

**NHS GRAMPIAN**

**Minute of Meeting of the Population Health Committee  
10:00 on Thursday 14<sup>th</sup> December 2023  
Via Microsoft Teams**

Board Meeting 11.04.24 Open Session Item 12.2
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**Present**

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

**In Attendance**

Ms Susan Webb, Director of Public Health  
Mr Stuart Humphreys, Director of Marketing and Communications  
Dr Adam Coldwells, Interim Chief Executive  
Ms Jillian Evans, Head of Health Intelligence  
Ms Jennifer Gibb, Nurse Director – Deputising for Prof June Brown  
Ms Philippa Jensen, Health & Social Care Manager, Aberdeenshire H&SCP – Deputing for Ms Pamela Milliken  
Dr John Mooney, Consultant in Public Health  
Professor Shantini Paranjothy, Deputy Director of Public Health  
Mr Dave Russell, Public Lay Representative  
Mrs Kim Penman, Public Health Programme Manager

**Paper Authors**

Luan Grugeon, Strategic Development Manager for Colleague & Citizen Engagement (item 7.2)  
Linda Duthie, Health Improvement Specialist Lead (Item 9.2)  
Danny Ruta, Consultant in Public Health Medicine (Item 9.2)

<b>No.</b>		<b>Action</b>
<b>1 &amp; 2</b>	<p><b>Welcome and apologies</b></p> <p>Dr Tomlinson welcomed everyone to today's committee meeting.</p> <p>Apologies were received from: Ms Alison Evison, NHS Grampian Chair/Non-Executive Board Member, Prof Caroline Hiscox, Chief Executive, Cllr Ian Yuill, Non-Executive Board Member, Pamela Milliken, Chief Officer, Aberdeenshire H&amp;SCP, Professor Nick Fluck, Medical Director, Mr Tom Powers, Director of People &amp; Culture, Dr Paul Bachoo, Medical Director Acute Sector Dr June Brown, Executive Nurse Director, Dennis Robertson, Non-Executive Board Member and Ms Sandra MacLeod, Chief Officer, Aberdeen City H&amp;SCP</p> <p>Dr Tomlinson welcomed Mrs Penman to the meeting, who will be supporting the Committee due to the departure of Alan Cooper.</p>	
<b>3.</b>	<p><b>Minutes of Meeting held on 6 October 2023</b></p> <p>The minute was accepted as an accurate record of the meeting.</p>	

<p><b>4.</b></p>	<p><b>Matters Arising</b></p> <p><b>4.1 Lunch and Learn – Engagement and Empowerment</b></p> <p>Mr Humphreys gave a verbal update on the engagement session, which is currently being arranged for early next year. All Committee members will receive an invite. The session will cover the NHSG statutory responsibilities and share some of the Engagement and Empowerment Group work in more detail. The aim of the session is to ensure all Committee members gain the same level of understanding on engagement, are advised of recent changes to guidance and are briefed around innovative work currently taking place across Grampian.</p> <p><b>4.2 Annual Review of NHS Grampian</b></p> <p>Mr Humphreys provided a verbal update following the recent NHSG Annual Review. The last face to face Annual Review was held in 2019. This year the Annual Review was held via Teams. Despite being heavily promoted through media channels, social medial, networks and partners, no members of the public attended and no questions were submitted. One representative from an MSP office attended. It was noted there are now a range of forums for, staff, members of the public and stakeholders to stay informed than previously. This pattern of attendance was also reported by another Health Board, where only one member of the public attended a face-to-face session. The fact that the Annual Review reflects on what has already happened may also be a factor limiting attendance, with more potential interest around NHSG’s future plans.</p> <p>A recording of the event is available on the corporate website for anyone wishing to review.</p> <p><u>Key Points Raised:</u></p> <p>Mr Patwa queried if there was a way to incorporate the future plan going forward into future Annual Reviews. The NHSG Board meetings attract a certain cohort of people, so could the NHSG Board meetings have a focus on looking at The Plan for the Future, to provide members of the public with an opportunity to ask the Board/NHS questions. Mr Humphreys confirmed the Board papers are more accessible than previously, but papers still require to be made more digestible for the lay person. The intention of the “How we are Doing” is to report on progress against our Plan for the Future key areas.</p> <p>Mr Riddell agreed that people are looking for clear, tangible, measurable information. NHSG should be highlighting the high-level ambitions of NHSG and highlighting the achievements for the next few years, being upfront around resources and capacity and being clearer on the role other stakeholders need to undertake.</p>	
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	<p>Mrs Webb pointed out there is a disconnect between what NHSG would want to raise and discuss, against what it is required to cover at the Annual Review (which is not necessarily what communities want to engage in). The work that Ms Grugeon is undertaking currently may help set out an approach for the Annual Review next year to balance accountability and assurance with the type of conversations our population would like to have.</p> <p><b>On completion of the work Ms Grugeon is undertaking, further consideration to be given on how to engage the public in the annual review process.</b></p>	S Humphreys
5.	<p><b>Committee Planning</b></p> <p><b>5.1 Action Log</b></p> <p>Show and Tell – a schedule of events will be arranged. Mrs Webb confirmed that the Annual Delivery Plan (ADP) timeline has now been circulated, the intention is to align the Show and Tell with the ADP. A programme will be circulated in early 2024.</p> <p><b>All actions were noted</b></p> <p><b>5.2 Forward Planner</b></p> <p>The forward planner supports the PHC to appropriately focus on the breadth of priorities aligned to the committee. A piece of work has been undertaken to cross reference reports against its Terms of Reference to ensure that the full remit of the committee is progressed. This will provide evidence to assure the NHSG Board around the remit of this group. An assurance matrix is still being considered.</p> <p><b>The Committee noted the position of the forward planner and what is scheduled for 2024/2025. Further items will be added in due course as appropriate.</b></p>	
6.	<p><b>Strategy, Governance &amp; Performance</b></p> <p><b>6.1 Committee Annual Report and Self-Assessment against Committee Role and Remit</b></p> <p>All NHS Grampian Committees have been asked to review their Terms of Reference as part of an annual review. This is to be completed for consideration by the Board in June 2024.</p> <p>Mrs Webb proposed to use the self-assessment process outlined as part of this annual review for this Committee. This self-assessment process is already used in the system successfully. If agreeable, half an hour would be set aside at the next PHC meeting in March 2024 to initiate this process.</p> <p>Mr Riddell indicated he was happy with this process. He highlighted the importance of Mrs Webb's role as Public Health champion connecting with the local Government, CPPS etc. He welcomed Mrs Webb's views on how the</p>	

<p>Committee should further support the PH Directorate to get the agenda embedded across the system as part of this process.</p> <p>Mrs Webb advised that the information from the self-assessment will help inform the assurance statement provided by the Chair of this Committee which will be submitted to the NHSG Board.</p> <p><b>The review of the Committee’s Terms of Reference, including the self – assessment process will be scheduled for the March 2024 Committee meeting.</b></p> <p><b>Prepare the Annual Assurance Statement, drawing on the self-assessment information gathered.</b></p> <p><b>6.2 Meeting of the Population Portfolio Board of 7 November 2023</b></p> <p>The paper provided an overview of the key considerations and actions from the Population Portfolio Board (PHPB). Mrs Webb provided a summary stating that a number of the agenda items on the PHPB meeting are being discussed within this meeting. The PHPB continues to be a helpful mechanism for discussion with Chief Officer colleagues on population health activity and also to ensure reports provided give assurances to the H&amp;SCPs and the IJBs.</p> <p><b>Dr Tomlinson thanked all involved in the PHPB</b></p> <p><b>6.3 Strategic Risk Register</b></p> <p>The Strategic Risk Register was presented to the CET on 21<sup>st</sup> November 2023 for consideration as the owners of the identified risks. Further work on the register will be concluded in early 2024. The report has been shared with the Committee for awareness and discussion.</p> <p>Mrs Webb outlined the report. Following on from the recent Risk Development Session, the PHC requested that the Strategic Risk Register identified risk to achieving our strategic public health objectives. The Strategic Risk register now includes a population health perspective in relation to existing risks and also includes a risk around engagement. All the strategic risks have an owner and discussions are currently taking place with all owners to explain the rationale of the population health perspectives being added and to agree the final wording. Once all conversations are concluded Dr Coldwells and others will arrange a session with Professor Fluck and the Risk Team to explore how we use the risk profile in day-to-day work at corporate and system level.</p> <p>Dr Mooney raised the increased risk in substance misuse related deaths, due to synthetic opioids, which has been omitted from the Strategic Risk Register. Mrs Webb agreed this risk will be reflected under Lack of Services to Protect and Protect Population Health.</p> <p>Mr Riddell highlighted the risk around transformation change, which is currently challenging for NHSG and stakeholders. Dr Coldwells confirmed the predicted financial position of NHSG over the next year will exacerbate the need for changes within the system.</p>	<p>K Penman</p> <p>J Tomlinson</p>
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	<p>Mrs Evans queried if additional text could be added into the Infrastructure risk around climate change and sustainability to note that this is reliant on external funding and will also have implications on internal funding. Mrs Webb confirmed financial risks will be associated to all the risks listed (under 3130), the wording has been agreed with Mr Alex Stephen, but Mrs Webb will reflect the above issue.</p> <p>It was confirmed the pandemic is still part of the Strategic Risk (3131) as we still will need to continue to ensure NHSG is pandemic ready.</p> <p><b>Following the feedback above, the final draft Strategic Risk Register will be updated and presented at the March 2024 meeting of this Committee.</b></p>	S Webb
7.	<p><b>People Powered Health</b></p> <p><b>7.1 Volunteers Strategy</b></p> <p>Mr Humphreys introduced the paper, which provided an update on the development of a Volunteer Strategy, which will align with NHSG's Plan for the Future ambition. There are currently 191 volunteers deployed in a variety of settings across NHSG, providing different duties to support colleagues and provide meaningful support to patients/communities. The Volunteers Across Grampian Group meet regularly and had hosted a pan-Grampian Volunteer Ambition Workshop. However, the group was established to enable the reintroduction of volunteers following the pandemic, so it was recognised that it's Terms of Reference require to be reviewed, including membership and reporting structure, to make the necessary linkages into workforce and ensure volunteers are able to access relevant benefits that are available to NHSG staff.</p> <p><u>Question and Comments:</u></p> <p>Mr Patwa thanked all the volunteers across Grampian who make a considerable contribution to NHSG. Within the 3<sup>rd</sup> Sector, volunteers may not receive the monetary aspects, but they are entitled to all same benefits as members of staff. This is equally important in NHS Grampian.</p> <p>Dr Tomlinson highlighted that there is no reference to volunteers in the NHSG Annual Delivery Plan. It was noted that there are also carers who also contribute, all of whom should gain the same support as paid staff. This cohort of people should be considered when refreshing the Annual Delivery Plan to capture that NHSG have both paid staff and volunteers/ carers who contribute to caring for the population.</p> <p><b>The Committee expressed their gratitude and thanks to all the hard work of the volunteers in NHSG and other sectors. Mr Humphreys agreed to relay this back to the Volunteer Group. Mr Humphreys agreed a yearly update to the Population Health Committee on progress. The revised Terms of Reference of the Volunteer Group will be shared as work progresses.</b></p>	S Humphreys

## 7.2 Colleague and Citizen Engagement (Update)

Ms Grugeon provided an overview of work underway to shape a new approach to colleagues and citizen engagement for NHSG. The purpose is to support the delivery of Plan for The Future by supporting a re-balance of our focus towards enabling wellness in our communities, which requires different conversations and relationships with the people of Grampian. The flash report, provided as an appendix, summarised the key aims, building blocks for successful engagement, progress/achievement, forthcoming activity, awareness items and timelines. Conversations have commenced with a wide variety of people to capture what is working well around engagement, identify good practice but also what gets in the way which is stopping staff and the public feeling engaged. An evidence-based paper has been produced, that sets out effective/good practice for engaging and informing people. Connections have been made with Health Improvement Scotland and a “sounding board” group has been established for experts to guide the work. Conversations are continuing with community groups, Clinical Board and GP Leads. Digital mechanisms for engaging a wider population as possible will be considered. This can inform how different methods can be adopted for future NHSG Annual Reviews.

### Questions/Comments:

Mr Riddell supported the paper and welcomed more information in March 2024. He emphasised this will be long-term piece of work and transformational change is needed. This will require full commitment to make change happen and embed practice. Ms Grugeon confirmed that this work will conclude in March 24 with the production of a year 1 plan setting out what the priorities are. Further work will be required beyond a one-year plan to incorporate our revised approach to engagement in The Plan For The Future.

Ms Gibb supported the paper and asked if there were early indications of what effective engagement should look like. Ms Grugeon indicated that engagement must not be another tick box exercise but rather it be embedded as part of people's roles. The engagement team are currently developing a tool kit to be shared with teams, to support teams innovate in their own space. Senior and local leaders need to provide their support and create an infrastructure to support engagement. The Magnet work will also be reviewed to look at the work around engaging with staff and service users.

Mr Patwa acknowledged the paper and the work undertaken. He raised a point around engagement with communities, to encourage people to take ownership of their own health. Ms Grugeon replied to say good work has taken place in New Pitsligo and other community groups are keen to work with NHSG differently. They are in dialogue with the 3<sup>rd</sup> sector to enable this to happen.

Ms Berry supported the paper and noted the huge amount of work still to change relationships within communities. Ms Berry & Ms Grugeon agreed to discuss the variety of work that is already taking place in in Aberdeenshire and consider how to best build on shared learning.

	<p>Mrs Webb highlighted a recent session with Sir Michael Marmot on Marmot communities focusing on tackling Health Inequalities. When asked what made the Marmot communities successful? The answer was recognition of the importance of hope, charismatic leadership and robust engagement.</p> <p>Mr Russell highlighted the importance of this work and noted that population health needs to be at the centre. The success rate could be measured by the reducing in the demand curve. Ms Grugeon emphasised the need to make it clear this will be a long piece of work, but need to start reviewing engagement, how well connections are being made within communities and elevating the value of human stories. Need to provide the correct tools and skills to ensure engagement is part of everyone's role in the whole system and have a good learning. Good practices from elsewhere are also being gathered.</p> <p>Dr Tomlinson highlighted the 'narrative' importance of this piece of work for different audiences and the requirement of two-way discussions, as this is not only a journey for NHSG and partners but a journey for the public too. A key shift to 'sharing power' will be fundamental to this approach and being prepared for what happens as result. NHSG will have to be comfortable with sharing power and how this will be supported. Dr Tomlinson reflected a need to link up resources on a shared basis. The public sector all wish to engage with communities, is there a way to utilise what is in place collectively?</p> <p>Ms Grugeon thanked everyone for all the comments.</p> <p><b>The Committee noted the progress to date and approved all recommendations. Ms Grugeon will present the vision, approach and actions for Year 1 to the Committee in March 24.</b></p>	<p>L Grugeon</p>
<p>8.</p>	<p><b>Creating Equity</b></p> <p><b>8.1 Compliance with equality related duties</b></p> <p>Mr Humphreys provided an update on NHSG compliance with the Equalities Act statutory duties and how this related to the creating equity remit of the Population Health Committee. More recent figures have been added to the paper, due to the figures in the report being from April 22-March 23. Particular successes reported include the Diversity Festival and rapid reporting on race discrimination and harassment incidents. NHSG is compliant with the Equalities Act: all 2023 reports have been published, the use of impact assessment across the organisations is being monitored and two-way communications for non-English speaking patients and patients with a communication disability has been provided. No legal action has been taken against the NHSG.</p> <p>It is proposed the statutory report moves to a reporting period of January-December, rather than April-March. This will alleviate pressures to review and publish the report. A paper around this reporting change will be submitted to the Staff Governance Committee w/c 18<sup>th</sup> December 2023. It is the intention that this assurance report will evolve to include the Fairer Scotland Duty and the Consumer Duty for Public Bodies in the development of an integrated impact assessment process.</p>	

Questions/Comments:

Dr Tomlinson queried NHSG compliance in terms of socio-economic disadvantage. Mr Humphreys clarified NHSG is compliant, and no legal action was taken. It was acknowledged that the Fairer Scotland Duty is an area requiring further focus to ensure a robust process is in place, to ensure compliance in every instance.

It was noted that NHSG are still underperforming across all mandatory training modules against NHSG expectations as well as other Boards. This is across other TURAS models and not just Equality and Diversity training modules. Existing staff pressures is a contributing factor to this.

Dr Tomlinson highlighted the previous committee had an overview around Equality and Diversity which had limits around what was presented for assurance. However, this fuller paper provided the assurance required by the PHC.

**The Committee welcomed all the work taking place around Equality and Diversity. It supported the approach being taken, including the reporting timeline change to an annual basis (Jan-Dec). It was noted that NHSG is compliant, but additional work is required in relation to the Fairer Scotland Duty, which is in progress (outlined in item 8.2).**

**8.2 Fairer Scotland Duty (Integrated Inequalities Impact Assessment)**

Ms Penman provided an overview. At the July 2023 meeting, the Committee had discussed how to embed consideration of health inequalities across its thinking and decision making, and how adopting the Fairer Scotland Duty principles as an assurance framework would support this. The paper sets out the proposed approach. Discussion took place with Dr Tomlinson, Executive Leads, non-executive members and the Board Secretary to consider how best to adopt the Fairer Scotland Duty principles and agree the actions to progress. A statement on Equalities and Health Inequalities has been developed, a copy of the statement is inserted in the agenda. This provides an aide-mémoire and reference point for Committee members to refer to when decisions are being made. An additional item in Committee reports has been added requiring authors to advise if an impact assessment is required and if completed to summarise key factors from the impact assessment process and any mitigations proposed. The third action was to strengthen the impact assessment process in terms of health inequalities. Ms Penman outlined the activity undertaken to test a revised process.

An integrated tool for impact assessments is now being developed to include equalities, health inequalities but also human rights, children and young people's rights and potentially sustainability. The intention is to provide a streamlined approach to make it easier for Service Managers, Project Leads etc. to navigate. The new tool will be tested early in 2024.

Questions/Comments:

	<p>Dr Coldwells advised this is a good step forward to ensure a comprehensive understanding of the impact of policy change. To achieve this, we need to use the impact assessment process at inception to make sure best options are progressed.</p> <p>Dr Tomlinson is assured by the approach taken but we must avoid the risk that it becomes a tick box exercise and switches people off, as it is considered a chore rather than something that will be facilitate positive change for disadvantaged groups.</p> <p>Mrs Penman confirmed the socio-economic aspects will be part of the integrated tool and testing will be undertaken with areas that Dr Coldwells identifies.</p> <p><b>The Committee noted the work to test the enhanced inequalities impact assessments and to develop an integrated impact assessment process as detailed.</b></p> <p><b>The Committee agreed to adopt the Statement on Equalities and Health Inequalities and the proposed amendment to the committee template paper for reports and agendas.</b></p> <p><b>It was agreed that a progress update would be provided in 6 months.</b></p> <p><b>It was agreed that the revised report template would be tested for the PH committee to ensure its effectiveness, before potential roll out across the system. Mrs Webb and Mr Humphreys will ensure evaluation of the approach.</b></p>	<p>K. Penman</p> <p>S Webb S Humphreys</p>
9.	<p><b>Public Health</b></p> <p><b>9.1 Population Health Test beds</b></p> <p>Professor Paranjothy provided an overview of how the population health test beds were progressing. The purpose of these testbeds is to explore and demonstrate how we can work more effectively across the system to progress shared goals and gain traction for improving outcomes and reducing inequalities. The Kings Fund 4 Pillars Population Health approach has been adopted.</p> <p>The 4 areas tested are: Children, Substance Use, Mental Health &amp; Wellbeing and Place and Wellbeing. At the previous meeting of this Committee, the work of the Mental Health &amp; Wellbeing and Place and Wellbeing was presented. Professor Paranjothy summarised the work undertaken in relation to the Substance Use test bed. This has focussed on tackling stigma and developing a local 'Charter of Rights' setting out the rights people can expect when accessing services in the Northeast of Scotland. A draft 'charter of rights' is expected by March 2024.</p> <p>The test bed work around Children is work in progress, due to other competing priorities. Development days are being planned for 2024 to ensure work around this test bed progresses.</p>	

An evaluation of these test beds is planned for summer 2024, to capture learning and support further development of our population health systems.

Dr John Mooney provided further insight from the Substance Use test bed work. The stigma work has been a positive platform to bring the three ADPs to work together. The Multiagency summit recommended development of a 'Charter of Rights. The MAT standards have already adopted the 'Charter of Rights; around same day access, choice of treatment, psychological treatment etc.

Questions/Comments:

Mr Riddell welcomed the report. He advised he does not have a full sense of the work of the Moray ADPs through the IJB. The issues around stigma and pathways affects a whole range of services across the system. He agreed with the concept of a 'Charter of Rights', however there should be an evaluation/follow up process in place, and people/services are made aware they will be audited against the standards set. Dr Mooney confirmed that this will only be successful if service developments emerge to help with stigma issues, some are already underway. Moray ADP is at the forefront of the 'Charter of Rights' work.

Mrs Evans highlighted the work with PHS and the Improvement Services around Human Learning Systems approach. These are focused on outcomes for the individual rather than the organisation, which works well for complex issues. There is interest in substance use being an experience area to apply the Human Learning Systems approach, this would complement the work around the 'Charter of Rights'.

Dr Tomlinson asked how test bed reports will be shared with the IJBs, or will the minutes be circulated to confirm the PHC assurance of the work. Mrs Webb confirmed the Chief Officers representatives are part of the Public Health Portfolio Board, this is a helpful question for us to ask i.e. does this paper go to the IJBs or related parts of the paper go to IJBs. Mrs Webb suggested preparation of a combined report on all relevant areas e.g. Health Improvement Annual Reports for the IJBs. This would provide the IJBs with an oversight of all relevant public health activity. Ms Grugeon also suggested the North East Population Health Alliance is a way to feed reports into the IJBs.

**Mrs Webb will consider the process for providing progress reports and assurance to the wider system i.e. IJBs and CPPs and advise at a future Committee meeting.**

**S Webb**

**The Committee noted the progress to date in setting up the 4 test bed areas and the plan for evaluation in summer 2024.**

**The Committee noted the work towards developing the 'Charter of Rights' setting out the rights people can expect when accessing services in the Northeast of Scotland for substance use.**

**9.2 Proactive & Preventative Healthcare Programmes (inc. Healthier Futures)**

Mrs Duthie summarised the breadth of activity undertaken by the PH Directorate Health Improvement Team in partnership with others, for the Proactive and Preventative Healthcare Programme. The report highlighted successes, challenges and future plans. The main points highlighted were:

Healthier Futures – implementation of the national strategy ‘A Healthier Future’ includes Tier 1 universal prevention activity, Tier 2 & 3 weight management, active travel, diabetes, healthy weight (including plans to work with CPPs to develop a whole system approach), maternal and infant nutrition.

Health at Work Team - support local organisations to deliver a fairer workplace for employees. NHSG gained accreditation and received an award for inspiring leadership in relation to Health and Fair Work.

Tobacco Agenda – working closely with H&SCPs Public Health Teams, Environmental Health, Pharmacies and Ash Scotland to develop the Tobacco Strategic Plan. This includes a focus on vaping risk to young people.

Brain Health – working with Alzheimer Scotland, Brain Health Scotland and Scottish Government to establish a Brain Health Service in Aberdeen. This is a demonstrator site aiming to take an upstream approach to support people to take steps to reduce the risk of developing dementia.

Healthpoint and Waiting Well Service – The Health point service introduced the waiting well programme launched to help and maintain the health of people who are on the waiting list for interventions, supporting 12,000 people across Grampian. The evaluation has been positive.

Dialogue on supported self-management - supporting people to self-manage long term conditions to improve health with system wide involvement in developing the Making Every Opportunity Count Programme.

Maternal and infant nutrition - there has been an improvement in breast feeding drop offs at 6-8 weeks, work is continuing to meet Government targets.

Progress in pathways have improved around diabetes -although work has been hampered by not gaining digital approval from IG for Second Nature Tier 2 and Prevention programmes. There is also a challenge around retention of staff due to the short-term funding available.

The Step Challenge - NHSG had the most teams in Scotland and won an award.

Weight Management - work ongoing to develop a business case for a redesigned/streamlined evidence-based weight management pathway. This would be part of the whole system approach toward obesity that has been endorsed by the NEPHA and will be presented to H&SCPs and CPPs.

Questions/Comments:

Dr Tomlinson welcomed the report and its detail. He was mindful on how this information will be shared across the system, as per previous discussion.

	<p>Dr Mooney queried whether there is work underway to tackle the commercial determinants of overweight and obesity? Dr Ruta highlighted that the whole systems approach will include a focus on this. Aberdeen and Moray are starting on the whole system journey and Aberdeenshire have been progressing this approach for about 18 months. Engaging with the commercial sector i.e. retail, supermarkets restaurants isn't easy. Engagement with this sector will be through the CPPs activity.</p> <p>Mr Riddell welcomed the breadth and quality of work being undertaken and it provides assurance, linking activity with an assessment of impact. He understood that IG issues were a common factor limited progress in several areas. Mrs Webb provided assurance that the CET are aware of the issues within Information Governance and are focusing in on improvement.</p> <p><b>The Committee noted the report which provided assurance on the work being undertaken.</b></p> <p><b>The Committee approved the sharing of the report content to the IJB, asking Mrs Webb to decide the best approach for this. An annual report will be submitted to this Committee to provide ongoing assurance.</b></p> <p><b>9.3 Screening Oversight and Assurance Annual Report</b></p> <p>Professor Paranjothy introduced the update. Each of the six national population-based screening programmes implemented in Grampian produce annual reports. The paper summarised the annual reports for 2021-2022, which showed performance against national standards and KPIs. Discussions have taken place within the Population Health Portfolio Board that identified areas where work will commence with the Integrated Family and Integrated Specialist Care Services Portfolios, looking at clinical pathways of each screening programme and clinical assurance, equity and access. A Screening and Equalities Plan which will be submitted to the Scottish Government at the end of March 2024, a multi-disciplinary group is taking this forward.</p> <p><b>The Committee were assured by the screening reports. The reports will require to be shared in the wider system. Mrs Webb and Professor Paranjothy will discuss the best way to progress this.</b></p> <p><b>The Committee supported the recommendations for collaborative working with the Integrated Specialist Care Services Portfolio and Integrated Families Portfolio.</b></p> <p><b>The Committee agreed the recommendation that the relevant sectors in Grampian proactively review and monitor local screening pathway capacity and service challenges for sustainable delivery against existing and projected demand.</b></p>	<p>S Webb</p> <p>S Webb S Paranjothy</p>
10.	Date of Next Committee - Friday 15th March 2024 at 10:00am via Teams	