

**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  
Ken Black - CPHM, NHS Orkney  
Martin Malcolm - Head of Health Intelligence, NHS Western Isles  
Pip Farman - North of Scotland Public Health Network Co-ordinator  
Peter Willox - Chief Officer, North of Scotland Community Justice Authority (for Item 04/13)  
William Moore - CPHM, NHS Grampian (for Item 5.2b)

NB Not all members were in attendance for all items. The items were not taken in consecutive order but are presented here 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.

**01/13 Welcomes and apologies**

Apologies had been received from: Lewis Ritchie; Phil Mackie; Christine Duncan; Ann Conacher; Noelle O'Neill; Elaine Garman; Susan Vaughan; Sharon Pfleger; Louise Wilson, Suzanne Baird; Elaine Garman and Paddy Luo-Hopkins

Margaret welcomed Peter Willox and William Moore to the meeting.

**02/13 Minutes of the last meeting** 19<sup>th</sup> December 2012

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

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**03/13 Matters arising from last meeting not on the agenda** (matters arising also updated at Item 6.1b)

- NoSPHN Newsletter: Pip advised that the newsletter had been distributed through the NoSPHN Steering Group distribution list only and encouraged members to further distribute the newsletter within their own networks and also to use it to prompt local discussion on the role of NoSPHN and proposals for future work.
- Information sharing: Pip noted that information members had previously asked to be shared was now available through the NoSPHN website (nb please contact Alex Medcalf if a password is required for access)  
[http://www.nospnh.scot.nhs.uk/?page\\_id=1828](http://www.nospnh.scot.nhs.uk/?page_id=1828) including:
  - NHS Highland Quality Approach and NHS project charter
  - NHS Grampian 20:20 vision document
  - Bed modelling work: NHS Shetland (NHS Shetland: Healthcare Planning Commission, Health Planners final draft report, October 2012)

All

There remained an outstanding request for information sharing of existing local Public Health governance arrangements / plans (including any audit and activities/reports).

All

- Item 49.2: Hep C/ BBV funding formulae – Following discussion at the last meeting Susan had discussions with Paddy Luo-Hopkins and Alan Gray. The conclusion reached was there is no satisfactory alternative to SIMD and this has been fed back to SGHD. Martin reminded members of an analysis conducted by the CSO to look at SIMD and agreed to send to Pip for circulation to members.
- AOCB: Substance misuse – Susan advised that the local report to which she had referred at the last meeting was not yet available for wider circulation but that she would progress discussion on the back of it once available.

MM/PF

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**04/13 North of Scotland Community Justice Authority (CJA) – Peter Willox Chief Officer**

Speaking to his paper circulated Peter highlighted areas of common interest between the CJA and the Public Health agenda and the need in particular to maximise contacts within Boards. Peter noted that:

- The costs of offending were significant in particular the costs to health of offenders, their

victims and their families but reminded members that many offenders were vulnerable themselves and often from disadvantaged backgrounds and that much offending was due to drug and alcohol abuse and mental health related issues.

- The current Community Justice focus was to put the offender at the centre of treatment/ action with the aim of reducing reoffending. In this way many services were in a position to help the individual on the road to recovery for example A&E, primary care and hospital services, Social Work services and the third sector – and there were numerous examples of such work that he could share with members. Key to the approach was a focus on continuity of care from the prison service to the community and in this respect the transfer of prison health services to the NHS was a significant step forward.
- Peter noted work ongoing with health in respect of the development of the new Peterhead Prison and Inverness Prison developments and opportunities to work with health services in respect of Community Payback Orders for example that included treatment requirements.
- CJA contact with Health Boards was primarily through Health attendance at CJA meetings or in Boards through Alcohol and Drug Partnerships / Community Planning Partnerships.
- Peter's intention was to liaise as previously with the NoSPG Director once Jim Cannon had taken up the position but also encouraged Public Health colleagues to bring forward issues that required to be looked at to see if the CJA could assist.

Members noted their local contacts and the need for the wider Public Health agenda to be considered for example links into mental health strategy development.

Summarising the discussion Margaret thanked Peter for his input, suggested that dialogue between the group and Peter should be kept open and that members consider locally whether there was any added value in looking at issues arising locally on a NoSPHN basis for the future.

All

## 05/13 North of Scotland Planning Group / programmes

**5.1 Feedback from NoSPG meetings** (IPG 23<sup>rd</sup> January 2013) and next NoSPG meeting 20<sup>th</sup> February 2013.

Pip updated that at the last IPG meeting there had been brief updates on each of the NoSPG work programmes and that a discussion of the role of IPG had confirmed the need for the continuation of such a group although a widening of the membership may be required. Pip further noted that the Horizon Scanning review work and the Intelligent Region next steps paper had been well received and supported and the Horizon Scanning work was to be presented to the next NoSPG meeting for discussion.

PF/ST

### 5.2 Update re NoSPG and programmes

a NoSPG developments possibly requiring Public Health input.

Reminding members of the presentation given by Peter Gent at the last NoSPHN meeting (focussing on the Major Trauma Services review, Military Amputees and Breast Screening) Pip noted there was nothing on which to update. Pip noted however that recent support to NoSPG had included:

- Advice with regards to the Paediatric Unscheduled Care Evaluation;
- The Neuromuscular Advisor had now been appointed and had asked for support with population projections and support for looking at the incidence and prevalence of neuromuscular conditions in the North. Noting that three regional Advisers had been appointed in Scotland Pip had referred the request to ScotPHN to see if work had been/ could be conducted nationally – highlighting that there appeared still to be lack of clarification on the key neuromuscular conditions being covered. Pip agreed to follow up the work and Margaret suggested that the Advisor should be encouraged to gather and review the data themselves.
- The write up of the NoS Cardiac event (October 2012) along with an action plan was expected shortly.
- A request for Public Health advice to NoSPG with regard to the national TAVI agenda had been made and NoSPG had been referred to Mike Crilly (NHSG/ Aberdeen University) and Pip had also highlighted the request to ScotPHN.
- The need for support with regards the Electrophysiology review if required would be clearer after the first meeting on the working group in March 2013.
- Referring to recent NoSPG correspondence with regards to Chronic Pain services Pip

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noted her concern that the option appraisal presented appeared to focus on the pros and cons of developments and that a consistent approach to option appraisal for NoSPG might be needed and that this might be developed through the HPB work (see below). Members noted the report.

b Short Life Working Group for National HepatoPancreatoBiliary (HPB) Cancer and Surgical volumes / QPI's for Upper GI cancer malignancies and potential implications for NoSPHN. Pip summarised developments to date with regards to the HPB work. Rob Henderson (NHS) had on behalf of NoSPHN attended the first meeting of the HPB short life working group and had highlighted the potential for support with: service option appraisal / criteria development; epidemiology (some of which Rob had previously conducted which might be drawn on); an evidence review of HPB surgical volume/ outcomes; a review of the data available (of which there was much but it required review / cleaning) and an understanding of the wider implications of the issues eg for other service areas.

William advised that subsequent to the meeting further discussion had prioritised the need for support with developing a service option appraisal process and that he had agreed to support this (using a generic approach based on the Quality Strategy framework) and it was hoped that this would be progressed by the next meeting of the working group on the 11<sup>th</sup> March. Recent email correspondence had highlighted pressures (time and political) with regards to the work noting too the HPB QPIs was the only area where a minimum threshold for surgery was stated. William noted his intention to pursue a process which was robust and that might be translated to for example other QPI areas and to encourage NOSCANA to explore further who should conduct the option appraisal. William sought NoSPHN endorsement for this.

Members supported the proposed NoSPHN approach endorsing in particular the need for a consistent and transparent approach to the option appraisal and the need for the right mix of stakeholders to be involved with the option appraisal process. Sarah noted that she felt there would be a lot of support for such an approach at NoSPG and advised escalating issues (to NoSPHN/IPG/NOSCANA) if there were process issues. Sarah agreed, along with Pip and Rob to act as a key NoSPHN reference group for the development of the NoSPHN elements of the work.

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RH/WM

Margaret thanked William for his support of the work and thanked William and advised members too that William had also agreed to take on the key link role between NoSPHN and NOSCANA.

Referring to previous discussions Pip highlighted that the HPB work and discussions with Peter Gent had further emphasised the need to explore wider work with regards to the low surgical volumes and outcome thresholds and sustainability and that she was with Peter and others now scoping the work and exploring how the work might be resourced.

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Members noted the need to explore all issues with Jim Cannon the new NoSPG Regional Director when he took up the post (18<sup>th</sup> March 2013) and Pip agreed to organise the appropriate meetings.

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#### c Regional Review

Summarising the report recommendations in the paper circulated (page 2) Margaret noted the clear endorsement for regional working highlighted through the review and the positive recognition given to NoSPHN (page 6). Sarah highlighted that some of the recommendations aligned to work that was already ongoing through NoSPHN for example the Intelligent Region, national New Ways of Working and the Horizon Scanning work and that this should be considered if a process with regards the report materialised through NoSPG. Members noted the report and its recommendations and agreed to pick up the themes further through the NoSPHN workplan.

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### **5.3 Horizon Scanning to Inform NoSPG Decision Making in the Future – NoSPHN focus**

a Review of Horizon Scanning work.

Pip spoke to the review paper circulated which had been revised since the last NoSPHN meeting but in which similar themes had been highlighted and recommendations made. A list of specific actions suggested by colleagues responding to the review had been also been included. Discussing the recommendations, members agreed:

- To scope and to challenge others on the further areas of work that were recommended

- To maintain the work as part of the NoSPHN workplan (whilst ensuring that objectives remained focussed and appropriate to the NoSPHN and NoSPG work plans and that monitoring and evaluation were key to this to prevent 'mission creep')
- To focus action on those issues that were within NoSPHNs scope eg the development of appropriate tools and their use including the blue print and the Intelligent Region, the development of education resources and to support 'nudge' work ie articulation of the issues to continually challenge old and new ways of working and support other Public Health colleagues in the articulation of these issues.

In summary Pip and Sarah agreed to refine the recommendations for discussion with NoSPG (20<sup>th</sup> February) and to scope further the other work proposed for discussion with Jim Cannon.

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Susan noted developments in NHS Grampian which were beginning to build on the work and highlighted the need for NoSPHN/ Public Health colleagues to stimulate discussion of the issues and make it easier for others to realise their vision for the future.

b Intelligent Region – noting the paper circulated Pip highlighted that the Implementation Plan had been supported by the NoS Integrated Planning Group and a meeting was planned (12<sup>th</sup> March) to progress the actions with the NoSPG Team including Jim Cannon. Susan shared with the group work on the Intelligent Board in NHSG which had included a workshop for Health Board members to test the concept and the tiered intelligence approach which had been well received. The work was being driven through the modernisation agenda and a number of actions had been identified for progression. Noting the positive developments Sarah suggested that it would be helpful if for the NoSPG meeting NHS Grampian colleagues could be reminded of the link between the local work and the Horizon scanning work with a view to demonstrating how the work could be brought to life and the realisation of potential benefits. Susan also agreed to share some evidence reviews that were being produced to support the agenda eg on planned care / self care.

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#### c Blue print / New Rules

Speaking to the draft paper circulated Pip highlighted that it had been revised following discussion at the last NoSPHN meeting which called on several occasions for a set of 'intelligent questions' to inform various pieces of work. Noting that there were already tools available (eg locally and through NoSPHN) that these need to be signposted and reviewed to ensure they supported a future proofing approach. The paper/ blue print now essentially mapped existing tools to the usual planning / review processes and gave examples for how they had been used previously eg the logic model approach. Further future proofing type questions had been also been added to the paper.

Margaret suggested getting a local operational take on the work over and above the NoSPG team to ensure the approach was seen as useful. Members supported the development and agreed to feedback comments to Pip by email.

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## 06/13 **Public Health Network Workplan** **6.1 NoSPHN Workplan 2012-2013/14**

### a Workplan update (2012-13/14)

Pip highlighted progress with the plan since the last meeting and then focussed discussion on the development of the 2013/14 workplan in which the intention was to remove completed work. Noting a brief overview of work completed over the last year (paper circulated) and outstanding actions Pip asked members for their view of the work that should now be prioritised for the next workplan.

Susan advised taking a step back on what NoSPHN / the NoS Boards were trying to achieve particularly in terms of health outcomes at a regional level and to identify gaps which might lead to an understanding of the one or two things on which NoSPHN might focus eg one or two care pathways on which to collaborate. This might be achieved by stimulating some questions around any significant health problems in the North. Margaret suggested a review of current work programmes locally which NoSPHN might then help to shape or to consider whether there was a need to do something completely different. Sarah suggested that we might assume that we were all working to similar priorities but had no understanding of whether we were finding the same issues easy or difficult and that it might be the areas of variation that we might find most interesting / where action might add value.

Members agreed to consider locally what one or two things might really make the difference

All/

if collaborating regionally and to use the NoSPHN newsletter to promote discussion on this and then feedback to Pip and Margaret who agreed to pull the issues together for discussion at the next meeting. It was noted that some of the issues might be explored through the planned CPD events and some of the work might be how we explore existing other work programmes eg the national disinvestment agenda with NoSPG.

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Ken asked what the role was for ScotPHN in developments and how these might link to other rural Boards and Pip agreed to test the issues with Phil once they were clearer.

PF

Pip highlighted for particular consideration by members what should be the priorities for audit / evaluation of NoSPHN in the next year and members agreed to send comments by email.

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

## 6.2 Scottish Centre for Health Working Lives.

Pip advised that NoS colleagues were meeting to develop a collaborative approach to addressing developments arising from the SCHWL review in particular challenges with regards to changes in budget allocations to Boards. The group had met in January and were due to meet again on the 25<sup>th</sup> February. Key work in the short term included reviewing NoS Occupational Health capacity, considering changes to the delivery for the SHWL assessment process, a discussion re inequalities in relation to the KPIs and their impacts in the North and exploring coordinated approaches to training at a regional level. In the longer term the group proposed looking at maximising communication and representation, exploring models of collaborative working and seeking ways of continually sharing and discussing issues on a NoS basis. Pip noted a number of issues that required clarification from SCHWL who had been invited to attend the next meeting of the Group. Susan offered to seek clarity on issues through Steve Bell and highlight where appropriate issues with NoSPHN / the national DsPH Group. Pip noted that members should also seek to be updated on progress through the NoS Group through their local representatives.

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## 6.3 GIS Mapping – update on developments (national / regional)

Margaret noted that the GIS issues previously highlighted through NoSPHN were due to be considered at the next national DsPH group and Pip agreed to work with Ian Douglas to finalise a paper in this respect.

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Pip noted that the intention was to continue with plans for a meeting of key GIS stakeholders in the North. Members noted the developments.

## 6.4 CPD planning / event(s).

Members supported the plans outlined in the paper circulated for a rolling programme of CPD for 2013/14 and agreed to feedback any further suggestions/ priorities to Pip from local discussions.

All

## 6.5 NoSPHN Budget update 2012/13 and forward planning 2013/14

Members noted plans to secure with NoSPG support for work from Aberdeen University with regards the small volume / outcomes work before the end of the financial year which would bring the budget in on target. Members were asked to highlight to Pip any concerns with regards financial support to NoSPHN for 2013/14.

All

## 07/13 ScotPHN / NHSHS developments

### 7.1 Scottish Public Health Network (ScotPHN)

a Update - Members noted the update paper with thanks.

b New Ways of Working (NWW) for Public Health In Scotland.

Members noted that the final draft of the NWW paper was being circulated nationally. The key themes of the report were collaboration, improving Public Health effectiveness and efficiency and improving Public Health service quality. Developmental actions included the Health Protection Stocktake implementation, developing asset based approaches, and the disinvestment agenda. Members noted how well the NoSPHN agenda aligned with these themes and that further discussion might benefit from a reflective commentary on work done to date, how this aligned with the NoSPG/ remote and rural agenda and how this might help reshape some of the NoSPHN workplan. As this paralleled too the plans for the workforce planning event / meeting planned as part of the CPD programme Pip suggested this be

worked up to support the event.

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c National Service Improvement / Healthcare Public Health Interest Group (remit circulated). Members noted the draft remit of the group and NoSPHN membership and agreed to consider further work in the context of the discussion above.

## **7.2 NHS Health Scotland**

Following discussion arising from the last NoSPHN meeting Pip had agreed with Christine Duncan new NoSPHN liaison arrangements with NHSHS. Christine will now be the named NHSHS contact for NoSPHN and will signpost issues to others in the organisation as necessary and circulate agendas, papers within NHSHS. NHSHS are pleased to have an open invitation to attend meetings of NoSPHN and will attend when there is either an item on the agenda that they wish to contribute to or have an item that they wish to propose for the agenda. Liaison with known NHSHS programme colleagues will continue in relation to specific pieces of work. Pip confirmed that Phil Mackie had confirmed that the working arrangements with ScotPHN would remain unchanged.

**08/13 AOCB** - there were none.

**09/13 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 and highlight any further items for discussion. These included:

- June 2013 – Report from Noelle O'Neill re NHS Highland Clinical Advisory Group bursary award for a study to look at the process of assessment and adoption of health technologies (medical devices as opposed to drugs) and its place in service developments.
- April / June 2013 Invitation to Jim Cannon NoSPG Director and to the new Chair of NoSPG when they take up their new roles
- NB Quality Framework to be considered as part of workforce planning event (see Item 6.4)

**10/13 Date of next meeting** – Tuesday 16<sup>th</sup> April (nb this has been revised from the original date circulated of 3<sup>rd</sup> April)

### **Further dates 2013**

Wednesday 5<sup>th</sup> June

Wednesday 7<sup>th</sup> August (may need review)

Wednesday 2<sup>nd</sup> October

Wednesday 20<sup>th</sup> November (will need to be reviewed)