

NHS GRAMPIAN

Minute of Meeting of the Population Health Committee 10:00 on Friday 6 October 2023 Via Microsoft Teams

Board Meeting
Open Session
14.03.2024
Item 11.6

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
Mr Ian Yuill, Non-Executive Board Member

In Attendance

Ms Susan Webb, Director of Public Health
Mr Stuart Humphreys, Director of Marketing and Communications
Dr Adam Coldwells, Director of Strategy & Deputy Chief Executive
Mr Alan Cooper, Head of Strategy, Governance and Performance, Public Health
Ms Alison Evison, NHS Grampian Chair/Non-Executive Board Member
Ms Luan Grugeon, Non-Executive Board Member
Ms Philippa Jensen, Health & Social Care Manager, Aberdeenshire H&SCP
Ms Sandra MacLeod, Chief Officer, Aberdeen City H&SCP
Mr Tom Power, Director of People and Culture
Mr Dennis Robertson, Non-Executive Board Member
Prof Shantini Paranjothy, Deputy Director of Public Health
Mr Dave Russell, Public Lay Representative

Paper Authors

Ms Jillian Evans, Head of Health Intelligence (**Item 7.1**)
Mr Preston Gan, System Transformation Programme Manager (**Item 6.3**)
Mr Pete Matthews, Public Health Practitioner Advanced (**Item 7.2**)
Ms Elizabeth Robinson, Consultant in Public Health (**Item 7.2**)
Mr Alex Stephen, Director of Finance (**Item 6.3**)
Dr Clare-Louise Walker, Consultant in Public Health Medicine (**Item 8.1**)

No.		Action
1 & 2	<p>Welcome and apologies</p> <p>Dr Tomlinson welcomed everyone to today's committee meeting.</p> <p>Apologies were received from: Ms Amy Anderson, Non-Executive Board Member; Mr Simon Bokor-Ingram, Chief Officer, Moray H&SCP; Dr June Brown, Executive Nurse Director; Prof Caroline Hiscox, Chief Executive; and Ms Pamela Milliken, Chief Officer, Aberdeenshire H&SCP.</p> <p>Dr Tomlinson extended his thanks to Amy Anderson for her contribution to this committee/NHS Grampian around the engagement and equalities agenda for noting in the minute.</p>	

ownership across all partner organisations. A workshop is taking place at the end of October, to work on the results of engagement exercise that occurred during the summer using the higher cost of living threat to population health set out within the 2022 Director of Public Health report. The exercise allowed good practice to be identified and areas for further discussion. Outputs will be shared with the Committee when available.

Mr Cooper pointed out that he was happy to pick up any issues on clarity or read across between v1.5 of the partnership agreement in the addendum.

Key points raised:

Mr Riddell enquired about evaluation reports being available for main partners in the near future as an indication of what has gone well with the proposed areas of work and what requires changed. Ms Webb indicated that whilst it is difficult to define today how we will evaluate/capture the learning whilst we are still in the process of agreeing collaborative work, it is the intention to distribute an update signed off by the Chair after each meeting to ensure members receive consistent information about discussions. She also indicated that an annual report will go to all partners in Summer 2024 to share learning and progress.

Mr Patwa sought assurance on whether work is ongoing to produce a concrete communication plan and Ms Webb confirmed there is commitment to producing this in partnership with community planning partnerships. He also pointed out that groups who represent marginalised communities should be kept in the loop too.

Mr Patwa also enquired on the process for future third sector partners joining the 9 organisations already on the list, at a later date. Ms Webb reported that third sector interface leads will be in attendance at the workshop. As people become more comfortable with the work of the Alliance, membership may evolve and change accordingly.

Ms MacLeod stressed it was important to give a yearly update on the effectiveness of this work to avoid losing partners along the way thinking of this as a learning opportunity as opposed to seeing results, from her IJB perspective.

Dr Tomlinson noted that page 28 mentions that methods to measure the impact of NEPHA work will be tracked and communicated transparently, and seeing that explicitly in the annual report will be a way to take that forward, and will pick up on comments above.

Mr Robertson enquired if there is an opportunity to have a tangible measurement to show how well we work together in partnership?

Mr Yuill wished it noted for transparency purposes, in the case that there is a conflict of interest, that he is a member of Aberdeen City Council.

S Webb

	<p>Ms Webb indicated that the paper for item 6.4 will begin to touch upon some of the areas we will progress work on.</p>	
<p>6.</p>	<p>Strategy, Governance and Performance</p> <p>6.1 Development of a National Population Health Plan</p> <p>Ms Evison gave an overview on the work she is participating in nationally and indicated that she sits on the Improving Population Health Group, which comprises Board chairs from territorial and national boards across Scotland, Directors of Public Health. The group are working on key themes and priority areas whilst the population health plan is developed.</p> <p>Ms Webb reported that the slides provided today were initially presented by the Policy Lead to the partners working collaboratively on a population health plan: Scottish Government/CMO Office, COSLA, Directors of Public Health and Public Health Scotland. She highlighted that the commitment to develop a plan for population health was signed off by the Minister in Summer 2023 with an expected publication date of Spring 2024. Widespread engagement is anticipated in the development of the plan.</p> <p>Ms Webb indicated the Population Health Plan is a 10 Year plan. There are four short life working groups being led by Directors of Public Health which seek to consider action to accelerate improvement in population health whilst learning about supporting factors for whole system approach. Acceleration of actions around tackling child poverty, population healthcare planning (value and sustainability, tackling inequalities and prevention measures), ensuring intelligence supports local decision making (inc. health intelligence) and developing a long-term strategic intent.</p> <p>Ms Webb and Dr Tomlinson both indicated to the Committee they would be keen to hear how they could be involved moving forward. Ms Evison committed to provide updates as and when the plan evolves.</p> <p>Comments raised following discussion:</p> <p>Mr Patwa welcomed receiving updates at Committee level and suggested we extend our engagement reach to hear directly from communities to see the richness and diversity of work across the piece as well as hear from partner organisations who deliver the services to get views from both sides of the fence.</p> <p>Ms MacLeod found the update very interesting and wondered what we can do to show the progress made/promote the work of Aberdeenshire Healthy Eating Active Living Project on obesity and weight management at a primary prevention level.</p> <p>Ms Grugeon suggested we shift the narrative away from how services are delivering to actually understanding the families with the poorest outcomes in our communities, engage with them in a deeper way and tailor our support to achieve better outcomes.</p>	

	<p>Mr Stephen looked forward to receiving a final overview for financial purposes and wondered how we obtain the best value out of the national work coming through into our local interventions.</p> <p>Dr Tomlinson indicated the comments captured above will be reflected on by the Exec Team who can also consider a future development session in early 2024 with a view to sharpening our focus on which matters are critical.</p> <p>Ms Webb gave assurance that the slides shared were developed for a professional audience and highlighted the current plan is based on early conversations/thinking and may evolve over time for the final plan. Ms Webb noted that we need to prioritise the areas we collectively work on to deliver on to make significant improvements in population health in Scotland.</p> <p>Ms Webb added that we have talked consistently about how we develop engagement through our Community Planning Partnerships, our plan is to commit to build on it and work in the way that we have signalled. A development session in early 2024 would be helpful to cement the actions we take locally to support the Population Health Plan.</p> <p>The Committee noted the slides and updates provided and is supportive of receiving updates on the Population Health Plan going forward.</p> <p>A Committee development session to be scheduled within the next 6 months to consider these themes and actions in more depth.</p> <p>6.2 Meeting of the Population Portfolio Board 31 August</p> <p>The Committee noted that the meeting did not take place on 31 August, the next meeting is scheduled for 7 November and an update will follow at the December Committee.</p> <p>6.3 Draft Integrated Performance Assurance and Reporting Framework</p> <p>Mr Stephen indicated the purpose of today's paper is to gather feedback on the framework as requested by PAFIC for their consideration of a final draft in November 2023.</p> <p>Mr Gan summarised that the framework looks to provide a structure to align the performance management and performance assurance for the organisation to demonstrate that the strategic objectives in the Plan for the Future and delivery milestones in the Annual Delivery Plan (which aligns to Scottish Government priorities) are being achieved or to highlight where different action is required to achieve the objectives.</p> <p>The Committee was asked to consider whether the framework is adequate in terms of our internal controls and process as highlighted in the framework.</p>	<p>S Webb</p> <p>S Webb</p>
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Feedback gathered:

Dr Tomlinson referred to Appendix 3 and enquired about the action to be taken should one Committee be assured but not the other Committee? Mr Stephen suggested steps could be for each Committee chair to meet to discuss, if unresolved, take back to the original Committee or escalate to the Board finally. Mr Stephen indicated text on a standard process/steps for escalation could be added to the analysis in that regard.

Ms Grugeon suggested it would be helpful to include a series of assurance statements that each Committee chair uses, i.e., fully assured/assured/not assured/partially assured/subject to; that all can use for clarity and consistency.

Mr Stephen agreed that sounded helpful and indicated at a meeting on 19 October, this could be discussed.

Mr Riddell agreed with Ms Grugeon and indicated we need to collectively learn what the Committee really needs to be assured on and what perhaps needs to go elsewhere. Feedback and the debrief are really helpful, the Chair's process is also really helpful to help cover any gaps and refine it further.

Ms Webb highlighted that the work in New Pitsligo as an example; setting a new way of working by not starting with a predetermined agenda but by having a conversation about what was important to the area. Such work would not be able to determine KPIs from the outset. Expertise from out with the area has been brought in to start the conversation around the human learning system, this will complement the traditional approach to performance. Hopefully we can revisit this and establish how we can as an organisation demonstrate that we not only captured the learning, but we've used that to influence our planning processes.

Mr Humphreys suggested the next steps for the framework would be to think about where we take the information once the framework has fulfilled its purpose, how do we use that to celebrate/recognise success. How do we visualise it in a transparent way that can be shared with staff and the public.

Mr Stephen confirmed he had noted comments made and will take these back to the PAFIC Committee to reflect on.

The Committee provided feedback on the content of the draft Integrated Performance Assurance and Reporting Framework as part of the process of development of this document by 13th October 2023 to allow a final draft to be prepared for the next PAFIC meeting in November 2023

	<p>6.4 Population Health Metrics/Care & Wellbeing Dashboard</p> <p>Professor Paranjothy introduced the paper noting that this data was published as a report to accompany the Director of Public Health Report in April 2023 with thanks for Corri Black and the Health Intelligence Team.</p> <p>She indicated that we hold this data at local authority level too and it is shared with our partners through our consultants in public health, who work with each of the health and social care partnerships and community planning partnerships to inform strategic planning and decision making. The Scottish Government is also working on developing national population health dashboards, one of the test bed areas is data intelligence work.</p> <p>Ms MacLeod gave positive feedback on the report and she and Ms Grugeon enquired on the anticipated timeframe for availability of local dashboard data, with an indicative timeframe beneficial for other committees and wider re design and transformation of services. Prof Paranjothy reported the workshop at the end of November will start the conversation.</p> <p>Ms Evans said the dashboard data is being used continuously and agreed that there should be communication to make all aware of its existence.</p> <p>Cllr Bell expressed her shock at ‘1 in 8 children are living in poverty’ statistic and the committee shared her concern.</p> <p>Ms Webb indicated the report came out as part of the DPH Annual report and provides information around the needs of our population and informs planning for impact. She welcomed any suggestions on how we can continue the drive around intelligence to inform planning and decision making.</p> <p>Ms Evison addressed the importance of different committee members utilising the dashboard, as opposed to just being a document in itself. It should be written into decision making, accepting and linking recommendations into impact assessments to actually make a difference in what we are doing locally.</p> <p>Dr Tomlinson suggested the points discussed can be reflected on for purposes of the development session early 2024.</p> <p>The committee noted the report for information and awareness of the current population health statistics for Grampian.</p>	<p>S Humphreys/ S Webb</p>
<p>7.</p>	<p>People Powered Health</p> <p>7.1 Place and Wellbeing</p> <p>Ms Evans reported that the paper describes the work that we started and built on since the first symposium on place and wellbeing in September 2022. She indicated that there are some tangible actions emerging from this work including a push towards social prescribing. The next symposium is on 9 November 2023.</p>	

Ms Evans confirmed for Dr Tomlinson's benefit that it is the intention to bring people together who individually do work on place and wellbeing to do it collectively to better support action at scale.

Ms Evison fed back from the paper that she sensed that it is still being organisationally dominated rather than placed dominated, which should be at the heart of this work.

Ms Evans stressed the importance of understanding the organisational landscape, to map what is being done individually. The mapping shown in the document may not reflect the breadth of what's being done and gave her assurance that is very much a grass roots movement. It was noted that an invitation would be extended to Ms Evison to attend the Symposium on 9 November.

Mr Robertson enquired how we are actually measuring how we collate the information to ensure that green social prescribing is happening across the piece and bringing it together.

Ms Evans indicated that we need to record the data to be able to measure it and at the Symposium in November, the focussed conversation will be how we measure change.

Ms Grugeon indicated she would like attend the Symposium and stated that NHS Grampian needs to give thought to its role, ensuring it includes enabling and empowering our communities to do things for itself.

Ms Evans indicated that communities are the ones who can affect change and is encouraged that Scottish Government are beginning to think in terms of community-based change. Ms Evans

Ms Evans confirmed she would extend an invitation to the Symposium to all committee attendees, at Dr Tomlinson's request.

The committee noted the progress made in stimulating and supporting local place and wellbeing developments and were assured of the organisational commitment to this work alongside our partners, demonstrated by the development of the Network and through the collaborative work of 'test bed' approach.

7.2 Mental Health and Wellbeing

Ms Robinson introduced her paper which detailed progress made towards delivery of the Public Mental Health and Wellbeing testbed in Grampian, making sure all of its policies, strategies and services have positive mental health built into them. An evidence-based framework is being used, produced by the National Institute of Health Research, and we are working with the Health and Social Care Partnerships before moving into conversations with Community Planning Partnerships.

Mr Riddell noted his broad support of this but stated it would be hard to agree to 're-balance of resources from treatment to upstream' when the system is

J Evans

J Evans

under huge strain and people with severe mental health issues remain on waiting lists and cannot get help etc. He suggested we look at this definition.

Ms Webb acknowledged and recognises the sensitivities mentioned above and reflected that nationally there was a mental health framework and 100% of the funding went into services.

Ms Robinson indicated that CAMHS see people that could be supported elsewhere within the community so we need to ensure there is enough support within families, communities etc., so we reduce some of the pressure on specialist services, noting prevention is more cost effective.

Ms Grugeon suggested to Ms Robinson, a connection with the Patient Engagement Network (PEN) and the Psychological Trauma Champions would be advantageous. Ms Robinson thanked Ms Grugeon and will follow up re Psychological Trauma Champions and noted they are in contact already with PEN.

Ms Evison fed back that she is seeing on the ground, links between organisations and wider support not being made and not necessarily recognising what support can be/is provided, and from the individual's point of view, where they can best get support at the time they need it. The next stage ought to be networking and sharing information to put the person at the centre of everything.

Ms Robinson agreed the focus absolutely needs to be on joining up the connections as we navigate through the system.

The committee noted the progress against the test bed priorities and associated learning and were assured of the progress underway towards the achievement of the test bed objectives.

7.3 Engagement and Empowerment Oversight Assurance Report

Mr Humphreys introduced his item for context and indicated the report is from the Engagement and Empowerment Oversight Group (EEOG), one of the sub-groups reporting to the Population Health Portfolio Board (PHPB) along with the Health Inequalities Oversight Group, the Screening Oversight Group and the Immunisation Programme Board. Since the Portfolio Board did not meet last month and the committee has previously input into the 12 month engagement plan that this report talks to, the EEOG wanted to share it here today.

He explained that this report will be updated for each PHPB. The summary page at the beginning gives an overview of whether we are on track with a RAG assessment and the report goes line by line through each of the activities that the EEOG is concerned with, as agreed in the engagement plan. The document will evolve going forward, currently we are looking at how to integrate business as usual activities of our engagement team and equivalents in City, Aberdeenshire and Moray partners. For example, the Volunteer Strategy, a paper which will feature at a future committee.

	<p>Dr Tomlinson intimated that as this is the current 12 month plan, we will have an opportunity to comment on the content of the next 12 month plan. Ms Grugeon's paper at the next committee will contribute to this too.</p> <p>The committee noted the reporting is now in place from the EEOG to the PHPB which provides scrutiny for the agreed activity plan and agree to receive progress on engagement activities by exception via the PHPB or specific papers where they relate to agreed actions on the Committee forward planner.</p>	
8.	<p>Public Health</p> <p>8.1 Grampian Immunisation and Vaccination Programme – Annual Report</p> <p>Dr Walker gave an overview of the report and highlighted to the Committee, the following points of note:</p> <p>Shingles catch up due to the pause during the COVID pandemic and the transfer from general practice to the vaccine transformation programme which saw an increase from 64% to nearly 70% through targeted action.</p> <p>School age vaccinations: we perform better than the Scottish average across the board. The Flu and COVID programmes; we perform slightly better than the Scottish average (nearly 200,000 COVID vaccinations administered). We continue to try to increase the uptake of childhood and pre-school vaccinations, there has been a decline across the UK and globally.</p> <p>Work is ongoing at the moment to try to understand more about local populations inclusive of ethnic minorities and some of the practical barriers/access problems, and helping people to make an informed decision about vaccination. Survey design, including one which is live now looking at missed childhood vaccination appointments. Survey findings will be followed up with focus groups spread across Grampian.</p> <p>Finally, Dr Walker intimated there are a lot of changes to programmes coming up in the next year and at the same time trying to establish new things and improve well established things too.</p> <p>Ms Grugeon enquired on the asylum seekers we have and the likelihood of further asylum seekers coming to Grampian – how will this impact our vaccine programme given the need for flexibility in this area?</p> <p>Dr Walker assured the Committee that whilst asylum seekers do not feature in this year's report, this population group will be included next year. Meetings are currently taking place around what can be done to best help and support asylum seekers.</p> <p>Ms Bell enquired on the timescale for survey findings and Ms Walker stated the wider survey is almost ready to go live, currently waiting for the translations to be finished and approved.</p>	

	<p>Ms Evison sought assurance on the approach to our own staff/linking in with HROD to make sure we have a vaccination programme that is supportive and understandable. Also, for people coming into the area from overseas for instance as part of our widening work on welcoming diversity.</p> <p>Dr Walker stated that for the COVID/Flu programme, staff have opportunities to get vaccinated in the community and some opportunities offered as part of an occupational offer.</p> <p>Dr Walker stated that the Scottish Government has produced a vaccination leaflet for people who are new to the area/country which we will distribute to head teachers of schools to pass onto children who are new to the area. We are not waiting to hear via usual processes, and we are also trying to circumvent and get the information out there to communities too.</p> <p>Ms Webb added for further assurance that there has been targeted work on the breadth of individuals coming into the area, including international students. We have been working really closely with the universities and connecting into Fresher's Fairs in this regard.</p> <p>The Committee considered and were assured by the content of the Vaccination and Immunisation Annual Report 2023.</p>	
9.	<p>Approved Minutes</p> <p>The Committee noted that the minutes of the 31st August meeting of the Population Health Portfolio Board are unavailable since it did not proceed.</p>	
10.	<p>Date of Next Committee</p> <p>Thursday 14th December at 1000-1230 hours via Microsoft Teams</p> <p>10.1 2024 Committee Dates</p> <p>The Friday 2024 dates provided were considered and agreed by the Committee. Meeting invites will be sent out to all.</p>	<p>H Haylett-Andrews</p>