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## NHS GRAMPIAN

### Minute of Meeting of the Population Health Committee 11:00 on Friday 27<sup>th</sup> September 2024 Via Microsoft Teams

Board Meeting  
Open Session  
12.12.24  
Item 16.3

#### 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 Colette Backwell, Non-Executive Board Member  
Mrs Alison Evison, NHS Grampian Chair  
Ms Luan Grugeon, Strategic Development Manager  
Mr Stuart Humphreys, Director of Marketing and Communications  
Mr Phil Mackie, Public Health Consultant  
Ms Lynsey Martin, Public Health Consultant  
Ms Pamela Milliken, Chief Officer, Aberdeenshire H&SCP  
Ms Lynn Morrison, Director of Allied Health Professionals (for June Brown)  
Ms Kim Penman, Programme Manager Public Health  
Mr Dennis Robertson, Non-Executive Board Member (for Tracy Colyer)  
Mr Dave Russell, Public Lay Representative  
Ms Susan Webb, Director of Public Health

#### Paper Authors

Gareth Evans, Property Transactions Manager (item 7.1)  
Elaine McConnachie, Public Health Manager (item 7.1)  
Ms Jennifer Yeomans, Head of Procurement (item 7.1)

Minute Taker – Heather Haylett-Andrews

No.		Action
1	<b>Apologies &amp; Welcome</b>  Apologies were received from: Mr Paul Bachoo, Medical Acute Director; Dr Adam Coldwells, Interim Chief Executive, Cllr Tracy Colyer, Member of Moray Council/Chair Moray IJB; Ms Jillian Evans, Head of Health Intelligence, Dr Nick Fluck, Medical Director; Mr Paul Southworth, Public Health Consultant; and Professor Shantini Paranjothy, Deputy Director of Public Health	
2.	<b>Declarations of Interest</b>  Mr Robertson declared that he is the Chair of NHS Grampian Charity Committee.	

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3.	<b>Chairs Welcome and Introduction</b>  Dr Tomlinson welcomed everyone to the meeting and indicated that outputs from the recent development session would be shared when available, and a copy of our submission for the National Population Health Framework engagement. He reminded the committee of our statement on equalities and health inequalities and to bear this ethos in mind as we go through today's agenda.	
4.	<b>Minutes of Meeting held on 19 July 2024</b>  The minute was accepted as an accurate record of the meeting.	
5.	<b>Matters Arising</b>  Ms Webb advised that Aberdeen City Community Planning Partnership has applied and is being considered for the Collaboration in Health Equity in Scotland programme. This would provide Public Health Scotland/Institute of Health Equity support over a couple of years. We will hear on 3 October if we are successfully onto the next phase, the final decision will be known on 3 November.  <b>5.1 Terms of Reference – Final Draft</b>  Ms Penman advised Dr Tomlinson that following discussions about the national framework at the development session on the revisions made, there were no further proposed changes to the ToR identified.  2.2 Creating Equity – 2.2.4 'To ensure the advocacy role of the Board is fulfilled in raising awareness of, and need for action to address, the health needs of the population of the North-East'  Mr Russell enquired as to what the committee's role was in relation to advocacy. Ms Webb explained all NHSG board members have an advocacy role on behalf of the population we serve and to raise issues around inequalities and prevention in our committees and board meetings.  Mr Riddell highlighted this point by indicating he feels he has an ambassadorial role for the committee to ensure conversations about more vulnerable groups when redesigning services, budget savings etc., are happening and captured within a wider lens/other parts of the governance system.  <b>The committee noted the final version will be submitted to the NHS Grampian Board for consideration/approval later in the year.</b>  <b>5.2 Finding Balance – A Framework for Transformation Update</b>  Ms Webb provided a verbal update on the transformation work being led in conjunction with Mark Burrell and Steven Lindsay. The work contributes to the route map which will be presented to the Board in December.	

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	<p>The aim of the programme was to support transition from services to systems of care. Three strands to the work, embed values-based care at the core of our delivery functions, balanced by what we know creates the conditions for wellbeing (the four pillars approach) and using intelligence on where and how care is delivered to provide the foundation to adapt where and how we deliver care to meet the needs of our population.</p> <p>She advised there are four bids currently with NHS Charities seeking to ensure we have sufficient capacity to rigorously test some of the new ideas/approaches we have identified to adapt to the changing needs of our population. We hope to have results of our bids at the end of this month.</p> <p>Ms Webb is cognisant that our current delivery model has been developed over decades but while recognising the financial pressures in the system, we need to have some shorter-term wins to inject optimism into the system.</p> <p>She noted the work streams that have begun over the last few months, including: rapid feedback loops, community appointment days, journey mapping, and human learning systems. The first Community Appointment Day (CAD) took place in Moray earlier this month and there was really positive feedback received from members of the public and staff.</p> <p>Ms Webb indicated that work is underway to deliver similar tests within Aberdeen City and Aberdeenshire and welcomed questions.</p> <p><b>Ms Webb indicated she would share the Moray CAD briefing with the committee after the meeting.</b></p> <p><u>Questions &amp; Comments</u></p> <p>Mr Robertson indicated he was very supportive of the CAD in Moray and advised that it was discussed at the IJB meeting yesterday. He reported that the enthusiasm and energy afoot was immeasurable and in terms of a community event, the numbers in attendance were significant. He said it was great to see the connections being made and looked forward to the Aberdeen City CAD; he extended his thanks to Susan.</p> <p>Dr Tomlinson asked if this approach is part of our cross system working in an explicit way, as some of the initiatives we have are still billed as NHS Grampian. Are conversations taking place on this evolving transformation approach by the whole system?</p> <p>Ms Webb indicated that we are absolutely capturing and sharing the learning widely with our partners on how we deliver and embed personal centred care with them; third sector, alcohol &amp; drug partnerships, health and social care et al.</p> <p>Ms Grugeon echoed that it is about a whole system approach, the CAD event in Moray was led with the local health and social care team in real partnership with the public health directorate and members of the community. We have community of practices/regular check ins and a CAD Team page where we share tools and resources for all areas to benefit from/share their</p>	<b>S Webb</b>
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	<p>learning. We are building in evaluation and public involvement from the start, making it really transparent across the system.</p> <p><b>Ms Webb indicated that information on the other transformation activities will be shared in due course.</b></p>	<b>S Webb</b>
<b>6.</b>	<p><b>Committee Planning</b></p> <p><b>6.1 Action Log</b></p> <p>Dr Tomlinson indicated that 'complete' actions will be held in the master copy and noted that all 'in progress' items are on today's agenda for discussion.</p> <p><u>Questions and Comments</u></p> <p>Mr Russell pointed out that there was no mention in the action log relating to a discussion at an earlier meeting about the article in the P&amp;J about potential cuts to rural hospitals. He recalled it was suggested it would be helpful to have some feedback around the engagement around the cuts now and felt we should not lose sight of this.</p> <p><b>The Committee noted the position of the action log at this point. An action will be added in relation to Mr Russell's point.</b></p> <p><b>6.2 Forward Planner</b></p> <p>Dr Tomlinson sought comments from the Committee on the amended forward planner.</p> <p><u>Questions and comments:</u></p> <p>Mr Riddell enquired if the promise for care experienced young people is being picked up/reported on at any time in the forward planner.</p> <p>Ms Webb indicated the question of where the full work of the Children's Board would report into, was raised with Geraldine Fraser and we understand it has been agreed to be reported into this committee. Tracy Davis, Child Health Commissioner had drafted a child health strategy for the Children's Board last week which hopefully gives assurance that the breadth of the children's agenda is being captured and there are action plans in place to report back to this committee in terms of delivery.</p> <p>Ms Penman agreed to capture this in the forward planner.</p> <p>Dr Tomlinson raised the need for an item on public communication and sought assurance for the committee, that there were plans to include this on the forward planner. Mr Humphreys indicated this will be an agenda item at the next committee meeting, on the Reform letter received from Caroline Lamb capturing what is being done by SG to ensure coherence and consistency of messaging across NHS Boards, our workforce and population.</p> <p><b>The Committee noted the position of the forward planner at this point.</b></p>	<p><b>K Penman</b></p> <p><b>K Penman</b></p> <p><b>S Humphreys</b></p>

7.	<p><b>Public Health</b></p> <p><b>7.1 Anchor Organisation Deep Dive</b></p> <p>Ms Martin introduced the co-authors of the presentation who were present today and are instrumental in taking the anchor work forward: Mr Gareth Evans, Ms Elaine McConnachie, Ms Jennifer Yeomans, and Ms Gerry Lawrie; who could not attend today.</p> <p>Ms Martin presented a deep dive on Anchor Organisations. The committee were asked to reflect on the presentation and to consider whether NHS Grampian were doing enough with their available resources and whether any opportunities were being missed.</p> <p>Dr Tomlinson extended his thanks to Ms Martin and colleagues for the well-structured presentation.</p> <p><u>Questions and Comments:</u></p> <p>Mr Patwa commended the work with Barnardos and getting young people into work. He asked what we are doing to reduce barriers to employment and supporting people who have been out of work long-term, for reasons of ill-health etc.</p> <p>Ms Martin and Ms McConnachie indicated that Ms Lawrie is the lead on this and is involved in an improvement project supporting 25 people into good quality jobs within health and social care. They indicated it will be key to seize opportunities for partnership working with local employability partnerships within community planning partnerships and other groups, such as Aberdeen Prospers Group.</p> <p>Ms Martin is keen for NHS Grampian to learn from NHS Birmingham's example around their slower paced application/interview/induction processes for the longer term unemployed, going forward.</p> <p>Cllr Bell thanked Ms Martin for the interesting presentation, was pleased to hear about local contracting and procurement, and shared her excitement about the apprenticeship programmes. She would like to hear more about that, particularly around helping the attainment gap at her local academy school.</p> <p>Mr Mackie indicated that due to the scope of this work, there is potential to grow these broader relationships as anchors in a way that brings collaboration to our climate change response rather than just seeing it as individual organisational net zero initiatives.</p> <p>Ms Morrison asked how we can share the fact NHS Grampian is an anchor organisation more widely across our workforce and was interested to hear more about the anchor approach to tackle the sickness absence working with Facilities &amp; Estates.</p> <p>Ms Martin advised a communication plan has been developed to promote the anchors approach and work. Initial awareness will focus on NHSG teams</p>	
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	with responsibilities aligned to the 4 anchor themes: land & assets, procurement, work & jobs, partnership working before engaging more broadly across the wider organisation, on advice received. She confirmed once there is output from this work, she would share the outcome with the committee. Dr Tomlinson requested that this part of the minute be shared with Joyce Duncan, Chair of the Staff Governance Committee for her to reflect upon.	H Haylett-Andrews
	Dr Backwell was also very encouraged by the work on local procurement in particular and asked to what extent are we working in partnership with other public sector bodies to try and address the resourcing issue?	
	Ms Martin confirmed that we are learning lessons from elsewhere on different approaches and through our networks, we hope to continue to learn and adopt what is right for NHS Grampian.	
	Ms Milliken enquired as to whether there was a performance measure around procurement. Ms Yeomans confirmed that yes, there is a regulatory requirement to include and report on Fair Work practices in our procurement process.	
	Dr Tomlinson commented that he is assured of the building blocks that are reported to be in place and noted below:	
	<ul style="list-style-type: none"> <li>• Financial pressures are tough for all, including third sector who would also need to alter their procurement process; so would like to see this included in considerations.</li> <li>• For future reports, can we link the specific actions to the metrics we are developing?</li> <li>• Can we report on the partner's collective impact across Grampian?</li> <li>• Perhaps we need to collect examples of what could be done if we had more funds (or applied existing resources differently) eg 'further investment on x would have <i>this y</i> impact' giving us more choices in the system.</li> </ul>	
	Ms Webb suggested an agenda item be brought to the committee on prevention funding in due course, sharing our thinking and proposed direction of travel over the next year or so. She explained that the Health Foundation have suggested we need philanthropic investment to dual run in the short to medium term. We are seeking investment through, for example, bids to charities to test and support some of the work that we are doing. Work is also progressing with Mr Alex Stephen and others around some of our financial policies.	S Webb
	Dr Tomlinson extended his thanks to Ms Martin and colleagues for the helpful deep dive.	
	<b>7.2 Director of Public Health Annual Report</b>	
	Ms Webb indicated that following last year's report focused on the four threats to population health, we committed to engage widely with partners across our system to look at the work underway. This year's report has the	

updated data and focuses on some of the new and existing good practice. She indicated that feedback was received around the need for our third sector and community partners to have spaces within which they can support communities, which links to our role as an anchor organisation.

The Committee watched a presentation that Mr Southworth had pre-recorded due to his absence today. The Committee were asked to give feedback on the overall content and share any ideas for the dissemination/communication of this report.

#### Questions and Comments

Mr Patwa indicated that this was an impressive report, shared his commendations to the authors and made the following points:

- He appreciated the increased use of narrative around the data, particularly useful for himself and others who struggle with charts and diagrams and suggested as a tangible way of highlighting case studies of everyday life, the use of short bite sized videos to resonate with everyday people.
- He shared his interest in finding out how the motivational piece highlighted around substance abuse will culminate in other areas.
- We focus on young people and the elderly and seem to miss out the middle, people of working age also face barriers to accessing healthcare so we ought to be mindful of this and be fully inclusive of the full age spectrum.

Ms Milliken shared that her biggest concern was the ageing population in Aberdeenshire and rural poverty etc., and asked how we can use the demographic information we have as a lever for change.

Mr Robertson enquired if we could link the information gathered at the recent social prescribing summit into existing data into a collective data hold.

Ms Webb agreed that the intention is to create more videos and case studies going forward, inclusive of the working age demographic and indicated we are currently balancing demand with the capacity of our Marketing & Visual Communication's team to start progressing this and formally publishing the report.

Ms Webb advised that on levers for change we have a compendium of initiatives that work, showing return on investment for some of these initiatives. There is resistance from some services to change due to their need to deliver cuts to live within their budget. Philanthropic testing is therefore prudent to highlight the difference that the change will make to staff and patients.

Regarding social prescribing, Ms Webb shared her caution of using information around uptake due to our in-house information governance challenges. She highlighted that Alison Hannah and colleagues in the Place and Wellbeing Group have developed a model with helpful definitions. This will enable us to utilise community connections to link professionals into our

community activities and try to narrow down/reduce the blockages around that.

**Dr Tomlinson extended his thanks to Mr Southworth for his presentation and the Committee noted the report for information.**

### **7.3 Sustainability and Climate Implementation Plan & Annual Report**

The committee noted the report and Dr Tomlinson opened up for questions and comments.

#### Questions and Comments

Dr Tomlinson asked in terms of the remit to provide assurance to the IJBs, how would we endeavour to do that?

Mr Mackie indicated that each IJB is a public body under the terms of the climate change legislation and have formal reporting responsibility, drawing strongly from the parent bodies on actions and activities. The first action has been to try understand the local response in each area, these developments are being explored currently by colleagues.

Mr Mackie agreed with Dr Tomlinson's suggestion in terms of messaging, that environmental sustainability be wrapped into the design work for finance and sustainability. He indicated the triple bottom line is important for when we start talking about adapting to climate change beyond Net Zero mitigations.

**The committee accepted the recommendations:**

- **Noted the progress made towards climate informed public health**
- **Recognised the need to embed climate adaptation into all areas of service delivery and approved the proposed approach as a way of making this the new 'business as usual'.**

### **7.4 Drugs Mission/MAT Standards Assurance Report/Implementation Plan**

The committee noted the report and Dr Tomlinson opened up for questions and comments:

#### Questions and Comments

Ms Milliken highlighted the risk around the residential rehabilitation service in North Aberdeenshire that the Scottish Government have significantly invested. When this funding finishes, there is no line of sight to additional funding for local systems which could be a significant cost pressure for us. In addition, whilst a desirable service for many individuals, the particular model of rehabilitation is not suited to everyone.

Dr Tomlinson stressed that perhaps we need to tease out/collect examples of these various cost pressures as they arise at future committees. In this specific case can early cross-service conversations take place and then engagement with national colleagues to ensure we avoid further cost



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	<p>pressures related to the rehabilitation service from April 2026. Ms Webb agreed to include this in the future report to the committee on resources agreed earlier (item 7.1).</p> <p>Mr Russell asked if there was going to be a focus on upstream activities rather than what he referred to as 'end of pipe' activities.</p> <p>Ms Proctor agreed that this paper does focus on the medicine supported treatment but indicated the work our ADPs do is far wider than what is presented here and would definitely encompass the upstream elements talked about and is happening now in that wider community planning partnership context.</p> <p>Ms Webb concurred there is a lot of preventative action happening in broader community planning activities and stated that tackling child poverty will have a positive impact on substance use. We also expect soon, an evidence review by Public Health Scotland, particularly around preventative activities for young people. Mr Mackie will come back to the committee with this update.</p> <p>Mr Robertson enquired, in terms of partnership working in this area, are we working with the Ministry of Defence (MOD) around veteran communities?</p> <p>Ms Webb and Mr Mackie indicated that they would come back to the committee with a more detailed answer after following up with Mr Alasdair Pattinson, General Manager of Dr Grays Moray who is the Veterans Champion and has a relationship with the MOD. Developmental work is underway to strengthen that.</p> <p><b>The committee noted:</b></p> <ul style="list-style-type: none"> <li>• <b>The updated report and the activities that underpin the work referenced</b></li> <li>• <b>The risks associated with the further delivery of the National Mission for Reducing Drug Deaths; and</b></li> <li>• <b>The role that NHS Grampian can take in facilitating the further delivery of the National Mission</b></li> </ul> <p><b>Dr Tomlinson thanked Mr Mackie and colleagues for the report.</b></p>	<p><b>Ms Webb</b></p> <p><b>P Mackie</b></p> <p><b>S Webb/ P Mackie</b></p>
8.	<p><b>Strategy, Governance and Performance</b></p> <p><b>8.1 Strategic Risk Report – Risk 3650 'Inability to reduce demand through citizen engagement</b></p> <p>The committee noted the report and Dr Tomlinson extended his thanks to Ms Grugeon for the clear report and opened up for questions and comments.</p> <p><u>Questions and Comments</u></p> <p>Dr Tomlinson was interested to learn about the work that is underpinning this and where we have some gaps, is it that we have some traction but there is a</p>	

<p>resource issue? If there is no further resource, does the assurance start to dilute?</p> <p>Ms Grugeon stated she believes we will make progress as there is a lot of interest from people wanting to move forward with it. The reality is that it remains high risk at the moment, with the ongoing pressures and uncertainty around the Charities funding application so there is a need for vigilance going forward.</p> <p>Dr Tomlinson asked Ms Grugeon for early sight of the status and associated implications of this should the resources not come to fruition. Mr Patwa firmly suggested that the Putting People First initiative, in particular should have a more regular review/update to the Committee to hyper-focus on the funding outcome and resource implications.</p> <p>The Committee noted Mr Robertson’s indication that he would not be making a comment, referring to his declaration in agenda item 2.</p> <p>Dr Tomlinson stressed that the application is not for ongoing funding but to support a sustainable model to be brought into business as usual.</p> <p>Ms Webb said that reports within business as usual will also be included as part of this assurance framework which gives us that whole picture but we can include that on the next agenda.</p> <p><b>The committee concurred that an update on progress and the funding application should be scheduled in two committee cycles, i.e., February 2025.</b></p> <p><b>The committee were assured on the following points:</b></p> <ul style="list-style-type: none"> <li>• <b>Improvements are being made regarding the management of Strategic Risk 3650, and appropriate evidence has been provided of these improvement activities.</b></li> <li>• <b>Gaps in controls or mitigations have been identified and are being addressed where resources allow.</b></li> </ul> <p><b>The committee approved the assurance level as ‘Limited’</b></p> <p><b>8.2 Population Health Portfolio Board Assurance Report</b></p> <p>The committee noted the report and there were no questions.</p> <p>Dr Tomlinson noted that several items on the standard report were on today’s agenda as substantive items and so the focus is for the committee to be assured that the Portfolio Board is doing its duty and overseeing the scrutiny. Agreement was reached in the interest of time, to go straight onto the recommendations.</p> <p>Dr Tomlinson reported that the risks contained in the report have been highlighted transparently to us and the committee notes the position</p>	<p><b>L Grugeon</b></p> <p><b>S Webb</b></p> <p><b>L Grugeon</b></p>
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	<b>The Committee were assured that the Portfolio Board has robustly scrutinised the reports and considered cross-system implications and actions.</b>	
<b>9.</b>	<p><b>Putting People First</b></p> <p><b>9.1 NHS Grampian Volunteering Policy</b></p> <p>The Committee noted the draft report and Dr Tomlinson opened up for questions and comments.</p> <p><u>Questions and Comments</u></p> <p>Mr Patwa recommended that volunteering be made as inclusive as possible and wonders if we should note within the policy that it is open to those with protected characteristics.</p> <p>Mr Humphreys suggested that these measures exist at the recruitment stage as we on-board and risk assess volunteers in the same way we do permanent staff. It was agreed to incorporate a line about being open to those with protected characteristics.</p> <p>Mr Humphreys assured Mr Russell that where volunteers do not have access to the intranet/not digitally literate to access the guidance document mentioned in the paper, that these barriers are resolved by providing hard copies or sent via email as appropriate.</p> <p>Ms Webb enquired if the policy has been through Inequalities Impact Assessment Checklist and Mr Humphreys stressed that the document is for staff guidance but he will take advice from the GAPF Policy Sub-Group as the policy is due out for consultation.</p> <p>Cllr Yuill would be keen to promote a positive image of volunteers in public to encourage more applications.</p> <p>Mr Humphreys was in agreement and indicated that volunteers were promoted/celebrated at the MPs MSPs Briefing session earlier that day. NHS Grampian is an exemplar board on the Volunteer Charter, there was promotion during Volunteering Week with film assets featuring Ms Evison and shorter versions of film assets in development for use on social media. This promotion was to encourage volunteer use within existing teams rather than a recruitment tool, as we currently receive sufficient interest whenever volunteers are recruited.</p> <p>Ms Grugeon indicated there is a Communications Plan for Putting People First, trying to generate human stories that bring to life the value and impact of involving the public in our work and will ensure some of our volunteer stories are included in the daily brief and spread further.</p> <p>Mr Humphreys noted Dr Tomlinson's request that since this policy is in fact 'staff guidance', that it be stated explicitly in the title to avoid confusion – the draft title implies the policy is for the volunteers, not staff.</p>	<p><b>S Humphreys</b></p> <p><b>S Humphreys</b></p>

	<p><b>The committee noted that a further update will come to the committee in one year (or earlier if required, noting that reporting also exists through ADP quarterly reporting through the Staff Governance Committee) to describe the impact that the changes to the new Volunteering Policy are having.</b></p> <p><b>9.2 Planning with People Community Engagement &amp; Participation – Updates to Guidance</b></p> <p>The committee noted the report and Dr Tomlinson opened up for questions and comments.</p> <p><u>Questions and Comments</u></p> <p>Ms Milliken enquired as to the role of this committee in raising questions of the magnitude of the changes and our potential inability to change and redesign with Health Improvement Scotland (HIS) and Scottish Government.</p> <p>Dr Tomlinson indicated that the guidance should be viewed as positive if it helps drive us towards sustainability and better design in the long-term while having a way of covering pressures in the short-term. The Committee might concur that the principles are sound but the practicality has implications that we can set out.</p> <p>Mr Russell asked the following questions:</p> <ul style="list-style-type: none"> <li>• Has any part of the system tested HISs capacity to respond initially within a week? Mr Humphreys confirmed no, they have not.</li> <li>• Referring to rural hospitals, is there a case where a number of small changes could be aggregated to become a major change, is this considered in the legislation? Mr Humphreys confirmed that this is one of the definitions of major change.</li> </ul> <p>Ms Evison concurred with Ms Milliken's point and yes, there is an aspiration and importance of doing things well with people but also the reality of what it means in practice and the work involved. She pointed out she believed providing feedback somehow would be welcomed. If we can link it to what we are doing with Putting People First over the next few years, it would be a positive way forward.</p> <p>Ms Proctor concurred with Ms Milliken and Ms Evison's point and highlighted that the one considerably difficult thing about this is IJBs one year budget cycle and the timelines for doing this. There is a helpful element of the consultation and engagement process as it will be clear at budget setting meetings knowing what we have done. She reported her concerns as (1) their capacity to do this work and lack of ability to appropriately resource smaller places for example and (2) independent contractors and general practice are also responsible for undertaking the planning with people guidance and any changes necessary. Ms Proctor, Ms Milliken and Ms Mitchelhill are meeting with the local HIS link to discuss these issues and what it means for them as partners in Grampian.</p>	S Humphreys
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	<p>Ms Webb pointed out that there are three new sets of guidance related to bills coming out and all of which would require investment for us to deliver. Whilst no-one argues about the principles, there is worry about the number of guidance documents coming out. She wondered if there could be something collected centrally so we all understand what is surfacing. Ms Evison and others in their role can flag to Government when the collective ask is huge.</p> <p>Dr Tomlinson suggested Ms Webb and Mr Humphreys liaise with the Chief Officers and Dr Coldwells as necessary to ensure our messaging is aligned before submitting it from the committee to the Scottish Government. Ms Webb was tasked with overseeing the draft communication with other colleagues.</p> <p>Ms Milliken indicated that if the planning for people process is initiated from the outset around a major change, best outcomes are achieved in consultation with the people who are actually impacted by that change. Wider public consultation means that some people are not necessarily impacted by the change and the resulting agitation and consultation outputs may not be the best way to achieve good outcomes.</p> <p>Ms Webb is keen to establish the real time feedback loops which takes account of current patient usage and developing the insights from that can be embedded into our planning.</p> <p>Dr Tomlinson was keen to have a line of sight across the system of joined up messaging, whereby maximising our opportunity to reinforce the message and Ms Evison agreed with this whole system approach. Mr Humphreys tasked with bringing a draft to the next meeting incorporated in the Communicating with the Public report previously discussed at item 6.2.</p> <p><b>The committee approved:</b></p> <ul style="list-style-type: none"> <li>• <b>A further update is brought to the committee in one year (or earlier to appraise the committee of emerging issues or concerns) to describe the impact that the changes of the new guidance has had on how we plan, carry out and evaluate engagement activity in regards to service change and design.</b></li> <li>• <b>To fulfil the request for tangible examples of what the new process defines as major and minor service change, Public Involvement will continue to work closely with HIS-CE and provide examples direct to committee members as they become available.</b></li> </ul>	<p><b>S Webb S Humphreys C Officers A Coldwells</b></p> <p><b>S Humphreys</b></p> <p><b>S Humphreys</b></p>
10.	<p><b>Creating Equality</b></p> <p><b>The Committee noted there were no items.</b></p>	
11.	<p><b>Date of Next Committee - Friday 22<sup>nd</sup> November at 10:00am virtually by Teams</b></p>	