

**Unapproved minute of the North of Scotland
Public Health Network Steering Group Meeting**

Thursday 21st August 2014, 2:00– 4:30pm
All members joined by videoconference

**NORTH OF SCOTLAND
PUBLIC HEALTH NETWORK**

Present:

Margaret Somerville - NoSPHN Lead, NHS Highland (Chair)
Susan Webb – Deputy Director of Public Health, NHS Grampian (from Item 35)
Louise Wilson – Director of Public Health, NHS Orkney
Sarah Taylor – Director of Public Health, NHS Shetland
Jim Cannon – Director of Regional Planning, NoSPG
Elaine Garman – Public Health Specialist Argyll and Bute, NHS Highland (for Item 35.1e)
Pip Farman – Public Health Specialist / North of Scotland Public Health Network Co-ordinator

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.

NB Not all members were in attendance for all items. Items were not all taken in order but are reported in numerical order

| | | Action |
|--------------|---|---------------|
| 30/14 | Welcomes and apologies - had been recieved from Phil Mackie, Ann Conacher, Katherine McClure and Maggie Watts | |
| 31/14 | Minutes of the last meeting 11 th June 2014 The minute of the last meeting was approved. Members gave no reason why the papers / minutes of the last meeting should not be made available by open access on the internet. | AM |
| 32/14 | Matters arising from the last meeting and not on the agenda | |
| | <ul style="list-style-type: none"> NHSG – recruitment to Consultant posts – Margaret noted that an appointment had been made to the Consultant in Dental Public Health position (Jonathon Iloya) with a start date in October and that a meeting had been arranged between NHSG and NHSH colleagues in September to review planned work. Members agreed to discuss developments at the next NoSPHN meeting. | SW/MS |
| | <ul style="list-style-type: none"> ME/CFS (national meeting May 2014) – Phil had noted to Margaret that following the national meeting in May there was nothing new to report and that the ScotPHN needs assessment was still considered the most appropriate reference document. | |
| | <ul style="list-style-type: none"> Invitation to Kerry Russell to attend a NoSPHN meeting – Pip noted that Kerry was able to attend the October NoSPHN meeting but noted that that this date was under review. Jim further suggested that he and Kerry share attendance at NoSPHN. | PF |
| | <ul style="list-style-type: none"> Sharing of Board information – Pip advised she had still to ask Boards for information on welfare reform developments which would then be shared. She suggested that following feedback it was not possible for Boards to share information on integration at present as developments remained ongoing in Boards but suggested verbal updates be given at relevant meetings meantime. | PF |
| 33/14 | ScotPHN updates and developments | |
| | 33.1 Scottish Public Health Network (ScotPHN) | |
| | a Update - Members noted the update with thanks and advised that it would be helpful if further updates took the form of those circulated on previous occasions ie highlighting who was leading on each of the programmes, timescales and if the update could makes the links to relevant other programmes of work eg nationally. | PM |
| | Pip advised that further to discussion at the last meeting the Lanarkshire Public Health standards had been circulated to DsPH. There was no update on the LTC, learning disabilities and Ophthalmology queries highlighted at the last meeting. | |
| 34/14 | North of Scotland Planning Group / programmes | |
| | 34.1 Feedback from NoSPG meetings: (there had been no further NoSPG meetings since the last NoSPHN meeting) | |
| | <ul style="list-style-type: none"> NoSPG annual report – Margaret noted that she had approved the NoSPHN input for submission for the NoSPG Annual Report and Jim confirmed he was now presenting the report to Boards and would ensure circulation of the report to members. He noted that he | JC |

would welcome comments on the report eg structure, information presented, on which services to report and general direction of travel.

All

- Jim spoke to the paper circulated by Kerry Russell on the NoS Regional Sustainability Programme - emphasising internal processes, the need for appropriate data on which Kerry was working with eHealth colleagues and the intelligent region.

Margaret referred to the induction meeting held for Louise Wilson with Jim and Elaine Mead noting discussion had emphasised the need for a more cohesive regional planning framework and commissioning cycle. Jim asked how far regional planning should link to community planning/ locality planning over and above the more traditional secondary and tertiary planning links. Sarah suggested that this might become clearer once integration discussions were further forward and noted that Kerry's paper focussed on process and that it would be good to give a clear indication of what difference the processes proposed would make. Noting this Jim emphasised the need to get processes right to ensure the appropriate prioritisation of work and that a new Regional Clinical Director role was central to this. With respect to the latter Jim advised that although the post had been advertised it has been agreed to review the title and job description in the light of feedback which had delayed the recruitment process slightly but a revised job description was due out shortly.

34.2 Update on NoSPG workplan / programme developments including:

- NoSPG workplan / exception report May 2014 – Members noted the paper with thanks.
- Cardiac surgery project – Pip highlighted that a NoS cardiac surgery meeting had been rescheduled for 23rd September and she was liaising with Elaine Garman (NHSH) and Mike Crilley (NHSG) re identifying potential Public Health support needs of the work.
- Sustaining Oncology Services in the North of Scotland programme – Pip noted that she and William Moore (NHSG) had met with Grace Ball and Lesley Forsyth to discuss the potential Public Health needs of the programme which remained unclear but they were keeping in close contact.

34.3 Small volumes / outcomes and sustainability work

Pip spoke to the papers circulated outlining the findings of the evidence reviews, summarising themes emerging from discussions re previous reviews and highlighting the proposed agenda for a meeting on the 12th September at which there remained a number of questions to explore. Pip asked for feedback on the papers and work to date and advice on the meeting eg representation and whether there were other questions that needed to be asked.

Sarah noted the outcomes of the evidence reviews would be useful for further debate and that Table 1 in the core paper offered a framework on which to discuss whether these were key areas of business or whether anything was missing. Louise noted that at an RGH level it was clear what eg surgeons needed to do but that there was a need to maximise the rest of their time and rotation into large volume areas was part of this. Louise suggested that once the outcome of the meeting on the 12th was clear that Medical Directors needed to continue work on the issues locally. Margaret emphasised the need to look at different models of working eg technological solutions to ensure maintenance of workloads. Jim emphasised the links to the Clinical Director role and the work that Kerry was doing in terms of overall sustainability.

Members supported the view that the meeting should go ahead as planned and agreed to feed back further comments on the work to Pip prior to the meeting on the 12th September.

All

Susan Webb joined the meeting.

35/14

Public Health Network Workplan

35.1 Update on NoSPHN programmes of work

a Health Protection next CPD session 3rd October 10-12.30 – Pip reminded members that it had previously been agreed that the next Health Protection CPD session would focus on the HPZone and its implications (following implementation) and also to pick up on the national Health Protection Stocktake developments both nationally and the implications for the NoS. Pip asked for confirmation that the meeting would still be helpful.

Sarah noted that the first National Health Protection Stocktake meeting was to be held the following week and that she could feedback after this. Members agreed to review the need

All
All

for the meeting and its focus locally and feedback.

b Health Intelligence – the group noted that the group had met early in June and there was no progress to report.

c Health Improvement Collaborative – Pip advised that the next meeting of the group was on the 5th September 2014 – key items on the agenda included: Board updates; the WoS Practitioner scheme; SHWL; preventative spend, welfare reform; CPD needs and clarifying the added value of regional working.

Noting the most recent developments nationally re SHWL Susan highlighted the proposed hub model for collaboration on services based on 5% efficiency savings across all Boards from April 2015. Views on the proposal were being sought through DsPH. Members noted with thanks the significant amount of work Susan had invested in the development of the proposals. Susan sought views on whether a NoS hub approach would be welcomed; who might Chair the national SHWL Partnership Group and the appropriateness of identifying one NoS representative to sit on Partnership Group on behalf of the NoS Boards.

In discussion members noted:

- The hub did not have to be regional but the NoS had a good track record on which to build
- The need for internal discussion in Boards
- Concerns raised at a national level about the current position
- The need to maximise what was achievable within current resource constraints
- The need for DsPH to maintain executive leadership role for the work in Boards.

Members agreed to advise Susan asap if there were likely significant problems with the proposed hub model – noting that if there was not consensus on the model then there was no clear alternative.

All

d Workforce planning:

- Katherine McClure work experience – Pip noted that Katherine had been unable to attend the meeting but a programme of visits had been arranged both in Aberdeen and Inverness and Pip would report back at a later date. PF/CL
- SpRs feedback – Pip advised that Jim Chalmers had received a paper from the Scottish SpRs on recruitment and working in the North of Scotland (paper circulated). Members noted the feedback was very helpful and Susan and Margaret agreed to discuss locally and nominate a SpR to contribute to writing a prospectus with Pip for the next recruitment round. Members noted the need also to review other work eg through the Northern Peripheries and local projects to inform the work but that the initial task should be to produce a paper by the end of September (eg description of types of work, opportunities) MS/SW PF
- Remote and Rural Public Health module – in her absence Pip reported that Maggie had a meeting planned with UHI representatives on the 4th September to progress. Members asked that if Maggie required support that she let members know. MW
- Rescheduling of 23rd September workforce meeting – Pip noted that the planned date in September was no longer convenient for all DsPH and she proposed rearranging the workforce date to align with a rearranged NoSPHN meeting date in November. Members supported the proposal. PF/AM

e Futures thinking / planning

i Margaret Hannah – Pip updated on the 3 horizon sessions being organised through International Futures Forum. The date for an action learning set had been confirmed and there was space for one further participant and for training an additional facilitator. Pip asked that members advise by return if there were further nominations. (*Post meeting note – all places have now been allocated*). The half day training session had still to be organised and this was planned for before the end of the year and was likely to be held in Inverness with remote access.

ii Population of 1 Million scoping – Pip noted she had started the development of the scoping after discussion with Jim and Kerry and following suggestions for the piece of work arising from a number of meetings. Members reviewed the paper circulated highlighting the need to:

- Ensure a focus on specific questions that needed to be answered and that these

- should be generated through NoSPG (ie what do we want to know about a population of 1M, what is sensible to do at a population level of 1M?)
- To focus on outcomes to be delivered at a regional level, identify the range of Board level information that might be pulled together to support the work and an in depth analysis of certain areas of work (key questions) with a defined process
 - Work should inform the development of a routine data set for NoS (clearly defined i.e. what are the problems that are amenable to a regional planning function - informed by Planners and Public Health)
 - Table of reference information to be removed (to remove any expectation of development of a new information resource)
 - Areas of interest noted were around inequalities in the NoS and the Public Health advocacy role in this.
 - Members noted that separately NoSPHN may also have some Public Health questions.
- Pip agreed to revise the paper and liaise with Jim and Kerry in the further development prior to circulation to NoSPG. PF/KR/JC
- Early Years Collaborative (EYC) opportunities – Pip advised that all Boards had now nominated colleagues to attend a NoS EYC meeting to explore shared issues and an invitation would be issued shortly. PF
 - Integration:
 - Strategic commissioning plans – Louise highlighted that a checklist would be useful eg to ensure key areas were covered when agreeing plans (particularly for adults) to reduce the risk of key services being missed in this time of change and asked members to advise if this would be helpful to them too and if so the need to explore further with members what these might look like. LW/All
 - Public Health functions for island Boards and geographically remote areas – Elaine Garman highlighted the position in Argyll and Bute (NHS Highland) where it had been agreed to incorporate Health and Social Care services (Child and Adult) and all health services (including those with NHS GG&C) into a body corporate, this had raised issues over where best the Public Health Dept in Argyll and Bute should sit. To date the service had always been seen as frontline service so could be incorporated in the body corporate but there was also a need to maintain a presence at a strategic level also. Elaine asked for feedback from the island Boards / others on their approaches to deploying local resource. Members noted a range of positions still under discussion but the importance of the DPH role at an Executive level to maintain oversight of core PH services and the need for commissioning and delivery functions.

35.2 NoSPHN Workplan 2014/15

a Workplan update (2014/15) Pip advised that the plan had been updated to reflect developments / discussion following last meeting – much of which was on the agenda.

b Specific updates from key groups / programmes - noting the updates on the paper circulated Pip advised that she had spoken with Sharon Pflieger (NHS) re potential ADTC developments who was proposing to write out to all NoS Board ADTC, Pharmacy and Public Health leads to suggest a meeting before the end of the year to explore potential joint needs / work particularly in the light of national developments. SP

c Further developments / proposals

Louise offered a suggestion for the further development of NoSPHN to capitalise on the strengths of the network and to promote NoSPHN in particular as a Remote and Rural network eg offer opportunities for the practical application of research and establishing links to the northern peripheries and other work streams. Margaret suggested a thought piece for the Faculty newsletter. Members agreed to revisit at the next meeting of the Steering group. LW

35.3 Scottish Affairs Committee Faculty Conference 2014 - Pip gave an update on the programme for the conference noting that colleagues were being advised if their abstracts had been accepted and the conference registration flier was due to be circulated shortly. Pip noted that remote access using WebEx had been tested across the NoS Boards and subject to clarification / confirmation of issues from the event IT organisers this was the likely route for linking as it was cheaper than videoconferencing but there were recognised risks to using

this as there were video conferencing. Members noted the update and Susan asked for clarification on how the parallel session headings and content were organised as this had been mixed in previous years. Pip noted that she understood that the headings had already been organised but would check and reflect the feedback.

PF

36/14 NHS Grampian led discussion:

- NHSG Evidence reviews available at <http://www.hi-netgrampian.org/hinet/4935.html> - Susan noted that NHSG had been collating regular evidence reviews and was keen that these be shared and to understand how might be used more widely. Members agreed to circulate to their teams locally and gather comments for feeding back.
- Substance misuse services review – Susan reported on work in NHSG on substance misuse services and highlighted that Chris Littlejohn was happy to host a NoS discussion with those working in the field in the NoS to see if there were mutual areas of interest / concern. Members supported the proposal. Pip agreed to liaise with Chris to support the setting up of the meeting.

All

CL/PF

37/14 NoSPHN Lead role – noting her retirement from the 21st October Margaret Somerville formally handed over the NoSPHN Lead role to Louise Wilson and thanked members for all their support. Louise led a vote of thanks on behalf of the group noting all of Margaret's work with NoSPHN, her mindful leadership and support. Members wished Margaret well in her new endeavours.

38/14 AOCB

Letter from Scottish Government re Executive Board roles – Louise noted recent correspondence from Scottish Government on Executive member appointments.

Susan noted that Prof Sir Lewis Ritchie had announced that he would be leaving NHS Grampian on the 3rd October and returning to academic work but would retained as an Honorary Consultant. Susan advised that she would be acting up until a new DsPH was appointed. In his absence, members wished Lewis well. Margaret offered support by sharing the NHS Highland DsPH job description and noted that acting arrangements in NHSH had still to be confirmed given there was a likely to be a gap between appointments.

MS

39/14 Items to be brought forward to future meetings:

- NoSPHN Quality Framework
- Promoting NoSPHN as a Remote and Rural network
- Regional Dental Public Health developments

PF

LW

SW/MS

40/14 Date of next meeting: this was scheduled for Tuesday 28th October 2 – 4.30pm but is not now suitable for all. It has not been possible to identify an alternative date in October. Pip proposed reviewing both the October and the 10th December NoSPHN meeting dates and holding one meeting in November (reducing the number of meetings this year to 5) and aiming also to align the workforce meeting as discussed at Item 35.1d to the same date). Members supported the proposal.

PF/AM

(Post meeting note: the date for the next NoSPHN meeting has been rearranged for Friday 21st November 2014 (am – time tbc) and will be followed by a DsPH workforce planning session in the afternoon). The NoSPHN meeting dates of 28th October and 10th December have been cancelled.