Present:

Sarah Taylor, NoSPHN Lead and Director of Public Health, NHS Shetland *(Chair)* Pip Farman, North of Scotland Public Health Network Co-ordinator Angus MacKiggan, Well North Regional Co-ordinator, NHS Highland Noelle O'Neill, Public Health Scientist, NHS Highland Phil Mackie, Lead Consultant ScotPHN, NHS Health Scotland Martin Malcolm, Head of Public Health Intelligence and Information Services, NHS Western Isles Steve Bell, Partnership Manager, 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

17/10 Welcome and Apologies

Apologies were noted from Lesley Wilkie, Susan Vaughan, Ann Conacher, Sally Amor, Annie Ingram, Sharon Pfleger, Elaine Garman, Gillian Lewis, Ken Black, Colin Gilmour, Margaret Somerville.

18/10 Minutes of last meeting (27 April 2010)

The minutes were read and approved for accuracy. Members 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.

19/10 Matters Arising not on the agenda

HIV Action Plan / regional co-ordinator post

Sarah noted there was no update since the last meeting – the appointment is subject to national funding.

• Board approaches to Statutory Consultations on Pollution and Prevention Control (PPC)

Margaret Somerville had previously asked how other Boards were managing local consultations requests for Pollution and Prevention Control and had asked whether there was capacity at a national level which might be accessed (eg for information or support). Phil Mackie noted that he thought there were staff in other Boards with such commitments but doubted whether there was capacity to support a national approach. It was proposed that Margaret be asked to frame a question for the next meeting of the National Directors of Public Health Group.

• Review of local Public Health Input to Criminal Justice Authorities (CJA)

Following previous discussions Sarah noted she had spoken with Annie Ingram, who sat on the Northern CJA Group in her NoSPG capacity. It was agreed that there were relevant Public Health issues to the agenda but suggested that that local Boards seek to play into CJA issues locally rather than at a regional level. It was noted that should there be an interest locally in a role at a regional level that this should be highlighted through NoSPHN. Pip noted that Cameron Stark had attended a previous meetings of the group a might be able to provide information to anyone interested. Members noted the update.

MS

All

Public Health Network Workplan 20/10

20.1 Public Health Overview / action plan

Sarah noted that the most recent national meeting of the DsPH had focussed on developing further aspects of the overview work including consideration of the role of the DsPH, and the Public Health service domain paper that Pip had prepared (previously circulated to the group. Pip further noted that she had been asked to further develop work on the Public Health aspects within the NHS Healthcare Quality Strategy. Members noted the report given

NoSPHN Workplan 2010 – 2011 20.2

a Workplan update (10/11)

Members noted the plan and related updates.

b Specific updates from Groups / programmes not on the agenda

The group noted the updates given. In addition it was highlighted that Board Annex 6 LDP summaries had been submitted to the Scottish Government and it was agreed that Boards be e-mailed to see if they would be willing / find it useful to share their submissions.

Pip highlighted that she had spoken to Peter Gent (NOSCAN) about any required inputs from NoSPHN to NOSCAN who had flagged for particular consideration Regional Pharmacy and Oncology issues. It was agreed that Pip should discuss these with Sharon Pfleger in respect of the work of the Drug and Therapeutics Collaboration.

20.3 **Draft NoSPHN CPD Event review**

Speaking to the draft paper circulated Pip noted that the event had gone well, that the initial evaluations received had been largely positive and invited ideas from the group on the type of follow up report which would be of most use. It was agreed to develop the paper for local circulation as well as for those who had attended the event and to report to NoSPG. Pip reiterated that feedback genuinely helps to inform future work programmes and asked all that had not already done so to return their evaluation forms from the event.

20.4 **NoSPHN newsletter May 2010**

Members noted the newsletter circulated and approved it for wider circulation locally and noted that it would also be held on the NoSPHN website. It was agreed that a newsletter should be circulated twice a year.

20.5 Budget update

Pip noted that she had e-mailed all Boards with respect to their respective NoSPHN allocations (based on NRAC / Arbuthnott allocations) and that invoices were to follow.

20.6 Well North - Remote and Rural Anticipatory Care project a Update

Members noted the updates given and Angus highlighted in particular Angus noted that:

• NHS Orkney had developed an action plan for delivery of their Well North programme, which focused specifically on work around meeting their H8 target rather than both primary and secondary prevention and had used Quarter 1 (2010/11) to concentrate on the operational management aspects of the programme (as detailed in the report). 4 GP practices had been identified to be involved in the programme and Local Steering Group meetings were being held on a monthly basis. NHSO envisaged being in a position to start offering heath checks in the Quarter 2 period onwards and were confident of meeting their H8 target of 51 this year (agreed trajectory is 0, 10, 20, 21). The Orkney action plan also incorporated work to develop the programme's participation in the national Anticipatory Care Community Paramedic Model, which is a 6 months pilot initiative to test how the Scottish Ambulance Service (SAS) can help deliver anticipatory care in remote and rural areas through planned mobile health checks.

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 Well North Evaluation – 24 Expressions of Interest had been received and these were to be shortlisted at a meeting on 24 June. Letters confirming funding will be going out to local Boards.

b Implementing Primary Prevention in Scotland Consultation

The draft response to the consultation was noted and NoSPHN agreed to endorse the Well North Project Management Group's response to the Consultation paper and it AM/All was agreed that Boards might use the response to support local responses also.

21/10 North of Scotland Planning Group

21.1 a Feedback from NoSPG and Integrated Planning Group (20 May)

Sarah noted that relevant items were already on the agenda and highlighted that the work of NoSPHN continued to be well received by NoSPG.

21.2 National Remote and Rural workstream

a National Steering Group feedback

Pip noted that the last meeting of the Remote and Rural Implementation group was due to be held in September and work was ongoing to conclude programmes detail next steps. It was noted there was a stocktake meeting arranged for the 6 July for the Remote and Rural Implementation Group workstream and NoSPHN representation had been secured for the meeting.

b Review of Rural General Hospital (RGH) Needs Assessment and NoSPHN Commitments

Work was ongoing to review the use of the NoSPHN RGH needs assessment to determine whether Boards had progressed in their understanding of the variations in hospital activity data between the RGHs as outlined in the initial work. Members supported the need to progress this work locally through DPHs and Pip agreed to follow this up with those representatives not at the meeting. It was hoped to conclude the piece of work by the end of July.

Members noted the update.

21.3 National Services

a NSAG bids 2011

Following review of applications by the NoS Integrated Planning Group (IPG) and NoSPG and after receiving additional information from National Services Division (NSD), the paper circulated highlighted the position of IPG/NoSPG – this response had still to be endorsed by NoSPG at their meeting on the 30th June. The NSAG meeting to review the applications / Planning Group views was to be held on the 14th June – and it was expected that the outcome of NSAG discussion would be reported at the NoSPG meeting. Members noted the papers circulated and developments.

21.4 Children's services

a Evaluation of impact of NoS Plan for Specialist Children's Services.

During discussion the following were noted:

- Phil highlighted that the national Clinical Indicators Group were maintaining the previously reported standards with locally agreed outcomes for services and wished to share learning of key areas of work with the NoS. Phil had agreed to call a meeting with NoS representatives to discuss this.
- Noelle advised that the key themes and indicators paper circulated had been well received.
- Ken Mitchell had developed a NoS reporting template which was to be tested with the workstreams.
- Patient story methodology was being explored for use with the programmes.
- A further event to follow up that held on the 4th March was planned for the 28th September.

b CAMHS needs assessment

The CAMHS draft report and executive summary had been circulated to members for

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DPHs

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PM

comment. Sarah noted and thanked Sally Amor for her work to complete the needs assessment. Sarah agreed to follow up with Sally the outcomes from the CAMHS Project Board when the work had been presented. Sarah also noted that she had asked that Pip progress a review of processes in relation to the work to ensure learning from the process.

PF/SA

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21.5 **Bariatric surgery – health information scoping**

Pip noted work was ongoing to scope the work required (including review of key literature, epidemiology and demand and capacity work) with the involvement of Corri Black, Jillian Evans and Nicola Beech (NHSG) and Fiona Clarke (NHSH). The NoSPG Lead for the regional work was Roseanne Urguhart (NHSH).

Phil noted that following discussion with Sarah Davies (QIS) a National Group was being set up but the Group had not yet met he also noted the Scottish Group of Obesity Surgeons have conducted epidemiological work and Phil agreed to obtain permission to share the information with the Network.

Phil also agreed to host a meeting before mid-July with all interested Public Health representatives nationally to try and ensure consistency of the Public Health approach / elements to Bariatrics work.

Members noted developments.

22/10 **Further Business**

Scottish Public Health Network (ScotPHN) 22.1

Phil further highlighted a request for Members noted the report circulated. All nominations for a Lead Author for a national Rheumatoid Arthritis Needs Assessment (1 day a week for 6 months).

22.2 NHS Health Scotland

Steve Bell confirmed the Quarter 4 report will be circulated after their meeting and he apologised for the delay. He noted he would be happy to answer any queries after the Report is circulated. Steve also note that Graham Robertson was due to step down early in July from the post of Chief Executive of Health Scotland, Laurence Gruer, Director of Public Health Science, would take up the position of acting Chief Executive for a period of eight weeks, when Gerald McLaughlin was to take up the post.

Pip noted she had still to meet with Wilma Reid to review NHSHS involvement in PF/WR NoSPHN (essentially to check that NHSHS are happy with working relationships). Members noted the update given.

22.3 Dental Public Health Networking opportunities

Margaret had asked for comments on any local need for a more regional Networked approach to Dental Health. It was agreed to defer the item to the next meeting.

22.4 Emergency Planning arrangements

Margaret had highlighted that at a recent meeting she had had with the NHSWI Emergency Planning Officer - the potential for developing consistency between Boards Plans (eg terminology) had been highlighted. The group endorsed the need for a collaborative approach and suggested this be pursued through Emergency Planning Officers with reporting updates to NoSPHN.

22.5 Remote and Rural research agenda

The NoSPHN workplan has for the last 2 years indicated a potential workstream focussing on Remote and Rural Health Research. Pip agreed to seek the views of members via e-mail prior to the next meeting. Martin confirmed NHS Western Isles had a remit for remote and rural research, so would be interested in scoping work being carried out, locally or nationally.

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- 23/10 AOCB None.
- **24/10** Date of next meeting: Wednesday 25 August 2010 2pm 4.30pm with video/teleconference venues:

Dates of future meetings 2010:

Wednesday 27 October 2010 Wednesday 15 December 2010