**NHS HEALTH SCOTLAND**

**Minute of the Health Governance Committee meeting held at 10.30am on Friday 6 March 2015 in NHS Health Scotland, (Room 17), Gyle Square.**

Present: Dr A M Wallace (Chair)

 Ms M Mellon

 Dr P Stollard

 Ms B Fullerton (via teleconference)

Ms M Burns (via teleconference)

In attendance: Mr G McLaughlin

Dr A Fraser

Mr M Lowther (item 6)

 Dr P Craig (items 5 and 6)

 Ms W Halliday (item 5)

 Mr B Gray (item 6)

 Mr M Craig

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|  |  | **ACTION** |
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| 1. | **Apologies** |  |
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|  | There were no apologies. |  |
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| 2. | **Declaration of Committee Members’ Interests** |  |
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|  | No meeting-specific interests were recorded. |  |
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| 3. | **Minute of previous meeting** |  |
|  | **(HGC Min 1/15)** |  |
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|  | The minute of the previous meeting held on 16 January 2015 was approved as an accurate record subject to the following amendments:* Page 3, last paragraph “The DSPH…” replace “Place and Plan Standards” with “The Place Standard”;
* Page 3, Review of HPHS, remove the action.
 | CEO AdminCEO Admin |
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|  |  | **ACTION** |
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| 4. | **Matters arising**  |  |
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|  | There were no matters arising. |  |
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| 5. | **Core Programme 3** |  |
|  | **System Change for Fairness and Equity** |  |
|  | **(HGC Paper 4/15)** |  |
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|  | In introducing her paper and accompanying presentation to the Committee Dr Craig, Commissioner for Core Programme 3, explained that Core Programme 3 has four workstreams (partnership strategies, proportionate universalism, health improvement policies and strategies and a common vision) There are a range of deliverables and outputs. She indicated there was a gradual shift towards system change but the balance of the programmes has still to shift more from individual level change.  |  |
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|  | In discussion the following points were made:* The paper was strong on process, reflecting the state of the programme;
* System change in relation to the health service is mentioned in the paper but it was felt there was a need to encompass the wider system;
* Clearer and more strategic outcomes were needed;
* A logic model should be looked at;
* Review how well NHS Health Scotland is meeting the standards;
* There should be a stronger set of messages about the aims of the programme;
* Consider having System Change as an outcome;
* Health Improvement should remain within the programme.
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|  | The Committee thanked Dr Craig for her paper and presentation. It was felt this was a good first step, the programme was suitably ambitious and it was going in the right direction.  |  |
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| **6.** | **Current Issues: The Task Force Challenge to improve Social Capital**  |  |
|  | **(HGC Paper 5/15)** |  |
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|  | Mr Lowther, Principal Public Health Adviser, presented his paper on Health Scotland’s commitment to policy to promote Social Capital. The paper provided an update on ongoing and planned work on social capital and more generally its work to support local communities and community groups to improve health and reduce health inequalities.He indicated that there was one workstream within Core Programme 2 (where this work sits) and Community Health Scotland and CHEX have been leading the way in this area for a number of years. A Knowledge into Action approach is being developed and new knowledge is being generated. A new 3 year plan for CHEX and one year funding based on the plans developed has been agreed. |  |
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|  | Mr. Lowther was thanked for his update. |  |
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|  | The following points were made: * This was a good first step;
* There was a need for clarity of definition;
* What is NHS Health Scotland’s place in this work?
* Could CHEX be the home for public engagement activity?
* In discussion members saw merit in a greater awareness of the work of this collaboration, and in aligning this work with Public Engagement;
* The scale and progress of community food initiatives was noted – a subject raised and discussed in two earlier meetings;
* A results chain and success measures may guide progress more clearly;
* There was the potential for more national and local interest and momentum for this work;
* There was a need for further debate within the organisation.

Actions GMcL to liaise with PC, Matt Lowther, BC on Public Engagement;Matt Lowther to come back to Betty Fullerton on percentage growth regarding students undertaking a full time course (page 3 of the paper). | GMcLML |
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|  |  | **ACTION** |
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| 7. | **Revised Terms of Reference**  |  |
|  | **(HGC Paper 6/15)** |  |
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|  | The terms of reference was being updated to reflect the change of the standards. |  |
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|  | The ToR was agreed subject to the following amendments:* Under Duties, line 3, replace “improving health and reducing health inequalities” with “reducing inequalities and improving health”;
* The word “shall” to be replaced with “will” throughout the ToR.
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| 8. | **Updates – Health Improvement/Community Food & Health** |  |
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|  | There was reference to item 6, which provided context. It was felt there should be a higher profile for NHS Health Scotland’s work and a need to look at the profile of Community Food and Health/CHEX. |  |
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| 9. | **Workplan 2015/16**  |  |
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|  | Following discussion the workplan was agreed subject to the following amendments:* Report on Equalities will be brought before the October meeting;
* Equality Report to be reviewed more generally;
* Different focus on Early Years to be looked at for June meeting.
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| 10. | **Any Other Business** |  |
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|  | There was nothing under this item. |  |
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| 11. | **Agenda items for next meeting** |  |
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|  | To be confirmed. | AF |
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| 12. | **Date of next meeting** |  |
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|  | 10.30am 26th June 2015, Room 5.5, Meridian Court. |  |