

Unapproved note
NORTH OF SCOTLAND
PUBLIC HEALTH NETWORK
Steering Group Meeting

Tuesday 18th Sept 2018 2:30 – 5:00 pm

Attending:

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| Maggie Watts | Director of Public Health, NHS Western Isles / NoSPHN Lead (Chair) |
| Susan Webb | Director of Public Health NHS Grampian and NHS Shetland |
| Hugo van Woerden | Director of Public Health, NHS Highland |
| Louise Wilson | Director of Public Health, NHS Orkney |
| Drew Walker | Director of Public Health, NHS Tayside |
| Pip Farman | Public Health Specialist / North of Scotland Public Health Network Coordinator |
| Graeme Smith | NHSG Director of Modernisation/Deputy Chief Executive |
| Carol Goodman | NoS Regional Delivery Programme Manager |
| Marion Bain | Co-Director, Executive Delivery Group, Public Health Reform Programme |

Not all members were in attendance for all the items and they have been presented numerically for ease of reference (not the order in which they were taken).

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37/18 Apologies had been received from: Phil Mackie, Hugo van Woerden, Chris Littlejohn, Noelle O'Neill and Carol Stewart.

Maggie noted that Louise Benson had been seconded to another role and Alex Medcalf was covering her job temporarily. The group formally noted their thanks to Louise for all her support to NoSPHN over the last 2-3 years which Pip agreed to pass on.

PF

38/18 NoS Regional Delivery Plan (RDP) and Developments – Graeme Smith, NHSG Director of Modernisation/Deputy Chief Executive and Carol Goodman, NoS Regional Delivery Programme Manager.

Maggie welcomed Graeme and Carol to the meeting and the opportunity for more regular NoSPG input to the group. Graeme reminded colleagues of the initial purpose of the RDP and the history to its development and shared the reasons for the hiatus in circulating the plan for consultation as originally intended. The key propositions in the plan continued to focus on change demand, alliances, digital transformation, health intelligence and ensuring the NoS is the best place to train and work. Graeme noted the latest feedback from the new Cabinet Secretary which had changed the focus of engagement on the plan. Notwithstanding this Graeme highlighted the number of service specific initiatives underway and plans to appoint programme managers to the regionally agreed programmes. With regards the transformation funds Graeme noted that there remained £650k of the regional allocated RDP monies which the CEO's were considering and a further £20M was to be made available nationally for the next 5 years - £18M of which had already been committed to national programmes as agreed by the CEO's and £5M had been highlighted for consideration for developments at regional / national levels in this financial year with the further monies available next year – all with a focus on transformation of rather than running services.

Members queried: the governance arrangements for the regional programme and the need for transparency in both agreeing priorities and allocating funding; the need for feedback on the bids already submitted and how these were being considered as part of the next round of funding allocations; feedback from the SG on the plans; and the need for a more developed focus on mental health.

Graeme advised that the NoS CEO's were currently acting as the main drivers / governance route for the work programmes, accepted that there was a need for greater transparency in decision making and that he would circulate plans for new governance arrangements shortly along with an update on processes (to include an understanding of how a public health perspective might contribute to the prioritisation process); noted that there had been no specific feedback from the SG other than it was recognised that the NoS plan was the most comprehensive and acknowledged that the mental health aspects needed to be developed further. He advised that if there were not sufficient funds to deliver the NoS Child Health review work then the group should come back to him on this. Pip agreed to share the Child Health job description with the NoSPG team. The group agreed that substantive input from Carol / Graeme to the NoSPHN Steering Group meetings would be very helpful and Pip agreed

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to advise Graeme and Carol re future dates.

39/18 Public Health Reform – Marion Bain, Co-Director, Executive Delivery Group, Public Health Reform Programme

Marion spoke first to her presentation which had been circulated updating on key points including:

- Ongoing discussion on the Priorities and how best to take these forward - a whole system reference group is being set up to take forward the Priorities and understand the process for this and support requirements (ie what do we need, what's working well, what needs to be done differently, who are the trailblazers that can demonstrate what can be done?); engagement and planning to Oct 2019 when all plans should then be in place and when the support will move into PHS, align to local systems and a new implementation unit.
- Public Health Scotland (PHS) – the aim is to build on all of the current and previous review work with a view to commissioning in a way that delivers change and supports delivery at a local level. Marion noted that PHS needs to be more than a bringing together of 3 organisations and had to also to bring along the other parts of the system. Whilst challenging, engagement was key and needs to be constructive, helpful and respect everyone round the table. The recruitment to the Chair and CEO's posts will start shortly with PHS in place for the 1st Dec 2019.

Maggie thanked Marion for the presentation and discussion:

- Noted the need to ensure engagement processes where inclusive of colleagues across Scotland eg remote access should be considered as standard (ie challenge the current requirement to be in the room for meetings and the short notice for meetings which impacts considerably on the cost of travel/accommodation) or remote access events to be set up separately (as in the case of the Priorities event which had worked well) and where remote access was not possible set up events to allow for travel / maximise time. Marion agreed to remind the commission leads of these issues
- Explored the potential for mapping Priorities across local and regional work ensuring they were built into regional planning activities (key messages for which needed to come from the SG) – and ensure commitment to the priorities within the NoSPHN work plan
- Highlighted a number of examples of work that the NoS were progressing that demonstrated what 'can be done' including: recent cross NoS work to support improvement in health protection on call services; cross Board CPD developments; our approach as a learning health system (eg to the islands on call rota, shared DPH post); our previous sustainability work and RR&I checklist, and ongoing tests of change programme. Pip agreed to share the outputs of the work above with Marion and all agreed it would be helpful to be able to see an up to date list of who was involved in each of the commissions.

In discussing some of the PHR whole system context / developments Marion suggested that her Co Director Eibhlin McHugh be approached to attend the next meeting of NoSPHN to explore these issues further.

40/18 Minute of the last meeting 3rd July 2018

Members approved the note of the last meeting and gave no reason why the papers of the last meeting should not be made available by open access on the internet.

41/18 Matters arising from the last meeting and not on the agenda

- **Realistic Medicine funds / leads and public health** – Maggie agreed to check whether there had been any feedback from the CMO meeting on this ie gaining public health influence over the monies / posts.
- **NHSH HI3 and Launch** – in Hugo's absence it was agreed to defer this item to the next meeting – meantime Pip noted that information was available using the web link above.
- **Review of suicides – a regional approach** – Louise noted that information had been exchanged between Boards but it had been agreed that a NoS approach was not appropriate.
- **Public Health Faculty conference** – Pip noted that a NoSPHN abstract on health protection had been accepted for electronic poster and a 3 minute speed poster presentation at the event and asked if others wished to present otherwise she was happy to do so (which the group agreed). Pip noted also the call for late breakers was also out.

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| 42/18 | <p>North of Scotland – Regional Delivery Plan</p> <p>a. NoS Regional Delivery Board / developments - NoSPHN inputs and commissions – any outstanding business following item 38/18 – there was none.</p> <p>b. Child Health plans (meeting 12th Sept) – given the reduced funds approved for the programme Pip agreed to draw up revised proposals for the spend and circulate to the Child Health Commissioners / Strategic Leads for comment / approval.</p> <p>c. Fortnightly NoS DPH meetings to the end of 2018 – the group agreed to further meetings to the end of 2018 and into 2019 but agreed to cancel the next meeting.</p> | <p></p> <p>PF/Leads</p> <p>PF</p> |
| 43/18 | <p>NoSPHN Workplan 2018/19</p> <p>a. Workplan update 2018/19 - Pip spoke to the paper highlighting key updates all of which were on the agenda. Pip further noted that the tests of change chart at the end of the work plan had been revised as requested.</p> <p>b. Specific updates from key groups / programmes and related actions not on the agenda – the report was noted with thanks subject to an amendment to remove Maggie Watts as a member of the PHR Commission on Optimising the Public Health Workforce.</p> | <p></p> <p>PF</p> |
| 44/18 | <p>Public Health Network Workplan</p> <p>Update on NoSPHN programmes of work</p> <p>a. Health Protection</p> <ul style="list-style-type: none"> • NoS Island Health Protection Resilience / rota developments – Maggie / Louise noted arrangements continued to work well. • Regional health protection event 28th June 2018, Aberdeen. Pip summarised the 6 actions agreed at the event and advised that the thresholds work and sharing of guidance was underway and that HPZone colleagues had advised that it was possible to permit access to across Board's HPZone within existing licences. Pip asked what should be the next priorities for the work and Maggie asked that there be a focus on understanding variation between what is done in and out of hours and what impacts on this (eg generic / service specific staffing). There was also agreement to consider what a good first on call should look like provided this was progressed in the context of remote, rural and island working. Pip agreed to progress the work with colleagues and ensure the work was fed into the Protecting Health commission. • Feedback to the PH commission on NES HP training document – members advised on feedback that RR&I issues had not been clearly reflected to the Protecting Health Commission and Maggie agreed to write to the Commission summarising previous comments. • Protecting Health Commission consultation event 18.09.18 – the group noted the latest engagement event clashed with the NoSPHN meeting but that papers had been circulated for discussion. Members noted that they did not feel close to the Commission and agreed to seek feedback from Andrew Fraser / representatives on what we most need to influence within the scope of the work. All members agreed to feedback to the commissions / at SDsPH meetings the challenges re capacity to attend commission events, the need for remote access links, and the need for clearer cross commission working (to reduce duplication eg of surveys) and the disadvantages to in particular smaller Boards is these issues were not considered. <p>b. Health Improvement</p> <ul style="list-style-type: none"> • NoS Defined Specialist peer support group – Pip advised that 3 colleagues in the NoS had now had feedback on their submissions and a further 2 or 3 had still to submit – the peer support meetings were ongoing. • Specialist and practitioner developments – noting discussion at the Health Improvement Collaborative meeting Pip asked how sited members were on the UKPHR practitioner scheme developments and the new Specialist scheme and whether members were interested in an update and discussion on NoS approaches to support the developments? Members noted interest and it was agreed to schedule a paper for the next meeting. <p>c. Further developments / scoping</p> <ul style="list-style-type: none"> i NoSPHN Quality Improvement event – speaking to the draft event agenda circulated Pip asked for comments on whether the event would meet expectations. Members asked that: the event be clearly focussed on transformational aspects of quality improvement; focus on sustainability of quality improvement action (ie so it should be able to run itself); share the NHS HI³ programme and how NoS colleagues might access it; reflect broader interests in QI | <p></p> <p>PF</p> <p>MW/PF</p> <p>MW All</p> <p>PF</p> |

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| <p>than public health alone; share theoretical and practical application (eg templates) and share QI successes so there is an understanding of activity that will deliver outcomes; and understand what is the QI bundle we might deliver at scale in the NoS (not unlike the sepsis bundle). Pip noted she had also been asked to frame the outcomes for the event against the PH competencies. Pip agreed to review the programme for further consideration.</p> | PF |
| <p>ii Prompting questions for Board annual review meetings – as agreed with Andrew Scott / Gareth Brown at our March meeting suggestions for public health accountability review questions had been drafted for discussion. The group noted that the issues should focus on: organisational issues; seek to demonstrate investment in prevention as well as services; act as an educational prompt for Board members eg reflect the intelligent Board commissioning framework; focus on inequalities; whole population approaches and explore the concept of viable populations. Pip agreed to review and circulate the revised questions.</p> | PF |
| <p>iii VTP updates – Maggie reminded members of the letter she had sent to Lewis Ritchie who had committed to sharing members concerns with the Remote and Rural VTP group but members acknowledged that the agenda had now moved on, there were different positions in each of the Boards but that the item should be retained as a standing item on the agenda.</p> | PF |
| <p>45/18 National reviews/developments – standing items (updates and implications for NoSPHN/ work plan)</p> <p>a. Public Health Reform https://publichealthreform.scot/ - any additional business following Item 39/18 – there was none.</p> <p>i Public Health Reform Board commissions – members updated on known representatives on the Group and noted gaps in NoS representation and agreed to prompt this were possible.</p> <p>ii Public Health Priorities – potential NoSPHN action – noting the recently circulated Diabetes prevention letter Pip agreed to seek comments by the 1st October on the potential for NoS action, share the Boards bids/plans (particularly NHST), follow up the WoS approach to diabetes and ask the HI leads to discuss further at their collaborative meeting particularly whether the agenda might be linked to the RDP self care / management bid.</p> <p>iii Joint Public Health Partnerships – members had nothing to add.</p> <p>b. Review of screening services - members had nothing to add.</p> <p>c. Community Planning Partnerships – members had nothing to add.</p> | All PF/All |
| <p>46/18 ScotPHN update – members noted the update report with thanks. Pip advised that the next ScotPHN Board meeting was on the 31st October 2018 – Maggie was to attend as the NoSPHN rep.</p> | MW |
| <p>47/18 AOCB</p> <ul style="list-style-type: none"> • HITRANS – Pip asked if there was anyone in the NoS with specific interests in transport who might help support work with HITRANS (covering NHS Highland, Moray, Orkney and the Western Isles) – as she was unable to continue with her NHS Highland commitment to this. Members agreed to feedback to Pip. • Hosting of monies regionally – noting recent suggestions of SG monies being allocated regionally (but with an assumption that any monies would need to be hosted by one Board) – the group asked that: any monies like this be logged with / reported at NoSPHN; that decisions on spend would likely need to be made on a case by case basis; that there would need to be agreement on how the monies would be managed; and that this might present opportunities to test ways of working across the NoS. | All PF/All |
| <p>48/18 Items to be brought forward to future meetings: Members were asked for items for the next meeting and items for future discussion – the group noted the already agreed invite to Eibhlin McHugh and asked that Jonathon Iloya be invited also along with updates on the Interisland Public Health Forum, and an initial discussion about the Island (Scotland) Act.</p> <p>Outstanding suggestions include: an invite to the other regional public health planning representatives.</p> | PF |
| <p>49/18 Dates of next / future meetings: 27th November 2:30 – 5:00pm (by vc/tc) Meetings for 2019 to be arranged.</p> | PF/AM |