Population Health & Primary and Community Services Governance Committee

Minutes from a meeting held on Microsoft Teams
on Tuesday 1st March 2022 at 2pm

PRESENT:	Mr Ally Boyle (Chair)	Non-Executive Director
	Miss Stacey Connor (Minutes)	Business Support Manager
	Mr Craig Cunningham	Head of Planning, Performance & Assurance SHSCP
	Ms Morag Dendy	Head of Health NHSCP
	Dr Linda Findlay	Medical Director SHSCP
	Mr Neil Findlay	Non-Executive Director
	Ms Christine Jack	Business & Operations Manager
	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
	Councillor Jim McGuigan	South Lanarkshire Elected Councillor
	Mr Brian Moore	Non-Executive Director
	Dr Josephine Pravinkumar	Director of Public Health
	Mr Soumen Sengupta	Chief Officer SHSCP
	Ms Kerri Todd	Head of Health Improvement
IN ATTENDANCE:	Mr Philip Couser	Non-Executive Director
	Mr Martin Hill	NHS Board Chair
	Ms Claire James (Shadowing)	Vice Chair ACF
	Ms Carol McGhee (Item 12)	Corporate Risk Manager
	Mr Donald Reid	Non-Executive Director
	Ms Hina Sheikh (Item 13)	Equality & Diversity Manager
APOLOGIES:	Ms Celia Briffa-Watt	Public Health
	Dr Jane Burns	Executive Medical Director
	Mr Paul Cannon	Board Secretary
	Mrs Marianne Hayward	Head of Health SHCSP
	Ms Elspeth Russell	Public Health
	Dr Mark Russell	Associate Medical Director
	Ms Lesley Thomson	Director of Nursing SHSCP

ACTION

1. Welcome and Apologies

The Chair welcomed everyone and apologies were as noted above. Special welcome was made to Mr Couser and Mr Reid as new non-executive directors. Also to Mr Hill who has taken up the role of the NHS Lanarkshire Chair.

2. Declaration of Interests

There were no declarations of interest made.

3. Notes of Previous Meeting (19th January 2022)

The previous minutes were agreed as an accurate reflection of the discussion, subject the below minor amendment being made.

Item 8 - To note that PH directorate paused other work to support health protection team to manage the increase in cases. Support also sought from health Improvement. colleagues to manage the surge.

4. Matters Arising/ Rolling Action List

There were no matters arising.

The rolling action list was updated to reflect the work progressing. The focus now will be on ensuring every item has a completion date assigned to it.

5. Terms of Reference Approval/Programme of Work

Mr Boyle asked the committee to consider the terms of reference document tabled for sign off on the understanding it is a working document. Mr Hill queried where would data sit and would it be managed by the committee. Mr McGuffie advised this has been a work in progress so it is hoped that the role of this committee will be looking at the data through a different lens to satisfy the goals of this committee.

Ms Jack noted she is working with Mr McGuffie to pull together a paper to look at the longer vision for the committee and the work required to support this. When the strategic objectives are set by the Board it will guide the direction of the committee.

Mr Boyle proposed Mr Cannon will take the terms of reference back to the Board for sign off and for the committee themselves to agree the document; this was agreed. **PC**

Mr Boyle advised that he would like to really drive the prevention opportunities available and set the strategic direction of the committee. The committee will focus on the Terms of Reference and providing critical scrutiny on behalf of the Board and the agenda will have a focus around the risks belonging to the committee. Mr McGuffie advised the initial work plan created for the group was the important topics going through the other committees (e.g. IJBs, CMTs) it still requires some work to full suit this committee's aims. We are looking at outputs from the community planning partnership sessions on inequalities and prevention, considering key areas for this committee to take a thematic approach to the agenda setting going forward. There will be a real focus on prevention and our approach as an anchor institution going forward.

An area of interest from internal audit has been how the population has been affected by restricted access to care during the pandemic and how this has been rectified along with identifying the long-term impacts of this on the health of the population.

The committee welcomed this approach.

6. South Lanarkshire Strategic Commissioning Plan

Mr Cunningham presented the committee with a presentation on the South Lanarkshire Strategic Commissioning Plan. He outlined the engagement process that was undertaken to pull together the 2022-25 plan.

There were 14 key priorities identified for the new plan:

- Delivering statutory/core services
- Early Intervention, prevention and health improvement
- Mental Health and Wellbeing
- Carer support
- Models of self-care and self-management
- Seven-day services
- Intermediate care
- Suitable and sustainable housing
- Preventing and reducing homelessness
- Enablers to support better integrated care
- Single point of contact
- Unscheduled care
- Transitional arrangements
- Recovery from Covid

Mr Sengupta brought attention to the strong focus on the community ‘voice’, and how this links with realistic medicine and priorities outlined, need to ensure the right support and time is provided for patients but also for an appropriate time period.

Mr Boyle queried when do we start reviewing the outcomes from the last strategic plan to compare to what has been achieved. Mr Soumen advised a report has already gone to the South IJB report to outline progress to date, as they are the key governing body. This can be shared with the committee if required. He highlighted there is not equal data available across all community services so need to be aware of this when reviewing outcomes.

Mr Couser asked has there been a population needs assessment pulled together from Public Health intelligence available. Mr Cunningham advised part of the plan has undertaken a needs profile for each locality including information on demographics, long term admissions and rate of admissions to hospitals. When undertaking the overall main plan each locality is asked to create plans on how they will deliver the priorities within their localities, also taking into account national indicators.

The committee noted the report.

7. Responding to Whole System Pressures

Mr McGuffie advised there has been a number of whole system pressures across Lanarkshire including workforce pressures, reduced capacity due to social distancing, length of patient waiting list times and increased demand overall. He provided the committee with an overview of all the work undertaken in both partnerships to manage the demand within hospital at home, care at home & high resources users. He also outlined how the partnerships will manage the allocation of the Winter Planning funding within North and South business cases. This will be done in a way that focuses on a home first approach, expanded use of hospital at home and on prevention and early intervention. He also took the committee through an example of this with building support around high resource users.

The chair noted the committee needs to consider how do we take the learning to consider the journey patients have been on begin to understand at what stage could intervention and support be provided to change the outcomes.

Mr Findlay queried the feasibility of recruiting to the significant volume of posts within the business cases and drew attention to the potential risk of delivering the proposals if the posts are not recruited to. Mr McGuffie noted both partnerships had tried to best develop the model with a degree of flexibility to allow the model to be shaped as it progresses. There is recruitment already underway which has been well received. For some posts which are non-recurrent they are being advertised on a permanent basis to maximise potential candidates.

Mr Couser queried how do we get better at identifying people before they become high resource users to align the rest of the preventative agenda to manage this early on. Mr McGuffie advised looking at how to main stream principles and promote early interventions. Ms Marshall also advised considering how to share the learning gained and how the work streams are embedding the learning going forward; need to reflect and link to the strategic commissioning plan going forward. Have already tried to undertake some work with individuals identified in a downstream stage but the individuals were not ready to engage.

Ms Todd noted to do person centred work it is sometimes difficult to manage under national targets as it hides the inequalities gap in data behind the numbers. It was considered to use a matrix score a one point but this was not suitable at this time.

Mr Moore queried are we being ambitious enough in terms of hospital at home capacity. Mr McGuffie replied currently at the pragmatic limit but acknowledged this is not the end model hoping to see future expansion. Ms Marshall advised the service is currently a consultant delivered service which differs for a consultant led approach which has more Advanced Nurse Practitioners (ANP) posts.

Mr McGuffie stated really need to take a focus on this as part of the health care service refresh, need to consider priorities to allow staff the time to undertake the work required.

The Committee was asked to endorse the approach outlined and request that progress updates be built into the Committee work plan so that the impact of the investment can be tracked. This was agreed by the committee.

8. Carers Support & Services

A report was tabled by Mr Soumen & Mr McGuffie to provide an update of the support in place to support Carers across our communities and the ongoing Implementation of the Carers (Scotland) Act (2016).

The chair queried are we working with private organisations to offer support to them and encourage them to become carer friendly employers. Ms Dendy advised the plan does include the private sector, as during the pandemic links with these organisations has been strengthened.

Mr Findlay asked how do we ensure managers are flexible with employees to allow them to still undertaken their caring responsibilities while being employed. Mr Cunningham noted there are options open to individuals through different policies from carers leave and the flexible working policies within both the NHS and Council.

The committed noted the report.

9. Vaccination Programme Update

Mr Cunningham provided an update of progress to date with the vaccination programme; the future programme as currently understood and of the ongoing issues being managed in the service.

Currently in Lanarkshire for over 18 year olds have delivered 95.6% 1st doses, 91.1% 2nd doses and 77.7% booster doses. Maximising opportunities for staff that have not received their vaccines to be offered. Those in the immunosuppressed category are likely to require a 5th dose in June but this has not been confirmed. Looking to allocate permanent contracts where finances allow to staff the vaccine programme.

There have unfortunately been a very small number of vaccination errors where significant debriefs have been undertaken. These debriefs include external public health inputs as part of this for any lessons learned which can be shared with other health boards.

The chair queried whether our figures reflected those from England around poor uptake from the Black, Asian and Minority Ethnics (BAME) communities. Mr Cunningham advised there has been data collected at a national level to demonstration the variance of uptake within different cultural groups. Looking

at working with influential leaders in communities and pop up clinics to maximise uptake.

10. Covid 19 Update

Dr Pravinkumar provided the committee with an update on Covid 19. A total of 837 new cases were reported on 24th February in Lanarkshire and a total of 7,195 cases in Scotland, which is similar to the numbers reported on the same day in each of the last two weeks.

As of today there were 1008 cases in Lanarkshire from PCR test and reinfection cases, so need to monitor the trend. Hotspot identified in South Lanarkshire is East Kilbride and in North Lanarkshire Coatbridge. Lanarkshire is now rated 9th for case burden.

Care Homes has seen an increase in a number of out breaks, currently there are 28 homes with outbreak scenarios. Starting to see an uplift on the number of cases hospitalised most patients are those who are un vaccinated.

From April there may be less access to LFT. The focus of test and protect will be for clinical vulnerable groups. It is likely other variant mutants will arise so working on planning scenarios on how to manage going forward.

The chair queried is there a way being considered how to communicate with immunosuppressed patient so that they can understand the risk in their area and factor that into their behaviours. Dr Pravinkumar advised we are promoting testing and being aware of other symptoms. It is also dependent on behavioural patterns within communities.

The chair queried how are we managing large scale workplace outbreaks. Heath protection principles for managing work place outbreaks will be used in these cases and offering surge testing.

Mr Hill queried due to the reduced level of flu vaccination programme has the level of flu increased this year; there has been no significant increase in flu or any other respiratory pathogens.

11. Screening Overview

This paper is to provide an update to the Population Health, Primary and Community Services Governance Committee of the current issues across population screening programmes in Lanarkshire.

From March 2020 to Aug 2021, screening co-ordinators were fully redeployed into the pandemic response. From Aug 2021, work has focussed on recovery of the coordinator role (quality assurance, quality improvement and overall coordination and oversight) while continuing to respond flexibly to the ongoing demands of the COVID -19 pandemic. Annual reports have not been completed during the pandemic period as a result of redeployment of

screening coordinators responsible for screening programmes but a catch-up programme is being scheduled for this work.

Dr Johnman advised have expanded the team to have a programme manager and quality improvement monitor. There is the Health Improvement screening action plan which links to this work too.

There is a national screening adverse event currently on going relating to cervical cancer it was due to being un clear after a hysterectomy if the cervical remains patients should still be attending smear appointments. As this was not clear patients were not included as part of the screening programme. Plan to bring a further report back to the committee around the responsibilities of the Board and finances required for this. **Dr CJ**

It is proposed to bring an update to the committee every 6 months and annual reports for particular screening programmes. The committee welcomed this. **Dr CJ/JP**

Ms Lees noted for the closure of the facilitator programme what will be the impact to Lanarkshire of this and the impact of the temporary pause of the over 70s breast screening programme. Dr Johnman advised looked at the gap this will create and how this can be addressed going forward. She will pick up the over 70s breast screening programme off line, to send Stacey information to be shared with the committee.

Mr Hill asked is there pre-school hearing loss screening currently offered. Dr Johnman advised the screening programmes are nationally defined but there is a neo natal audiology test undertaken and the pregnant and new born screening programme continued to run throughout the pandemic.

Mr McGuffie advised doing a bit of work with Public Health Scotland around screening inequalities have started a pilot with NHS Lothian. Have started some work on the bowel screening programme and community based support offered. There is a wide range of workshops being ran. Mr McGuffie will bring an update report to the committee when complete. **RMcG**

The chair noted that the committee going forward would be interested in outcomes as well as outputs, trajectory for recovery for the screening programmes and any developments to the process as a whole. He discussed that this was one of the areas where we need to identify and consider what the long-term health implications are of the period where access to screening was restricted due to the pandemic.

12. Corporate Risk Register

Ms McGhee advised there have been some material changes made to risk for the committee these changes are:

Closed Risk
Risk ID 1587- There is a risk that the 2 site model of delivery of an Out of Hours (OOH) service cannot be sustained resulting from national and local

disengagement of salaried and session GMPs which has been exacerbated by the current COVID pandemic.
Note
This very high graded risk, owned by S Sengupta, has been closed and replaced by a new risk ID 2126 with a focus on the sustainability of the service rather than a focus on the 2 site model.

New Risks Identified
Risk ID 2126- There is a risk that the Out of Hours (OOH) service cannot be sustained due to an insufficient supply of GP's to meet the workforce demand, particularly at peak times, compounded by a shortfall of supporting advanced practitioners. This has the potential for delayed treatment, impact on other services and adverse reputation for NHSL.

This very high graded risk is owned by S Sengupta and replaces risk ID 1587 above.

Material Note of Change for Risks Reviewed within this Reporting Period
Risk 2085- There is a risk that NHSL will not have the capacity to respond to the ongoing COVID-19 pandemic and emerging new variants, as well as other respiratory pathogens, particularly over the winter period due to surge demand and impact on the workforce. This has the potential for immediate disruption to services and workforce with medium and longer term impact on sustainability and recovery.

Note of Change
Risk level and tolerance both reduced to **medium,** with a change to the description reflecting the current position.

Risk 1992- There is a risk there will be loss of continuity of management and oversight of essential public health functions (screening, immunisation, BBV, health protection, non-covid epidemiology and surveillance, resilience) due to public health resource being prioritised to the pandemic response as covid-19 continues to mutate and spread. This has the potential to adversely impact on population health outcomes, identification and early alert to non-covid emerging health protection issues and widening of health inequalities.

Note of Change
Tolerance for this risk has been reduced to medium noting the investment approved. Risk level will be assessed against the implementation of the investment at the next review.

Risk 1903- There is a risk that NHSL cannot deliver as expected on the national and local Test & Protect (T&P) programme resulting from a range of issues that include dependency on the timely launch of the national digital requirements; local and national workforce capacity both short and long term and the laboratory capacity with consumables (reagents) and appropriate funding to maintain and sustain the T&P service. This has the potential to create delays in identification of cases and contacts resulting in

clusters/outbreaks of +ve cases that could impact on morbidity and mortality across the population of Lanarkshire.

Note of Change
This risk has been reduced to medium resulting from the support and mutual aid in place.

The chair advised going forward the committee will open earlier on the agenda with the item on risk. To allow the committee to consider the trajectory and progress against reducing risks and whether actions taken or updates on the agenda are suitable and sufficient in relation to the risks owned by the committee.

Ms Lees queried how the risk around OOH has changed. The chair noted in future we need to ensure the process ensures that the committee is provided with the narrative and reasoning behind any change in order that they can provide critical scrutiny.

Mr Cunningham advised in future can include a narrative to show the risk change. For this particular risk it was due to focusing on the overarching risk of the provision of the service rather than the particulars around the delivery model. Mr Hill noted the ongoing work on risk process and the need to ensure focus is on the risk itself rather than a broad description of the issue. **AB/RMcG**

It was noted the discussion of risk reinforced the need to consider the committee including a representative from Acute services to be able to provide the committee with assurance and support whole system conversations. Mr McGuffie will take this is as an action to identify a suitable Acute rep going forward.

13. Interpreting

Ms Sheikh advised due to the pandemic, the delivery of interpreting services changed significantly with all interpreting moved to telephone or online video interpreting in both Acute and Community based services. Some of the key updates to the service include:

- Acute sites were equipped with Language Line's 'Interpreting on Wheels' (an application downloaded onto an IPad in a wheeled stand which can be moved around the hospital), allowing access to interpreters 24/7* in over 240 languages. *BSL is available Monday to Friday 9-5. Outside of these times we have an out-of-hours protocol in place.
- Near Me (pre-booked video) and telephone interpreting, booked through and provided by NHS Greater Glasgow and Clyde, were used in primary care and other settings, including dental practices, community pharmacies, optometrists/opticians.

- During the mass covid vaccination rollout, all vaccination centres were equipped with iPads with the language line app installed for immediate access to interpreters. Patients were able to request a Face to Face interpreter if that was their preference.

The chair queried have we gathered feedback for patient satisfaction of using the service. Ms Sheikh advised feedback received from staff and patients has been very positive. Have been clear this is not replacing face to face engagement but to enhance patient care overall.

Mr Findlay declared an interest as he is part of the Bakers Union which includes members who provide an interpreting service; this was noted. He queried is the service managed by NHS GG&C. Ms Sheikh advised Language Line is an international company with a Scotland manager who manages the service. Mr Findlay raised concerns about fair work principles for the service. Ms Sheikh offered assurance that staff are treated similar to bank staff but can provide additional assurances if required.

The Committee members agreed the below recommendations:

1. Note the update report on NHS Lanarkshire interpreting
2. Note the intention to progress in rolling out the service into the community settings

14. Key Performance Issues

a. North Access Report

Mr McGuffie advised report was taken to PPRC committee where it has been discussed in length.

The committee noted the report.

b. South Access Report

Mr Cunningham advised report was taken to PPRC committee where it has been discussed in length.

The committee noted the report.

15. Risk Update

There were no new risks noted by the committee.

Dr Pravinkumar will review the risk around test and protect in future.

16. A.O.C.B

Dr Pravinkumar advised there is health social care sport committee consultation around inequalities running to the end of March, it would be good

for this committee to submit a response. Ms Less proposed it should be also taken to area clinical forum, this as noted.

Dr Pravinkumar shared the below link to the consultation:

https://yourviews.parliament.scot/health/health_inequalities/

17. Date of Next Meeting

3rd May 2022
2pm via MS Teams