North of Scotland Public Health Network Steering Group

Date		24th October 2023			
Venue		Microsoft Teams			
Chair: **Present:** **Apologies**		Tim Allison Kim Penman, Susan Laidlaw, Louise Wilson, Shantini Paranjothy, Keith Allan Emma Fletcher			
Agenda Item	**Subject**	**Discussion Points**	**Agreed Actions**	**By who**	**Timescale**
1.	**Welcome and Apologies**				
2.	**Note of Last Meeting**	Note from September 2023 Meeting was approved. It was agreed that one point would be removed before publishing on the website.			
3.	**Matters Arising**	<u>NoSPHN Website</u> A request to provide PH Team descriptors was sent out with papers for this meeting, a template was provided to ensure a consistent approach was taken. Tayside has provided their contribution. LW advised Orkney had also completed this. KP is liaising with AC for Grampian's contribution. <u>Sustainability Discussion</u> TA advised there was an opportunity to participate in the medicines recycling programme already running in Ullapool. KP confirmed that a broader discussion around sustainability had been agreed at the last meeting. KP to schedule a focussed discussion in the Steering Group meetings timetable. <u>PHS Rep</u> TA suggested inviting Ruth Glassbarrow to a meeting to discuss PHS working with regions and boards, with the potential to secure a PHS Rep for NoSPHN. SP was mindful that Public Health Directors Group are already doing a lot of work with PHS, so we would need to be clear why we would want additional engagement with NoSPHN. TA suggested it was to work out our relationship with PHS at a regional level with particular focus on remote and rural. LW felt there is value in meeting to discuss the regional agenda and to understand her new role as well.	**Highland and Western Isles to provide.** **Schedule into timetable, ideally this financial year** **Invite Ruth Glassbarrow to future NoSPHN meeting.**	**TA, KA** **KP** **TA/KP**	

		<u>Long Covid Scoping</u> Long Covid has been raised a couple of times as an area of consideration for NoSPHN. TA asked how should we approach this /what value can NoSPHN add? He suggested an initial collation of activities in boards be compiled to compare and review approaches in the boards. TA asked LW if there was a particular focus she had wanted to progress? LW advised she felt that the PH community as a whole did not seem to be doing that much. What services are available in remote and rural settings? what are the impacts for our community? to inform service planning. LW also highlighted the need to understand health service staffing implications. KA suggested linking with PHS and their academic partner to look at this through a health economic or epidemiology lens? SP suggested a workshop, where we can share what each board is doing but also hear what is being done nationally – and from that come up with next steps. TA agreed it would be interesting to ascertain if there are similar or fundamentally different models – triage, self-referral etc.	**Identify PHS Long Covid Lead. Plan/ host workshopon Long COVID with PHS involvement.**	**TA/KP**	
4.	**NoSPHN Health Protection Network**	<u>Revised Surge Capacity MOU</u> KP summarised the process undertaken to review and update the MOU. Health Protection Leads had reviewed and raised a number of issues requiring clarification. KP has then sought specialist advice on points raised. CLO provided advice on indemnities, PHS also provided input. Health Protection leads, agreed with changes at last Network meeting. MOU is now ready for signing off. KP to send to each DPH and PHS asking for electronic signatures. It will be reviewed in 3 years. The group proposed one minor amendment- title to be *PH incident surge capacity*. <u>Health Protection in the North of Scotland – Strengths Across the System</u> KP shared the draft paper which had been shared with the HP Network at August Meeting. She had subsequently met with HP teams from the boards to discuss. Annex A provides a summary of these discussions, at time of writing she had not met with Grampian and Shetland. KP advised she had met Grampian colleagues today, but no time secured with Shetland to date. KP set out the purpose of producing the paper: - to establish if we have an agreed position within North of Scotland on how best to deliver effective and sustainable health protection services and identify areas where a regional approach could add value/ improvement. KP had observed that	**Change title to PH incident surge capacity.** **Amend, send out to Health Protection Leads and request to get signed off.**	**KP** **KP**	

		there is no desire for structural change, instead a willingness to build on strengths in system. Feedback from teams highlighted a need to emphasis the role of the whole multi-disciplinary team, including key role of nurses, not so consultant focused. Teams really valued the national network connecting with PHS as it enables timely advice, support and specialist. There was recognition of fragility in the system but there was no desire to create resilience through organisational structural change. Workforce challenges came up, teams considered the nationally training provision to be good so no need to replicate that but keen to look at wider 'softer' workforce opportunities. How can we better share experiences and operational ways of working to improve practice. Main areas for improvement identified: access to topic specialist capacity, workforce learning and dev, workforce requirement – being innovative in solutions. KP advised a revised paper will be drafted for consideration at the HP Network in November. TA advised he does have a different view and perception but welcomed comments. LW reflected that change is needed for island services to be sustainable. She recognised that consultants were not keen to cover other areas, but we might be caught out at some point. KA highlighted that resilience is raised in the paper and thanked KP for meetings. From a consultant point of view, he is already cross covering across islands. Staff have multiple roles in islands as there are not many cases. Resilience is linked across different posts. KA believes strong links between HPTs in the different boards is beneficial. A key issue is attracting people to fill posts. KP sought clarity on how the DPHs areas of concern on resilience should be reflected within the paper. TA suggested it should be about a direction of travel, need to set out the continued pressure on system, and where resilience is a concern. This is a genuine issue around sustainability and recruitment. The report should set this out as a risk rather than criticism of current arrangements. Generalists could be part of the solution in rural boards, but there is a risk that these can't be recruited. Overall risk of issues with workforce and we need to look for ways of mitigating and doing things in a different way.	**Re-draft to be considered at next Health Protection Meeting in November with intention of having an agreed position for North of Scotland**	**KP**	
5.	**PH Workforce Planning**	<u>Grow Our Own Specialist Workforce</u> KP referred back to the Scoping document that had been previously approved. PM, PF and KP have been taking this forward. The first step is engagement with DPH's before engaging with staff. Two			

		points to raise – PF is retiring and so can a replacement be identified who has workforce expertise and UKPHR understanding to work with KP and PM. TA advised he would ask Alison McGrory, Associate DPH Argyll & Bute. Second point – Further scoping has been completed for the engagement with Directors. This is key to setting the direction and tone of the wider programme of work, to ensure there is full understanding of the parameters and DsPH positions. It is proposed that a DPH Peer will lead and facilitate these discussions. PM has approached a colleague who has confirmed their interest in principle. The timeframe for this piece of work will be December with group discussion at the January Steering Group Meeting. TA confirmed he would sign off financial side of things. LW asked if this this level of engagement was really required? KP replied that collectively PM, PF and herself felt this was a really important initial stage to invest the appropriate time and capacity into and this is the approach the oversight group were advocating. The next step would be Insight gathering with key staff groups. KA advised he supported the scope. Important to develop a pool of staff and attract people in to North of Scotland. KP confirmed that this programme will capturing staff experiences of their journey to date and what needs to be in place to fully support staff going forward. <u>Co-ordination of Trainee Placements</u> KP updated that a constructive meeting had taken place to discuss co-ordination and promotion of trainee placements. It was meant to be a one-off discussion but agreed to come together for a second discussion to tease out what needs to be done/ actions. Main broad themes emerging physical barriers to take up placements - housing, office space; better information about opportunities available in N of Scotland; supervision – need to unpick and understand further. Also discussed the need to ensure equivalent opportunities to support those taking other routes (UKPHR /CESR). It was a really good discussion. <u>Scottish PH Workforce & Development Group Rep</u> SP has agreed to represent North of Scotland DsPH going forward.	**If people have ideas let TA or KP know**	**ALL**	

		<u>NHSG PH Manager Fellow Update</u> SP advised the group of progress with this post. It is a fixed term post to support someone close to completing their portfolio, it will allow capacity to fill gaps for placements required etc. Advertised 24-month post, over 20 applications from across Scotland. Applicants fell into 3 categories: those with a Master's and worked in our system, but wouldn't be able to submit a portfolio in 18 months; those working outside PH areas but have senior positions within the Health system and want to move into a career in PH. Those who this was exactly pitched at, with enough breadth of exposure across PH who with focused time and able to submit a portfolio. An appointment was made. They have HPT experience - high level of experience and expertise. Looking to start in February. TA was interested in senior people moving across and good opportunity to strengthen workforce.			
6.	**N of Scot Board Updates**	TA confirmed Pip is retiring at end of November. TA will be advertising for a Deputy DPH shortly. KA advised that there was no interim DPH in Western Isles, KA stepping in as and when appropriate, DPH advert went out last week. Future times and dates – SL had advised of a regular clash of meeting. It was agreed that start times would be moved back to 3.30pm. TA advised he was not available on 21st November so someone else would need to chair.	**Circulate info on Pips retirement gift/ card and presentation etc.** **Put start dates back to 3.30pm**	**TA** **NM**	
7.	**AOCB**				
8.	**Date of Next/Future Meetings**	Tuesday 21st November 3.30-5.30pm Tuesday 19th December 3.30-4.30pm			