APPROVED

Board Meeting
Open Session
10.10.2024
Item 12.3

NHS GRAMPIAN
Minute of Meeting of the Population Health Committee
10:00 on Friday 19th July 2024
Via Microsoft Teams

Present
Dr John Tomlinson, Non-Executive Board Member (CHAIR)
Mr Hussein Patwa, Non-Executive Board Member
Mr Sandy Riddell, Non-Executive Board Member
Cllr Ian Yuill, Non-Executive Board Member

In Attendance
Mrs Louise Ballantyne, Head of Engagement (item 8.1)
Dr Adam Coldwells, Interim Chief Executive
Ms Tracy Davis, Child Health Lead (items 6.1 & 9.3)
Ms Alison Evison, NHS Grampian Chair
Dr Nick Fluck, Medical Director
Mr Stuart Humphreys, Director of Marketing and Communications
Lynsey Martin, Public Health Consultant (item 9.1)
Ms Pamela Milliken, Chief Officer, Aberdeenshire H&SCP
Ms Kim Penman, Programme Manager Public Health
Professor Shantini Paranjothy, Deputy Director of Public Health
Ms Susan Webb, Director of Public Health

Paper Authors
Elaine McConnachie, Public Health Manager (item 9.1)

Clerk/Minute Taker – Heather Haylett-Andrews

No.		Action
1 & 2	**Apologies & Welcome** Apologies were received from: Dr Paul Bachoo, Medical Director Acute Sector; Ms Tracy Colyer, Non-Executive Board Member; Dr June Brown, Executive Nurse Director; Ms Judith Proctor, Chief Officer Moray H&SCP; Mr Dave Russell, Public Lay Representative; and Mr Tom Power, Director of People & Culture Dr Tomlinson welcomed everyone to the meeting and by way of introduction, highlighted the following points: • As our committee seeks to support the population health agenda, it is welcomed that the Scottish Government have taken their vision for health and social care to the Parliament through the Cabinet Secretary. This has been further supported by the NHS Scotland Chief Executive confirming prevention as a strong theme.	

	• Pleased that we are progressing the development of the Committee with the recent lunch and learn, and introduction of deep dives, noting item 6.1 on the agenda today. • Statement of Equalities and Health Inequalities at the top of each agenda, as a prompt for the committee to lead by example by giving due regard to inequalities and equalities as we go through our decision making.	
3.	**Minutes from meeting held on 31 May 2024** The minute was accepted as an accurate record of the meeting pending the following amendments: • First paragraph of Item 4 on page 2 – to read: 'Mr Russell pointed out that he had read in the minutes of the April 2023 NHS Grampian Board meeting that for 2024/25, significant financial cuts (circa £77m) would be required. He asked for assurance that engagement with the public is progressing for this.' • Fourth paragraph on item 4 page 2 – to read: Ms Webb and Mr Humphreys confirmed that a national group is considering communication approaches with the public and NHS Grampian is represented on this group. Ms Webb reminded the Committee of our commitment to develop a real time feedback loop, insights from which would inform future decision making. • 4th question on page 8 – 'cited' changed to 'fully sighted'.	
4.	**Matters Arising** There were no further matters arising.	
5.	**Committee Planning** **5.1 Action Log** Dr Tomlinson thanked Ms Penman for removing the completed actions as agreed at our last committee and noted the resultant clarity. **The Committee noted the position of the action log at this point.** **5.2 Forward Planner** Dr Tomlinson indicated the forward planner is now clear in terms of the forward trajectory for the agendas of the committee and extended his thanks to Ms Penman.	**K Penman**

	Dr Tomlinson reiterated to the Committee that the development session is happening on the afternoon of 6 September. Ms Penman indicated that a venue will be confirmed shortly. **The Committee noted the position of the forward planner at this point.**	

6.	**Public Health** **6.1 Child Poverty Deep Dive** Ms Davis gave credit to co-authors of the presentation, Emma Williams and Marjorie Johnston and presented a deep dive on child poverty. The committee were asked for reflections on the presentation and to consider if enough/the right things are being done with the resources available to NHS Grampian. <u>Questions and comments:</u> Mr Patwa asked the following questions: • Are we supporting a whole population approach to poverty? • Do we currently embed this practice amongst primary and secondary care for anyone showing signs of distress/needing additional support as a preventative measure before their position worsens? • What is our current position with embedding the Real Living Wage with our suppliers? Ms Davis agreed that the whole system approach is key and much of the work is actually directed at parents to ease the poverty burden on children. She indicated that embedding a routine enquiry with colleagues already under pressure is challenging, it requires a simple approach to fit in seamlessly to existing practice. Ms Martin indicated that work is ongoing to renew and strengthen the relationships with our suppliers around Real Living Wage accreditation. Ms Davis assured Cllr Yuill that our partners show real enthusiasm and drive around tackling child poverty. Ms Evison made the following comments: • The case study provided showed a lack of collaboration and partnership working and we need to use our joint resources/money in the most productive way. Our decision making should not force other organisations to use their money in any particular way.	

	• There is a need to think more widely than only providing an interview guarantee, how to support people into employment in ways that are supportive. • Would data on areas with fastest growth in child poverty better inform us of the areas where we should work with partners? • Do we need more communications around the Real Living Wage to show our suppliers and the wider business community, the importance of the scheme and the benefits for all involved? Ms Davis agreed with all of Ms Evison's comments above, indicating that conversations are in progress in RACH to offer suitably placed appointments to support and benefit families, work to strengthen our data work is getting underway and if our bid to receive the Child Poverty Accelerator Fund is successful, that will assist our efforts. Ms Webb highlighted that NHS Grampian had picked up the Outstanding Leadership award at the Real Living Wage Awards last year, in part due to the work encouraging other employers to adopt the real Living Wage. Ms Milliken advised that Aberdeenshire Council provides primary care link workers to help patients with financial issues. All HSCP commissioning for social care requires providers to offer a real living wage. Lastly, whilst we have fully utilised outpatient appointments in community hospitals a strategic emphasis to extend community facilities for outpatients would be welcomed. Mr Humphreys enquired if there was any intelligence on acceleration rate of child poverty over the last couple of years given the increase in the cost of living. Prof Paranjothy indicated the draft national Population Health Framework is likely to strengthen the requirement for focus on child poverty given the rise in child poverty, local data can be found in DPH Annual report. Mr Riddell advised Ms Davis that he was reassured of the direction of travel shown in the presentation and stressed that non-executives, partners and Community Planning Partnerships all have a role to play in dealing with child poverty at all levels. Ms Webb confirmed to Dr Tomlinson that annual reporting arrangements for joint child poverty plans are through Community Planning Partnerships, although reporting arrangements differ across Grampian. It was noted that the Aberdeenshire Joint Local Child Poverty Report and Action Plan is on today's agenda Moray's report is scheduled for September. City's plan was part of their Children's Services Plan annual report. Dr Tomlinson enquired if there is research carried out on the experiences of families and how that influences policy. Ms Davis indicated that all three partnerships have strong lived experience forums. Aberdeenshire also has a youth panel. NHS Grampian relies on these partnerships to provide the lived experience voice.	

	Ms Webb advised that work is underway with Aberdeen City on a family support model. This will be focussed on Northfield looking to reform services to provide wrap around services for families in greatest need. Dr Tomlinson initiated a discussion on referral pathways and enquired if there had been any gaps identified in Acute. Dr Fluck confirmed more is still required to ensure patients are offered wider support that they might require. Ms Davis highlighted that before COVID a primary care worker was to be available at RACH to support the income maximisation pathway. There are opportunities like this to improve support available. Ms Webb confirmed that potential support measures have been identified locally to further support families. It is hoped a national review of link workers will report in the not to distance future. **Dr Tomlinson extended his thanks to Ms Davis for the presentation and to the Committee for their contributions.** **6.2 National Population Health 10 Year Plan** Ms Webb clarified the publication of the plan has been delayed due to the election process. She understood that there is an engagement package being developed for use within local systems, recognising the importance of community planning. During September, we will work with CPPs gathering feedback from the North East. Mrs Webb hoped it will be available for our 6 September development session. Concurrently, Public Health Scotland has commissioned the Institute of Health Equity to test the learning from the Marmot work from elsewhere in the UK in Scotland. A self-assessment tool for CPPs will be utilised to identify 3 areas to participate. **Ms Webb will share pertinent dates and times with the Committee when they are available.**	**S Webb**
7.	**Strategy, Governance & Performance** **7.1 Finding Balance: A Framework for Transformation** Ms Webb introduced the paper provided its context which included the 'case for change' and the financial situation in the NE. She outlined three strands of work being looked at to address the financial gaps, these are grip and control, value and sustainability and the third is this transformation programme. The paper sets out what is required at a high level. <u>Questions and Comments:</u> Mr Patwa asked how we intend to sensitively pitch to the people we support, that to have long term service enhancement, there may be some short-term changes that might seem counter-intuitive?	

	Ms Webb indicated that we would test the approach in a few areas to understand how to best frame what is required. By testing our approach, we can learn from it and be transparent about that. We can learn from an internal perspective through our Area Clinical Forum and Partnership Forums. We also have the Putting People First approach to inform how we involve people we serve. Two funding applications have been submitted to NHSG Charity: one around Putting People First and the other on Human Learning System. Results of these bids should be known in October which will hopefully provide us with some much-needed capacity. Dr Tomlinson shared his concern that the messaging gives the impression that it is an alternative to rather than inclusive of treatment and indicated our messaging needs to be carefully constructed to cater for the sensitivities around change. Ms Webb advised that behavioural scientists are being consulted to ensure the framing of the messaging is correct, to acknowledge that this is a redress rather than 50/50 or either or. We need to acknowledge that creating capacity continues to be challenging and is why this is a long-term and not a short-term programme. Ms Evison acknowledged that we need the whole NHSG system to embrace the change required. She questioned how accessible the document is as it is long and detailed, and if its reach is intended for the organisation, should it be tailored to appeal to all staff members who need reassurance. Ms Webb indicated that there is one page version that sets the scene for the way ahead. Discussions with relevant stakeholders will be ongoing, a slower more deliberate approach to test and refine our language will be taken to ensure it lands well with all. **The Committee noted the draft paper and Dr Tomlinson asked Ms Webb to bring an update on progress to ensure the committee can contribute to a consistent approach across this important work.**	**S Webb**
	7.2 Terms of Reference (TOR) Amendments Dr Tomlinson outlined that the proposed amendments, discussed previously were included in this paper and opened the discussion for comments. <u>Question and Comments:</u> Mr Patwa was pleased to see inclusion of the communication piece and clarification of compliance with our statutory duties/acts. Mr Russell submitted a question asking if items not reported on over the last year of the Committee, should be removed. Dr Tomlinson will respond to say they are still relevant in the context that we are working through the challenges and our future focus remains intact. **The Committee approved the amendments and accepted the current status of the Terms of Reference and will consider any further changes**	**CHAIR**

	if required at the September Committee, following publication of the National Population Health Framework.	
8.	**People Powered Health** **8.1 Planning with People Community Engagement & Participation Updated Guidance 2024** Mr Humphreys introduced the paper and indicated that it highlighted the aspects of the Planning with People Guidance that were updated in May, having first been published in 2020. Ms Ballantyne highlighted the main changes in the updated guidance and drew particular attention to a flowchart describing the process for all NHS Boards. Mr Humphreys pointed out that Healthcare Improvement Scotland (HIS) have more involvement, adding a robust layer into the process, and HIS have given assurance that they are streamlining their internal processes in readiness for involvement with multiple boards. **Ms Ballantyne will share the flowchart with Committee members following the meeting.** <u>Questions and Comments:</u> Ms Webb enquired if there was a clear definition of what constitutes 'large service change' and whether Healthcare Improvement Scotland are cognisant of the scale and speed of service design NHS Grampian intends as we take actions to 'find balance' from a financial perspective? Ms Ballantyne indicated that the amount of impact/disruption caused to service users defines whether a service change is defined as large or not. Working groups including HIS colleagues and Board colleagues have been discussing the challenges ahead, the need for quick decisions and application of the process shown in the flowcharts will require monitoring. Mr Patwa asked if there were tangible examples to describe what major and minor service changes are and how we assess the disruption therein. Ms Ballantyne indicated she would source and share this with the Committee at the earliest opportunity. Dr Coldwells stated that there will be a Director's Letter (DL) received in August about national planning and we all should pay attention to what that means for us on a Scotland basis. Dr Coldwells questioned how this would align with Putting People First and our desire to co-create from the inception point and wondered if we will be able to think about how we do this differently.	**L Ballantyne** **L Ballantyne**

	Mr Humphreys shared his concern about the majority of service changes, potentially causing upset (and therefore being categorised as major service changes). He also observed the enhanced role of HIS may challenge what Health Boards deem minor service change, necessitating increased engagement activity. Cllr Yuill enquired if there was a procedure to follow when several unrelated minor service changes accumulatively have the effect of appearing like a major service change (from the public's perception). Ms Ballantyne indicated that we have a close working relationship with Healthcare Improvement Scotland and would consult with them on such occasions, though would likely adopt the requirements for major service change in this situation. HIS are aware of the potential volume of work that the process may generate since a lot of change is likely to be sought by multiple Boards over the coming months. Ms Evison indicated that we ought to factor in the impact on health inequalities and particular population groups, resource constraints for HIS may have implications as well as limitations of our own capacity (Public Involvement Team and others). She also pointed out that we should be prepared for public outcry, from people who have engaged, or not. Dr Coldwells asked Mr Humphreys and Ms Ballantyne's to engage with Council colleagues to ensure we are as aligned as well as possible. Dr Tomlinson asked if Ms Ballantyne could constructively highlight these points to HIS as well as indicating it is a very live issue. If we are to deliver these requirements this will be a factor in our 3-year approach of trying to achieve financial balance. **The Committee noted an update will be brought to the Committee in one year to describe the impact that the new guidance changes have had on how we plan, carry out and evaluate engagement activity regarding service change and design.** **The Committee asks that Ms Ballantyne provide responses from Healthcare Improvement Scotland to the points raised above as they are available.**	**L Ballantyne** **L Ballantyne**
9.	**Creating Equality** **9.1 Health Equity and Anchor Delivery Plan** Prof Paranjothy introduced the paper and appendix which detailed the high-level actions that are the deliverables in our Directorate's delivery plan and contribute to our Annual Delivery Plan. Progress against these actions will be monitored through our usual performance monitoring processes with quarterly reporting to our Population Health Portfolio Board and an annual report will also come to this Committee.	

	A key action was also to develop the anchor plan for NHSG. Ms Martin introduced Appendix 2, the Anchor Strategic Plan 2024-2029 and indicated that it is in line with the Health Equity Plan, developed following submission of a one-year plan to the Scottish Government to inform and embed policies and processes to work in an Anchor way. <u>Questions and Comments:</u> Ms Evison appreciated the work done on this and the direction of travel and she suggested that more is required to clarify the meaning of 'place' in the context of anchors. She asked if we are in meaningful collaborative conversations with our partners ensuring we are not working in silos. Ms Martin indicated that close working relationships are developing through the North-East Anchor Group which brings together anchor organisations in the region. All Anchor partners are working on their own documents with a view to aligning their activities and priorities. Ms Evison indicated that was good to hear and asked if the anchor work involves our work on sustainability in net zero, to which Ms Martin confirmed it was. Dr Tomlinson asked if the committee could see in the reporting going forward the progress NHS Grampian is making alongside the cross-system progress. Prof Paranjothy agreed with structuring future reports to the Committee highlighting a whole system approach. **The Committee were assured that the implementation plans in appendices 1 (Health Equity) and 2 (Anchor) are aligned to driving progress towards improving population health outcomes to reduce inequalities in health life expectancy in the longer term.** **The Committee noted that a yearly update will come to the Committee and be added to the forward planner in due course.** **9.2 Integrated Impact Assessment Progress/Review of steps taken to use FSD Principles as an assurance framework** Ms Penman introduced her paper that updated on the work progressed to date to develop and test a Corporate Integrated Impact Assessment (IIA) process, and to use the Fairer Scotland Duty as an assurance framework for the Committee. The draft IIA checklist has been produced and is ready to test with identified service/business areas. The Full IIA and a suite of support resources is currently being developed. She sought feedback from the Committee on progress made to date.	

	Questions and Comments: Ms Evison indicated it would be prudent to test a few papers against the checklist to allow for potential of uncovering a range of potentially different issues. Also, the training element should be geared not only to those completing impact assessments but also to the Committee members who will read and digest them. Dr Tomlinson indicated that we ought to consider taking this into other committees and received agreement from Ms Evison and Mr Riddell that the wider group of non-executives should also reflect on this. Cllr Yuill stressed the importance of having impact assessments, as this could lessen the cost of defending against judicial reviews. Dr Tomlinson agreed that looking at budget decisions along with a robust IIA sitting behind those decisions will be important. Mr Patwa agreed that having a report and a linked impact assessment presented jointly, strengthens the evidence that we are adhering to due process. Dr Tomlinson indicated the Committee should look to do that as a chance to learn for onward promotion into the wider system and get assurance of this process from the Executives. Mr Humphreys advised that whilst an appropriate Board paper is being sought to apply the process to, the IIA working group is also exploring decisions being taken through value and sustainability work streams, which will require various degrees of change. Ms Evison encouraged that the implementation is 'at pace' so we can gain assurance from the learning from those involved in the work. **The Committee noted the comments on the work to date to develop an integrated impact assessment and considered the steps taken to use the Fairer Scotland Duty principles as an assurance framework and are assured they have been effective.** **9.3 Aberdeenshire Joint Local Child Poverty Report and Action Plan** Ms Davis took questions on the report provided. She highlighted that feedback received from the Improvement Service last year was to better integrate NHS Grampian and Council plans, this had been a focus over the last year and has resulted in us being in a better position. Questions and Comments: Mr Riddell was encouraged by the positive outcomes of 2023/24 listed in section 2.3 and felt it showed a strong sense of co-production and the nature and range of initiatives gave a sense of real collaboration. He indicated he would like to get a better sense of how NHS Grampian can help the three IJBs by sharing the learning.	**CHAIR/ Non-Execs**

	Ms Davis pointed out the report will also be considered by the Population Health Portfolio Board for ratification before publishing. **Committee members:** • **Noted the progress outlined in the Aberdeenshire Local Child Poverty Action Report 23/24** • **Were assured that NHS Grampian is appropriately contributing to the Aberdeenshire Local Child Poverty Action Plan 24-25**	
10.	**Dates of Next Committee Business** **Friday 6th September 2024 - PH Committee Development Session at 1pm in person** Friday 27th September 2024 at 10:00am virtually by Teams – Committee meeting	