

NHS GRAMPIAN

Minute of Meeting of the Population Health Committee
10:00 on Friday 22 November 2024
Via Microsoft Teams

Board Meeting
10.04.25
Open Session
Item 16.5

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 Board Member
 Cllr Ian Yuill, Non-Executive Board Member

In Attendance

Dr Adam Coldwells, Interim Chief Executive
 Mrs Alison Evison, NHS Grampian Chair
 Mr George Howie, Acting Health & Wellbeing Lead, Aberdeenshire H&SCP (for Pamela Milliken)
 Mr Stuart Humphreys, Director of Marketing and Communications
 Ms Lynn Morrison, Director of Allied Health Professionals (for June Brown)
 Professor Shantini Paranjothy, Deputy Director of Public Health
 Mr Tom Power, Director of People & Culture
 Mr Dennis Robertson, Non-Executive Board Member

Paper Authors

Ms Louise Ballantyne, Head of Engagement (Item 7.1)
 Ms Roda Bird, Interim Equality & Diversity Manager (Items 10.1 & 10.2)
 Ms Tracy Davis, Child Health Commissioner (Item 8.3)
 Mr Jonathan Iloya, Consultant in Dental Public Health (Item 8.2)
 Ms Rachael Sim, Programme Manager, Screening Oversight & Performance (Item 8.1)
 Ms Mandy Urquhart, Volunteer Services Manager (Item 7.1)

Minute Taker – Heather Haylett-Andrews

No.		Action
1	<p>Apologies & Welcome</p> <p>Apologies were received from: Professor Nick Fluck, Medical Director; Ms Pamela Milliken, Chief Officer, Aberdeenshire H&SCP; Ms Fiona Mitchelhill, Chief Officer, City H&SCP; Ms Kim Penman, Programme Manager Public Health; Mr Dave Russell, Public Lay Representative; and Ms Susan Webb, Director of Public Health</p>	
2.	<p>Declarations of Interest</p> <p>Dr Tomlinson declared for transparency that in relation to agenda item 10.1 Compliance with Equality Related Duties, he is a trustee of Grampian Regional Equality Council (GREC) who provide such duties but confirmed unless the discussion turns to procurement, his presence during discussion of the item is unaffected.</p> <p>Cllr Yuill declared for transparency that he is also a member of GREC and confirmed his presence during discussion of the item is unaffected.</p>	

3.	<p>Chairs Welcome and Introduction</p> <p>Dr Tomlinson welcomed everyone to the meeting and highlighted the Lunch and Learn on 5 December on Adopting a Human Learning System Approach. He recommended committee members attend and if not already confirmed their attendance, to please respond to the Teams invitation.</p> <p>Dr Tomlinson pointed out that our next Committee in February 2025 will be an important meeting for us to take stock of progress made around the national agenda, having had sight of our consultation submission on the National Population Health Framework. Also, hearing about progress into the North East system, in liaison with Community Planning Partnerships.</p> <p>He drew the Committee's attention to our statement on equalities and health inequalities and stressed the importance of keeping it at the forefront of our minds as we progress through the meeting.</p>	
4.	<p>Minutes of Meeting held on 27 September 2024</p> <p>The minute was accepted as an accurate record of the meeting.</p>	
5.	<p>Matters Arising</p> <p>Page 4, Item 5 – Prof Paranjothy confirmed to Dr Tomlinson that Aberdeen City Community Planning Partnership, was successful in its application to become one of the three local places in Scotland working with the Collaboration for Health Equity Scotland (CHES), along with South Lanarkshire and North Ayrshire. The proposal was led by Aberdeen City Council, supported by NHS Grampian. An initial meeting will take place on 3 December and a public launch with Sir Michael, is expected in early in 2025.</p> <p>Cllr Yuill declared for transparency that he is Co-Chair of Aberdeen City Council and confirmed his presence for the entirety of the meeting.</p> <p>Dr Tomlinson suggested that once we have heard more on the work of the North East Community Planning Partnerships at our next meeting, the committee may wish to consider more detailed input on the work of the *three Community Planning Partnerships areas at future committees.</p>	
6.	<p>Committee Planning</p> <p>6.1 Action Log</p> <p>Dr Tomlinson invited Mr Humphreys to give an update on the following action to render it complete:</p> <p>Page 19, Planning with People Guidance - Mr Humphreys highlighted that a letter co-signed by Health Improvement Scotland and Scottish Government was received which advised boards that the scope for any engagement around national service changes will be set by them, with individual boards having responsibility for delivering what is required at a local level. The action was agreed as complete in light of this updated information and will be marked as such.</p>	<p>H Haylett-Andrews</p>

- Indicated his interest in hearing more about digital volunteering.

Mr Humphreys confirmed that the Volunteering Policy, viewed at the last Committee; now has an addendum around inclusivity and accessibility which will be the version that goes out to the system for consultation.

Ms Urquhart informed that digital volunteering is being looked at nationally, and although this type of role has not been used in Grampian yet, she reassured the Committee that coordinators already work closely with all volunteers to signpost/guide them into their preferred role or next best alternatives. For assurance, our experienced coordinators on a day-to-day basis make the necessary adjustments or offer additional support required, as standard.

Cllr Yuill acknowledged that he would also like to see social return on investment being considered indicating that outcomes matter. He enquired if volunteers have reneged on assisting due to their desired volunteering job not being available? He agreed that volunteers should be mentioned in strategies going forward and if there were greater use of volunteers for jobs that staff usually undertake, is there a danger that staff could accuse NHSG of using 'free labour'?

Ms Morrison indicated she has had positive experiences of chaplaincy and gardening volunteers and has observed the benefits first hand. She suggested future opportunities could include using students or retired former colleagues.

Ms Evison stressed that the link with students in the volunteering film struck a chord with her that we need to promote the experience that can be gained by young people thinking about careers in NHS Grampian, as a way to enhance the beginning of their career. A young person supporting other young people in wayfinding for example, they offer a different type of relationship. She also enquired if we are thinking enough about volunteering in line with NHS Grampian as an anchor organisation?

Mr Power agreed that linking to education is a positive and wondered whether our more experienced volunteers could become mentors. Following an interesting afternoon with Ms Urquhart and the wayfinding team, he stressed there is benefit in learning from the volunteers' fresh perspectives of the system that perhaps the organisation could learn from.

Mr Power remarked the importance of being careful with staffs' perceptions of volunteering, particularly in an environment where we have quite stringent vacancy controls, taking care over what we recruit to or not. He emphasised that the few volunteering roles that are being put forward at the moment are explicitly descriptive and would not be suited to a paid member of staff in a ward context.

He stated that the video gave a real sense of the opportunity to integrate people into our communities, particularly displaced or overseas refugees etc.

Mr Humphreys advised that the Volunteer Charter is helpfully explicit in this regard – stating: Volunteers should not be used instead of paid workers.

He gave examples of potential areas that could be explored with the volunteer plan being developed but recognised appropriate safeguards and adherence to the Charter and our own Policy would be required.

Mr Robertson enquired if we consult a volunteer skills matrix to appropriately disseminate roles, and do we have volunteers with relevant skills to assist patients who do not have English as their first language for instance, et al?

Ms Ballantyne thanked everyone for their questions and comments and indicated consideration would be given to all. She reported that a new 'Helping Hands' role is being developed, a more flexible volunteer role which looks at the skills of the volunteer and how they can be applied for best fit. She is also working closely with staff side reps to ensure we keep within parameters and think about how we promote volunteer service in everyday culture.

Dr Tomlinson thanked Ms Ballantyne and Ms Urquhart for sharing their hugely valuable presentation with the Committee and agreed that it is prudent that we help the wider workforce understand volunteering, and adopt a clear governance process for on boarding of new volunteers and suggested that the film be shared in the daily brief, if not done already. He also suggested there be a clear governance process adapted for the recruitment of volunteers and that the Committee act as ambassadors going forward.

L Ballantyne

7.2 Consistent Communications Messaging

Mr Humphreys introduced the paper which was written in response to Dr Tomlinson's request for clarity around how NHS Grampian was being engaged with as described in the Reform letter received by Health Board Chief Executives from Caroline Lamb, Chief Executive NHS Scotland. The letter references the Scottish Government 'working hard with board communication leads and HIS Community engagement to ensure coherence and consistency of messaging across NHS Boards, our workforce and our population.

Questions and Comments

Mr Riddell was reassured that we are taking steps to address this but shared his anxiety over the honest and open discussions that are required with the public, the need to share all stories; not just the positive ones.

Mr Humphreys agreed the need for both realism and balance in our communications, to reflect good work and care continues every day against a backdrop of extreme challenge.

Dr Tomlinson is conscious that Putting People First is building relationships with communities, and will support balance and honesty going forward. It is helpful for the Committee to be kept abreast of the position of this and

	<p>proposed a further update come back to the Committee in two or three cycle's time or earlier if something significant crops up.</p> <p>The Committee approved the content of the paper and:</p> <ul style="list-style-type: none"> • Acknowledged the early requests made through relevant communications forums for a national conversation around systemic issues affecting health boards • Noted NHS Grampian's participation and ongoing contribution through corporate communications to relevant forums, as well as networking with officials to foster positive relationships to elicit change and good practice. • Noted that a communications and engagement framework will be produced to support the Strategic Route Map currently in development. 	S Humphreys
8.	<p>Public Health</p> <p>8.1 Screening Oversight & Annual Report</p> <p>Prof Paranjothy gave an overview of the key findings from the annual reports from five of our six screening programmes which provide assurance on performance against national standards. She indicated there was not a report for cervical screening because there were national delays in making the data available and the 2023/2024 data is expected to be provided next year.</p> <p>She highlighted the mismatch between the number of referrals coming through following a positive test for screening colonoscopy and capacity for providing this. Work is ongoing nationally to address this.</p> <p>NHS Grampian's Screening Equity Plan was submitted to Scottish Government in April 2024, under the umbrella of our Health Equity Plan. Funding was secured from Friends of Anchor for two Public Health Practitioner posts to take forward the actions in our plan and they are working closely with GREC increasing awareness of screening. Outputs from the focus groups will be available in the next few months and this will be used to update our communications materials to support people to engage with the programmes. It is hoped to get more funding in 2025 to extend this provision.</p> <p><u>Questions and Comments</u></p> <p>Mr Patwa:</p> <ul style="list-style-type: none"> • Asked for clarification of the factors that are underpinning the comment around pregnancy and newborn screening where it says the low number is potentially having an impact on the KPIs? • Wondered if use of volunteers could act as an additional channel to drive up awareness of screening, where there is not a large uptake. And, are we using Community Appointment Days as a way of adopting a one stop shop philosophy to bring awareness to people? 	

- Asked if it was realistic to expect funding for renewal of these posts after 2025? If not, what are the mitigations for undertaking this vital work?

Prof Paranjothy indicated that the KPIs are based on percentages, the numbers involved in this case was small so the lower percentage was not informative of how we are doing as a programme; but assurance is sought by examining the individual cases and actioned as appropriate.

She confirmed that they are actively exploring/looking at the logistics of using Community Appointment days in a non-healthcare setting to bring together health checks plus screening.

With regard to funding, a business case is being worked up to take to our partners - Friends of Anchor to explore joint investment for the next stages.

Prof Paranjothy reassured Cllr Bell that despite there being reduced capacity for bowel screening, colonoscopies are still being carried out, albeit waiting times are longer than desired.

Dr Tomlinson understood why the 8 adverse events were simply noted and not explicitly detailed but sought assurance around those aspects in terms of how they've been dealt with. Prof Paranjothy advised that each one is reviewed in accordance with the standard operating procedures for managing adverse events and screening incidents in line with national policy. This will typically involve a review by a multi-disciplinary programme management group, involving the services involved in delivering the screening programmes. Learning and good practice is shared through our local groups as appropriate - e.g. clinical governance groups within services, programme management groups and national groups where appropriate.

The Committee was assured that any clinical issues in relation to adverse events are considered by the Clinical Governance Committee.

The Committee:

- **Noted the content of the annual reports from the five screening programmes**
- **Noted the progress on work across the system to address screening inequalities**
- **Acknowledged the risk that further progress on work to address screening inequalities with vulnerable communities is at risk due to the current financial context**

8.2 Children's Oral Health Improvement Plan – Moray/City

Dr Iloya introduced his paper and gave an overview of the strategic priorities that were identified for improving oral health and wellbeing following the needs assessment report published in early 2024 which highlighted several key findings.

These nine priorities form the basis of the oral health improvement action plan, aligning with the NHS Grampian's Plan for the Future, focusing on

People, Places and Pathways to ensure equitable access to quality oral and dental health services for children in Grampian.

Questions and Comments

Mr Patwa brought up the capacity within education around the Child Smile programme and asked for clarification of the mitigations/future work that is in place to try and address that.

Dr Iloya indicated that for the tooth brushing element, which is delivered at early learning centres; nurseries and at Primary 1 and 2 in deprived areas, daily supervised brushing is carried out by establishment staff. NHS Grampian supply the materials to the schools and ensure the training and programme is delivered.

The capacity of Educational establishments to support this is limited Dr Iloya intimated if funding could be secured from Scottish Government, we could address the challenges around capacity by developing a toothbrush supporting worker to work part time during term school time. This is a significant risk.

To mitigate against low registration and participation rates for children aged zero to two, we are trying to encourage parents to register their children with a General Dental Practitioner as early as possible; i.e., from six months.

Dr Iloya answered Mr Patwa's question and reported that currently one quarter of the population (children aged 0-2) are not registered and accessing dental care.

Mr Robertson enquired if there is a way we can develop a programme/widen the existing one around working in partnership, i.e., health visitors, school nursing, possibly volunteers; to mitigate some of the issues raised?

Dr Iloya indicated Health Visitors are an important part of the programme and part of their role is to direct and encourage families to dental services via the Child Smile team. Volunteers are perhaps something to be explored further.

Ms Evison wondered if it has ever been considered utilising youngsters themselves for support as way of fulfilling our aims under the charter.

Dr Iloya confirmed that it had been considered, as well as engaging with children and young families to better understand their own beliefs about oral health; to help inform a health education programme. Also, as part of wider public health engagement, pregnant mothers were asked about their awareness/understanding of the benefit of accessing dental services. The outcome of this survey is awaited for consideration.

Mr Russell had submitted a question pre-Committee as he was unable to attend, as follows: Whilst he appreciated that the 5-year plan is quite aspirational, he enquired if this would lead to annual plans with SMART objectives that can be achieved within resources. Dr Tomlinson indicated it would be helpful for the Committee to see this and understand where the gaps are.

	<p>Dr Iloya appreciated the need for SMART objectives and indicated that this is practiced with trainees around our actions. In terms of the real challenges with resource and capacity, it is difficult to set exact times for delivery of the actions of our 5 year plan, given that some actions need immediate tackling. He agreed to bring progress against the actions being addressed in this financial year back to the Committee in due course.</p> <p>The Committee approved the Grampian Children Oral Health Improvement Action Plan and acknowledged the associated implementation risk and challenges.</p> <p>8.3 Joint Child Poverty Action Plan – Moray/City</p> <p>Dr Tomlinson asked members to focus on the recommendations in terms of assurance.</p> <p>Ms Davis outlined that the Child Poverty (Scotland) Act (2017) requires that Local Authorities and NHS boards must jointly report annually on the activity they are taking and will take, to reduce child poverty and she gave an extensive overview of the Moray and City joint reports. Ms Davis outlined the key activity progressed to address child poverty in each local authority area, highlighting the specific action progressed by NHS Grampian.</p> <p><u>Questions and Comments</u></p> <p>Mr Riddell welcomed the intention to align plans and looked forward to an integrated impact assessment for Moray’s children’s plan. He stated that the Committee would like assurance on how we measure impact; are we actually making a difference and improving the lives of young people?</p> <p>Ms Davis agreed and recognised the limitations noted in the report this year for Moray (due to unexpected workforce issues et al) but stated that across the partnership, where we are seeing outcomes and improvements, we take notice of where we need to further improve.</p> <p>Dr Tomlinson thanked Ms Davis for the report and extended his thanks to co-Author Ms Johnston.</p> <p>The Committee discussed and approved the Child Poverty Action Reports for Moray and Aberdeen City</p>	<p>J Iloya</p>
<p>9.</p>	<p>Strategy, Governance & Performance</p> <p>9.1 Population Health Portfolio Board Assurance Report</p> <p>Prof Paranjothy explained that the October meeting of the Population Health Portfolio Board was cancelled due to the number of apologies received. She gave assurance that the reports that were to have been covered, had been reviewed at the Public Health Directorate Monitoring and Governance group and are either present on today’s agenda, or presented at CET performance monitoring meeting. Any issues that required discussion or input from the wider system had been dealt with accordingly.</p>	

	<p>The Committee noted the position at this point and were assured that the report would follow at our next Committee meeting in February 2025.</p>	
<p>10.</p>	<p>Creating Equality</p> <p>10.1 Compliance with Equality Related Duties</p> <p>Mr Humphreys briefed the Committee that this paper is the annual update provided to evidence NHS Grampian's compliance and progress with regard to equality related duties.</p> <p>He introduced report author Roda Bird, Interim Equality & Diversity Manager, who gave an overview of the main points and highlighted how NHS Grampian has fulfilled its equality and diversity obligations.</p> <p><u>Questions and Comments</u></p> <p>Mr Patwa indicated he had quite a number of questions and would send the majority of these to Ms Bird by email for consideration out with the meeting. He therefore confined his questions in the meeting to the following:</p> <ul style="list-style-type: none"> • Could statistics be provided for the demand for Braille, audio and large print formats, given our change in demographics? <ul style="list-style-type: none"> ○ Ms Bird to investigate further. • In addition to attendance numbers, was qualitative feedback collected from staff undergoing Equality & Diversity Training? <ul style="list-style-type: none"> ○ Ms Bird informed Mr Patwa that feedback forms are issued to attendees following the training and qualitative results are gathered, considered and followed up with an email where appropriate. Ms Bird agreed to incorporate a question within future surveys on attendees' perceived change to practice following attending the training. • How much of the training incorporates input from lived experience of those protected characteristics to help trainees relate on a first hand basis. <p>Ms Bird advised that the training focuses on the Equality Act in which the 9 protected characteristics are included. Real-life scenarios, gathered from real-world examples, are used to illustrate and inform discussion using the chat function.</p> <p>Dr Tomlinson asked the Committee to give some thought to potentially extending the Committee meeting duration by 30 minutes going forward to give proper justice to each of the items, as we have a full forward planner.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • Noted the activity undertaken to ensure our compliance with statutory duties of the Equalities Act • Acknowledged the race equality work and work undertaken on the anti-racism agenda as part of NHS Grampian's Anti-racism Plan 	<p>R Bird</p> <p>R Bird</p> <p>Comm members</p>

- **Acknowledged the growth in interpretation and translation requests and the work being undertaken by third-party assessors to review delivery contracts**
- **Noted that ongoing compliance with legislation is dependent upon available capacity within relevant departments including Equality and Diversity**

10.2 Progressive Work on EDI to improve Outcomes for People with Protected Characteristics

Mr Humphreys indicated that this paper updates on the development of an Equality, Diversity and Inclusion Plan recognising a great deal of work is taking place across the organisation but this is not currently captured in one place/document to support monitoring, reporting and assurance. The relevance of this work was also illustrated in the content of the newly received Scottish Government's guidance on anti-racism plans.

Questions and Comments

Mr Power specified the importance of understanding the direction of travel we are going in, focusing our efforts on equality, diversity and inclusion. He suggested it be looked at through a variety of lenses to ensure we are focussing across all of the protected characteristics.

Mr Russell had submitted a question pre-Committee as he was unable to attend, as follows (not discussed at Committee but included for Mr Russell's benefit).

He indicated in the context of the 2025-2029 EDI plan, it is proposed in sub-sections 5.2 and 5.3 to deliver a 2024-2026 Gypsy Traveller Plan and a 2024-2030 BSL Action Plan. Is there a reason for this misalignment in the plans?

Ms Bird provided an answer pre-Committee for noting:

She explained that the Gypsy Traveller Plan is under Equality Outcomes as per Equality Act 2010 and EO is every 4 years. The BSL Action Plan is based on the BSL (Scotland) Act 2015, which is not aligned with the EA 2010 but follows the SGs National BSL Plan 2023-2029, which according to the national plan we need to publish our BSL plans by 6 May 2024. To summarise, Equality Outcomes is a 4 year plan and the BSL Plan is a 6-year plan.

Dr Tomlinson asked members to contribute further comments and questions to Mr Power or Mr Humphreys subsequently.

The Committee:

- **Acknowledges that national Anti-Racism guidance issued to board extends beyond the content of NHS Grampian's existing Anti-Racism Plan to incorporate patient experience and health equity themes.**

**Comm
members**

	<ul style="list-style-type: none">• Notes the activity undertaken to date and ongoing work to produce one EDI Plan for NHS Grampian that captures work in these related areas and aligns to the national Anti-Racism guidance.• Agrees to contribute comments to shape the plan which remains in development.• Supports the ongoing work to map a supportive monitoring, reporting and assurance framework for EDI.	
11.	Date of Next Committee - Friday 28th February 2025 at 10:00am virtually by Teams	