

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

Tuesday 19th May 2015, 2:00 – 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
Maggie Watts – Director of Public Health, NHS Western Isles
Bruce Archibald – Public Health Service Planning Lead, NHS Grampian on behalf of Susan Webb (for Items 20 – 25)
Pip Farman – Public Health Specialist / North of Scotland Public Health Network (NoSPHN) Co-ordinator
Martin Higgins – SHIAN (for Item 27)

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|-------|---|-------------------|
| | | Action |
| 20/15 | Welcomes and apologies: Louise welcomed all to the meeting. Apologies had been received from Susan Webb, Kerry Russell, Jim Cannon, Ann Conacher, Phil Mackie and Hugo van Woerden. | |
| 21/15 | Minute of the last meeting 10 th March 2015
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. | LB |
| 22/15 | Matters arising from the last meeting and not on the agenda <ul style="list-style-type: none">• Informing Investment to reduce health Inequalities in Scotland (aka 'Triple-I') tool – Louise advised that a meeting was scheduled to talk to Colin Fischbacher about the work and its relevance to in particular island Boards.• Sharing LDP plans – with the group's agreement Pip noted that she would email group members to ask that LDP's be shared for information.• Civil Contingencies review – Pip advised that she had checked with Peter MacPhee who had advised that the review of Civil Contingencies scheduled for last November had not been initiated – when that when it was Peter would ensure links to NoSPHN were made. | LW
PF
PM/PF |
| 23/15 | Scottish Public Health Network (ScotPHN)
23.1 Update Members noted the update with thanks and that the next ScotPHN Board was due to meet on the 13 th July and that Louise Wilson will attend on behalf of NoSPHN. Louise asked that an update be sought on the disinvestment strand of work following the retirement of Margaret Somerville noting that it would be helpful to inform work with Joint Integration Boards. | PF/AC |
| 24/15 | North of Scotland Planning Group / programmes
24.1 Feedback from NoSPG (NoSPG papers available at http://www.nospg.nhsscotland.com).
a NoSPG - The group noted that the next meeting of NoSPG meeting was on the 17 th June 2015.

b NoS Integrated Planning Group (IPG) 15th May 2015 – members reflected on discussion at the IPG meeting and its development noting that the relationship between the IPG group and NoSPG was becoming clearer (and NoSPG's expectations would be clearer after the next NoSPG meeting); the need to focus on planning and that success would be determined by getting business done (see Item 26.1e ii for linked discussion at IPG re the Population of 1.3M).

24.2 Update on NoSPG workplan / programme developments including:
a NoSPG workplan / exception report as at February 2015 – was noted.

b NoSPG / NoSPHN programme updates – Pip noted ongoing discussions with respect to the Oncology Services Review and requests for support with looking at cancer incidence and projections and a request to explore future radiotherapy demand modelling – a meeting was being set up to discuss these. | |
| 25/15 | National Review of Public Health – Engagement event(s)
Pip updated members on developments with regard the engagement events as she understood them and in particular planning for the Inverness event on the 21 st May. Hugo was no longer able to present at the event and Louise had agreed to give the local presentation. Speaking to the paper circulated Pip highlighted that the key focus of the presentation was to be on remote and rural perspectives particularly in relation to leadership, partnership working and a multidisciplinary workforce. As part of this the intention was to present case studies by example outlining some of the challenges and innovation with respect to work in the north of Scotland. The group | |

highlighted a number of examples:

- NHS Western Isles: foetal alcohol syndrome awareness raising and sexual health services each of which required very different approaches in the islands to the mainland and inequalities and Community Planning Partnerships
- NHS Orkney – Alcohol and Drugs Partnership and the commissioning of services particularly from third sector organisations and the need to emphasise different models of leadership
- NHS Shetland – work to understand deprivation and inequalities
- NHS Grampian (Moray) – Bruce suggested talking with Tracey Gervaise for an example.

Key other messages the group were keen to ensure were embedded in the presentation included: size and scale issues; resilience; island specific and remote and rural mainland perspectives; de minimis costs for services and the wide range of roles in which public health had to engage beyond their core remit.

A NoSPHN meeting was planned with the review group for after the engagement session and Pip highlighted the agenda items for this focussed on what makes NoSPHN work. Members shared key messages with regard to underpinning values (mutual respect; equal partnerships; and cooperation), a desire to collaborate; understanding of island and remote and rural perspectives and advocating for remote and rural populations; work through NoSPG; a history of cross boundary working and mutual resilience.

Louise noted similar themes emerging from a recent evidence review of networks and Pip agreed to circulate the paper on this.

PF

Bruce left the meeting (due to a local power cut).

26/15

Public Health Network Workplan

26.1 Update on NoSPHN programmes of work

a Health Protection:

- **Health Protection Oversight Group (HPOG)** – Sarah fed back on the last meeting of the HPOG noting the development of specialist interest groups on which NoS representation was being shared; there were some issues needing to be reviewed including data sharing but there was a sense that there was a coherent programme of work developing with clearly visible routes for playing in. The group was taking cognisance of the Public Health and Shared Services reviews but were progressing with agreed developments. The group intended to meet 2-3 times a year with overview to ensure that work was progressed through the various topic groups. Members discussed the programmes of work noting that it would be important to continue to understand the scope for regional collaboration across the work programmes.
- **NoS Health Protection Resilience** discussions / update from NHSO – Louise noted ongoing issues with cover and thanked Sarah / NHSS for their ongoing support with out of hours on call. The group confirmed their support for an islands based discussion of health protection issues.

All

PF

b Health Intelligence - Pip highlighted a recent event (30th April) to share the technology (GIS mapping and Qlikview) NHSWI were using to support their community profiles and patient flow mapping and thanked Martin Malcolm for coordinating this. Pip highlighted that a data visualisation course was planned for the 27th May for health intelligence leads sharing key messages and learning from a course that NHS Grampian colleagues had attended.

c Health Improvement

- **Health Improvement Collaborative update** – Pip updated on the collaborative meeting on the 5th May 2015 noting that following the success of previous sessions a single issue session on ABI's had been requested which would be set up.
- **SHWL Hub developments** – Sarah updated on ongoing SHWL discussions nationally with the aim of taking a paper to the next national DsPH group with regards to next steps.

PF

d Workforce planning

i **Specialty recruitment information / opportunities** – UK Faculty Conference – Pip reminded members of the exhibition stand that had been booked for NoSPHN on the 23 & 24 June and shared plans for the stand and asked for support with identifying key messages particularly with regard to promoting the NoS as a place to live and work and for training. Maggie suggested using the recruit and retain key messages to inform the presentation and Sarah reminded members that

she had a potential training post. With regards to the clinical attachments paper (submitted under AOCB) from Hugo – members were supportive of promoting research or clinical attachments on a NoS basis noting the need for a system to manage this and Maggie noted plans to support graduate placements also (3-12 month placements).

PF

ii **Remote and Rural Public Health module** – Maggie had nothing further to update.

e **Futures thinking / planning**

i **3 Horizons developments** - members fed back on recent developments noting that the Learning set (capability accelerator) had now concluded and an evaluation of this had been conducted. The feedback from this would be summarised along with any feedback received with regards the 3 horizons Introductory sessions on the 8th May 2015. Pip noted that 7 colleagues had attended the in person event and 13 the remote access session - initial feedback had been positive. Margaret Hannah was keen to maintain links with NoS but had limited capacity for direct support but had indicated that it would be good to see a community of interest developing in the NoS and that there were a number of ways in which this might be supported. Pip proposed bringing the evaluation of both activities and proposals for next steps back to the group.

PF

ii **Population of 1.3M scoping** – members fed back on developments and discussion at the NoS IPG. Martin Malcolm had progressed with the scoping of the work (profiling and patient flow mapping) using cancer as an example. Members discussed whether cancer or another area (eg orthopaedics) might be appropriate and agreed that this needed to be agreed in conjunction with NoS representatives and in the context of overall capacity and priorities (or realignment of priorities) and alignment of priorities elsewhere eg nationally. Pip agreed to pursue discussion with the various parties and progress. Sarah suggested David Kerr talking with Malcolm re interests in NHSS. With regards to the key questions prompted by the population of 1.3 million work – members agreed that this would be best pursued on a one to one basis at a local / regional level.

PF
DK/MM

iii **Integration updates** – members gave local updates noting some plans were due to be signed off shortly and others were likely to wait until after the Scottish Government recess. Louise suggested that NoSPHN might consider looking at doing things once in relation to Joint Integration Boards referencing Susan Webb's paper to the DsPH and members agreed to revisit.

PF

26.2 NoSPHN Workplan 2015/16

a **Workplan update (2015/16)** – members noted progress and discussed gaps in the plans and priorities for 2015/16. The group suggested ensuring:

- the Joint Integration Boards;
 - new ways of working with Community Planning Partners;
 - any outcomes of the Public Health review;
 - more focussed actions with regard to Health Intelligence activity (strategically / operationally)
 - understanding what 3 horizons means for NoSPHN as a network and
 - ensuring that inequalities developments were embedded in all work
- were all sighted in the workplan. Members agreed to the organising of the annual all day meeting in person for August / September to progress discussion further.

PF

Members suggested sharing the summary workplan with the Public Health Review group and reflecting on how the workplan / NoSPHN developments had changed since its inception.

PF

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

c **NoSPHN Annual report** – Pip noted the summary of work conducted over 2014/15 for inclusion in the annual report and discussed what might be a useful focus to the report. Members agreed to capture some of the less tangible elements of work for presentation in the report and offer brief narrative on what has been helpful in the context of NoS Boards.

All/PF

27/15

SHIAN – Health impact Assessment of Rural Development: a guide – the group welcomed Martin Higgins to the meeting and Martin gave a brief summary of the development of and focus of the report. Members were supportive of the work and reflected that some aspects of interest were not well represented in the literature and as such would not have come through the literature review eg context specific developments in the NHSS – oil and gas industry); the impact of wider EU policy eg for farming and that the general themes emerging from the report may have

limitations by Board. Louise asked for clarification with regard to the strength of evidence referred to which Martin agreed to clarify in the report. Sarah noted that if interested in comparators that the work could be used to prompt discussion in NHSS and Martin advised that he was happy to support that. Pip agreed to circulate Martin's email and phone number so that any further comments might inform the final draft of the document.

MH
MH/ST
PF

28/15 AOCB – Opportunities for research projects or clinical attachments to NHH Public Health Directorate – Item was taken under 26.1d i.

29/15 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

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

30/15 Date of next meeting: Tuesday 25 August 2015 - 2pm - 4.30pm

Further meetings (vc available for all):

Tuesday 10 November 2015 - 2pm - 4.30pm