

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

Tuesday 28<sup>th</sup> February 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  
Susan Webb, Deputy Director of Public Health, NHS Grampian  
Ken Black, Consultant in Public Health Medicine, NHS Orkney  
Angus Mackiggan, Well North Co-ordinator, NHS Highland  
Phil Mackie, Lead, 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
01/12	<b>Welcome and Apologies</b> Apologies had been received from Sharon Pflieger, Louise Wilson, Elaine Garman, Wilma Reid, Martin Malcolm, Sir Lewis Ritchie, Colin Gilmour, Christina Bichan, Ray Watkins, Ann Conacher, Susan Vaughan, Noelle O'Neill and NHSHS colleagues.	
02/12	<b>Minutes of last meeting (7 December 2011)</b> 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
03/12	<b>Matters Arising not on the agenda</b> <ul style="list-style-type: none"><li>• <b>Scottish Faculty Conference 2011 and 2012</b> Margaret advised that Eddy Coyle would be chairing the next Faculty conference organising group and that she had shared with him lessons learned from the previous year. Phil advised that he would be attending the organising Group meetings and would feedback on issues. Pip asked that a requirement for remote access to the event be highlighted to the group.</li><li>• <b>Detect Cancer Early</b> Pip advised that Boards had shared DCE issues as per discussion at the last meeting. Feedback had been mixed particularly Boards emphasis on prevention within the overall agenda. An update from the NOSCAN DCE meeting was noted in the update from groups paper (Item 4.2b) which highlighted work ongoing in Boards in advance of the launch in March. Suggestions for further DCE work was also highlighted in the new workplan paper Item 4.2c (modelling demand etc). Members discussed and shared local progress noting that developments were difficult in the absence of clarification on outcomes from the Scottish Government. Members noted a proposal from NHSG for a meeting of DCE Executive leads.</li></ul>	PM
04/12	<b>Public Health Network Workplan</b> <b>4.1 Anticipatory Care</b> <b>4.1i Well North – Remote and Rural Anticipatory Care Project</b> Angus updated on the Well North programmes highlighting that the final Well North Group was due to meet on the 24th April. All but the healthy weight programmes were being taken forward as part of Keep Well mainstreaming developments.  Members expressed their gratitude to both Angus and Elaine Garman for leading the Well North Programme on behalf of NoSPHN and recognised too the significant contributions made to the collaborative work programme across all of the NoS Boards. It was agreed that any further Well North update would be by exception reporting to the next NoSPHN meeting and that the Well North programme should be removed from the new NoSPHN workplan.	
	<b>45.1ii Mainstreaming Health Checks / targeting</b> Following discussion at the last NoSPHN meeting Pip had received copies of the Scottish Government Keep Well mainstreaming feedback from four Boards and had looked for commonalities across them. With the exception of targeting and numbers there was little to comment on and Pip reflected that she felt the feedback was more individually reflective of the	PF

stage of development of each of the programmes. Highlighting previous discussions summarised in the paper circulated, Pip asked whether Boards wished to pursue the development of a consistent message re the Mainstreaming programmes particularly in the light that the National Keep Well Extension Board was no longer meeting.

Members noted the need to maintain a drive to look at evaluation and cost effectiveness 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. Given staffing changes within the Scottish Government clarification of organisational structures within the SG government were also required. Margaret agreed to email Alison McCallum (Chair of the DsPH Group) to highlight.

MS

## 4.2 NoSPHN Workplan 2011- 2012 (with 2012/13 forward planning)

### a) Workplan update (2011/12)

Pip advised that the workplan circulated plan combined actions for 2011/12 and 2012/13 and that the shaded activities highlighted those things that were complete and would be removed from the 2012/13 plan. Previously agreed new work had been added to the plan. Members noted progress and the significant work carried out through NoSPHN during the year.

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

Pip highlighted further work to members including activity in support of the NoS Cardiac Surgery SLA review and the group welcomed the developments being progressed through the ADTC collaborative.

### c) Proposals for action 2012/13

Pip outlined the more developed proposals for new work highlighted in the paper circulated and sought support for prioritisation of or further scoping of the work and asked if there were other areas of work that needed to be considered.

Sarah noted that proposals 9 and 10 could be linked and agreed to discuss the work with Martin Malcolm. Margaret agreed to update at the next meeting on progress toward the Pathway to Integration agenda in Highland and suggested that this might be linked to proposal 13. Ken suggested that the modelling in 2 and 15 might be combined with thinking around centralised services. Sarah agreed to share recent work commissioned in NHSS on bed modelling and how this was being used to inform clinical strategies. Margaret also noted recent NHSH work on bed modelling which highlighted that what was needed was to get care pathways right rather than bed numbers per se. Members agreed there was potential for work to look at getting clinical pathways right and that this might also be linked to action 13. Pip agreed to approach the NoS Health Intelligence leads re proposal 2 / related health intelligence themes for views.

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Phil advised that there were no overlaps with proposed ScotPHN plans other than those already noted (PPC and neurological conditions needs assessment). Pip agreed to advise Martin Malcolm to make links. Phil suggested ensuring the HIA of wind farms be noted in the NoSPHN plan.

PF/MM  
PF

Susan reflected that there was a need to assess whether there was the capacity through NoSPHN to make the work proposed meaningful and suggested that NoSPHN needed to:

- Explore the use of community hospitals and bed use.
- Better share existing work ongoing within Boards.
- To assess whether we have the right intelligence within Boards to support decision making of the type discussed.
- Noted that NHSG were seeking to improve the pool of staff with statistical skills though training and that this might be shared across the North.

All  
All

SW

Sarah suggested that those who had proposed the work be asked to lead on progressing thinking further and to ask whether the work was worth progressing collectively (i.e. whether the connections between the work was real) and then to share thinking back through NoSPHN. Where joint work was not agreed there might then be an assumption that individual Boards would progress the work and then share the outcomes with other Boards.

All

Ken asked that if the work was to be prioritised that criteria be developed to support the discussion (e.g. impact for more than one Board, added value etc). Members also agreed to think more strategically for the next NoSPHN meeting about those pieces of work that

PF  
All

NoSPHN might be more proactive in developing i.e. 2 or 3 things that NoSPHN would wish to do that would really make a difference. Members agreed to reflect on the discussions at the meeting and feedback views to Pip with a view to firming up work proposals at the next NoSPHN meeting.

All

#### 4.3 NoSPHN 2011/12 Annual Report to NoSPG

Pip advised that the draft annual report circulated had been submitted to Annie Ingram for inclusion in the overall NoSPG annual report and sought members comments on / approval for the report. Pip noted that the Horizon scanning work had been further reflected in the report elsewhere. Members approved the report noting the significant amount of work that had been progressed through NoSPHN over the year.

#### 4.4 NoSPHN budget 2011/12 and 2012/13

Pip updated on the budget which, given the number of events being held in March had still to be concluded but full spend was expected. Members acknowledged that some of the costs incurred in March may run into the new financial year. No concerns for funding in 2012/13 were highlighted.

#### 4.5 Asset based Approaches CPD Event 27 March 2012

Pip updated on developments for the CPD event highlighting the asset based approach to the development of the event, confirmed the guests to support the event and likely costs. In light of the budget discussion members supported a proposal to use the vc bridge to record the event (rather than pay separately for a recording), and to offer to cover each Boards costs to ensure one member of staff could attend from each of the remote sites to maximise engagement at the event. Pip agreed to email Boards with details.

PF

#### 4.6 Public Health Overview / action plan

Sarah noted that she understood that publication of the Stocktake report had been delayed because the lead author has been on extended leave and the document had not been finalised. The report was now anticipated by Easter. Members agreed to remove the Public Health overview objective from the workplan and address the Health Protection Stocktake final report separately when available. Members also agreed to take the New Ways of working report and developments as an agenda item at the next meeting, it being seen as the ongoing Public Health overview work.

PM

#### 4.7 NSAG

##### • National NSAG review

Margaret updated on the review of NSAG and highlighted that Option 2 in the paper circulated was the preferred option of the national group. Margaret advised that although there was no formal consultation on the report she would be happy to receive feedback on the document and that a working group was meeting the following week to work up more detailed proposals. Pip also advised that Deidre Evans had sought views from NoSPHN on timescales for consideration of applications and future processes, with recognition given to the constructive process previously developed by NoSPHN/NoSPG for reviewing applications. Pip and Margaret to discuss.

All

PF/MS

The group noted the need for the National Planning Forum to take a more proactive role in supporting the identification of services that needed to be commissioned nationally and that this too needed to impact on the role of ScotPHN and the 'new ways of working' review. Margaret agreed to raise these perspectives with Alison McCallum.

MS

##### • NSAG Applications 2012

Pip advised that she had just received an email from Deidre Evans to say that the NSAG meeting of the 1<sup>st</sup> March had been cancelled and that she was now seeking views by mid May from regional groups on an application for a national MCN for malignant melanoma. Pip proposed that she review the proposal unless there were local staff with an interest, and would progress discussions with the NoSIPG, NoSPG and with ScotPHN as per usual.

PF

#### 4.8 Scottish Faculty Committee – strengthening support

Susan highlighted concerns raised after the last Scottish Faculty Committee AGM specifically:

- Lack of recognition of the multidisciplinary Public Health on the agenda / in discussions.
- Representation of PH specialists on the committee.

Discussion at the subsequent meeting of the Scottish Committee had considered some of

these and had also looked at 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). Members also noted the Faculty Workforce questionnaire and the need to seek a Scottish analysis of the data. The group were advised that NHS Shetland, Orkney and Western Isles were not represented on the Group.

Following discussion members agreed to:

- Make individual approaches to the Faculty Group re Board representation. ST
- Susan agreed to further highlight and feedback on workforce planning issues at the next meeting of the Faculty Group and to NoSPHN. SW
- DsPH to highlight the need for regular reporting from the Faculty Group to the national SDsPH Group. DsPH
- Ensure workforce issues were on the agenda of the next meeting of NoSPHN for discussion. PF

## 05/12 North of Scotland Planning Group

### 5.1 Feedback from NoSPG meetings (NoS IPG 18<sup>th</sup> January, next NoSPG meeting 22 February)

There had not been a NoSPG meeting since the last NoSPHN meeting on which to report. Sarah noted Annie Ingram's resignation and that Richard Carey's term of office was coming to a close and options for management of changes were on the agenda of the next meeting of NoSPG on the 7<sup>th</sup> March.

### 5.2 Horizon Scanning to Inform NoSPG Decision Making in the Future

#### • NoSPHN Focus

Sarah noted that the Horizon scanning papers were going to the NoSPG and Chairs meeting for discussion on the 7<sup>th</sup> March when high level commitment to working with the horizon scanning action plan / new rules / developing tools / thinking differently would be sought. It was also intended that the horizon scanning work would be presented to Boards alongside the NoSPG annual report and that members would need to support conversations in Boards to support this. All

#### • The Intelligent Region / Proposed NoSPHN related activity

Pip noted that she had developed a diagram to suggest what the blue print for NoSPG work might look like and that she intended to share this with the NoSPG team the following Thursday to test thinking. Further work was also planned between Pip, Susan Webb and Jillian Evans to scope the possibilities for the concept of the Intelligent Region which would be brought back to the group. In line with discussions under the workplan Sarah further encouraged members to think about the 2-3 things that NoSPHN could progress that would really make a difference. SW/JE/  
PF

All

## 06/12 Further business

### 6.1 Scottish Public Health Network (ScotPHN)

#### 6.1i Update paper Members noted the update paper with thanks.

#### 6.1ii Feedback on the consultation with Boards on ScotPHN work

Phil advised that a revised New Ways of Working paper had been circulated to DsPH for comment before circulating more widely and noted an event was being held on the 23<sup>rd</sup> April to progress discussions. The key messages in the report related to subsidiarity, shared work programmes and developing a suite of collaborative approaches (e.g. as recognised through the working of NoSPHN, developments of public health services in the South East and the Health Protection Network). Phil highlighted that ongoing discussions at NPF re the MCN review and Health Protection Network meant that proposals were still subject to review. Phil advised he would be liaising with Boards (by vc if necessary) to progress discussions. It was agreed to revisit the paper at the next NoSPHN meeting when the national position would be clearer.

With regards to written feedback on the local consultation meetings with Boards Phil noted that preliminary feedback had been given after the meetings and that the new ways of working paper had now overtaken this.

#### 6.1iii Memorandum of Collaboration

Members noted the draft MOU submitted by Phil. Noting the previous discussion and uncertainties re developments at a national level the group agreed to revisit the MOU at the

next NoSPHN meeting. Pip asked that the learning approach highlighted at a previous meeting be reflected in the MOU and noted that she thought the annual meetings mentioned should occur for planning as well as complaints review.

PM

**07/12 AOCB**

- The group noted and welcomed the appointment of Sir Lewis Ritchie as DPH to NHS Grampian. Sarah advised that she and Pip intended to meet with Sir Lewis as part of his induction.
- Margaret advised that she had been called to give evidence to the Parliamentary Finance Committee on Welfare Reform on the 18<sup>th</sup> April and would welcome any advice / information with regard to the quantification of impacts. Sarah agreed to send work through Susan Laidlaw with respect to work on remote and rural communities/ fuel poverty and Susan agreed to check for work within NHSG and Ken to ask Louise within NHSO.

ST  
SW  
KB

**08/12 Date of next meeting : Wednesday 2<sup>nd</sup> May 2-4.30pm**

**Meeting Dates for 2012 – all 2-4.30pm**

Wed 20<sup>th</sup> June  
Tues 28<sup>th</sup> August  
Wed 31 October  
Wed 19<sup>th</sup> November

Please note these are now the confirmed changes to the dates that were originally circulated last year.