**SHC MINUTES – V1.0**

**Meeting of the Scottish Health Council**

Date: 25 May 2023

Time: 10:00am-12.30pm

Venue: Delta House Glasgow

**Present**

Suzanne Dawson, Chair (SD)

Nicola Hanssen (Vice Chair) (NH)

Michelle Rogers, HIS Non-Executive Director Member (MR)

Dave Bertin, Member (DB)

Simon Bradstreet, Member (SB)

Emma Cooper, Member (EmC)

Jamie Mallan, Member (JM)

**In Attendance**

Clare Morrison, Director of Community Engagement (CM)

Tony McGowan, Head of Engagement & Equalities Policy (TM)

Derek Blues, Engagement Programmes Manager (DBl), (EPM)

Richard Kennedy McCrea, Operations Manager (RKM)

Joy Vamvakaris, Social Research Analyst (JV) (Item 3.1)

**Apologies**

Elizabeth Cuthbertson, Member (EC)

Alison Cox, Member (AC)

Claire Curtis, Acting Head of Engagement Programmes (CC)

Wendy McDougall, Acting EPM (WM)

**Committee Support**

Susan Ferguson, PA to Director of Community Engagement & Chair of SHC

**Declaration of interests**

No Declaration(s) of interests were recorded

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| **1.** | **OPENING BUSINESS** | **ACTION** |
| **1.1** | **Chair’s Welcome, Introductions and Apologies** |  |
|  | The Chair (SD) welcomed everyone to the meeting, highlighting it was the first in person meeting in 2023.It was noted that the Scottish Health Council Committee would be referenced as the Scottish Health Council (SHC) going forward with the members being referred to as council or Scottish Health Council members rather than committee members. This is in keeping with the terminology used throughout the legislation and SHC Chair and member appointments. The HIS Board Governance Chairs Committee have been informed of this clarification and the message remains clear that the Scottish Health Council is an HIS governance committee. Apologies were noted as above. |  |
| **d1.2** | **Draft Minutes of Meeting** |  |
|  | Following two minor corrections on item 2.1, change of word to *iterative* and item 2.2, change from DB to *DBl*, the draft minutes of the Scottish Health Council (SHC) meeting, held on 02 March 2023, were approved as an accurate record of the meeting. |  |
|  | **Matters arising** |  |
|  | There were no matters arising. |  |
| **1.3** | **Review of Action Point Register** |  |
|  | The SHC reviewed the Action Point Register and were advised that as a continuation of enforcing the need of training opportunities for them, the Head of Engagement and Equalities Policy (TMG) was already in conversation with the Head of Organisational Development, Sandra Flannigan (SFl) and will feedback the outcomes at the next meeting. It was highlighted that SD is currently conducting 1:1s with Council members which will help identify both individual and collective development needs. It was suggested that once complete this will be passed onto TMG for discussion with SFl.  Item 1.2 (02/03/2023) -A question was raised regarding the feedback from the National Volunteering Group meeting on Volunteers not replacing staff roles. TMG advised that he was aware that this had been discussed at the meeting and would provide a full update at the next SHC meeting in August. The Council members were in agreement that a volunteering update should be included in August’s agenda and noted the Action Point Register.**Action** TMG to speak to Sharon Bleakley (SBl), (EPM) and Janice Malone (JMa) Volunteer Programme Manager regarding providing a Volunteering update.  | **TMG** |
| **2.** | **COMMITTEE GOVERNANCE** |  |
| **2.1** | **Business Planning Schedule**  |  |
|  | The Business Planning Schedule for 2023/24 was presented for comment and noting.It was noted that at present, the Business Planning Schedule would benefit from a more detailed breakdown of planned agenda items. After discussion, it was agreed that SD and the Director of Healthcare Improvement Scotland-Community Engagement (HIS-CE) (CM) would discuss the content further with more detail to follow. The Council members were comfortable with this and noted the Business Planning Schedule. **Action**SD and CM to meet and discuss the detail required for the 2023/24 Business Planning Schedule.  | **SD/CM** |
| **2.2** | **Director’s Update** |  |
|  | CM provided a paper about the work undertaken by the Director and the Directorate Leadership Team (DLT) in the past quarter, and on the future plans.The following points were highlighted for discussion and approval;1. Organisation Change- Advised that the directorate’s organisational change was now halfway though and noted that this is a new structure with different roles being created. Provided assurance to the Council members, advising that the first half of the process focussed on the structure itself with the second half focussing on the individual staff consultations. It was highlighted that it is on course to deliver to the 12 week timescale, with the filling of the structure by end of September.
2. Service Change- highlighted that pressures on the system were still high and won’t change. It was advised that due to these pressures and increasing political scrutiny, a clear focus was needed for service change going forward. It was also highlighted that a positive meeting was held with Scottish Government regarding service change.
3. Processes- It was highlighted that the directorate’s continued focus was around developing the directorate structure to deliver the vision. To continue to provide the assurance to the SHC, it was noted that once the structure is confirmed additional work is required to develop the reporting, which included the reframing of the SHC papers. Feedback on the papers produced for the meeting was sought from the Council members.

The Council members thanked CM for providing the update and raised the following points and feedback ;1. Reporting to the SHC - with the changes to the structure, should the four SHC priorities be changed and based around the vision and the national context?
2. Planning and Supporting- what kind of methodology does the directorate plan to use in order to understand if the structure works. Line management isn’t clear in new structure chart, it’s important to know who is responsible and accountable.
3. General direction is great, evidence of a lot of consultation including feedback going on. Important to do this right and follow best practice. Also important to think about a Plan B in case timeline isn’t met.
4. Queried the terminology used ‘evidence from engagement’ and suggested ‘evidence for engagement’
5. Assurance was sought around staff engagement/wellbeing with the changes to the structure.
6. How does the directorate share the learnings from this with others within HIS?

In response to the feedback and points raised the following assurance was provided;1. Agreed that the four priority areas will be revisited and brought to the SHC to consider. After further discussion on the priorities, it was agreed that this would be part of the SHC development day in November 2023.
2. Advised that the line management was covered in the job descriptions posted and will bring this back for SHC assurance.
3. Provided the rationale for using ‘evidence for engagement’ going forward, explaining that the paper provided for the meeting focused on what the directorate do now and advised that this will expand going forward.
4. Advised that throughout the whole consultation process policies have been followed 100%. Highlighted that staff have had multiple ways to engage using different methods, MS Teams channel, MS Form, 1:1s, and team discussions. Also highlighted that spider diagrams were provided to explain how the directorate and new structure would work.
5. Advised that learnings are already shared with colleagues across HIS with regular meetings taking place at present with Quality Assurance Directorate (QAD), HR, Partnership Forum and Unions.

The Council members felt assured and approved the future plan for the directorate. |  |
| **2.3** | **Operational Plan Progress Report**  |  |
|  | The Operations Manager RKM provided an update on the Directorate’s progress carried out during Quarter 4 of 2022-23. The following highlights were discussed;1. Evidence around how to do engagement and looking at outcomes. It was advised that going forward the operational plan should complement the vision and highlighted that all staff in the directorate will be able to contribute to the overall vision and its aims.
2. Building capacity – continue and build on webinars considering a variety of demographics.
3. Asking what is effective engagement?
4. Updating and adding information on the HIS-CE website as people want practical resources they can take away.
5. Asked if producing an annual report on the directorate’s performance would be beneficial?

The Council members thanked RKM for providing the update and agreed that seeing the quarterly information in an annual report would be beneficial. They also raised the following points and feedback;1. Does the directorate feel there is a good system around gathering evidence from the third sector?

In response to the feedback and points raised the following assurance was provided;1. Advised that although not perfect the directorate provides evidence on the HIS-CE website as it’s easier to update and keeps it current. Noted that more focus was needed on engagement with NHS. Advised that webinars are on an upward trend and have 150 new names from outside the health and care statutory bodies.

After a discussion on building on the existing relationship with The ALLIANCE, it was agreed that RKM would take up a discussion with Simon Bradstreet. (SB) **Action** RKM to contact SB to discuss The ALLIANCE relationship.RKM to consider developing an annual report.  | **RKM** |
| **2.4** | **Risk Register**  |  |
|  | CM provided an update on the Risk Register and noted the following; Risk 1163 Service Change- has been increased to a rating of 16 from 12 in the last report. This reflects concerns that there are gaps in the engagement activity undertaken by boards on service change due to system pressures in the health and care system, and that we are not fully informed of all ongoing service change.Risk 1239 - This new risk more accurately describes the current risks with the lack of stakeholder awareness of our role and the directorate’s staffing structure being out of date. It captures the ongoing work around organisational change for the directorate. After discussion, it suggested that risk 1239 should be split into two separate risks. It was noted there is a separate HIS-wide risk on organisational change. The Council members were in agreement that Risk 1239 should be separated into two individual risks, unless the existing HIS-wide risk on organisational change fully captures the specific organisational change in the Community Engagement directorate. It was agreed this should be checked before separating Risk 1239**Action** CC to check the organisational risk and then update the risk 1239 as appropriate. | **CC** |
| **3.0** | **SETTING THE DIRECTION** |  |
| **3.1** | **Focus on the new Vision – Evidence** |  |
|  | In the absence of the Acting Head of Engagement Programmes (CC) and the Acting EPM (WM), the directorate’s Social Research Analyst, (JV) provided an update and highlighted the following; 1. Attended a meeting with Scottish Government (SG) and a Danish delegation on how we engage, she advised that prior to the meeting the delegation had no awareness of the legislation around the need for engagement.
2. Noted that Citizens Panel 11 (CP) was published on Monday 22 May with a response rate of 66% and highlighted this was the highest response to date with sections on Covid Vaccine and digital health and care. It was also highlighted that CP 12 on organ donation is due to start soon.
3. Noted that work is ongoing to refresh the CP and advised that discussions on topics are taking place with SG.
4. Highlighted that the CP test worked well and there is an expectation there will be increased asks for these in the future. It was also highlighted that staff are being trained to support with the analysis and feedback from them said they found being involved had been beneficial.

The Council members found the update really informative and thanked JV for attending the meeting and providing the update. The following points were raised;1. CP 11 had a return rate of 66%, how does this benchmark against other recruited panels?
2. Gathering Views – would be good to know how we get the commissions?
3. Interested in knowing what’s entailed in the refresh of the CP?
4. What happens to get the view on digital health out to the public?

In response to the points raised JV provided assurance to the Council members; 1. Advised that a 66% return rate benchmarked against other recruited panels is quite good and noted that from CP 9 feedback is an improvement.
2. Gathering Views commissions – agreed that this would be shared at a later SHC meeting
3. An explanation was provided how the CP refresh is achieved.
4. Advised that the feedback goes out to the Panel members, SG communications and HIS communications, and the publicity and interest is dependent on the topics.

After a discussion took place on communications, it was agreed that the HIS-CE communications strategy would be included in the SHC Development day. **Action** Communications to be added to the SHC Development day. |  |
| **3.2** | **Focus on the new Vision - Improvement** |  |
|  | The Head of Engagement and Equalities Policy (TMG ) provided a paper for awareness and discussion and highlighted the following points; 1. Highlighted that a lot of work has continued on developing a comprehensive best practice guide for NHSScotland volunteering for colleagues working in volunteer management role. It was advised that after extensive discussions SG confirmed that they will provide funding for a new Volunteer Management System (VMS) and that work is commencing on the development of an Outline Business Case. It is hoped that the new system will be ready by the next financial year.
2. Denmark Volunteering – CM discussed the system that is used in Denmark, which gives students experience of health care and reduces health inequalities, and advised she is looking into a test of change for here.
3. People Experience Volunteers-Currently have eight across four areas. The volunteers have already contributed to many areas of work within the directorate, and we are now receiving requests from other parts of HIS.
4. Children and Young People’s work (CYP) - highlighted that there is a capacity issue and that a package of support had been developed, with the key focus of ensuring there is consistency of approach.

In response to discussion point (2.) the following feedback was discussed;1. It was highlighted that students already volunteer in some parts of Scotland and is mandatory to some students.
2. Suggested this could be the way to protect volunteers.
3. Asked if this could this be broadened out beyond students, use the communities?
4. How can we diversify this?

The Council members thanked both TMG and CM for the update. |  |
| **3.3**  | **Focus on the new Vision - Assurance** |  |
|  |  The EPM (DBl) provided an update and highlighted the following points; 1. Quality Framework (QF) was published on 24 April 2023, this followed the publication of the SG’s *Planning with People* (PWP) guidance which was published on 21April 2023.
2. Held successful sessions with the Engagement Practitioners Network (EPN) with 60 people attending, feedback from these was really positive. Advised that workshops are still being delivered. Highlighted that there are also opportunities to link the QF around Governance for Engagement.
3. Noted the conclusion of NHS Ayrshire and Arran work and advised they are now considering evidence for the Equality Impact Assessment (EQIA), which will be taken to the next Service Change Sub Committee meeting.
4. Meeting with SG to discuss the opportunity to develop a new light touch approach to service change that does not meet the threshold for “major” service change whilst still providing a new level of assurance.

The Council members thanked DBl for providing the update and noted that a lot had been achieved in the last few weeks.CM noted thanks to DBl and the service change team for their enthusiasm and for embracing the opportunities around the development of the proposed new assurance process for service change.  |  |
| **4.0** | **RESERVED BUSINESS** |  |
| **4.1** | **Service Change Sub-Committee meeting minutes** |  |
|  | DBl presented the Service Change Sub-Committee meeting minutes from the following Sub-Committee meetings for noting;20 February 202320 March 202321 March 2023 11 May 2023 (Draft)Service Change sub-committee meeting minutes were noted. |  |
| **5.0** | **ADDITIONAL ITEMS of GOVERNANCE** |  |
| **5.1** | **Key Points** |  |
|  | After discussion, it was agreed the following three key points to be reported to the Board:1. SHC- review and rethink the four priorities in line with HIS and HIS-CE vision
2. Volunteering
3. Service Change
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| **6.0** | **CLOSING BUSINESS** |  |
| **6.1** | **AOB** |  |
|  | No other business was discussed |  |
| **7.0** | **DATE of NEXT MEETING** |  |
| **7.1** | The next Scottish Health Council meeting will be held on 24 August 2023 Via MS Teams10.00-12.30  |  |
|  | Name of person presiding: Suzanne Dawson Signature of person presiding: Date: 24/08/2023 |  |