Northern Health and Social Care Trust
Feedback Report to Trust Board

Report from:	Northern Partnership and Population Health Committee
Author of Report:	Anne O'Reilly, Chair of NPPHC
Lead Director:	Neil Martin, Director SPPICT
Presented By:	Anne O'Reilly
Date of Meeting:	24 Oct 2024

Purpose

The purpose of this report is to provide a summary of the business undertaken by the Northern Partnership and Population Health Committee.

Strategic Objectives (select)

Build Northern Partnerships and Integrate Care	***Continue to improve Outcomes & Experience***	***Deliver value by optimising Resources***	***Nurture our people, enable our talent and build our Teams***	***Improve population Health and address health and social care inequalities***
✓				✓

Summary of Committee Business

The Committee held its inaugural meeting on 27 Sept 2024. The group has broad representation from within and beyond the Trust, including service user / carer and community / voluntary sector voices.

Discussion focused on the Terms of Reference (enclosed) and a statement of Principles and Values, which remains a work in progress. The risk of duplication or misalignment with the Area Integrated Partnership Board was noted.

A scoping exercise of population health-focused activity is underway, led by Hugh Nelson.

The next meeting of the Committee will be in workshop form, likely in February 2025.

The final minutes will be tabled for noting at a future Trust Board meeting after approval by the Committee.

Reports Approved by the Committee

None.

Items for Escalation to Trust Board

None.

Northern Health and Social Care Trust

COMMITTEE	**NORTHERN PARTNERSHIP AND POPULATION HEALTH COMMITTEE - TERMS OF REFERENCE – draft v6 (14 Oct 2024)**
PURPOSE	The Trust's five corporate objectives are: • Build Northern partnerships and integrate care • Continue to improve Outcomes and experience • Deliver value by optimising Resources • Nurture our people, enable our talent and build our Teams • Improve population Health and address health and social care inequalities The Northern Partnership and Population Health Committee responds to the first and last of these objectives, covering the N and H in NORTH. The Northern Partnership and Population Health Committee is a standing committee of the Trust Board. The Committee is committed to progressing a shared vision for population health with partners external to the organisation, ensuring oversight and accountability for the Trust's focus on population health and wellbeing, health and social care inequalities and support for carers.
MEMBERSHIP	**Chair:** Trust Chair or nominated Non-Executive Director. **Lead Director / deputy chair** Director of Strategic Planning, Performance and ICT **Membership** • Non-Executive Director • Medical Lead for Population Health • Assistant Director Corporate Planning • Assistant Director Children's Services • Assistant Director Safeguarding • Assistant Director Allied Health Professions • Head of Equality • Engagement Manager • Head of Community Health and Wellbeing • Head of Public Health Nursing

	• Consultant Public Health Nurse • AD Women's Health • Head of Communications • PHA representative • Academia representative • Service user and carer representative voice x3 • Voluntary / community sector voice x3 In the event that a member is unable to attend, they will nominate a relevant deputy to attend in their absence. Other officers may be invited to attend in an advisory capacity. **Committee Support:** Administrative support to the Committee will be provided by the Chief Executive's Office. **Member Appointments:** Extension of the membership will be agreed by the Chair and Deputy Chair and approved by the Committee, taking into account the skills and expertise necessary to deliver the Committee's remit.
DUTIES	• To scope the scale and range of population health interventions across the Trust and partner organisations and consider how these address health inequalities. • To agree a joint vision and strategy for population health which includes developing the NHSCT workforce to have the skills, knowledge and behaviours to promote population health. • To support regular two-way communication and information updates to key stakeholders. • To explore shared resource and funding opportunities to meet key priorities. • To understand the impact of changing demography on the health needs of our population. • To oversee the Trust's engagement in the Integrated Care System, including the establishment and operation of the Northern Area Integrated Partnership Board.

	• To oversee, advise on and monitor compliance with the Trust's statutory obligations in the areas of Equality and Rural Needs, providing assurance to Trust Board that the Trust is acting in line with relevant legislative requirements.
	• To oversee the Trust's strategy for personal and public involvement and patient experience, receiving updates from operational divisions as appropriate and ensuring that returns are provided to PHA/DoH as required.
	• To oversee the ongoing development and implementation of the Trust's Carers' Action Plan.
	• To oversee the Trust's work in the area of Community Health and Wellbeing, receiving updates from project leads and monitoring progress against agreed KPIs.
	• To oversee partnership forums where the Trust is the lead or a significant participant, receiving reports as appropriate. These include but are not restricted to:
	  ○ Trust / General Practice Provider Partnership
	  ○ Engagement Advisory Board
	  ○ Causeway Hospital Partnership Board
	  ○ New Entrants Steering Group
	  ○ Community Planning Partnerships
	• Ensure that key risks and challenges are identified and appropriately escalated to Trust Board.

AUTHORITY	The Northern Partnership and Population Health Committee (NPPHC) is authorised by the Board of Directors to investigate any activity within its Terms of Reference. The NPPHC may seek relevant information from any of the Steering Groups within the Assurance Framework in order to provide further detail or assurance. The NPPHC can advise the Board of Directors regarding issues that require further consideration.
MEETINGS	**Quorum:** A quorum is 50% of members including either the Chair or Deputy Chair. **Frequency of Meetings:** The Assurance Committee should meet four times per annum. **Papers:**

	Agenda and papers will be disseminated to committee members 7 days before the date of the meeting and wherever possible electronically. **Meeting Arrangements:** The Committee will meet four times per annum at the Northern Health and Social Care Trust Headquarters or via another appropriate method as necessary. **Withdrawal of individuals in attendance:** During the course of a meeting, if a Conflict of Interest is established, the member concerned should withdraw from the discussion / meeting and play no part in the relevant discussion or decision. The Conflict of Interest should be recorded in the relevant minutes. Individuals invited for a specific item will be asked to withdraw following completion of that item.
REPORTING	The Committee shall report to the Trust Board on how it discharges its duties. Pending formal agreement of the minutes of the meeting, the Chair of the Committee will provide a verbal update at the next available Trust Board of the business conducted at the Committee, drawing attention to any issues that necessitate either disclosure to the Board or executive action. The approved minutes of the Committee shall be submitted to the next available meeting of the Board. The Trust Board will hear directly from partners at least annually on the work of the committee.
CONFLICT / DECLARATION OF INTEREST	The Chair shall seek and record any Declaration or Conflict of Interest from members prior to every meeting of the group.
REVIEW	These Terms of Reference and operating arrangements will be reviewed on at least an annual basis by the Committee.