

Present:

Margaret Somerville - NoSPHN Lead, Director of Public Health, NHS Highland (Chair)
Sarah Taylor - Director of Public Health, NHS Shetland
Susan Webb – Deputy Director of Public Health, NHS Grampian
Louise Wilson – Director of Public Health, NHS Orkney
Pip Farman - North of Scotland Public Health Network Co-ordinator
Paddy Luo-Hopkins – Head of Health Intelligence, NHS Highland (for Item 39.5)
Ian Douglas - Health Intelligence Specialist, NHS Highland (for Item 39.5)
Ray Watkins - Consultant in Dental Public Health / Head of Health Improvement, NHS Grampian (for Item 40.1c)

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.

36/12 Welcomes and apologies

Apologies had been received from: Lewis Ritchie, Phil Mackie, Ann Conacher, Ken Oates, Martin Malcolm, Susan Vaughan, Noelle O'Neill, Elaine Garman, Suzanne Baird, Emelin Collier, Ken Black and Wilma Reid.

37/12 Minutes of the last meeting 28th August 2012

The minute of the last meeting was approved and 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

38/12 Matters arising from last meeting not on the agenda

(30/12) Faculty Conference 2012, 2013 – no further advice had been received on the potential for the event to be held in the North in 2013. Pip noted that the Horizon Scanning abstract submitted had been accepted for presentation at the 2012 Faculty conference in November. Both she and Sarah Taylor were presenting.

(30/12) CMO meeting - Detect Cancer Early and Keep Well Mainstreaming – both issues had been discussed at the CMO / DsPH meeting the previous day – Margaret advised that there was nothing specific to report to NoSPHN.

(31.1b) Scottish Health Technologies Group (SHTG) – following an agreement to support NoS colleagues attending the SHTG Pip advised she had spoken with Phil Mackie who was in discussion with both the SHTG and the National Services Committee with regard needs for Public Health support. Pip suggested waiting for the outcome of this before agreeing a NoS approach. Louise noted that an induction event for new SHTG members was planned for the 12th November after which she would report and advise of any immediate needs arising for NoS colleagues.

PM

LW

Margaret further advised that the work of the NHS Highland Clinical Advisory Group had received a bursary award to support Noelle O'Neill to undertake a study tour the main focus of which was to look at the process of assessment and adoption of health technologies (medical devices as opposed to drugs) and its place in service developments. Members welcomed Margaret's offer to bring the work back to NoSPHN when complete.

MS

(33.1b) Neurosurgery needs assessment – Pip clarified that there had been no call for a neurosurgery needs assessment from the North of Scotland. Interest had previously been intimated in a neurological conditions needs assessment (expressed by NHSWI). Phil Mackie had noted however that if the former was needed a formal proposal could be made to NPF.

39/12 Public Health Network Workplan

39.1 NoSPHN Workplan 2012-2013

a Workplan update (2012/13) – and updates from last meeting. Pip spoke to the paper circulated highlighting new items of work that had been progressed (in yellow, all of which were on the agenda) and those that had been completed to date (blue). The report further updated

on all other work in progress. Pip noted a delay in circulating the NoSPHN newsletter. Members noted the update.

PF

b Specific updates from key Groups / programmes not on the agenda. Members noted the updates with thanks.

39.2 Public Health Overview / action plan

a Health Protection Stocktake – national update and NoSPHN Stocktake meeting 14th September 2012. The DsPH updated on discussions nationally. Fiona Mackenzie had been asked by the National Planning Forum to lead a sub group with the aim of producing an implementation plan with representation expected from the original Stocktake working group and the regions. Members noted the position.

b New Ways of Working - Phil Mackie had advised that the final New Ways of Working report was to be discussed at the SDsPH away day on November 23rd. Three workstreams were in development - Assets-based working, Disinvestment and the Health Protection Stocktake and “quick win” actions were being scoped by SDsPH working groups.

Members noted an interested in;

- Ensuring clarity on the aims of the New Ways of Working approach and understanding how the work would lead to more efficient and effective working and a questioning of how we (Public Health) do things.
- Ensuring a continued focus on the asset based approach and supporting approaches looking at the evidence base for the work and consistency of understanding within the Public Health community.

39.3 Civil Contingencies / Critical Infrastructure / STAC Guidance

Tom Laverty had advised that the next Highlands and Islands Civil Contingencies Group (HISCG) meeting was being held on the Wednesday 31st October when it was intended that the outcome of the meeting in Shetland would be discussed. Progress would be reported thereafter. Members noted the position.

TL

39.4 Scottish Centre for Healthy Working Lives - Pip reported that NoS colleagues had met on the 24th August to share perspectives on the SCHWL review. The meeting had been useful to understand each others positions and to agree a shared NoS position on issues. Susan Webb had agreed to speak to SCHWL to relay key messages. The NoS intention now was to focus on next steps and a further meeting had been held to explore suggestions for developing a collective voice on SHWL issues in the North and the development of a Network approach across the North. This concept had to be further defined it was recognised that that it would need to focus on: sustaining services particularly with regard to vacancies; capacity and models of working; address shared priorities and explore and report on remote and rural interests (where appropriate, linking with other remote and rural Boards). Once initial discussions had been pursued the intention was to use existing meeting structures to develop areas of interest. Pip noted that all DsPH should have been apprised of the NoS position locally and agreed to keep members updated as appropriate.

PF/
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SHWL
leads

39.5 GIS Mapping – Ian Douglas spoke to the briefing paper circulated highlighting that he understood that a business case for the OSMA agreement had now been developed by the Scottish Government (particularly re products) and options for agreement timelines and how the agreement would be funded were being looked at. These negotiations are ongoing with the Ordnance Survey. Although Ian had been recently approached by a colleague from the Technical Strategy and Governance Branch of the eHealth Division, seeking updates from Boards on OSMA product usage and the applications of GIS, he still remained concerned that the OSMA replacement process was potentially moving ahead with limited NHS Board input. He recommended members seeking assurance at senior levels that there had been and there continued to be NHS active input at the national level.

Noting that the item had not been on the last SDsPH agenda as expected and the next meeting would be too late members agreed:

- Ian would circulate NoS DsPH to advise on their local signatories so colleagues might seek reassurance from their eHealth colleagues that they were engaged and were aware of the Public Health interests.
- Ian also to establish who in the Scottish Government was leading on the work with OSMA.
- Margaret agreed to email SDsPH to:

ID
ID
MS

- Highlight the issues, highlight concerns and share contacts.
- To seek to understand whether ScotPHN were engaged.
- To understand ISD's input and the differences between ISD and territorial Board interests.
- To ask to see the OSMA business case if Ian was unable to source first.

ID/MS

Paddy Luo-Hopkins further updated members on a stock take he had conducted of the use of GIS tools in the North which had indicated that GIS applications were not being utilised in a common way across the region. Paddy proposed that this may be addressed by sharing knowledge and skills more often through a North of Scotland forum and made the following recommendations based on the discussion overall including:

1. Reviewing organisational awareness of the importance of the renewed OSMA for the NHS.
2. Encourage greater representation in the OSMA process and development of a national spatial strategy.
3. Ensure an NHS GIS resource of expertise available nationally possibly through the development of a *de minimis* set of GIS skills within each NHS Board.
4. Agree and explore potential options to move GIS away from a background support function, towards the provision of public health information to the public e.g. on-line maps showing the nearest hospital with A&E, nearest pharmacy, dentist, GP etc.
5. Seek surety from Scottish Government Health Department that the renewed OSMA will be sustainable for all NHS Boards.

Members noted the helpfulness of the paper and the proposed recommendations suggesting that the recommendations be discussed further across the North and following feedback from Margaret as detailed above. The CPD options were supported but Sarah noted that the public facing options may not be as important for all Boards.

PLH

Following discussion a proposal to look at organising a series of master classes on the GIS tools was supported (either separately or as part of a bigger event - subject to further discussion at Item 39.6). Pip and health Intelligence colleagues to liaise further.

PF/ HI
leads

39.6 CPD planning / event – Members were asked to advise on any pressing priorities for a NoSPHN CPD event in this financial year given that Boards were at different stages in the development of their CPD planning. Pip highlighted that previously Health Intelligence / information based training and Public Health skills based training (eg for needs assessment) had been highlighted.

Members noted the benefits of one large event to facilitate networking across the NoS but also the challenges of supporting travel to such events particularly from the island Boards – highlighting that remote access options to events was essential for example video and teleconferencing, webinar and other web based packages. Following discussion at Item 39.5 the value of master classes open to all but focussing on key issues was also recognised (either as separate events or part of one event).

Suggestions for the focus of a CPD event(s) included: GIS work (as at Item 39.5); core skills development (to be clarified locally); the Intelligent Region; next steps for the asset based approach (including consistency of understanding and application within the Public Health workforce); embodying behaviour change in care pathways and New Ways of Working developments (see Item 39.7).

All

Members agreed to consult locally on needs and priorities that might be met through a regional approach and feedback to Pip asap. Once clear Pip agreed to propose options to meet these (eg methods / approaches to delivery) within the resources available.

PF

39.7 Workforce Planning – Members had previously asked that Workforce Planning be a standing item on the NoSPHN agenda but the focus for this was not clear and Margaret asked members to update on local issues and identify priorities for action and agree where there would be an added value in considering issues at a NoS level?

Members noted a range of workforce related issues already in the workplan which were being progressed (but were not necessarily pulled together as a workforce agenda) including: CPD, New Ways of Working developments (eg impact on skill mix, establishment, Community Planning Partnership arrangements and integration work), local vacancies / service

developments (eg Dental Public Health post discussion - see item 40.1c) and the Health Protection Stocktake. Members further noted work in progress in Boards including the NHSG Public Health 2020 vision (which Susan agreed to share) and other Boards noted similar developments.

SW

Sarah expressed interest in understanding NoSPHN members collective workforce challenges and interests and for example exploring how New Ways of Working applied locally and what this might mean for the NoS particularly in terms of sustainability. Noting there was a SDsPH workshop on the New Ways of Working plan on the 23rd November Margaret agreed to remind those attending in advance of the event to consider what might be further developments in the NoS. It was suggested that further NoS discussion on this could also form the basis of a master class.

MS/
DsPH

39.8 Reflection on NoSPHN in light of the outcomes of National MCN review / new MCN Guidance (issued July 2012). As previously agreed Pip had reviewed recent MCN guidance and highlighted from her perspective what NoSPHN are already doing that aligned to the guidance (having previously agreed NoSPHN would not meet the criteria as an MCN) and to reflect on and highlight some questions in the areas where we do not meet criteria. Pip noted that engagement and developing and updating the NoSPHN quality framework were the key areas that stood out for her on which to reflect.

Members discussed the paper circulated noting the importance of reviewing NoSPHN against the guidelines and supported the observations made. With regard to engagement whilst members recognised that ownership of the NoSPHN was key for immediate stakeholders wider engagement was best developed on a case by case basis depending on the piece of work being developed – eg CPD and service redesign might require very different types of engagement. Members further noted that NoSPHN may benefit from review against the Quality Strategy eg in terms of service improvement and redesign methodologies eg LEAN approaches and patient safety aspects (in the context of Public Health). Margaret noted work ongoing in NHS on project charters which she agreed to share.

MS

Pip agreed to review the current NoSPHN quality framework based on the discussion and feedback at a future meeting.

PF

40/12 **North of Scotland Planning Group**

40.1a Feedback from NoSPG meetings (IPG meeting 26th September 2012, the NoSPG meeting of the 17th October 2012 was cancelled. Next meetings: IPG 21st November 2012 and NoSPG 12th December 2012). Sarah updated on the last IPG meeting at which the Intelligent Region concept had been discussed which had been helpful, noting that work to test proof of concept was ongoing.

40.1b National review of Regional working. Sarah noted that the national review had reported and had been presented to Board Chief Executives. The work of NoSPHN had been recognised within the review, no structural change had been proposed and a commitment to regional working had been reemphasised. As a result the substantive post of the North of Scotland Regional Planning Director had recently been advertised (members notified by separate email – closing date 16th November).

40.1c Update re NoSPG programmes:

Cardiac event 30th October, Nairn – Pip updated briefly on the event noting that the day had comprised presentations and workshop discussion groups with the aim of identifying challenges, the benefits of a regional approach, priorities and solutions to the challenges and consideration of potential regional aspects of the wider care pathway. Pip noted that she understood that feedback from discussions at the event was being collated and would be circulated for further comment.

Proposal to Develop an Oral Health Clinical Network across the North of Scotland for all Dental Services – Ray Watkins spoke to his paper circulated noting the progress that had been made to date across the NoS Maxillo-facial and surgical dental services network; Restorative dental care network; and Orthodontics network. Ray highlighted that initial discussion with the NoS Clinical Directors and Consultants in Public Health had now highlighted the potential for a collaboration of the five NoS Health Boards that could result in a single planned system for oral and dental health. This type of strategic network could support present structures with Health Boards and Community Health Partnerships and Acute services

maintaining a clear role in planning and delivery within an agreed framework for dental and oral care across the North of Scotland. The emphasis on such planning would be: efficient and effective delivery of oral and dental care as close as possible to the community; participation across all Boards and sectors; a focus on education and training and identifying and managing the impact of Scottish Government controls particularly for remote and rural areas. Ray sought support for the proposal to establish a NoS network.

Members were supportive of the proposal being worked up further noting that:

- The Consultant in Dental Public Health post in NHSH would shortly be vacant and there was an option to look at Dental Public Health within the model / network also.
- That work to develop the network proposal would be required prior to the paper being circulated further including detailing the added value of the network, the outcomes the network would deliver and what the network would seek to fix (eg local service sustainability) with a note that understanding of current care pathways was critical.

Members advised that next steps should include:

- Ensuring the NoSPG team was sighted on the proposal particularly if there were likely financial implications.
- To take a paper to the NoS Integrated Planning Group (Officers group) to seek views and explore the potential of the network
- Ensure that local stakeholders were aware of and supportive of the development (if in principle) and state this in the paper.

Members noted that the NHSH post would be come vacant in January and the potential for a NoS approach to Dental Public Health would need to be moved on in advance of any network development. Margaret agreed to email colleagues to highlight issues and look at possible solutions.

MS

NoSPG developments possibly requiring Public Health input: Pip advised that she had recently spoken with Peter Gent who had advised on possible work focussing on the Major Trauma Review; Services for Amputees; and the outcome of the Breast Screening Services Review. Peter had indicated that he was hoping to attend the next NoSPHN meeting in December and present paper summarising issues when clearer.

PG/PF

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

a Update on developments (blue print and Intelligent Region) – Sarah and Pip advised that work on the blue print and Intelligent Region was ongoing in particular to ensure relevance to NoS planning.

b Review of Horizon Scanning work – further to the last meeting a survey had been designed and sent out to all colleagues attending the Horizon Scanning event last September 2011 along with others colleagues who it was known had been specifically introduced to the work. The aim was to identify if the work had been used and whether it had any impact and further to ask respondents if they would be willing to participate in a short interview to look at the issues in a bit more depth including how the work might have been improved and to identify any next steps.

Members noted the update and agreed to promote responses to the survey (the closing date for which had been extended to the 2nd November). Pip noted that a full report would be given at the next NoSPHN meeting and initial findings would be presented at the Faculty Conference.

ST/PF

c Ecological Public Health: the 21st century's big idea? An essay by Tim Lang and Geof Rayner Source: BMJ 2012;345:e5466 doi:10.1136/bmj.e5466 (Published 21 August 2012) – Members did not have time to discuss the paper referenced but noted its relevance to discussion as part of the New Ways of Working developments.

41/12 Further business

41.1 Scottish Public Health Network (ScotPHN)

a Update paper. Members noted the update with thanks.

b ScotPHN Project selection criteria for comment. Members agreed to review the criteria for comment to ScotPHN and also for relevance to NoSPHN's project selection criteria (see page 5 or workplan Item 39.1a) – members to feedback comments to Pip.

All

c Memorandum of Collaboration – Margaret noted the MOC had now been signed off by both NoSPHN and ScotPHN.

42/12 AOCB

- Members noted that the DsPH position in NHS Western Isles had yet to be advertised. Margaret noted her intention to follow this up with the Chief Executive of NHSWI and offer support to look at potential solutions to progressing the post (north / nationally) and report back to NoSPHN.
- Paddy Luo-Hopkins had noted an AOCB focussing on Healthy Start – Pip agreed to ask Paddy to email member's outwith the meeting.

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PLH

43/12 Date of next meeting - Wed 19th December 2 - 4.30pm

Proposed dates for 2013 (members are asked to highlight any clashes with other meeting / events) – all 2 – 4.30pm All/AM

Wednesday 6 February

Wednesday 3 April (may need review as clashes with Easter hols)

Wednesday 5 June

Wednesday 7 August (may need review as clashes with summer hols)

Wednesday 2 October

Wednesday 20 November