

Present:

Sarah Taylor - NoSPHN Lead and Director of Public Health, NHS Shetland (outgoing NoSPHN Lead)
Margaret Somerville - Director of Public Health, NHS Highland (incoming NoSPHN Lead)
Ken Black - Consultant in Public Health, NHS Orkney
Ray Watkins - Consultant in Dental Public Health / Head of Health Improvement, NHS Grampian
Pip Farman - North of Scotland Public Health Network Co-ordinator
Phil Mackie - ScotPHN Lead (for Items Matters arising - Faculty conference, 31.2b and 33/12)
Jillian Evans - Head of Health Intelligence, NHS Grampian (for items 31.5 and 32.3c)
Ian Douglas - Health Intelligence Specialist, NHS Highland (for Item 31.5)

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.

27/12 Welcomes and apologies

Apologies had been received from: Lewis Ritchie, Louise Wilson, Susan Webb, Jane Groves, Wilma Reid/NHS SHS colleagues, Susan Vaughan, Noelle O'Neill, Elaine Garman and Martin Malcolm.

28/12 Minutes of the last meeting 20th June 2012

Pip noted that following the last NoSPHN meeting when members agreed they would wish to continue to receive a quick action note immediately after the meeting followed later by a full minute, Pip had decided to write a full minute only, for circulation within seven days of the meeting. Members supported this approach.

Noting Sarah was the only member attending who was present at the last meeting Sarah was happy to approve the minute and gave no reason why the papers / minutes of the last meeting should not be made available by open access on the internet.

AM

29/12 NoSPHN Professional Lead

Margaret noted that following the last meeting, email discussion between the DsPH/ Boards had led to an agreement that the Lead role should be held by a DPH (although Margaret noted this might be reviewed over time) and she had been nominated for the role by the NoS DsPH. Margaret advised she was delighted to agree to take on the position and with NoSPHN support the intention was to refer the decision to NoSPG on the 29th August for ratification for Governance purposes. Margaret and Sarah had met and Sarah had agreed to continue to represent NoSPHN at NOSPG.

Margaret on behalf of colleagues thanked Sarah for all her work and paid tribute to the extensive contribution Sarah had made to NoSPHN over her term of office – noting the strong reputation that NoSPHN had developed and the good foundations on which NoSPHN was now built.

Margaret formally took over the Chairing of the meeting.

30/12 Matters arising from last meeting not on the agenda

- **Public Health Faculty Conference 2012** – Phil noted that videoconferencing had been confirmed for the plenary sessions at this year's event. The intention was to monitor usage to determine what might be the model for future years. In excess of 290 abstract submissions had been received and in excess of 200 had been accepted for poster or verbal presentation with the expectation that colleagues would receive notifications shortly.
- **2013 conference** – Margaret and Phil advised that a proposal had been made to merge the EUPHA and Faculty Conference in 2014 although further discussion was required on this with the decision made by the Faculty Conference Organising Committee. As this had consequences for the organising cycle which would then come to NoSPHN in 2013 (a year

early) members took the view that in principle this would be possible for the North noting that there would be a requirement for a local Chair to be nominated and representatives from each of the NoS Boards to contribute to the organising Group. It was suggested that Lewis Ritchie might be interested in the Chairing of the Group should a decision to proceed be made and Ray agreed to highlight this with him. Members also noted the need for early confirmation of a decision with a view to an initial planning meeting being held at this year's event and acceptance being conditional on the North not being required to host the event within a further 3 year cycle.

RW

Margaret agreed to feedback the decision to the Conference Organising Committee through Emilia Crichton and Eddie Coyle as current Chair (and cc Phil in) and also to email Lewis.

MS

- **Detect Cancer Early** – Margaret noted that she and Sarah had communicated the NoS concerns raised at the last meeting (the way in which Boards have been engaged in the process and lack of understanding of impacts) with Alison McCallum (Chair of the DsPH Group) and intended to do so with Harry Burns at their next meeting in October. Pip noted that it appeared that there had been some shifts in the approach to the bowel cancer campaign and that it would be appropriate to continue to highlight issues with regard to the other DCE campaigns. Margaret further noted the very late notice received of the launch of the Breast Cancer campaign (4th September) as another example of poor communications.
- **Keep Well Mainstreaming** – Margaret advised that she and Sarah had raised through the DPH Group issues previously discussed with regards to the Keep Well mainstreaming and would raise these too with Harry Burns at their next meeting.

MS/ST

MS/ST

31/12 Public Health Network Workplan

31.1 NoSPHN Workplan 2012-2013

a Workplan update (2012/13). Members noted the updated plan in particular confirmation from the ADTC Collaborative with regard their objectives. Pip sought advice with regard to the newsletter and it was agreed a NoSPHN update should be prepared (review of last year and ongoing plans). Pip also agreed to ask Peter Gent to add the note to the next NoSPG briefing note to Boards.

PF

Pip reminded members that it had been agreed to share work re bed modelling, asset based work and Public Health Governance developments in Boards and she would re - email Members in this respect.

PF/All

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

Pip updated on the possible need for Public Health input to a regional review group for **Hepatobiliary cancer** (on back of a national audit) and advised that NoSPG through the Medical Directors were seeking advice on a Chair for the Group – members agreed to send suggestions to Pip and explore further the type of Public Health support that might be required.

All

Scottish Health Technologies Group – Pip agreed to liaise with Phil Mackie (ScotPHN) with regards to maximising Public Health support to SHTG members at national and regional levels.

PF

NSAG review – Margaret advised that the NSAG review was complete and NSAG was to be replaced by a National Services Committee with membership by Board representation. Members agreed it would be helpful to understand who was representing the NoS Boards. Sarah advised that she had been nominated and if accepted could ensure if there were areas of interest for Public Health she would be able to pick up on these. Members agreed to advise on other Board membership once known.

All

Budget – Pip advised that all NoSPHN contributions had been received and there was an estimated £5k to spend this year of which £3.5k might reasonably be reserved for a CPD event.

Members noted the rest of the report.

31.2 Public Health Overview / action plan

a Health Protection Stocktake. Members noted that as previously discussed a NoSPHN meeting had been arranged for the 14th of September at which all Boards would be represented to discuss the Stocktake and to consider what we might be getting on with whilst the report was considered nationally. Members noted also that a nomination from the North

had been sought to attend a DPH meeting to consider the Stocktake report nationally with a similar aim and in the context of other Health Protection reports/issues. Sarah or Ken Oates (according to availability) had been nominated for this and it was hoped that the regional meeting might happen before the national to ensure regional perspectives could be fed in.

b New Ways of Working – Phil noted that the New Ways of Working report had still to be finalised with aim of taking a draft for approval to the September 28th DsPH meeting. The areas of work previously established were all being progressed by working groups including a Disinvestment Group and Asset Based Work. At the first meeting of a National Health Service Improvement Network there had been an appetite to take an evolutionary approach to developments and to initially share work.

31.3 Civil Contingencies / Critical Infrastructure / STAC Guidance

a Common Approach to Civil Contingencies work

b Critical Infrastructure

c Latest STAC (Scientific and Technical Advisory Cell) Guidance

Members reviewed the papers circulated by Tom Laverty. Sarah noted changes in Police and Fire services which were being piloted which would have an impact on other structures.

Members agreed that it would be helpful for colleagues to meet to discuss the papers and issues further at the STCG meeting to be held on Shetland in September and then feedback / discuss again at the October NoSPHN meeting with an agreed action plan emerging from that discussion. It was agreed that NHS Grampian colleagues should be invited to link by vc/tc to the meeting or to ensure discussion following the meeting. Margaret agreed to organise the meeting prior to the main meeting at the event in Shetland.

MS

Margaret agreed also to rehearse the Critical Infrastructure issues with Tom Laverty and Peter McPhee prior to the October meeting.

MS

Colleagues agreed to feedback comments to Tom/ Pip in advance of the meeting.

All

31.4 Scottish Centre for Healthy Working Lives - Report on meeting 24th August 2012.

Pip highlighted that the Group had met the previous week to consider a number of issues arising from the SCHWL review and in particular recommendations in the report relating to NoS Occupational Health services. She reported that the meeting had been helpful to update on each of the Boards perspectives / positions with respect to the review and that representatives explored shared issues, opportunities and constraints and the potential need for further collaborative working. Those involved agreed to develop a position statement on shared issues with regard the review and proposed further work to develop a collective voice on issues and suggestions for more collaborative working.

Members noted the feedback and agreed to comment on the position statement when available.

PF/All

31.5 GIS Mapping

Ian Douglas (NHS Highland) spoke to his paper circulated which had been developed on the back of discussion at the previous meeting. Reiterating that the views presented were from a personal perspective Ian outlined the context to the One Scotland Mapping Agreement (OSMA) noting that it was last signed in 2009 and that all Boards were signed up to it but that it was due to expire in March 2013. The previous agreement meant that the NHS had access to software at almost no cost. The renegotiation was looking at the funding agreement and what would be procured. Ian noted that the current body that should be overseeing the agreement was in abeyance and he was keen to highlight the need to ensure the NHS was well represented on other groups influencing the OSMA to recognise the potential cost implications, how those costs might be apportioned and what will be procured. Ian also felt there was a need to be clear nationally on a spatial strategy and ensure the NHS influenced the direction of travel. Ian also sought views on the development of a sustainable Geographical Information (GI) function building on OSMA.

Jillian noted that although she was not well sited on the issues that there should be key contacts in each Board who would be aware of the OSMA (possibly within planning functions)

and that within NHSG there was a lack of awareness of the agreement and products available. There was a need to understand needs and the skills required to use the software in Boards. She agreed that NHS representation was required. Pip noted that Paddy Hopkins (NHSH) was appraised of the issues and she had feedback from Martin Malcolm (NHSWI) who felt that there was a need to understand what central support was available to Health Boards to develop their GIS functionality. Previously this had been provided through ISD but post-ISD restructuring he felt this was unclear. Sarah noted that she had exchanged emails with Paddy Hopkins on this issue and highlighted that NHSS has used the software in Public Health and David Kerr had accessed some of the training available. Sarah had asked at national DsPH level where the agreement was in other Boards and to understand the scope for DPH involvement in the national groups and procurement work. Some of the DsPH were more engaged as was ISD.

Sarah recommended asking through the national DsPH Group for NHS engagement and also to ask where it fits within the ISD programme – Sarah and Margaret agreed to raise at the next DsPH meeting. Sarah suggested also a need to understand in the NoS how collectively we might best use OSMA – liaising too with local authority colleagues ie to understand where our interests and expertise lay in the NoS. Jillian agreed that this could be progressed through the NoS Health Intelligence leads with a view to bringing it back to NoSPHN. It was agreed that the NoS discussion should occur prior to the OSMA subgroup in October and to inform discussion at the national DsPH group (28th September).

MS/ST

NoS HI
Leads

Sarah also agreed to raise at NoSPG the following day given the wide range of people other than Public Health that use it eg planning partners, estates and SAS. Ian noted the Ordnance Survey (OS) had been very supportive previously and thought that they would welcome approaches for support.

ST

32/12 North of Scotland Planning Group

32.1 Feedback from NoSPG meetings (there had been no meetings since the last NoSPHN meeting – the next meetings are NoSPG 29th August, IPG 26th Sept).

National review of Regional working – Sarah updated on the National Review of Regional Working noting that she had been interviewed and had also been invited to contribute to a workshop. The work was due to report in September at the national Chief Executives meeting. Mixed views had been expressed on regional working but Public Health / NoSPHN input had been recognised. The consensus was that there was a role for regional working, that there was a need for clarification of some of the working relationships nationally; that regional working needed to be fit for purpose and recommendations for working should not be too prescriptive.

32.2 Update re NoSPG programmes:

- Cardiac: Cardiac event 30th October, Nairn – Pip and Elaine Garman were attending but none of the DsPH could attend and Pip asked that Public Health representation be sought in Boards for the event (particularly in NHSG). Members advised producing a Public Health briefing/ email exchange for colleagues attending the event to complement local briefings.
- Following discussion with Peter Gent members noted possible requests for support for work emerging through NoSPG including Trauma Services, Vascular Services and Hepatobiliary Cancers (as previously noted). All would require clarification on what required. Sarah agreed to report back after the NoSPG meeting if further needs were identified.

All

EG/PF

ST

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

a Horizon Scanning debrief meeting 16th May 2012 – members noted the paper circulated.

b NoSPG update – Sarah, Margaret and Pip had met with Peter Gent to discuss the further development of the horizon scanning work – the basis for discussion was that the work would only really have been successful if something changes as a result. Peter was keen to continue with the approach particularly in context of review of regional planning and ensuring that regional needs are met and had agreed to raise at NoSPG the following day.

c Intelligent region – Pip and Jillian spoke to the discussion paper circulated exploring the concept of an Intelligent Region informed by the Dr Foster collaborative and their and Susan Webb's thinking on how this translated to Board and regional levels. The thinking had emerged from the Horizon Scanning event and the concept essentially was aiming to get the right information accessible to the right people at the right time to inform thinking, challenge and decision making and that audits conducted by Dr Foster implied that most systems could be improved.

Jillian described a model (figure one of the report) of a tiered approach to: improved management information / information monitoring and reporting through operational systems (which could be on a shared drive with an ability to drill down or highlight issues); cross system performance assurance and governance (whose information needs should be distinct from operational levels but with exception reporting) and strategic business and governance information. Jillian proposed that if adopted the development of the approach needed to be evolutionary. The working group had also looked at how Board level approaches might be replicated at a regional level also which was indicated in the boxes on the figure. The approach would also require a systematic approach to looking at issues on an annual basis.

Exploring the concept in light of current Board processes and functions members were supportive of the approach in principle, noted that the framework described was helpful in bringing together all the information elements required into a coherent structure and could help to more clearly articulate the Public Health components and could see the potential for adaption for regional purposes.

Members recommended that the public information aspects be incorporated and that the model be populated with a couple of examples of regional strands of work to make it real and to show information needs across a care pathway.

JE/PF/
SW

Margaret noted that that the model represented what could be a radical way of looking at systems and that change towards this might be challenging because of different systems and information needs operating in Boards for example short term dashboard approaches compared to longer term Public Health requirements, the model also needed an understanding of where to get different information from.

Pip fed back comments from colleagues not able to attend the meeting - Paddy Hopkins (NHS) had noted a need to ensure use supported a drive towards improved quality and efficiencies and Martin Malcolm (NHSWI) a need to consider the impact on Health Intelligence services.

Pip advised she had tested the model with Peter Gent who had been enthused by the principles/ approach and who had asked that the approach be embedded within the concepts arising from the Horizon Scanning event along with the blue print and 'new rules' thinking prior to it being presented to NoS IPG for discussion on the 26th September.

It was agreed to engage further with others at local and regional levels – not just Public Health (Ken to advise who to discuss with in NHSO) prior to submitting a revised paper to the next Integrated Planning Group and use the model as a way of underpinning some of the horizon scanning work and define the further work required noting it was evolutionary and whole system approach was required.

JE/PF/
SW/All

33/12 Further business

33.1 Scottish Public Health Network (ScotPHN)

a Update paper - Phil highlighted that a paper on Rheumatoid Arthritis was expected shortly and ScotPHN were on course to get the interim epidemiology statement on the Health and Social Care Needs of Older People out in early September. Local data being provided by ISD was due later in September. Sarah sought clarification that there would be validation of the local data before it was published and Phil noted that this would be through ISD and ScotPHO - Sarah and Phil agreed to meet outwith the meeting to discuss further. Phil also noted ongoing wider work on the needs assessment to which NHS Highland was contributing with work re Pharmaceutical Public Health and also Dementia.

ST/PM

Phil sought clarification on interest re a neurosurgery needs assessment in the North and Pip

PF

agreed to clarify on the understanding that she thought initial interest had been from NHS Western Isles with regard to a Neurological Conditions Services needs assessment.

b Memorandum of Collaboration (MOC) – Pip noted the changes highlighted in the MOC at section 3.3 and the NoSPHN Governance statement (to reflect Steering Group changes to the Clinical Governance statement). Members approved the Governance Statement and the MOC subject to deletion of the line at the end of section 3.1. Phil noted that the ScotPHN Executive had approved the MOC and it was agreed that two signed copies should be sent to ScotPHN.

MS/PF

c Membership of ScotPHN - Margaret advised of an invitation to the NoSPHN Lead to join the ScotPHN Executive Committee with attendance by a Deputy if she was not able to attend on the presumption they could represent and speak on behalf of NoSPHN. Members noted the invitation and agreed a Deputy should be sought in Margaret's absence.

PF

33.2 Parliamentary Committee on Welfare Reform

Members noted the briefing note and supporting papers that had been circulated. Phil advised that he had received final copies of the work from Lorraine Mann (NHSH) and was adding this to a key messages / learning document for circulation to DsPH for local use (by end of September).

34/12 AOCB

Items to be brought forward to future meetings:

It was agreed that some reflection on the National MCN review / new MCN Guidance (issued July 2012) in the light of discussions re regional working and also in the context of NoSPHN as a network would be helpful.

PF

35/12 Date of next meeting Wednesday 31st October 2 - 4.30pm

Further meeting Dates for 2012 – Wed 19th December 2-4.30pm