

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

Wednesday 7 December 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

Ken Black, Consultant in Public Health Medicine, NHS Orkney

Phil Mackie, Lead, ScotPHN

Martin Malcolm, Health Intelligence Lead, NHS Western Isles

Elaine Garman, Public Health Specialist, NHS Highland

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
42/11	Welcome and Apologies Apologies had been received from Sharon Pflieger, Louise Wilson, Angus MacKiggan, Ann Conacher, Susan Vaughan, Noelle O'Neill and NHSHS colleagues.	
43/11	Minutes of last meeting (5 October 2011) 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
44/11	Matters Arising not on the agenda <ul style="list-style-type: none">• Child Health Evaluation Debrief Pip advised that as per the request at the last meeting the note of the debrief meeting had been amended and had been shared with Annie Ingram. Annie had asked, then shared the debrief with wider NoS Child Health Groups which had been received well (noting a couple of updates). The Group agreed it would be necessary to prepare reports in the future with a view to wider sharing and/ or produce summary bullet points for sharing with wider stakeholders.• National NSAG review Margaret noted that the final report of the National Working Group was due out for stakeholder consultation in the New Year. The recommendations were thought to be helpful. Members agreed that there was potential for a NoSPHN response to the consultation and asked that the Item be added to the next meeting of the Group / a NoSPHN response be prepared (whichever was sooner).• NSAG Application - Complex Sleep Disorders Pip advised that the NoSPHN review of the NSAG Complex Sleep Disorder application had been submitted to the NoS IPG who agreed not to support the application on the grounds of inadequate information (information received subsequently did not alter this position) and also that it was not a priority locally. This outcome had been submitted to NSAG who had also agreed not to support designation. The NoS decision had been ratified by NoSPG at their 30th November meeting.	PF
45/11	Public Health Network Workplan 45.1 Anticipatory Care 45.1i Well North – Remote and Rural Anticipatory Care Project Elaine spoke to the paper circulated highlighting that there was a lot of activity ongoing all of which was very positive. Following discussion Elaine agreed to circulate the link to papers on the Anticipatory Care Paramedic work and Martin Malcolm agreed to share the evaluation / research ongoing within NHSWI. Members noted the update given with thanks. 45.1ii Mainstreaming Health Checks / targeting Members updated verbally on mainstreaming developments and challenges within each Board. Following discussion it was agreed it would be helpful to develop a common briefing by which each Board might influence the Scottish Government / teams and the Keep Well Board (on which a number of NOS colleagues sit). Key messages discussed included:	EG MM

- Progress remains challenging in the absence of the detail on the format of the health check / GP payment.
- The challenges of engaging / negotiating with practices, particularly where engagement was new rather than building on previous work.
- The medial focus to the health check, particularly for programmes emphasising community development based approaches.
- The expectation that local targets / numbers would be challenged.
- That remote and rural perspective were not being heard, particularly in relation to some of the specific target groups.
- Concerns over mechanisms for ensuring outcome monitoring and the need for ongoing evaluation.
- The need to ensure learning from the Well North experience and evaluation was fed into urban/new developments.
- The benefits of having clinical champions.
- The need to maximise opportunities through eg community pharmacy.

It was agreed to wait until each Board had received feedback on their proposals from the Scottish Government, share the feedback and then revise the above list (through email or if required a separate meeting) before developing a consistent message between Boards to support further feedback / lobbying.

All
PF

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

a) Workplan update (2011/12)

Pip noted that all key actions were either on target, complete or on the agenda (Pip had still to review Lesley's actions with Susan Webb). Members noted progress

PF/SW

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

Pip advised that further updates would be circulated by email if received. Discussion of key work highlighted the following:

Detect Cancer Early – Members shared and noted that they were at different stages of planning for the initiative (some had had their meetings with the SG). It was agreed that there would be a benefit in sharing work and generating a consistent NoS Public Health perspective on the initiative to feed into local, Scottish Government and national DsPH meetings and in particular to inform a NOSCAN meeting that was being held on the 19th Dec at which William Moore (NHSG) had been asked to take the NoSPHN / Public Health perspective. Key messages included:

- Concern that the focus will be less on prevention and more on new equipment (even if a commitment is made to the prevention / upstream approach – there is a concern that delivery will still focus on clinical issues.
- We need to be very clear about what should be the focus for the prevention messages.
- Prevention packages are likely to take longer to generate (compared to clinical responses) – need to ensure that this is recognised / planned for.
- Concern that the social marketing approaches being developed at a national level may be limited (more campaign focussed than social marketing) eg leaflets (due Feb 2012) that will not support local social marketing approaches. The need to push for engagement in their development and ensure a focus on evidence of effectiveness for what is being developed.
- Need to maximise existing capacity before generating new / duplicating/ generating new approaches.
- Concerns about current focus on lung cancer and likely impact of change.
- Would strongly support a focus on smoking prevention and weight management.
- Need collective voice to support change.
- Is there a remote and rural specific angle to this (ie are the issues above compounded in remote and rural areas / social marketing messages have a remote and rural focus)?

Pip agreed to email all key contacts to further develop the list of perspectives for sharing prior to the NOSCAN meeting and local use.

PF

All Members also agreed to share their local Detect Cancer Early plans (papers) with each other by email.

All

c) Proposals for action 2012/13

Further to discussion at the last NoSPHN meeting Pip had consulted Boards by email on proposals for the workplan for 2012 in particular on Service Improvement and CPD related activities. Speaking to the paper summarising the issues Pip asked for comments on what was missing and priorities for work to be further scoped. Discussion included:

Activities:

- Regional cardiac developments likely in the near future. SW
- Susan to share NHSG service improvement workplan.
- Assets based approaches to health services.
- Noting all of the suggestions were very different it was agreed to scope the work further to understand what the specific tasks would be, timescales (particularly those which were time dependant/urgent) and to make links between the related items (eg 2 & 8) for consideration at the next meeting. PF
- Phil noted that a number of the items had been flagged for action at a national level: PM/MS
 - PPC (to be discussed further outwith the meeting),
 - Neurological conditions
 - UKPHR assessment and verification scheme for Public Health Practitioners (noting there was an appetite for a national focus).

Phil proposed bringing the ScotPHN workplan back to the Group for discussion. PM

CPD:

Noting work was ongoing to look at Health Improvement CPD needs and opportunities and the links between the activities highlighted above and the CPD suggestions – Pip proposed prioritising an Assets Based event prior to the end of the year (with a focus on delivery, NoS issues, asking the challenging questions, data, evidence, examples of good practice and ensuring the event was remotely accessible). Members approved the proposal and funding for it suggesting a working title of 'Responding to the Challenge'. Members agreed to forward suggestions for speakers/ examples of good practice to Pip asap. Pip agreed to coordinate the organisation of event through NoS colleagues. All PF

Members agreed to revisit developed CPD plans for next year at the next meeting once further worked up eg opportunities for linking to ISD training. Sarah also highlighted the need to share the agreed CPD programmes with eg NoSPG staff. PF

45.3 NoSPHN budget 2011/12 and 2012/13

Members noted the predicted out turn on the budget by the end of the financial year and proposals for allocations for 2012/13 and agreed to revisit at the next meeting in the light of any workplan developments agreed.

45.4 Public Health Overview / action plan – to include update on Health Protection Stocktake

Sarah noted that a draft Stocktake report had been circulated to key stakeholders with a final version expected to go before Ministers before the end of the year. The focus was now on a Managed Health Protection Network approach. Margaret advised that following discussions with Martin Donaghy he had agreed to come to a NoSPHN meeting and discuss the developments if wished. Members asked that potential developments be noted as part of the 2012 workplan. PF

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

Margaret asked for feedback on the Faculty event for forwarding to the committee setting up the event next year and also suggestions for the event next year for example the scope for alterations in the format of the event (eg master classes / particular themes, one or 2 day events). Pip noted that an evaluation by survey monkey was available and encouraged all who had attended in person or by VC to submit comments. All

Noting the concerns raised by some members with regard to the Faculty AGM held at the event members proposed a discussion at the next meeting on what members would like from the Faculty in Scotland and how best to maximise use of existing Committee members representing Boards (list of Faculty Committee members to be circulated). PF SW

45.6 NoSPHN Lead Clinician

Members discussed the NoSPHN Lead job description and highlighted the need to clarify

professional / governance accountabilities in a way that acknowledged dual responsibilities to both Boards and independent functions (by a dotted line). Interest had been expressed in the position but Boards had reported that it would be helpful if Sarah would be willing to continue in post for a further 6 months when they would then be in a better position to commit to the role – Sarah had agreed to this. Noting the minute of the previous meeting where members advised of a wish to open up the role to other members of staff other than DsPH Sarah highlighted that she felt that given the recognised pressures in the other regions the post would best be held by a DPH. Pip further suggested revising the job description for the term of office to read 2 extending to 3 years in line with other regional Clinical Lead roles.

Members agreed to revisit the position by June 2012 (with a view to a planned handover in August 2012). ST/PF

45.7 Update of NoSPHN website

Pip noted the review of the NoSPHN website had started and asked members to feed to Pip or Alex their expectations of the site (eg information exchange, document repository) noting there were limitations in terms of the structure of the site and the time needed to maintain it. Members agreed to feedback by email.

All

46/11 North of Scotland Planning Group

46.1 Feedback from NoSPG meetings (NoS IPG 12th October and NoSPG 30th November)

Most items were already on the agenda. Sarah highlighted for particular note that workforce planning feedback had highlighted that Public Health trainee numbers were stable and the very positive discussions and developments that had been presented with regards to the CAMHS programme.

46.2 Horizon Scanning to Inform NoSPG Decision Making in the Future

Sarah noted developments following the Horizon scanning event on the 21st September and NoSPG meeting 30th November referring to the event report and the next steps papers that had been circulated. Sarah highlighted:

- The papers had been well received at NoSPG
- NoSPG Members were to engage with local systems on developments and feedback and the work was to be presented/signed off at Board NoSPG annual report presentations.
- The final presentation of proposals was to be presented to the NoSPG Chairs meeting in March 2012.
- Some of the tools /processes were now being worked up in more detail (Annie to draft) – eg paper, blue print, criteria, set of questions to ask, demonstrate where things are happening already (eg NoS Weight Management work) and building new rules into work.
- A Child Health event/programme was to be used as example / learning process eg to guide planning of event in Jan/Feb 2012.
- The developments were to be further tested with IPG on the 18th January.

Discussion highlighted the following:

- The concept of the Intelligent Region - which it was agreed to add to the NoSPHN work programme and scope further.
- To ensure the further development of the health improvement focus of regional care pathways.
- Ensure a continued focus on coproduction / self management.
- To develop the new rules further – through a couple of examples and generate a logic model for them. Members to email Pip with suggestions on those that they would wish to explore further (noting others would also be developing the tools).
- Applying or exploring the tools as part of the CPD event.

PF/SW/J
E

All

PF

47/11 Further business

47.1 Scottish Public Health Network (ScotPHN)

47.1.1 Update paper Members noted the update paper with thanks.

47.1.ii Feedback on the consultation with Boards on ScotPHN work

Phil fed back that 'New Ways of Working' paper had gone to DsPH for discussion at the DsPH meeting on the 9th December. Sarah asked that Boards be circulated with their local reports prior to the DsPH meeting.

47.1.iii Memorandum of Collaboration

Phil noted that the MOC was delayed pending feedback on the national review of MCNs which

PM

had still to go to the National Planning Forum and asked that this item be held over until next year. Sarah proposed that the MOC should be designed to meet the needs of the two networks and that we need not wait for a NPF position and asked that it be on the agenda for the next NoSPHN meeting.

PM

48/11 AOCB

Members noted:

1. The retiral of Lesley Wilkie from the NHS (last day in office 1st December 2011) and acknowledged and thanked her for all her support with NoSPHN.
2. An email from Andrew Harris NHSHS highlighting NHS Health Scotland's intention to engage in the New Year with partners re their corporate strategy and how they work.
3. An email from Paddy Hopkins re GIS and the Future – The One Scotland Mapping Agreement (OSMA) needs to be renegotiated nationally by 2013. The cost implications for NHS Scotland may be large. There is currently no route by which the NHS can influence the SG as the current discussions are dominated by other public sector bodies such as Local Authorities and Scottish Natural Heritage and there is no NHS representation at the influential groups. The Group noted that Paddy had subsequently picked this up with Hester Ward of ISD who was to follow it up. Members supported the need to act collaboratively should it be necessary.

PLH

49/11 Date of next meeting: Tuesday 28 February 2012, 2pm - 4.30pm with video/ teleconferencing facilities.

To note the previously indicated date of the 1st February had been changed to the 28th February. The other dates circulated had also to be reviewed and Alex would advise shortly.

AM