Approved

NHS GRAMPIAN

Minute of Meeting of the Population Health Committee
10:00 on Wednesday 16 November 2022
Via Microsoft Teams

PRESENT:

Dr John Tomlinson, Non-Executive Board Member (CHAIR)
Ms Amy Anderson, Non-Executive Board Member
Ms Ann Bell, Councillor Aberdeenshire Council
Mr Alan Cooper, Head of Business Operations, Public Health
Ms Kim Cruttenden, Principal Pharmacist
Ms Sarah Duncan, Board Secretary
Ms Jillian Evans, Head of Health Intelligence
Ms Alison Evison, NHS Dr Tomlinson, Non-Executive Board Member
Ms Luan Grugeon, Non-Executive Board Member
Mr Stuart Humphreys, Director of Marketing and Communications
Mr John Mooney, Consultant Public Health
Mr Sandy Riddell, Non-Executive Director of the Board
Mr Dennis Robertson, Non-Executive Director of the Board
Mr Dave Russell, Public Lay Representative
Ms Susan Webb, Director of Public Health

Board Meeting
Open Session
06.04.23
Item 14.6

IN ATTENDANCE:

Mr Ally Boyle, Non-Executive Director, NHS Lanarkshire (observing)
Ms Louise Ballantyne, Head of Engagement (for item 4.2)
Mr David Buck, Senior Fellow, Kings Fund
Ms Kay Diack, Chief of Staff, City H&SCP (for Ms Sandra MacLeod)
Ms Carmen Gillies, Interim Strategy and Planning Lead (for Mr Simon Bokor-Ingram)
Ms Heather Haylett-Andrews, Communications Officer, Clerk to the Committee
Mr William Moore, Consultant Public Health
Ms Shantini Paranjothy, Consultant Public Health
Ms Alex Pirrie, Strategy & Transformation Manager, Aberdeenshire H&SCP (for Ms Pam Milliken)

No.		Action
1.	**Welcome, introductions and apologies** Dr Tomlinson welcomed everyone to the inaugural meeting of the Population Health Committee and thanked all colleagues who have worked hard in preparation for today: transitioning from the Engagement and Participation Committee and working to put together reports et al for the agenda today. Dr Tomlinson indicated that the work of this committee flows from the NHS Grampian Strategic Plan, with a twin focus on ill health but also improving population health. He also indicated that as our first meeting, we are still in the position of shaping our ongoing agenda/securing the correct contributors in this spirit and whilst we may not define everything, today's contribution on shaping up starts our first year of learning and development.	

		In terms of introductions, Dr Tomlinson commenced with his own and requested that each contributor introduce themselves at the time of contribution but gave a special welcome to the following people in attendance: • Mr Boyle, the chair or our sister committee in Lanarkshire who is observing today who is also a member of the National Forum for Improving Population Health Group, with himself and Ms Anderson • Mr Russell, Public Lay Representative who was also a member of the Engagement and Participation Committee • Mr Buck, Senior Fellow from the Kings Fund who will be facilitating the feedback session from 11am onwards • Ms Diack, Chief of Staff, City H&SCP (obo Ms Sandra MacLeod) • Ms Gillies, Interim Strategy and Planning Lead (obo Mr Simon Bokor-Ingram) • Ms Pirrie, Strategy & Transformation Manager, Aberdeenshire H&SCP (obo Ms Pam Milliken) Apologies were received from Ms Milliken, Chief Officer Aberdeenshire H&SCP; Mr Bokor-Ingram, Chief Officer Moray H&SCP; Mr Paul Bachoo, Medical Director Acute Services; Mr Nick Fluck, Medical Director; and Mr Tom Power, Director of People & Culture.	
2.		**Committee Terms of Reference & Membership** Dr Tomlinson pointed out that the Terms of Reference was provided here for context/information which the committee noted.	
	2.1	**Structures that support the Committee** Ms Webb introduced the Committee's structure as having an assurance perspective with focus on a broader range of topics than was previously presented as more of an operational perspective by the Engagement and Participation Committee. We have established a culture whereby sitting directly underneath the Committee is the Population Health Portfolio Board that draws in the executive leads of each of the portfolios across the system to consider and agree papers/items for highlighting at the Population Health Committee. Sitting underneath the Portfolio Board, after having realigned and repurposed some of the existing groups, we have the Health Inequalities Action Group chaired by Mr Adam Coldwells, intention to route the equalities agenda through that group; the Communication and Engagement Oversight Group that Stuart Humphreys is ensuring covers people powered health. For Public Health, we have a range of structures. The Public Health System Wide Group focussing on 1. Vaccination Transformation Programme and 2. Screening Oversight Group Susan welcomed initial observations and sought endorsement on our hopes to manage the agenda moving forward. Reflections from committee members were noted as follows:	

		➢ Mr Riddell – the introductory paper is welcomed and makes sense but, will the committee have necessary structures to engage all partners system wide, including local authorities and community planning partnerships? I believe the structures has the potential to do that, we need to ensure the golden thread is there from the beginning. Ms Webb and Dr Tomlinson agreed that absolutely, work is happening on securing opportunities for connects and relationships and stressed governance and conversations around this aspect will be covered in a forum such as the North East Alliance. ➢ Ms Anderson said that the introductory paper is a really good start. Interested in hearing more about the role of the North East Alliance and how will it feed into the committee and indicated a member of a Community Planning Group did not feel her voice was being heard and would welcome an approach from NHS Grampian. Ms Webb noted this and indicated she is looking forward to discussions around collaborative governance with this Committee. She also reported that she is happy to draft a paper for the next agenda on the North East Alliance, and to spend some time discussing its purpose and aims. ➢ Mr Russell said that the introductory paper and Terms of Reference are well written and clearly set out what the Board is looking for in terms of the remit of this committee. We need to be clear on delivery on an individual item level; how, who, what, and when. Dr Tomlinson indicated that credit is due to Ms Duncan, lead executives and other colleagues for the Terms of Reference. Dr Tomlinson stated in terms of membership, there is a vacancy for a Deputy chair. The committee agreed with Dr Tomlinson's proposal and Ms Anderson was formally appointed to the role. The Terms of Reference are to be amended.	**SWebb** **SDuncan**
3.	**Committee Forward Planner**		
	3.1	**2022/23 Work Plan** Mr Humphreys introduced the work plan took shape from NHS Grampian's Plan for the Future, which was developed through conversations with the public, our staff and our partners, for their views and experiences. The Delivery Plan was then developed/divided into themes around people, places and pathways which led onto the delivery plan. He explained NHS Grampian's delivery plan gets us through to March 2023 with the expectation that the 3-year delivery plan to follow will build on the foundations we've built up to March. The work plan shows the delivery plan objectives that fall under this committee and three other areas	

		of concern for the committee: assurance, EPC handover and other business. Ms Webb indicated that this next stage of identifying individuals to lead on the long list of assurance reporting in view of a forward plan for the committee for the next 12 months, was shared with the Population Health Portfolio Board. They felt the list of assurances did reflect the business we ought to be looking at and helpfully suggested where some leads may sit elsewhere etc. Observations were sought from committee members around any gaps etc. ➢ Mr Robertson stated that the agenda seems to be driven by NHS Grampian at the lead. Does this reflect the partnership aspect to where our ambition is, to work in true partnership with our other stakeholders? Ms Webb stated we are keen to ensure that NHS Grampian as a good partner but some of the things on our list NHS Grampian has a statutory responsibility for, this is one part of the role of this group. Our other role is to hold ourselves to account ensuring we are delivering responsibly in a collaborative way to our partners. Mr Humphreys reiterated that our NHS Grampian Plan for the Future is not just our plan, it has been agreed with our partners, has undergone an engagement process with representation from the health and social care partnerships and IJBs so is a sound foundation for partnership working to continue. Dr Tomlinson reiterated the above points and indicated that if there is a need to pause to ensure our cross-system connections are seen in the eyes of our partners as good, then we absolutely will. He stressed that we can definitely build on representation of items/groups/forums at the Committee in order to shape this up in a collaborative basis. ➢ Ms Grugeon commented on it being about being really clear on what the unique lens and focus is, for this committee and how it differs from PAFIC looking at access to care from a performance point of view and the Clinical governance Committee from a safety and quality perspective? I feel the unique niche for this committee is to look at access to care through an inequalities perspective and ensure we do not leave people behind. ➢ Ms Grugeon also asked how will we ensure we have the right topics at the top of this agenda, will we be using the existing risk register for NHS Grampian? Dr Tomlinson indicated that Creating Equity is one of the three roles that the Committee are focussed on and are contained in the Terms of Reference.	

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		Ms Webb shared her understanding, to which Mr Humphreys agreed, that we have our strategic/corporate risk register and the risks on that register are aligned to the various committees of the board. The Population Health Committee will have oversight of these risks. The risks will evolve and we will work to improve the strategic risk register to constantly inform the business of the Committee. Ms Duncan indicated that the strategic risk register is a work in progress and states that she is preparing for holding a risk appetite workshop and is working with colleagues agreeing content, hoping to get a date entered into diaries soon. Dr Tomlinson stated alongside risk, we need to be explicit about our approach to change and see the Committee being assured on the changes that will make traction for population health going forward. Ms Grugeon agreed that more work needs to be done on our strategic risk register to get the balance right. ➢ Ms Anderson indicated that we need to get our visibility and communication out there in plain sight to be visible as a partner in the bigger system. Ms Webb said that in our Plan for the Future, we identified the need to be testing in more of a community paradigm way, engagement to empower. Following that, we would rewrite our engagement strategy based on the learning both from Engagement and Participation Committee and also this piece of work. Ms Webb said that it might be helpful for either a paper to come back to this Committee or a development session planned to begin articulating what different might look like/approach we would take to deliver the aspirations outlined by Amy. Dr Tomlinson said he was at ease with the direction of the conversation and collection of perspectives, and ideas of what needs to be in the mix that we can shape up into a coherent path building on what exists already.	**SDuncan** **SWebb**
4.	**Reports for Assurance**		
	4.1	**Meeting of the Population Health Portfolio Board 2 Nov 2022** Ms Webb reiterated that the Population Health Portfolio Board will meet first to consider and scrutinise the papers to identify and escalate items to the Population Health Committee. Committee assurance reports will be issued with a cover summary sheet identifying incidents to escalate/manage/ capture. The Population Health Portfolio Board will be co-chaired by one of the portfolio executive leads, likely to be a Chief Officer for assurance around connections at all levels.	

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		The Committee agreed to note the overview provided within Ms Webb's paper and the proposed 2022/2023 focus areas of the Portfolio Board work plan.		
		4.1.1	**Annual Screening Programme Report** Ms Webb indicated that the summary report was missing from her set of papers and assured committee members that in the future, they would not be expected to read the full (circa) 100-page screening report, but instead, focus solely on the summary report. Ms Webb introduced the 3 screening coordinators: Ms Paranjothy, Mr Moore and Mr Mooney who each take a lead on a number of screening programmes. Ms Webb shared her delight that the Committee is focusing on screening as it will shine a light on an area of public health that is critical to population health and highlighted that work has been agreed that could be done across portfolios to raise the profile and importance of screening for the organisation. Ms Webb handed over to Ms Paranjothy and Mr Moore to answer any questions. Ms Paranjothy indicated she would be happy to answer any questions on the detail, if any. **Pregnancy & Newborn Screening – Ms Paranjothy** ➢ Mr Robertson extended his thanks to Ms Paranjothy on a great report and enquired on whether we are working with our partners to be innovative in terms of who we manage to get some of those hard to reach groups within the screening programme? Ms Paranjothy indicated that yes, we have a programme of work around inequalities in uptake across the different programmes. We have made those connections now with academic partners but also through links into local authorities, community planning partnerships and GREC too. This piece of work will evolve over time which will feature in future reports. ➢ Ms Anderson extended her thanks to Ms Paranjothy for a great report and asked about the approach being taken to monitoring health seeking behaviours? Ms Paranjothy indicated that this part in the report was reflecting the discussion on how we need to do more around making every opportunity count. ➢ Mr Mooney extended his thanks to Ms Paranjothy for the excellent work that's going on around targeting Muslim women	

			in particular around survical-screening and breast screening and for the provision of dedicated information, events and clinics for these risk groups that are not coming forward for screening. ➢ Ms Grugeon sought assurance that there's a plan around this significant risk and understand where the oversight is around pregnancy and newborn screening? Ms Paranjothy reported that there are a number of screening programmes that come under that umbrella – infectious diseases, haemoglobinopathies, newborn blood spots, and newborn hearing. There are local management groups for each programme, and we feed into national groups as well. We have seen some changes in maternity care etc. so we're working together now to ensure we have good governance in place to deal with things as they arise and we have pathways that are updated and reflect our system at the moment. We have clear things on our work plan this year around how to report on our KPI data locally because for pregnancy and newborns, they are not looked at nationally. Risks around staffing and resource et al will also feature in our report coming back to the Portfolio board. **Bowel Screening – Mr Moore** ➢ Ms Grugeon enquired on the low uptake in our poor communities of bowel cancer screening and asked when we would see some assurance that there's a robust plan around that and when we could expect to see improvements? Mr Moore acknowledged Ms Grugeon's question and indicated there has been a long standing steep social gradient in Grampian and we are focussing on this as part of our overall screening equity work to try and address what the specific barriers might be and what we can do to support individuals to make that decision to participate. Also ensuring they have sufficient information to make a decision that is meaningful and adds value to them, to participate in post screening. Dr Tomlinson asked that further questions on either of the reports be directed to the authors out with the meeting. **The Committee agreed to note the Screening programme annual reports and the areas where the Portfolio Board were not assured and the further action which is underway to address these areas of risk.** **The Committee asks to be updated as more information is known.**	**Comm Members** **Comm Members**

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	4.2	**Dr Gray's Engagement Strategy** The Committee noted the document and Dr Tomlinson sought questions or comments from Committee members, to which there were none. **The Committee were happy to approve all four recommendations as follows:** 1. Agree that the progress undertaken to date supports an inclusive, joined-up approach with partners, reducing duplication and building on existing networks and engagement undertaken to date; 2. Note further assurance reports will be submitted to the PHC during the next six month period; 3. Agree that they are assured that the process (both that which has been completed and that which is proposed/in progress) is comprehensive and enables all stakeholders, including those with lived experience of local services and seldom heard individuals/groups to have an influence on the development of the strategy; and 4. Agree that the approach is in line with statutory duties and best practice, as set out in national and local engagement and participation guidance. Ms Gillies acknowledged the sterling work of Ms Ballantyne and Mr Coldwell's team for following the real deep and meaningful engagement across all of the workforce and communities.	
	4.3	**Health Inequalities Action Group (HIAG)** Mr Humphreys reported that the HIAG as it currently stands is looking at the anti-racism agenda which is acknowledged will evolve over time to take into account the other protected characteristics, perhaps focussing on a different characteristic annually. The HIAG is chaired by Mr Coldwells. He stated that one of his direct reports Mr Nigel Firth was an original member of the Engagement and Participant Committee (EPC) who provided assurance around equality and diversity and it is anticipated the HIAG will be the route for assurance on this topic, with reporting lines to Population Health Population Board then Population Health Committee. Mr Firth has this agenda item at its first meeting at the end of November. ➢ Mr Robertson enquired if there are partners included in HIAG work and indicated that it should be about broader community partnership working, across the whole system? Mr Humphreys reported that although not a member of HIAG, he is aware of the academic partner, University of Aberdeen's membership. He intimated that the membership should be addressed to ensure that is the case.	

		Ms Webb indicated that we do have third sector interface etc. membership of Health & Social care systems. She said that we commenced on the basis of collaboration.	
5.	**Comfort Break**		
6.	**Development Session** **Population Health: Insights and Questions from Elsewhere** Dr Tomlinson gave a warm welcome to Mr Buck and indicated to the Committee that he has worked with a number of our colleagues in the Grampian system. He outlined the aim of today's session is to form a common language and viewpoint going forward. He indicated there would be 3 occasions within Mr Buck's presentation for reflection and discussion. Mr Buck introduced himself and gave background information of The Kings Fund's origins before commencing.		
	Pause and Reflection 1 Dr Tomlinson stated that Mr Buck should highlight Part 2 of the presentation only so that we have time to discuss the third section at the end. ➢ Mr Cooper stated his interest in the regulatory levers mentioned for Greater Manchester and asked for examples of what they potentially explored? Mr Buck indicated they included new provisions of alcohol licensing, food licensing, and takeaways – in England we have health provisions for fast food restaurants and schools so we need to ensure we strengthen the health aspects in the planning decisions for new provisions. ➢ Mr Humphreys asked about the overlapping wellbeing framework and wondered if Manchester had gone through or is going through a mapping process to understand everything that is happening in the system, for the greatest benefit? Mr Buck indicated that King's Fund has worked a little bit in Grampian around vulnerable populations, alcohol and drug services to test if the framework translated to Grampian. He indicated that the framework has been tested on multiple occasions in many other places which allows facilitation to inform both health and wellbeing board priorities and realise gaps and duplications. ➢ Ms Gillies agreed that it would be a real benefit if we could focus on understanding the budget to align to all the prevention and early intervention work. Moray, as part of refreshment of the strategic plan have put in a wellbeing pledge framework where it is about interaction between the community taking responsibility and us as an anchor organisation responding to that.		

	Mr Buck said it is critical to understand the leadership, the vision, and the resources to be aligned to move forward and get where you want to go. ➢ Mr Mooney wondered the extent to which he considered the responsiveness to the model being place-based as well. One of the reason that the substance-use example has worked well in Grampian is because we have a very receptive multi agency network, in particular the police are very receptive towards the health agenda, which is not the same in other places. Mr Buck stated he came to it mostly from a place perspective, we've worked with it with 30 to 50 leaders from different sectors. One of the things we know about leadership of population health and broader system leadership, evidence tells us if you're a real leader, you've got to be a leader for people in the other sectors/in other bits outside your organisation because they often have the answer. Whilst not the culture that most are used to, it's the way some have been using the framework that helps them come to a shared position by actually giving up some power by supporting others. ➢ Mr Robertson recognised that one size doesn't fit all, i.e., we have a national perspective here in terms of having the Scottish Government providing what we would be messaging in terms of public health. We've got the regional one being NHS Grampian but we've got 3 different Las and all 3 IJBs, working on what whole strategic bit and recognising the different cultures within those various areas, there will be similar aspects/some differences, how do we use that framework to recognise the differences but still actually meet their need within the population in terms of population health? Dr Tomlinson asked if the Committee is content to adopt the definition and adopt the King's Fund framework, on the basis to it being subject to some conversations, or adapted for a Grampian context? **The Committee agreed to adopt as a starting point, subject to adaption.**	
	Pause and Reflection 2 Dr Tomlinson suggested the Committee fast-track to the big questions contained in Section 3 of the presentation. Section 2 of the presentation can be read and reflected upon out with the meeting. Mr Buck highlighted the following slide from the section 2 of the presentation, on principles and behaviours and suggested it might be helpful to pick this up at a later date to co-produce with different sectors.  Principles + Behaviours Statemer	
	Pause and Reflection 3 Mr Buck introduced the big questions in this section which reflect back to the conversations that have taken place today.	

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	Big questions remain…whatever the strategy process produces How will you… Q1: Allocate resources over time to support your strategy and a population health approach? Q2: Hold to account, and how will you connect that to system support? Q3: Really take a more community-focused approach? Q4: Align the above to ensure they pull in the same direction, especially for health inequalities? Dr Tomlinson stated that the answers to the big questions were almost anticipated in some of the earlier discussions and which is indicative that the themes are already in our minds. He specified it will be helpful to arrange another session before the next Committee date of 23rd February to pull the strands together from themes and discussions we have had today. Dr Tomlinson thanked Mr Buck for bringing this to us for our digestion and to build on. He also thanked everyone for their contributions to the discussion.	**HHAndrews**
7.	**Any Other Competent Business** There was none. It was agreed that an AOCB item would not appear on future agendas.	**SDuncan**
8.	**Date of Next Meeting** Thursday 23 February 2023, 1300-1500 hours via Microsoft Teams	