

**Present:**

Louise Wilson	Director of Public Health, NHS Orkney / NoSPHN Lead (Chair)
Maggie Watts	Director of Public Health, NHS Western Isles
Susan Webb	Director of Public Health, NHS Grampian and NHS Shetland
Hugo van Woerden	Director of Public Health, NHS Highland
Jim Cannon	Director, North of Scotland Planning Group (NoSPG)
Ann Conacher	Manager, Scottish Public Health Network (ScotPHN)
Pip Farman	Public Health Specialist / North of Scotland Public Health Network Coordinator

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

		Action
01/17	<b>Apologies</b> had been received from Kerry Russell, Chris Littlejohn and Jonathon Iloya.	
02/17	<b>Minute of the last meeting</b> 2 <sup>nd</sup> November 2016 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
03/17	<b>Matters arising from the last meeting and not on the agenda</b> <ul style="list-style-type: none"> <li>Rural proofing toolkit – Pip advised that the toolkit had been sent to Mahmood Adil for the Shared Services Review work streams and noted that as a number of NoSPHN members were involved with the work streams that it would be helpful if they also made reference to the work.</li> <li>Yammer – NHS Grampian had confirmed their access to Yammer and Pip agreed to test a group approach with members.</li> <li>Islands Bill – members noted that the Bill had still to be launched.</li> </ul>	All PF
04/17	<b>Scottish Public Health Network (ScotPHN)</b>	
	<b>4.1 Updates / workplan</b> <b>a ScotPHN Workplan update</b> – members noted the update with thanks.  <b>b Advisory Group Meeting 25<sup>th</sup> January 2017</b> – Ann shared key messages emerging from the discussions which were similar to those from the external audit; the need for ongoing discussion of the workplan and programme developments; and that there was still a recognised role for ScotPHN but a need to brand and promote their work more widely. Those attending recognised that current national developments would likely impact on future ScotPHN developments. The ScotPHN annual report was due out shortly.	
05/17	<b>North of Scotland Planning Group / programmes</b>	
	<b>5.1 Feedback from NoSPG meetings</b> (NoSPG papers are available at <a href="http://www.nospghsscotland.com">http://www.nospghsscotland.com</a> ).  <b>a NoSPG meeting 7<sup>th</sup> December 2016 feedback</b> Jim Cannon summarised discussion relating to the Cancer Intelligence bid (prepared by Jillian Evans NHSG) which was now being funded through the IHDP and the Scottish Cancer monies as a national pilot project; and updated on the Upper GI surgery decision to move to a two centre model.  Jim updated on discussions with regard the impact of the regional elements of the Health and Social Care Delivery Plan for which guidance on governance arrangements was expected by April (with a draft NoS transformational plan expected by September 2017 and final plan by March 2018) and how this might link with current plans for a portfolio approach to managing regional planning in the NoS with each of the Chief Executives leading one portfolio.  The group explored the issues noting clarification would be required on: what services would be included at a regional level; the links between national and regional planning and local delivery (particularly at IJB levels); whether NHS Tayside would be part of North or South East arrangements and the resources required to support transformation.  In terms of impacts for NoSPHN the group agreed to discuss the issues further at the NoSPHN development meeting on the 1 <sup>st</sup> March including: the need to be clear on what public health can	

	<p>offer to planning (linked to the SSR planning work stream); to approach Drew Walker (DPH NHST) to understand how NHST might wish to align to NoSPHN in any new arrangements; to understand needs and capacity to support both developmental and new planning arrangements (and seek to access any resource that might be made available for pump priming new structures); and the opportunities the new arrangements might offer. Jim emphasised that the NoSPHN links with NoSPG were valued and that he was keen to ensure these were maintained in any new arrangements.</p> <ul style="list-style-type: none"> <li>• <b>NoSPG annual event 30<sup>th</sup> November*</b> – Jim noted that a summary of the event would be available shortly.</li> <li>• <b>NoSPG annual Report**</b> – the group noted that Jim was presenting the 2015/16 report to Boards.</li> </ul> <p><b>b Attendance at next NoSPG meeting</b> (Wednesday 15th March) – Hugo agreed to attend for NoSPHN.</p>	<p>DsPH</p> <p>HvW</p>
	<p><b>5.2 Update on NoSPG workplan / programme developments:</b></p> <p><b>a NoS Clinical Strategy development and implementation</b> – Jim noted that a draft NoS Clinical Strategy was being considered by the Board Chief Executives and that it would be circulated for consultation thereafter. Further dates had been set for the Clinical Strategy Board (Hugo attending) and Advisory Board (Pip attending) to support further development work. Jim noted with thanks the demography work prepared by Jenny Wares (NHS on behalf of NoSPHN) and members asked that positive feedback from Chief Executives be reported to Jenny.</p> <p><b>b Upper GI cancer services</b> – as noted above.</p> <p><b>c NoSPG Cancer intelligence hub.</b> Pip advised that the December meeting had to be rearranged (a new date was being sought) – but noted that the NHSG bid for monies for a Cancer Intelligence system project/business intelligence repository was successful with funding secured from both the Scottish Government and the Farr institute and that it had been suggested that the group would become the advisory group for the project. Pip noted that it was her expectation that the group would also explore wider issues re the population of 1.3m issues in the context of the intelligent region.</p> <p><b>d Information Governance / Access for DISCOVERY</b> The group discussed the paper submitted by Elaine Garman following a request from Jaime Lyon (NoSPG) for advice on / support for accessing DISCOVERY level 2 data. The group noted that they understood the importance of regional analysis and recognised that current system for accessing data was not smooth. The group wished to be supportive of developments but did need to be reassured that work would be progressed safely (as outlined below) and suggested further conversations to work through the issues with each of the Caldicott Guardians in each of the Boards. The remaining concerns were:</p> <ul style="list-style-type: none"> <li>• document sharing and loss of control of such documents</li> <li>• deductive disclosure risk especially in the smaller island Boards</li> <li>• storage and destruction of data extracts</li> <li>• clarity around whether NoSPG colleagues would be acting as a data processor or data controller (especially should there be data breaches)</li> <li>• confidence that information governance training has been undertaken to the appropriate level</li> <li>• sufficient time for sense checking with personnel within each Board</li> <li>• obtaining speciality opinion (level 1 provides standardised comparisons to take account of population differences) and</li> <li>• approval, if given, is reviewed periodically.</li> </ul> <p>The outcome was that these issues would have to be addressed before consent could be given. Hugo agreed to feedback issues to Elaine Garman for sharing with Jamie Lyon.</p> <p>Jim left the meeting.</p>	<p>PF</p> <p>HvW/ EG</p>
<b>06/17</b>	<p><b>National reviews/developments</b> (updates and implications for NoSPHN/ workplan)</p> <p><b>a Public Health Review</b> – there had been no further update.</p>	

	<p><b>b Public Health Strategy</b> – members noted that they understood that the strategy was now intended to be a statement of Public Health priorities which would be issued shortly aligned to the priorities highlighted in the Health and Social Care Implementation Plan.</p> <p><b>c Shared Services Review (SSR)</b> work streams – implications for NoSPHN/and representation The group updated on each of the work streams as known:</p> <ul style="list-style-type: none"> <li>• Health protection on call – the group nominated Ken Oates (NHS) (in liaison with NoS colleagues) to represent NoSPHN and asked that Ken advise Tim Patterson.</li> <li>• Screening services – noting that Louise had been nominated to Co-Chair the group (but as yet had not been approached) and that there was another national screening programme work stream the group noted the need for clarification on developments and Maggie agreed to follow up.</li> <li>• National and regional planning – Maggie Watts is Co-Chairing with Carol Davidson and they are scoping the work and would be sending out a questionnaire shortly.</li> <li>• Health Intelligence – Hugo is Co-Chairing with Gerry McCartney and the terms of reference for the group were in the process of being finalised with the group still to meet.</li> <li>• Knowledge services – the group noted that Phil Mackie and Allison McCallum were Co-Chairing and agreed to review NoS representation once the terms of reference for the group were understood.</li> <li>• Developmental – Susan Webb is Co-Chairing with Linda de Caestecker and they have had a conversation with Gareth Brown (SG) to understand the focus of the work stream and were drafting potential areas for work.</li> </ul> <p>Overall the group noted that the NoS were well represented throughout the groups and highlighted the need for: some coherence across the work streams including the issuing of data requests (eg questionnaires); sharing across the work streams and ensuring feedback from the Coordinating Board (noting colleagues were struggling to attend all of the scheduled meetings).</p> <p><b>d Health and Social Care Delivery Plan</b> – as per discussion at Item 5.1.</p> <p><b>e Summary of the regional / national developments NoSPHN might wish to influence (2017/18)</b> Pip spoke to the paper circulated which plotted the range of initiatives currently on the table and asked for feedback to agree the list of initiatives (anything to be added / removed), add a column such that DsPH could highlight their priorities and articulate what might be an appropriate focus for activity at a regional level? The group agreed to comment on and populate the paper for discussion at the NoSPHN development day.</p>	<p>KO</p> <p>MW</p> <p>All</p> <p>All</p> <p>PF/ DsPH</p>
<b>07/17</b>	<b>Public Health Network Workplan</b>	
	<p><b>7.1 Update on NoSPHN programmes of work</b></p> <p><b>a Health Protection</b></p> <p><b>i NoS Island Health Protection Resilience / rota developments</b> – Susan noted the need for discussion on the resilience of the arrangements post June 2017 and whether any further capacity was needed to support it. Louise reported on an agreement for a NHSO substantive CPH post which would help with local resilience. Members agreed to have a review meeting to reflect on learning to date, noting that this should be fed into the SSR health protection work stream.</p> <p>Susan left the meeting.</p> <p><b>b Workforce planning / developments / CPD</b></p> <p><b>i Scottish Faculty Conference 2<sup>nd</sup>/3<sup>rd</sup> November 2017</b> (Aviemore) Pip updated on developments noting that representatives had been secured for the planning group from both Boards and NoS Universities. Pip asked that members feed in any suggestions for themes / speakers for the conference to her or through local representatives.</p> <p><b>ii NoS Universities - developments / links.</b> Hugo reported that he and Pip had met with RGU colleagues (Caroline Comerford) and had been in touch with ABU colleagues (Mike Crilly) re intercalated degrees / projects. Both had suggested establishing more routine links/ planning for the next academic year, exploring opportunities for course / project work that NoSPHN might support and influencing what is being delivered to support local workforce.</p> <p><b>c Futures thinking / planning</b></p> <p><b>i Scenarios development</b> - Louise noted that she and Pip had progressed with the scenario work with the intention that it be shared at the NoSPHN development day.</p>	<p>PF</p> <p>All</p> <p>HvW/ PF</p> <p>LW/PF</p>

	<p><b>ii NoSPHN development day, 1st March 2017</b> - Members discussed and approved the draft agenda. Hugo suggested that NoSPHN might invite to further meetings of the group Gareth Brown, Daniel Kleinberg, Andrew Scott and/or Mimi Mishra to support relationship building. Members agreed to discuss invites with them at future SDsPH meetings.</p> <p><b>iii Review of strategic commissioning plans</b> - Members noted the paper circulated would be helpful as a resource to explore commonalities / gaps and any implications for future commissioning (priorities, inequalities, outcomes and their measurement) and to reflect on how might we commission differently across the NoS in the future.</p> <p><b>iv Integration updates</b> – Members noted it was still relatively early days in terms of developments and that challenges with funding was having an impact.</p>	PF DsPH
	<p><b>7.2 NoSPHN Workplan 2016/17</b></p> <p><b>a Workplan update</b> (2016/17). Members noted the update and agreed to the setting up of a meeting to reflect on the remote DPH role (for feeding into the SSR activities) and to reflect on the dental public health developments.</p> <p><b>b Specific updates from key groups / programmes and related actions not on the agenda</b> – the updates were noted with thanks.</p>	SW/PF PF
08/17	<p><b>AOCB</b></p> <ul style="list-style-type: none"> <li><b>FMLM leadership courses</b> – Louise noted that whilst the FMLM focussed on medical directors there was potential as NoSPHN do something regional through FMLM through links into webinars. Members supported that approach in particular to reflect on the differences in leadership required in urban and rural areas. Louise agreed to put together a proposal.</li> <li><b>NHS Highland - The Safe Provision of Maternal &amp; Neonatal Services</b> at Caithness General Hospital – implications for other Boards. Hugo summarised the context to and the process to the development of the work. He noted further interest in looking at a health economics and that the NHSH Lead Midwife may make contact. Colleagues asked that approaches be made through the Directors of Nursing.</li> <li><b>SHTG – call for topics letter</b> – Pip noted that SHTG were looking for topics of interest and asked if colleagues had any NoS proposals that they let her know.</li> </ul>	LW  All
09/17	<b>Items to be brought forward to future meetings:</b> Members are asked to highlight to Pip any items for the next meeting.	All
10/17	<p><b>Dates of next / future meetings:</b> 28th March (by vc/tc, 2 - 4.30pm)</p> <p>Then 23rd May; 22nd August; 5th December</p>	

For information:

\*NoSPG annual event 30<sup>th</sup> November slides: <http://www.nospg.nhsscotland.com/events/>

\*\*NoSPG annual Report - <http://www.nospg.nhsscotland.com/wp-content/uploads/2009/04/NoSPG-Annual-Report-2015-16-v7-1.pdf>