

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 21 March 2018
 in the Lecture Theatre, Medical Education Centre,
 Kirklands Hospital, Bothwell**

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
 Dr A Cook, Medical Director, NHSCP
 Mr G Docherty, Interim Director of Public Health
 Mr R McGuffie, Head of Planning, Performance & Assurance, NHSCP
 Dr J Pravinkumar, Consultant PH Medicine
 Mrs S Mitchell, Stop Smoking Service Manager
 Ms M Reid, Head of Health Improvement/Health Promotion
 Dr T Sommerfield, Consultant PH Medicine

APOLOGIES: Mr P Campbell, Non-Executive Director
 Mr C Cunningham, Head of Planning, Performance & Assurance, SHSCP
 Mrs V de Souza, Director, SHSCP
 Mrs M Hayward, Head of Health, SHSCP
 Mrs J Hewitt, Director, NHSCP
 Dr I Wallace, Medical Director

2018/01 **WELCOME**

Mrs Morris welcomed the group to the first meeting of the Committee which it was noted was a newly established Governance Committee of the Board.

2018/02 **DECLARATIONS OF INTEREST**

Members were invited to declare any interests in relation to any of the agenda items, there were none.

2018/03 **RUNNING ORDER**

It was noted the video on Adult Childhood Experiences (ACE) will be carried forward to a future meeting due to time constraints.

2018/04

COMMITTEE MODUS OPERANDI

Mr Docherty noted that subject to discussion at Board meetings/PPRC/Board Seminar a clear route has been identified on the governance pathway for the non-acute sectors. A particular trigger was the Audit Scotland report on 70 years of the NHS and still little improvement on the fundamentals - longer life in good health has decreased, particularly in some areas of Lanarkshire. This committee under the non-executive directors' scrutiny offers a unique opportunity to address some of the key issues impacting on the health of the population of Lanarkshire. HQAIC is an effective committee but the agenda is diverse and the Board decided to reallocate the governance issues directly affecting population health to a new Committee to allow a more detailed discussion to take place at this Committee, focussing on areas requiring improvement/identifying actions required/monitoring progress and bringing influence to bear where it can make the most impact. Mrs Morris noted early interventions to address health inequalities would be crucial and this Committee can help shine a light on that to ensure governance is in place and interventions are effective and measured.

- Discussion on other groups and links to the committee

Mr McGuffie noted there would be merit in bringing specific topics and projects to this committee for oversight, especially those issues which required focus further to their review at IJB. Mrs Barkby noted we need to ensure this committee is not replicating the work of other groups, the aim should be to provide assurance to the Board that there is a high level overview being taken and interventions are effective and meeting outcome targets. If these are ineffective consideration should be given to changing or adapting them.

Mrs Morris concurred with the discussions and there was unanimous agreement of the committee by the committee on the above and the consensus is HQAIC will deal with the broader topics and the detail will come to this committee through routes of clinical governance and population health :

- Child Health
- ACE
- Mental Health
- Sexual Health
- Screening programmes

A standing agenda item at the end of each meeting will be added to identify other areas or issues to be added as a result of discussion and targets will be set against outcomes which should be achievable but not complacent.

It was agreed part of the next meeting would be a development workshop to take the discussion further and refine the detail.

Mr Cannon noted the draft terms of reference circulated were a starting point which the Committee can review and the expectation is that all Board committees review these at least annually at the minimum, but as this group is under development this review could be undertaken at 6 month intervals. It was agreed other contributors would be invited to meetings to inform on specific agenda items.

The ToR were agreed as interim, and it was agreed to use these as a starting point for discussion around the Committees workplan and scope at the May meeting.

2018/05

ANNUAL REPORT OF THE INTERIM DIRECTOR OF PUBLIC HEALTH

Mr Docherty presented the 16/17 Annual Report to the Committee, the report is independent of the Board and requires to assess the health of the population of Lanarkshire and report back to Scottish Government. The report was presented to Board on 31 January 2018 and was well received, however it is important not to be complacent and to challenge public health and board to take stock and address any issues that are having a negative impact on population health.

To this end it was noted that a new section had been added to the report this year - Key issues and Dilemmas - one of which is staff flu vaccine uptake, which has improved to around 45% during the 17/18 period but is clearly an area where improvements could be made. There are also many areas of substantial improvement, such as oral health and resulting savings to the board which can be utilised elsewhere in the programme.

The committee was asked to endorse the report which had highlighted a number of priorities for action, dilemmas and challenges. Mr Docherty's challenge to the Board, Health and Social Care Partnerships and Community Planning Partnerships was to respond to the issues that have been raised and identify actions that will be taken and arrange focused seminar(s) to explore the issues in more detail.

The Committee agreed to endorse the annual report.

2018/06

BBV NETWORK PROGRESS REPORT

The Committee noted the report. Mr Docherty noted this report provides a flavour to the committee of the work of the BBV/Sexual Health Services network. Further to discussion it was agreed this would be a key topic for the committee to focus on - future reports should identify outcomes and targets and specify priorities and what is required from the committee to support these.

2018/07

NEW TOBACCO STRATEGY

Ms Mitchell presented the new tobacco strategy which has gone through a lengthy period of consultation and is brought to this committee for endorsement. It has been presented to the Directors of N&S HSCPs who have approved this strategy.

Smoking remains a major impact on ill-health and is a significant factor in inequalities of health. Those living in deprived areas are more likely to smoke and there are more deaths in NHSL from smoking related illness than any other board in Scotland. Tobacco control measures have a positive impact on poverty and will save national health services £1.1 billion annually so have a major impact on budget.

Prevention is key and staff use a holistic approach to support patients on smoking cessation, ACEs is part of this holistic approach. The programme is evidence based, undertaken as part of a needs assessment and clinical trials using and building on NICE guidelines.

Ms Mitchell stated that vaping is not licensed, Scottish Govt. have reviewed the evidence and a national consensus statement has been circulated. As a result vaping cannot be prescribed by NHS and staff continue to support patients to cease smoking through a variety of methods. There have been some significant improvements, however a key core group of smokers continue to be hard to influence, the work continues but the focus is on children/young people to try to prevent smoking. The strategy continues also to focus on preventing smoking on hospital grounds.

2018/08

SCREENING UPDATE

Mr Docherty noted historically screening programmes update has gone to HQAIC however it is now felt this committee would be a more appropriate forum to review and maintain an overview of the screening programmes in totality and the impact these have on population health.

Dr Sommerfield advised a screening risk register has been developed and is presented to CMT bi-annually, annual and exception reports have historically gone to HQAIC. Many of the screening programmes (Abdominal Aortic Aneurysm – (AAA), Bowel and Breast Screening) have a direct impact on health inequalities, effectively increasing the inequality and how we impact on that is an important area to focus on. Dr Sommerfield suggested this and uptake would be an appropriate focus for this committee.

Bowel screening uptake has gone up as a result of new more streamlined test but as a result the pressure on colonoscopy services increases.

Breast screening uptake has fallen; the target for 2017 was missed.

Cervical screening - NHSL is one of 2 boards bidding for additional lab capacity from Scottish Govt. the outcome of that bid is expected 27 March 18, update for next meeting. Training programmes for staff are now well embedded in the service.

Diabetic Retinal screening - uptake is 60% which misses the 2017 target as a result of a number of issues: new IT system, staff sickness absence and work is ongoing to address these, update for next meeting.

Pregnancy and new born screening - patient experience surveys are ongoing to inform service improvement and a new survey was introduced recently on Down's syndrome, other areas are being developed. Update for next meeting. Mr McGuffie noted there needs to be more link up in North to monitor screening uptake – the performance framework has highlighted inequalities of uptake and more monitoring support for localities is being put in place. Dr Sommerfield noted the programmes are national and compulsory and cost/benefit analysis is very clear. Mrs Barkby noted the committee needed key facts on the numbers/localities of uptake / barriers in some areas / how many Down's syndrome babies are missed.

Dr Sommerfield and Mr Docherty will discuss a timetable of what screening reports come to the Committee and when.

2018/09

ACCESS TARGETS REPORT

Mr McGuffie noted these are operational reports which are presented to various committees. It is important that the key points appropriate to this committee's health inequalities focus and agenda are teased out. Dr Pravinkumar suggested the committee should be looking at the underlying reasons why targets are not being met and develop strategies to address these. Dr Cook suggested developing a dashboard to focus on wider quality issues to sit alongside the targets – primary care/mental health/paediatrics. It was agreed this committee would look at exception reporting in the key focus areas. Mrs Morris agreed the focus should be on this committee impacting on improvement and making a real difference.

2018/10

AOCB

Mr McGuffie noted the Board Seminar recently had touched on inequalities and the need to have better oversight on the strategic decision making required to make an impact and paying due regard to the inequalities agenda generally in strategic plans - it was agreed to include inequalities on reporting templates.

Mr Docherty noted secretariat for committee meetings would rotate annually through Public Health/NHSCP/SHCP.

2018/11

RISK

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.

2018/12

DATE OF NEXT MEETING

Wednesday 23 May 2018, at 9.30am, in Meeting Room 3, Kirklands.