

Tuesday 10th March 2015, 2:00 – 4:30pm
All members videoconferencing

**NORTH OF SCOTLAND
PUBLIC HEALTH NETWORK**

Louise Wilson – NoSPHN Lead and Director of Public Health, NHS Orkney
Sarah Taylor – Director of Public Health, NHS Shetland
Maggie Watts – Director of Public Health, NHS Western Isles
Hugo Van Woerden - Director of Public Health, NHS Highland
Bruce Archibald – Public Health Service Planning Lead, NHS Grampian on behalf of Susan Webb
Jim Cannon – Director, North of Scotland Planning Group (NoSPG)
Ann Conacher – Manager, Scottish Public Health Network (ScotPHN)
Pip Farman – Public Health Specialist / North of Scotland Public Health Network (NoSPHN) Co-ordinator

10/15 Welcomes: Louise welcomed Hugo van Woerden, Director of Public Health NHS Highland to his first meeting of the group. Apologies had been submitted from: Ken Oates, Jonathan Iloya, Kerry Russell, Phil Mackie, and Susan Webb.

LB

DsPH

- PF

AC

14/15 North of Scotland Planning Group / programmes

14.1 Feedback from NoSPG meeting 25th February 2015 - NoSPG agenda and papers are available at <http://www.nospgh.nhsscotland.com/index.php/nospgh-250215>).

Sarah and Jim fed back on the discussion at the last meeting noting in particular the oncology services review which was ongoing with the future model becoming clearer; care pathway arrangements between Boards being firmed up; and the need for ongoing clinical engagement and communications within and across Boards. Sarah noted and Jim confirmed that the focus of the work to date had been on workforce sustainability but that there was a need for the model / care pathways to be informed by population based analyses. Pip advised that Jim had noted the need to understand how best to ensure public health input to the new Oncology Clinical Board structure and that Jim was to discuss this with William Moore (NHSG).

JC/WM

14.2 Update on NoSPG workplan / programme developments including:

a NoSPG workplan / exception report February 2015 – the group noted the report with thanks.

b NoSPG / NoSPHN programme updates for information

Low volumes and sustainability work – Pip advised that the work had been shared with SHTG (Susan Myles and Karen Macpherson) who recognised the themes that had emerged from the work and welcomed their consolidation into a framework to which they could refer in their future work and offered the support of SHTG for any future high level scoping work. Work continued to identify a project within NoSPG on which to test/refine the framework. All further NoSPG related work was on the agenda.

c NoSPG annual event report – referring to the report circulated Sarah noted the reference to a vision for NoSPG and the development of a clinical strategy which Jim advised was being driven by the Scottish Government and led in the NoS by Cathy Cowan (NHSO) and Mike Bisset (the new NoS Medical Director). Sarah suggested that public health colleagues should be engaged in this work and that this was a good example of where the NoS Integrated Planning Group (NoSIPG) processes should play a role ensuring a focus on strategic planning in such work. Jim updated that the date for a NoSIPG meeting had been agreed for the 15th May and that NoSPHN representation on the group would be sought. Jim noted also that there were a number of items in the annual event report that were being reviewed in the context of national developments. Hugo asked where IT/ehealth was represented in NoSPG and Jim advised that Alan Hush had recently been nominated as the NoSPG ehealth/IT contact to ensure connectivity of issues.

15/15 National Review of Public Health – NoSPHN response

Members updated on known developments with regards the review and discussed key points on which to frame the NoSPHN response including a focus on:

- Remote and rural issues
- Positive access to services
- Relationships with communities: the need to develop strong and robust communities; look at deprivation in different ways in remote and rural communities and recognise different models of engagement
- Workforce: the need to maintain local capacity to support eg outbreaks; developing our own staff to meet recruitment challenges requiring different approaches to CPD / modes of learning and recognising differing perspectives when both living and working in communities
- Ensuring an independent DPH voice (as a champion and advocate) at every level in Boards / organisations (operationally, tactically and strategically) and control over resources to deliver at these levels
- Promoting regional networking / what is working well ensuring feedback is not seen to support inadvertently moves towards a national model of delivery in which the small level strategic voice is lost and in this respect learn from other models eg the English Public Health experience and Police Scotland
- Viewing Public Health as a clinical service not a support service
- The need to ensure remote and rural proofing of the recommendations; articulate some of the risks that might emerge once the recommendations of the group are clear; and seeking opportunities through group members to ensure remote and rural issues were acknowledged.

Ann advised that ScotPHN had been asked to organise regional engagement events which were: 6 May 2015 – Dundee; 19 May 2015 – Glasgow and 21 May 2015 – Inverness. The group agreed to ensure representation at the meetings to ensure that remote and rural perspectives were represented and Pip agreed to draft a response for comment by members for sign off and submission by Louise Wilson on the 12th March.

LW/PF

Jim noted that the NoSPG team were generating a response with the Chair of NoSPG Elaine Mead responding on behalf of NoSPG.

16/15

Public Health Network Workplan

16.1 Update on NoSPHN programmes of work

a Health Protection: feedback re national Health Protection Oversight Group – Sarah noted that the next Oversight Group was due to meet in April and that she would be in a position to feed back after that.

ST

b Health Intelligence – Pip advised that the date of the data visualisation session to be run by NHSG members was due to be confirmed shortly (likely end of May / early June) and that Board Health Intelligence leads would be the key invitees.

PF

c Health Improvement

- Update – Pip advised that the Welfare Reform and Employability session had been organised for the 2nd April by videoconference – with locally nominated colleagues attending.
- SHWL Hub developments – Sarah updated members on developments. The national working group were working through local leads with regard to the potential for regional hubs and how these might work and funds be allocated.

d Workforce planning

i **Specialty recruitment information / opportunities** – Pip reminded members of the NoSPHN Twitter and website developments and asked for support in maintaining these. Pip had booked two places at the UK Faculty Conference - 23 & 24 June at Gateshead and a stand to promote the NoS. The places had still to be allocated and Pip asked to be advised asap if any staff were able to attend and a support a rota for the stand. She was also finalising the development of promotional materials (banners) for the stand. Maggie asked that further resource be committed to producing support materials for the event.

PF

ii **Remote and Rural Public Health module** – Maggie noted that meetings had still to be held and she agreed to discuss further with Hugo.

MW

e Futures thinking / planning

i **Third Horizons developments** – Pip advised that the introductions to third horizons thinking sessions in person and by vc were to be held on the same day (date to be finalised shortly). The sessions were being supported by Graham Leicester and Margaret Hannah from IFF. Pip advised that the NoSPHN action learning set was due to conclude shortly with a review meeting planned for the 21st April with the intention of making recommendations to the next NoSPHN meeting re how best to supporting future work.

PF

ii **Population of 1.3 Million scoping** – Pip reminded members of the scoping paper presented at the last meeting by Maggie Watts. NHS Western Isles colleagues had subsequently shared examples of locality profiling and patient flow mapping that might be replicated on a NoS basis. Pip had shared and sought feedback from NoS colleagues on these and support for a trial mapping of some sample data. All Boards had been supportive and had asked for a learning session to share how the NHSWI Isles profiles had been developed. Martin Malcolm (NHSWI) had confirmed he could progress a trial profile but advised that patient flow work if requested would take longer. Pip asked for confirmation from members that trial mapping work should go ahead and if so to agree what might be the most useful data to profile first as a stage. Pip also noted a need to engage with NHST colleagues in the trial.

PF/MM

Members were supportive of progressing the work and Jim suggested Alan Cook as the NHST contact. Louise asked that the added benefits of the work be clearly articulated and Hugo asked that opportunities for national input also be considered. Sarah reminded members of previous cross boundary flow work which had been well received and that such work and profiling was most useful to prompt conversations about for example outliers (recognising the challenges with small numbers) and a focus on remote and rural issues. Jim welcomed the approach and said that it aligned well to conversations about understanding variation in radiology demand management and that there were other areas that NoSPG would be interested in exploring for example pathway visualisation, understanding the complexity of patient flows, detailed work on for example tumour specific pathways and helping to understand the bigger picture across pathways. Jim asked that cancer data be looked at as part of the trial and if possible cancer

PF/MW

patient flows, working with cancer team members which could be fed into the Oncology Services review work. Jim agreed to discuss further with Martin Malcolm / Maggie.

JC/MW

iii Integration updates - members updated on developments. Maggie noted that the NSWI Integration Manager post was out to advert; Sarah advised that the integration development process in NHSS was being used as an opportunity to support outcomes focussed planning; strategic commissioning and influence service managers which was proving very helpful.

Bruce asked how other Boards were agreeing priorities within integration plans and Louise advised that NHSO were using national level priorities and local needs assessment to inform priorities. Discussion further suggested that there would be a benefit to sharing Board journeys towards integration and priorities recognising that increasing the visibility of local work might help support local developments and identify common priorities which might align to discussions nationally (once for Scotland) or emphasise regional opportunities.

PF/All

16.2 NoSPHN Workplan 2014/15 and 15/16

a Workplan update (2014/15 and 2015/16) – members noted the updates to the workplan and that completed 2014/15 actions would be removed from the next version of the plan. Pip asked members to confirm that the workplan for 2015/16 reflected appropriately current priorities which she had rolled forward from developments and discussion throughout the year and also noted a number of actions highlighted at the end of the plan which had been suggested but had yet to be prioritised.

Bruce asked for clarification on the NoSPHN prioritisation process and Pip reflected that work was generated on a rolling basis and was subject to assessment against the criteria for prioritisation noted at the end of the workplan – she reflected that the NoSPHN Steering Group discussed the workplan at every meeting and that the Steering Group meetings were key to ongoing review of the plans and prioritisation – fed by ongoing discussions with Stakeholders eg NoSPG.

To ensure all potential new work had been identified and priorities agreed Pip agreed to email members to clarify whether new pieces of work were required, if any current activities required to be de-prioritised and report to the next meeting.

PF/All

Maggie noted a possible need to look at the Children and Young Person Act noting local Board challenges re raising awareness of the act, training needs and links with GIRFEC. Members reported on different work in Boards that they were happy to share and noted that an event to share Board approaches might be helpful. Maggie agreed to discuss with Sarah.

PF
MW/ST

b Specific updates from key groups / programmes – members noted the updates with thanks noting many of the items had been covered elsewhere in the agenda.

c NoSPHN budget 2014/15 update – Pip noted that the NHS finance colleagues had confirmed the budget statement to the end of the year and she had, as agreed at the last meeting, finalised the spend against the third horizons programme and securing a presence at and materials for the Public Health Faculty conference. There had been no cost for setting up her a Jabba link. Pip advised that Jenny Wares planned visits to the island Boards and the data visualisation session would now happen in the new financial year.

d Further developments / proposals – for discussion

- **Developing NoSPHN's role in relation to remote and rural public health research** – Louise spoke to the paper circulated proposing that a research agenda be promoted more within NoSPHN for example reporting work in journals and applying public health research which she felt tied in well with encouraging recruitment to the NoS. She asked members what they felt a remote and rural public health research agenda for NoSPHN might look like. Hugo noted evidence of benefits to service delivery and productivity of organisations that had a focus on research and innovation and advised on local work to summarise developments through the NHS research coordinator and the growing agenda of UHI which he was happy to share. Hugo summarised two emerging themes - rurality and improvement science to which most public health work could be aligned and felt NoSPHN should be more actively developing posters, paper and publishing work on websites or through journals. Sarah and Maggie supported the approach suggesting also developing a more collaborative

approach to research across the NoS across with the potential for example quarterly conferences to present work and research to enable staff to gain confidence in sharing work with a wider audience. Hugo noted also the potential to bid for research monies (and that he had access to a website to support this) on the premise that if we could identify monies we might then be able to define opportunities. Maggie suggested using existing work streams to develop approaches eg through the Northern Peripheries programme and European structural funds linked to local authorities.

The group agreed to: start promoting / publishing NoSPHN work more actively; review the NoSPHN workplan and reshape agendas to support a more research active focus; and review funding opportunities on a more systematic basis.

PF/All

- NoS bundle of interventions – Pip advised that she had not progressed further the scoping work since the last meeting but would email colleagues to request feedback shortly.

PF

e NoSPHN Annual report – Pip asked for suggestions for the focus for the NoSPHN 2014 / 15 annual report to NoSPG which would also be used as a NoSPHN newsletter. Members suggested a similar format to previous years and Pip agreed to circulate a draft for comment. Jim agreed to clarify NoSPG timelines.

PF

17/15 AOCB

- Jim suggested in view of the discussion re the NoS clinical strategy that Mike Bisett - NoSPG Medical Director might be invited to a future meeting to discuss issues with the group.
- Bruce asked in principle whether LDPs might be shared across the North to inform local developments – members noted they were happy to do this.
- Louise highlighted the Seven Days Services report going to the Chief Executives Group the following week which had a significant section on Remote and Rural / RGH issues.
- Hugo asked where in each Board the funding for the national GIS mapping agreement was held and members noted funding was held in estates and ehealth departments.

JC/PF

All

18/15 **Items to be brought forward to future meetings:** Members were asked to highlight and agree items for the next meeting and items for future discussion

- **ADTC Collaborative** Sharon Pflieger – update on collaborative working across the North of Scotland.

SP

19/15 **Date of next meeting / meetings next year** 2pm - 4.30pm all with video/ teleconferencing facilities

Tuesday 19 May 2015
 Tuesday 25 August 2015
 Tuesday 10 November 2015