

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

Wednesday 2nd May 2012, 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)

Margaret Somerville, Director of Public Health, NHS Highland

Pip Farman, North of Scotland Public Health Network Co-ordinator

Martin Malcolm, Head of Public Health Intelligence, NHS W Isles

Ken Black, Consultant in Public Health Medicine, NHS Orkney

Phil Mackie, Lead, ScotPHN

Wilma Reid, Head of Learning and Workforce Development

Simon Hilton, Consultant in Public Health Medicine, NHS Grampian

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 internet.

		Action
09/12	Welcome and Apologies Apologies had been received from Lewis Ritchie, Louise Wilson, Noelle O'Neill, Susan Webb, Sally Amor, Elaine Garman and Ray Watkins	
10/12	Minutes of last meeting (28 February 2012) Members gave no reason why the papers and minutes of the last meeting should not be made available by open access on the internet.	AM
11/12	Matters Arising from last meeting not on the agenda <ul style="list-style-type: none">• Item 03/12 Scottish Faculty Conference 2012 Phil highlighted that the venue for the next Faculty conference was the Crieff Hydro, it was hoped to make the major presentations / plenary sessions available through audio or video-streaming and cost considerations were being discussed (eg the impact on the cost of the event / charging). Members recognised that costs needed to be considered, that there were related quality issues to this and proposed that this should be a recognised item at future planning meetings.• Item 03/12 Detect Cancer Early Pip referred to the summary on DCE developments given in the paper for Item 12.1b (NOSCAN discussions) highlighting that she understood that year 1 funding allocations had been notified. Members highlighted local frustration with regard to the national Social Marketing campaigns/road shows being organised by the Scottish Government noting that there had been minimal local liaison in the planning of the events, with notification often too late to ensure local service tie in and with related impacts on the need for improved targeting in local areas to encourage uptake. With regard to agreeing regional actions Margaret suggested some regional coordination may be helpful in respect of the concerns highlighted above and to support this, members agreed to the sharing of their local DEC plans. Sarah and Margaret agreed to raise the issue with Harry Burns.• Item 4.8 Scottish Faculty Committee Pip noted that individual approaches had been made to the Faculty Committee in particular re island Board representation (Sarah to follow up the NHSS representation). Pip was asked to seek an update from Susan Webb re workforce planning issues if raised at the last Faculty meeting. The group noted that as proposed at the last NoSPHN meeting Workforce issues were on the agenda of the meeting (Item 12.6). The Group agreed to keep updates from the Faculty Committee as a standing item on the agenda.• Item 07/12 Parliamentary Committee on Welfare Reform Margaret noted that the date of the Parliamentary Committee had been changed to the 20th June and work was ongoing in NHS Highland, Lanarkshire and Fife to prepare for this supported by ScotPHN to achieve a single statement between the Government and the DsPH. Phil noted that evidence to qualify the impact of the reforms related to the detail in the secondary rather than the primary legislation and that evidence would demonstrate likely rather than definite impact. Margaret noted that the impacts/consequences could be substantial if	PF MS/ST ST SW/PF

some of the scenarios being considered played out.

Once complete Margaret advised that she was keen to consider how best to use the findings. Members agreed that the work (feedback, briefing papers and the ScotPHN statement) should be brought back to the next NoSPHN meeting, and that the work should be highlighted to Harry Burns eg for possible inclusion in his next annual report. Members further agreed that the work should be highlighted to Scottish DsPH Group in their advocacy role.

MS
MS/PM
MS

12/12 Public Health Network Workplan

12.1 NoSPHN Workplan 2012 - 2013

12.1a Workplan update

Pip spoke to the new NoSPHN workplan for 2012/13 – and asked if members were happy with the plans and sought advice on whether anything had been missed – noting that the plan would be refined in light of ongoing discussion re work (Item 12.1c). Pip further highlighted that support for the NoSPG Paediatric Sustainability programme was to be discussed at NoSPG - in respect of the output from the Horizon Scanning work / planning blueprint and that there was a possibility that NoSPHN might be asked to support work on Vascular Surgery. Members were happy with the plan.

12.1b Specific updates from key Groups / programmes not on the agenda

Pip highlighted key feedback on current programmes of work noting that health intelligence support to the review of the Cardiac Surgery SLA was near completion and had been received well. Pip had received verbal feedback on the Oral Health and Dentistry workstream that indicated the work of the regional group was progressing well with a focus on OMFS and the development of a Restorative Dentistry business case (still in development). A debrief meeting on the Horizon Scanning work had been booked for the 16th May and the Health Improvement Collaborative were next due to meet on 18th June. Pip advised that NHS Highland would shortly issue invoices for NoSPHN funds.

Margaret noted that she felt that the Civil Contingencies work needed to be brought forward with more urgency and advised that she would raise this with Peter MacPhee (NHS).

MS

12.1c Further proposals for action

Prior to discussion of the work proposals and as requested at the last NoSPHN meeting Pip had generated a framework of criteria to support discussion of the prioritisation of further NoSPHN work. Members agreed that the criteria were helpful including:

- Work is in line with NoSPHN aims
- Work has been discussed by NoSPHN partners
- Timelines for delivery are reasonable / achievable (and to allow for impact on related decision making)
- Capacity / resources are likely to be identified (financial or commitment in kind) to deliver the work
- Clear ownership of the work (a commissioner for the work)
- Commitment of two or more NoS Boards
- Sponsorship by one member of the Steering Group / a Lead
- Likely that the work will add value eg that the work will make a difference / likelihood of success.
- Alternative ways of achieving have been considered.

Members asked that the criteria be revised to reflect a need for work to be complementary to national priorities (recognising that this might not always be an agreed requirement) and the need for subsidiarity – demonstrating added value at a regional rather than a local or national level.

PF

Members discussed each of the proposed new activities and updated on discussions between a range of colleagues and emerging thoughts.

Pip agreed to update the workplan noting the following (numbers relate to the suggested work paper 12.1c):

- 1, 4, 6, 12 – to be added to a list of Items to be watched and reviewed as potential work emerged
- 3 and 5 – to be added to the workplan as developments that were already progressing
- 2 - Pip to discuss further with Louise Wilson and to tease out the range of elements

PF

PF

- embedded within the work (population behaviour change, modelling etc)
- 7 – Pip to follow up with NHSHS / the Health Improvement Collaborative PF
- 8 – agreed that key contacts should share information (NHS/NHSWI and ScotPHN) with an agreement that if there was further interest in a regional approach that it should be brought back to the Group.
- 11 to be referred to ScotPHN – recognising there was UK wide work ongoing with respect to the Long Term Condition Alliance PM
- 2, 9, 10, 13 and 18 – there were recognised similarities of issues and questions emerging from these suggestions including:
 - The need to share existing work eg Directorate work plans and specific pieces for work eg on bed modelling and to identify a common evidence base and outcomes for work
 - Training (of key staff and up skilling of others)
 - Potential development of toolkits to embed methodologies eg for health needs assessment
 - Health Intelligence leadership, translation and presentation of work (which might usefully be linked to the Intelligent Region approach being scoped)
 - Pip agreed to develop a process (eg meeting or email discussion groups) to enable focussed time on how best to address the key elements emerging from the discussion.
- 14 – Pip to highlight to HITRANS / NHS links PF/ST
- 15 – to be linked to the New Ways of Working / Health Protection Stocktake actions
- 16 – noting this was already happening in a reactive way (and with links to the New Ways of Working agenda) to be added to the workplan
- 17 to be removed (as linked to 16).

Members were further encouraged to continue to discuss the work they had proposed and bring it back to further meetings if the work was not reflected well in the proposed actions above. All

Separately Sarah reminded members that it had been agreed that members should think of the 1 or 2 things that NoSPHN could do this year that would really make the difference.

- Simon highlighted a need to think more imaginatively about service improvement issues ie beyond the current work programmes (Simon agreed to share the current NHSG plan) and the group noted a need to be clearer in Boards and at NoSPHN about what was being supported and how this tied into discussion re New Ways of Working. It was agreed to pick this up as part of the discussion / meeting highlighted in the bullet points above. SH
- Margaret noted an interest in keeping an eye on the Integration / Community Planning and partnership agendas to determine if there was a regional dimension to this (or whether this was best played out locally / nationally) once the national guidance on integration was available.
- The group noted that the horizon scanning work, the New Ways of Working and related impacts of eg the Health Protection Stocktake could have significant impacts and that these should be kept under review.
- Sarah further encouraged members to consider/ discuss locally the potential for further work that would make the difference. All

12.2 NoSPHN CPD events March 2012 - feedback

12.2a Asset Based Approaches – CPD event 27th March 2012

Pip highlighted that the event had been very positively received with a range of further actions highlighted by those attending (eg discussion of issues with colleagues, personal actions, the need to influence others and getting on and delivering asset based approaches).

The key regional action noted to date was the sharing of information/case studies which Pip proposed she should highlight when distributing the report. Members agreed on release of the report to discuss locally and seek feedback with a view to discussing further at the next NoSPHN meeting. PF All

12.2b ADTC Collaborative Health Economics events 14 and 21st March 2012

Pip highlighted that 21 participants had attended the course on the 14th March (11 in person and 10 by vc) and 23 had attended on the 21st (13 in person, 10 by vc). Verbal feedback had been very good but there had been a poor evaluation form return to date which was being chased. Members asked that Sharon Pfleger submit a formal report on the events and their evaluation to the next NoSPHN meeting. SP

12.2c NHSHS Social Marketing - 13th March 2012

Pip advised that 14 colleagues from across the North had attended the event in Inverness

which too had been well received. A final report was expected shortly from NHSHS and there were ongoing discussions across the North re possible Social marketing opportunities alongside potential support from NHSHS. Members noted the feedback and asked that the final report be circulated when available.

PF

Phil and Ken left the meeting.

12.3 Public Health Overview / action plan

12.3a Health Protection Stocktake

Sarah noted that Ken Oates had fed back that the final meeting of the Health Protection Stocktake Group was on Monday 23rd 2012. It was understood that the report once completed would require ministerial approval.

Members agreed that once the report was available that colleagues in the North should have a discussion about the implications and to frame a discussion for NoSPHN – with a view to the paper being taken at the next available NoSPHN meeting with the support of the NoS Health Protection Leads.

DsPH
HP
Leads

Margaret advised that the linked e-health aspects of the Stocktake had been reported by ISD and that substantial changes were required with regard to SHPIMS (Scottish Health Protection Information Management System). The report had been distributed through e-health leads if Members wished to source.

12.3b New Ways of Working report and event 23rd April 2012

Summarising discussions emerging at the New Ways of Working event, Sarah advised that in response Phil was writing up a report of the event / reworking the New Ways of Working paper. Members agreed to defer the Item until the final report was available and following its discussion at the next Scottish DsPH Group.

All

Pip advised that Alison McCallum (DPH NHS Lothian) had asked for further information with regards to the type of input and staff time allocated to supporting the NoSPG/regional health service improvement work streams to support discussion ongoing in the West of Scotland. Members discussed and agreed that a summary analysis (guestimate) to demonstrate a range of commitments should be produced but stressed that work input was variable in response to need / demand, that contributions were always planned and committed on a case by case basis as part of the NoSPHN workplan - so it would be inappropriate to try and draw a standardised definition of our input / time etc from this.

PF/ST

Members noted that it might however be useful to get an indication of time spent on pieces of work in the future but that this should not be pursued as a rigorous process and that it might best be achieved by reflection at debrief meetings on completion of work.

PF

12.4 National Services Advisory Group (NSAG)

12.4a National NSAG review

Margaret updated on the national working group looking at the NSAG and advised that although an initial report had been completed in April, Board Chief Executives (BCEs) had subsequently asked for more detailed work on the recommendations which had been considered at a review meeting the previous week and a paper would be going to the BCEs meeting on the 9th May. Two key options were presented in relation to a national group reflecting a mix of Chief Executives or a wider grouping including for example Medical Directors and DsPH. An Expert Advisory Group had also been proposed (with a commissioning focus).

Margaret suggested that Members might wish to give a steer on representation and options for the allocation of funding to their Chief Executives in advance of the BCE meeting and agreed to ensure circulation of the final report once available.

MS

12.4b NSAG Application 2012

Pip noted that the NSAG application for a National MCN for Malignant Melanoma had been reviewed by NoSPHN but that the application had been withdrawn by the applicants.

12.5 Anticipatory Care Mainstreaming updates (Keep Well)

At the last NoSPHN meeting members noted the need to maintain a drive to look at evaluation and cost effectiveness re Keep Well developments and noted this might best be achieved through the national DsPH Group. Members also highlighted local challenges which

emphasised the discrepancy between the Public Health focus of the programmes and primary care delivery issues and suggested that this required pulling together at a national level.

Margaret noted ongoing challenges within NHS Highland particularly with GPs signing up to the planned approach. She noted the high level of demand re performance monitoring of the programmes which members too felt were reflected in some other programmes eg Healthy Working Lives (a paper on which was expected to go to the next national BCEs meeting) especially when compared for example monitoring of HEAT targets.

Sarah advised of national discussion aiming to move the evaluation of Keep Well focussed purely on CVD measures to other measures eg of social capital.

Sarah and Margaret agreed to raise both issues with Harry Burns.

ST/MS

12.6 Public Health Workforce issues

At the last meeting of NoSPHN, Members agreed that Public Health workforce issues should be a substantive item on the NoSPHN agenda. Sarah asked for feedback on what might be the regional focus for issues. Members shared issues/perspectives including:

- Susan Webb had noted concerns at the previous meeting re revalidation issues (which needed to be considered for medics and non-medics) and the need for Public Health workforce planning (in particular in relation to the reduction in training places for Scotland).
- Wilma expressed interest in workforce development issues – highlighting that Andrew Riley (SG) was reviewing the national Public Health Workforce Group (a review of the purpose and focus) – over which there was potential to influence developments from a NoS perspective.
- Pip advised she was meeting with Health Improvement colleagues re the potential for more coordinated health improvement training on the 24th May and that this would further be considered at the Health Improvement Collaborative meeting in June.
- Pip also reminded members that NoSPHN had previously looked at NoS workforce planning issues in 2007 (workforce numbers, challenges etc) which could be reflected upon.
- Members noted the potential impacts of the New Ways of Working developments, the Health Protection Stocktake, the DOH consultation on the Public Health workforce (which related to England but had some useful prompts in terms of issues) and the potential impact of the new integration agenda.
- Members further noted the workforce implications of the discussions around health service improvement at Item 12.1c (eg Health Intelligence capacity / training).

Members were asked to consider what work would be additional to the above that we might progress in the North (eg recognising the island sustainability issues) and agreed that a more detailed discussion should be timetabled when some of the work above had been reported and could be presented and reflected upon through a scenarios based approach.

PF

Meantime members agreed that if they had vacancies for posts or changes in personnel that it would be useful to talk more collaboratively about the developments / the balance between a regional and local brief for work and also to raise issues with teams locally for feeding back.

All

13/12 North of Scotland Planning Group

13.1 Feedback from NoSPG meetings (NoSPG 29 February, NoSPG / Chairs meeting 7 March, NoSIPG 21 March – cancelled, NoSPG 18 April 2012).

Sarah referred to work presented at the last NoSPG meeting including:

- The Neonatal Network and a gap analysis conducted in the NoS.
- Developments with regard to the Weight Management programme – noting that national work on this had still to be signed off.
- Paediatric sustainability issues – on which Boards were being asked to sign off recommendations from a report commissioned by NoSPG with an understanding that there were a number of issues that still required to be addressed within the recommendations.
- A regional obligate Network for Child Protection (looking at a consistency of approaches between secondary and tertiary inputs).
- Risk share arrangements for CAMHS.
- Sarah noted that Annie Ingram had now moved to her new post in NHSG and that Peter Gent (NOCSAN Manager) had been appointed to the Regional Director post on an interim basis.

Members noted the update.

13.2 NoSPG Annual report

Members noted the NoSPG annual report circulated which was being presented to NoS Boards and in particular the NoSPHN elements on page 31. Pip advised that she would shortly circulate the NoSPHN input as a newsletter for local distribution.

PF

13.3 Horizon Scanning to Inform NoSPG Decision Making in the Future – NoSPHN focus

13.3a The Intelligent Region

Pip updated on work that Jillian Evans, Susan Webb and herself were progressing to develop a paper summarising the concept and principles of an Intelligent Region approach which would also describe and reflect on how current business processes might be adapted (at Local Board and at a regional level). Pip had also discussed the approach in NHS with Paddy Luo-Hopkins who was reflecting on the application within NHS. Pip hoped they would be in a position to report to the next NoSPHN meeting.

13.3b Further NoSPHN related activity-proposals for work

- Pip advised that the NoSPG programme blue print (shared at the previous meeting) had been picked up by NoSPG staff and that she had been asked to be involved in meetings to look at the Paediatric Sustainability workstream as a case study for applying the principles.
- A meeting was planned between Sarah, Pip and Peter Gent in his new role to consider the Horizon Scanning work further.
- Margaret noted that the work had been referred to the Lead for a master planning exercise in Highland (Inverness).

Pip asked that members feedback at future meetings as to whether the work had generated any further interest/activity locally.

All

14/12 Further business

14.1 Scottish Public Health Network (ScotPHN)

14.1a Update paper

Members noted the ScotPHN update with thanks.

14.1b Memorandum of Collaboration (MOC)

Pip advised that Phil had made revisions to the MOC based on discussion at the previous NoSPHN meeting and was looking for support to sign it off. In Phil's absence Sarah suggested any further comments be sent to Phil but highlighted that she considered that under section 5 that the Governance section might usefully be expanded to include confidentiality and governance arrangements for the work we do jointly eg identifying leads for work and quality assurance mechanisms. Margaret also highlighted the need to consider issues around publication, authorship and intellectual property rights.

All

Members reflected that in principle the MOC could be signed off but that the issues above might need more discussion at the DsPH Group with respect to the other networks and that the work required might be progressed as a second order workstream of activity.

ST/PM

Pip agreed to speak to Phil and highlighted that NoSPHN Governance arrangements were to be appended to the document and that given the discussion that these might usefully be reviewed before attaching

PF

15/12 AOCB

a) Emergency Planning CPD Seminar attended March 2012

Margaret advised members of a ScoRDS (Scottish Resilience Development Service) regional seminar that she had attended on civil contingencies and potential impacts and suggested that she should pick these up with Tom Lavery. Margaret also referred members to new guidance that was available on Critical Infrastructure. Members noted that the implications should be brought forward as an item for a future meeting (or if time was limited, subject to a separate meeting).

MS

b) Pathway to Integration in NHS – update

Margaret advised on integration arrangements in NHS which from the 1st April had seen Adult Social Care Services and staff moving to NHS Highland and elements of Children's Health services moving to the Highland Council with the development of a Lead agency model and commissioning arrangements. Margaret advised that the real work was only now starting and that if members wished to see the agreements she would be happy to make them available.

Integration structures had been developed alongside a reorganisation of the CHP arrangements in Highland. There was now one CHP for the North (combining three operational elements) and one for the existing Argyll and Bute CHP. She was now looking at the impact of the new arrangements for the Public Health workforce in particular the need for a layered approach to both supporting the commissioning framework and also service improvement support in relation to other tiers of work.

Noting that national Integration Guidelines were expected to be published shortly members agreed that the integration agenda would also warrant further discussion at a future meeting.

PF

c) To note the retiral of Dr Sheila Scott from NHS Western Isles

The Group were advised that Sheila Scott had officially retired on the 31st December 2011 and it was understood that NHSWI were looking to appoint a new DPH but that the stage of recruitment was unclear. Members advised that they were keen to be updated on progress and of any support they could give to this and Martin agreed to update once known.

MM

08/12 Date of next meeting: Wednesday 20 June 2012

Meeting Dates for 2012 – all 2-4.30pm

Tues 28th August
Wed 31 October
Wed 19th December