NHS Lanarkshire

ITEM 3

Item 11

Population Health & Primary and Community Services Governance Committee

Minutes from a meeting held on Microsoft Teams
on Tuesday 5th July 2022 at 2pm

PRESENT:	Mr Ally Boyle (Chair)	Non-Executive Director
	Mr Paul Cannon	Board Secretary
	Miss Stacey Connor (Minutes)	Business Support Manager
	Mr Phillip Couser	Non-Executive Director
	Mr Craig Cunningham	Head of Commissioning & Performance
	Ms Morag Dendy	Head of Planning, Performance & Quality
	Dr Linda Findlay	Medical Director SL HSCP
	Dr Cathy Johnman	Consultant in Public Health Medicine
	Mrs Maureen Lees	Non-Executive Director
	Ms Trudi Marshall	Director of Nursing NHSL
	Mr Ross McGuffie	Chief Officer NHSCP
	Dr Josephine Pravinkumar	Director of Public Health
	Ms Lesley Thomson	Director of Nursing SCHSCP
	MS Maggs Thomson	Head of Health HSCP
	Ms Vicki Trim (Deputy for Kerri Todd)	Senior Health Improvement Manager
IN ATTENDANCE:	Mrs Kirsty Orr (Item 8)	Head of Planning & Development
APOLOGIES:	Ms Celia Briffa-Watt	Public Health
	Dr Jane Burns	Executive Medical Director
	Mr Neil Findlay	Non-Executive Director
	Mrs Marianne Hayward	Programme Director for DWD
	Ms Christine Jack	Business & Operations Manager
	Ms Claire Rae	Head of Health & Social Care
	Ms Elspeth Russell	Public Health
	Dr Mark Russell	Associate Medical Director
	Mr Soumen Sengupta	Chief Officer SHSCP
	Ms Kerri Todd	Head of Health Improvement

ACTION

1. Welcome and Apologies

The Chair welcomed everyone and apologies were as noted above.

2. Declaration of Interests

There were no declarations of interest.

3. Notes of Previous Meeting (3rd May 2022)

The previous minutes were agreed as an accurate reflection of the discussion.

4. Matters Arising/ Rolling Action List

There were no matters arising.

The rolling action list was updated to reflect the work progressing.

5. Corporate Risk Register

Mr Cannon advised there is a risk workshop planned to take place on 18th July which will re shape the reports coming to committees in future. Some minor changes are required to the owners of risk for example the OOH risk sits with Soumen Sengupta and the Population Health Committee but there is a risk relating to the sustainability of Primary Care Services that had Heather Knox as the owner and sat with PPRC.

Mr McGuffie advised had a meeting with Carol McGhee to develop an assurance template, the CAMHS team is trialling this with their service risk and it will come back to a future population health committee for review.

Mr Couser queried do the risks outlined sufficiently capture the risks for independent contractors when we do not have access to the data set to get assurance for them. Mr Cunningham advised it is challenging to get this data but have been working with 1 or 2 practice but do recognise this may not be a full picture as different practices will have different issues. Mr Boyle suggested need to consider starting to map out our asks and any data gaps that are preventing us from gaining assurance around the delivery of these services. It was suggested by Mr Couser that consideration be given to identifying this as a corporate risk.

Mr Cannon will review and reflect the committee's discussion today to consider if a separate risk is required or if it can be built into a current risk. **PC**

Ms Less asked where are we with the vacancies analysis- Mr McGuffie advised have recruited well but does not tell the full picture with staff retirements etc.

The paper noted the following updates for risks for this committee.

One (1) risk has been de-escalated from corporate to operational level:

Risk ID 1703 - There is a risk that NHSL cannot fully respond to the safe and effective management of self-presenting casualties contaminated with chemical, biological or radiological substances as there is insufficiency in trained staff with supporting systems to safely deploy, resulting in the potential for an adverse impact on staff, person(s) affected and potentially business continuity.

This risk has been reviewed and agreed it should sit with the Public Health Risk Register and the Resilience Team, as the mitigation sits with them. Only if they think that the risk cannot be mitigated, or needs to be escalated, should it sit on the Corporate Register. The issue is that although the preparations for COP26 meant that the risk was largely mitigated, we know that key personnel have moved on, and the plan requires a further refresh.

Mr Boyle requested that an update is brought to the committee around this risk, actions to date and our current view of the level of risk and mitigating actions.

One (1) new risk has been identified within this reporting period to be overseen through the population health, primary care and community services governance committee:

Risk ID 2150 - There is a risk that some GP practices across Lanarkshire will not be able to sustain delivery of services due to overall workforce (recruitment and retention) issues as they respond to clinical requirements. This has the potential for loss of provision of primary care services.

Note- This new high graded risk is owned by H Knox, and replaces risk ID 2086* that was overseen by the planning performance and resource committee.

The committed noted the risk updates.

6. PCOOH

The paper tabled provides an overview of the Primary Care Out of Hours Service (PCOOH); the challenges it faces; its positive performance despite these challenges; the summary feedback from the review of the existing project plan; and next steps proposed to manage these challenges moving forward.

The Committee are asked to be understanding and respectful of the fact that due to the scheduling of meetings, South and North Lanarkshire Integration Joint Boards (IJB)s members have yet to have this material presented to them and the report should therefore be treated with sensitivity and confidentiality should be maintained as required. We will bring forward reports to discuss with both IJBs at the next opportunity.

Dr Findlay advised the paper is to endorse the urgent care development model within structures. In the 2015 a review was undertaken by Sir Lewis Richard which highlighted the adverse consequences of move OOH responsibility from GPs to Health Board. Challenges faced in Lanarkshire are faced across all of Scotland. OOH will be delivered by multi- disciplinary teams to reduce reliance on GPs, professionals change over time as skills and competencies are developed. Horizon 1& 2 describe where we are now with Horizon 3 outlines where we plan to move to.

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Mr Couser queried in horizon 1 there are parts that have long timescales so trying to understand timescales around the plan overall. Dr Findlay noted need to working through Horizon 3 in tandem with Horizon 1&2 to allow the work to progress. Need to consider what would be attractive incentives for salaried GPs to join the service going forward.

Ms Thomson highlighted training timelines, we don't have a readily available workforce but continue to run recruitment–average time to train an Advanced Nurse Practitioner (ANP) is 2 years although this can be condensed to 18months. Mr McGuffie noted the complexity of governance arrangements for the service. Proposal is to have a joint session with both North and South IJB committee members which was supported by both committees.

Ms Orr advised GGC had adapted recommendation for Sir Lewis Richie review with an urgent care resource hub. There is not a standard model but pockets of the recommendations implemented but all are struggling with staffing.

Mr Boyle queried what are the cost implications of the new model. Dr Findlay advised difference finance for sessional and salaried GPs. Ms L Thomson added when looking at moving from GP lead model to multidisciplinary teams there was not an ask for financial support at the initial redesign but if we move into a broader urgent care model this may change.

The committee noted the report and await further updates.

7. Abdominal Aortic Aneurysm Screening Programme in NHS Lanarkshire Annual Report 2019-2021

During the 2022, it has been possible to increase clinic capacity, and the number of appointments is now greater than pre-pandemic levels. The average number of appointments in the period January-April 2022 was 52.6% higher, than in a similar period of 2019 (pre-pandemic). Therefore, NHS Lanarkshire is now in the process of addressing its backlog. Based on this level of recovery, and a sustaining this increase in the number of appointments being offered each month, the AAA screening programme will take an estimated 6-7 months to catch-up to a point where all 65 year olds will have received their initial screening appointment before they turn 66 years of age.

NHS Lanarkshire's slower recovery is seen across all SIMD groups, and there continues to be evidence of inequalities. When compared with the whole of Scotland, the recovery inequality gradient in 2020/2021 is much less, when comparing SIMD 1 to 5. For 2021/2022, the numbers are small, making comparisons challenging.

Covid-19 demands on acute services, and the complex nature of the vascular surgical interventions, has resulted in significant delays for screening participants being assessed by a vascular specialist, and for having their AAAs repaired. While other Health Boards have similar issues with vascular

surgery delays, NHS Lanarkshire has had particularly prolonged periods of significant unprecedented pressures on services and service configuration issues. Therefore, since the pandemic started, NHS Lanarkshire has also been unable to meet the vascular surgery KPIs.

Both the delays to initial screening appointment and vascular surgery delays have been added as risks to NHS Lanarkshire's Risk Register and appropriate risk management processes are in place.

The committee noted the report.

8. Evaluating the impact of Our Health Together

Mrs Orr attended today's committee to brief members of the approach for evaluating impact of our health together; want to take an impact approach. Seeking support from the committee to strengthen robustness of the work. Keen to assist with recovery and create resilience across the partnership as we recover from covid. It is planned to have the 6 outcomes listed below started in February:

- Lanarkshire's life expectancy is better than the Scottish average
- Lanarkshire's inequalities are lower than the Scottish average
- Lanarkshire's mental wellbeing is better than the Scottish average
- Lanarkshire's clinical outcomes are better than the Scottish average
- Lanarkshire's carers are supported to look after their health & wellbeing
- Lanarkshire's communities are compassionate and resilient

Ms Marshall questioned for life expectancy have they considered using the measure for healthy life expectancy as it ties in better with the adult work on going. Mrs Orr will take this to the SDT for consideration. **KO**

Mr Couser noted if we are behind the Scottish average may be harder to improve. How are we ensuring aligning with community planning partners for outcomes. Mrs Orr will take this back to SDT to see how would re word outcomes to link better. **KO**

Mr Boyle queried if, along with having a lower number of higher level outcomes, there are other learning from the achieving excellence journey. It would be useful to use that not only to establish a baseline but also to reflect on what has been achieved over the lifetime of the previous strategy. Mrs Orr to consider this going forward.

9. Equality Act 2010

Ms Dendy advised the paper shared outline day to day mainstreaming of how we address equalities. Recognising the changes over the last few years with Covid and Brexit. The IJB is required to achieve the 9 well-being items and endorse the SCP, these will be reviewed as the SCP progresses. The paper shared today has been taken to North IJB committee, awaiting some comments from VANL to strengthen wording within the report for third sector organisations.

Mr McGuffie noted at the IJB discussed the Monklands redesign and covid vaccine programme which made good use of EQIAs and looking at this on a whole system process for other work. Exploring the potential of having a small team to provide specialist support for equality in planning stages of projects.

10. Investment in IT To Support Care Delivery

Mr McGuffie advised the GP clinical systems were expiring in May 2019 there is a contract in place just now there are 3 system suppliers. The paper notes some of the gaps to support shared access into GP clinical records. This has been approved by both IJBs to progress. Paper shared for noting.

There is a broader range of IT development through North IJB have agreed to bring back a report to outline these developments in more detail; which can also be shared with this committee. The federation of office 365 is being rolled out in Lanarkshire, will start to get shared calendars and share spaces for Health and Council employees.

The committee noted the paper.

11. Strategic Commissioning Plan

Ms Dendy advised the paper shared today outlines how we approached the strategic commissioning plan and the development of the 9 Local Improvement Plans. The theme from these plans include MH and Wellbeing, food poverty and broadly community engagements. Undergoing transformational changes but need to be mindful of developments to feed into SCP.

The committee noted the report.

12. Vaccination Programme Update

Mr Cunningham advised continuing to make good progress for the vaccine programme and those included in Spring booster cohorts has been higher in Lanarkshire compared to national performance. The committee had requested information on work undertaken to address health inequalities this is provided under section 3.5 of the report. Made a number of permanent appointments there is some discussion with Director of finance and Scottish Government colleagues, awaiting clarity for allocated funding for some roles. Mr Boyle thanked Mr Cunningham for the further detail around addressing inequalities and queried if we know how successful we are for 5th doses of the vaccine- Mr Cunningham advised not got this data at present.

13. Weekly Briefing: Covid 19

Dr Pravinkumar advised reporting in 1 in 18 has covid and 16 care homes are reporting out breaks. Not seeing any increase in ICU admissions. Currently

not had analytical report but can see re infection rate is sitting around 23% for Lanarkshire which is similar in Glasgow with 16% rate in other areas.

Testing is difficult monitor due to change in testing requirements, although waste water surveillance is showing an increase. May see increase in figures in winter due to increase of more indoor activities and starting to see reports of increase in flu activity in other areas. The work around Monkeypox out breaks has added to the public health team's workload.

Mr Boyle queried with the increase in infections will it change the public health guidance. Dr Pravinkumar advised there is uncertainty for the winter period and there already current pressures with staff absences, so guidance could change.

14. Items for Approval

There were none.

15. Key Performance Issues (Exception Reports)

a. North Access Report

It was noted the report has already been presented for scrutiny and assurance to the PPRC committee but was supplied here for the information of the committee.

b. South Access Report

It was noted the report has already been presented for scrutiny and assurance to the PPRC committee but was supplied here for the information of the committee.

16. Risk Update

Mr Boyle noted the risks discussed throughout the committee particularly under the risk agenda item.

17. A.O.C.B

There was none.

18. Date of Next Meeting

1st September 2022 at 2pm