

## NHS GRAMPIAN

### Minute of Meeting of the Population Health Committee 10:00 on Friday 15<sup>th</sup> March 2024 Via Microsoft Teams

#### 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

Ms Susan Webb, Director of Public Health  
Mr Stuart Humphreys, Director of Marketing and Communications  
Dr Adam Coldwells, Interim Chief Executive  
Ms Melanie Dolan, Business Manager, Public Health (observation)  
Ms Alison Evison, NHS Grampian Chair/Non-Executive Board Member  
Ms Jillian Evans, Head of Health Intelligence  
Ms Jennifer Gibb, Nurse Director – Deputising for Prof June Brown  
Ms Pamela Milliken, Chief Officer, Aberdeenshire H&SCP  
Professor Shantini Paranjothy, Deputy Director of Public Health  
Mr Dave Russell, Public Lay Representative  
Mrs Kim Penman, Public Health Programme Manager  
Mr Tom Power, Director of People & Culture

#### Paper Authors

Luan Grugeon, Strategic Development Manager for Colleague & Citizen Engagement (item 7.2)  
Chris Littlejohn, Consultant in Public Health (item 6.1)

Minute Taker – Heather Haylett-Andrews

No.		Action
1 & 2	<p><b>Apologies &amp; Welcome</b></p> <p>Apologies were received from: Dr Paul Bachoo, Medical Director Acute Sector; Dr June Brown, Executive Nurse Director; Professor Nick Fluck, Medical Director; and Ms Sandra MacLeod, Chief Officer, Aberdeen City H&amp;SCP.</p> <p>Dr Tomlinson welcomed everyone to the meeting and acknowledged the severe pressures and financial challenges across the sector, and indicated that it is incumbent on this Committee/Exec Team to identify the critical priorities going forward.</p> <p>Ms Penman indicated and the Committee noted that Ms Dolan was attending to observe, as part of her induction.</p>	
3.	<b>Minutes of Meeting held on 14 December 2023</b>	

	<p>The minute was accepted as an accurate record of the meeting pending amendments to:</p> <p>Page 1 – Ms Jillian Evans to be added to attendance list  Page 7 – Mr Humphreys clarified the language used in 7.1 Volunteers Strategy at the end of the first paragraph to read ‘and ensure volunteers are able to access relevant benefits that are available to NHSG staff’.</p>	
4.	<p><b>Matters Arising</b></p> <p><b>4.1 Lunch and Learn Events 2024</b></p> <p>Mr Humphreys gave a verbal update on the engagement session which was facilitated by Louise Ballantyne and Elaine McConnachie on 29 February. He thanked those who attended and encouraged those who missed it to view the circulated recording. Dr Tomlinson asked for thoughts on the commitment to provide / attend a schedule of one-hour online events and sought topic ideas.</p> <p><u>Key Points Raised</u></p> <p>Mr Yuill and Cllr Bell found the online format very helpful and are in agreement with the above suggested sensible approach.</p> <p>Mr Power suggested Human Learning Systems and a topic around equipping our colleagues with the ability to engage with people differently. Dr Tomlinson suggested the content of Ms Grugeon’s People First update will add clarity here.</p> <p>Mr Riddell advised he had been unable to attend due to a clash with an IJB meeting and therefore had missed the opportunity/learning. He welcomed the sessions be continued and suggested whole system working. Dr Tomlinson stressed the importance of being aware of conflicting meetings when booking future sessions.</p> <p>Dr Tomlinson confirmed that the events would continue on this basis and Mr Humphreys will consider the suggestions and agree a programme of events with Ms Webb and Ms Penman to bring to the next Committee meeting.</p> <p><b>4.2 Process for Progressing Reports and Assurance to the Wider System</b></p> <p>There were no changes proposed for this item and the paper was noted. Dr Tomlinson indicated that the process can be considered when the Terms of Reference is being reviewed.</p>	S Humphreys
5.	<p><b>Committee Planning</b></p> <p><b>5.1 Action Log</b></p> <p>There were no outstanding actions but Dr Tomlinson reviewed the ‘in progress’ actions that have today as their due date in response to Mr Riddell’s</p>	

	<p>request. Those that were already on the agenda were excluded from discussion.</p> <ul style="list-style-type: none"> <li>• Cross-reference Resilience and Emergency Planning risks with Committees ToR – Ms Webb indicated that there had been an original delay in completing the National Assessment Framework but confirmed that NHSGs self-assessment is now in process to allow formation of an improvement action plan; we await feedback from the Scottish Government on the designated timeframe to do the work.</li> <li>• Development Session to discuss and explore development of population health plan – Ms Penman advised that 6 September had been identified as the intended date and she will send an email around Committee members with possible timings to gauge its suitability.</li> </ul> <p><b>All actions were noted and updates will be completed.</b></p> <p><b>5.2 Forward Planner</b></p> <p><u>Questions and Comments:</u></p> <p>Mr Russell, Mr Patwa and Cllr Yuill all indicated that the explicit linkages from individual reports to the Committee’s ToR in the forward planner is very helpful in providing focus on PHC priorities.</p> <p><b>The Committee noted the position of the forward planner at this point.</b></p>	<p><b>K Penman</b></p> <p><b>K Penman</b></p>
6.	<p><b>Public Health</b></p> <p><b>6.1 Joint Health Protection Plan</b></p> <p>Mr Littlejohn introduced himself to committee members and outlined the plan that the Committee is asked to approve. Dr Tomlinson appreciated the full briefing given by Mr Littlejohn.</p> <p><u>Questions and Comments:</u></p> <p>Mr Patwa indicated that he felt reassured at the level of preparedness and forward planning shown and asked for clarification on what a ‘competent person’ was and why there were more in Moray? Mr Littlejohn explained that the Public Health Act 2008 requests health boards and local authorities designate sufficient numbers of ‘competent persons’ – who have the skills, knowledge and experience and are able to recognise hazards and put sensible controls in place to protect others from harm. Moray has designated <b>all</b> staff within protective services as competent persons to act in accordance with the Act.</p> <p>Ms Milliken asked about ‘the plans to adapt and develop healthcare and social care systems to accommodate a growing population of older adults, <i>led by NHS Grampian</i>’ and indicated that sustainability of health and care reaches across wider than just NHS Grampian. Dr Coldwells and Ms Evison were in agreement.</p>	



The paper provided a summary of the progress made in establishing the North East Population Health Alliance (NEPHA) and covers a range of broad themes that have been explored which the Committee have had sightings of through previous PHC meetings and NEPHA briefings.

**The Committee noted the progress made and Dr Tomlinson indicated briefings will continue to be shared with the Committee after each NEPHA meeting.**

## **7.2 Director of Public Health Progress Update – Cost of Living 2022**

Professor Paranjothy highlighted that the paper focuses on the threat posed to the population by the rising cost of living (one of 4 identified in the DPH Annual Report 2022). She indicated that workshops were held over the summer with wide partner involvement to understand the challenges being faced on the ground. The focus was to identify where impact could be increased through collective action. The next steps are working with our Community Planning Partnerships through the Public Health System Leadership Group to take forward collaboratively the identified areas of work including improving and sharing evaluation, better use of data, supporting volunteering, and as anchor organisations support use of our physical spaces.

### Questions and Comments:

Around transport, Ms Evison asked if there would be value in dividing the list of actions into (1) what is in our grasp collectively and (2) what we seek national change on. Professor Paranjothy and Ms Webb took Ms Evison's point and Ms Webb stated as part of Nestrans, we have a health and transport action plan about healthy active travel and local planning of transport accessibility into healthcare provision.

Ms Milliken pointed out that it is prudent for us to bring data about how people access healthcare (transport) and the implications of not being able to access it, into our thinking.

**The Committee noted the findings from the work undertaken. Professor Paranjothy will share updates annually with the Committee noting updates will also feature in future NEPHA briefing(s).**

## **7.3 Meeting of the Population Health Portfolio Board of 7 February 2024**

The paper provided an overview of the key considerations and actions from the Population Portfolio Board (PHPB). Professor Paranjothy indicated that a number of the agenda items on the PHPB meeting note are being discussed on today's Committee agenda.

**The Committee were assured and noted the paper.**

## **7.4 Self-Evaluation against Committee Role and Remit**

Ms Penman introduced the 30 minute session advising the focus is to reflect on how well the Committee has conducted business in relation to its terms of reference over the past year. The follow up session scheduled for the next

Committee in May will then focus on amendments required to the terms of reference.

Ms Penman thanked those members who provided responses on the self-assessment questionnaire that were shared prior to the Committee. She invited all members to rate the Committee's effectiveness to stimulate discussion.

Ms Penman indicated that the general consensus from today's ratings and those who rated pre-Committee was between 4 and 5, good/very good. Committee members were asked to comment on why they gave the scores they did:

#### Comments on Committee's Strengths:

Mr Patwa advised that if this exercise had taken place 6 months ago, his score would have been lower than a 5. He commented that the Committee is in a stronger position now particularly with regards to a strengthened position on inequalities and the citizens voice. He can see from the Committee and its papers that impact is being demonstrated, the need of the population is being understood and are more person centred,

Mr Riddell stated that he has a strong sense of a golden thread running through, from our remit, to our terms of reference, to our forward plan and to the reports coming before the Committee. More is still required to shift the focus from stating ambition to achieving deliverables. The reports submitted are of a good quality although brevity of appendices would be welcomed. Cllr Bell concurred with Mr Riddell's comments.

Mr Humphreys expressed that the Committee, although still in its infancy has real momentum. He questioned if sufficient time is provided for meaningful discussion, considering the breadth of our remit and depth of our reports. Some committee members have had sight of these reports at other forums but others not.

Ms Webb remarked that one of the absolute positives of the Population Health Committee is that conversations at meetings are then imparted usefully at other committees and networks. She suggested that improvement are still needed on our equalities components in our Terms of Reference and how we connect with other board committees. Our risk register will enable and help shape those conversations going forward.

Dr Tomlinson expressed that we have built our understanding over our first annual committee cycle to be able to have the discussions required. In creating this lens through the 3 key headings, we need to consider how we further support NHS Grampian and the Board as a whole to harness the shift to a more balanced perspective between prevention and health care provision.

#### Comments on Improvements for Committee:

Ms Grugeon remarked that it is important for committee members to be advocates across the system for prevention, early intervention and lived experience.

	<p>Ms Grugeon sees this committee as an important space advocating a human learning systems approach is taken and proposed that when it's about prevention and early intervention sometimes targets and hard measures are not actually the things that will get us to where we want to go.</p> <p>Dr Tomlinson recommended that we need to define precisely what we need to engage with as a committee. Update reports are important to us but we need to define the critical things that require focus. What do we need to focus on to make a difference?</p> <p>Mr Russell suggested that a lot of information is imparted to the committee and suggested that the committee be more specific / prescriptive about the assurance we require from reports etc. This requires exploration but we may need to more prescriptive and clearly define what we require from those being invited to attend, rather than merely accepting reports.</p> <p>Mr Riddell indicated that it is prudent to be very specific about what we prioritise with our very scarce resources and time and seek realistic outcomes. A lot of ambition has not really changed over time. Clarity on what requires prioritisation in these challenging times is necessary to ensure outcome are delivered. Also understand where the sticking points have been and use our roles to 'unblock' these</p> <p>Dr Tomlinson reflected that despite good intentions change has not necessarily being realised. We need to understand and drive the changes required. This will also support us to feed into future Annual Delivery Plans/ development plans.</p> <p><b>Ms Penman thanked everyone for their contributions and indicated that a summary will be compiled from comments today and from pre-committee feedback which will inform how the Committee operates going forward, and inform our next discussion at the May committee.</b></p>	K Penman
8.	<p><b>People Powered Health</b></p> <p><b>8.1 People First – NHS Grampian’s New Approach to how we listen to and involve people</b></p> <p>Ms Grugeon presented the vision, approach and actions for Year 1 of the People First approach to the Committee. She gave an overview on the background to the work, indicating the embedded report provided full details. The People First document summarises the principles, priorities, governance and finance arrangements. It was stressed that the approach is not set in stone and it is expected to be shaped and evolve further with input from partners.</p> <p><u>Comments and questions:</u></p> <p>Mr Riddell welcomed this approach, stating that it is most certainly the direction of travel required and suggested that People First branding has been used elsewhere. Ms Grugeon indicated that this will be investigated as to not step on anyone’s toes.</p>	

	<p>Mr Patwa reported that he was happy to endorse the approach and was very glad to see the inclusion of broadcast media, being a powerful way to integrate certain people with disabilities such as sensory loss; and mention of the third sector helping with the delivery of care and helping communities engage with the system. He pointed out that visual impairment support is not always dealt with by third sector, but also provided by the local authority. Iterative engagement is preferred in communities so they can see the progress and feel they have a role in its future. Dr Tomlinson described this as a conversation over time rather than a one-time transaction.</p> <p>Ms Evison supported the approach and thanked Ms Grugeon for the direction taken and agreed that consideration be given to an appropriate name for the approach. In addition, the term 'engagement' brings up negativity for people who have had enough engagement; and suggested 'conversation' is a positive way of indicating our new path/journey. A whole system approach is essential.</p> <p>Ms Gibb asked Ms Grugeon to expand on 'knowing staff will require to develop skills, confidence and capacity' around this. Ms Grugeon advised that there is a group comprised of colleagues from Culture Wellbeing and Development, Engagement, and Public Health scoping what training is available to support staff to undertake these courageous conversations.</p> <p>Dr Coldwells suggested we do not try and implement approaches that are too big, too quickly, from previous experience where people's capacity and ability has not kept up with the tasks. Ms Grugeon explained that the foundation years (2024/2025) are being spent on targeting a few areas (not everywhere) to test and evaluate before scaling it up across the system.</p> <p>Ms Grugeon thanked everyone for their points which she will give due consideration to, going forward.</p> <p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>• <b>Endorsed the new People First approach, principles and recommendations</b></li> <li>• <b>Noted the three horizons approach and that financial support from the board will be required in horizon two</b></li> <li>• <b>Agreed that the People First approach will go to the NHS Grampian board for consideration in June 2024.</b></li> </ul>	
9.	<p><b>Creating Equality</b></p> <p><b>9.1 Health Inequalities 5 Year Plan</b></p> <p>Professor Paranjothy provided an overview of the paper which gave an overarching summary of the progress against the health inequalities plan for 2023/24, anchor baseline metrics being submitted to Scottish Government on 29<sup>th</sup> March and development of NHS Grampian's 5-Year Health Inequalities Plan. The overall ambition is to reduce the inequity in healthy life expectancy. There are six priority areas to tackle over the next 5 years underpinned by four enabling actions. These have been informed by engagement across the system.</p>	



	<p>Dr Coldwells declared that each Executive Director has a specific objective about how, in their individual role they can contribute ‘10% more’ to population health. These have been mapped out against the four quadrants of the King’s Fund’s contribution to population health. There is optimism that this will embed leadership from the Executive Team.</p> <p><u>Comments and Questions:</u></p> <p>Mr Patwa stressed that whilst we strive for ambitious priorities, we must question if they are feasible. Professor Paranjothy confirmed that the detailed action plan to be developed in the first quarter of 2024 will be key to making sure that delivery on those priorities is feasible and practical. In addition, we will engage with staff, giving them access to tools and support to aid delivery of actions.</p> <p>Dr Coldwells advised from an organisational perspective, we need to find balance between financial, staff and clinical governance and ensure we continue to balance how resources are aligned recognising prevention has to be part of this.</p> <p>Mr Riddell welcomed the framework and the leadership from the Executive team. He suggested SMART indicators are needed to ensure delivery and to know when improvement is achieved</p> <p><b>The Committee noted and considered:</b></p> <ul style="list-style-type: none"> <li>• <b>Progress against the health inequalities action plan for 2023/24</b></li> <li>• <b>Anchor baseline metrics to be submitted to Scottish Government on 29<sup>th</sup> March 2024</b></li> <li>• <b>Development of 5 year health inequalities plan for NHS Grampian for assurance in relation to our approach towards increasing equity and improving population health outcomes in Grampian</b></li> </ul> <p><b>Dr Tomlinson thanked Professor Shantini and colleagues for their work on this report and asked that an update on the health inequalities delivery plan be brought back to the Committee once prepared, for addition into the forward planner.</b></p>	S Paranjothy
10.	<p><b>Any Other Competent Business</b></p> <p>Mr Russell enquired if the wider population had been contacted for their opinions on NHS Grampian’s significant financial challenge and decisions around that.</p> <p>Dr Coldwells indicated that the scale of the challenge faced was not known until January 2024 so consultation with the public has not happened yet but to note that we are on the trajectory to move it forward.</p> <p>Ms Grugeon pointed out that community appointment days will be a helpful focal point to having different conversations with people.</p>	

	<p>Ms Evison hoped Mr Russell could take some comfort from the direction we are travelling and it is clear to see our journey with people across communities.</p> <p>Dr Tomlinson thanked everyone for their contributions today and indicated it felt like a well-rounded conversation.</p> <p><b>Dr Tomlinson requested Ms Webb/Professor Paranjothy, Mr Humphreys and Ms Penman thank report authors informally on behalf of the Committee for those and the associated linkages into our remit.</b></p>	<p><b>S Webb/S Paranjothy/S Humphreys/K Penman</b></p>
11.	<p><b>Date of Next Committee</b> - Friday 31<sup>st</sup> May 2024 at 10:00am virtually by Teams</p>	