

Present:

Louise Wilson	Director of Public Health NHS Orkney / NoSPHN Lead (Chair)
Chris Littlejohn	Interim Deputy Director of Public Health, NHS Grampian
Hugo van Woerden	Director of Public Health, NHS Highland
Maggie Watts	Director of Public Health NHS Western Isles
Jim Cannon	Director, North of Scotland Planning Group (NoSPG) (to Item 5)
Kerry Russell	Associate Director, North of Scotland Planning Group (NoSPG) (to Item 5)
Phil Mackie	Lead Consultant in Public Health, ScotPHN (to Item 4)
Maria Rossi	Consultant in Public Health, NHS Grampian (for Item 5.2)
Pip Farman	Public Health Specialist / North of Scotland Public Health Network Co-ordinator

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

		Action
01/16	Apologies had been received from Susan Webb, William Moore, Ann Conacher, Jonathon Iloya, Martin Malcolm, Noelle O'Neill and Elaine Garman	
02/16	Minute of the last meeting 22nd March 2016 The minute of the 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
03/16	Matters arising from the last meeting and not on the agenda <ul style="list-style-type: none"> Dental Public Health – Louise noted that Jay Wragg had been appointed to the NHSO Clinical Director post, Pip agreed to follow up NoS links. UHI updates / mapping of academic links – Hugo updated on recent developments between NHS Highland and UHI and other developments (MOU, medical school, joint work). Members discussed further opportunities for developing NoS links with universities and Maggie noted that there was still potential to look at module development as part of the UHI Masters in Health and Wellbeing but that this required further capacity. Hugo suggested securing monies for PhD students/projects created both capacity and supported links and proposed that NoSPHN consider a joint appointment and that endowment funds in Board might be used to support this. Members agreed check if local funds could be accessed and to discuss further. Highlighting nationally cuts in funding bundles / how local Boards managing pro-forma – to be actioned. Mapping of national work streams – Susan has developed a paper as part of the Positioning Public health work stream and would be circulated once signed off. 	PF All LW/PF SW
04/16	Scottish Public Health Network (ScotPHN) - updates <p>4.1 Updates / workplan</p> <p>a ScotPHN Workplan update – members noted the update circulated with thanks.</p> <p>4.2 Shared Services Review (SSR) – Phil talked to the paper circulated outlining the context to the review, governance arrangements and focus which was principally about identifying what we might do differently to deliver more robust services in the future (informed by the outputs of the Public Health Review) and identifying options for business cases to support these.</p> <p>The group discussed the need to: ensure the NoS influence the process (Susan Webb is on the Project Group); input to working groups; share practice (eg NoSPG related work and Phase 1 Sustainability work); advocate for remote and rural interests; and support the generation of options. The group agreed that the island context would be informed by the Islands Bill and agreed to set up a separate discussion to explore this. Phil agreed to check that the National Planning Forum, Directors of Planning Group and Regional Directors of Planning Group were engaged to ensure alignment across planning functions and also to ensure there was read across the other Shared Services Review work streams (eg customer services).</p>	PF/PM PM

5.1 Feedback from NoSPG meetings (NoSPG papers are available at <http://www.nospg.nhsscotland.com>).

a NoSPG meetings (June / September 2016) Jim noted that the June NoSPG meeting had been cancelled and that the sharing of the NoSPHN Phase 1&2 work might be considered for the September meeting (as suggested by Cathy Cowan) but that he anticipated the agenda would be pressured. The group offered to feedback on any work as appropriate.

b NoSPG IPG meeting 20th April 2016 – Jim highlighted the development of a new portfolio approach to NoSPG work (5 portfolios headed by one each of the Chief Execs – currently for Child Health, Cancer, Scheduled Services, Unscheduled Services and Support Services). The group agreed that it was important to ensure public health input to (and across) each portfolio although representation was not highlighted in the current documentation (noting that Planning Leads were involved and that joint DPH/Planning links could therefore be made). Jim agreed to make representation for formal public health input / discuss further as to where public health might have the greatest impact within the new structure and to circulate the latest plans when available (post July).

JC

c National planning developments – Jim outlined the history to the development of the planning paper circulated aiming to align and improve national, regional and local planning working arrangements for the future. Members highlighted the need to include IJB's and remote and rural perspectives in the developments and agreed to feedback comments to Jim on the paper which was due to go to the National Planning Forum at the end of June.

JC/All

5.2 Update on NoSPG workplan / programme developments:

a Major Trauma Review – Maria updated on the Major Trauma work and the input from NoSPHN which had emphasised the need to develop an evidence base for the work, understand the Scottish context and ensure audit/gathering of data. The NoSPHN letter submitted had been seen to be helpful and had been presented at the NoS Major Trauma Group (through Graham Smith) and NPF (through Andrew Fraser). Following the NPF meeting (which had looked further at risks) it had been proposed to keep the current number of trauma centres and focus improvements on retrieval and transfer.

Maria highlighted ongoing challenges of ensuring that preventative approaches are embedded in the work and the need for robust data to inform developments (including those of the North of Scotland Major Trauma Group) and the group supported developing a few paragraphs to articulate the issues for feeding into work groups (Maria to discuss with Graham Smith NHSG first). Maria and Maggie agreed to discuss further service configurations as they related to NSHWI.

MR/PF
MW/MR

The group thanked Maria for her support with the work.

b NoS Clinical Strategy developments – Kerry updated on the development of the Regional Clinical Strategy noting a case for change paper was being presented to all Boards with the aim of the strategy being launched in November at the NoSPG annual event. Hugo was engaged in the Clinical Board and Pip on the Advisory group. The group discussed the need to: align the work to the national strategy (and understand whether the regional strategy was an implementation plan for the national strategy or something different); ensure the work would stand regardless of any structural changes; and ensure that any work required from NoSPHN was identified at the earliest opportunity. Hugo advised that he had asked Jenny Wares (NHSG) to produce some demographics data (to 2025) to support the work and that Jenny had also highlighted other data which might prompt discussion / inform the work but at this stage no further work had been commissioned. Kerry, Hugo and Pip agreed to feedback on meetings / developments.

HvW/PF/
KR

c Population of 1.3 Million developments / cancer intelligence developments – Pip updated on a meeting held on the 26th April to discuss the potential for cancer intelligence developments which was been set in the context of the population of 1.3 million framework. The meeting had attracted representatives from national groups and across the NoS Boards / NoSPG / NOSCANA and included health intelligence, cancer services, ehealth and planning colleagues. The group had shared current challenges and opportunities and agreed to:

- Formally establish a North of Scotland Regional Cancer Intelligence Hub under the auspices of NOSCANA
- As a priority, have discussion between NoS Boards, and with the National Cancer

Intelligence Project Team, to discuss collaborative cancer intelligence systems development work

- Consider Board / NoS nominations for Regional Cancer Intelligence Hub Lead / Chair
- Agree a project scope: terms of reference and parameters; governance and coordination arrangements; and engagement / interfaces for optimal use of capabilities and prioritisation of requests for regional cancer intelligence support
- Prioritise initial intelligence outputs at first formal meeting of the Regional Cancer Intelligence Hub representatives.

The proposals above were being submitted to the Regional Cancer Advisory Group for approval and subject to this further meetings would be arranged / work progressed.

WM/PF

d NoSPHN annual report to NoSPG – noting the draft NoSPHN submission Pip advised she was still waiting to hear if any amendments were required.

e NoSPG event November 30th November 2016 – Dundee. Members were asked to note the date of the event and Pip advised that colleagues had been asked to submit nominations to sit on the planning group for the event. Maggie advised that she had registered her interest but the date clashed with a local Board meeting.

06/16 National reviews (updates and implications for NoSPHN)

Members noted ongoing work on the Public Health Review and the Public Health Strategy recognising that there was no immediate NoSPHN input required and that the pace of change appeared to have slowed.

Pip advised that NoS input to the National Health Intelligence workshops had been secured through two additional remote access meetings on the presumption that input to the final meeting should be in person for which funding for travel was available (those interested should contact Pip in the first instance).

All

**07/16 Public Health Network Workplan
7.1 Update on NoSPHN programmes of work**

a Health Protection

i NoS Island Health Protection Resilience / rota developments – Louise updated noting that arrangements had been working well (Maggie and Louise agreed to discuss out with the meeting immediate pressures).

LW/MW

b Workforce planning / developments / CPD

i Defined Specialists Session – Pip advised that a group had met on 26th April with end of year NoSPHN funding supporting travel to attend. Colleagues from four Boards had been involved – nine colleagues in a morning session, two in afternoon with a further three interested but unable to attend. The session had been facilitated by Elaine Garman (NHSH) who is an assessor and Pip. The group had agreed to meet monthly (by vc and quarterly face to face) as a peer support group to support completion of portfolios by end of April 2016. All had now sought commitment for this from DsPH with recognised challenges of travel for the face to face meeting. Pip had advised that NoSPHN could not support travel but could support costs for eg training / facilitating filling gaps in development needs.

ii Scottish Faculty Conference October 2016

• NoSPHN Abstracts – Pip advised that abstracts had to be submitted shortly for the conference and that it was proposed to submit the Phase 1 securing and sustainability work and work on the share health protection rota with the support of all involved. Pip agreed to circulate drafts for comments.

PF/LW

• Remote access to the event – the organising committee have asked if NHSG/H would be willing to fund Webcasting again this year. Pip advised making some commitment (as NoSPHN / Boards) but as the recorded material appeared to have been viewed more widely than the NoS suggest that the committee should fund it also (with the potential to draw down funds from Faculty committee under spend). Pip agreed to discuss further with Julie Cavanagh.

PF

c Futures thinking / planning

i Securing and Strengthening Public Health Functions in the NoS (Phase 2) - members reflected on the programme of work and asked that the outcomes now be embedded in the NoSPHN workplan.

PF

- ii Integration updates - members had no local updates to make.

7.2 Proposals for new work / other developments

a Summary of new / ongoing developments for 2016 – 17

Pip summarised the proposed developments for the year highlighted in the table circulated suggesting that the table be revised to focus more on impacts / outcomes. In discussion members supported the plan and noted that given the volume of activities highlighted that the plan was subject to ongoing review. Pip agreed to follow up whether QUBE might be used for the scenarios development work.

PF/LW
PF

b Review of strategic commissioning plans – Pip noted that Board plans had now been gathered and that she intended to review these for commonalities / potential gaps. Members asked that the plans be shared through the NoSPHN website.

PF

c Draft rural proofing toolkit (for national developments) – noting the draft paper circulated members asked for a further meeting to develop the work further.

PF

7.3 NoSPHN Workplan 2016/17

a Workplan update – members noted the plan with thanks noting that work discussed under item 7.2a would now be incorporated.

PF

b Specific updates from key groups / programmes and related actions not on the agenda

Members noted updates on:

- NoSPHN representation on groups
- Familial Hypercholesterolemia
- The planned single issue session 22nd April – Health Improvement in a Brave New World
- Health Improvement Collaborative work - meeting planned for August 2016
- NoSPHN budget 2015/16 and funding 2016/17
- NoSPG - Surgical services review
- Faculty Conference Brighton 14/15th June 2016 – stand booked at the event.

c NoSPHN Lead role – noting her term of office was up in August 2016, Louise advised that with members support she would be willing to continue in the role. Members supported her suggestion with thanks and agreed to a further review date of August 2017.

08/16 AOCB (verbal reports)

- Emotional Labour and Leadership (clinical and management roles) – Louise advised on a piece of work she was progressing and that she might be in touch with colleagues to discuss.
- Scottish Branch of the Faculty of Homelessness and Inclusion Health – NoS support – following the NoS housing conference in Inverness the organisers (NHSHS) are asking if we could support a branch / meeting in the NoS. The group agreed to support if approached eg advising on venues.
- National Clinical Cancer Services group – William Moore had asked whether Public Health input should be sought on this group? Louise agreed to raise nationally and asked that William / Pip forward any relevant information to her.
- Scottish Health Technologies group – NoS representation – Maggie noted a recent invitation to participate in work on developing a 'focus point' for the SHTG (landing zone) and a systematic process within each health board area to facilitate the routine consideration, spread and timely adoption of advice and information on non medicines technologies (NMTs) across Scotland. She asked whether we should seek NoS representation rather than by Board? Louise advised that she and Ralph Roberts were members of SHTG and the focus of this initiative was to stimulate local Board engagement and that she recommended a Board rather than a NoS approach.

LW

LW/PF

09/16 Items to be brought forward to future meetings: Members are asked to highlight items for the next meeting and items for future discussion.

All

10/16 Dates of next meetings: Tuesday 23rd August, 2:30 – 5:00pm
Wednesday 2nd November, 1.00 – 3:30pm