

ITEM 2

**Population Health & Primary
and Community Services Governance Committee**

Minutes from a meeting held on Microsoft Teams
on Tuesday 2nd November 2021 at 1.30pm

PRESENT:	Mr Ally Boyle (Chair)	Non-Executive Director
	Ms Celia Briffa-Watt	Public Health
	Mr Paul Cannon	Board Secretary
	Miss Stacey Connor	Business Support Manager
	Ms Morag Dendy	Head of Health NHSCP
	Mr Gabe Docherty	Director of Public Health
	Dr Cathy Johnman	Consultant in Public Health Medicine
	Mrs Maureen Lees	Non-Executive Director
	Ms Lesley McDonald	
	Mr Ross McGuffie	Chief Officer NHSCP
	Councillor Jim McGuigan	North Lanarkshire Council Nominated Councillor
	Mr Brian Moore	Non-Executive Director
	Dr Josephine Pravinkumar	Consultant in Public Health Medicine
	Mrs Elspeth Russell	Head of Health Improvement
	Dr Mark Russell	Associate Medical Director
	Mr Soumen Sengupta	Chief Officer SHSCP
	Ms Lesley Thomson	Director of Nursing SHSCP
IN ATTENDANCE:	Alana McGlynn (Item 11)	Health Improvement Programme Manager
	Shirley Mitchell (Item 7)	Stop Smoking Service Manager
	Sharon Murray (Deputy for Trudi Marshall)	Associate Director of Nursing-Care Homes
APOLOGIES:	Dr Jane Burns	Executive Medical Director
	Mr Craig Cunningham	Head of Planning, Performance & Assurance SHSCP
	Dr Linda Findlay	Medical Director SHSCP
	Mrs Marianne Hayward	Head of Health SHCSP
	Ms Christine Jack	Business & Operations Manager
	Ms Trudi Marshall	Director of Nursing NHSCP
	Ms Karen McGuigan	Consultant in Public Health

		ACTION
1.	Welcome and Apologies	
	The Chair welcomed everyone to the meeting and introductions were made; apologies were as noted above. Mr Boyle then explained that due to the considerable operational pressures, this would be a more	

	<p>constrained meeting than normal and that his intention is to have another meeting before the next scheduled meeting (March 2022). He discussed the future plans for developing the Committee and emphasised that this would be done together but only once system pressures allowed. He considers this to be a key Committee of the Board and particularly important during recovery.</p> <p>As lead officer for the committee the chair invited Mr Ross McGuffie to inform the committee of the key priorities going forward. Mr McGuffie discussed that he and the Chair are determined that we build the space to utilise the experience, enthusiasm and skills of committee members to not only provide assurance but also to identify and discuss key areas of challenges.</p> <p>Internal audit has recently commenced an audit and the basis is an Audit Scotland Report which has three recommendations. For one of the recommendations it pointed to the Population Health & Primary Care and Community Services Governance Committee as the committee that would be responsible for covering the aspects of it.</p> <p>The recommendation is “take action to meet the needs of those whose access to healthcare has been reduced as a result of the pandemic and monitor the long-term impact of this on health outcomes”. Dr Josephine Pravinkumar and Mrs Elspeth Russell are working on a piece work in response to this ask.</p> <p>This will be a key priority for the committee going forward, also another key priority will be the inequalities agenda.</p>	
2.	Declaration of Interests	
	There were no declarations of interest made.	
3.	Notes of Previous Meeting (26th August 2021)	
	The previous minutes were agreed as an accurate reflection of the discussion.	
	Miss Stacey Connor will work on updating the committee action list inclusive of previous meeting actions and share with the group.	SC
4.	Vaccination Programme Update	
	Mr Soumen Sengupta advised that due to a change in advice from the JCVI there is a need to vaccinate patients quicker than anticipated for the booster programme. This is creating a significant work force pressure in the system but discussion is taking place with the Scottish Government to manage this.	
	The initial success of the vaccination programme was due to obtaining staff from other areas but given the broader pressures now in the system need	

	<p>to consider work force requirements as a whole, looking at training more staff to undertake the vaccination work.</p> <p>The committee expressed their gratitude to all staff within the vaccination programme and the work they have undertaken.</p>	
5.	Weekly Briefing: Covid 19	
	<p>Dr Josephine Pravinkumar advised 328 positive cases have been reported today. The paper shared with the committee shows a decline in figures although there has been a slight increase in North Lanarkshire, there has also been a delay with results coming from the labs which effects the figures.</p> <p>The positivity rate is roughly 10%. There is an expectation that figures will significantly rise due to a number of factors-after COP26, inclement weather and more socialising; plans are being drafted to manage this.</p> <p>Nationally discussions are taking place to decide the future of contact tracing and how the service will be aligned going forward. Waste water is showing a slight increase in cases which is being closely monitored also.</p> <p>There have been some cases in those double vaccinated which is being looked into. Community test has been making good progress with the mobile test units having a high uptake.</p> <p>The committee noted the update report and noted their thanks and appreciation for the work of the Public Health team.</p>	
6.	Risk Register	
	<p>Mr Paul Cannon brought the committees attention to the high risks within the risk register report shared. The high risks are identified as the following:</p> <ul style="list-style-type: none"> • Acute sector bed capacity. • Capacity to respond to ongoing challenges of the Covid 19 pandemic, new variants & other respiratory pathogens. • Delayed discharge performance & impact. • Insufficient preparation for large scale events- COP26 being held in Scotland. • Sustainability for the 2 site model for the OOH service. <p>Mr Soumen Sengupta noted that a letter has been drafted to highlight the issues around the 2 site model for the OOH service to the Chief Executive. There are continued challenges on a weekly basis for the service so more discussions are required around the viability of the service.</p> <p>The next NHS Board meeting will take place on 15th December 2021. Mr Cannon proposed that he will work with Carol McGhee to update the risk</p>	PC/AB

	<p>activity after today's committee with the chair signing this off to be submitted as an addendum to today's minutes. The committee agreed this proposal.</p> <p>Mr Brian Moore stated that the committee should have an understanding of the difficulty and resources available in the system. He requested an update on the Care at home work including the added value.</p> <p>Mr Soumen Sengupta will bring a more detailed report to the committee on this in due course. Going forward the committee will continue to focus its discussions around the risk register.</p>	SS
7.	No Smoking Policy	
	<p>Ms Shirley Mitchell attended today's meeting to update the committee on the main changes to the no smoking policy.</p> <p>A main change is the removal of exception smoking rooms- there will be no smoking rooms across any NHS Lanarkshire estates; the last room to be closed was in Cleland. There has been a delay in the legislation being implemented which makes it illegal to smoke within 15 metres of a hospital building, the Scottish Government have advised it should be implemented in October 2022.</p> <p>Due to the ongoing system pressure staff from the team have been redeployed to support home care and paediatrics, the team have done some remedial action around no smoking but not been able to fully undertake the work required.</p> <p>The chair raised concerns around building too much expectation around the change in legislation as continual enforcement action would be challenging for Police Scotland to resource in addition he was concerned that the proposed bi-annual spot checks would not be sufficient to build a clear understanding of the scale of the problem. Ms Shirley Mitchell noted not on track to achieve 5% rate at the minute. However, the new Public Health priorities should allow more collaborative work in future.</p> <p>A main issue for the team is there is currently no information analysis support, which is hindering the team's ability to analyse key data. Ms Shirley Mitchell will report back to the committee when this resource is available to look at key data. There is a proposed mitigation in place but awaiting approval. Mrs Elspeth Russell reassured the committee there is a national shortage of data analysts which is effecting different programmes. The Chair added that this was clearly an area of concern for the Committee and that they would wish to see some reassurance about this being resolved.</p> <p>Mr Brian Moore queried if we have a targeted approach to bring in required improvements. It was noted have recently completed a review of tobacco control which has some recommendations to help manage reductions in</p>	SM

	<p>deprived areas. Also doing work with community pharmacy to review footfall attending pharmacy's and where they are coming from. There is also working being undertaken by the child poverty group to look at mapping deprived areas so that they can be offered extra support.</p> <p>Mrs Russell explained that this paper covered only a part of the broader full system work that was being completed around smoking cessation. The Chair expressed support for this and that once pressures allowed, the Committee would be interested in seeing an update on the wider impact of this work and how it linked together.</p>	
8.	Mental Health Strategy Update	
	<p>In response to a comment on format, Mr Ross McGuffie advised there was a previous agreement that the committee would support papers on any templates so this is why the report has been shared on the IJB template to reduce workload. This was supported by the Committee as long as there was clarity if the 'ask' to them was different from that in the paper.</p> <p>There is a significant change programme being developed around CAMHS, the report provides an update on the programme; the 4 main work streams are back up and running. Working on updating the implementation plan in line with work streams which should be completed by the end of the month and the updated plan will be brought back to the committee when finalised.</p> <p>Regular updates will be shared with the committee to show progress for individual work streams. Have made progress with accommodation and e health work which were part of the corporate asks.</p> <p>The chair asked if there has been any delay around the Udston timescales for the building. Mr Ross McGuffie advised there is ongoing progress, there has been a little cost increase which is being supported by the CAMHS funding but that this shouldn't impact on timescales. There is a 6 months' time lag for recruitment but the Scottish Government have confirmed can use the shortfall to pick up additional costs.</p> <p>Mrs Maureen Lees asked around governance processes as there is now an updated structure and she wanted to ensure that this Committee was a key part of the structure. It was noted that Maggs Thomson is reviewing the structure as part of the initial strategy. Mr Ross McGuffie will bring back the governance structure in the next update paper.</p> <p>Mr Brian Moore asked about link workers funding stopping what is the approach and are we engaging with the 3rd sector. Working to bring together in a more collaborative approach. The MHPC policy directive will support this formally bringing structures together with national work which is ongoing.</p>	<p>RMcG</p> <p>RMcG</p>

9.	Terms of Reference	
	The chair, Miss Stacey Connor & Mr Paul Cannon will work on updating the terms of reference and share with the group to be ratified.	AB,SC,PC
10.	Key Performance Issues	
	<p>North Access Report</p> <p>Mr Ross McGuffie stated there is a continued pressure across the system for delayed discharges, 56 delays in the North. A number of organisations have handed back some care packages to the service which is challenging. Trying to increase capacity across the system, planning to bring work on path finders to a future committee.</p> <p>CAMHS RTT siting in an okay position currently more urgent referrals are coming through which is effecting the reports so need additional capacity though recruitment. SLT is looking at the podiatry service to bring in additional capacity to the service. Looking at getting more clinical accommodation to manage waiting lists.</p> <p>Mrs Maureen Lees advised the committee of a personal experience in relation to diabetic care where someone was given a separate appointment for eyes and foot care. She wondered if there is any opportunity to streamline the service as this would improve efficiency and more importantly the experience for patients. Dr Cathy Johnman will work with Mr Ross McGuffie on this.</p> <p>South Access Report</p> <p>Mr Soumen Sengupta advised there are 75 delayed discharges in South, although this is an improvement in line with current pressures particularly with care home services. There are challenges with recruitment. Considering how to train staff rather than staff moving about between areas which creates other vacancies. It was noted there was 907 calls through OOH last week but only 10 patients were redirected to other services.</p> <p>Internal audit has asked how we identify those who have had issues accessing service which is being looked into.</p> <p>The Chair thanked Mr McGuffie and Mr Sengupta for their updates and explained that these would be key areas of focus as the Committee provides assurance around the recovery process.</p>	<p>RMcG</p> <p>CJo/ RMcG</p>
11.	Local Child Poverty Action Reports	
	The Chair explained that due to the timing required, these reports had already been to the CMT and Board meeting but that this was such an important area of focus for the Committee that he wanted to ensure they were presented to colleagues and that an initial discussion could take	

	<p>place. The intention for the Committee is that thematic discussions or development sessions would be facilitated around priority areas and that this would be one of them.</p> <p>Ms Alana McGlynn attended today committee to present this report, it was noted there has been a difference between north and south Lanarkshire plans over the years so now working to bring them more into line with each other and sharing what work has taken place in each area. This obviously presents an opportunity to reflect on what has worked well in the past and incorporating this learning within the updated plan.</p> <p>The report includes a summary paper to show actions and measures. In order to allow members to consider this report in isolation Miss Stacey Connor will share the separate paper.</p> <p>The Chair thanked Ms McGlynn for her contribution and reflected on the clear support that the papers had generated. It was clear from this and the enthusiastic support the papers had received that the Committee were very keen to see this work progress. He pointed out that it had been agreed at Board that a progress update would be required in six months and that this would come to the Committee in the first instance.</p> <p>In response to this paper, and earlier discussion during the meeting, there was a question raised by Mrs Maureen Lees around the Anchor Institution work and where this would be considered. The Chair replied that although the expectation is that this work would be considered across the organisation and indeed the whole system, there would need to be a single point where this would be scrutinised in the first instance. The Board would of course have expectations and reporting requirements, but the chair felt that as the Board's main Committee in relation to inequalities, it would be natural for the wider consideration and assurance of impact to be a priority area of focus for the Committee. He will discuss this with the Chair of the Board.</p>	SC
12. Risks		
	The committee did not note any new or updated risks.	
13. Reporting Timetable/Workplan		
	This will be updated and circulated to the group in due course.	
14. A.O.C.B		
	There was none.	