

## North of Scotland Public Health Network Steering Group

<b>Date</b>	20 <sup>th</sup> June 2023				
<b>Venue</b>	Microsoft Teams				
<b>Chair:</b>	Tim Allison				
<b>Present:</b>	Kim Penman, Sara Lewis, Simon Hilton, Susan Webb, Maggie Watts				
<b>Apologies</b>	Emma Fletcher, Susan Laidlaw				
<b>Agenda Item</b>	<b>Subject</b>	<b>Discussion Points</b>	<b>Agreed Actions</b>	<b>By who</b>	<b>Timescale</b>
1.	<b>Welcome and Apologies</b>				
2.	<b>Note of Last Meeting</b>	Note from 15 May 2023 Meeting was approved.			
3.	<b>Matters Arising</b>	<p>Island Group – The Isle of Man Dept of Health and Social Care has requested a meeting to discuss peer engagement with other islands to share practice on HSC regulation. Will need to manage expectations as there is minimal capacity to support this activity.</p> <p>Promoting and Co-ordinating Specialist Training Opportunities – agreement at last meeting was for KP to draft paper – outstanding action</p> <p>Grow Your Own Workforce - meetings schedules with Pip Farman and Phil Mackie in next couple of months.</p> <p>Health Intelligence Network - Emma will chair the group. EF and KP to meet shortly to progress. Highland and Tayside have provided a named person to invite to the meeting. Sara will confirm Orkney's representative. KP to check who should be invited for Grampian, Western Isles and Shetland.</p> <p>Health Protection Network – date for next meeting scheduled for 27<sup>th</sup> July.</p> <p>Steering Group Reps from PHS / Regional Planning Representative- no action taken to date</p>	<p><b>Attend meeting</b></p> <p><b>Draft brief outline paper</b></p> <p><b>Confirm reps for HI network</b></p> <p><b>Follow up with PHS and JC</b></p>	<p><b>TA/KP</b></p> <p><b>KP</b></p> <p><b>SL/ KP</b></p> <p><b>KP/ TA</b></p>	<p><b>July 2023</b></p>

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4.	<b>NoSPHN Workplan 23-24</b>	The workplan has been updated with changes agreed at the last meeting. The group agreed the plan.			
5.	<b>Regional Planning</b>	<p>TA advised he was still not sure what the position was in relation to the needs assessment requests. He had spoken with Pam Dudek, NHSH Chief Exec who was also unsure of the status of the commission and the Clinical Cabinet. Aspects haven't been signed up to by Chief Execs. The status around the needs assessment and funding availability are unclear.</p> <p>MW had a further conversation with JC, he advised the regional planning team are feeling a lot of uncertainty about the current position. JC confirmed he agreed that Public Health should be part of the clinical cabinet.</p> <p>SW suggested we need to separate out the Clinical Cabinet and needs assessment work. The cabinet are still forming / developing. Colleagues on the cabinet hadn't been in conversation about the needs assessment. Suggest Kirsty as Chair is approached to ask why Public Health are not included – KP to ask SL to consider this.</p> <p>SW spoke to Caroline Hiscock who confirmed JC was tasked to prepare a written commission for NoSPHN to undertake a service analysis assessment to inform future workforce design. KP confirmed JC had not made contact on this. SW advised it was JC to progress if they want something specific undertaken. KP suggested it would also be helpful to understanding if proposed regional governance structures are to be adopted.</p>	<p><b>Continue efforts to find out what is happening locally</b></p> <p><b>Informal chat with Kirsty</b></p> <p><b>Contact JC to seek clarity</b></p>	<p><b>TA</b></p> <p><b>SL</b></p> <p><b>KP</b></p>	
6.	<b>Sustainability Project</b>	TA summarised how this project had been identified – it had been hoped that last year's underspend could be used to support a Sustainability project led by Sharon Pflieger. There is still enthusiasm for the project but no identified funding. TA emailed Gregor Smith asking if any central resource could be made available. A Medicines waste programme is being piloted in Ullapool Practice, potential for it to be rolled out to other boards. TA asked the group if this is this of interest? MW confirmed NHS WI would be interested as have a GP trainee going into practice in August and keen they have focus on sustainability. SW was also interested and keen to link realistic medicine and PH agendas. TA advised his links with realistic medicine are good, supporting a social prescribing conference in Inverness. KP confirmed Realistic Medicine colleagues are keen for this	<b>Connect with SP and share</b>	<b>TA</b>	

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		to be progressed. KP suggested clarity still needed on what is a tangible piece/s of work and how to progress this. TA agreed to pick this up with Sharon to see if / how to progress this action.	<b>information with the group</b>		
<b>7.</b>	<b>NoSPHN Terms of Reference Update</b>	<p>KP advised the terms of reference had been updated, but there were outstanding points she was seeking clarity on:</p> <ul style="list-style-type: none"> <li>• Sharing agendas with Health Improvement leads, Health Protection leads, Health Intelligence leads etc – agreed this should be re-instated. KP to look at best method to this now we have TEAMS.</li> <li>• Who is the NoSPHN Chair accountable to as the Regional Delivery Board Chair role doesn't exist. Agreed it should be Chair of N of Scot Chief Execs Group ( currently Tayside CE)</li> <li>• In the event of a critical event a lead professional of another PH network will lead the investigation – who is this? SW suggested JC advises how this is dealt with in other parts of the system.</li> <li>• Professional leads in each board – Agreed to maintain this</li> </ul>	<p><b>Re-instate System to share papers</b></p> <p><b>Check with JC</b></p>	<p>KP</p> <p>KP</p>	
<b>8.</b>	<b>AOCB</b>	<p>MW confirmed that the paper that PF, HvW and herself produced on the Islands working together during Covid is to published shortly in Remote and Rural Health Journal</p> <p>MW confirmed she will be retiring at end of August.</p>			
<b>9.</b>	<b>Date of Next/Future Meetings</b>	July – proposal to cancel and wait for August Meeting.			