

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

Monday 19th January 2015, 2:00 pm – 4:30pm

All members videoconferencing

**NORTH OF SCOTLAND
PUBLIC HEALTH NETWORK**

Present:

Louise Wilson – NoSPHN Lead and Director of Public Health, NHS Orkney

Sarah Taylor – Director of Public Health, NHS Shetland

Ken Oates – Acting Director of Public Health, NHS Highland

Maggie Watts – Director of Public Health, NHS Western Isles

Bruce Archibald – Public Health Service Planning Lead, NHS Grampian on behalf of Susan Webb

Kerry Russell – Programme Manager - Regional Sustainability NoSPG

Ann Conacher – ScotPHN Manager, ScotPHN

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

Jonathan Iloya – Consultant in Dental Public Health, NHS Grampian

Vittal Katikireddi - Consultant in Public Health (NHSL) currently working in NHS Highland

NB Not all members were in attendance for all items. Items were not taken in order but are reported in numerical order

		Action
01/15	Welcomes and apologies: Louise welcomed to the meeting Jonathan Iloya; Bruce Archibald; Kerry Russell and Vittal Katikireddi. Apologies had been submitted from Sharon Pflieger, Jim Cannon, Phil Mackie and Susan Webb.	
02/15	Minutes of the last meeting 21 st November 2014 The minute of the last meeting was approved subject to an amendment on page 2 Item 45.2c 'NHSWI posts developed with the West of Scotland Boards' to read 'NHSWI posts being considered for development with the West of Scotland Boards'. Members gave no reason why the papers / minutes of the last meeting should not be made available by open access on the internet.	PF AM
03/15	Matters arising from the last meeting and not on the agenda <ul style="list-style-type: none"> NHSO locum arrangements (page 3 Item 46.1a) – Louise advised that due to a colleague's long term absence that she would welcome any support available from other Boards. NHS Shetland and NHS Greater Glasgow and Clyde had provided support for out of hours cover but there had been no NHSO agreed support for daytime cover. Maggie suggested that if Boards were attending national Health Protection meetings or networks that NHS Orkney was not able to attend that colleague's feedback on relevant issues. Louise noted ongoing sustainability and resilience issues as a separate point which she intended to discuss further with Sarah and advised that she would bring these issues back to the group. Civil Contingencies review (page 3 Item 46.1a) – Pip noted that she had raised with Peter MacPhee (NHSH) the request for a coordinated NoS response to the one year review of the Civil Contingencies arrangements which he had agreed to support (discussion between the NoS Emergency Planning Officers had already noted the need for this). Sarah also advised of the need for the review group or process to engage with the national DsPH Group which she would follow up nationally. 	All LW PM ST
04/15	Scottish Public Health Network (ScotPHN) 4.1 Update - Members noted the update with thanks.	
05/15	North of Scotland Planning Group / programmes 5.1 Feedback from NoSPG meeting 17th December 2014 In response to queries from members Kerry Russell fed back on key points from the last NoSPG meeting noting: <ul style="list-style-type: none"> NoSPG, whilst supporting in principle the need for the NoS Pharmacy post had not been supportive financially and that this was to be picked up by Boards. Mike Bissett (NHSG) had been appointed to the NoS Medical Director post and was due to take up the post in April 2015 With regard the paper on Regional Clinical Leadership posts Kerry noted that NoSPG were supportive of a proposal to review the process by which Boards recruit to regional clinical lead posts with the aim of reducing the variation in both tenure and funding. This work was 	

due to be picked up by the Regional Medical Director post.

Kerry agreed to circulate a note of the NoSPG meeting when it became available.

KR

**5.2 Update on NoSPG workplan / programme developments including:
a NoSPG workplan / exception report December 2014**

Bruce highlighted the need to update the exception report section on dental health to reflect Jonathan Iloya's appointment and work and Jonathan agreed to liaise with Keith Farrer in this respect.

JI

b NoSPG / NoSPHN programme updates for information

- Cardiac – a meeting had been held on the 4th December 2014 between Elaine Garman (NHSH), Mike Crilly (NHSG), Keith Farrer (NoSPG) and Pip Farman to explore the implications of NoSPG data gathered for the cardiothoracic work – work was ongoing.
- Cancer – Sustaining Oncology Services in the NoS Programme - William Moore is in discussion with Lesley Forsyth / Grace Ball to clarify work on cancer projections for the work programme and an ISD query over regional sign off (which may need to come to Caldicott Guardians') for access to ISD cancer data although William Moore is hopeful that the data may be covered by Caldicott permissions for the QPI data manager. Pip noted for the groups information that Eddie Coyle held a Caldicott Guardian role for SCAN – the south of Scotland cancer network. His view was that there was a trend toward national rather than regional arrangements where there is an emerging infrastructure of support, rather than regional information governance issues where there is not. Maggie noted the issues in were under discussion through Caldicott Guardians who met nationally.
- Child Health NDP monies – Pip had supported an agreed process to prioritise bids for Child Health NDP monies. These had not been approved at NoSPG and were subject to ongoing discussion at local levels.

c Refresh of the NoSPG Integrated Planning Group - update to discussion at meeting 29th January 2015.

Kerry spoke to the paper circulated which had been revised following discussion at the last NoSPHN meeting. Kerry noted the key changes including a reference to population health; logic modelling to clarify outputs and outcomes which in the main were seen as strategic (and drawn from the NoSPG annual event) and giving population health / DsPH separate representation in the table on the last page. Challenges remained however with regards the number of representatives identified for the group; getting the right people around the table and ensuring the agenda/work was a priority for representatives and workable. The aim now was to convene a meeting in April (the meeting in January having been cancelled).

Members comments noted:

- the number of clinical strategies at a national level and if planned at a regional level also how Boards would operationalise these particularly in view of integration;
- that members would be supportive of NoSPHN input but input from other groups without a constituency group would be difficult eg Directors of Planning;
- the need to capture conceptually the breadth of work / representation possible but the need to focus on getting on and doing the business (by video/teleconference) and finding the right agenda items that will support the agenda at NoSPG and bring Boards to the table. Processes and the framework might then be refined from there;
- concern over managing the operational / strategic balance of work and representation.

Kerry further asked members if an IPG group in this format was a useful thing to pursue. Discussion noted the need to:

- to clarify the respective roles of NoSPG and IPG recognising that NoSPG is changing but that it does have a work programme and there are cross cutting themes that need to be addressed and sorted
- recognise that when it had worked in the past IPG had a key role in sorting out the business for NoSPG (putting work on/off the table) and that if the basis of NoSPG was planning then that ought to be the basis for IPG
- that a core group was needed and that the representatives on the group and the work needed it to be part of their objectives and/or the business should drive representation.

Members agreed to identify a NoSPHN representative for the meeting once the date was set.

d Feedback NoSPG event 20th November 2015 – Members noted the report circulated for information and that a full report has still to be circulated.

KR

5.4 Regional Dental Public Health - Jonathan Iloya NHSG CDPH. Jonathan highlighted the positive news that the national dental health inspection programme for 2014 showed that children in the NoS have some of the best dental health in Scotland and that all 5 NoS Boards are in the top half of all NHS Boards in Scotland for the percentage of P1 children with no obvious decay experience – which he noted was an incredible achievement. Having said that health inequalities still persist and reducing dental health inequalities must remain a dental health priority for the NoS. Jonathan further highlighted work he was progressing for a Special Care Dentistry Needs Assessment – this was driven by the formation of the public dental service in 2013 through which the Scottish Government requires all Health Boards to ensure service capacity meets local needs. The needs assessment would inform the shape of services in NHS Highland and NHS Grampian and he hoped would be available by July 2015.

Louise thanked Jonathan for his input.

5.3 Low volumes / outcomes and sustainability work

Updating members on the work Pip noted that the low volumes framework developed was to have been tested as part of the NoS radical / laparoscopic prostatectomy work – but it had recently transpired that decision had already been made with regard to service developments. Pip was therefore in discussion with Board representatives to see if use of the framework would have resulted in a different or better outcome and to gather further learning to add to the framework. Pip and the NoSPG team were therefore still looking for a process on which to test the framework. Pip advised that she and Jim Cannon had a meeting planned with representatives of the Scottish Health Technologies Group (19th Feb) to understand the work they are doing on low volume work. As agreed she would feed any developments back to the Medical Directors / NoSPG Medical Director and keep NoSPHN updated.

PF

06/15 Public Health Network Workplan

6.1 Update on NoSPHN programmes of work

a Health Protection (updates)

- Ken fed back on the first meeting of the national Health Protection Oversight Group (HPOG) noting there was agreement to move forward with the managed network model and a number of subgroups which Syed Ahmed was setting up. The work was progressing but informing and taking cognisance of the national Public Health Review work. Ken anticipated that the HPOG would meet 2 times a year once the initial structure was set up but was next due to meet in 3 months. With regard the previous proposal for a NoS meeting with Syed, Ken suggested that there was not a regionally specific focus at the moment and that he and Sarah should continue to review this and feedback to members when it might be more appropriate which members supported.
- Pip reminded members that they had asked for a review of a need for another Health Protection CPD/NoS meeting in April. Members advised leaving the meeting for a bit longer noting that CPD issues were being shared across Boards through the Public Health lunchtime sessions.
- Highlighting her AOCB with regard a letter from Duncan McCormick (Scottish Government) with an offer of funding to support a TB cohort review Maggie noted that a cohort review was a quality improvement event for TB looking at a systematic review of the management of patients with TB disease and their contacts (i.e. summated case reviews). Given the small number of TB cases across the island Boards and NHS Highland she wondered whether a joint bid would be appropriate, the deadline for bids being the 30th January. Bruce agreed to discuss with NHS Grampian colleagues and feedback, noting that the other NoS Boards would be happy to make a joint bid with NHS Grampian.

KO/ST

BA

b Health Intelligence

As a follow up to the Intelligent Region discussions last year Pip advised that she had been in discussion with Corrie Black (Aberdeen University) about a data visualisation course she and

others in NHS Grampian had attended. The session was run by the Guardian newspaper group with a focus on turning raw data into visual stories, including both flat graphic design (info graphics) and interactives. Workshop session's focused on the importance of visual storytelling; designing and presenting graphs and charts to maximise their impact and memorability; how to find and analyse data and match it to the needs of your audience; the evolution of data visualisation and examples of best practice. Corrie noted helpful discussion on the debate over presenting visually stimulating information and accuracy of information and highlighted a number of the health examples discussed on the course that would be of interest eg presenting lifestyle and census data. Corrie had offered to hold a vc session with colleagues to share learning and with a view to informing whether the NoS would wish to commission the training for others.

Members discussed the proposals reflecting on links to NSS DISCOVERY developments and supported the setting up of the initial session (with possibility of using WebEx so the session might be recorded).

PF/CB

Pip further noted discussion with Kerry re the hosting of a another meeting of the NoS health information / intelligence leads to pick up on issues arising from the NoSPG event which might also tie in with the session with Corrie.

PF/KR

c Health Improvement

Colleagues updated briefly on developments:

- **SHWL developments** – Sarah noted that a set of proposals were being developed nationally and there was a meeting of the national short life working group the following week to consult on and discuss proposals in particular the distribution of costs (within reduced funding) within the programme and to tease out the elements of the national service eg the national helpline, ensuring sustainability and cost effectiveness of services. It would then be for Boards to agree how much they wished to deliver SHWL individually and how much they wished to collaborate across Boards. The deadline for sign off of the proposals was the end of March. Colleagues noted that there was also a meeting of NoS representatives planned for the 4th February and Sarah encouraged all members to comment on the various papers being circulated through strategic leads in Boards.
- Pip advised that a single issue session on welfare reform and employability was planned before the end of March - invites were currently being circulated through Health Improvement / local leads.
- The next meeting of the Health Improvement Collaborative was being planned for March 2015.

DsPH

d Workforce planning

i Work experience placements – speaking to the paper circulated Pip noted that she had summarised the planning and learning from the hosting of two recent NoS based work experience programmes to inform the development of future programmes. Members noted the paper.

ii Specialty recruitment information / opportunities

- Pip referred members to the NoSPHN webpage link where the NoSPHN poster had now been uploaded for reference http://www.nosphn.scot.nhs.uk/?page_id=2973 and the updated recruitment/training page http://www.nosphn.scot.nhs.uk/?page_id=2811. Pip noted she had still to add examples of work that trainees might be involved with to the NoSPHN poster.
- **UK Faculty Conference** - The Politics of Healthy Change - 23 & 24 June at the Sage, Gateshead. Reminding members that they had wished to promote the NoS at the conference Pip summarised the conference information circulated with the papers with regard to sponsorship options and submitting abstracts for posters and presentations of work. Following discussion members agreed to take out a sponsorship option to promote the NoS to include a clear focus on the target group (eg trainees; established consultants) and focussing on specific needs eg project work; recruitment; remote and rural research collaboration; promoting NoSPHN or local Board work and support attendance as appropriate. Pip advised on the costs of the sponsorship options, attendance and the production of promotional materials.
- **#NoSPHN Twitter** – Pip advised that a NoSPHN twitter account had been set up and encouraged members to suggest issues for tweeting and to follow NoSPHN. Jonathan agreed to liaise with Pip with regard to tweeting the dental inspection information highlighted

PF

PF

PF/JI

earlier and Pip agreed to tweet further information arising from the meeting.

- **Jenny Wares – Ambassadorial role / visits to Boards** – reminding members of the discussion at the November NoSPHN meeting Pip had approached Jenny (NHS) to suggest that in her NES Ambassadorial role that she might wish, with NoSPHN support, to visit the Island / Boards. Jenny and her trainer were in support of this subject to timing and clear outcomes being agreed for the visits. Pip to liaise further with Jenny on this.

PF

iii Remote and Rural Public Health module - Maggie advised that another meeting to discuss the module was being set up with UHI for the end of February / March. She noted that she had interest from an ex-UHI lead in being involved in linking with NHSWI who she hoped might be in a position to support the work and noted she would feed back as work progressed. Pip and Maggie had also attended a session run by Aberdeen University who were exploring the development of a Masters in Public Health as an extension of the current MSc in Public Health Research. Members note that at this stage there did not appear to be an opportunity to focus on remote and rural issues and local needs but if established there may be options for supporting for example, student's dissertation projects over time.

iv Note of meeting workforce planning session 21.11.14 – the note of the meeting was approved. Related actions not elsewhere on agenda were discussed.

- **Support for UKPHR Public Health Practitioner Scheme** – Pip had spoken to Jane Groves (NHS) who had advised that the scheme was now subject to discussion at national level (NES/NHS and Andrew Fraser's national workforce group) and that she would feedback as the outcomes of these became clearer.
- **NoSPHN 2015/16 workplans** - Pip had spoken with Susan Webb (who was not able to attend the meeting) and summarised the developments discussed (for which she was supportive) and suggested other work for consideration:
 - In absence of an evidence base for and the need for community empowerment / asset based work would a joint needs assessment and evaluation programme support Boards?
 - Evidence review for the support needs of carers (what works, what Boards are doing and does it pay dividends?)
 - Health Intelligence – the need for demand and capacity planning on a routine basis and real time performance data and information for frontline services (linking to higher level indicators).

Members noted the suggestions and agreed these should be reviewed alongside other proposals as part of the planning for the NoSPHN workplan for 2015/16.

PF

e Futures thinking / planning

i Third Horizons developments – members noted the learning set was ongoing with a stock take meeting to be held on 20th January to ensure the programme was aligned to the groups needs. A date for the half day introductory session (Inverness) and a separate vc session had still to be secured.

PF

ii Population of 1.3M scoping – speaking to the paper circulated Maggie summarised her suggestions for population profiling as the first stage to developing the population of 1.3 million work based on currently available data (eg population; service access; mortality; morbidity; patient flows; primary care; referral; prescribing; health behaviours; indicators) and suggesting this could be provided through interactive maps.

Members agreed to feedback on whether this is what they were wishing to take forward as an example to start with initially focussing on the Public Health indicators and to have conversations locally to consider the work; what would be useful; what comparable data was available across the Boards; and what it might look like and then use the outputs from this to discuss the development of the programme with other groups (NoSPG/IPG). Members agreed to discuss locally and feedback comments to Maggie in the next couple of weeks. Maggie advised she would talk further with Martin Malcolm as to the development of the work. Jonathan suggested adding oral health to the list and possible outcomes for joint Boards, Vittal noted that census data on for example life limiting illness and employment status could also be added to the data set.

All

MW

iii Integration updates - members gave brief updates on local developments specific to public health and their integration arrangements:

NHSWI – no Public Health elements going in

NHSH – North Highland not in; Argyll and Bute all in

NHSG – parts of Health Improvement services will be in; other public health components not in

NHSS – not in but the delivery of some health improvement is (management of Health Improvement is not in).

NHSO – working towards all services being in the integration body in but questions remain over the phasing of this.

6.2 NoSPHN Workplan 2014/15 and 15/16

a Workplan update (2014/15 and 2015/16) – Members noted that the plan had been updated to incorporate recent developments.

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

c Budget 2014/15 update and planning 2015/16 – noting Pip was still waiting clarification on the latest budget statement from NHSH finance, members supported final spend on: the remote access 3H session; travel to the 3H session on the 17th February; securing a presence and attendance etc at the Public Health Faculty conference 2015 and the development of materials to support this (for this and other events) and approved potential spend (budget permitting) for Jenny Wares visits to the island Boards; costs to support a data visualisation course and a Jabba link for Pip. Pip advised that no DPH had fed back any concerns with the funding for NoSPHN for 2015/16.

PF

d Further developments / proposals

- **Review of Public Health** – Sarah updated the group on developments noting the DPH statement circulated and advising that Heather Cowan (the policy lead for the work in the Scottish Government) had said that the terms of reference for the review should be out shortly. Noting that timescales for feeding back on the terms of reference and into the review might be short and that we might wish to contribute at a regional level Sarah suggested this might be done by email or members might wish to call an extra meeting.
- **Developing NoSPHN's role in relation to remote and rural Public Health research** – noting the proposal for this work made at the last meeting Louise suggested that she and Pip work on a scoping paper to bring to the next NoSPHN meeting.
- **NoS Bundle of Public Health interventions** – noting the proposal for this work at the last meeting focussing on bundling effective interventions and promoting action in a more coherent way for others eg integration bodies - Pip advised on initial thoughts and fed back on a discussion with NHSH colleagues who had been supportive of the idea. In discussion of the work members highlighted:
 - The need for a focus on health inequalities – and latest guidance from NHSHS and also national work being established by COSLA / Health Scotland which would relate
 - The potential to look at where interventions were already being delivered but where there was a need to do so more effectively or to greater scale
 - Understanding what we should do less of (the group noted previous work by Margaret Somerville).

ST/PF

LW/PF

Members agreed to discuss locally and feedback and Pip agreed to circulate an email summarising key points to support discussion.

PF/All

6.3 Faculty Conference 2014 - WebEx review – Members noted the findings of the review of use of WebEx for the Faculty Conference and Pip agreed to share with IT Leads, the Faculty conference administrators for next year and reflect on its implications for future NoSPHN activities alongside other remote access modes eg webinar.

PF

07/15 AOCB:

- **Board / Regional Caldicott Guardian arrangements** – discussed under Item 5.2b

- **Diabetes audit** - Ken asked if colleagues had received a Caldicott request for approval for a diabetic audit accessing diabetes databases – members were unsure and agreed to check and feedback to Ken. All
- **TB Cohort review letter from Duncan McCormick (SG)** – discussed under Item 6.1a
- **Alex Medcalf / NoSPHN secretary** – Louise noted that following a planned change of admin support in NHS for Pip/NoSPHN, from the beginning of February Louise Benson would take over role of NoSPHN secretary and the group gave a vote of thanks to Alex for all her work for NoSPHN. PF

- 08/15 Items to be brought forward to future meetings:** Members are asked to highlight and agree items for the next meeting and items for future discussion All
- ADTC collaborative (Sharon Pflieger)
 - Scoping the Public Health Bundle of Interventions
 - Scoping paper on Developing NoSPHN's role in relation to remote and rural Public Health research
 - Public Health review developments as appropriate
 - Triple I Inequalities tool (subject to Louise meeting with Colin Fischbacher)

- 09/15 Date of next meeting** Tuesday 10 March 2015, 2pm - 4.30pm with video/ teleconferencing facilities

Further dates

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