

ITEM 3

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

Minutes from a meeting held on Microsoft Teams on Tuesday 3rd May 2022 at 2pm

PRESENT:	Mr Ally Boyle (Chair)	Non-Executive Director
	Ms Celia Briffa-Watt	Public Health
	Mr Paul Cannon	Board Secretary
	Miss Stacey Connor (Minutes)	Business Support Manager
	Mr Phillip Couser	Non-Executive Director
	Mr Craig Cunningham	Head of Planning, Performance & Assurance SHSCP
	Ms Morag Dendy (joined 2.50pm)	Head of Health NHSCP
	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
	Dr Josephine Pravinkumar (Joined 2.25pm)	Director of Public Health
	Ms Elspeth Russell	Public Health
	Mr Soumen Sengupta	Chief Officer SHSCP
	Ms Kerri Todd	Head of Health Improvement
 APOLOGIES:	 Dr Jane Burns	 Executive Medical Director
	Dr Linda Findlay	Medical Director HSCP
	Mrs Marianne Hayward	Head of Health SHCSP
	Ms Claire Rae	Head of Health & Social Care
	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. The Chair advised due to new board members being appointed there has been a change in non-executive portfolios.

The committee noted thanks to Mr Brian Moore who is no longer a member of the committee. Also to Councillor Jim McGuigan who is not part of the committee presently due to the election period.

Welcome was extended to Mr Phillip Couser.

2. Declaration of Interests

The Chair declared he is a Trustee of Blood Cancer UK and member of their Research Governance Committee and also a member of two of CRUK's Funding Committees (Prevention and Population Research and their Early Detection and Diagnosis). This is unlikely to be a conflict but they do fund research within the West of Scotland so better to be transparent and place this on record. This is included within his recorded declaration of interest forms.

3. Notes of Previous Meeting (1st March 2022)

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

Item 13- For Mr Findlay change wording 'he is part of the Baker's union' to his 'company has a contract with the baker's union'; Miss Connor to update.

SC

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 are 5 risks assigned to the Committee, these are listed below:

- **2129**- NHSL cannot sustain whole system patient flow due to delays experienced for onwards movement of patients considered fit for transfer to care homes and care @ home as a result of continuing care home outbreaks, hospital outbreaks and care @ home workforce capacity to meet the demand.
- **2126**-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.
- **2115**-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
- **1703**-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.
- **2015**-Risk that NHSL will not be enabled to sustain longer term delivery of the Covid-19 vaccination Programme including booster recall as expected due to workforce issues as other services recover and change to delivery model (location- Long term delivery of the covid vaccination programme.

Mr Couser queried risk 1703, why does it sit with this committee when have we tested the plans listed. The Chair added there is an update for this item in particular linking to the action on the rolling action list around COP26 preparation. Mr Cannon advised there is an annual report on resilience going to PPRC so in this will look at all of this work he also added that it is likely the risk sits with this committee due to resilience sitting within the Public Health Directorate.

PC

Mr Cannon will ask Martin Gordon for an update to be brought to the Committee.

The Committee noted the report.

6. **Anchor Institutions Self-Assessment Update**

The purpose of this paper is to provide the Committee with an update on work undertaken to date to harness the ambitions of NHS Lanarkshire as an inclusive anchor organisation with an overarching aim of reducing health inequalities.

The paper sets out the national and local context and notes that the outcomes aligned to the anchor pillars will be driven through the development and implementation of Our Health Together and related strategies.

The paper provides an overview of the baseline assessment using the Joseph Rowntree Foundation anchor progression framework and describe some of the early actions that are being considered to further develop the organisation's role.

Further discussions are required with Senior Leaders and the Committee to agree which actions will be prioritised and to consider how resources and capacity across the system will be deployed to support delivery of these actions.

The 5 pillars are: employer, procurement, bricks and mortar, service deliver and corporate and civic behaviours. Some of these will allow drilling down to local spend levels and look at how we engage with local communities which will produce quantitative and qualitative data.

The next step is how to use the proposed workshop to drill down to what the anchor work will mean at a service level and the key priorities as may not be able to do it all at once –consider the bits with best added value.

Mr McGuffie noted don't want to create another strategy piece. If we get an agreed vision direction can start to develop a matrix to progress the work and consider the overall aim.

Mr Couser noted we need to consider how do we apply leadership across Lanarkshire and bring all Anchor institution working together.

Mr Findlay queried how will we ensure no companies that are blacklisted in the past gets a contract with us. There is a chance with the Monklands MRP project that this could happen. If there are large scale redundancies in other companies may be an opportunity to offer employment to those with transferable skills.

The Chair asked how do we go beyond NHS Lanarkshire's gift to use our influence with the wider Public and Private Sector and also for the Monkland's project how do we capture and evaluate the anchor institution benefits to the community over the life of the hospital.

Dr Pravinkumar stated for the community planning partner Kerri Todd has submitted a response but have not built on Board seminars yet. There is a group considering how to take the Monklands work forward linking to the 5 pillars. Considering skills staff have gained in test and protect for redeployment opportunities.

The Chair noted part of the role of the committee is to provide critical scrutiny and assurance and this should also allow us to evidence national and locally the benefits. What will be the internal governance around each of the 5 pillars will it be individual or part of the Board. Is there anything to learn from the Marmot work being undertaken in Manchester. Ms Russell advised in relation to governance need both with work sitting underneath as well as reporting up to the Board.

Mr McGuffie noted there will be financial challenges down the line so every service will need to consider the impact on future health provisions.

7. Scottish Parliaments' Health Social Care & Sport Committee Inquiry into Health Inequalities in Scotland

Dr Pravinkumar stated the population needs assessment links to this but at the minute due to system pressures this has been postponed. The Kings fund report highlighted it requires a longer term approach to address inequalities and should be a whole system approach between Local and National work.

Mr McGuffie did some work to identify all the different employability programmes, need to look at how do we start to set out what we want from these programmes as part of the vision. Part of the role of the committee is to hold the organisation to account and need to start presenting what it is and how it's making a difference.

Mr Findlay noted the paper could be stronger in dealing with fundamental issue as if we don't deal with these we can only deal with result of these issues and make little difference.

The Committee noted the paper.

8. Inequalities Strategy Development

The paper shared with the Committee outlines the strategy vision including fundamental causes, wider environment influences, individual experience and effect.

In June 2021, the two Lanarkshire Community Planning Partnerships held a joint workshop on inequalities with the aim of improving collaborative activity and informing a whole-system approach to tackling systemic inequalities.

The paper is a work in progress at present, this was noted by the committee.

9. SHSCP- Technology Enabled Care Report

Mr Sengupta noted the portfolio is changing in future this work will be presented by Claire Rae. This is specific related to tele health work but there is other work across the Board. Continuing to emphasis the use of 'Near Me' across services, many services applied this due to need during the pandemic so need to consider how to use this going forward taking into account a number of factors. There has been an increase in mobile technology keen to continue this going forward and explore other solutions.

Mr Couser asked how do we realise the potential scale of this and some of the resistance to adopting the technology. Where is the resistance to change is it patients or services?

The Chair noted there is not an EQIA for this particular work but there is a collective one to cover the overall piece, we need to be assured that this is not excluding patients. Mr Soumen noted for some services this approach has worked really well but for others it has been more problematic. Need to get better at promoting the service and at sharing data gathered on usage. When we implemented the service weren't able to consider EQIAs but now have more chance to reflect going forward. This is part of wider work to improve digital equality in future.

Mr Cunningham noted there are some things we can't do on digital consultations but some things we can. Should only be seeing patients face to face if clinically required but need to keep patients safe as covid is still there. The Chair noted need to be mindful of the impact of psychologically capacity for GPs using technology as they are dealing with far more cases than a face to face model would allow and it is important their well-being and resilience is considered.

Mr McGuffie advised there is a technology flat in Wishaw where families and patients can go to see technology in action; particularly technology to enable a patient to stay at home. There is pan Lanarkshire tech board where learning is shared it also includes Acute colleagues.

The Chair advised that as a Board member of the Cancer Medicines Outcome Programme he was part of their recent Patient Reported Outcomes Measures

Forum and there were a number of presentations that showed the benefit potential for TEC. The Chair agreed to forward these presentations to Mr Sengupta (complete)

10. Inequalities/ Screening Work

In collaboration with NHS National Services Scotland and Public Health Scotland, a project commenced around screening uptake, based on some of the local findings from the North Lanarkshire Joint Strategic Needs Assessment undertaken to inform the local IJB Strategic Commissioning Plan.

National statistics show that around 30% of the population do not attend for routine cancer screening appointments, with a high correlation between deprivation and non-attendance. While the reasons behind this are multi-faceted, a national group was formed to create a data intelligence tool to better understand the inequalities around uptake and the impact of those decisions.

Following this initial proof of concept work, a more formal project is now under development, with two key pilots contained within. West Lothian will look into the impact of personalising appointment letters, while North Lanarkshire will look to explore the impact of community engagement on uptake, with the aim of engaging Community Boards in the process.

Have identified some proof of concept work together with West Lothian looking at appointment opportunities. We have been looking at work to support uptake using community touch points such as pharmacy services and potential of text reminders being issued for Bowel screening and then for patients to be given an update via text. Last work shop are being completed now so work should be finalising in June.

Mr Couser asked what are we going to do about the predictive analytics. Mr McGuffie replied there is a big focus on the NSS so are keen to look at the predictive analytics to push the work forward.

Mr Findlay asked if currently looking at school children to educate them on the importance of screening as this may enable them to then influence their parents to engage. Mr McGuffie noted it is not an area currently being picked up but he would be keen to consider in the future.

Mr McGuffie shared slides delivered at the workshops and how we progress. The challenge is around information governance how to get access to patient data to text them. The process used for covid vaccinations would be ideal but the agreement only covered this work so would need to consider how to get approval in future.

Will keep bringing the work to the committee to update on the scale and scope of the work. Presenting at the NHS Scotland conference in June which should help move the work along.

11. Cervical Screening Programme in NHS Lanarkshire Annual Report 2019-2021

Dr Johnman shared the cervical screening report which compares recommendations from the previous report as well as taking into account the impact of the pandemic on the work. The report is presented to the Committee today for noting and questions.

The Chair asked if an analysis has been undertaken of the value added by the Cancer Research UK facilitator role as this resource has now been withdrawn. Dr Pravinkumar advised have not looked at locally but do have a local programme manager but there is more resource required.

The Chair highlighted that the Committee was keen that we continually consider those who have had access to care restricted or affected by Covid-19 and that along with ensuring this is rectified as quickly and effectively as possible we also have to monitor the long-term impacts of this on their health. He suggested that this would be a useful consideration to be included in future reports.

This will be considered when the next updated is provided to the committee.

12. Breast Screening- Biggar Location

In 2020, the West of Scotland Breast Screening Service and NHS Lanarkshire attempted to find a suitable location for the breast screening unit in Biggar without avail. The unit was finally parked in Lanark. The Biggar eligible population are due to be next screened in late summer / early autumn of 2023. A suitable location needs to be agreed. Need to consider the needs of the vehicle and of the staff delivering the service.

Recommendations within the report:

1.A meeting of key stakeholders including community groups and local MSP, SL HSCP, NHSL will be held in June 2022 to discuss survey results from 2020 screening round; benefits and risks of screening transferring to NHS Lothian for the 2023 screening round or of remaining with West of Scotland service; and to seek agreement on and access to a suitable location with toilet facilities in Biggar.

2.Following discussions with staff and community present preferred options for agreement to the Public Health, Primary and Community Care Governance Committee.

The Chair emphasised that it was not the Committees responsibility to get involved in the problem solving process but rather to ensure that the public were getting the equitable access to services we would wish. The Committee the efforts being made to resolve the situation and supported the recommendations.

13. PCIP Update

The Primary Care Improvement Plan (PCIP) was jointly approved by NHS Lanarkshire, South Lanarkshire Integration Joint Board, North Lanarkshire Integration Joint Boards and the Lanarkshire GP Sub-committee in July 2018. The PCIP details NHS Lanarkshire's commitments to a programme of work which is responsive to the desired outcomes of the GMS Contract 2018. The comprehensive programme is underpinned by a governance structure which allows for each workstream to meet its deliverables, while at the same time acknowledging the need for a systems-wide approach.

A revised Memorandum of Understanding (MoU) for the period 2021-2023 was published in July 2021, the focus of this renewed MoU remains the delivery of the transfer of provision of service from general practice to HSCP/Health Boards; with a focus on the following three services for 2021-22:

- Vaccine Transformation Programme
- Pharmacotherapy
- Community Treatment and Care

As of 31 March 2022 the position of the 3 priority workstreams was as follows.

- Vaccine Transformation Programme, fully achieved and transferred over.
- Community Treatment and Care, all aspects of agreed treatment room services implemented, albeit operating at the levels effected by covid, planning for Chronic Disease Management underway with a test of change commencing in April 2022 and a Lanarkshire wide roll out during 2022-23 informed by this learning.
- Pharmacotherapy, steady progress of the Lanarkshire model, which as with the national picture is adversely affected by available funding and workforce. The model is 1 WTE pharmacists per 15,000 patient list size (some larger practices also benefit from technician resource), plus the development of a pharmacotherapy HUB model that utilises a staffing mix of technicians and pharmacy support workers, to support with the delivery of a Level One Pharmacotherapy service. A project plan is in place for the continuation of the implementation of this model 2022-23, and this will be informed and revised by pharmacotherapy quality improvement group that was established following an audit during 2022 that determined current levels of delivery and has the remit to develop optimised process.

The Committee noted the update.

14. PCOOH Sustainability

Mr Sengupta noted the current focus on the 2 site model is a position of the past as we are in a different position now. Need to start to open up discussions

to what is appropriate now. The service is delegated to both IJBs but is managed in South Lanarkshire and will have an impact on both areas so will be challenging to find a model to suit all.

Dr Pravinkumar noted need to look at the data available around Covid as part of medium and long term developments. Need to look at the data collected from other interlinked services to have a multidisciplinary approach going forward.

Mr Findlay noted from the public perspective if advised staff are ANPs rather than Drs this may be seen as a downgrade to the service. Although note part of the change to the GP contract is not covering OOH services, he asked if any part of the discussions involved this. In later discussions he clarified that this was not a suggestion but an enquiry so that he understood the position.

Mr Sengupta advised there have been no national discussions and it is unlikely there will be. For staffing mix for the service it does meet the agreed standards, may need to offer services in a different way to match staff skills but will still offer patients a safe service.

Mr Cunningham noted there has been significant challenges to staff in GP practices so to add the pressure of delivering OOH services in additional to current tasks may lead to losing some of the existing staff already under pressure. If there are issues with patients get to an appointment can offer taxi services to ensure they are seen face to face if required. The service has been sitting as a risk for a very long time putting it in a vulnerable position.

The Committee noted the challenges being faced in service delivery and await any further updates.

15. Vaccination Programme Update

Mr Cunningham advised in the middle of delivering the spring programme. Additional booster for adults and initial doses for young people aged 5-11 are being delivered in parallel – but adults take precedence with 5-11s utilising remaining capacity. Scotland wide, this accounts for approximately 1,076,000 people (600K adults, 400K 5-11s). Performing well in comparison to Scotland average figures.

The Chair once again commended everyone involved in this programme. He noted comments and previous discussions about managing any inequalities in terms of uptake and asked if in future can bring back information on how this is being addressed. Mr Cunningham advised have made personnel contact with individuals directly and there is other work being undertaken with other communities which can be include in the next report.

16. Weekly Briefing: Covid 19

Dr Pravinkumar advised there is a decline in numbers, on 28th April, 2,587 new cases were reported at a Scotland level, with 292 from NHS Lanarkshire.

The South continues to have a higher number of cases than North. 1/5 infections are related to re infections. Looking at requirements for surveillance of new variants in future.

Discussions are on-going with Scottish government around future vaccination plan. Main area of focus is supporting those in high risk vulnerable groups. Test and Protect stopped on 30th April, looking at redeployment of staff currently.

17. Annual Report

The committee to review the report shared and send any comments to Miss Connor for inclusion in the report.

18. Items for Approval

There were no items for approval.

19. 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.

20. Risk Update

There were no new risks noted by the committee.

199.2- Presented as being closed in the paper but it is not closed Dr Pravinkumar is reviewing with Carol McGhee. Dr Pravinkumar to update and share with committee members.

21. A.O.C.B

There were none.

22. Date of Next Meeting

5th July 2022, 2pm, via TEAMS