

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

Wednesday 3 August 2011, 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
Tara Shivaji (NHS SH SpR shadowing Margaret Somerville)
Ann Kerr, NHS Health Scotland
Tom Laverty (for Item 29.1)
Angus MacKiggan, Well North Co-ordinator, NHS Highland (for Item 29.3)
Noelle O'Neill, Public Health Scientist (for Item 30.2)
Ray Watkins, Consultant in Dental Public Health (for Item 30.4)
Ken Black, Consultant in Public Health Medicine, NHS Orkney
Lesley Wilkie, Director of Public Health, NHS Grampian
Phil Mackie, ScotPHN

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

26/11 Welcome and Apologies

Louise Wilson, Martin Malcolm, Annie Ingram, Sharon Pflieger, Elaine Garman, Ken Mitchell and Alex Medcalf

27/11 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.

28/11 Matters Arising not on the agenda

- NoSPHN invoices – Pip advised that all DsPH should have received invoices for NoSPHN funds for 2011/12.
- NoSPG Child Health Governance framework – Pip noted that the draft response to the letter from Annie Ingram discussed at the previous meeting had been updated and a response submitted to NoSPG.

29/11 Public Health Network Workplan

29.1 Civil Contingencies – a common approach in the North of Scotland

Tom Laverty spoke to his paper highlighting the Human Health and Capability Groups (HHCG) response to the queries NoSPHN had raised in February 2011 for the work then proposed.

Members discussed the issues and noted the following:

- Structures were different in Grampian but there was potential to look at /share areas for joint working especially where there were obvious links eg hospital flows.
- A focus on safety was an important area to consider eg adopting common practices so that there was less chance of mistakes being made.
- Training eg on contamination might be commissioned on a different basis eg nationally.
- There was a value in adopting common approaches but the balance with local autonomy needed to be retained.
- Recognition that ongoing work on potential reorganisation of Police services and the Health Protection Stocktake may have an impact.

In summary the Group supported the proposals/ approaches highlighted in the paper and asked that the EPO's start to look at developing a 2 year plan (planning cycle) for what would be achieved. Given that NoS DsPH related to the HHSG differently it was agreed that they should be kept sited on issues through NoSPHN and Tom was asked to keep NoSPHN apprised of progress.

TL

29.2 Public Health Overview / action plan

Lesley reported on Health Protection Stocktake issues in particular feedback from the meeting of the 17th June and noted that the Interim Stocktake Report was expected on the 10/11th August with a focus on structures/ways of working and Lesley would ensure circulation through Pip. The issues raised at the last NoSPHN meeting re CPD and testing options for Health Protection training eg remote access approaches had been fed into the Stocktake meeting along with issues on governance arrangements, performance management and sustainability. The NoSPHN MOU for Surge Capacity was highlighted in the report. The final report once completed would go to the Scottish Government as recommendation to Ministers.

LW

A West of Scotland event was planned for the 18th August and Sarah had agreed to attend as an observer. Sarah asked that members forward any comments to her on the report to inform her input. It was further suggested that NoSPHN may wish to take a view and submit comments on the report once released in addition to local Board responses. Sarah noted the report was likely also to be considered at the National DsPH meeting on the 19th August.

ALL

29.3 Anticipatory Care

29.3i Well North – Remote and Rural Anticipatory Care Project

a) Well North Update

Angus MacKiggan highlighted that good progress was being made by the programmes but with challenges remaining in reaching the 'hard to reach' particularly as numbers dwindled.

29.3ii Mainstreaming Health Checks / targeting

All Boards had submitted proposals for mainstreaming and were awaiting feedback from the Scottish Government on any remedial actions required before final proposals were submitted in November. Angus was asked to ensure that NoS Board plans were shared.

AM

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

Margaret updated noting that the review of abstracts was complete. 120 abstracts had been received and 102 had been accepted which was similar numbers submitted to usual. The programme was being finalised. 30 parallel sessions had been organised and Chairs were needed for all of these. A two person ticket was being considered.

Pip further noted that NoSPHN abstracts had been accepted as follows for the conference:

- o Child Health Evaluation – neurology focus – (presentation) Noelle O'Neill / Ken Mitchell
- o Horizon scanning (presentation) Sarah/ Pip
- o Well North evaluation (presentation) Elaine
- o CAMHS epidemiology (poster) – Susan Vaughan / Sally Amor
- o NoSPHN – quality focus (poster) Pip
- o Targeting inequalities (poster) Paddy Luo-Hopkins et al

Members noted the feedback.

29.5 NoSPHN Workplan 2011- 2012

a) Workplan update (2011/12)

Phil Mackie highlighted that the ScotPHN / NoSPHN Memorandum of Collaboration highlighted in the plan had still to be developed. Initial work had been started some time ago and he agreed to revisit with Pip and bring back to the next meeting of the Group. Members noted the updated plan.

PM

b) Specific updates from key Groups / programmes not on the agenda

Pip advised that she had received a number of queries from the other regions with regards to the potential development of Regional Public Health networks and she was sharing information accordingly and attending a West of Scotland meeting on the 9th August. Members noted the update.

30/11 North of Scotland Planning Group

30.1 Feedback from NoSPG meeting (NoSPG 29th June 2011)

Sarah highlighted the main agenda items discussed:

- Weight management – work on an NOS implementation plan was ongoing led by Roseanne Urquhart.
- The Well North evaluation had been well received. The challenges of targeting inequalities had been noted and NHS24 colleagues had noted a willingness to support developments which Elaine Garman was following up.

- Child Health Evaluation (See Item 30.2).
- The Emergency Care Network was meeting and had highlighted the impact of junior medical doctors and recruitment as having a major impact.
- A new application to NSAG was possible and the support of NoSPHN would be welcomed when received. Margaret noted she was the DPH representative on the national NSAG Review Group and wished members to be sited on the work and asked that any comments be fed to her for an event scheduled for the 26th August. Sarah noted that Ken Mitchell (NoSPG) was attending also. Margaret agreed to feed back on issues at the next NoSPHN meeting.

MS

Members noted the updates.

30.2 NoS Child Health Evaluation

Noelle updated on the work highlighting that the Child Health paper had been submitted to the last NoSPG meeting but NoSPHN were not able to see or endorse the paper prior to this. The work had been well received at NoSPG who noted its impact on national approaches, the use of logic model and emerging outcomes. It was agreed that the paper could be strengthened and NoSPG asked that NoSPHN sign off the final version prior to submission to SGHD. Noelle and Pip had submitted suggestions for improvements to the paper and Ken Mitchell had subsequently revised it and sent out the version circulated for consideration by NoSPHN.

Noelle and Pip both noted that they felt the paper would still benefit from improvements in presentation, detail and to address some omissions eg a description of the position of services prior to investment. Pip further noted that Ken had now formally handed the workstream over to Neil Strachan as part of the NoSPG reorganisation.

The Group noted the challenges of meeting the expectations of a range of audiences and agreed to endorse the current version noting lessons could be learned from the process. Pip reported that a debrief meeting would be held and that these issues could be explored then. Pip agreed to feedback the discussion to NoSPG. Lesley further asked that the paper be re-sent to her.

PF

The group thanked all involved for their contribution to the work noting the very positive impacts the work had made.

30.3 Horizon Scanning to Inform NoSPG Decision Making in the Future

Sarah updated members on the work noting that work was ongoing – the literature review was nearly complete (with little evidence of collated horizon scanning but with a number of sources watching the horizon). Regional networks / Public Health colleagues had been approached for views (submissions were due on the 5th August). Work was being summarised (ie what have we found by topic, cross cutting themes and wider contexts and gaps) for the event on the 17th August with a view to then look at options for approaching the 21st September (noting it would be a wider audience).

The view of the NoSPHN working group was that ideally Public Health should lead the debate towards improving the use of Horizon Scanning and assessing impacts on future work / new ways of thinking / different ways of making decisions.

Members noted progress to date.

30.4 Dental Public Health – restorative dentistry

The proposal for a restorative dentistry audit had been supported by the NoS Oral Health and Dentistry Group and CADOs/CDPH. Ray Watkins had agreed to act as the lead for the work. It had further been proposed to look at all specialities (maxillofacial, orthodontics and restorative) as part of the work and consider the last 5 years worth of data. In view of recent changes to services it was proposed to ensure that 2010 data was included which had been expected over the summer.

Ray updated members on the development of the work and noted that following review of the now available data there was concern about whether data was adequate enough to be informative.

The Group discussed the issues and agreed there was a concern in raising expectations about

what the audit would achieve if the data available was not appropriate. The Group proposed continued monitoring of restorative dentistry data and further to explore what other approaches might be taken or information gathered to support the Regional Group to make the decisions it needed to make. Ray agreed to raise this at the next regional Group and also to discuss further with Ken Mitchell.

RW

31/11 Further Business

31.1 Scottish Public Health Network (ScotPHN)

Phil reported on his recent round of discussions with NoS Boards and agreed to feedback to each Board and to give a NoS perspective on issues.

PM

Phil noted in terms of ScotPHN working discussions had highlighted:

- The need for subsidiarity (getting the work devolved to the right level) and the need to look at work on a case by case basis.
- The need to clarify the ScotPHN contribution when work was not a project (eg advice giving).
- Recognition that resource availability and releasing staff to work with ScotPHN was increasingly difficult.
- ScotPHN were exploring different models of working eg projects being allocated to Boards (rather than individuals) or a network eg the wind farm work with NHS which was to include an understanding of wider impacts.
- The need to manage resource capacity to deliver regardless of where the capacity resided.

The Group noted the issues, understood that different networks might look at things differently; noted the difference between collaboration for the delivery of Public Health services and deployment of Public Health skills (eg NoSPHN) which enabled others to deliver and that ScotPHN might support both.

Margaret asked that the review work / issues be a regular item for DsPH meeting so DsPH were kept sighted on the issues.

PM

Sarah further asked that work be added to Phil's regular update paper to NoSPHN for future meetings in terms of what was happening elsewhere, supporting communication of issues and issues that DsPH needed to be sited on (ie headlines).

PM

31.2 NHS Health Scotland

Ann referred to the NHSHS Performance Report and the NHSHS Business plan (web references circulated) and asked that if there were any queries for members come back to her.

Ann noted that the NHSHS Partnership Manager arrangement with Boards had ended and suggested that Wilma Reid now be the key point of contact with NoSPHN.

Ann further asked if members would support a discussion at the 7th December NoSPHN meeting of priorities for the NHSHS corporate report for 2012/13. The Group supported this suggestion.

Speaking to the matters arising from the previous meeting Ann noted:

- A revised version of the parenting leaflet was being prepared for circulation.
- The child healthy weight target challenges discussed and suggested asking the NHSHS lead to contact Margaret direct.

Members thanked Ann for her update.

32/11 AOCB There was none.

33/11 Date of next meeting: Wednesday 5 October 2011, 2pm - 4.30pm with video/teleconferencing facilities.

Following meeting date - Wednesday 7th December - 2 - 4.30pm

Dates for 2012 /13 to follow.