

Present:

Sarah Taylor, NoSPHN Lead and Director of Public Health, NHS Shetland (Chair)
Susan Webb, Deputy Director of Public Health, NHS Grampian
Louise Wilson Director of Public Health, NHS Orkney
Martin Malcolm, Head of Public Health Intelligence, NHS Western Isles
Wilma Reid, Head of Learning and Workforce Development, NHS Health Scotland
Pip Farman, North of Scotland Public Health Network Co-ordinator
Helen Howie, CPHM, NHS Grampian (for Item 20.3a)

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.

17/12 Welcomes and apologies

Apologies had been received from Margaret Somerville, Lewis Ritchie, Ken Black, Noelle O'Neill, Susan Vaughan, Phil Mackie and Ann Conacher.

18/12 Minutes of the last meeting 2nd May 2012

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

AM

Following discussion on the production of action notes / minutes of the meeting, members agreed that they would wish to continue to receive a full minute of the meeting (to ensure adequate briefing of those not at the meeting and for wider distribution) in addition to an action note received promptly following each meeting.

PF

19/12 Matters arising from last meeting not on the agenda

Parliamentary Committee on Welfare Reform - noting that Margaret was presenting to the committee that day Members asked that this be brought forward to the next agenda.

MS

Faculty Conference 2012 – in Phil's absence members noted that the call for abstracts for the 2012 conference had been circulated with a closing date of 25th June. Members agreed that there were no specific NoSPHN abstracts to highlight this year other than developing work as part of the Horizon Scanning project which might have progressed by November. Following discussion at the national DsPH Group the host Boards had noted their intention to secure remote access opportunities at the event.

PF

Detect Cancer Early – as agreed at the last NoSPHN meeting copies of each Board DCE plans had been circulated separately for information to Boards (on 05.06.12). Pip advised that following brief review of the plans she did not feel there were any issues to note or potential collaborative action other than those that had already been highlighted in previous discussions. A planned DsPH meeting with Harry Burns had been cancelled and Sarah noted her intention to highlight those issues previously raised at the next scheduled meeting. Susan advised that the Regional Colorectal Cancer leads through Roelf Dijkhuizen (NHSG) had also sought a meeting with Harry Burns and that there might need to be liaison with regards to inputs.

ST/MS

ST

National NSAG review

Members noted the papers circulated for information by Margaret. Sarah advised that the papers had been considered by the national Board Chief Executives Group and their preferred option for the model of the National Specialist Services Committee had been for a representative for each territorial Board to be on the committee with a spread of representation from appropriate disciplines. Boards had subsequently been asked to submit names so that this might be facilitated. Sarah suggested members should seek to understand

All

who was being nominated locally, ensure Public Health representation and once the details of working were better understood seek to ensure that relevant Public Health support was made available either through ScotPHN or through NoS Boards – as NoSPHN had previously provided.

NHSWI DPH vacancy – Martin noted that he understood that there was nothing to report and highlighted ongoing review arrangements and staff changes. Sarah reiterated the support of NoSPHN was available should it be required.

Civil contingencies – Pip noted that Margaret was following this up with colleagues. Members asked that this to be brought forward to the next agenda. Sarah also highlighted a national review through the NHS with a focus on resilience on which Public Health representation was being sought.

MS

20/12 **Public Health Network Workplan**

20.1 NoSPHN Workplan 2012-2013

a Workplan update (2012/13)

Members noted the updates to the workplan and approved the revised criteria (page 5) proposed as a framework for endorsing/ prioritising NoSPHN programmes of work.

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

Noting the update members gave their support to sending a letter from NoSPHN with regard to the GIS mapping seeking NHS/Public Health representation on the national group (territorial Boards and national) – Paddy Hopkins to draft, Sarah to send. Sarah agreed to raise (copy the letter) the issue at the National DsPHs group to ask if there was an appetite to respond there too. It was further proposed that the letter be copied to ISD and Wilma agreed to identify a contact within NHSHS.

PH/ST

WR

Pip and Susan noted their intention with Jillian Evans to submit a paper on the Intelligent Region to the August NoSPHN meeting. This would scope the possibilities and seek to share understanding of what would be required at Board and regional levels to test proof of concept.

PF/SW/JE

c Further proposals for action 2012/13 (paper 20.1a page 6).

Members discussed the proposals outlined noting that items 1-7 and 9 were being assessed through various processes as to their potential for NoSPHN action. With regard to proposals at section 8 - health service improvement activities (eg bed modelling, clinical strategies, reviews of services, care pathways etc) and an aim to identify significant projects that would make the difference (section 10) there had been little feedback to date. The potential for work on Prisoner Health (NHSG) and work to support developments between NHSH and NHSG on the A96 corridor had been highlighted in particular with regard to the NoSPG Paediatric Sustainability work programme. The group further noted recent correspondence seeking interest in an informal National Service Improvement Network from Alan Mordue and Gordon McLaren.

In discussion members noted / agreed the following;

- To share Boards existing bed modelling work (techniques, local approaches, evidence base, reports and disease burdens) through the NoSPHN website on a password protected basis (until incomplete work was available for wider sharing).
- The NHSG / NHSH A96 corridor work ie how Child Health services were delivered across Moray / Highland was not be seen as core business for NoSPHN but there was recognition of the impacts this might have on other systems / Boards and that this needed to be reported back to the other Boards.
- To assess the opportunities provided by the Health Service Improvement Network as it progressed.
- Prisoner health was not seen as a priority for all Boards but it was suggested that NHSG might link with national developments and NHSH who had progressed work that could be shared but that there was unlikely to be a shared need for NoSPHN work on this.
- Pip to explore further the need for Health Intelligence training and support in the context of the Intelligent Region work and to source and signpost Public Health toolkits eg for Health Needs Assessment to support colleagues (Public Health and Planning) in work developments.
- Pip noted items to be raised under 20.2d which would further bring together a coordinated approach to CPD planning though NoSPHN.

All/Pip

SH/PF

PF

Members noted ongoing pressures with workloads particularly for sharing work and Pip agreed to continue to pursue and through a variety of means.	PF/All
20.2 NoSPHN CPD events March 2012 - 2013	
a Asset Based Approaches – CPD event 27th March 2012. Members noted the final report circulated. Pip advised that requests for sharing of asset based case studies had received little result to date and members agreed to promote/share these and discuss locally what else might be helpful to pursue collectively with regards to asset based activity.	All/PF
b ADTC Collaborative Health Economics events 14 and 21st March 2012 – summary and evaluation. Members noted the report with thanks which highlighted that the events had been well received. Pip advised that she was meeting with Sharon Pflieger the following week to discuss next steps / further developments. Sharon had indicated that the ADTC collaborative work plan for the future included assessing further training needs, the possibility of creating a shared web forum or email discussion list for discussion of health economics, SMC and IPTR issues, working with SMC to improve the amount of health economics evidence that NHS Boards have access to for individual health technology assessments and the development of a NoS IPTR checklist.	PF/SF
c NHSHS Social Marketing - 13th March 2012. A draft evaluation report had been circulated by NHSHS indicating the training had been received well in the North. Wilma advised that the planned needs assessment for social marketing had been delayed but researchers had now been commissioned and she hoped that there would be a NoS as well as Board specific input to this. Wilma also reminded members that the Social Marketing website / toolkit had also been launched to support further work http://www.socialmarketing-scottishtoolkit.com/	
d. CPD Plan 2012 – 13 Pip advised that Jane Groves (NHS), Anne Whitcombe (NHSG) and herself had met to explore the potential for consolidating opportunities / Boards Health Improvement CPD plans and that there were clear links to wider Public Health training needs / opportunities. It had been hoped to discuss this at the Health Improvement Collaborative on the 18 th June but this meeting had been cancelled so Pip hoped that developments/ a paper could be brought to the next NoSPHN meeting.	HIC
20.3 Public Health Overview / action plan	
a Health Protection Stocktake	
Helen updated on developments highlighting that the Stocktake report had not been formally issued and following discussion at the Board Chief Executives Group further discussion was planned at the National Planning Forum the following week. Helen noted a range of other work ongoing nationally and that the national network proposed in the document would offer a more systematic approach to these developments. Helen and Kens perspective was that there was little that might be directed toward a regional approach and were keen to understand the North DsPH perspective on this.	
Discussion noted the pressures in other regions towards a more regionally focussed approach. Members understanding was that this was not a recognised pressure in the North but that regional collaboration may be necessary for smaller Boards due to issues of sustainability. Members recognised the benefits of a national approach. Members shared perspectives with regard to understanding how the proposals would relate to existing obligate network arrangements and local governance issues. The Group agreed that once the Stocktake report was finalised it would be helpful to have a separate meeting with wider stakeholder representation to understand better the implications of the report for the North and with a view to developing the detail and delivery and maximising existing opportunities. Helen and Ken were asked to work with Pip to organise this for late August 2012 and to guide members through the next stages in particular to ensure that local Boards had made arrangements to discuss the implications (local/ regional/ national) in advance and could feed views / perspectives into the meeting in a standardised format. Members agreed to meet regardless of the outcome of current discussion / timelines. Sarah also agreed to feedback to members the outcomes of the discussion at the NPF.	HH/KO/PF
	All
	ST
Helen and Martin left the meeting.	
b New Ways of Working report and event 23rd April 2012	
Sarah advised that the initial outputs from the event were being written up following	PM

discussion at the DsPH Group and proposed that this be brought forward to the next NoSPHN meeting.

c Feedback to SEAT on NoSPHN commitments to NoSPG in time worked.

Speaking to the paper circulated Pip advised that the paper had been developed in response to a request from the DPH NHS Lothian to support discussions with regard to Public Health support to the South East and Tayside Planning Group (SEAT). Pip sought reassurance from the group that they were happy with the paper being circulated as presented. Members agreed the paper would benefit from emphasising shorter or time limited pieces of work and giving a bit more detail with respect to regular, routine work before sending.

PF

20.4 Keep Well Mainstreaming updates –

Members noted some ongoing challenges to the delivery of Keep Well and Sarah advised that she and Margaret would raise the issues (as highlighted at the last NoSPHN meeting) with Harry Burns at their next meeting.

ST/ MS

20.5 Public Health Workforce issues.

a Workforce Planning issues.

At the last meeting of NoSPHN Members had agreed that Public Health workforce issues should be a substantive item on the NoSPHN agenda. Sarah noted a range of developments eg Health Protection Stocktake, New Ways of Working, UKPHRU developments that might impact and agreed to keep these under review.

Susan shared work in NHSG looking at their governance arrangements using CDC and Faculty guidance – noting a number of issues had been identified that required to be addressed (at individual and departmental level).

Members agreed to share existing governance arrangements / plans (audit and scrutiny activities) and to keep the workforce on the agenda as a means to continue to ask the workforce questions (ie issues around Public Health Service planning, Workforce planning, CPD/ educational planning and Financial planning) in addition to the ongoing workforce related issues on the agenda.

PF/All

b Scottish Faculty Committee

NHSO had sought membership on the group. Members agreed to feedback at further meetings.

All

21/12 Integration of Adult Health and Social Care in Scotland Consultation on Proposals May 2012

Members noted the reports circulated and the consultation deadline. Sarah noted a response was being submitted by the national DsPH group and members advised that Boards were submitting local responses but agreed at this stage there was no obvious regional perspective on which to generate a response.

22/12 NoSPHN Lead Clinician

Earlier in the year NoSPHN agreed to an extension of the current Lead role to August 2012 which was now due for reappointment. Reviewing the job description members noted that the lead had professional accountability to their own Boards and the other DsPH as well as links to NoSPG and that this would need to be clarified with the new Lead. Members noted that previously, as indicated on the job description the post had been open to Consultant / Specialist (medical / non-medical) applicants but that through recent discussion it had been proposed that the post should be a DPH reflecting that to date recognising various imperatives and that the post had to date been held by DsPH. It was agreed that if this was the position then the job description should be amended accordingly.

Pip agreed to email NoSPHN DsPH to ask for confirmation on whether it was felt locally that the post should be held only by a DsPH or not and if so the job description to be amended – the result of which would dictate whether the post would be more widely promoted or a nomination agreed between the DsPH. Further, Pip agreed to identify a date suitable with NoSPG colleagues (Richard Cary / Peter Gent) for an interview.

PF

23/12 North of Scotland Planning Group

23.1 Feedback from NoSPG meetings (NoSIPG 16th May, NoSPG Chairs meeting 23rd May, NoSPG 13th June).

Sarah highlighted discussion at the last NoSPG 13th June including:

- The Weight Management review
- Child Protection network developments
- Dementia services
- Northern corridor developments
- Paediatric sustainability workstream
- Horizon scanning
- IPG meetings which had included discussion of TAVI, risk share re CAMHS and sarcoma services.
- MOHS for skin cancer review (Pip to check if there has been/was a need for Public Health involvement)
- Neuromuscular care adviser developments (noting NoSPHN advice had been given with regard to the evaluation of the posts)
- E- health needs and potential links to the intelligent region?
- The national review of regional working being led by Heather Knox (in which Sarah had now been invited to participate) and the need to ensure that developments within NoSPG were recognised and in particular NoSPHN's relationship with NoSPG. Sarah asked that the terms of reference be shared for comment once available.

PF

PF

Sarah further noted that Richard Carey had specifically thanked NoSPHN for its work in support of NoSPG and recognised the value of the work that had been delivered.

23.2 Horizon Scanning to Inform NoSPG Decision Making in the Future – NoSPHN focus (verbal update).

Pip updated that the blue print was being used through the NoSPG team and advised that its use was being signalled for other workstreams. Sarah noted that she and Pip were scheduled to have a discussion with Peter Gent re further developments and Pip highlighted the need for thinking around the three horizons model as well as service improvement level activity. Developments re the Intelligent region were as had been previously discussed. Members noted the update.

ST/PF

24/12 Further business

24.1 Scottish Public Health Network (ScotPHN)

a Update paper

Members noted the update circulated.

b Memorandum of Collaboration

Members discussed the existing NoSPHN Governance paper which it was intended to add to the MOC once approved. It was agreed that the paper would benefit from further updating and members agreed to send comments to Pip in this regard. With regards to the comments raised at the last meeting re the MOC – Pip advised she had reported these to Phil and would ask for an update for the next meeting (eg re confidentiality, governance, quality assurance, IPR/ authorship etc. and inviting the NoSPHN Lead to be on the ScotPHN Steering group).

All

PF

24.2 NHS Health Scotland update. A Fairer Healthier Scotland Our strategy 2012–2017.

Wilma spoke to the paper circulated noting that although it had just been released within NHS Scotland drafts had been shared with DsPH/ Boards. The next step was to consider what the plan meant for this and next years planning cycle on which she welcomed feedback. It was the intention to discuss the plan at the NHS conference that week also.

Members agreed that for the North there was a need to understand the relationship links with NHS Scotland as work progressed and to consider this within the context of the 'New Ways of Working'.

All

25/12 AOCB

25.1 Scottish Healthy Working Lives – review of Occupational Health in the North.

Susan advised members about the report on the review of Healthy Working Lives which included recommendations on occupational health in the North of Scotland on which there was not necessarily a consensus on how we wish to deliver these services and that there

might be a number of challenges in this respect.

Members agreed to key NoS contacts being approached (Louise Wilson, Susan Webb, Elizabeth Robinson, NHSH and NHSWI contacts to be advised) through Pip to discuss this further along with occupational health representatives with regard to previous lessons learned / opportunities. Sarah asked that if issues were not resolved that they be brought to the DsPH group.

SW/PF

25.2 NHS Board membership nominations to Scottish Health Technologies Group (SHTG) – a NoS response?

Noting that Boards had received a letter inviting Board membership of SHTG and that the letter noted the potential for shared membership particularly for smaller Boards, Margaret had asked if there was potential in looking at this from a NoS perspective? Louise advised that she had been nominated by NHSO; NHSG Grampian had advised that they would support a NoS approach, Ralph Roberts (NHSS) was already on the Group and NoSPG intended to write to NoSPG Boards proposing that Ralph represent NoSPG. The group discussed whether further Public Health representation should be secured. The group noted a potential model of NHS Board / Public Health representation whereby those nominated (if acceptable to them/ Boards) would represent the NoS Boards but that a key contact be identified in each Board to ensure feeding in/ back of information to include seeking representation at SHTB of colleagues with a specialist expertise in any of the issues be raised at SHTG on a case by case basis. This would require a robust level of organisation which Members agreed might be achieved through NoSPHN. Such a model would not prevent any Board from seeking their representation on SHTG. Pip agreed to propose this model to DsPH / NoSPG for their consideration.

PF

25.3 Head of Health Improvement NHSG - Susan advised that Ray Watkins had been appointed to the Head of Health Improvement position within NHS Grampian with a start date of the 1st July.

26/12 Date of next meeting Tuesday 28th August 2-4.30pm

Further meeting Dates for 2012 – all 2-4.30pm

Wed 31 October

Wed 19th December

Items to be brought forward to future meetings:

- Emergency Planning / Critical Infrastructure (MS)
- Parliamentary Committee on Welfare Reform (MS)
- Reflection on NoSPHN in light of outcomes of National MCN review (PF)
- Intelligent Region