

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

Wednesday 25 August 2010, 2:00 – 4:30 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
Lesley Wilkie, Director of Public Health, NHS Grampian
Angus MacKiggan, Well North Regional Co-ordinator, NHS Highland
Noelle O'Neill, Public Health Scientist, NHS Highland
Ann Conacher, ScotPHN, NHS Health Scotland
Emma Witney, Partnership Manager, NHS Health Scotland
Ruth Freeman, Consultant in Dental Public Health NHS, for Item 30.3

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
25/10 Welcome and Apologies Apologies were noted from Susan Vaughan, Sally Amor, Annie Ingram, Sharon Pflieger, Elaine Garman, Gillian Lewis, Ken Black, Martin Malcolm and Christina Bichan. Sarah noted the appointment of Dr Louise Wilson as the NHSO DPH (starting the 1st November) and asked that Louise be invited to future meetings and also requested that she be included in any relevant NoSPHN distributions / lists.	AM
26/10 Minutes of last meeting (23 June 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.	AM
27/10 Matters Arising not on the agenda <ul style="list-style-type: none">• Board approaches to Statutory Consultations on Pollution and Prevention Control (PPC) Margaret Somerville noted her intention to discuss PPC with Phil Mackie and Martin Donaghy (HPS) and raise at the next meeting of the Scottish DsPH (17 September) as appropriate.• Board LDP Annexe 6 Responses Pip noted that she was in receipt of all NoS Board Annexe 6 reports and proposed reviewing them for submission to the Health Improvement Collaborative for comment before circulating the outcome for discussion by the NoSPHN Steering Group. The group endorsed the approach.• Emergency Planning Arrangements Margaret noted she had fed back the discussion at the last meeting to the Emergency Planning Officer in NHSWI (Margaret had previously noted the potential for developing consistency between Board Plans eg terminology. NoSPHN had endorsed the need for a collaborative approach and suggested this be pursued through Emergency Planning Officers with reporting updates to NoSPHN).	MS PM PF

Lesley noted that this was being looked at in NHSG in terms of business continuity and highlighted that a joint approach might be a significant bit of work and that benefits might not be realised especially as national standards were available to which all Boards should be adhering to although she felt there was scope to look at the tools available. It was agreed to invite Tom Lafferty to a future NoSPHN meeting to discuss as the group felt that there were things that could be done practicably. Margaret agreed to approach Tom.

MS

- **Criminal Justice Authorities (CJA)**

In respect to the discussion at the last meeting on CJA's Pip noted that there had been a CJA presentation to the June NoSPG meeting. Pip agreed to access and circulate the paper presented for member's information.

PF

28/10 Public Health Network Workplan

28.1 Public Health Overview / action plan

Lesley, highlighted the following:

- The National Public Health and Community Health Partnership Survey had been circulated and she advised all to ensure they had seen a copy.
- The Health Protection Stocktake was now ongoing nationally with Lewis Richie as Chair. Lesley agreed to circulate the remit of the group (letter from Mike Palmer). Pip to pass a copy to Margaret
- Scottish DsPH away day (June 2010) – one outcome of the day was a request that an outline report on the Public Health opportunities within the Healthcare Quality Framework (and recently released primary care report on the same) be prepared, which Pip was doing.

LW

PF

Members noted the report given.

28.2 NoSPHN Workplan 2010 – 2011

a Workplan update (10/11)

Members noted the updated paper circulated.

b Specific updates from Groups / programmes not on the agenda

Members noted the update. Sarah highlighted in particular that the report from Sharon Pflieger re joint ADTC work was to go to the next NoSPG meeting and the DsPH clarified that Sharon should if required, come back to NoSPHN to seek support with advancing developments.

Pip further noted that she had agreed to support in part the travel costs of 2 island colleagues attending a pilot Social Marketing course from the NoSPHN budget to review the implications of social marketing approaches in a remote and rural context and to advise on how the course might best be delivered for remote and rural Boards. This would feed into the NoSPHN social marketing workstream.

28.3 NoSPHN CPD Event report

Pip spoke to the updated CPD report noting that it was a more detailed report than the one previously circulated. Pip advised she was still checking details with key contributors to the day and, subject to this, members approved the report for circulation to NoSPG, those attending and wider distribution.

PF/AM

Discussing further the developments suggested on the day in particular work on disinvestment, the Group noted there was work ongoing at local levels and this could be usefully shared. Discussion highlighted the need to focus on the how not the what, and strategic and local level disinvestment and in particular understanding the rural elements to these. It was also noted that work was also ongoing at a national level and that a next step could be to look at the Public Health contribution to this. The DsPH noted an intention to review the issues at the national Directors of Planning Group and/or the Scottish DsPH Group and then explore further if there was a North of Scotland perspective to be drawn out.

DsPH

28.4 Well North - Remote and Rural Anticipatory Care project

a Update

Angus spoke to his update paper and highlighted key issues. He advised members that the evaluation tendering interviews had been held on the 19th August and that he hoped to advise colleagues of the outcome shortly. Members thanked Angus for the report.

In discussion with respect to the revised National Anticipatory Care Governance arrangements – it was noted that Board Chief Executives had been asked to nominate a DPH to sit on the Primary Prevention Steering Group and members noted a concern to ensure that remote and rural interests were represented. Ann agreed to see if she could find out who had been nominated. Following that, members would seek to discuss with the representative remote and rural interests.

AC

Angus asked for advice on what stakeholders might want from a Well North stakeholder event. Sarah noted it would be helpful to receive a proposal on which stakeholders might comment but that areas of interest might include information sharing, problem solving, remote and rural issues and links to the wider primary prevention agenda. Sarah asked that any event be remote and rural accessible. All members were asked to send suggestions to Angus.

ST

ALL

28.5 NoSPHN and potential NoS mentoring approaches

Pip advised that NoSPHN had been approached by a NoS Board to see if NoSPHN would facilitate establishing Public Health mentoring contacts across the Boards. Members agreed that NoSPHN should support mentoring approaches according to the guidelines highlighted in the paper circulated and noted that negotiation of the mentoring required should lie with the requesting Board and the Board supporting mentoring although if there were lessons to be learned these could be shared regionally. Pip agreed to initiate the process outlined.

PF

Margaret highlighted that there was a difference between mentoring and coaching and she felt if the latter was required it would need a more stringent approach.

28.6 Towards a Mentally Flourishing Scotland (TMFS) NoS event

Pip advised that NoSPHN was supporting meetings between NHSHS and NoS representatives to consider workforce development issues in relation to TMFS. Two meetings had been arranged for the 16th September both by videoconference (one in the morning and one in the afternoon) to which all NoS Boards were having an input. Members noted the update.

29/10 North of Scotland Planning Group

29.1 a Feedback from NoSPG (30 June) and Integrated Planning Group (10 August)

Sarah spoke to the paper circulated highlighting that NoSPG was due to meet again on the 8th September and Pip confirmed that the ADTC paper (Item 28.2b) and CPD report were both on the agenda. Members noted the update given.

29.2 National Remote and Rural workstream

a National Steering Group feedback

Pip noted that work was ongoing to conclude the work of the Remote and Rural Implementation Group by September. Annie Ingram was compiling a final report and had reviewed each of the commitments made and progress to achieving these.

b Review of Rural General Hospital (RGH) Needs Assessment

Work to review the RGH needs assessment was ongoing and the report circulated summarised progress to date and had been submitted to Annie Ingram for the final RRIg report. Pip noted that further information was still awaited from Boards. The intention was that the work would be summarised and then fed back to Boards when complete.

PF

29.3 Children's services

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

Noelle advised that she had attended the last regional meeting of the Child Health Specialist Services Group in June. Members had been supportive of the logic model work which had now been tied into the national reporting template. Work continued at national, regional and local levels with Network manager and Lead Clinician posts to be confirmed shortly. Pip advised that a follow up Logic model / evaluation event had been organised for the 28th September in Aberdeen which NoSPHN colleagues were supporting. Lead Clinicians were being asked to update on developments and review the use of a Performance Story (NHSHS) framework to support this. The event would also focus on methodologies for gathering patient feedback / stories. Annie Ingram had noted the use of the logic model for application to other NoSPG work. Members noted the update given.

29.4 Bariatric surgery – NoSPHN scoping

Speaking to the paper circulated Pip advised that the scoping document should be considered as work in progress – but gave a guide as to how NoSPHN were supporting the programme. Members noted the approach but were concerned that there required to be an overview of all the questions being asked to ensure that key questions were not being missed. Pip agreed to take this to the NoSPHN working group for action and to share the questions more widely for comment.

PF

30/10 Further Business

30.1 Scottish Public Health Network (ScotPHN)

Members noted with thanks the update circulated. Lesley highlighted that a project brief had been prepared for the Health Promotion Framework in Prisons which had gone to the Health Promotion Managers Group and hoped the outcomes would fit with the transfer of prison services scheduled for October.

Margaret asked for an update on the Environment and Health work and Ann noted that this objective had been put on hold some time ago but issues had been picked up in terms of the obesogenic environment.

Ann noted that the "Overview of Specialist Public Health" paper had been published and was available on ScotPHN website.

30.2 NHS Health Scotland

a Quarter 4 Report

Emma noted that the Quarter 4 report circulated was the one referred to at the last NoSPHN meeting. Emma advised that the new NHSHS Chief Executive was due to take up post on the 6th of September. Members noted the update given.

b Review of NoSPHN / NHS Health Scotland links

Pip advised that she had met with Emma and Wilma Reid to review NoSPHN / NHSHS working arrangements (benefits, challenges, opportunities etc) and to see if processes needed to be improved. Overall NHSHS were happy with the current arrangements. Emma was now the overall key link, Partnership Managers were to continue to rotate attendance at NoSPHN meetings and it had been agreed to keep the Quarterly report as the main update mechanism. It was been agreed to review NHSHS opportunities for improved links into the Health Improvement Collaborative agenda.

30.3 Dental Public Health Networking opportunities

Ruth Freeman joined the meeting and spoke to her paper which had been prompted by a discussion with Margaret. Ruth emphasised the need to revisit the primary care approach in respect of dental health and in particular the equitable distribution of services, work on orthodontics, tele-dentistry and restorative care. Ruth also highlighted the range of dental health improvement activity ongoing at a national level which might benefit from a North of Scotland approach. Ruth also suggested that there was a resistance to the development of networks (care and service based) and suggested there might be merit in looking at these issues on a North of Scotland basis.

Lesley, who sat on the Regional Dental Health Group, said that she would welcome added dental public health support and suggested sponsoring a discussion of the issues raised at a future regional Oral health and Dentistry meeting. Lesley and Ruth agreed to discuss this in more detail and feedback to NoSPHN including whether NHS Orkney and NHS Western Isles felt adequately represented.

LW/RF

30.4 Remote and Rural research agenda

Speaking to the paper circulated Pip highlighted questions in respect of the potential development of a NoSPHN remote and rural research agenda. Pip advised that she had received responses to an e-mail circulation from NHSWI (enclosed with the papers) and two responses from NSHG which had indicated a need for Remote and Rural research in dentistry, a willingness to share current work and processes (eg research tender details) and the need for clarification on national work which may impact eg rural poverty indicators.

Discussions highlighted that there were pockets of work ongoing, and that there might be a benefit to staff networking on issues. Members felt it was necessary to make the distinction between remote and rural research and research that was ongoing in remote and rural areas.

Of particular concern was gaining an understanding of the impact of the current economic climate and how this might be monitored in terms of inequalities. It was also felt that it was important to understand what was going on nationally – noting that the Faculty Specialty Advisers had recently called for a more robust approach in their annual reports and Lesley too had noted the issues in her DPH annual report.

It was proposed that further work should be undertaken to gather questions from Boards and then share these with the NoS academic departments (eg Aberdeen, RGU, UHI) and review how best to influence their streams of work and capacity to undertake work on the questions raised.

ALL/
PF

Lesley agreed to approach Robert Gordon University and Aberdeen University contacts in the first instance to explore approaches with them.

LW

31/10 AOCB
None.

32/10 Date of next meeting: Wednesday 27 October 2010 – 2pm – 4.30pm with video/teleconference venues:

Dates of future meetings 2010: Wednesday 15 December 2010