revised to include all new proposals for work for 2014/15 in particular those issues discussed at the 7th March meeting and to reflect more clearly the four Public Health domains of work and the groups futures thinking. Pip noted that Public Health support for the NoSPG Oncology Review had still to be clarified, that support had been commissioned from Margaret Hannah (IFF) for 3 horizons thinking/ future work (along with NHSG – a planning meeting for the work was due to be held on the 4th June). Pip asked members to reflect on whether there were gaps in the plan for discussion at Item 15.2.

Members noted their support for the summarised workplan circulated and noted that it would be helpful to keep it updated as feedback refined the plan.

PF

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

c NoSPHN Budget Pip advised members that the 2013/14 end of year budget had come in on track following the NoSPHN meeting on the 7th March, new IT commitments and finalisation of the NoSPHN programme budgets. After salaries she anticipated that the project budget for 2014 / 15 would be in the region of £7K.

15.2 Workforce planning session 7th March 2014

Pip spoke to the note of the meeting of the 7th March and actions which had been summarised under 6 headings:

- Futures thinking / planning (Actions A and F)
- Health Protection (Actions B)
- Health Improvement (Actions C)
- Service improvement (Actions D)
- Health Intelligence (Actions E) and
- Workforce planning (training posts) (Actions F)

and talked through the actions and progress (pages 12 and 13). Pip noted: the Health Protection CPD session was arranged for the 20th May, the date of the Health Intelligence CPD session was near to finalisation (*post meeting note: now confirmed as 5th June 2014*), Jim Chalmers had agreed to a discussion with regards Speciality Training opportunities in the NoS (Members asked that this be arranged asap) and that a further meeting of the DsPH workforce group had been arranged for the 23rd September. The next Health Improvement Collaborative was scheduled for August but Pip suggested emailing health Improvement colleagues once objectives became clearer (see Item 15.5).

PF

Pip noted that she had not had feedback on the note of the meeting and welcomed amendments and notes for inclusion in the scenarios planning table on pages 3-5.

All

Noting the previous discussion on the NoSPHN workplan Margaret asked for feedback on the notes; actions and any gaps in necessary actions.

Louise reminded colleagues of the Primary Care Strategy and that there was a significant amount of Public Health embedded within it and that this might be a gap; Susan felt the Health Improvement objectives needed to be more focussed to identify concrete deliverables. All members noted a continued need to share information in particular with regard Joint Strategic Commissioning plans and support for the integration agenda (for example mapping out the key elements of a Joint Strategic Commissioning Plans so Boards do not miss anything important) and understanding where NoSPHN work might best add value. Margaret emphasised the need in her view for the population of 900,000 work to be progressed.

Margaret highlighted the volume of work outlined and suggested members email Pip in the first instance identifying gaps and articulating specific deliverables that members wanted to see emerge from the plan and asked members to prioritise their top 5 priorities for NoSPHN this year.

All

15.3 NoSPHN 2014/15 CPD plan – Margaret noted that the proposed CPD plans for the year were now highlighted in the CPD plan – much of which was already in planning. Pip highlighted that following discussion on the 7th March the outstanding issues focussed on inequalities (task force report), service quality improvement and integration and she and Margaret were proposing that these might be addressed at a larger NoSPHN event in September / October 2014 but recognised there were associated costs with this. Members approved the plans in principle subject to feedback from members on priorities (as discussed at Item 15.2) – Pip agreed to scope a larger event in more detail.

PF

15.4 Scottish Affairs Committee Faculty Conference 2014 – Pip noted that conference plans were progressing with input from representatives from each of the NoS Boards with the call for abstracts to be out shortly. Pip sought:

- approval to award a NoSPHN prize for the best remote and/or rural focussed poster (eg a book token for £50) – this was agreed
- feedback on use of WebEx rather than vc to access event (to be discussed at the next conference organising group) and to note that
- Chairs of Boards were to be invited to chair plenary sessions at the event pending clarification on funding for attendance (eg travel etc) at the next conference organising group meeting (29th June).

PF

15.5 Inequalities Discussion (links to the papers referred to are given below) Elaine Garman joined the meeting. Margaret led a discussion drawing on the Report of the Ministerial Task Force on Inequalities, Welfare Reform and SIMD (Colin Fischbacher's paper 'Identifying Deprived Individuals') asking members to share understanding of the work, their impacts, to identify the regional elements to any work suggested and any implications for the NoSPHN workplan. Discussion noted some key themes and questions:

Evidence / research:

- The need for pilot programmes to be established in a way that enables them to be evaluated to ensure the outcomes contribute to the evidence base
- The focus of work is often on local (i.e. community planning level) and national impacts but it is not always clear what needs to happen at Board / regional levels - addressing the underlying factors is key
- Could the Board / regional level work best focus on evaluation and rurality?
- Should NoSPHN be generating a research agenda particularly around remote and rural issues? Eg review
 - NoSPHN links with the Centre for Rural Health (noting their strong focus on early years development through Prof Philip Wilson) - can we approach the Centre with a project (need not be about inequalities) or develop a joint research programme?
 - The need for resources to support a research programme (particularly if collaborative with Universities) – what resources might be available to support this?
 - A research agenda could support workforce developments – i.e. would a research agenda make the North more attractive to trainees / others?

(or do we have sufficient evidence already and should we focus on implementation)?

Supporting the current agenda: the focus for current inequalities agenda is -

1. Early years collaborative
 2. Inequalities sensitive practice eg NHSHS inequalities guidance for Non-Exec Directors¹ and Elected Members² (how do we support our Boards to be more supportive / do things differently / ensure appropriate questions are being asked to enable shift from waiting times to inequalities). This agenda should be about wider system issues and not just what Public Health is doing. Can we share / understand at a regional level how we are each making these shifts and tools being used eg inequalities impacts assessment / equality and diversity agenda (training, monitoring and info)?
 3. Community development i.e. enabling communities to grow their own solutions – can we support at a regional level: scaling up of community development work locally (sharing work and using the regional platform to take work forward; empowering our own staff to move towards a communities focus rather than targets only; wider system work eg advocacy roles; focus on NHS as a major employer; work through community planning and ensuring we are picking up on tools we are being given.
- Should part of our role be about changing the targets (is a realistic target for example decreasing the gap in life expectancy in next 3 years – can we do this – would this need the collective persuasion of the national DsPH group)? What's the critical mass that will make the difference?
 - Can we use our strategic commissioning plans to drive and support the change necessary?
 - We need to share what we are all doing: eg community development work; shifts in focus; Keep Well plans; successful practice / use of tools; update on where we are progress re integration agenda and commissioning plans (a priority) – and what should be the inequalities element of our commissioning plans?

Actions:

- Clarify with Sarah Taylor – whether Colin Fischbacher has progressed work on rurality and Deprived Individuals further forward? PF/ST
- Focus on questions above to clarify our NoSPHN Health Improvement Collaborative agenda / priorities – DsPH there to take time to reflect on issues around next national DsPH meeting DsPH
- Review above in terms of CPD developments PF
- Share current plans /work (as noted in bullet list above) – Pip to set up mechanism for sharing PF/All

Reference documents:

- **Report of the Ministerial Task Force on Health Inequalities (2013) (2nd review)**
<http://www.scotland.gov.uk/Publications/2014/03/2561>
- **NHSHS evidence submitted to the task force above**
<http://www.healthscotland.com/documents/23047.aspx>
- **Identifying "deprived individuals": are there better alternatives to the Scottish Index of Multiple Deprivation (SIMD) for socioeconomic targeting in individually based programmes addressing health inequalities in Scotland?** Colin Fischbacher
<http://www.scotpho.org.uk/publications/reports-and-papers/1165-identifying-qdeprived-individualsq-are-there-better-alternatives-to-the-scottish-index-of-multiple-deprivation-simd-for-socioeconomic-targeting-in-individually-based-programmes-addressing-heal>
- **Welfare Reform papers**
ScotPHN:
http://www.scotphn.net/projects/current_projects/impact_of_welfare_reform
ScotPHO
http://www.scotpho.org.uk/downloads/scotphoreports/scotpho131002_impactofwelfarereform_1.pdf

16/14 AOCB – there was none.

¹ Reducing health inequalities What NHS Non-Executive Directors can do to make a difference. NHSHS (April 2014)
<http://www.healthscotland.com/documents/23248.aspx>

² Elected Member health inequalities and health and wellbeing skills, knowledge and experiences: Findings from the NHS Health Scotland Review (June 2012) <http://www.healthscotland.com/documents/6212.aspx>

17/14 **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 (11th June 2014) and highlight further items for future discussion:

- June 2014 NoSPHN meeting (formal feedback from NoSPHN Health Protection, Health Intelligence and Health Improvement working groups)
- Substance misuse developments – Susan to ask Chris Littlejohn to feed back in the first instance
- Integration agenda – for discussion (June / August meetings)
- NoSPHN Quality Framework (defer to another meeting)

SW

18/14 **Date of next meeting:** Wednesday 11th June 2014 2 – 4.30pm

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

Thursday 21st August

Tuesday 28th October

Wednesday 10th December