

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

Tuesday 27 April 2010, 2:00 – 4:30 pm

All members joined by video or tele conference

**NORTH OF SCOTLAND
PUBLIC HEALTH NETWORK**

Present:

Sarah Taylor, NoSPHN Lead and Director of Public Health, NHS Shetland (*Chair*)
Margaret Somerville, Director of Public Health, NHS Highland
Pip Farman, North of Scotland Public Health Network Co-ordinator
Emilia Crichton, Convenor, Faculty of Public Health Scotland
Elaine Garman, Public Health Specialist, NHS Highland
Angus MacKiggan, Well North Regional Co-ordinator, NHS Highland
Sharon Pfleger, Consultant in Pharmaceutical Public Health, NHS Highland
Noelle O'Neill, Public Health Scientist, NHS Highland
Phil Mackie, Lead Consultant ScotPHN, NHS Health Scotland
Ken Black, Consultant in Public Health, NHS Orkney
Gillian Lewis, Acting Head of Health Improvement, NHS Grampian
Martin Malcolm, Head of Public Health Intelligence and Information Services, NHS Western Isles
Wilma Reid, 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

09/10 Welcome and Apologies

Apologies were noted from Lesley Wilkie, Susan Vaughan, Jillian Evans, Ann Conacher, Sally Amor, Annie Ingram and Paddy Hopkins.

10/10 Minutes of last meeting (24 February 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.

11/10 Matters Arising not on the agenda

- **HIV Action Plan / regional co-ordinator post (verbal report)**

Ken Oates and Sarah had advised that there was nothing further to report.

- **Northern Training co-ordinator (verbal report)**

The group noted that Ken Oates had stood down as Regional Training Co-ordinator on 31 March 2010 after several years in post. One of the significant contributing factors to this decision was the removal of NES funding for each of the Regional Training Co-ordinators which had been one session per week. The new arrangements proposed were that the Northern Committee should meet on an annual basis and that the Chair and organisation of this would rotate round the Boards. Communications in the interim were to take place on a virtual basis through an e-mail network of relevant people. There was a concern, however, that the North may become detached and out of the loop with regard to the National Committee. Any national training developments and further supporting arrangements were being looked at and Ken intended to check these with Cairns Smith. Ken had also confirmed that both East and West regional coordinators had also stood down. Emilia suggested maintaining links with Jim Chalmers and Cairns Smith. Margaret suggested the

pending CPD event would be a good forum to bring this to everyone's attention. Members noted the update.

- **Review of local Public Health Input to Criminal Justice Authorities (verbal report)**

Pip advised that Annie Ingram had been invited to the NoSPHN meeting as suggested to discuss CJAs but was not available until the June meeting. Cameron Stark had highlighted that he had also been in discussion with Annie on this and had shared attendance at meetings when the CJA meeting were within local Boards areas. Members noted the update.

- **Additional matter arising**

Sarah reminded members that a further matter arising related to Cathy Steer (NHSH) who was still trying to gather NoS feedback on the LDP Annexe 6 guidance – reminders had been sent to each Board. Martin Malcolm asked to be updated / included in discussions.

PF/CS

12/10 Public Health Network Workplan

12.1 Public Health Overview / action plan (verbal report)

In Lesley's absence Sarah highlighted that:

- The Community Health Partnership/Community Planning Partnership review report was being finalised for submission to the CMO.
- The Health Services Domain paper produced by Pip and related issues were to be the subject of a workshop at next DPH away day in June.
- National Health Protection Review – the CMO has issued a letter advising that a review will be led by the Scottish Government after consultation with key stakeholders.

Members noted the updates. In discussion the Group agreed that further Health Protection review work in the NoS should not be progressed in the light of the National Review. Pip reminded members that she had circulated a request for information from Annie Ingram re SBAR and civil contingencies planning – the initial request had been generated by NHSG. In this respect Annie had already noted the NoS MOU for Surge Capacity. Pip further noted that the surge capacity agreement required to be updated. Members agreed that the MOU should be updated and that if changes were minimal that the DPHs could sign off and advise their respective Chief Executives. Pip agreed to progress in liaison with Ken Oates and Helen Howie.

PF

12.2 NoSPHN Workplan 2010 – 2011

a Workplan update (10/11)

Pip noted that the workplan circulated was the 2010/11 workplan (the elements from last year having been removed). Members noted the plan and related updates.

b Specific updates from Groups / programmes not on the agenda

In discussion the Group agreed that further Health Protection review work in the NoS should not be progressed but Pip reminded members that she had circulated a request from Annie Ingram for comments in a relation to a query from NHSG re SBAR and civil contingencies planning arrangements. In this respect Annie had already noted the MOU for Surge Capacity. Pip further noted that the surge capacity agreement required to be updated. Members agreed that the MOU should be updated and that if changes were minimal that the DPHs could sign these off and advise their respective Chief Executives. Pip agreed to progress in liaison with Ken Oates and Helen Howie.

PF

12.3 Regional Health Improvement Collaboration (verbal report)

Gillian Lewis updated on developments including:

- Social marketing – discussions were ongoing. There was interest in pursuing joint work across the North including NHS Tayside and with input from NHSHS through Chrissie Fairclough. The focus of discussion to date had been on opportunities for shared training, sharing of information and the possibility of a focus on child healthy weight and H3 there was agreement that it was unlikely that within

timescales we will be able to deliver any initiatives to have impact on H3 so the group were looking at looking at longer term developments.

- Gillian advised that she was developing a paper in conjunction with the National Cancer Prevention Network on cancer and health inequalities / health improvements.
- Workforce development – work was ongoing with a general principle of sharing training where possible and agreement to look at the Developing Competencies and Professional Standards for Health Promotion Capacity Building in Europe which had formally started in September 2009.

12.4 NoSPHN CPD Event

The latest version of the programme had been circulated and Pip asked for advice on an additional speaker for the morning, the focus for the presentations in the morning and further workshops for the afternoon. Interest was noted in a Long Term Conditions workshop and the potential for linking work on the self care agenda to this. Martin and Gillian agreed to explore further within their respective Boards and feedback to Pip.

MM/GL

12.5 Budget update and funding arrangements 2010/2011 (verbal report)

Pip noted that the 2009/10 budget had come in on target - although the budget report from NHS finance had showed a £2k under spend. Pip was confident that all the funding had been spent (but noted that it sometimes took a while for NoSPHN spend to be attributed to the right budget headings). Pip noted that NHS Highland would shortly send all DPHs invoices for funding for 2010/11, when the NRAC allocations for this year had been confirmed. Members noted the update.

12.6 Dr Emilia Crichton, Convenor Faculty of Public Health for Scotland

Emilia had asked to come and talk to NoSPHN in her capacity as Convenor Faculty of Public Health for Scotland and highlighted key areas of Faculty work including:

- The minimum pricing Bill for alcohol, noting that meetings were ongoing with MSPs along with reviews of the evidence for modelling work (the revised Sheffield model was showing lower impacts of minimum pricing than originally thought but the impacts were still significant). Emilia encouraged all members to engage with their local MSPs on the issue.
- Emilia asked for feedback on what the Public Health community would like the Faculty to put its weight behind and encouraged members to use the Faculty voice.
- The Faculty manifesto had been passed to the Scottish Government parties.
- Work was ongoing to engage with food manufacturers in respect of the obesity agenda.
- Emilia reminded members that the Faculty Conference was confirmed for 11th and 12th November in Dunblane and the call for papers was already out, the focus was on culture and health. She highlighted the need to look for evidence of the success of interventions at the conference and use the conference as a platform to highlight issues publically. As per the cyclical organisational arrangements for the event, the Conference was due to be held again in the North in 2011.
- Emilia noted the need for ongoing workforce developments and a sound infrastructure within which to support public health specialists and other workforce developments.
- The revalidation process had still to be finalised but was likely to require appraisal, CPD and multisource feedback questionnaires within a 5 year cycle. Tools were being checked /developed to support the process.

In discussion Wilma noted other joint work at a national level to address workforce based issues and highlighted the need to ensure approaches and activities were linked. Elaine proposed obesity and young people / early years as potential key areas for action by the Faculty. (NB subsequent discussions after the meeting also noted a need to recognise the impacts of climate change on health).

Sarah thanked Emilia for her input.

12.7 Well North – remote and rural anticipatory care project

a Update

Elaine spoke to her papers and noted that work was ongoing within NHS Orkney to finalise plans for the refocusing of their programme. Elaine, mindful of timescales, noted that some of the proposed activities may need to be refined further. The Group supported this approach and the need to focus on / achieve H8. Members encouraged NHSO to use the experiences of the other Boards to support their developments. Members agreed to support the Orkney plan and asked to be kept up to date to ensure that the Quarterly 1 report showed progress.

b Evaluation

Work had continued on testing the evaluation questions with the Well North programmes (as to feasibility and achievability). Work on establishing the tendering process was also in progress, with work due to start in September.

Noelle asked if success indicators were to be prescribed and Elaine reminded members that the focus of the evaluation was not on behaviour change/ outcomes but on identifying and reaching target groups. Margaret suggested the need for baseline data but recognised this would be difficult given the H8 targets but also proposed looking at baselines elsewhere to show impact.

Elaine sought approval from the group on focussing on questions 1 and 2 for all of the programmes (targeting and reach) and sought comments on questions 3, 4 and 5. All members agreed to feed into discussions locally.

DPH

13/10 North of Scotland Planning Group

13.1 a Feedback from NoSPG (14 April 2010) and Integrated Planning Group (18 March)

Sarah noted that all relevant items were on the agenda.

b NoSPG Annual Report and 2010 workplan

The final version of the NoSPG annual report had been circulated for information and to note that NoSPG will be presenting the report to all the NHS Boards. Now the report was public Pip proposed converting the NoSPHN input into a newsletter format for circulation within the Network. This was agreed.

PF

c National Planning Forum

Sarah noted that the issues on the National Planning Forum were being picked up and reported on through NoSPG and proposed reviewing whether this should continue to be a standing item on the agenda, if there was no key progress on which to report.

13.2 National Remote and Rural workstream

a National Steering Group feedback

Pip agreed to circulate minutes from the last meeting when Eric made them available. Sarah noted that there had been significant discussion at the last NoSPG meeting on the impact of the medical workforce (and shortfalls) on the ability to realise the agenda identified in the Remote and Rural Health Care Framework. She noted too that further work had been proposed to pull together all the various strands of the workstream and determine further work in particular in the context of the sustainability services. The public health input to this still needed to be understood and discussions were ongoing. Members noted the update

b Workforce audit

Annie Ingram had advised that the Remote and Rural Implementation Group (RRIG) have asked NHSO whether there is still a need for this piece of work and would feedback when clear. Members noted the update.

c RGH Workforce framework

Pip and Susan Vaughan updated that following numerous discussions, RRIG had asked that rather than the initial request for a refresh of the RGH needs assessment that NoSPHN review the recommendations of the original RGH need assessment and the key questions asked at the time and develop no more than 5 questions to determine where RGHs were in addressing the issues raised in the report. It was proposed that the questions would be sent to RGH Leads for comment. It was further proposed that once drafted, the questions be circulated within NoSPHN for comment. It was intended that the questions/ responses would be used to help frame discussions at a summit meeting before the end of June. Members noted proposed developments.

13.3 National Services

a NSAG bids 2011

Speaking to the papers circulated Pip highlighted the current position re the NoSPHN review of the bids and the discussions at the NoS Integrated Planning Group and subsequently NoSPG. The NoSPHN work had been well received by both NoSPG and NSD and all contributors were thanked. Further information in relation to some queries raised was awaited from Deidre Evans. The current NoSPG overall response was that no bids should be supported in current financial situation unless any information received from Deidre materially altered this position. The responses were due to be reviewed at the next NoSIPG meeting on the 20th May. Phil highlighted ScotPHN's intention to review the bids nationally also. Sarah reiterated the need to develop one process for public health reviews in the future. Members noted the papers circulated and developments.

13.4 Children's services

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

Members noted the papers circulated and the work that was ongoing recognising that the Year 3 developments proposed for Child Health Services had still to be agreed nationally (with anticipated cuts in the funding available).

b Cross boundary flow information

Pip reported an update from Jillian Evans that Ken Mitchell had agreed to longer timelines for this piece of work which made it achievable and that she is still in the process of scoping the work. She had noted that she would need to come to DPHs re data / Caldicott issues before progressing with ISD. Members noted the update.

c CAMHS needs assessment

The CAMHS draft report and executive summary had been circulated to members for comment and a feedback form from Sally Amor had been developed to support gathering of comments before the work was presented to the CAMHS Service Modelling Group on the 18th May with sign off from the CAMHS Project Board in June. Sarah encouraged all members to submit comments and asked that the report be kept within the Public Health community at this stage/version. Sarah noted that lots of lessons had been learned from the work and that a review of/ reflections on the process would be pulled together once the process was complete.

All

13.5 Bariatric surgery – health information scoping

Pip noted that discussions and scoping work was still underway and that support from Boards was likely forthcoming but had to be confirmed. Pip asked for guidance on how support should be signed off and it was agreed that this should be with the support of the local DPH/manager and that the scoping should be brought back to the next meeting of the Group. Members noted developments.

PF

13.6 Cardiac network – health intelligence request

Pip noted that a meeting had been held with the Cardiac Network Manager Fiona Macdonald and advised that there was still some way to go to understand what was required and how this might be delivered. There was a short term need to contribute a brief overview to a revised Cardiac Network action plan. Jillian Evans

PF

team had already contributed to some horizon scanning work which was being finalised and Elaine Garman was inputting on a revised health improvement section. Pip had negotiated with Annie Ingram that further work would form part of the action plan (ie timescales were now longer than initially thought). Pip highlighted that no-one had to date expressed an interest in the work and she hoped that once the specification for the work was clearer that she would come back to DPHs to identify support. Sarah noted that she felt the work required would be very specific to the issues highlighted in the action plan (rather than an overall picture) including an understanding of the impact of new technologies and investment and work to support decision making. Members noted the developments.

13.7 Regional drug and therapeutics collaboration

Pip reminded members that at the last meeting, members had agreed to support funding for the Collaborative and asked Sharon to come back to the meeting with one or 2 priorities for action. Subsequently Pip had passed on a request from Sarah / NoSPG for the Collaborative to look at the WoS statin and therapeutic switches work and she expected that this would now be one of the Collaboratives priorities.

14/10 Further Business

14.1 Scottish Public Health Network (ScotPHN)

Phil noted that there had been limited uptake for the Obesity Route Map event planned for Aberdeen and the event was being scaled down (some staff were attending other regional events / a videoconferenced event). Phil asked that staff be encouraged to attend.

All

14.2 NHS Health Scotland

Wilma Reid advised that the NHSHS quarterly report was not ready for circulation but that she would make available when it was ready. She noted that NHSHS were broadly on budget, had completed their business plan and would report on understanding and learning over the period. Wilma also noted recent changes in the Partnership Management team.

As it was a year since the NHSHS Partnership managers links with NoSPHN had been established Pip and Wilma further agreed to meet to review the links and to check the arrangement was working well and opportunities were being maximised.

PF/WR

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

Margaret briefly noted an interest in understanding other Board approaches to local PPC requests and/or whether there were alternatives on a national basis as there was little/no capacity to respond in NHSH. As time was limited it was agreed to look at this at the next meeting. Phil noted similar restrictions in other Board areas too and proposed exploring issues at a national level.

PM

14.4 Dental Public Health Networking opportunities

Margaret asked for views on whether Dental Health colleagues could be linked into NoSPHN or nationally as part of a networked approach. It was agreed to look at this at the next meeting of the group in particular whether the Pharmaceutical Public Health Collaborative model might usefully be used in respect of Dental public health issues.

15/10 AOCB

Sarah thanked Lesley on behalf of NoSPHN for her hard work and support as Chair over the last two years.

16/10 **Date of next meeting:** Wednesday 23 June 2010 – 2pm – 4.30pm with video/teleconference venues:

Dates of future meetings 2010:

Wednesday 25 August 2010

Wednesday 27 October 2010

Wednesday 15 December 2010