Approved

Board Meeting
Open Session
03.08.23
Item 13.4

NHS GRAMPIAN
Minute of Meeting of the Population Health Committee
10:00 on Wednesday 19 April 2023
Via Microsoft Teams

PRESENT:
Dr John Tomlinson, Non-Executive Board Member (CHAIR)
Ms Amy Anderson, Non-Executive Board Member
Ms Ann Bell, Non-Executive Board Member
Mr Simon Bokor-Ingram, Chief Officer Moray H&SCP
Mr Alan Cooper, Head of Business Operations, Public Health
Ms Alison Evison, Non-Executive Board Member
Professor Nick Fluck, Medical Director
Ms Luan Grugeon, Non-Executive Board Member
Mr Stuart Humphreys, Director of Marketing and Communications
Mr Sandy Riddell, Non-Executive Director of the Board
Mr Dennis Robertson, Non-Executive Board Member
Mr Dave Russell, Public Lay Representative
Ms Susan Webb, Director of Public Health
Mr Ian Yuill, Non-Executive Board Member

IN ATTENDANCE:
Mr Adam Coldwells, Director of Strategy & Deputy Chief Executive
Ms Tracy Davis, Child Health Commissioner
Ms Philippa Jensen, Location Manager (for Ms Pamela Milliken)
Ms Elaine McConnachie, Public Health Manager

No.		Action
1.	**Welcome, introductions and apologies** Dr Tomlinson welcomed everyone to today's committee meeting Apologies were received from: Mr Paul Bachoo, Medical Director Acute Services; Ms June Brown, Executive Nurse Director; Ms Sarah Duncan, Board Secretary; Ms Jillian Evans, Head of Health Intelligence; Ms Pamela Milliken, Chief Officer Aberdeenshire H&SCP; Tom Power, Director of People & Culture and Heather Haylett-Andrews, Clerk to the Committee	
2.	**Minute from Previous Meeting on 23 February 2023** These were accepted as an accurate record, pending amendment to the following: • Councillor to be replaced with Non-Executive Board Member in respect to Councillors Ann Bell and Ian Yuill. <u>Matters Arising</u>	

	Dr Tomlinson indicated that 'Risk Register' was previously agreed to be an agenda item fairly early, is included in the 'for consideration' section of the forward planner, but we can consider the timing for that and bring onto the forward planner.	
3.	**Committee Forward Planner** Dr Tomlinson highlighted the forward planner will be cross-referenced with the Committee's terms of reference and will be taken to our July meeting. He noted on page 2 of the forward planner, there are a number of activities stated for consideration/confirmation which will be firmed up going forward. Ms Grugeon asked if there could be a more explicit link made to the Committee's actions to the plan for the future activities of the Board. Ms Webb indicated we had anticipated bringing back the draft delivery plan to the July board meeting, as part of the consultation process. In terms of MAT Standards, the Chief Executive is equally held to account over delivery of the standards; tripartite accountability process among the Chief Officer of the local authority, the Chief Officer within the H&SCP and the Chief Executive. Dr Tomlinson indicated he is aware of ongoing discussion at board level on the question 'what is system working and where does population health fit into it? It is envisaged that over the next 12 months, will evolve as such and as a Committee, we ought to retain some flexibility as to what population health and what our remit is, over this period. Ms Evison agreed and added that it's an area of growing importance both for us and nationally across Scotland; collaboration is key to it. **3.1 Action Log** Dr Tomlinson thanked Mr Cooper for pulling together the Action Log, and stated that it is important we hold onto actions handed onto us from Engagement and Participation Committee.	
4.	**Outputs from Development Session** Dr Tomlinson sought comments on the summary of feedback from our earlier group discussion on 23 February 2023. Ms Grugeon indicated she is keen to understand how we can bring the conversations had into the work of the committee. Would it be prudent to draw up some principles to guide our conversations going forward here? Dr Tomlinson indicated he had circled a few key words when considering the bullet points therein and agreed it would be a good idea to capture those to cross-reference with our models going forward. Mr Humphreys indicated that the supporting subgroups providing committee assurance should consider their own bullet points in relation to their own	

	terms of reference as well as grouping the themes together to have them as part of the ongoing forward plan. Ms Webb indicated the suggestion of principles is really helpful, perhaps we need to signal the areas that we ought to feed into these parallel processes and timelines. It will be helpful to check that the feedback captures everything that was there to link them with broader board committee processes underway at the moment. Dr Tomlinson stated that was quite useful in that we will have the feedback as a record to inform further development work but there is a bit of cross-referencing required to help take forward the terms of reference and the agenda. He requested Mr Humphreys and Ms Webb bring something back to the July committee explicitly on that. Mr Riddell liked the idea of distilling down to a framework of principles but I think there is always a need for us to proactively proof developments at different points throughout the year against those principles. There is always a danger that development sessions somehow are a bit abstract and sit away from the process of actual meeting business. Therefore, we need to capture that correctly, distil it down and use it as a framework to prove our progress, otherwise it just get lost and we discuss the same points next year. Ms Webb wondered whether it would be helpful to develop these principles in advance of the July Committee meeting (few committee members) to use as the checklist for our deliberations around the annual delivery plan? Ms Grugeon and Mr Yuill agreed with that idea as a way forward and suggested we look at the principles around the North East Alliance to avoid starting from scratch. Mr Robertson suggested we also include a mechanism in which to measure and monitor our progress to avoid missing items. Dr Tomlinson suggested Ms Webb and Mr Humphreys reflect on these points and to bring a set of principles related to the delivery plan to the July meeting.	**S Webb/ S Humphreys** **S Webb/ S Humphreys**
5.	**Strategy, Governance and Performance** **5.1 Collaborative Governance – North East Alliance** Ms Webb provided an update on the work of the North East Alliance and reported on how the Alliance supports the Population Health Committee and it is the intention to provide regular reports accordingly. Ms Webb hoped that the Committee is happy to look from an NHS perspective as to what the alliance is supporting and updated that work has been underway with varying pieces over the last year and will be built upon in the coming year. Ms Webb indicated that the principles of the North East Alliance are still draft and would welcome any suggestions/amendments from this Committee. Mr Riddell stated that the collaborative work undertaken by the Alliance should be commended but he has found that nationally it is very difficult to share data between agencies and sought Ms Webb's findings of the shared	**Committee Members**

endeavours of the alliance. Ms Webb indicated that conversations are constantly taking place on overcoming barriers to communication and information governance issues that people have highlighted, and are addressed promptly.

Ms Webb indicated that including a visit from the Chief Executive of Public Health Scotland, the Alliance is working closely with Public Health Scotland, establishing an intelligence network to enable a two way dialogue on how national bodies can support us and share our learning at a national level. She indicated she was feeling optimistic for the next six months, following some excellent progress made.

Ms Evison said we ought to develop how we use 'Place', by actually responding to the health and wellbeing concerns/needs of the people living in that 'Place' at the grass roots level, as opposed to our emphasis being on talking about doing something 'in a place'. She stated her belief in being at the correct stage for engagement; to hear from the voices in the community directly.

Ms Webb supported Ms Evison's comments and assured her that work is progressing around building ongoing relationships with our communities.

Dr Tomlinson confirmed with Ms Webb that North East Alliance updates will be shared with partners over the next six months.

Mr Robertson stated that we have various groups in different communities who meet on a regular basis for the sharing of information but it is about how transparent we are in terms of disseminating the same information without dilution or misinterpretation by other groups, going forward. Dr Tomlinson highlighted progress with this ought to be taken stock of, on each of our agendas over the next 12 months.

Ms Anderson shared her support for above comments and felt that third sector organisations should have a seat around this table to form a pathway between them and NHS clinicians. Ms Webb confirmed conversations have started about effectively connecting to third sector as a critical piece of work for the North East, and will be developed over the next while.

Ms Webb in response to Mr Robertson's comment around openness of data, commented that this is the first time the DPH Annual Report has been shared with partners; asking them how they can use the plan to start conversations with their communities. We have edited the annual report in response to our partners' comments and will share with the North East Alliance; and it is hoped to have endorsement from the Community Chairs of Planning next year.

Dr Tomlinson confirmed that future progress updates on North East Alliance will be brought back to future Population Health Committee meetings.

5.2 Meeting of the Population Health Portfolio Board 29 March 2023

	The committee noted the paper and Ms Webb indicated that the DPH Annual Report was considered and feedback sought; as well as Delivery Plan consultation undertaken with colleagues based in the Health & Social Care Partnerships. There was endorsement of trying a different way of working in the areas of children's substance abuse, mental health and wellbeing and place and wellbeing and an action plan is being worked up in this respect. Mr Bokor-Ingram added that the discussion at the Portfolio Board reflected some of what has been discussed today around meeting our statutory obligations, engaging with others, broadening the work we are doing to draw in a multitude of partners; and respecting other organisations. For the benefit of Mr Russell, Dr Tomlinson confirmed to him that Ms Webb and Mr Humphreys are bringing to the July meeting, two sources of assurance planning by way of cross-referencing from the forward plan to the terms of reference and progress on the delivery plan against the Plan for the Future. Ms Evison commented on the Community Engagement and Empowerment section of the paper and the 'lived experience' mentioned within that. How do we ensure we capture the lived experience of seldom heard voices who may be less articulate? Mr Humphreys acknowledged that this is an area that we are addressing through our ongoing work. Ms Webb indicated that we have undertaken a number of areas of exploration, one of which is gathering learning from the New Pitsligo community in Aberdeenshire which will allow us to have a different type of conversation for our future actions. **The committee noted the assurance overview provided and accompanying Appendix A and acknowledged an update will be brought to the July Committee on the overall assurance sought.**	
6.	**Creating Equity** **5.3 Health Inequalities Action Plan** Ms McConnachie provided an overview of work undertaken to date by the Health Inequalities Action Group, development of the Health Inequalities Action Plan for 23/24. The Committee is asked to endorse the final draft of the plan including the approach proposed with the reformed Health Inequalities Oversight Group. Mr Riddell suggested that the Committee should be seeking assurance on behalf of the board, more on the outcome and impact side so we can evidence our successful outcomes. As it is the organisation's statutory responsibility to address the inequalities gap between care-experienced/non-care-experienced children, it is important we develop how we give evidence of specific outcomes around this. Mr Coldwells indicated it would be prudent to find a balance between outcomes that happen quickly with outcomes that happen more slowly and to	

	pay more attention to that for next iteration of the plan. Ms McConnachie agreed with Mr Coldwell's point and indicated we need to describe what that narrative looks like, especially around the five year plan. Ms Webb shared that when we are dealing with such complex issues around inequalities agenda, the human systems learning approach comes in and we need to get the balance right, but be cautious about having a traditional action plan for this agenda. Ms Davis commented that improving outcomes for care experienced people is a priority across our three integrated children services plans, which are aligned to NHS Grampian Children's board priorities. We also have responsibilities to improve care and services for care experienced young people, and are at the moment undertaking a self-assessment to ensure we are delivering our promises as an organisation. We will receive funding from Scottish Government to enable projects and tests of change, lots of rich things happening which are informing our action plan, moving in a really good direction. Mr Reid suggested that if there are tests of change happening, we need to be specific about what are doing and have some sort of tangible evidence. Ms Grugeon indicated that we ought to clearly articulate the things that we are focussing on, sharing power differently; using a relationship based approach. If we also have overarching principles, then there will be a cohesion using the same principles for all of our change work within NHS Grampian. Mr Coldwells agreed with all points above and questioned how do we get a big organisation with lots of people to march in that direction, how do we tie in our community planning partners, take the complexity and keep people motivated? Hopefully though this group, we can navigate that over the coming months and years. Ms Webb stated, in response to Mr Reid's point that we could quantify the action around quantifying income maximisation, we could impact assess all of our papers and do an audit of what we've done before we can say how well we are adopting some of the principles we have already set out. She referred to New Pitsligo as being a challenge, having a conversation with the community with no predetermined agenda, contrary to usual NHSG practice, you cannot set specific actions, targets and measurables. At the moment, it is a work in progress for us all working together to providing the assurance that is sought, given the complexities at hand. Mr Robertson indicated we need to ensure that we are not replicating a lot of the good work that goes on as well as being able to case the net to give us some of the tangible information and outcomes, good and bad as our principal role. Ms Bell agreed with Mr Riddell and Mr Robertson's comments and indicated she looks forward to hearing how are going to tackle hearing from the most vulnerable.	

	Dr Tomlinson concurred with Mr Riddell's original points, and commented on the 49 actions and how we can develop how we can track how those impact on key outcomes. Having the short-term and longer-term causes is useful in the report and he was pleased to see the report is looking at the root causes as well as wider influences. He asks that we have explicit assumptions of how we think change is going to happen this time and why will it change with those 49 actions, which would pull together a few of the things that people have raised here and enhance the assurance. He indicated on hearing from other contributions that it is about the desire to see a bit more about what is happening in terms of outcomes and enquired if longer-term outcomes can be explicitly reported back to us in future? Mr Coldwells stated that what might also be helpful is to show some examples of test of change progression under this banner. Mr Riddell indicated that if we are told of tests of change specifically, we need to draw evidence to get the assurance required for the Board's objectives. Dr Tomlinson indicated that some reflection on this is needed on how we grasp that at an appropriate committee level. Mr Coldwells, Ms Webb and Dr Tomlinson to confer offline. Ms Webb agreed there is a real implementation gap and capturing that learning/getting the balance right is important to drive the cultural change. Dr Tomlinson asked if the 9 headings used in the plans discussed today, a standard format that we have for all of our committees. Mr Coldwells indicated that we have had success in multiple committees looking at similar areas and how we have a common report with separation of what we want each committee to do. Perhaps we can think about drawing a better structure and work with Sarah Duncan et al in this regard. **The Committee formally endorsed the Health Inequalities Plan and agreed the approach to develop longer term actions with the re-formed Health Inequalities Oversight Group to provide leadership and cohesion across NHS Grampian**.	**A Coldwells /S Webb/Dr Tomlinson** **Dr Tomlinson/ A Coldwells**
7.	**People Powered Health** **5.4 Community Engagement and Empowerment Oversight** Mr Humphreys gave an oversight of the paper and indicated its purpose is to update on the established PHC assurance structures with regard to engagement oversight, the intended plan of work and ongoing reporting. He indicated that the group meetings have supported the development of a high-level 3 year Engagement Plan supporting NHS Grampian's Plan for the Future ambitions and a draft terms of reference. The Committee are asked for comments on the Engagement & Empowerment Plan 2023/24. Mr Robertson enquired if there is something we ought to be cognisant of, for the learning and training of staff, also the pressures in the system at present? If we are to make that difference in order that we can measure outcome and the impact of change as we move on, do we need to then	

	redress some of the training that we currently do, and take on board new types of training for staff? Mr Humphreys acknowledged that yes there is resistance in the system, reported lack of time etc. It is recognised that we need to provide the right tools to encourage change. A practical thing we are currently doing as an example is to improve understanding of equality impact assessments; a crib sheet of practical steps for best practice. Ms Anderson shared her thoughts on the good approach there and enquired if there was any wiggle room for co-production? Will this plan activate the solution for the health inequalities piece mentioned before? Mr Humphreys replied to say there are indeed opportunities for influencing to happen as it is a live plan, with a chance to expand membership based up on the measurements. He explained there are a couple of overlaps, i.e., that some of the activity will be owned by the Health Inequalities Group and some by the Engagement and Empowerment Group. Ms Grugeon shared that the public are part of our system, our assets and she would like to see the power shifting to the communities rather than remain a corporate plan; use existing community networks. Mr Humphreys acknowledged that perhaps our engagement is not as ongoing or as two-way as it needs to be. Ms Webb agreed we need to get to a stage for co-production of this plan. She indicated that she and Tom Power have been working together looking at our engaged workforce and our building blocks for success; much the engagement in our communities is the same as it is with our staff. There is also a need to take real action on the feedback we receive into the system every day and convert into actionable insights for taking forward. Ms Webb is meeting with Ms Grugeon and indicated it would be good to share ideas including Mr Humphreys around the next iteration of the plan. Dr Tomlinson pointed out there is a degree in which we link across to other partners, I'm conscious that people in communities as citizens, there is a lot of work going on through partners, councils, IJB etc. Where we are looking at engaging with people, are we sufficiently moving to an equally collaborative approach with others, despite it being more of a one-way relationship? He acknowledged a stronger indication of collaboration in the Health Inequalities Action Plan. Mr Humphreys indicated that he and Ms McConnachie can look at the plans again to ensure the wording is consistent to show the collaborative engagement approach is explicit in both. Dr Tomlinson enquired if discussions about a shift from a medical model to a people powered model as well as work that the Staff Governance Committee are looking at in terms of cultural change for the organisation are elements that are being taken into consideration. Mr Humphreys indicated that they are joined up and we also need to have the Staff Engagement Network as active members on this group which will add value	**S Humphreys** **EMcConnachie**

	Dr Tomlinson made another point about getting feedback and the important role Clinical Governance Committee has in this regard. Ms Webb Ms Webb indicated there are a number of health systems that have been able to provide a range of feedback; DATIX, Feedback Service, Care Opinion etc. to enable us to convert data into insights for service in real time. We have learning identified through the engaged workforce work and there are discussions on how we take that forward together. Mr Russell enquired if we are also reaching out to agency staff and locums as well as permanent staff of NHS Grampian? Ms Webb stated that we have received feedback through the Whole System Decision Making Group for all staff groupings mentioned. **The Committee were content with the draft plan 2023/24 and associated appendices, and noted that an updated plan be brought back once complete.** **The Committee notes it will receive the flash report with future assurance reports and that NHS Grampian is developing a 3-year plan to work towards the goal of being a listening organisation with community at the heart of health and care system.**	
8.	**Public Health** **5.5 Children's Rights** Ms Davis presented to the Committee an overview on the statutory reports relating to children, brought today to highlight good practice and provide assurance. She stated the purpose is to talk particularly about the Children's Rights Report Draft 2020-23, wider statutory reporting related to children and to demonstrate the interconnectivity between the statutory reporting duties. Ms Bell expressed her gratitude for an excellent report and assured Ms Davis that the consensus would be favourable for any endeavours for the good of children. Dr Tomlinson enquired if any lessons have been learnt from the work already having taken place around children? Ms Davis acknowledged that there are opportunities, recognising that it's taken a while to get to this point; there is learning both ways. Ms Webb thanked Ms Davis for the enormous amount of work that's gone into the three very different children's services plans. To aid engagement, communication, buy-in across our organisation, the children's board are looking at having a simplified version to be clear about the things we can contribute to. She extended her delight at the reports coming before the PHC and hopes we can use this as a key focus in our reporting back to the NHS Grampian Board. Ms Anderson asked if there are any constraints/risks in trying to implement across different areas. Ms Davis said the biggest challenge is the scale up	

	and recognising that it is about the whole organisation. Our plan is to start small and filter across the org using the portfolio model. Real focus on scaling up. Raising awareness across the workforce where they might not recognise they have a role. Ms Anderson supports this work as children are the population health for the future. Dr Tomlinson asked where this would fit into the cycles for the Committee going forward. Ms Webb commented that the integrated children's services plans are reviewed on a 3 yearly cycle with annual updates and reports. This last cycle has felt pressured to get comments in but these plans are going to the community planning board for sign off as we speak. We want to reflect on that and as I understand it, the Children's boards are looking at that and learning lessons around the actual planning bit and on top of that we have our annual reporting cycle; we will factor that into the work plan to tie it in with when those reports that are going through the community planning structures so that NHSG can see how we have developed our bit/contributed to those integrated plans. **The Committee noted the reports, confirmed feeding back on aspects of the report and noted the priorities within the Children's Services Plans and NHS Grampian's responsibilities as a delivery partner.** **Dr Tomlinson noted that there will be consideration of where this will be reported in the forward planner in the next cycle.** **Dr Tomlinson extended his thanks to all Report Authors/Responsible Executives for the reports put forward today.**	
9.	**Date of Next Committee** Friday 7 July 2023, **1000-1230 hours** (please note 2.5 hours length) via Microsoft Teams	