APPROVED

NHS GRAMPIAN

Minute of Meeting of the Population Health Committee
10:00 on Friday 28 February 2025
Via Microsoft Teams

Board Meeting
12.06.24
Open Session
Item 13.4

Present
Dr John Tomlinson, Non-Executive Board Member (CHAIR)
Cllr Ann Bell, Non-Executive Board Member
Mr Sandy Riddell, Non-Executive Board Member

In Attendance
Mrs Alison Evison, NHS Grampian Chair
Mr Stuart Humphreys, Director of Marketing and Communications
Ms Pamela Milliken, Chief Officer Aberdeenshire H&SCP
Ms Kim Penman, Programme Manager NoS Public Health Network
Mr Dave Russell, Public Lay Representative
Professor Shantini Paranjothy, Deputy Director of Public Health
Mr Dennis Robertson, Non-Executive Board Member
Ms Susan Webb, Director of Public Health

Paper Authors
Ms Lisa Allerton, Public Health Manager (Items 8.1 & 8.2)
Ms Linda Duthie, Health Intelligence Specialist Lead (Item 8.4)
Ms Jo Hall, Vaccination Planning Manager (Item 8.3)
Mr Chris Littlejohn, Consultant in Public Health (Items 8.1 & 8.2)
Mr Phil Mackie, Public Health Consultant (Item 8.5)
Ms Jennifer Matthews, Corporate Risk Advisor (Item 9.3)
Ms Elizabeth Robinson, Public Health Consultant (Item 8.4 & 8.5)
Dr Clare-Louise Walker, Consultant in Public Health (Item 8.3)

Minute Taker – Heather Haylett-Andrews

No.		Action
1	**Apologies** Apologies were received from: Ms Colette Backwell, Non-Executive Board Member; Dr Adam Coldwells, Interim Chief Executive; Ms Fiona Mitchelhill, Chief Officer Aberdeen City H&SCP; Ms Lynn Morrison, Director of Allied Health Professionals; Mr Hussein Patwa, Non-Executive Board Member; Ms Judith Proctor, Chief Officer Moray H&SCP; Mr Tom Power, Director of People and Culture; Cllr Kathleen Robertson, Non-Executive Board Member; and Mr Ian Yuill, Non-Executive Board Member	
2.	**Declarations of Interest** Ms Evison declared for transparency that in relation to item 8.5 Contribution to Community Planning, she serves as a council representative on the KNM Community Planning Partnership.	

APPROVED

3.	**Chairs Welcome and Introduction** Dr Tomlinson opened the committee meeting by welcoming everyone and drawing attention to our statement on equalities and health inequalities. He stressed the critical need to keep these enduring issues central to the discussions throughout the meeting. <u>Chairs Updates</u> • Mr Patwa has agreed to be Vice-Chair of the Committee going forward. • Wednesday 5 March, Lunch and Learn session will cover NHS Grampian's role as an Anchor Organisation. We are required to submit our anchor metrics to the Scottish Government before our next Committee meeting, and these will be discussed during the session. • It is anticipated that the national report on the Population Health Framework will be available for our review by the next Committee meeting.	
4.	**Minutes of Meeting held on 22 November 2024** The minutes were accepted as an accurate record of the meeting pending the following amendments: Page 3, Item 2 – 'provide such duties' amended to 'provides support on such duties' Page 11, Item 8.3 – 'Cllr Riddell' amended to 'Mr Riddell'	
5.	**Matters Arising** Page 8, recommendation 3 – Dr Tomlinson requested that Mr Humphreys present the communications and engagement framework to the Committee in support of the Strategic Route Map once it is finalised.	**S Humphreys**
6.	**Committee Planning** **6.1 Action Log** Dr Tomlinson pointed out that the completed items can now be removed from the action log. **The Committee noted the position of the action log at this point.** **6.2(a) Forward Planner** **The Committee noted the position of the forward planner at this point.** **6.2(b) Forward Planner/ToR Cross Check**	**HH-Andrews**

	Dr Tomlinson expressed gratitude to Ms Penman for preparing this document, thus ensuring that our remits are comprehensively covered.	
7.	**Putting People First** There were no committee items.	
8.	**Public Health** **8.1 Protecting Health Assurance Report (Joint Health Protection Plan inc. Sexual Health & BBV)** Mr Littlejohn provided an overview of the Protection Health Assurance Report and directed the Committee's attention to Appendix 1, the Red-Amber-Green (RAG) table highlighting progress against the actions set out in the plan for 2024. He gave a brief summary of the headings. <u>Questions and Comments</u> Mr Riddell enquired about updates from the Scottish Government concerning the establishment of a national pandemic centre, specifically in relation to Action 4.5 of the plan. Mr. Littlejohn replied that although progress is being made at the national level, it is not proceeding as swiftly as anticipated. Dr Tomlinson pointed out it would be helpful for us to get explicit information from Scottish Government on progress to date. Ms Evison questioned the Committee's role in the plan, observing that they are referred to as advocates. Dr Tomlinson advised that Mr Littlejohn clarify this matter and follow up with the Committee. Mr Russell made reference to the 3 red RAG statuses (Actions 3.1, 4.2, 4.5) and particularly, the action relating to ensuring the sustainability of health and social care services, in light of the media coverage about budget cuts; what recovery measures are in place and will the public be involved in discussions. Mr Littlejohn and Ms Milliken acknowledged that Aberdeenshire Health and Social Care Partnership has a strategic risk around providing statutory functions, this is a challenging position but IJBs are working on focusing our resources on the most vulnerable. Dr Tomlinson emphasised the importance of the Strategic Route Map in this work and noted that it would be addressed later in the agenda. Ms Webb responded on the 3 red RAG statuses: • To support sustainable health and social care services: two complementary mechanisms are in place to facilitate public consultation on recovery. Immediate improvements can be achieved through the	**C Littlejohn**

	Planning with People process, while the Reform agenda builds on ongoing community engagement efforts.
	• IPC provision: during the pandemic, numerous infection prevention and control regulations were implemented in care homes for example. Consideration now needs to be given to the depth and quality of our discussions on this topic.
	• Renewed pandemic plans for NHS: exploration of the right level of the population consultation will continue to be debated.
	
	Mr Mackie indicated that NHS Boards will be required to develop localised Climate Emergency adaptation plans, aligned with the National Scottish Adaptation Plan, by late spring 2025; to provide assurance of sustained service resilience in response to climate change, extending over the next 15 years to 2040.
	
	The Committee:
	
	• **Voiced support for activities that contribute to addressing systemic risks that pose a threat to the protection of health in Grampian:**
	• **In relation to the JHPP, this includes activities to ensure sustainable health and social care systems, to address and remediate the determinants of health inequalities, to address the absence of IPC provision for healthcare settings outside of hospital, and to maintain local readiness in the absence of national guidance for pandemic planning.**
	• **Endorsed the programme of activity undertaken and were assured of progress made:**
	• **Agreed to advocate in their roles across the system for activities that contribute to addressing systemic risks that pose a threat to the protection of health in Grampian, specifically:**
	  • **Activities to develop sustainable health and social care systems to address and remediate the determinants of health inequalities**
	  • **Address the absence of IPC provision for healthcare settings outside of hospital**
	  • **Maintain local readiness in the absence of national guidance for pandemic planning**
	
	8.2 Sexual Health and BBV Deep Dive
	
	Ms Allerton delivered an in-depth presentation focusing on abortion and contraception and updated the Committee on data around abortion care, contraception prescribing and their associated challenges and risks. She also expressed her willingness to attend a future Committee to discuss the broader remit of Sexual Health & Blood borne viruses.
	
	<u>Questions and Comments</u>	

	Dr Tomlinson asked Ms Allerton to clarify who the collective 'we' refers to and she confirmed that several national strategic groups, including a sexual health promotion specialist group, operate under the Health Promotions Network, She highlighted that the primary goal is to guide the public to the NHS Grampian/NHS Inform websites and signpost to other factual resources. Ms Evison concurred that local discussions with partners are crucial to making our information accessible and understandable for the intended audience. She also noted that in relation to expanding the work with community pharmacies, lessons learned from the current approach will aid in the development of these partnerships. Ms Allerton reported there are plans to review and update the NHS Grampian website and although cross-system learning has not taken place with colleagues around migrating, she noted she was happy to make a connection in this regard. Mr Russell referred to the delay in postnatal access to the progestogen-only pill for postnatal women and asked for the reason behind it. Ms Allerton explained that current practices and the responsibility for dispensing the pill are under review to address and overcome the barriers. **The Committee:** • **Voiced support for activities that contribute to addressing systemic risks that pose a threat to the protection of health in Grampian** • **In relation to the SHBBV MCN, this includes activities to ensure sexual health services meet the Health Improvement Standards for Scotland, to meet the national aspiration to eliminate hepatitis C virus infections and HIV transmission, to increase access and uptake of contraception, to reduce the number of unplanned pregnancies and abortions and to foster a culture of positive sexual health and wellbeing that is free from stigma.** **8.3 Grampian Vaccination and Immunisation Programme Annual Report** Dr Walker gave an overview of the extensive report highlighting the surveillance data on vaccine preventable disease, priorities for improvement, the maximisation of uptake among populations facing health inequalities and implementation of the new Strategic Frameworks, Standards and Equity plan over the next 12 months. <u>Questions and Comments</u> Mr Riddell emphasised the importance of obtaining greater assurance regarding our responsibilities in addressing persistent health inequalities and striving for equity. He was reassured to hear about the range of initiatives being undertaken to address same.	**C Allerton**

APPROVED

	Dr Walker agreed to provide a written report to provide assurance to the Committee before the next report is due, and Ms Evison suggested in the longer term, to also include information on the impact of the plan. Ms Evison: • Raised concerns about the unknown number of home-schooled children and recommended that relevant information be made accessible. • Welcomed vaccinations in the community and suggested taking vaccines to targeted areas, i.e., workplaces, places of workshop et al. Dr Walker indicated that they are keen to have pop ups wherever needed and currently there is an initiative at community fire stations which she was happy to continue with. Ms Milliken was pleased to hear the initial data on remote and rural populations and indicated that pop-ups happen in Aberdeenshire also and use of fire stations help the financial balance between access and what we can afford to deliver. Mr Mackie stated he would discuss home-schooling with education colleagues. He confirmed that the legislative framework does not permit a statutory register for home teaching, but there is an obligation to maintain effective contact with parents if there are concerns about the quality of education being provided. Perhaps this mechanism, along with collaboration with local authorities, may help improve points of contact. Mr Russell was struck by the fact that performance in Aberdeen City was poorer than Aberdeenshire and Moray to the extent that NHS Grampian's whole performance was brought below that of the national averages. He asked if this has been noted and being addressed accordingly. Dr Walker highlighted challenges in addressing the shortfall in the city, citing factors such as reliance on paper-based communications and a transient population. Ms Hall added that 'ghost' patients - individuals who have moved out of Grampian but remain included in the statistics - significantly affect uptake numbers. Mr Robertson suggested focusing on positive, celebratory messages about uptake to encourage others to come forward, rather than emphasising low uptake. He also recommended moving away from paper-based communications and utilising NHS Grampian's social platforms to adopt a more digital approach. Dr Tomlinson proposed that future reports should thoughtfully consider the World Health Organisation's (WHO) recommendations for overall health. **The Committee:** • **Were assured by the Vaccination and Immunisation Annual Report 2024**	**CL Walker**

APPROVED

	• **Anticipates the next report to be shared in 2026** **8.4 Health Behaviours Annual Assurance Report** Ms Duthie emphasised that the Public Health team holds a governance role for the programmes outlined in this report. However, the majority of the work is carried out system-wide by health and social care partnerships and the wider acute system. <u>Questions and Comments</u> Cllr Bell was assured by the whole system approach conveyed in the report. Ms Evison voiced her concern about the absence of community engagement in the report regarding anticipated future development. She suggested linking initiatives like the Breastfeeding Friendly Scotland scheme with the broader landscape and involving local communities in disseminating the message. Ms Robinson acknowledged the observation and pointed out that while some reflections are not explicitly captured in the report, they are already being considered. She suggested that greater use of place planning, local community involvement, and community activism could create a significant opportunity to make a meaningful difference. Ms Webb emphasised that while the Scottish Government closely monitors our lifestyle programs, assurance was given to Ms Evison that our delivery plans are proceeding as stated. Ms Milliken expressed that the intention is to build on place planning in Aberdeenshire. Ms Evison highlighted the fact that we have yet to share our learnings, resulting in a lack of inspiration for other communities to implement change. She suggested exploring alternative methods to motivate and encourage these communities. Ms Webb concurred that community-led health must be integrated with our initiatives, emphasising that without effective feedback loops, we will not be able to redesign our system to enable and empower our communities. She suggested that a session to explore this would be beneficial. Dr Tomlinson asked Ms Webb and Mr Humphreys to work together on organising a lunch and learn/development session that aligns with our strategic roadmap. Ms Robinson thanked the Committee for the helpful discussion and support of the direction of travel. **The Committee:** • **Provided constructive challenge and oversight of the health behaviour's activity within the Public Health Directorate's Proactive and Preventative Portfolio to be assured on benefit and delivery being achieved.**	**S Webb/ S Humphreys**

- **Provided assurance to IJBs on delivery being achieved through sharing this report.**
- **Will continue to support this agenda through membership of respective networks, e.g., IJBs and CPPs.**

8.5 Contribution to Community Planning

Prof Paranjothy indicated that the Collaboration for Health Equity in Scotland was launched for Aberdeen City Community Planning Partnership (CPP) on Monday 24 February. Dr Tomlinson acknowledged this valuable point and highlighted that Aberdeen City has previously expressed interest in attending a future Committee meeting. He suggested offering periodic attendance to all three parties as a way to strengthen our relationship.

Questions and Comments

Ms Evison appreciated the report and emphasised reviewing the Public Health (PH) Directorate's role in North East community planning, highlighting their contributions and the importance of training and sharing data. She noted the director's capability to assess the Community Planning network and questioned if NHS Grampian should have more involvement from other parts of their system. She concluded by questioning if NHS Grampian is fulfilling its role as an anchor organisation effectively.

Dr Tomlinson indicated there is reference in the report of having a wider perspective on future reports. Ms Webb indicated that work is underway to identify how we can appropriately support the 3 CPPs in our patch to share learning.

Ms Evison noticed the report includes information on social prescribing, and would appreciate an update on its progress, challenges, and outcomes and sought advice from the PH Director to ensure we are doing enough or if we should be doing more.

Ms Webb added that all three CPPs are currently reviewing their Local Outcome Improvement Plans (LOIPs). Once these plans are refreshed, each CPP will present a report of assurance that the wider system is actively participating in the work.

Dr Tomlinson queried with Mr Mackie if are we reaching a stage where we have a mature partnership to have more constructive and challenging conversations?

Mr Mackie confirmed yes, in his role as the Deputy Chair of the Community Planning Aberdeen Management Group, he is encouraged by people around the table to bring wider perspectives into the frame; there is a real desire to improve and strengthen collaboration to deal with shared challenges. NHS Grampian as an anchor organisation has the potential to do much more, but it must first clarify its desired outcomes to ensure it receives the necessary support and assistance in these areas.

	Ms Robinson concurred that we do constructively challenge each other however during times of reduced resources and day-to-day pressures, organisations tend to withdraw instead of working in partnership. Currently, working with Ms Webb are focusing on strengthening our local and partnership health improvement teams. We need to actively engage and challenge constructively at every opportunity, not just CPP meetings; the shift is crucial for us. Ms Webb provided a practical example, the Moray CPP recognised that it was not as effective as it could be, but each CPP had the opportunity to review their ways of working. Dr Coldwells as vice chair of Aberdeenshire CPP has noticed a shift in culture and direction, which shows the challenging of existing practices including fundamental ways of working, from a public health perspective. Dr Tomlinson pointed out to Ms Webb that it would be helpful to touch on how we further develop our work and share support at the lunch and learn/development session being developed. **The Committee:** • **Were assured by this report of the Public Health Directorate contribution to Community Planning across the North-East** • **Noted the development of NHS Grampian's contribution is on-going. It is proposed that the 25-26 annual assurance report will provide an account of the wider NHS Grampian contribution to CPPs to demonstrate it is a good community planning partner.**	**S Webb/ S Humphreys**
9.	**Strategy, Governance & Performance** **9.1 Route Map Through a Population Health Lens – Demonstrating the Connections** Ms Webb provided context and advised that we were asked to show how our work connects to population health and ensure it aligns with the health needs of the community. For assurance, our developments include: • Creating an overarching case for change to highlight the necessity of transformation and reform. • Conducting joint strategic needs assessments with each of the Health & Social Care Partnerships to provide a detailed understanding of the needs of the communities we serve. This will guide both our short-term actions and the development of a long-term roadmap. Ms Webb continued that we need to focus on making our system more preventative by using the tools at our disposal. We have discussed several of these tools in this committee, including integrated impact assessments, and held board seminars on initiating this shift. It is important to recognise where people currently stand, especially our medical colleagues, as we look into addressing chronic diseases. If we can reduce, and ideally eliminate, these	

	preventable chronic diseases, it will help balance our system. While work on diabetes has been ongoing, efforts in cardiovascular disease have slowed. We are in discussions with medical and clinical leadership on how to reinvigorate this area. In our first year, and as a final component, we have touched on a comprehensive system-wide action towards healthy weight, which aligns with the population health framework and the alliance. As seen from the agenda today, there is a lot of ongoing activity and the annual delivery plan outlines more detailed areas and drivers. We have reviewed the public health work plan to identify the key areas to focus on this year and highlighted those needing more attention on page 149. Agreeing with Ms Robinson earlier, when the system is under significant pressure, the focus tends to be on addressing immediate challenges. We have proposed a discussion on how to seek assurance through population health plans. Committee are asked to see the questions included that we hope will be helpful to use in your roles across various board and networks. <u>Questions and Comments</u> Dr Tomlinson asked Ms Webb to explain what the route map is going to offer that is different from the annual delivery plan. Ms Webb advised that the delivery plan is currently setting out the actions to take to improve and reform and the route map is setting out the logic model, the steps we will take over the next 5 years to deliver our Plan for the Future. Ms Milliken emphasised that this year, our primary focus will be on balancing the budget while working towards our goals. Additionally, we will discuss how to align the route maps of all health and social care partnerships' strategic plans. As NHS Grampian's route map is being established, we must navigate a transition from our current operating model to a more sustainable one. Mr Humphreys expressed his general agreement with Ms Webb and Ms Milliken. He noted that the route map outlines six strategic priorities, which may evolve over time. He emphasised the importance of thoughtfully describing our priorities to ensure success both in the short term and in the long term. Dr Tomlinson emphasised that it is essential for the Committee to support the Executives in implementing tangible changes over the next 12 months. He also noted that having this document ahead of the Board Seminar on 13th March is very beneficial. **The Committee:** • **Noted the position at this point** • **Noted that the Route Map will be shared at the Board Seminar on Thursday, 13th March and that the questions noted at the end of this paper will be useful to have in minds.**	**Comm Members**

- **Noted that the slides shown be shared at the Board Seminar on 13th March**

9.2 Population Health Portfolio Board

The Committee acknowledged the report and noted there is a scheduled date for the next Portfolio Health Portfolio Board meeting. It is hoped that there will be a quorum to proceed with the meeting.

The Committee were assured that robust mechanisms have been adopted to seek cross–system discussion and assurance despite the Portfolio Board not convening.

9.3 Risk Appetite/Strategic Risk Reporting

The Committee noted Ms Matthews report and Dr Tomlinson asked for any questions and comments.

Questions and Comments

Dr Tomlinson questioned the 'minimalist' appetite noted against health inequalities and Ms Matthews indicated that whilst a good question, not for her to answer but indicated that the levels that are set are guidelines only. Ms Webb clarified that for her, the risk tolerance is minimal is because actually we need to challenge ourselves when these tough decisions are being taken in the full knowledge of the impact they might have on widening inequalities and I don't think we do that.

Dr Tomlinson questioned the 'minimalist' approach noted regarding health inequalities. Ms Matthews acknowledged it as a good question, but not one she could answer, noting that the set levels are only guidelines.

Ms Webb clarified for Dr Tomlinson that a minimal risk tolerance is noted due to the need for rigorous self-challenge when making tough decisions, being fully aware of their potential impact on widening inequalities. It is felt that is not adequately addressed and work is underway to embed health equity in our financial decisions.

Mr Mackie highlighted that while reporting strategic risks to the aligned Board Committee twice a year may be theoretically sound, the crucial issue at hand is our response time.

Mr Robertson asked whether it is reasonable to report twice a year to the aligned board, considering the system pressures, given that a report will be submitted to the full board annually.

Ms Matthews noted the important point above and appreciated the difficulties with setting agendas across the committees but stressed being able to provide the assurance that we are getting appropriate oversight for these strategic risks is extremely important.

	Ms Penman believes our current situation is that we have addressed each of the three strategic risks in detail for the committee. However, regarding our risk mitigation efforts, most of the reports submitted to the committee are aligned with our program to mitigate those risks. In her view, the majority of the papers provided assurance that we are progressing as planned with these mitigations. Therefore, she was uncertain if twice-yearly risk reports are necessary, as we are already presenting reports that assure our risk mitigation efforts. Ms Webb indicated that the forward planner also demonstrates we have coverage of the mitigating actions and if there is difficulty in delivering our actions, then we have the mechanism to come together if particularly concerned about our response. Mr Russell emphasised that his primary concern is the effective management of risks, with reporting being a secondary priority. He enquired about the visibility of these risks, questioning whether the right individuals receive the reports at the appropriate times. Dr Tomlinson asked the Committee if it was reasonable that we cannot agree anything contrary to the corporate view of twice per year but we should ask our executives to reflect on the risk reporting and oversight going forward. Ms Webb assured Mr Russell that the reports received by our Committees are the key aspect of ensuring visibility. However, she suggested that we might want to reflect further on our approach. **The Committee:** • **Acknowledged the revised proposals regarding Board Risk Appetite levels after providing comment where required** • **Endorsed the proposal to report the strategic risks to the aligned Board Committee twice per year, pending reflection on our annual cycle with our executives**	
10.	**Creating Equity** There were no committee items.	
11.	**Date of Next Committee -** Friday 2 May 2025 at 10:00am virtually by Teams	