

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

Wednesday 20 April 2011, 10:00 – 12:30 pm
All members joined by video or teleconference

**NORTH OF SCOTLAND
PUBLIC HEALTH NETWORK**

Present:

Sarah Taylor, NoSPHN Lead and Director of Public Health, NHS Shetland (*Chair*)
Pip Farman, North of Scotland Public Health Network Co-ordinator
Margaret Somerville, Director of Public Health, NHS Highland
Paddy Luo-Hopkins, Head of Health Intelligence, NHS Highland (for Item 21.2)
Angus MacKiggan, Well North Co-ordinator, NHS Highland (for Item 21.2)
Ken Black, Consultant in Public Health Medicine, NHS Orkney
Lesley Wilkie, Director of Public Health, NHS Grampian
Phil Mackie, ScotPHN, NHS Health Scotland

In attendance:

Alex Medcalf, NHS Highland (*Minute*)

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

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 web.

		Action
18/11	Welcome and Apologies Apologies had been received from Elaine Garman, Susan Webb, Louise Wilson, Ann Conacher, Sharon Pflieger, Susan Vaughan, Noelle O'Neill, Martin Malcolm, Ken Mitchell and NHSHS Partnership representatives. Sarah welcomed to the meeting William Moore, the new Consultant in Public Health in NHS Grampian.	
19/11	Minutes of last meeting (20 April 2011) Members approved the minute of the last meeting and gave no reason as to why the papers / minutes of the last meeting should not be made available by open access on the NoSPHN website / internet.	
20/11	Matters Arising not on the agenda Item 13.2 MOU Pip noted the Surge Capacity MOU had been sent out by email for filing locally. Lesley noted discussion at the Health Protection Stocktake meeting which had highlighted that the MOU for surge capacity appeared a much more real issue for North of Scotland Boards than other Boards. Item 13.5a NSD PICU review As agreed at the last meeting, Pip had discussed NSD's PICU request with Phil Mackie who had agreed to pick up the request through ScotPHN. Phil noted he had not to date been approached by NSD. Item 13.5b NoSPHN Budget Pip advised that spend to the end of the year was as had been predicted at the last meeting. About £5k had been transferred to NHSH for administration costs and Pip was further ensuring all NoSPHN related spend had been accrued to the right budget. Pip noted that Boards had still to be invoiced for 2011/12 funds.	PF
	Cairngorm National Park Plan Pip noted that NHSG and NHST had in principle agreed to support a joint contribution to the CNP plan depending on what was required. The Group advised that the review/work should be assessed / progressed through the Health Improvement Collaborative once available.	HIC
21/11	Public Health Network Workplan 21.1 Public Health Overview / action plan Lesley noted useful discussions at the national DsPH meeting on the role of the DsPH. Lesley also highlighted work which would be coming out to Boards to understand Health Protection	

costs in Scotland. Highlighting that a Group was meeting the following day (17th June) to look at Health Protection structures (the issues around structures and ways of working including on call) Lesley asked for views to take to the meeting The following were noted:

- Issues around incident management responses and the role of the DPH, escalation and management of issues.
- With regard to on call models the group noted similar issues across island and mainland Boards including that size was an issue, that models depended on what was expected of staff eg if Health Protection staff acted in an advisory and guidance role this could be delivered from anywhere. The issue then became about how to organise available colleagues on the ground (GPs, nurses, locality managers, environmental health – noting that some were not paid for this). Governance, information, reporting and training were felt to be key in this respect in terms of what was being asked of colleagues.
- Concern was noted over capacity / resilience if events were prolonged.

Members were asked to feed further issues to Lesley by Friday 17th June.

ALL

Phil reminded members that he would be visiting Boards over the summer to discuss baseline information and areas for collaboration and advised he would be happy to pick up further issues from these discussions.

PM

21.2 Anticipatory Care

21.2i Well North Remote and Rural Anticipatory Care Project

a) Well North Update

Speaking to his paper Angus highlighted in particular that the Well North Evaluation report had been widely circulated and was to be presented to the June NoSPG meeting (with a focus on lessons learned with relevance to mainstreaming). The Group noted the update with thanks.

21.2ii Mainstreaming Health Checks

Sarah highlighted discussions at the Keep Well Mainstreaming Board considering how much information should be collated and reported on and a concern that Boards might be inventing local systems – ISD had been asked to review.

21.2iii HEAT targets and targeting Remote and Rural Inequalities

Noting an agreement at the previous NoSPHN meeting for Boards to continue to support work to explore knowledge development and more systematic approaches to targeting, Paddy spoke to his paper on NHS developments. The work was based on both the CSO approach and a developed approach using the health and income domains ranked by datazone and urban / rural stratification. The work had highlighted by GP practice where NHS might wish to target interventions.

The Group thanked Paddy for sharing the work and discussion highlighted the need to factor in local capacity, the need to use local intelligence and a concern not to spread resources too thinly.

Members further noted their local developments with regard to mainstreaming and it was agreed that all Boards would share their approaches as they developed (including with Dumfries and Galloway) through in particular Health Intelligence leads and DsPH and that the item should be kept on the NoSPHN agenda.

DsPH
HI
Leads

21.3 Public Health Faculty Conference 10th to 11th November 2011

Margaret updated on conference developments since the last meeting:

- The venue was confirmed as the Macdonald Aviemore Resort, Aviemore.
- Videoconferencing had been confirmed for the main room (and the related key presentations / parallel sessions being held in that room).
- The call for abstracts was out with a 27th June deadline (Pip noted she had asked NoSPHN colleagues to submit NoSPHN related work).
- Some key speakers had still to be confirmed but Sir Lewis Ritchie, Patrick Sachon, Anne Ludbrook, Mike Lean and Sir Harry Burns were confirmed to speak.
- Chairs of Boards had also been approached to be actively engaged in the event for example through a dragons den type session.
- The potential for Pennie Taylor to be used as a facilitator at the event had been discussed (it was noted that if facilitators were used there was a need to be clear about their brief).

- Margaret asked for views on whether NoSPHN would support a prize for a £50 book token for the best remote and rural based poster / abstract - this was agreed. The group also supported approaching a local band to provide music for the evening event. PF

21.4 NoSPHN Workplan 2011 - 2012

a) Workplan update 2011/12

Pip highlighted that the NoSPHN newsletter was to be circulated shortly and that she was clarifying with NHSHS colleagues the appropriate NHSHS / NoSPHN links following changes in the Partnership Managers. Members noted the update. PF

The group further discussed the need to influence the development of the regional cardiac network action plan (in particular wider contexts to the work). Margaret noted that Elaine Garman had been asked within NHSH to look at cardiac networks elsewhere, in particular the involvement of primary care.

b) Specific updates from key Groups

Pip noted on behalf of Sharon Pflieger progress with regard the ADTC Collaborative and noted highlighted to members an email that had been sent to ADTC colleagues from Sharon Pflieger (8th June) with regards the health economics training which was now due to be held in October / November which she encouraged members involved to respond to.

Pip advised that Tom Laverty hoped to present to the next meeting on a Common Approach to Civil Contingencies.

Members noted the updates from Groups with thanks.

21.5 NoSPHN CPD Programme 2011/12

Members were asked to report on / explore CPD needs across the NoS to inform the planning of the 2011- 12 NoSPHN CPD programme – with the potential for delivery in the New Year. Health protection issues for those on call were highlighted by Ken. Noting that these might be available through online training schemes it was agreed that there was a need to ensure that training was accessible and that one approach might be to test out some of the training available nationally and ensure it was delivered in different ways. Lesley agreed to take this to the Health Protection Stocktake meeting. As this was due to report in the autumn it was agreed that this would then be an appropriate time to review the training implications for the New Year. LW

Assets building and co-production were also highlighted. The group further agreed to review the need for follow up training issues after the Faculty Conference. PF

22/11 North of Scotland Planning Group

22.1 Feedback from NoSPG meeting (NoSPG 27th April and IPG 1st June 2011)

Sarah noted ongoing reviews in the other regions with regard to Public Health savings, the changes in staffing at NoSPG, the development of the new Cancer Task Force Action Plan and the implications for local Boards (and that outcomes for these had been highlighted which may need input). Members noted the update.

22.2 Child Health Evaluation

Noting that the NoSPG Child Health paper circulated had been withdrawn as it was an incomplete version Pip advised that Ken Mitchell was working to finalise a paper for NoSPG on the 29th June. The Group noted its concern and disappointment that the working group had not been able to comment on the paper and that NoSPHN would not be able to either comment on or endorse the paper prior to the NoSPG meeting. Noting the tight timescales members agreed if possible, to submit comments on any further version circulated prior to NoSPG. ALL

22.3 Horizon Scanning to Inform NoSPG Decision Making in the Future

Sarah noted that work was progressing with regard to the horizon scanning:

- The literature review was ongoing, as this was proving a significant piece of work Pip was aiming to refine towards the NoSPG workplan priorities. References were being saved into 'RefWorks' for distribution to those doing the analysis work (Pip reminded members of the email request of the 31st May asking for nominations of staff to conduct the analyses).
- Key NHS Board documents had been tested for horizon scanning elements (there was limited evidence of horizon scanning at local levels).
- The NoS demographics work had been completed by David Kerr (NHSS) and it was agreed to circulate this to DsPH and Health Intelligence Leads for comment. DK/PF

- The Horizon Scanning working group were next to meet on the 30th June to review progress and take forward further work.
- A preparatory workshop had been planned for the 17th August with the IPG to review the emerging outcomes of the work with a view to informing the structure of and presentation of the work to the NoSPG event on the 21st September 2011.

In discussion members noted the need to:

- Clarify what constituted horizon scanning work.
- The need to deliver a process by which Boards would be confident of making the right decisions in the future.
- The need to advise Boards of what they do not already know (unknown unknowns).
- Boards needed briefing on the key / major influences for the future.
- The need to focus on the quality of decision making in Boards (scenario planning in NHSS had recently highlighted this).
- Look at the potential of including Margaret Hannah in the September event.
- To look at examples of work and how they might be approached differently (eg robotics).

ALL

Members agreed to seek nominations of staff as previously requested to support the literature review work. It was also proposed to approach the Clinical Networks / Leads to support the review of key issues / evidence gathered over the summer and the need to ensure good engagement with the networks prior to the event was highlighted.

PF/ST

22.4 Child Health – proposed governance framework and implications for NoSPHN

Pip advised that all the NoSPG Networks had been asked to detail the implications for NoSPHN of the Governance framework agreed at the last NoSPG meeting. Pip spoke to the response she had prepared. Pip highlighted where she thought NoSPHN currently met the guidance, where we would need to do more work and where it was not thought to be appropriate. Pip also proposed a review of the NoSPHN Clinical Governance statement.

Members supported the response and further asked that the range of quality improvement initiatives that NoSPHN routinely performed should also be highlighted in the response (for example debrief meetings, scoping document, peer review, evaluation, CPD).

PF

22.5 Debrief on NoSPHN contribution to NoS Weight Management workstream

Members noted the debrief paper on the Weight Management review with interest. Pip thanked Margaret for her input to this and highlighted that the recommendations from the review had been fed into developments in the following item (Item 22.6).

22.6 Overview of lessons learned from NoSPHN workstreams (including CAMHS) and proposed changes to processes.

Speaking to the paper circulated Pip advised that following a review of the various NoSPHN workstreams including the CAMHS review, she had further developed both the NoSPHN scoping document and guidance for staff engaged in NoSPHN activities. Further work was still required on needs assessment guidelines, document etiquette/control and to share these with NoSPG.

Reviewing the proposals the Group agreed that the approaches were appropriate and workable provided that they remained proportionate and flexible in terms of the varying work conducted by NoSPHN.

23/11 Further Business

23.1 Scottish Public Health Network (ScotPHN)

The Group noted the update with thanks – members further agreed to send any comments or queries to Phil Mackie.

ALL

23.2 NHS Health Scotland

The Group noted the Quarter 4 report circulated. Pip advised that NHSHS input to the Group was being clarified following changes in staffing at NHSHS. The Group asked for an update at the next meeting from NHSHS colleagues.

NHSHS
Colleag
ues

24/11 AOCB

- Pip noted a request from NHSH to highlight to members the circulation of a pamphlet from NHSHS on Teenage Pregnancy on which concerns had been raised with regard to the balance of information available on continuing or terminating pregnancy. Members noted

- the issues highlighted and agreed to take the issue back to their Boards for review.
- Margaret highlighted NHSH concerns with regards to meeting the Child Healthy Weight target and asked if other Boards were facing the same challenges? Members agreed to share experiences / plans.

ALL

ALL

25/11 **Date of next meeting:** Wednesday 3 August 2011, 2pm - 4.30pm with video/ teleconferencing

Following meeting dates – both 2 - 4.30pm

Wednesday 5th October

Wednesday 7th December