

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

Wednesday 5 October 2011, 2:00 – 4:30 pm
All members joined by video or teleconference

**NORTH OF SCOTLAND
PUBLIC HEALTH NETWORK**

Present:

Margaret Somerville, Director of Public Health, NHS Highland (*Chair to 3pm*)
Sarah Taylor, NoSPHN Lead and Director of Public Health, NHS Shetland (*Chair from 3pm*)
Pip Farman, North of Scotland Public Health Network Co-ordinator
Susan Webb, Deputy Director of Public Health, NHS Grampian
Emily Burt, SpR NHS Grampian
Louise Wilson, Director of Public Health, NHS Orkney
Ken Black, Consultant in Public Health Medicine, NHS Orkney
Angus MacKiggan, Well North Co-ordinator, NHS Highland (for Item 37.2)
Noelle O'Neill, NHS Public Health Scientist (for Item 39.2)
Phil Mackie, ScotPHN (*by teleconference*)

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

34/11 Welcome and Apologies

Apologies were received from Martin Malcolm, Sharon Pflieger, Elaine Garman, Wilma Reid, Susan Vaughan, Lesley Wilkie, Ray Watkins, Alex Medcalf (and Drew Walker and James Ward for the Horizon Scanning Item).

35/11 Minutes of last meeting (3 August 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 with open access on the NoSPHN website.

36/11 Matters Arising not on the agenda

• **Child Health Governance framework and implications for NoSPHN response submitted to NoSPG**

Pip noted that the feedback on the draft NoSPG governance framework had been broadly supported by the NoS Networks but Pip understood the framework had yet to be finalised by NoSPG. Annie Ingram had acknowledged the NoSPHN comments submitted.

• **Oral Health and Dentistry Workstream**

Pip had spoken with Ray Watkins and reported that as discussed at the last NoSPHN meeting Ray had fed back to the Regional Oral Health and Dentistry Group the current limitations of the data available to support an audit. Meantime it was proposed to gather existing local and national data to guide planning whilst supporting improvements in data gathering. Ray had noted the need for improved IT connectivity across the North to support this (particularly in hospitals out of the main centres). Ray also noted plans to ensure that the NES Rural Fellowship in Dentistry was better linked to Boards local needs and highlighted concerns about the development of Consortium arrangements for Dental Public Health in the East of Scotland. Ray had agreed to keep members updated on developments.

37/11 Public Health Network Workplan

37.1 Public Health Overview / action plan

Pip advised that a joint NoSPHN response had been submitted to the Health Protection Stocktake Group which had been circulated previously. The key issues fed back related to:

- Commending aspects of the report.
- Querying the evidence for change.
- Emphasising evolution rather than structural change.
- Highlighting the need for guidelines and their consistency but ensuring variation where appropriate.
- Queries over the sustainability of the models proposed in particular the impact of any separation of Health Protection functions from wider Public Health functions.
- Noting the potential impacts of changes in other structures.

Lesley Wilkie had advised by email that the responses to the Interim Report had been considered at the last Stocktake meeting. There had also been discussion on potential ways forward. The responses in general had welcomed the many areas for improvement highlighted in the report which had favoured more joint working, agreement of common standards, particularly an improvement in the information systems and in training opportunities. However there was little support for any structural change at this point, the point being made that many of the changes could be achieved by different ways of working without structural change. The importance of a local "presence" to local relationships and credibility was made several times, in particular to make responses in an emergency better and in order to maintain an integrated Public Health function. There was a mixed response across Scotland as to the need for greater resilience and access to expertise out of hours.

Much of the discussion at the Stocktake meeting then took place around whether a managed service network across Scotland could deliver the improved ways of working without structural change and this option was being examined further. There were some differences of opinion as to whether some functions were better done regionally or whether the "nodes" of the network would be Board level and national only. Further discussion on this was planned to take place at the next Stocktake meeting on 19th October with the intention of getting the final report out by the end of the year.

Members noted the reports given.

37.2 Anticipatory Care

37.2i Well North – Remote and Rural Anticipatory Care Project

a) Well North Update

Angus MacKiggan updated members on developments and members noted the report circulated with thanks.

37.2ii Mainstreaming Health Checks / targeting

Angus also advised that all Boards had received feedback from the Scottish Government re their proposals and were awaiting further information, for example on the core data set and the GP tariff which was expected in October and final confirmation of issues by November.

The Group discussed the range of approaches to targeting vulnerable groups proposed across the NoS Boards (and within Boards) and agreed to have an extended Item at the next NoSPHN meeting to explore this further.

PF

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

Margaret noted that the last meeting of the Conference organising group was to be held the following week and that the final details of the programme would be made available along with any requests for support with the event eg chairing of parallel sessions.

37.4 NoSPHN Workplan 2011- 2012

a) Workplan update (2011/12)

Pip advised that the NoSPHN Workplan had been updated and sought comments from the group in particular on forward plans that might be incorporated in the draft 2012 /13 plan which would need to be discussed at the December Steering Group meeting.

Members noted an interest in exploring Health Services Improvement work that would support local plans and it was agreed to review this with members by email with proposals for work to be discussed at the next meeting. Phil noted this would also tie in well with ScotPHN developments and would provide an opportunity to discuss what might be better progressed at regional or national levels.

PF

Specific updates from key Groups / programmes not on the agenda

Members noted the update circulated.

37.5 NoSPHN Lead Clinician

Pip advised members that the term of office of Sarah's role as Lead Clinician was up for review in February 2012. Noting the role had previously been shared by the DsPH members advised of a wish to open up the role to other members of staff. Pip advised that there was a formal process to the appointment (an interview by the NoSPG Director and Chair) but asked in the first instance that any interest be intimated to herself or be discussed with Sarah Taylor. Pip agreed to circulate the job description to members for circulation locally.

PF

37.6 NoSPHN CPD event 2012

Pip reminded members that earlier in the year the group had agreed to revisit discussions on the need for a CPD event early in 2012 and following the Horizon Scanning event see if there were issues arising from the event, that might be of interest to follow up eg asset based approaches or sharing the horizon scanning work.

Members agreed that commitment to a Spring event would be important. A number of suggestions were highlighted including service redesign issues (particularly in the context of the Health Service Improvement discussion at Item 37.4a), Obesity, Keep Well and mainstreaming, asset based approaches and the outcome of the Public Health review. It was agreed that this might lead to a planned programme of activities over the following year which should include both face to face and remote access options. Pip agreed to canvas suggestions and bring proposals to the next meeting of the Group, if not before by email. Members were also asked to further seek views from colleagues in Boards and feed these to Pip.

PF
ALL

Pip reminded members that the ADTC Health Economics events were also now planned to be held in early 2012.

38/11 Further Business

38.1 Scottish Public Health Network (ScotPHN)

38.1 i Update paper

Phil spoke to the paper circulated highlighting the key ScotPHN work outputs including the Type 2 Diabetic needs assessment, Health Improvement Outcomes for Scottish Prisoners and Rheumatoid Arthritis project all of which were undergoing affordability reviews. Phil also noted that he had not been able to recruit to the ScotPHN Research Post which was having significant impacts on the delivery of ScotPHN work overall. Phil advised that he was reviewing alternative models of delivery and might contact DsPH to see if Board research staff might be released to support ScotPHN activities. Members noted the report.

38.1ii Feedback on the consultation with Boards on ScotPHN work

Reflecting on the feedback from his discussions with Boards on new ways of working at local, regional and national levels Phil advised that at local levels there had been voiced obvious concerns re the impacts of efficiencies, at a regional level there were concerns about further demand that might be placed on Boards eg expectations arising from the Health Protection Stocktake and nationally how to create sustainability in integrating work and getting subsidiarity right, alongside flexible approaches to working.

Phil advised he would be feeding local level discussions back to individual Boards within the next couple of weeks and that the final report overall was due early in November at which point there would be discussion on next steps. Overall it was expected that changes would be evolutionary.

Sarah asked for confirmation that further discussion would seek solutions and ways forward and suggested that these might be generated virtually once the final reports were available.

Phil agreed to rewrite the document with suggested actions, and circulate through Pip for discussion on next steps and ensure feedback.

PM

38.1iii Memorandum of Collaboration

Phil had circulated the outline of a proposed Memorandum of Collaboration which with members agreement he proposed that he and Pip worked up further for the December meeting of the Group informed by the discussion on new ways of working (as discussed in the previous Item). Members agreed to feed in comments and supported the proposal. Ken Black noted that evaluation needed to be a key part of the collaborative approach and Members agreed that this warranted a section in the MOC with an emphasis on a learning based approach

PM

38.2 NHS Health Scotland

No one from NHSHS had been able to attend the meeting but the Quarter 1 2011 report had been circulated for comment. Members noted the report and agreed to submit any queries / comments to Wilma Reid NHSHS wilma.reid@nhs.net

Members were reminded that NHSHS had asked for a substantive Item on the next agenda to discuss the NHSHS 2012/13 workplan.

39/11 North of Scotland Planning Group

39.1 Feedback from NoSPG meeting (NoSPG 7th September 2011)

Sarah fed back on the key items discussed at the last NOSP meeting including: the Emergency care network; Sustaining Paediatric unscheduled care in RGHS; NoS weight management group developments and Hub procurement. Members noted the update and Pip agreed to circulate the NoSPG Board briefing paper issued following each NoSPG meeting to all members.

PF

39.2 NoS Child Health Evaluation Debrief

Noelle and Pip advised that the Child Health working group had met as part of a final debrief on the 14th September and spoke to the draft note attached (on which feedback was awaited from sub group members). Pip highlighted the key observations emerging from the discussion and potential impacts for future NoSPHN work.

Members endorsed the paper but asked that the now wide use of the logic model be further emphasised in the paper (by Public Health and other colleagues). Noting that the model of working had worked well it was agreed the model should be shared with ScotPHN as a potential way of working on programmes and that the work should be cited as a good example of how to work with services to achieve a needs and evaluation based approach (the second bullet point in the last section to be reworked to highlight this).

PF/NO

Once amended Members agreed that the note should be shared with Annie Ingram and that the work should be promoted widely.

PF

39.3 Horizon Scanning to Inform NoSPG Decision Making in the Future

Pip reminded members that as it had not been possible to arrange a meeting of the Horizon Scanning Group, members of the Horizon Scanning Group had been invited to join the meeting to discuss the event held on the 21st September and agree next steps from NoSPHN's perspective (apologies had been received from Drew Walker and James Ward).

Sarah advised that feedback on the event had been very positive and that she and Pip had a follow up meeting with Annie Ingram at which it was agreed that it would be helpful to draw out key themes emerging from the event and to begin to develop aligned actions to address these. It was also proposed to discuss the event at the next NoS Integrated Planning Group on the 12th October when the draft event report would be available. Further, a meeting was to be arranged by the end of October targeting principally those who had attended the preplanning event on the 17th August and the event on the 21st September in order to prepare a paper for the NoSPG and Chairs meeting on the 30th November. Sarah invited feedback from members on the event and next steps.

Ken noted that the event had been good and interesting and had introduced a range of issues that were new for some attending. Margaret noted she had received positive comments on the event and highlighted the stimulating and encouraging discussions held on the day. Susan also noted that most people had been positive and she felt that the next steps were now critical in particular determining practical steps which might be taken forward.

Sarah highlighted key themes that were emerging from the discussion / reports on the day which included (in no particular order):

- Agreement that things need to change
- An overall sense of evolution rather than revolution (but with some revolutionary needs)
- Practical approaches were needed including tools to support work.
- Need a different approach to risk taking (eg in relation to patient safety) / minimisation (and permission to make mistakes)
- Need new set of rules / questions
- Collaboration was key (and how NoSPHN might share how we do this / success factors)
- Technology was a key focus (particularly IT/ e-health) in particular to remove barriers to progress.
- Leadership was required (at all levels eg managers / clinicians) – and cultural change was required (which may take training)
- Sustainable models were required.
- Change needed to be managed
- Engaging with patients / public was critical (and that Public Health might take a lead in this).

Sarah sought feedback from members on whether the themes resonated with them and asked for suggestions for practical actions to address the themes.

Members highlighted the need for:

- IT developments and the need to systematically address some of the barriers identified which members felt needed a standing Group to look at IT solutions and to effectively engage with clinicians.
- The need for practical examples of what the new rules might look like.
- The need to problem solve for the moment not to lose sight of longer term views.
- The need for 'the vision behind the mountain' for example a NoS strategic narrative (on which to communicate with communities).
- A Public Health vision.
- Tools to support development (eg tools to oblige everyone to engage with communities).
- Work with the National Planning Forum on clinical thresholds to be rolled out nationally.
- The need for evolution and revolution.

Members agreed to continue discussions in relation to NoSPHN approaches and in support of the NoSPG plans and agreed this needed to tie in with earlier discussion with regard to the ScotPHN new ways of working, health improvement service activities that NoSPHN wished to progress next year and national developments.

Sarah encouraged members to seek and feed in views from Boards and it was agreed that as new priorities emerged these should be fed into discussion with regards to CPD developments across NoSPHN. Sarah also encouraged members to feed into the event to be arranged by NoSPG at the end of October event even if members were available for only part of the meeting – Pip to ensure all members were notified of the date.

PF

Sarah thanked everyone for engaging with the work.

39.4 NSAG

39.4i National Planning Forum Review of National Specialist Services – workshop on 26 August 2011

Margaret advised that the NSAG event had been well attended with a number of clinicians attending from specialist services. The lack of a strategic perspective had been noted, the process currently being driven by services wishing to be considered for national designation. The feedback report was in draft form and was expected to be discussed at the next meeting at the end of the month with a final report due by the end of the year. Members noted the feedback with thanks.

39.4ii NSAG application – complex and unusual sleep disorders

Pip noted that she and Phil Mackie had jointly reviewed the NSAG application for Complex Sleep Disorders (narcolepsy and violent parasomnia) and spoke to the papers circulated. Pip highlighted that further information had been sought from NSD in particular on current use of the service by NoS Boards and on current local service provision.

Members approved the report for circulation to NoS IPG the following week noting the need for:

- Some understanding of the quality of local service provision
- Data on NoS referrals
- Comparative costs of patients being referred to services in England
- Understanding of the benefits of a networked approach.

Pip agreed to revise the paper with answers once received and /or note the outstanding questions.

PF

40/11 AOCB There was none.

41/11 Date of next meeting: Wednesday 7 December 2011, 2pm - 4.30pm with video/teleconferencing facilities.

Dates for 2012 /13 to follow.

AM