

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

Tuesday 25<sup>th</sup> August 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  
Chris Littlejohn Consultant in Public Health / Head of Health Improvement, NHS Grampian on behalf of Susan Webb  
Ann Conacher Manager, Scottish Public Health Network (ScotPHN)  
Pip Farman Public Health Specialist / North of Scotland Public Health Network (NoSPHN) Co-ordinator

- Action
- 31/15** Louise welcomed Chris Littlejohn (for Susan Webb) in his new role as Consultant in Public Health and Head of Health Improvement who was replacing Bruce Archibald on the group. Louise noted the groups thanks to Bruce for his contributions. PF
- Apologies had been received from Kerry Russell, Jim Cannon, Hugo van Woerden, Sharon Pfleger, Jonathan Iloya, William Moore and Susan Webb.
- 32/15** **Minute of the last meeting** 19<sup>th</sup> May 2015 PF  
With the following amendments - 'were' to be removed from HPOG report (page 2) and actions noted against the SHIAN report (page 4) to be attributed to Martin Higgins (MH) and not MM - the group noted their approval of the minute and gave no reason why the papers / minutes of the last meeting should not be made available by open access on the internet. LB
- 33/15** **Matters arising from the last meeting and not on the agenda**
- a Informing Investment to Reduce Health Inequalities in Scotland** (aka 'Triple-I') tool – Louise updated on her discussions with Colin Fischbacher who had adjusted the tool to reflect NHS Orkney needs with the intention of rolling out the adjustment to other Boards shortly.
- b Sharing of LDP plans** – Pip noted that Board LDP plans had been shared and members advised that this had been useful. Sarah asked whether there was scope for sharing Joint Strategic Commissioning Plans. Members noted that some Boards had not started drafting plans but were aware of examples in Ayrshire (North and South), Highland and Aberdeenshire that might be sourced and agreed to share work through NoSPHN as plans developed. PF/All
- c ScotPHN disinvestment work** – Pip referred to her email to DsPH of 11/06/2015 forwarding the ScotPHN paper for information.
- 34/15** **Scottish Public Health Network (ScotPHN)**
- 34.1 Updates**
- a Workplan update** – Ann highlighted ScotPHN products or outputs due for September including the Care of the Dying work; a report on the Obesity Route Map and also Long Term Conditions (for brain damage). Pip asked for an update on the status of the recommendations highlighted in the ScotPHN report 'Developing Public Health Function Standards For Scotland: Emerging Themes And Prospects (June 2014)' and Ann agreed to follow up. AC
- Ann also advised on work ongoing to detail and prioritise the ScotPHN workplan for the next 3 years. Sarah asked for feedback from discussion at the national DsPH meeting on the development of a Public Health Strategy and asked how ScotPHN's work would be guided by this, the outcomes of the Public Health Review and the National Clinical Strategy? Maggie noted the discussion at the DsPH meeting had focussed on the need to reflect remote and rural issues and solutions in any national developments and that Public Health interests should be aligned to all new plans and suggested that NoSPHN should seek to articulate these issues in the NoS and nationally going forward. Further discussion had focussed on workforce issues; the need to build in anticipatory care messages to for example the national Clinical Strategy - recognising both the inverse care law and upstream developments and that a working group (of which Maggie was now a member) had been agreed to further frame a Public Health strategy based on the work Sarah had already developed. LW/PF
- Louise asked that the Public Health Strategy, the outcomes of the Public Health Review and the

national (and regional) Clinical Strategies be discussed at the next NoSPHN development meeting and Sarah asked that in the further development and prioritisation of the ScotPHN workplan and ScotPHN's input to national plans that consideration be given to detailing what works best at regional and national levels.  
Members thanked Ann for the update.

PF  
AC

**b Feedback on the ScotPHN Board meeting 13th July** - Louise Wilson had attended on behalf of NoSPHN the last ScotPHN Board meeting and agreed to circulate the minutes from the meeting to members for information.

LW/PF

## 35/15 North of Scotland Planning Group / programmes

**35.1 Feedback from NoSPG** (NoSPG papers available for reference at <http://www.nospg.nhsscotland.com>).

**a NoSPG meeting 17<sup>th</sup> June 2015** – the agenda for the meeting had been circulated with the papers for information – all items relevant to NoSPHN were on the NoSPHN agenda for discussion. The next NoSPG meeting had been cancelled with the next one scheduled for December 16<sup>th</sup> 2015.

**b NoS Integrated Planning Group 31<sup>st</sup> August 2015** – Sarah updated on the last meeting of the IPG Group meeting advising that clarity was still being sought as to the role and focus of the group but that NoSPHN members were contributing. Pip advised that a paper on the population of 1.3M had been submitted to the IPG meeting on the 31<sup>st</sup> August (as detailed under Item 35.2b iii).

## 35.2 Update on NoSPG workplan / programme developments including:

**a NoSPG workplan / exception report as at June 2015** – members noted the report.

**i NoSPG Clinical Strategy event (30th September 2015)** – Sarah advised that she was attending the event for NHS Shetland and would also ensure a Public Health input and feedback (other members had still to agree locally if they would attend).

ST

**ii NoSPG Annual event 25th November 2015, Inverness** – members were asked to note the date for their diaries.

All

**iii NoSPG Annual report** – Pip advised that she understood that Jim Cannon was presenting the NoSPG annual report to Boards and highlighted the NoSPHN sections submitted had been included in the report.

## **b NoSPG / NoSPHN programme updates**

**i Oral Health and Dentistry** – Jonathon Iloya had sent an update (see Item 38.3b) highlighting that work was ongoing on the Special Care Dentistry Needs Assessment (NHS Grampian & NHS Highland); an options paper on the NoS Paediatric Dentistry Service had been presented to NoSPG in June 2015 and the business case was to be presented at IPG in August 2015; a NoS Oral and Dental Health event had been held in June 2015 '2020 - New Challenges, New Solutions for Dentistry' which was attended by oral health colleagues across the NoS and provided a forum to consider priorities for NHS dental services in our future plans.

Pip advised that she had offered Jonathon the opportunity to discuss with NoSPHN / colleagues the paediatric dentistry paper but he felt was too soon to come to group but may discuss with individuals. Sarah noted that discussion at NoSPG had highlighted the need for some clarifications in the paper and the need to present the case for developments in the current funding context and asked that NHS Grampian colleagues support the further development of the paper if not already engaged.

CL/SW

**ii Low volumes work** (testing of low volumes framework) – Pip advised that the low volumes framework had now been used by the NoS Gynae cancer working group and she had been invited to participate and test the framework with the NoS Upper GI Cancer short life working group; NHSG colleagues had also picked up the work as part of major trauma programme. Pip's aim was to gather feedback and refine the framework as work developed.

PF

**iii Population of 1.3 Million developments / cancer intelligence developments** – following discussion at last NoSPHN meeting Pip had approached Jim Cannon for advice on where to focus the Population of 1.3M work who advised that it would align well to cancer work ongoing in NOSCAN and with the Oncology Board but asked that this be confirmed with both the RCAF (NOSCAN) and the oncology work stream leads. In discussion with William Moore (CPHM NHSG) the NoSPHN Public Health representative on NOSCAN, William had agreed a focus on cancer would support recent requests for health intelligence support from NOSCAN and the Oncology work stream and align well to ongoing national developments. William was keen however that the work be developed in context of (and be informed by) thinking on wider cancer health intelligence work – in particular a need to manage more generally ongoing interpretation and interrogation of cancer data in the context of regional planning questions ie the work was not seen in isolation. William subsequently had discussions with Keith Farrer (NoSCAN), Lesley Forsyth (Oncology Project manager) and Martin Malcolm and submitted a paper to NOSCAN (14<sup>th</sup> July) seeking support for (under the auspices of NOSCAN) setting up a group to scope the parameters for a NoS cancer intelligence function which would coordinate and prioritise requests for cancer intelligence support within available capacity and under which Martins patient flow work might be (on a pilot basis) one of the first 2 outputs with further discussion on how his profiling work might align to the Oncology Board work. This proposal was supported at NOSCAN and it was intended to set up a scoping meeting with a letter to go to DsPH, Health Intelligence Leads, Planning and Cancer colleagues from NOSCAN inviting representation.

Pip advised that she felt focussing the Population of 1.3M work on cancer would support recent requests for support with the current cancer agendas (NoSCAN and the Oncology Board), would be used to support discussion re the development of a more coordinated approach to cancer intelligence requests (as distinct from Cancer audit work), both of which aligned to the population of 1.3M work overall and NoSPHN's thinking re the intelligent region and sought the support of members for this.

Members supported the focus on cancer on the basis that it was a NoSPG priority but noted the significant cancer support already available and that this should be maximised; noted concerns about local capacity to support any increased demands for support and raising expectations for ongoing work.

PF

**36/15 National Review of Public Health – Engagement event(s)** – Louise summarised the input to the Inverness event and NoSPHN meeting 21<sup>st</sup> May noting summary papers on the events were now available at [http://www.scotphn.net/projects/current\\_projects/public\\_health\\_review\\_engagement](http://www.scotphn.net/projects/current_projects/public_health_review_engagement). Members reported that it was expected that the outcome of the review would be presented at the Public Health Faculty Conference in Peebles in November and agreed that the Public Health Strategy (as discussed at Item 34.1a) would be a critical to proactively guiding future developments.

DsPH

**37/15 Inter-island Public Health Conference 10-12 June 2015 - Guernsey**  
Louise and Maggie fed back on the conference noting it had been refreshing to talk with colleagues from the Channel Islands; Gibraltar; and the Falkland's with an understanding of island based issues noting that remoteness as in the NoS was not experienced by all and the varying legislative frameworks that influenced the local make up of work. Dr Stephen Bridgeman (Guernsey) was keen to maintain links with the NoS and NoSPHN. A NoSPHN poster had been presented at the event and all the posters / papers from the event were on the Inter-island website <http://www.iiphf.org/> with mechanisms being explored by Dr Vijay Kumar (Gibraltar) for supporting communications between island related Public Health colleagues. The next event was planned for Jersey in 2017 and Louise suggested that consideration of how NoSPHN links in then be built into the workplan.

LW

**38/15 Public Health Network Workplan**  
**38.1 Update on NoSPHN programmes of work**

#### **a Health Protection**

**i Feedback re Health Protection Oversight Group (HPOG)** – Sarah advised that the group had not met for some time but a helpful reporting framework had been established by Dr Syed Ahmed and sub-groups were being established with cross representation across the NoS. Sarah advised that Susan Laidlaw was interested in whether more might be done collaboratively on Immunisation and Vaccination issues and she was linking to a special interest group on this and would feedback. Members agreed that as new groups were set up that the NoS Boards think about cross representation and how we might respond differently.

SL

All

**ii NoS Health Protection Resilience discussions update** (island focussed) – the next meeting of the group was scheduled for 8<sup>th</sup> September and Louise noted ongoing work to understand what it would take to make an islands on call rota work. The intention was to bring the outcomes of this back to NoSPHN / the wider Health Protection working group noting that the Public Health review might also have an impact.

LW

**b Health Intelligence** – in addition to the update at Item 38.3b Pip advised that a Data Visualisation session had been held on the 27<sup>th</sup> May led by NHS Grampian / Aberdeen University colleagues to share learning from a data visualisation course. The session had been well received by NoS colleagues attending and discussion had highlighted a number of key messages to take away but in terms of next steps suggestions were to: set up an accessible shared web based space; share examples of work and links / references to other work; commit as a group to engaging further on such work (and bringing others on board); commit to thinking about / applying the approaches to current work and using the Population of 1.3 million to test further / demonstrate the approach.

**c Health Improvement**

**i SHWL Hub developments** – Sarah advised that work was progressing to implementation with an agreement reached on the distribution of funding. A refreshed national partnership group has been established (to meet in September) and regional collaborative arrangements were in place. Chris noted that he was now representing the Health Promotion Managers Group on the partnership group.

**d Workforce planning - Specialty recruitment information / opportunities:**

**i UK Faculty Conference** - The Politics of Healthy Change - 23 & 24 June, Gateshead – Pip spoke to the paper circulated summarising the preparation for and input to the event and thanked NHSWI colleagues who supported the NoSPHN stand. Pip summarised interest in the stand and colleagues who visited including trainees. Members agreed to review other conferences for potential presentations/stands and Maggie suggested that colleagues attending any national / other conferences should take the NoSPHN promotional materials and for example if making presentations draw attention to NoSPHN work eg on their final slides / posters.

All

**ii Scottish Public Health Conference 5th - 6th November, Peebles** – options for input. Pip noted the paper circulated highlighting costs for taking a stand at the Peebles conference and sought advice on attendance. Given financial constraints members agreed to review at Item 38.3b.

All

**iii Scottish Conference 5th - 6th November, Peebles – abstracts submitted** – Pip noted that two NoSPHN abstracts had been submitted for the conference one on 'Public Health Workforce Planning and Development in a Remote and Rural Context' and one on 'A review of low volume activity and outcomes in the context of understanding the implications for the sustainability of services in the North of Scotland'. She had yet to receive feedback on whether the abstracts had been accepted. Given financial constraints members agreed to review attendance at Item 38.3b.

**iv UK Faculty Conference 14/15th June 2016 – Brighton** – members noted the date / venue and agreed to review NoSPHN attendance nearer the time.

**e Futures thinking / planning**

**i 3 Horizons developments**

- **Review of events and options for next steps** – Pip spoke to the paper circulated which noted feedback from both the capability accelerator learning set (6 participants) and introductory sessions held on the 8<sup>th</sup> May 2015 (one in person and one by vc ) in which 20 colleagues had participated. Drawing themes from the feedback overall Pip asked for advice on how best to support further developments noting that Kerry Russell (NoSPG) was also reviewing options and Margaret Hannah whilst not able to support further developments directly was for example interested in supporting a monthly breakfast club.

Members fed back on their involvement with the sessions noting an appetite across Boards to work with 3 horizons thinking/tools, ongoing conversations and a range of planned activities at local levels. Members highlighted the need to ensure the thinking was embedded / or influenced the regional clinical strategy and local strategic commissioning plans and processes. Members noted overall the positive development of the work and agreed to reflect locally as work progressed what might be appropriate next steps for collaborative development and further suggested that a breakfast club approach might best start with a small number of interested

colleagues and/or focus around a topic issue. All agreed to feedback to the next NoSPHN meeting after testing issues further with teams. Pip agreed to approach Margaret Hannah to check that a word version of the slides circulated for the introductory session could be used locally.

All  
PF

- **Using 3 horizons principles to guide the development of NoSPHN** – Louise suggested that NoSPHN should demonstrate how 3 horizons thinking was being applied to NoSPHN work and planning and asked that a 3H template be applied to future NoSPHN papers.

PF/LW

**ii Integration updates** - Members updated on local developments particularly those in NHS Shetland and NHS Grampian where Public Health colleagues were engaged in informing strategic commissioning plans through community engagement events (NHSS) and needs assessment work (NHSWI, NHSG) ensuring that public health messages were being embedded in plans.

### 38.2 Proposals for new work / other developments

- a Inequalities updates / developments** – Louise asked that inequalities issues be firmly embedded throughout the workplan and noted that the Triple I tool discussed earlier should be reflected in the plan.

PF

**b Public Health Governance arrangements in Boards** – referring to a query from Susan Webb highlighting that NHSG were planning to do team self assessments against Public Health Governance standards and were keen to understand whether other Boards were doing similar work and if so /whether other NoS Boards might link or support sense checking of the work and whether there was interest in setting up a meeting to explore this further?

Members reflected differing perspectives which related to: the size of departments; some applications being seen as more relevant than others eg standards as applied to Health Protection; and the need for governance but finding the right approach (priorities / workload). Members were happy that NoSPHN / Boards be used to sense check NHSG work and Maggie noted health protection / governance development work she was progressing in NHSWI (through a Public Health Governance Group) that she was happy to share and bounce ideas around with NHSG colleagues. Members reflected that when the outcome of the Public Health review was known that this might give a focus to the fundamental governance issues and any cross implications for Boards in the North that might be worked on (ie outcomes and how they might be different in the NoS).

SW/MW

- c Civil contingencies** – Louise referred to an email to NoS DsPH from Susan Webb (21.07.15) asking if members were interested in exploring further the potential to deliver some of the civil contingencies functions on a regional basis (or at least once for the north)? Maggie noted that the current regional partnership working was not working well but highlighted work with NHS Orkney to share expertise. Louise highlighted that she thought there could be a benefit in looking at joint policies and documentation and encouraged all members to reply to Susan's email. Sarah noted recent discussion with Ray de Souza (SG - Deputy Head of NHS Scotland Resilience) who had visited NHSS and had expressed clearer understanding of the scale and relationships relating to Civil Contingencies in the smaller Boards noting that some of the SG requests to date had not been proportionate – she hoped this would support further developments.

All

- d Homelessness, Housing and Public Health Event (NoS)** – speaking to the paper circulated noting a proposal for a joint meeting in the autumn of NoSPHN, the NoS Housing Hub, Scottish Government and other partners – Pip asked if there was NoS Board interest in an event and if so what role members might wish NoSPHN to play in the event?

Members welcomed the event particularly the remote and rural focus highlighted and suggested the event should be seen as a national event and include/be open to other remote and rural areas. Key points raised in discussion included:

- That particularly in the islands / remote and rural areas - homelessness is different / more hidden than in urban areas and homelessness itself is not the key issue but eg unstable housing, changing households, quality of housing and couch surfing and an event would need to reflect this if it is to attract island / remote and rural colleagues.
- An expectation of a number of colleagues in NHS Highland (to include Argyll and Bute) and Grampian who would wish to participate but recognition of a more limited capacity of public health colleagues in the islands to participate and need to ensure remote access to the event if

colleagues were to participate.

- It was essential that event was seen as multiagency and some of the really valuable existing support through NoS partners could be promoted (examples were given in NHS Shetland and NHS Grampian).

- Member's preference was that rather than working through NoSPHN that engagement was with Boards directly who could identify local contacts / promote the event locally.

- Members noted that NoSPHN were not able to commit to resourcing the event but were happy that the planning group use NoSPHN/links to promote and distribute information re the event and Pip noted that she was happy to advise on remote access opportunities.

The key contacts for the Boards were noted as: Chris Littlejohn (NHSG); Cathy Steer (NHSH); Louise Wilson (NHSO); Sarah Taylor (NHSS) and Maggie Watts (NHSWI).

Pip agreed to feedback to the event planners.

PF

**e Meeting with MSP Maureen Watt** (Minister for Public Health) – on the suggestion of Hugo van Woerden it had been proposed to ask for a meeting with Maureen Watt in her capacity as Minister for Public Health to share the work of NoSPHN. Ms Watt had agreed to a meeting which was to be held in Aberdeen on a Monday (date to be agreed). Louise, Hugo and Susan had intimated that they would attend and Sarah and Maggie advised that they would review availability once the date was confirmed.

PF

**f NoSPHN, ScotPHO and ISD links** – Pip noted a number of recent visits (or communications) to Boards by national information/intelligence organisations eg NSS, ISD, ScotPHO in which she had not been able to participate but from which there had been feedback of a wish to make contact with NoSPHN. Pip asked if any issues had been forthcoming at local meetings and what follow up might be helpful.

Louise referred to the discussion under matters arising re the Triple I tool and with respect to cancer and health intelligence / the population of 1.3 million work and members suggested ensuring local work on inequalities / measures and remote and rural areas be shared with national groups (NHSH and NHSWI work) and that all seek to influence in such discussions about how data might be presented on a regional basis. Pip agreed to follow up with contacts.

PF

### 38.3 NoSPHN Workplan 2015/16

**a Workplan update (2015/16)** – members noted the updates with thanks and Louise asked if any further issues needed to be reflected in the plan that issues to be added to the 'to be bought forward' list.

All

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

In respect of prioritising funding for the next 6 month members agreed to:

- Finalisation of the funding of NHSWI colleagues attendance at Gateshead Faculty Conference (£500)

PF/MW

- Requesting a stand at the Faculty Conference Peebles (£500 + VAT) to promote the NoS as a place to train and work

PF

- Attendance (to be agreed) at the Faculty conference to support the stand and presentation of abstracts should they be approved (approx £600+ per person to include registration, accommodation and travel etc)

PF

- A NoSPHN planning / development event prior to the end of the year (venue / refreshments – with travel support dependent on available budget)

PF/LW

- Support for a planning meeting as a result of the outcomes of the Public Health review.

PF

**c NoSPHN Annual report** – members noted the final NoSPHN 2014/15 annual report to NoSPG and asked that members email her with text for bubbles to highlight the benefits of NoSPHN and members / Boards involvement in NoSPHN.

All

39/15

### AOCB

- Ferries Review Procurement – Pip noted a request for NoSPHN representation on the Clyde and Hebridean Ferries review procurement panel which she subsequently understood she had received in her HITRANS (NHSH role). Following email discussion with colleagues and because she could not attend the first meeting she had declined the invitation but noted that health representation had been secured on the Health and Social Care and Accessibility Group and that should further health input be required HITRANS colleagues would make contact.

- Maggie highlighted correspondence she had received from Professor Ian Megson about an inaugural UHI Health & Wellbeing Research Cluster meeting to be held on 17th/18th September 2015 at the Centre for Health Science, Inverness and agreed to circulate details. Louise noted that if colleagues were attending / linking that it would be helpful if NoSPHN links could be made.

MW  
All

**40/15 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 – all suggestions to be forwarded to Pip.

All

**41/15 Date of next meeting:** Tuesday 10 November 2015 - 2pm - 4.30pm

Further meetings for 2016 to be confirmed

LB