

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

Monday 8th February 2016, 10:00 – 12:00pm
All members were videoconferencing

**NORTH OF SCOTLAND
PUBLIC HEALTH NETWORK**

Present:

| | |
|---------------|--|
| Louise Wilson | Director of Public Health NHS Orkney / NoSPHN Lead (Chairing meeting) |
| Maggie Watts | Director of Public Health, NHS Western Isles |
| Susan Webb | Interim Director of Public Health, NHS Grampian |
| Sarah Taylor | Director of Public Health, NHS Shetland |
| Jim Cannon | Director, North of Scotland Planning Group (NoSPG) for Item 57 |
| Pip Farman | Public Health Specialist / North of Scotland Public Health Network (NoSPHN) 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
- 53/15 Welcomes and apologies** had been received from: Hugo van Woerden, Kerry Russell, Phil Mackie and Ann Conacher
- 54/15 Minute of the last meeting** 10th November 2016
The Minute of the last meeting was approved with one amendment. Members gave no reason why the papers / minutes of the last meeting should not be made available by open access on the internet. LB
- 55/15 Matters arising from the last meeting and not on the agenda**
Louise noted that a number of the actions highlighted at the last meeting had been deferred to the workforce/ planning session on the 4th December 2015 – a note of which was circulated for Item 59.1di.
a Vice Chair role – Louise thanked Maggie who had agreed to be the Vice Chair of NoSPHN on the assumption that this did not automatically mean a transition to the NoSPHN Lead role.
b NoSPHN annual report / bubbles – Pip advised that she had not received feedback on the newsletter format to the annual report and she suggested that she now summarise this year's work and set this against the draft workplan for next year for DsPH to share/consult with teams. This was agreed. PF/
DsPH
c National Review of Public Health – noting that the launch of the review report was imminent members agreed to the preparation of a briefing note for BCE's /others to be shared alongside the review report highlighting the recent work of NoSPHN. DsPH/PF
- 56/15 Scottish Public Health Network (ScotPHN)**
56.1 Updates
a ScotPHN Workplan update – members noted the update with thanks and asked that the following queries be raised with ScotPHN colleagues: a request for an update on the MESH implants work; an understanding of the timescales for the LTC work and how this might link to the timescales for development work with the IJB's and to understand whether examples of audits for the LTC's work were still being sought / is there more work coming? PF
- 57/15 North of Scotland Planning Group / programmes**
57.1 Feedback from NoSPG meetings (NoSPG papers are available at <http://www.nospg.nhsscotland.com>). Jim spoke to the NoS IPG and NOSPG papers circulated and discussion highlighted the following:
• It is anticipated that a paper will go to the March NoSPG meeting on the Upper GI Cancer work. This decision will be set in the context of other work/meetings looking to understand the macro and micro level questions that need to be considered across all surgical sub specialities (mainland Medical Directors and Directors of Planning are meeting in March). Pip highlighted the potential for referring to the low volumes work in supporting the discussion and the need to demonstrate how the work linked to the regional clinical strategy.
• DCE – island DsPH noted an awareness of an increasing number of cancers being un-staged and the implications of this for outcomes on a NoS basis. Louise agreed to share NHSO information through Marthinus Roos and Jim agreed to check if this had been raised at NOSCAN/RCAF. Maggie agreed to advise on NHSWI data following a local steering group meeting to be held the following week. LW
JC
MW
• The NoS Directors of Planning had been asked to contribute to an exercise to prioritise the regional work streams in an attempt to ensure both short term pressures (eg for cancer deliverables) and longer term risks were managed.

- Sarah asked if colleagues were sighted on the Major Trauma work and potential implications of the nationally focussed 2 centre approach being considered and the assessment of its impact and whether remote and rural aspects were being heard / considered (eg if there is a shift to a 2 centre model and this is predicated on better access and improved outcomes - are we reassured)? Susan / Pip agreed to review with Maria Rossi (NHSG) and Jim suggested writing to Craig Bell if it was felt that concerns needed to be fed in.

SW/PF

- Jim asked if members wished to be sighted on Custody Health and Forensic services work. Members advised that they were aware of the work but in the wider context of the Community Justice agenda and that involvement of Public Health varied across Boards. Maggie noted her involvement and Jim advised that he would ask the programme leads to share work to ensure that nothing relevant was being missed.

JC

57.2 Update on NoSPG workplan / programme developments:

a NoS Clinical strategy developments and NoSPHN nomination – Jim noted that work was ongoing to define the regional clinical strategy and how it linked to the national strategy. It was anticipated that this work would be complete by September. Hugo van Woerden had been invited to sit on the NoS Clinical Strategy Board (but not in an NHSH or NoSPHN capacity). In addition, a Clinical Strategy Advisory Group was to be established and NoSPHN had asked for Public Health representation on this. Pip asked members to consider who might be available to support this for when the invitation was received.

All

b NoSPG annual event feedback– the group noted the report circulated and that this would inform the clinical strategy work.

c Planning Developments / National Shared Services review. Jim highlighted the national planning papers he had circulated for information particularly in relation to para 3.3 – 3.11 of the national shared services health portfolio paper. This gave an indication of some of the thinking that is going on nationally re planning structures and whether this might develop into a different planning paradigm in the future recognising that this needed to align carefully with other developments eg the clinical strategy. Jim was feeding into discussions on this and advised that he would welcome input over the next few weeks from NoSPHN DsPH colleagues on population based planning perspectives.

JC

d Population of 1.3 Million developments / cancer intelligence developments – Pip noted there had been some challenges with progressing the cancer intelligence hub meeting set up. Jim was aware of this and was in agreement that the meeting should go ahead and that he/Pip would follow up with NOSCAN/NoSPG colleagues. Pip advised that Martin Malcolm (NSHWI) and William Moore (NHSG) were being kept in the loop.

JC/PF

Jim left the meeting.

58/15 Public Health Faculty Conference Peebles - remote access (webcasting) feedback

Pip noted that the costs of the webcasting were £6.5k of which £1k had been secured from the FPH organising committee and the rest shared between NHSH and NHSG. There had been 101 live viewings (links) over the 2 day conference and subsequently 298 archive viewings (to date) – it was not possible to determine how many individuals this represented but it had been anticipated that up to 20 individuals were to link from the NoS. Webcast evaluation feedback had been received from 8 people (all NoS) – the feedback was positive many noting it had been better than previous videoconferencing experiences. Pip advised that the FPH conference committee have viewed the test as positive as had their IT team – particularly compared to vc and were most likely to recommend webcasting for future events.

On the basis of this Pip recommended thinking in advance about how future funding might be secured (sponsorship, self funding) noting some concerns out remote access reducing the number of attendees at the event and therefore fees generated. Members agreed to explore options locally and influence the FPH committee in aiming to secure webcasting for future events.

All

59/15 Public Health Network Workplan

59.1 Update on NoSPHN programmes of work

a Health Protection

i NoS Island Health Protection Resilience developments – Louise noted she was very grateful for the current island based on call arrangement. Maggie advised that she had received a couple of calls from NHSO and 1 from NHSS over the period the key issue of learning relating to

understanding local systems. Sarah noted that she and Susan were happy with the arrangement and that learning was also ongoing.

Sarah further updated that she was working locally to secure NHSS first on call arrangements from the 1st April and that she was keen to maintain the island based arrangement for second on call and this was part of ongoing discussion between NHSS and NHSG. Sarah intended to explore with others if there was interest in joining the island based scheme (on an individual rather than Board basis).

ST

ii Civil contingencies / NHSO post – Louise noted that Eddie Graham, previously of Police Scotland – had been appointed to the post and was due to start in March.

b Health Intelligence – Louise noted a number of issues developing in relation to the health intelligence agenda which might usefully be drawn together including: the Measuring Local Poverty and Deprivation beyond SIMD briefing <http://www.lgiuscotland.org.uk/briefing/measuring-local-poverty-and-deprivation-beyond-simd/> and ScotPHO/ISD work eg Scottish Health and Ethnicity Linkage Data and the ISD LIST Team and suggested NoSPHN might usefully consider commonalities of input / use of these for example to inform strategic needs assessment across Boards. Members agreed to pick this up in discussion of the 'Securing and Strengthening Public Health in the NoS programme of work.

PF

Information Management – Maggie had shared 2 papers for information for colleagues in respect of Caldicott and Information Governance roles and asked if there were opportunities for doing things differently. Colleagues noted that not all had information governance duties within their roles but were happy to share any requests for information with local colleagues.

MW/All

c Health Improvement – Pip noted that next NoSPHN Health Improvement Collaborative meeting was scheduled for the 26th February).

i SHWL Hub developments – noting the ongoing challenges nationally the group asked that the Health Improvement Collaborative seek an update from Chris Littlejohn and consider what should be the focus of work with the working population?

PF/HIC

d Futures thinking / planning

i NoSPHN development meeting 4th December 2015 – the group noted and approved the minute of the meeting and Pip advised that all actions arising from the meeting had been transferred to the draft workplan for 2016/17 for consideration (Item 59.3a).

ii Integration updates – given time constraints this item was deferred.

59.2 Proposals for new work / other developments

a Impact of the Islands Bill – the group agreed to seek a nomination to summarise the impacts of the Bill once it was formally published.

PF

b Musculoskeletal health – public health perspectives: noting the major impacts of musculoskeletal health members agreed to add to and review this as part of the workplan. Susan advised of an Honorary Consultant with specialist interests in the area and that he might be invited to present to a future meeting.

SW

59.3 NoSPHN Workplan 2015/16 and 2016/17

a Workplan update (2015/16) – Pip updated on the workplan and highlighted the range of issues suggested for the 2016/17 workplan asking that members comment on/note progress in this year; review and prioritise developments for 2016/17 (list at end of workplan) and identify our 'top 3' high visibility pieces of work for the year and an engagement / communications plan.

In discussion members noted:

- The need to align the NoSPHN workplan to the Public Health review headings (leadership, workforce fit for practice and partnership working)
- A continued need to emphasise inequalities in our communities / explore other options to SIMD
- The potential value of focussing on collaborative opportunities for health intelligence (building on previous work, building resilience)
- Making links to the shared services review work – and maximising opportunities for local innovation in a national context
- Looking at the burden of disease in the NoS as a product to shape commissioning.

PF

b NoSPHN budget 2015/16 and funding 2016/17 – Pip advised that there was an anticipated £1,000 left in budget (higher than anticipated due to reduced claims) on which she sought confirmation to spend highlighting the potential for a stand at the Faculty Conference in June (Brighton) for promoting the NoS as a place to train and work and members noted also costs to support practitioner regulation in the NoS. Pip agreed to finalise.

PF

c Specific updates from key groups / programmes and related actions not on the agenda. Members noted the paper with thanks.

d NoSPHN Representation on groups (groups, vacancies, gaps and revised guidance). Speaking to the paper circulated Pip highlighted current and future vacancies in NoSPHN representation on groups and asked members for nominations. Members agreed to follow up as follows:

- NoS Child Health Group – Sally Amor (NHS) and Simon Hilton (NHS) to be approached to review agendas on a reactive basis
- NoSPG – to be approached to consider a NoSPHN representative
- Health Protection Oversight Group – Ken Oates is already on Group and DsPH Group to reflect on NoS DsPH representation
- Clinical Strategy Group – to be reviewed once invitation arrives
- NoS Cardiac group - Susan to discuss initially with Mike Crilly.

PF

PF

ST

PF/LW

SW

Pip referred member to the current guidance for NoSPHN representatives (circulated) and asked for any comments / suggestions for revisions.

All

60/15 AOCB

- Dental Public Health Support options (NHSO) – Louise noted that NHSO no longer had a CADO in post and were looking at options for public health support of up to 1 day a month. Maggie too noted that their CADO had moved to NHS and they have ring fenced public health input for 2 days per week and were considering a range of options for cover. Susan noted Jonathon Iloya's role was focussed on NHS and NHS but that he had NoS networked links and suggested that he be approached to advise on options / possible skill mix etc.
- UHI updates – in Hugo's absence this item was deferred.
- Members noted the recent reference to Public Health as part of the Transformational Change Programme Board – in which the Public Health Review / Public Health Reform was seen as a 'key game changer in terms of transformational change'.

SW/PF

Vote of thanks – Sarah Taylor

Louise gave a vote of thanks to Sarah Taylor who was retiring at the end of March. Louise noted that Sarah had been involved in NoSPHN since its inception and been a core supporter since and recognised her work at local, regional and national levels – she will be greatly missed.

61/15 Items to be brought forward to future meetings: Members are asked to highlight items for the next meeting to Pip.

All

62/15 Date of next meeting: Tuesday 22nd March 2016 at 2.30pm

Tuesday 31st May 2.30 – 5:00 pm

Tuesday 23rd August 2.30 – 5:00 pm

Wednesday 2nd November 1:00 - 3.30pm