

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

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

Cathy Lush – Clinical Dental Director, NHS Highland (for Item 24.2)

Noelle O'Neill – Public Health Scientist, NHS Highland (for Item 25)

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.

19/13 Welcomes and apologies

Apologies had been received from: Sara Aboud, Anne Whitcombe, Paddy Luo-Hopkins, Ray Watkins, Phil Mackie, Ken Black and Jim Cannon.

20/13 Minutes of the last meeting 16th April 2013

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

AM

21/13 Matters arising from the last meeting and not on the agenda (matters arising also updated at Item 24.1 b)

- **GIS Mapping** (matters arising) – Margaret advised that guidance on the cost of GIS to each Board from 2014 had been issued and that she had asked that this be circulated to all DsPH. Members present noted that they had signed up to the agreement. Pip advised that the Scottish Government had indicated that they intended to have more engagement with Boards on the use of the GIS tools and Pip suggested waiting until after this before further developing our NoS thinking (as previously agreed). Pip agreed to send to members the GIS Stocktake that Paddy had completed last year.
- **Homelessness Hubs** (AOCB) – Pip advised she had emailed but was waiting for a response from Homelessness Hub colleagues but that she would follow this up.

PF
PF

22/13 ScotPHN / NHSHS updates and developments

22.1 Scottish Public Health Network (ScotPHN)

a Margaret noted the new format to the report from Phil with regards to ScotPHN projects. Pip advised that the New Ways of Working (functions) action attributed to NoSPHN had not been agreed but Phil had noted following discussion at the last meeting, a possibility that NoSPHN might consider work on this in relation to workforce planning developments and that if this was the case he would be interested in supporting this.

b Logic model training package / training programme – Pip advised members that Phil Mackie was keen to develop the NoSPHN logic model toolkit into a national training pack with an associated training session and that there might also be opportunities to link the model to Health Economics modelling work. Members welcomed this as a positive development and Pip agreed to review capacity with Noelle O'Neill / others on how this might be achieved.

PF

23/13 North of Scotland Planning Group / programmes

23.1 Feedback from NoSPG meetings. IPG 1st May – Pip updated on discussions at IPG which included updates on ongoing work (hyperbaric, neuro-oncology, child protection, neuromuscular, cardiac services plan, paediatric dentistry, vascular services, MOHS) and from NoSPHN, consideration of the small volumes work and Intelligent Region plans (on which she would report later). Pip highlighted discussion with regard to MOHS which had resulted in a request for more information and that this had been useful in reflecting on the Intelligent Region model.

Pip noted the NoSPG meeting of 17th April 2013 had been cancelled and the next NoSPG meeting was on the 19th June 2013.

PF

23.2 Update on NoSPG / programme developments

In Jim Cannons absence Pip advised that she understood that Jims views on NoSPG and developments were still evolving but were clearly being informed by the Intelligent Region thinking and a desire to focus not just on NoS problem solving but proactive regional planning. Jim was also keen to explore what this meant in terms of working relationships with NoSPHN – on which discussions were ongoing.

23.3 Small volumes / outcomes and sustainability work

Speaking to the paper circulated Pip summarised the ongoing scoping of the work. The work had been presented to the last IPG meeting and had been welcomed with suggestions for a more focused review on neuro-oncology and endocrine tumour services – members supported the need for a consistent approach and wished to ensure appropriate engagement with managers and clinicians. Discussion had highlighted that it was unlikely the work would be able to influence the current HPB and vascular services work but that these reviews should inform the work.

Pip had also discussed with colleagues from Aberdeen University the protocol for the literature review which had highlighted a range of further questions that she felt needed to be tested with colleagues and that it was her intention to meet in particular with Medical Directors to understand potential vulnerable services. The protocol being developed included a generic review (of systematic reviews) of small volume / outcome work to identify some of the common issues, the evidence and the parameters for this evidence (eg mortality / outcomes). The intention was that this would then be used as a resource base. Further reviews would focus on a number of specific disease topics (to be agreed) until a set of consistent themes began to emerge. The intention was not to review the evidence in detail for each of these clinical areas but to look at issues across them to inform a framework and set of questions to guide future work. It had been noted that the evidence with regard to impacts on the sustainability of services may be limited (more qualitative / story based). It was recognised that the work would likely evolve over the year and that further questions for review would be generated over time and there was scope to do this within the commission with ABU. The intention was to have an agreed protocol for the initial work by the end of June with the first areas reviewed by the end of August / Sept.

Pip noted the proposed extension of the timelines for the work, asked for support in identifying a NoSPHN lead sponsor for the work and asked for further comment.

Members noted other clinical services that might be explored including Trauma services; that whilst the focus for the work might be Grampian and Highland based services that there were similar challenges for island Boards eg with regard to Breast Cancer services and also in relation to Board based and CHP based services – and that theses commonalities might need to be drawn out. Members discussed and noted that work to inform future options for services would need to be highlighted as a next step piece of work.

Members also discussed whether a wider perspective was also required ie what should the shape of services look like in the future? (this issue was picked up again at Item 24.3).

In conclusion Margaret volunteered to be the lead sponsor for the work, and members asked to be included as members of the email working group. Jennifer Armstrong was suggested as a possible National representative on the working group. Pip to progress work. Sarah offered to explore other possible vulnerable services with local clinicians and feedback.

PF
ST

23.4 The 'Intelligent Region' a NoSPG developments

Pip advised that a paper was going to the next NoSPG meeting proposing and seeking endorsement for a number of projects to be used as case studies to test 'proof of concept' of the Intelligent Region. The projects focussed on examples of how NoSPG does its business and how its business is informed including for example applying the work to CAMHS, radiology data, NoSPG meetings and reflecting on the small volumes work. Jim had indicated that there was possibility of some SG resource to support the work focussing on collaborative planning approaches for which he was seeking NoSPG support.

Pip further confirmed that the suggested participants for the Intelligent Region Public Health, Health Intelligence and Planning leads session had been confirmed and the invite would be going out shortly. Sessions for ehealth/IT, clinicians and others would be held over time. Members noted the report.

b Review of NoSPHN from an 'Intelligent Region' (IR) perspective

Pip noted it that it was important to reflect on NoSPHN activities from an IR perspective. The paper circulated outlined some initial thoughts (noting potential bias as it had been produced by Pip) which included reflections in respect of provision of information, strategic and operational business and accountability for NoSPHN's work for both NoSPG and NoSPHN's own internal processes.

Referring to the paper and the questions in section 3 Pip suggested it would be helpful to think through some of the principles and consider improvement issues in terms of how NoSPHN could better do its business and how NoSPHN business was informed.

In summary of the discussion members noted:

- There was often a balance of not having enough information but it being as good as it might be
- The need to clearly explicitly state when information was not available in decision making processes
- The need for balance in terms of information and governance
- Substance was more of an indicator than length in terms of information (papers) presented
- That the need for information should be tailored to individual piece of work.

Further discussion related to the role of NoSPHN and whether there was a need to audit NoSPHN against its original remit and whether NoSPHN was focussing on what really matters ie are we asking ourselves and others the right set of questions and whether the balance of work for NoSPHN:NoSPG was appropriate in this respect? Discussion highlighted that NoSPG work was an important mechanism through which to contribute Public Health work, this was through a process of constant negotiation in particular to ensure links between Boards / NoSPG and offered a networked approach to resolving local issues and exploring new ways of working. Members agreed to pick up the issues at Item 24.3.

Members further agreed to email comments to Pip on the questions in section 3 of the paper.

All

23.5 NSSC Renal Transplant review

Margaret advised members that she had been invited to sit on national group reviewing the need for a national renal transplant service and had suggested that NoSPHN may support this as a reference group. Given that this was the first NoS/NoSPHN related request to support a NSSC activity Pip had highlighted the request to Jim Cannon and Phil Mackie in respect of understanding the process of supporting the work of NSSC. Sarah noted she had received a similar request to support work looking at Health Services in Police Custody. The DsPH present agreed to highlight and clarify processes at the next DsPH meeting.

DsPH

24/13 Public Health Network Workplan

24.1 NoSPHN Workplan 2013/14

a Workplan update (2013/14). Members noted the report and updates.

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

Pip advised that she had received a note from Sharon Pflieger highlighting the ADTC collaborative work was progressing. Sarah advised that a Health Protection Stocktake seminar was to be held the following week and that she and Ken Oates would report back. The rest of the report was noted with thanks.

c Engaging and updating NoS colleagues on NoSPHN work

Pip advised that she had recently received a number of comments with regard to engaging NoSPHN colleagues (some wishing for more engagement, others less) and she noted a need to ensure 'ownership' but at same time not overloading colleagues with information. Pip suggested talking with individual Board representatives to discuss how best to manage this within each Board.

PF

24.2 A Regional approach to Dental Public Health (Cathy Lush joined the meeting)

Susan spoke to the paper circulated by Ray Watkins which highlighted the potential for a NoS Dental Public Health Network and exploring options for the support of this. Susan noted that there was support for a networked approach but that the implications for of this needed to be understood at a local level eg for staff and the model for a leadership role needed to be agreed.

Cathy further reflected the need to ensure that dental public health should be embedded in local public health systems and the potential of a network for sharing solutions to problems across the NoS in particular to counterbalance issues in the central belt.

Members discussed the paper, noted in principle support for a networked approach but that some issues needed to be further worked through or articulated in the paper (on the understanding that much of what is noted below had already been discussed). The following was noted:

- The cross over with generic Public Health should be reflected in the paper
- The need for the clinical governance issues of a regional approach to be reflected in terms of local governance and how a regional post would relate to local managers
- A clearer articulation of the clinical / operational service developments compared to Public Health eg the CADO role often merges the two but a Public Health role might be more specific focussed on strategic direction and governance informed by clinical and patient expectations
- To note the CADOs views of the developments proposed
- That no additional money was available from the Island Boards to support the development of a regional post and that the model needed to work with capacity within the current system
- To review the model in SEAT for increasing Public Health capacity and regional models elsewhere
- The number of options needed to be refined.

Noting timelines for the completion of the consultation / document and that the resource available for development was within Dental / Public Health teams Cathy and Ray were asked to review the paper, renegotiate options with Public Health colleagues by email and progress work before the next meeting. Update to be on the agenda for the next meeting.

CL/RW

PF

24.3 Workforce planning

Further to discussion at the last NoSPHN meeting Pip asked members to further review options for workforce planning developments for NoSPHN and in particular the focus for a meeting (as agreed at the last meeting) and whether external facilitation was required.

Discussion highlighted that given earlier discussion in the meeting there was an opportunity to take a step back and reflect on Public Health workforce planning for the future in the NoS, this might best be achieved by first focussing on likely needs for the NoS population and required outcomes and focus on a few issues by example. This might then offer a better basis by which to review some of the current issues rehearsed eg sustainability of services, impact of the integration agenda. Members suggested that the session should be self facilitated but that advice should be sought of how to focus the session and identify clear outcomes and that the initial target group for the event should be DsPH or their nominees. Members noted it would be helpful if the session was face to face, no more that half a day and if possible organised on the back of another meeting at which DsPH would be in attendance. Noting ongoing developments at the national DsPH group Margaret agreed to feed back to Pip after their meeting on Friday.

PF

MS

25/13 'Tour de Technologies'

Noelle spoke to her report for the Scottish Government Quality Alliance Board (QAB) which provided a snapshot of a study tour undertaken by Noelle between July 2012 and April 2013 following the award of an NHSScotland (NHSS) Event 2012 bursary. The aim of the study was to learn from existing models used outside of NHSS and recommend systems of effective infrastructure to support the appropriate selection, assessment of, and information exchange relating to innovative or promising medical devices which were relevant to health & healthcare within the context of NHSS.

Noelle highlighted 8 key lessons from the work and agreed to circulate more detailed notes on these to members. Members welcomed the work, the need to ensure relevant links with regional planning structures and the need to share the work more widely and explore what might be possible and practicable in terms of taking the lessons learned forward. Pip agreed to

NO

NO/PF

explore with Noelle a presentation to others in the North.

26/13

AOCB

Chronic Pain Service – Sarah summarised email correspondence with colleagues highlighting the need for a better understanding of Tier 3 services for chronic pain in the context of the overall care pathway (similar to the previous weight management approach) and whether this might be supported on a NoS basis. Members noted interest in reviewing approaches but agreed to wait until new guidance was released and following likely discussion at the national Directors of Planning meeting after which Sarah would prepare a briefing for the August NoSPHN meeting.

ST

Scottish HIIA Network – Pip fed back on the first meeting of a group to investigate producing a guide into the health impacts associated with rural developments. This had emerged from projects looking at wind farms where it had become clear that any work needs to address health impacts arising from development more generally as well as the effects of a specific proposal. SHIIA are now developing a project brief, gathering examples of existing work and plan to run a series of workshops in different parts of the country later this year – one is likely to be north based and Pip would circulate further information when available.

PF

Faculty Conference 7/8th Nov 2013, Dunblane www.fphscotconf.co.uk – Pip asked if there was any NoSPHN work that members felt should be submitted as an abstract for the conference this year (deadline 24th June) noting that the Intelligent Region work was a possibility but that it was probably too soon for the small volume work. Given interest in the logic model this might too be a possibility. Pip agreed to explore with colleagues and action as appropriate.

PF

27/13

New items to be brought forward to future meetings: members to be asked to highlight and agree proposals for items to be brought forward to the next meeting (August) and highlight further items for discussion.

- Quality Framework to be considered as part of workforce planning event (see 24.3)
- Substance misuse – Susan Webb (local report when available / if appropriate)
- Update on Integration agenda in NHS (Margaret Somerville) / case study to be developed
- SIMD and Colin Fischbacher's paper 'Identifying Deprived Individuals' (Sarah Taylor)

28/13

Date of next meeting – Wednesday 7th August, 2pm – 4.30pm

Further dates for 2013

Wednesday 2nd October

Wednesday 20th November (may need to be reviewed / clash with IPG)