

Lanarkshire NHS Board      Headquarters  
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**Minute of Meeting of the Population Health & Primary  
 Care and Community Services Governance Committee  
 held at 9.30am on Wednesday 18 July 2018  
 in the Boardroom University Hospital Hairmyres East Kilbride**

**CHAIR:** Mrs M Morris, Non-Executive Director

**PRESENT:** Mr M Fuller, Non-Executive Director  
 Mrs M Lees, Non-Executive Director

**IN ATTENDANCE:** Mrs A Armstrong, Director of Nursing, NHSCP  
 Mrs I Barkby, Director, NMAHPs  
 Mr P Cannon, Board Secretary  
 Mr C Cunningham, Head of Planning, Performance & Assurance, SHSCP  
 Mrs V de Souza, Director, SHSCP  
 Mr G Docherty, Interim Director of Public Health  
 Ms M Docherty Director of Nursing SHSCP  
 Dr L Findlay, Medical Director SHSCP  
 Mrs J Hewitt, Director, NHSCP  
 Dr J Pravinkumar, Consultant PH Medicine  
 Ms M Reid, Head of Health Improvement/Health Promotion  
 Dr T Sommerfield, Consultant PH Medicine

**APOLOGIES:** Mr P Campbell, Non-Executive Director  
 Dr I Wallace, Medical Director  
 Dr A Cook, Medical Director, NHSCP  
 Mrs M Hayward, Head of Health, SHSCP  
 Mr R McGuffie, Head of Planning, Performance & Assurance, NHSCP  
 Dr T Sommerfield, Consultant PH Medicine

**MINUTE:** Ms Mary Louden Operational Support Supervisor Public Health

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| 2018/01 | <b><u>WELCOME</u></b><br>Mrs Morris welcomed the group to the third meeting of the Committee.  |
| 2018/02 | <b><u>DECLARATIONS OF INTEREST</u></b><br>Members were invited to declare any interests in relation to any of the agenda items, there were none. |
| 2018/03 | <b><u>Minute of Previous meeting 23/05/18</u></b><br>Approved as accurate with the following amendment: Mrs Barkby's apologies to be noted.      |
| 2018/04 | <b><u>Primary Care Improvement Plan</u></b>  |

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|         | <p>Dr Findlay presented the current draft of the Primary Care Improvement Plan was approved in principle at the May meeting. The committee is asked to approve the current final draft, the plan will be reviewed every 6 months over the next 3 years, development of the plan will be process required managed by the GMS Oversight Group and report to this committee 6 monthly, to note more frequent review than required to ensure good governance. Exception reporting as required will be brought to the committee. Noted Mr Colin Lauder Director of Planning Property and Performance has been invited to join the oversight group.</p>  |
|         | <p>The plan is a reflection of Lanarkshire’s ambition to take a system wide approach to transforming General Medical Service and wider primary care service serving the population of NHS Lanarkshire. The programme will support the implementation of Lanarkshire Health &amp; Social Care Strategies and engage the population in the design and delivery of our future services.</p>   |
|         | <p>Mrs Barkby noted the first set of commitments are deliverable. Mrs Docherty sits within the various work streams concerned with treatment rooms, a key element of the delivery plan. Increased staffing levels will support service changes and noting services will be tailored to the needs of localities so will not be standard across the county.</p>  |
|         | <p>Innovative use of technology will help treat patients in their home and the use of apps for young people.</p>   |
|         | <p>Dr Findlay noted a budget of £5.6 million to match costed priorities is available rising incrementally to £11 million in 2020.</p>  |
|         | <p>The committee formally endorsed the development plan. <b>Action 1</b></p>   |
| 2018/05 | <p><b><u>General Medical Services Sustainability SBAR</u></b></p>  |
|         | <p>Dr Findlay and Mr Cunningham presented the SBAR to the Committee. This outlines the significant challenges faced by GP practices, part of the reasons for the new contract and the need to find new and innovative ways of managing services. Mr Cunningham noted an increase in practices managing to sustain services due to staffing levels and find solutions to such instances which have increased over the last year. Risk assessment tools are in use however the particular case as discussed would not have been red flagged by that assessment. The level of support required from NHSL is unsustainable in the longer term and an effort to encourage discussion across practices and localities is being actively supported along with the recruitment of practice pharmacists.</p> <p>One practice has proved an excellent example of engaging with the new contract and that service is thriving and could be might be used as a template for others and signs in other areas are encouraging with the appointment of Advanced Nurse Practitioners, a new innovation for community services.</p> <p>Mr Cunningham commended the work of Dr Cook and his team in supporting these developments. Mr Campbell CE will be sending a briefing to councillors and MSP of the changes that are coming which may mitigate concerns of the population.</p> <p>In response to question of what mitigation measures are in place Dr Findlay</p> |

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|         | <p>advised that single handed and branch surgeries are most at risk and as part of the 3 year delivery plan such vulnerable cases will be supported to ensure every practice has a business continuity plan in place. Every practice will be risk assessed and assigned a RAG status the information will be anonymised.</p> <p>Dr Findlay noted that patient lists closed by practices can be re-opened, these issues are not however they are more frequent than in the past as practices are being asked to support new nursing homes and a reluctance to take on enhanced agreements.</p> <p>The sustainability tool report will be considered at the September meeting.<br/><b>Action 2</b><br/>Consider if the SBAR for staff governance can also come to this committee. Mr Cannon will check on this point. <b>Action 3</b><br/>Mrs Hewitt noted there is anecdotal evidence of an increased demand for some services e.g. sexual health medicines at weekends which puts additional pressure on services. It was agreed to consider working with schools to promote more competent use of services which young people would then carry through as they grew up and may reap some benefits to services in the future. Mrs Morris agreed to take this forward with communications department. <b>Action 4</b><br/>The committee noted the recommendations of the SBAR. <b>Action 5</b><br/>The committee requested a formal commendation be passed to the teams supporting this work by service managers. <b>Action 6</b></p> |
| 2018/06 | <p><b><u>Fairer Scotland</u></b></p>   |
|         | <p>Mr Docherty noted the Fairer Scotland draft action plan was discussed and endorsed at the last meeting. This links closely to the High Level Inequalities plan and talked through the relevant points. Mr Fuller noted there could be a danger of this becoming a simple tick box exercise however Mr Docherty provided reassurance that the recommendations are being written in to the major acute development plan and strategic delivery groups. A mechanism is also needed to provide non-executive members key questions to raise at these for a, Monklands Development Project being a prime example. Mr Fuller and Mrs Morris will note this point. <b>Action 7</b></p> <p>Mrs Barkby noted the inequalities agenda is already a key focus of strategic development planning under the guidance of Mr Lauder as the Monklands Project will demonstrate.</p>   |
|         | <p>It was agreed the Fairer Scotland recommendations around inequalities/employability/care experienced young people would be added to the action plan and reporting timetable. <b>Action 8 &amp; 9</b></p>  |
|         | <p>Mrs Docherty noted the real challenges for health visitor services to delivering the parenting programmes being able to deliver some but not all of the aspects of it. Mr Docherty noted however he would encourage full and frank discussion on the savings that could be realised in the future if all aspects are fully implemented.</p>   |
|         | <p>It was agreed to add the Solihull Approach (Parenting Programme) into the work plan. <b>Action 10</b></p>   |
|         | <p>Mrs Docherty will brief Mr Docherty on the work being done by</p>   |

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|         |  | psychology and mental health nurses. <b>Action 11</b>   |
|         |  | Mr Fuller noted the initiative in Lothian whereby vacancies in new facilities were advertised solely to those residing in deprived areas. Mrs Morris will raise this at Staff Governance Committee <b>Action 12</b>   |
|         |  | The link to the Incredible Years DVD will be circulated to the group. <b>Action 13</b>  |
| 2018/07 |  | <b><u>Review of Frequent Emergency Attendances – Final Report</u></b>   |
|         |  | Mrs Morris commended Dr Pravinkumar and the project team on highly detailed and thorough piece of work which helped to provide evidence on the innovations being undertaken in other areas in Scotland and UK wide which have impacted on unnecessary attendance at ED and admission to acute hospitals and the support for the well being of patients and savings realised by healthcare services.   |
|         |  | Dr Pravinkumar provided a summary of the report and action and detailed some of the interventions that could be put in place for Autumn/Winter 2018 and noting that for every £1 spent supporting this cohort of patients a return of £6 can be realised as demonstrated by Lothian. A decision is required on which patient cohort to focus on including what other work is going on around these patients and maximise and capitalise on models which are already in place. |
|         |  | The Committee noted the recommendations of the report. <b>Action 14</b>   |
|         |  | A report on the project would come back to the committee in March 2019. <b>Action 15</b>  |
|         |  | Agreed Review of Frequent Attenders would be a standing agenda item for the committee. <b>Action 16</b>   |
|         |  | <b><u>Terms of Reference and Membership</u></b>   |
|         |  | There was some discussion on how this committee should function to ensure a streamlined effective approach and that the same reports were not going through multiple committees. A meeting will be convened with both the Chief Operating Officers of both HSCPs, Mr Cannon and Mr Docherty to discuss in more detail. <b>Action 17</b>   |
|         |  | It was agreed Mr Cannon will confirm: <ul style="list-style-type: none"> <li>• The format of papers e.g. if a paper requires submission to another committee prior this committee – can the same format be submitted to save time. <b>Action 18</b></li> <li>• That the Terms of Reference will be revised in line with the points raised by the discussion. <b>Action 19</b></li> </ul>  |
| 2018/08 |  | <b><u>Linkages with other groups</u></b>  |
|         |  | Mr Docherty noted Mrs Chamberlain Strategy Officer for ADP had requested this committee may be an appropriate forum to raise ADP issues – however on reflection it was agreed that reporting structure was already in place which was more appropriate. <b>Action 20</b>  |
|         |  | Mr Cannon would develop a linkage route map for the committee to be presented at the September meeting. <b>Action 20</b>  |
|         |  | Agreed attendees would be co-opted on to the committee as required. <b>Action 21</b>  |
| 2018/09 |  | <b><u>RISK</u></b>  |

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|         |  | The Committee to consider whether, from the business discussed, any new, emerging risks need to be added to the Corporate Risk Register or whether the discussion materially alters the assessed level of risk/risk tolerance and/or the mitigating controls. No items were raised. |
| 2018/10 |  | <b><u>PHPCSG Workplan</u></b>   |
|         |  | Mr Cannon and Mr Docherty will develop a draft workplan to be considered at the next meeting.   |
| 2018/11 |  | <b><u>DATE OF NEXT MEETING</u></b>  |
|         |  | 9 am on Wednesday 21 September Seminar room 1, Postgraduate Centre University Hospital Monklands.   |

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