APPROVED

NHS GRAMPIAN

Minute of Meeting of the Population Health Committee
10:00 on Friday 31st May 2024
Via Microsoft Teams

Board Meeting
12.09.24
Open Session
Item 13.5

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

In Attendance
Mr Simon Bokor-Ingram, Chief Officer, Moray H&SCP
Ms Jillian Evans, Head of Health Intelligence
Ms Jennifer Gibb, Nurse Director – Deputising for Prof June Brown
Mr Stuart Humphreys, Director of Marketing and Communications
Ms Jennifer Matthews, Corporate Risk Advisor (for item 7.2)
Ms Pamela Milliken, Chief Officer, Aberdeenshire H&SCP
Ms Kim Penman, Programme Manager Public Health
Mr Dave Russell, Public Lay Representative
Professor Shantini Paranjothy, Deputy Director of Public Health
Mrs Lauren Tweedley, Projects Engagement Manager (for item 8.1)
Ms Susan Webb, Director of Public Health

Paper Authors
Louise Ballantyne, Head of Engagement (item 8.1)
Elaine McConnachie, Public Health Manager (item 8.1)

Minute Taker – Heather Haylett-Andrews

No.		Action
1 & 2	**Apologies & Welcome** Apologies were received from: Dr Paul Bachoo, Medical Director Acute Sector; Dr June Brown, Executive Nurse Director; Dr Adam Coldwells, Interim Chief Executive, Ms Alison Evison, NHS Grampian Chair, Ms Kim Penman, Public Health Programme Manager and Mr Tom Power, Director of People & Culture. Dr Tomlinson welcomed everyone to the meeting and highlighted the Statement on Equalities and Health Inequalities that is included on the committee agenda and drew the Committee's attention to its content and following discussion at the last meeting, he reiterated that our focus should be focussed more specifically on assurance from the reports here today.	

3.	**Minutes of Meeting held on 15 March 2024** The minute was accepted as an accurate record of the meeting pending amendment to the attendance list, Cllr Ian Yuill moved from 'In attendance' to 'Present'.	
4.	**Matters Arising** 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. Mr Humphreys indicated that we do not have a firm budget position with the Scottish Government therefore, the total amount could change. There is also new 'Planning with People' - community engagement and participation guidance from Health Improvement Scotland which has nuances on how major service change can be expedited and how it is communicated to people and communities. Dr Tomlinson indicated there is a real tension if bodies do not know their budget allocation until March and must adjust budgets down from April but must be cognisant of the need of at least 6 months' consultation period for significant service change. Ms Webb and Mr Humphreys confirmed that a national group is investigating how we can have an ongoing discussion with the public and capture a real-time feedback loop. Due to the pre-election period, we will consider the best time for this, and due to our financial position being a politically sensitive subject, discussions are suggested at the next appropriate Committee meeting.	
5.	**Committee Planning** **5.1 Action Log** Dr Tomlinson indicated that 'complete' actions have been removed from the log but are being held in a master copy and many of the 'progress' items are being discussed on the agenda today. **The Committee noted the position of the action log at this point.** **5.2 Forward Planner** Dr Tomlinson sought comments from the Committee on a proposed adjustment, to keep a full record of the forward planner in the background as a tracker of the Committee's journey to date but now try to focus on the current and forward committee work ahead. <u>Questions and comments</u>:	

	Mr Riddell said that we need to be very clear and realistic about the pressures in the system when people are trying to progress those issues. Cllr Yuill was concerned that the planner seems over ambitious given the pressure the organisation/individuals are under just now. He would rather see a realistic planner rather than it be ambitious or challenging	
	Ms Webb stated that we are trying to capture the breadth of the Committee's agenda, but the Committee needs to accept that we may not achieve our desired deliverables this year because of the pressures. She indicated that the Population Health Portfolio Board is trying to overcome some of the barriers to recognising success that teams are having across the system. To limit the number of papers coming to the Committee, it is proposed to submit a copy of the Portfolio Board's minutes along with a cover sheet to provide assurance that appropriate scrutiny has been applied. Dr Tomlinson stated that the work done on the Terms of Reference has allowed us to recognise the need for streamlining and sharpening our priorities. Mr Patwa enquired if we had the set up in place to avoid any potential reputational damage coming from whatever quarter? Mr Humphreys responded that the NHS Grampian Delivery Plan is RAG assessed and reported quarterly to the Government to provide consistent measurements on our headway against our anticipated delivery timeframes. The Delivery Plan authors had been required to make their objectives realistic and smart. Mr Patna was reassured. Mr Riddell agreed with comments above and reiterated the point that we need to focus on our values and priorities and be realistic of what can and cannot be delivered but be complete in our efforts. Ms Webb is cognisant that it will be challenging but we are committed to finding balance across financial, clinical and staff governance areas as well as furthering our prevention agenda. There is a lot of good work going on, but there can be more done if we do it together. Dr Tomlinson thanked members for the helpful discussion, which can be brought to our development session in September on the national plan that will come through in the summer. **The Committee noted the position of the forward planner at this point.**	
6.	**Public Health** **6.1 Public Health Delivery Plan 24-25 & Annual Performance Report 23/24** Prof Paranjothy introduced the suite of papers that are set out within the context of the rolling three-year planning framework and indicated that the	

	covering paper outlines how we are using the Kings Fund Four Pillars Framework to frame our activities and summarises the key points and outlines our ten key deliverables for 24-25. Full performance report and delivery plan are provided as appendices. Questions and Comments: Mr Russell mentioned the seven priorities and ten deliverables contained within the papers and regarding the paradigm shift to reduce the load on the NHS, he was surprised that none seemed to be aimed toward generating messages to the population on how they can improve their health. Prof Paranjothy highlighted that the deliverables set out are quite high level and actions are outlined in the underpinning plans covering; making every opportunity count, putting the person in the centre, moving away from talking about prevention based areas like smoking, weight management etc. but focus on the individual's needs and looking across all socio-economic factors to wrap the support around. Ms Webb pointed out that work undertaken is happening at different levels, a 3-tiered approach that has been put together over the last year. 1) Work with individuals in terms of consistency of message and support is undertaken under the banner of the MEOC programme (making every opportunity count) around lifestyle behaviour, cost of living, income maximisation and other support available to them. 2) Community work is primarily lead through Community Planning Partnerships where everyone comes together. Also, we have got Local Outcome Improvement Plans, developed in response to community needs (work in progress). 3) Working with the Area Clinical Forum and Grampian Area Partnership Forum through the Transformation Programme on how we can support the system to shift. Dr Tomlinson said when we get to look at the national plan, noting our conversations today so far have been about what will make the shift, we can start to explore this over the next couple of cycles and at our development day. **The Committee were assured:** • **That progress had been made against our strategic priorities** • **That the delivery plan that was set out will contribute effectively to the NHS Grampian Plan for the Future, deliver improvements in Population Health outcomes in addition to maintaining our statutory public health functions.**	
7.	**Strategy, Governance and Performance** **7.1 Population Health Committee Annual Assurance Report**	

	Dr Tomlinson specified that each Committee Chair is required to submit an annual assurance report to the Chief Executive as part of NHS Grampian Board's governance measures. Endorsement was sought from the Committee and there were no further comments. **The Committee endorsed the report as submitted.** **7.2 (1) Strategic Risk Report – Population Health Risk** Ms Matthews introduced her report to the Committee, Risk 3131 'Worsening health in Grampian, particularly those who experience multiple disadvantages' to ask for the review and scrutiny of the process and that gaps in controls are being addressed. As part of an updated reporting process, she indicated that individual risks would come periodically to the Committee for oversight and review. Questions and Comments: Mr Russell stated that the approach to risk in the organisation has improved greatly over the last three or four years. He raised section 2.3.4, which indicates the current controls are classed as incomplete, as fair but was surprised that in section 2.3.6, the assurance level attributed was strong when it would perhaps be better classed as reasonable. Ms Matthews thanked Mr Russell for his fair comment and agreed that there are some deficiencies in our controls, but the level of assurance is 'strong' due to there being robust actions in place to improve the control environment and that is detailed in the action plan. Dr Tomlinson sought clarification on what we are trying to avoid by looking at this risk. Prof Paranjothy confirmed that we want to ensure a balance between prevention and responding to treatment exists, while being realistic about reducing inequality without making it worse in the meantime. **Discussion ensued and agreement reached on the prudence of reviewing/defining risk terminology at the next Chief Executive Team session.** **The Committee were assured (subject to the Executives discussion on points raised above):** • **That processes regarding the management of Strategic Risks 3131 are in place and are working effectively. Any gaps in controls identified are being addressed.** **Dr Tomlinson commended the Executives on their work on risk and supported the additional risk being developed as a third priority for this Committee to oversee.** **7.2 (2) Strategic Risk Register Update** Ms Matthews presented her paper and highlighted that extensive and thorough consideration has been given to how we approach specific	**S Webb** **N Fluck** **Exec Team**

	concerns around population health and ensure they are integrated into the strategic risk register. Discussions are ongoing, the strategic risks are regularly updated, and we would expect the more severe Population Health Committee aligned risks to be brought individually and frequently to the Committee for increased scrutiny and oversight. A new risk has been added around engagement with the population, which is to be considered at the Executive Team meeting in June. Dr Tomlinson clarified with Ms Matthews that this Committee has two risks, 3006 (Innovation/Change) and 3131 (Worsening health in Grampian) with the potential of a third, Population Engagement if approved by Executive Team. Mr Russell questioned what the specific ask is of this Committee in relation to risk 3006. Ms Matthews indicated that the remit of the Committee is to have an overview and scrutiny of the risk and the true picture may become apparent when the risk report is actively presented to the Committee. Dr Fluck confirmed that there is a requirement for the Committee to report to the Audit and Risk Committee to highlight its position/progress and ultimately where it sits in terms of our Plan for the Future. Ms Webb added that it is still a work in progress and an outline of the transformation work to support the system to find balance will be taken to the Committee to help understand its role in supporting this risk. Mr Riddell agreed that the Committee needs to be fully cited on how risks might be changing in this uncertain environment. Cllr Bell stated that she was looking forward to seeing the population engagement risk being added and appreciated the work that has went into the risk register. Dr Tomlinson clarified with Dr Fluck that risk recommendations in future for this Committee will be specific to provide assurance to the Audit and Risk Committee as part of each annual risk report. **The Committee are assured:** • **That improvements have been made and are continuing regarding the development of a Strategic Risk Register** • **That there is consideration of Population Health factors during the Strategic Risk management process, including health inequalities and a prevention approach to health** • **That an annual report will come to the Committee and include specific reference to providing assurance to the Audit and Risk Committee** **7.3 Population Health Portfolio Board Assurance Report**	**S Webb**

	Dr Tomlinson noted that out of the three items on the report, two were on today's agenda and Ms Webb gave assurance that those items have more detail as requested by the Population Health Portfolio Board. Ms Webb highlighted that the Population Health Portfolio Board has been co-chaired between Director of Public Health and Chief Officer (Mr Bokor-Ingram up to this point) and extended her gratitude for the support he has provided to her/the Board up to this point. Ms Webb updated that Ms Milliken has agreed to take on the role from Mr Bokor-Ingram going forward. On behalf of the Committee, Dr Tomlinson extended his thanks to Mr Bokor-Ingram for his contributions to the population health agenda and wished him well for the future. Dr Tomlinson noted there were no comments from Committee members on the national population health update in the Portfolio Board report but that it was helpful to start to see the national discussion framing up well in time for the national plan arriving next month. He reiterated that there will be a few other opportunities to review at our July committee and September development day. **The Committee:** • **is assured that the Portfolio Board has robustly scrutinised the reports** • **notes the accompanying papers found within Appendix A** **7.4 Population Health Committee Development inc. Learning Events** Mr Humphreys extended his thanks to Ms Penman for compiling the paper, which builds upon previous discussions about provision of appropriate learning and development for committee members to continue to enhance their knowledge. The paper includes suggestions for lunch and learn topic areas as previously agreed, references the half-day development session scheduled for September and proposes bringing relevant topics in greater detail (deep dives) to future committee meetings to enable an interactive session/deeper discussion for a greater collective understanding of our current position and direction of travel. The paper also highlights that the detailed assurance reports received by the Committee also fulfil a valuable role in building knowledge as well as providing assurance on whether we are succeeding in becoming a population health focused organisation. Mr Patwa noted that in terms of our ongoing development, it would be helpful at some of these sessions to have mini presentations that verbally convey some of these activities, because it allows members to digest them in a slightly different format, perhaps in an even broader way than comes with a very detailed report, although he accepted there is a place for both.	

	Mr Humphreys confirmed the intention is to bring a subject matter specialist to speak to each topic, which would also support a question-and-answer session. Prof Paranjothy accepted Mr Patwa's point and indicated that the topics were picked to give members the context of actions that will be detailed in the assurance papers that are later received by the Committee. Dr Tomlinson suggested the Executives review those big reports coming through to decide if there were any aspects that would benefit from a verbal presentation that sits alongside the assurance. This can be discussed at agenda setting meetings. Mr Riddell stated the range of topics and approaches will be very helpful, is supportive of this structure and extended his thanks to the Executives for bringing it here. Dr Tomlinson stressed the importance of getting the lunch and learn dates in the diary, and suggested a trawl of IJB and NHS Grampian meetings be undertaken before dates are finalised to maximise attendance. **Ms Penman and Mrs Haylett-Andrews to confirm the dates for the lunch and learn dates as above.** **The Committee has considered and endorsed the proposed committee meeting structure and learning and development programme.** **7.5 Committee Self-Evaluation and Review of Terms of Reference** Dr Tomlinson highlighted that Mrs Evison, Chair of the Board, has extended the time for our recommendations on the Terms of Reference to be brought to the Board for review/ratification. It was considered sensible to conclude recommendations to the Board once we had sight of the national plan, this will be done at our September Committee. This is welcome as it will allow views to be articulated/gathered today, at our July Committee, and at our September development session. <u>Comments and Questions</u>: <u>Improvement Actions/Further Consideration</u> The Committee were content with the actions presented. <u>Terms of Reference (ToR) Revision</u> Mr Patwa highlighted section 2.1.6 – delivery plan aligns with the organisational commitments of the Community Planning Partnerships (CPPs), and he asked about their effectiveness in representing the full range of diversity across the community and sought clarity on our legal obligation to comply. Mr Riddell indicated that CCPs have a very important role to play and deliver a great source of support and resource. Ms Webb indicated that we need to lean in and be a good partner and encourage others to be a good partner in CPPs as they have the potential to	**ASMs** **K Penman** **H Haylett-Andrews**

	be public health partnerships. Ms Grugeon's work around putting people first is looking at how we work with some of the structures in community planning: the local empowerment groups and place-based working on the model of community led health. She pointed out she is Vice Chair of Aberdeen City CPP, Dr Coldwells is Chair of Moray CPP, and Vice Chair of Aberdeenshire CCP; showing our commitment to the landscape that will be present for some time to come. Dr Tomlinson highlighted that it is incumbent on us to help CPPs to make a positive shift which includes us. Mr Patwa accepted the legal requirement to work with CPPs and wondered if there was an opportunity to change the language used, to at least give an inference that the scope is broader than the CPPs? Ms Webb took the point and indicated consideration will be given to this. Mr Patwa highlighted section 2.3.1 – that the Board is fulfilling its statutory duties in respect of engagement and participation and indicated that there is no mention of an associated Act and wonders why we are holding ourselves to statutory duties alone as opposed to saying we will do 'best possible'. He suggested the language used be altered as such. Ms Webb thanked Mr Patwa for the helpful comment and indicated that they had focussed on the Equalities Act and Young People Act and agreed to do a bit of work to ensure we reflect the intent, and perhaps include a list of the different acts complied with across the breadth of the organisation. Dr Tomlinson suggested we articulate what we mean by engagement etc and how we operationalise the policy, so we have oversight of having good outcomes and clarity that we at least reach our statutory requirement, by adding a point to that section about the changes since the first ToR edition. Mr Russell asked if we were mindful to not duplicate the Terms of Reference for the Population Health Portfolio Board with the Population Health Committee. He also sought clarification on Appendix 2, the cross check of the Terms of Reference against the forward planner, were the numbers below 2.1.6 left out for any reason? Ms Webb advised that Ms Penman had cross-checked and picked out only those items that had either not been covered comprehensively or at all. Ms Webb agreed that when the Terms of Reference is signed off, having side by side copies of both Portfolio Board and Committee ToRs will ensure they are complementary. It was never our intention to duplicate papers going to both Board and Committee, for the first year it helped to get the level of knowledge across all members but now the intent is to detail what has been scrutinised by the Board and the rationale why but to limit the number of papers coming to this group.	**S Webb** **S Webb**

	Mr Patwa suggested an addition of 'inclusive' into 2.3.6 to read 'communications with the public…. are effective and inclusive' to signify we engage with all potential groups as opposed to having a list. Mr Humphreys thought that there are several items on the ToR that could be grouped together around engagement and indicated that it was perhaps time to look at those that sit together and decide if we have the right amount or indeed too much. Dr Tomlinson indicated that all points prompted above will be reflected on by the Exec Team to consider encompassing them in recommendations to be brought back to us in September. <u>Current Membership</u> Ms Webb stated that there is duplication of membership from an executive perspective, between the Portfolio Board and the Committee. Dr Tomlinson advised that he sees Health and Social Care membership/links with the committee as important to retain going forward. Ms Webb and Mr Humphreys to rationalise our current membership and work on changes and bring back a further draft to the July or September Committee. **The Committee:** • **Were happy with the improvement actions presented** • **Considered which aspects of the Terms of Reference required revision and will be reflected on by the Exec Team** • **Membership to be reviewed when updating the terms of reference for the committee**	**S Webb/S Humphreys**
8.	**People Powered Health** **8.1 Engagement Activity Report** Mr Humphreys indicated that a version of this paper had been at the Porftolio Board and highlighted that: • It demonstrates the Engagement & Empowerment Oversight Group's (EEOG) progress over the past 12 months against the plan which was agreed. • It describes an evolution of the group and continuation of its work and objectives, including a transition to the Putting People First Oversight Group. • It had been updated at the Portfolio Board's request to incorporate a 'business as usual' layer of insight into the work carried out by the Public	

Involvement Team in support of service change and major initiatives including; Baird & Anchor and the strategic future of Dr Gray's.

He shared key items to note from the 12-month EEOG Report:

- The group met 12 times during 2023/24 and monitored its progress against the 12 months plan
- Of the 24 objectives the group had, 18 were accomplished within the timeframe specified = 75% completing rate. The remainder will now be taken forward either through the Putting People First Plan or Health Equity Plan.
- Appendix 2 provides a high-level overview of what the Public Involvement team have been working on. A deeper overview can be provided should it be desired but to note it will come through the Portfolio Board's reporting structures via the new Putting People First Oversight Group once it is established.

Comments and questions:

Mr Riddell commented on the paper being informative and that he was very reassured by it and impressed to hear of its completion within the set timeframe.

Dr Tomlinson asked what capacity will be needed to support this work if we are doing it meaningfully and effectively.

Mr Humphreys indicated that most of the work that Public Involvement team do is work we are required to do around service change and believes the extra capacity should come from enabling other parts of the system to take ownership of engagement to avoid it coming down to the work of just one team. However, this is likely to take time.

Some of the work ongoing now is aimed at providing our staff with the materials (toolkits) and training to undertake engagement competently and effectively. He is fully sighted that the development of Community Appointment days is an example of one such initiative that requires ownership at service level and then support from experts within Corporate Services.

Mr Humphreys also observed that the Putting People First approach is neither fully resourced nor funded, so the expert group that is around it are only able to put existing capacity into it. At this formative stage, it isn't possible to put a figure on what additional capacity would be desirable.

Ms Webb agreed with Mr Humphreys and indicated that based on feedback from patients, visitors, carers and staff themselves, we are testing real time feedback loops, but we do need some capacity to support this new way of doing things. Through that work, we need to create something that works within the system and our long-term goal would be to embed it. She advised that a charities bid seeking resources (including funding for additional capacity to expedite Putting People First work) has been tendered.

	Conversations are going on in several areas, recognising that we may not be successful so are still trying to resource capacity to help the shift that we've set out in Putting People First.
	
	Dr Tomlinson stated that stretching into not just NHS Grampian resource but others in IJBs, Councils etc. would also enhance the pool of capacity and skills available as we develop a shared approach. He suggested the committee members who sit on the three IJB meetings prompt discussion at that end.
	
	Mr Humphreys indicated that the membership on the EEOG has been from engagement 'doers' within the IJBs and with the Putting People Oversight Group, the intention is to have membership of a slightly more senior level for the next planning stage.
	
	Ms Webb said that Community Planning, Health and Social Care Partnerships are talking Putting People First and having conversations at Chief Executive level around this approach and is welcomed by everyone, it is the implementation gap that we are working on at the moment.
	
	Dr Tomlinson extended his thanks to Ms Tweedley for joining us today, for sight of a very high standard report of a range of service design and engagement activity. He also extended his thanks to the wider Public Involvement Team, and Ms Tweedley was asked to pass on his acknowledgement of the significant ongoing contribution of engagement activity being undertaken.
	
	The Committee:
	• **Accepts that the progress made by the Engagement and Empowerment Oversight Group over the past year against the 2023/24 plan and its continuous reporting to both the Committee and the Population Health Portfolio Board provide the necessary level of assurance against the following areas:**
	  ○ **2.3.1 – that the Board is fulfilling its statutory duties in respect of engagement and participant**
	  ○ **2.3.2 – meaningful and effective listening and engagement approaches are embedded in processes when the Board is redesigning services.**
	• **Notes the contribution that the EOOG and its members have made to the development of the Putting People First approach.**
	• **Endorses the forming of a Putting People First Oversight Group (PPFOG) to replace the EEOG (recognising that the Putting People First approach will come to NHS Grampian's Board meeting in June for formal acceptance)**
	• **Acknowledges the significant ongoing contribution to NHS Grampian's engagement activity being undertaken by the Public Involvement/Engagement Team as part of BAU and our statutory requirements**
		Comm. members

9.	**Creating Equality** **The Committee noted there were no items.**	
10.	**Date of Next Committee -** Friday 19th July 2024 at 10:00am virtually by Teams	