

Present:

Louise Wilson – NoSPHN Lead and Director of Public Health, NHS Orkney (Chaired meeting from Item 45.2d onwards)

Sarah Taylor – Director of Public Health, NHS Shetland (Chaired meeting to Item 45.2c)

Ken Oates – Acting Director of Public Health, NHS Highland

Maggie Watts – Director of Public Health, NHS Western Isles

Jim Cannon – Director of Regional Planning, NoSPG (by videoconference)

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

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.

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

		Action
41/14	Welcomes and apologies: Sarah welcomed Ken Oates in his position as Acting Director of Public Health in NHS Highland. Apologies had been received from Phil Mackie (ScotPHN), Jonathon Iloya (CDPH), Kerry Russell (NoSPG), Sharon Pflieger (ADTC Collaborative), Susan Webb (NHSG) and Ann Conacher (ScotPHN).	
42/14	Minutes of the last meeting 21 st August 2014 The minute of the last meeting was approved. Members gave no reason why the papers and minutes of the last meeting should not be made available by open access on the internet.	AM
43/14	Matters arising from the last meeting and not on the agenda <ul style="list-style-type: none"> (Item 32/14) – NHS Grampian CDPH Jonathon Iloya – members noted that Jonathon was now in post and had, as part of his induction, met with a number of colleagues across the North. Pip agreed to invite Jonathon to the next NoSPHN meeting. (Item 36/14) NHS Grampian evidence reviews – Pip reminded members of the evidence reviews shared by Susan Webb at the last NoSPHN meeting (available at http://www.hi-netgrampian.org/hinet/4935.html) and noted Susan's request for feedback on the reviews and how best to promote and use them. (Item 37/14) NHS Highland DPH appointment – Ken noted that Dr Hugo van Woerden had been appointed to the NHS Highland Director of Public Health role and was due to take up the appointment from the 1st February 2015. Pip noted that Hugo had asked for information on NoSPHN which she had forwarded. 	PF All
44/14	ScotPHN updates and developments 44.1 Scottish Public Health Network (ScotPHN) a Update - Members noted the update with thanks. Following feedback from the last meeting Pip advised that Ann Conacher had agreed to submit future reports with more detailed information eg Leads, links to other work and timescales etc.	AC
45/14	North of Scotland Planning Group / programmes 45.1 Feedback from NoSPG meeting 24th September 2014 Referring to the agenda circulated Sarah and Jim updated on those issues from the meeting not on the NoSPHN agenda including: <ul style="list-style-type: none"> Sustaining Oncology Services in the NoS project (SOSNOS) – steady progress was being made. A consensus event had been held in Perth on the 8th November looking at different models of networking across the 3 cancer centres. Models had still to be agreed but there was a move towards a more formal MSN network approach – operationally and clinically led with money in a regional pot – such a model was seen as more sustainable. This was seen as a step 1 approach. Step 2 would possibly follow which is suggested as a move towards a more national approach. The idea was being tested out with stakeholders locally and with the CMO's office including understanding impacts on individual Board targets if they were supporting a MSN approach. Whilst there was buy into the approach at a senior level there remained a need to get buy in from clinicians. Sarah reiterated the need to be clear on what differences the changes will make to services and the problems it 	

will help solve.

- Pip referred to the update at Item 46.2b noting that William Moore was attending SOSNOS meetings wherever possible and in response to a request for support with looking at cancer projections he had referred Lesley Forsyth to David Brewster at the Cancer Registry as he understood a refresh of the cancer projections was due and that it would be helpful if this work was progressed at a national level. Jim noted the projections would be helpful for the second draft of the SOSNOS business case, which would be required for the NoSPG meeting in February 2015.

45.2 Update on NoSPG workplan / programme developments:

a NoSPG workplan / exception report May 2014 – members notes the update with thanks.

b NoSPG programme updates

- Jim advised that the Regional Medical Director Post had been advertised with interviews planned for the 11th December. Jim noted the post was for a fixed term and funded through NoSPG. Key tasks for the post included clinical governance of NoS services and networks; the development of a clinical strategy and encouraging engagement with clinicians for NoS working.
- Referring to Item 46.2b Pip advised that a meeting had been arranged for the 4th December with Keith Farrer, Mike Crilly and Elaine Garman to discuss the potential need for Public Health support for the Cardiac Surgery work.
- Pip noted she had contributed to an initial selection of bids for the NDP Child Health slippage monies and that Noelle O'Neill had been invited to support a national Healthcare and Forensic Sciences Network event to which she contributed information on the logic model approached as part of the original NDP work.

c NoSPG annual event 20th November 2014, Aberdeen – Jim outlined key messages from the event the previous day which focussed on re-establishing a prioritisation approach for NoSPG, developing the beginnings of a prioritisation list and the need for a shared NoS vision for the region going forward. Jim asked for feedback from those attending and members noted the day had been helpful with a wide range of interesting presentations. The group noted discussion had highlighted the need: for a vision for the NoS; for agreed common priorities; to understand the gains to regional working and that flexibility in models of working were key. Maggie highlighted NHSWI posts being considered for development with the West of Scotland Boards and suggested the NoS needed to enhance similar opportunities and expressed concern about the impacts on the remote and rural Boards of integration which she felt had not been fully thought through at a Scottish Government level.

Discussion also noted the following:

- Lesley McLay (Chief Executive NHS Tayside) had asked to understand the NoSPHN and NHST relationship – Jim and Sarah had both followed this up with her and Lesley was discussing locally.
- The useful references to the Intelligent Region at the event and the potential for some of the discussion to inform the Population of 1.3 million project.
- The need for the clinical strategy to be informed by planners, public health and clinical discussion ensuring the strategic focus for NoSPG.
- The value of NoSPG adding value at both strategic and joint operational levels eg NoSPG supporting work required on SLA processes / costing models / standardisation of processes (in a facilitative role) and understanding the impact of Board pressures in one area impacting on other Boards. Jim asked that specific examples of the latter be shared with him.

All

d Refresh of the NoSPG Integrated Planning group – speaking to the paper circulated Jim highlighted key elements of the paper and asked for comments. Members asked:

- For clarification on the status of the paper – Jim advised that it was work in progress and the aim of the first meeting of representatives in January 2015 would be to shape the aims and work of the IPG ensuring improved operational input to the group.
- For clarification on Board level representation on the group – Jim noted that this would be through operational leads.
- How Board planning representatives would play into the group emphasising that clarity was needed on where strategic planning and delivery input would be focussed i.e. at NoSPG or at the IPG level.
- The role of NoSPG in relation to IPG particularly if IPG was to be more operationally focussed (noting that the relationship between strategy and service delivery needed to be symbiotic) and the role of other stakeholders eg the NoS Chairs Group.

- That the role of the IPG should be driven by the vision beginning to be articulated at the NoSPG event and that the structure should be driven by functions (ie form to follow function).
- That the paper articulates the benefits of regional working for Boards and patients.
- That Public Health representation should be seen as core to the IPG – and would offer population and service improvement based perspectives to the work of the group.

The group noted that once the above were clarified it would be easier to determine who best should sit on the IPG from both a Public Health and also Health Information/Intelligence perspective.

Jim thanked the group for the feedback, advised that he would review the issues with Kerry Russell and confirmed the paper would be going to the next NoSPG meeting for discussion and meantime was being distributed through a number of other routes.

JC

45.3 Low volumes / outcomes and sustainability work – Pip advised members that the paper circulated summarised the work overall and the discussion at the Low Volumes meeting on the 12th September. Representatives at the meeting had noted the published evidence on outcomes and volumes; debated the challenges and issues in delivering low volume services particularly in respect of patient experience, access and sustaining co-dependent services in smaller Boards and the need for flexible NoS service models and solutions. The group had also recognised that other issues were a factor eg the fundamentals to effective service planning and decision making across the NoS Boards. The Group had suggested a test of change of the framework developed eg through the radical prostatectomy or varicose vein work. Keith Farrer had subsequently taken the suggestion re the radical prostatectomy to the Urology Cancer MCN working group who had agreed to test the framework as part of their work. Pip confirmed she would support this process and that the Medical Directors / the new NoSPG Medical Director were seen as the leads for this work. Jim noted the SHTG meeting on the 11th December and work on low volumes being progressed by Susan Miles (Lead Health Economist) – Pip agreed to follow up.

Separately Pip had been approached by Neil McLachlan (NOSCAN) asking whether he could use some of the template questions with the Specialist Gynaecology working group (which was focussed on workforce issues) noting the helpfulness of some of the questions to this process. Pip was to follow this up.

PF

46/14 **Public Health Network Workplan**

46.1 Update on NoSPHN programmes of work

a Health Protection Members noted the update from the NoSPHN Health Protection discussion held on the 3rd October which had focussed on: the MOU for surge capacity; CPD sharing; NHSO/NHSS Board on call support; HPZone updates; health protection arrangements with respect to integration; Ebola virus responses and civil contingencies. Members discussed the report and noted the following:

- Louise advised that she was seeking a locum CPH/Health Protection and asked if there were staff in the NoS Boards that might be interested in the first instance?
- Given concerns expressed re the Civil Contingencies arrangements the group agreed to influence the formal national one year review of the Civil Contingencies arrangements and asked that Board EPO's be asked through Peter MacPhee (NHSH) to coordinate this and the DsPH to follow up through the National DsPH group
- NHSWI were due to interview two health protection nurses in the following week.

ALL

PM/PF
ST

Feedback from the national Health Protection Oversight Group had also been discussed and the group had agreed to wait for a paper from Syed Ahmed with proposals for how HPS and Boards will work together within the new Network arrangements and feed comments on the paper to the next Oversight Group meeting on the 3rd December 2014. Ken advised that the papers for the meeting had just been sent out and agreed to circulate via Pip noting comments should be sent to Ken as Sarah was unable to attend the meeting. Sarah noted that Syed was happy to come and talk to colleagues in the NoS.

KO/PF
ALL

b Health Intelligence – Pip advised that there had not been much progress since the meeting on the 5th June as there were a number of pressures in system at the moment but proposals were in hand to host a DISCOVERY workshop in new year and the possibility of NHS Grampian colleagues to feedback on a data visualisation course (to assess potential for wider dissemination).

In discussion and noting the appetite expressed at the NoSPG event for working jointly at a NoS level on health information / health intelligence issues and the Intelligent Region thinking the group discussed:

- The need to be clear on overall NoS intelligence tasks (focussed by the clinical strategy) and an understanding of what this means for information handling.
- From a regional perspective it would be helpful to understand what data is available; what Boards are currently doing; how primary, secondary and population data might be combined; the need for more systematic approaches to information in the NoS; common forecasting; benchmarking; minimising duplication of attendance at national meetings; understanding variations eg in outcomes where relevant and the potential for more innovative approaches (use of tools) for reviewing data and asking a different set of questions.
- From a NoSPHN perspective focussing on the Public Health elements of the above.

JC

DsPH agreed to feedback thinking to local staff and feed into NoSPG discussions and Pip agreed to link to population of 1.3M scoping.

All

c Health Improvement – Pip verbally reported on discussion from the Health Improvement Collaborative meeting on the 5th September 2014 noting that information continued to be shared between the departments, and that it had been agreed to host a single issue meeting on welfare reform and employability issues.

With respect to SHWL Hub developments Sarah advised that a working group was meeting to shape the hub developments and that this paper would be submitted to the national DsPH and Health Promotion Managers Groups. There were some challenges to address as different Boards / hub areas wanted different things but there was agreement that some things that needed to be shared. At the present time Boards still needed to decide how much they wished to do alone and how much in collaboration. Overall sustainability, quality, value for money and reducing bureaucracy across Boards were seen as the key drivers. Members noted the position.

d Workforce planning (due to time constraints items noted in italics were deferred to the NoSPHN workforce planning session in the afternoon. A note of this meeting is available separately but key points are highlighted below)

i Work experience placements – *noting the recent NoSPHN work experience placement and feedback on this and a similar request to NHSH Pip was intending to draw together key points to inform any future requests which the group were keen to see supported.*

PF

ii Specialty recruitment information – *Pip updated on the work to promote the NoS as a training destination for which she thanked members for their feedback and Jenny Wares and Emily Stephenson for their inputs. The information was now available on the NoSPHN website in web page and leaflet form at http://www.nosphn.scot.nhs.uk/?page_id=2811 and a link had been made to the information from the NES recruitment page. Pip requested island based photos to add to the website and advised that the intention was to over time add case studies and a blog to the website.*

MW/ST
LW

Members welcomed the development and asked that further information be added to the website (and poster as noted in Item 46.2d) about the types of work or projects trainees might be engaged in which might be achieved as part of a placement or from a main work base. In addition it was agreed to write a paper to promote the work; promote NoSPHN at the next Trainees conference (if still held) and UK Faculty Conference 2015 (poster and/or abstract) and set up a NoSPHN twitter account for current trainees to link to and to use more widely within NoSPHN. Members also extended an invitation to Jenny Wares (NHSH) in her role as Ambassador to visit the NoS Boards to gain an understanding of some of the work and the environments which we are aiming to promote to trainees.

PF
MW/PF
ALL
PF
PF/JW

iii Remote and Rural Public Health module – *Maggie noted the UHI model descriptor circulated and asked for support in identifying those elements that should be developed as part of the module which were particular to Public Health in a remote and rural context. Members summarised the following:*

- *Small team, generic working; multitasking; wide skills set required*
- *Relationships with the local community (knowing your community and personal impacts)*
- *Different types of epidemiology / Inequalities and SIMD / small numbers*
- *Personal resilience requirements*

- *Remote and rural health issues*
- *Academic links (Northern Peripheries, international links)*
- *Use of technology (vc etc)*
- *Health Protection (including port health and radiation).*

The group noted the benefits of working through case study material to support the above and the potential to engage with other remote and rural Boards (NHS Borders and Dumfries and Galloway) in developing the module.

iv Agenda for workforce planning session 21.11.14 – members noted the agenda for the session.

e Futures thinking / planning

i 3 Horizons learning set and further workshops – Pip noted that the learning set was progressing with 6 members and was due to conclude by the end of March 2015 with a review meeting planned. Pip noted that the half day introductory session(s) had still to be arranged and this had been deferred pending lessons learned through the learning set and to enable management of commitments into the new year. Pip advised that she had agreement from IFF to host 2 sessions – one for in person colleagues (hosted in Inverness) and one by vc only and that there would be an additional charge for doing this but this was possible within the current budget. Member supported the proposals.

ii Population of 1.3M scoping – Pip advised that the paper circulated had been submitted to the NoSPG meeting on the 24th September but further work was required to scope the project noting there was NoSPG related work to be progressed but that there was also potential for NoSPHN specific questions also. Sarah noted the need to focus on the gap in information regionally (complementing what was available locally and nationally), supporting work on the NoS strategy (regional and clinical strategy) and focusing on the dataset that will inform regional decision making and looking forward to be able to respond to for example public sector reform. In discussion the following was noted:

- The need to rephrase / order the questions in the current paper
- The need to focus on population health
- Demographics provided a starting point
- Potential for links to be made to the SE and WoS planning groups (noting NHS Tayside, Argyll and Bute and NHS WI service links)
- Potential links to other NoSPG work ongoing eg the NoS Major Trauma work (noting their use of the GEOS modelling tool), A96 developments and the ScotStar hub work
- Focussing on asset based approaches
- Use health intelligence tools to show / map information regionally eg patient flow / patient travel and ensure NHST involvement.

In conclusion the group suggested the first task should be to have a single map of the North which was interactive and responsive. Maggie agreed to further scope the work.

MW

iii Integration updates Members updated on current planning in Boards some of which remained uncertain and agreed to share plans once they were finalised.

All

46.2 NoSPHN Workplan 2014/15

a Workplan update (2014/15) - members noted the updated plan with thanks.

b Specific updates from key groups / programmes and related actions not on the agenda. Members noted the updates with thanks and plans to progress with an alcohol and drugs services representatives meeting, noting NoSPG links had been made with Pharmacy Leads and a request for NoSPG funding for a regional pharmacy post.

c Budget update Pip updated on recent expenditure and advised that she anticipated that there was in the region of £4k left to spend this financial year and asked for confirmation of priorities for spend to the end of the financial year. Pip advised that it would be helpful to have an early indication from members if there were likely to be problems with Boards NoSPHN funding for 2015/16 noting the intention as in previous years not to apply an uplift to Boards which represented a 1% saving to Boards.

DsPH

d Further developments / proposals (due to time constraints items noted in italics were deferred to the NoSPHN workforce planning session in the afternoon. A note of this meeting is available separately but key points are highlighted below).

Welcoming the NoSPHN poster that had been prepared for the NoSPG event members were keen to promote NoSPHN further and asked that the poster be made available on the NoSPHN website (now available at http://www.nosphn.scot.nhs.uk/?page_id=2973).

Members further discussed and agreed to:

- Develop a proposal focussing on interventions (not currently embedded in practice) that we should be focussing on in terms of Public Health within a NoS strategy (key messages / actions) using service improvement methodology and use this as a test of change of service improvement methodology. Pip to seek suggestions for interventions (informed by SIGN guidelines, national work etc).
- Further develop the NoSPHN research role by publishing existing work, promoting ourselves as a centre for implementing and undertaking research with a particular focus on remote and rural.
- Understand the support requirements of the Public Health Practitioner roles following the national UKPHR event in November (Pip to ask for feedback from Jane Groves) and in the context of an overall workforce plan including specialist, advanced practitioner and consultant roles (including succession planning). To be looked at post the Public Health review – June 2015.

PF

All

PF

46.3 Scottish Affairs Committee Faculty Conference 2014

Members who attended gave positive feedback on the conference and the range of presentations. Pip updated on the conference planning noting that the conference evaluation form had been sent to participants, that she was conducting a review of the use of WebEx for the event and that lessons learned were being gathered through the organising group to inform future planning of the conference. Pip thanked on behalf of herself and Simon Hilton as co chairs all members of the organising group for their participation.

PF
PF/SH

47/14 AOCB

- **Review of Public Health** – noting details of the review had still to be confirmed and would be discussed at the DsPH meeting the following week members agreed to bring the item back to the next meeting of NoSPHN and/or follow up any required NoS actions between meetings.

DsPH

48/14 Items to be brought forward to future meeting(s):

- Review of Public Health (extra hour to be added to meeting if it looks like key issues on the review require to be discussed).

PF

49/14 Date of next meeting / meetings next year

Pip reminded members of a proposal to reduce the number of NoSPHN meetings per year to 5 and sought agreement for this. Members supported the proposal and noted the dates for the following year as:

Monday 19 January 2015
Tuesday 10 March 2015
Tuesday 19 May 2015
Tuesday 25 August 2015
Tuesday 10 November 2015

All meetings 2pm - 4.30pm with video/teleconferencing facilities