

NHS HEALTH SCOTLAND

**Minute of the Health Governance Committee meeting held on Friday 9 October 2015
in room 18, Gyle Square, Edinburgh.**

Present: Dr P Stollard (Acting Chair)
M Burns (teleconference)
B Fullerton (teleconference)

In attendance: Dr A Fraser
G McLaughlin
C Duncan
D Stockton (item 5)
J Anderson (item 6)
C Duncan (item 7)
K Keates (shadowing)
M Kerrigan (minute)

ACTION

1. Apologies

Apologies were received from Dr Anne Maree Wallace and Ms M Mellon.

2. Declaration of Committee Members' Interests

There was no declaration of members' interests.

3. Minutes of the previous meeting

The minute of the previous meeting held on 26 June 2015 was agreed as an accurate record.

4. Matters Arising

Annual Statement of Assurance

It was pointed out by BF that she had been in attendance at the Health Governance Committee meeting on 6 March 2015 and this had been recorded in the minute, however it had been omitted from the Annual Statement of Assurance. AF apologised for this omission. It was agreed that this minute should correct the record and confirm BF's attendance at that meeting.

ACTION

Adverse Events

AF pointed out that 'Adverse Events' was scheduled to be discussed at today's meeting but this had been deferred to the next Health Governance Committee meeting on 15 January 2016. It was also noted that Adverse Events will go before the CMT and Partnership Forum for consideration this month.

CEO admin

5. **Core Programme 1: Fundamental Causes of Health Inequalities (HGC Paper 9/15)**

Diane Stockton, Head of Evaluation, presented on Core Programme 1 (KIA)

The paper outlined the general aims of the programme and explained the main components.

The work of the 'Fundamental Causes' programme within NHS Health Scotland aims to ensure that:

- people are supported out of poverty and inequality in income and wealth are reduced;
- good work is available for all;
- everyone has the same rights and opportunities to take part in and contribute to society.

Knowledge Generation

'Informing investment to reduce health inequalities in Scotland' ('Triple I').

This work was requested by Scottish Government in 2008, adopting a tool produced in England which looked at the effect on inequalities (life years gained) of risk factor mitigating interventions. Health Scotland was asked by Scottish Government to replicate that tool using Scottish data.

A Steering Group was established comprising NHS Boards, University and Scottish Government representation and a Scottish tool was produced and circulated to Health Boards and Scottish Government policy division for feedback.

ACTION

A cost element was then added and in 2012 a new version of the tool was published. Phase 3, Triple I, included 11 interventions.

Knowledge Management

Ms Stockton explained that the choice of what interventions should be included in the tool was restricted to topics where there was evidence. The tool had an extensive literature review which was undertaken by Public Health Observatory and analysis was undertaken by ISD. There had been considerable dissemination of the Triple I tool and as a result there was considerable media, Government, social policy and academic attention and recognition. The Scottish Government placed particular emphasis on the living wage element. The Joseph Rowntree Trust blogged the tool. The tool was also presented to the Institute of Health Equity at the University College London.

It was felt this was a very good paper. The quality of work it described was high, and the initial logic model map was excellent. Future papers might add a section on areas of actions before proceeding to describe specific elements.

Ms Stockton indicated that the Fundamental Causes Group produced a second version of the logic model map and the Committee felt this should be incorporated into the programming and be more widely disseminated.

The Committee thanked Ms Stockton for her paper and presentation and stated it was a well-managed and structured programme, commending and supporting the work being undertaken.

**6. Equality – Report and Discussion
HGC Paper 10/15**

John Anderson, HIA Project Manager with the Equality Team, spoke to the paper.

ACTION

The Committee was asked to note the findings from the audit and evaluation of the HIIA for business planning process 2015/16 and comment on recommendations to improve the process for 2016/17.

John explained that in August 2014 the CMT reviewed the findings from an audit of the equalities screening process. This process was designed to identify which elements of the work programme would benefit most from impact assessment.

The audit found that whilst a large number of screening statements were being produced, these were of variable quality, and in response a number of proposals were endorsed to develop HIIA training for staff, continue HIIA reference group meetings, recruit leads from each Directorate and support staff undertaking impact assessment.

It became apparent that despite screening efforts very few HIIA were being conducted and therefore it was decided that every deliverable in the 2015 work programme should receive an HIIA and the Equality team was tasked with adapting the existing full HIIA process to fit this need.

The approach developed for impact assessment of organisational deliverables in 2015/16 was termed "light touch HIIA". The aim was to implement a minimum standard of impact assessment for all work. To support this new process, new documentation and guidance was produced for staff: "HIIA Guide for Business Planners 2015/16".

In discussion:

- the Committee felt this was a good report and it agreed with the recommendation to integrate this more closely as early as possible into the planning process;
- HIIA was essential, not only for legal or audit reasons but as part of Health Scotland's strategy;
- HIIA should be seen to be self-evaluating and done in a way that is proportionate, aligned and built into the business planning process;

ACTION

- it was felt this was a very long paper and future core papers should be kept to 3/4 pages.

The Committee noted the findings from the 2015 audit and evaluation of the HIA for business planning process and the recommendations which will be made to the CMT and Commissioning Group.

7. External Stakeholder Performance Annual Report (HGC Paper 11/15)

Christine Duncan, Head of Strategy and Engagement, presented the paper on behalf of Sharon Love (Strategic Development Team Manager).

The paper was prepared in response to a request to update the Health Governance Committee on the AFHS Stakeholder Performance Forum and its future plans.

The AFHS Stakeholder Performance Forum was established in 2014 to provide critical support to NHS Health Scotland in identifying organisational performance measures and to engage in discussion about how to develop a collaborative performance framework in relation to reducing health inequalities.

The Forum has supported the development of a performance framework to measure how well NHS Health Scotland is performing and to report on its impact to NHS Health Scotland Board, Scottish Government sponsor division and stakeholders and is supported by the Strategic Development Team.

As a result of a wider stakeholder engagement event held in January 2015 the AFHS Stakeholder Performance Forum has broadened its focus to not only supporting NHS Health Scotland but also to look wider at collaborative performance for the reduction of health inequalities.

An internal and external communication plan will be developed for the collaborative performance project once the proposal paper has been discussed and a general direction for the work has been agreed.

ACTION

As part of the review of the Forum the group will undertake a risk assessment, including organisational risks for NHS Health Scotland.

The Committee noted the progress and planned activity of the AFHS Stakeholder Performance Forum.

8. **Any Other Business**

There had been a problem with teleconferencing in room 18 and therefore it was agreed this would be addressed for future meetings. It was also suggested that those who could not manage the meeting might consider linking in via VC at their local Health Board office.

9. **Next meeting:** 15 January 2016, Room G1/2, Gyle Square.

Signed:  Chair

Date: 15/1/2016