NHS Lanarkshire

Population Health & Primary and Community Services Governance Committee

ITEM 7a

Minutes from a meeting held on Microsoft Teams
on Thursday 1st September 2022 at 2pm

PRESENT:	Mr Ally Boyle (Chair)	Non-Executive Director
	Ms Celia Briffa-Watt	Public Health
	Miss Stacey Connor (Minutes)	Business Support Manager
	Mr Phillip Couser	Non-Executive Director
	Mrs Maureen Lees	Non-Executive Director
	Mr Ross McGuffie	Chief Officer NHSCP
	Dr Josephine Pravinkumar	Director of Public Health
	Ms Claire Rae	Head of Health & Social Care
	Mr Soumen Sengupta	Chief Officer SHSCP
	Ms Kerri Todd	Head of Health Improvement
IN ATTENDANCE:	Mr Jordan Fitzpatrick (Shadowing)	Junior Dr
	Mr John Logan (Item 11)	Consultant in PHM
	Ms Alana McGlynn	Health Promotion
	Ms Karen McGuigan	Consultant in Public Health
	Ms Michelle Merrifield (Shadowing)	Management Team Secretary
	Ms Christine Paterson	Morag D Deputy
	Ms Marie Rooney(Trudi Deputy)	Interim Associate Nursing Director MH
	Mr Tobias Tipper (Item 9)	General Manager Covid Vaccination Programme – NHS Lanarkshire
APOLOGIES:	Dr Jane Burns	Executive Medical Director
	Mr Paul Cannon	Board Secretary
	Mr Craig Cunningham	Head of Commissioning & Performance
	Ms Morag Dendy	Head of Health NHSCP
	Dr Linda Findlay	Medical Director HSCP
	Mr Neil Findlay	Non-Executive Director
	Mrs Marianne Hayward	Programme Director for DWD
	Dr Cathy Johnman	Consultant in Public Health Medicine
	Ms Trudi Marshall	Director of Nursing NHSL
	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.

Opening Remarks

Mr Boyle advised that, along with other colleagues, he has been contributing to a national group around governance for population health groups. He advised that NHS Lanarkshire is in a good place here thanks to the formation and ongoing development of this Committee. He will bring any updates and recommendations back to this group but there are other Boards considering their governance at present. NHS Grampian have passed papers through their Board to establish their committee and it looks like other boards will follow similar direction.
There was discussion around arranging a development session. Initially this was to be to consider the delivery of the Population Health aims of 'Our Health together', however with the cost of living crisis featuring so heavily it was proposed that this is considered as the theme for the session. Mr Boyle will work with Dr Pravinkumar, Mr McGuffie and Mr Sengupta to discuss the details and whether this would be an opportunity to build on previous joint CPP discussions.
Mr Boyle advised that he had attended the launch of the Healthy Schools Website and was hugely impressed by the resource and the way it has been co-designed. He commended everyone involved and advised that a paper was being prepared for a future meeting.
Mr McGuffie noted need to consider how does the committee link in to NHS as an anchor organisation. Need to expand the work through the community planning partnership agenda and go further. Mr Boyle noted need to hold ourselves to account to understand any gaps in data and delivery of services.
The rolling action list has been updated to reflect ongoing progress. It was discussed and agreed as a good summary of the position. Mr Boyle noted that Mr Couser had raised, at the previous meeting, the question of whether the lack of data in relation to Primary Care was a risk. Mr Cannon was going to consider this and we will get a response from him in due course.

2. Declaration of Interests

Mr Boyle advised he is a chair of a CRUK patient involvement committee and a member of two of CRUK's research funding committees and this would relate to comments at a later item.

3. Notes of Previous Meeting (5th July 2022)

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

4. Matters Arising/ Rolling Action List

There were no matters arising and the rolling action list was updated to reflect progression of work.

5. Corporate Risk Register

The updates to the risks assigned to the Committee, since the last committee are listed below:

Closed Risks

Risk ID 2015- There is a 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).

This **high** graded risk owned by J Burns, has been considered appropriate to close as the modelling has been completed and vaccination team set up.
One (1) risk has been de-escalated from corporate to operational level:
Risk De Escalated

Risk ID 2115 - There is a risk that the CAMHS service cannot meet the increasing clinical demands due to a significantly high number of cumulative staff vacancies for both clinical and non-clinical posts and challenges recruiting to new posts identified through the national recovery and renewal fund. This is impacting on community, in- patient and out- patient care with the potential to adversely affect response time to referrals; longer waiting times; poorer outcomes; delays in redesign and reputation of NHSL.

This risk owned by R McGuffie remains a **very high** graded risk. Dr L Munro proposed de-escalation to operational level with oversight through the Programme Board as discussed with R McGuffie. Considerations for this change included meeting the target for recruitment, the co-designed facility at Udston being opened with incremental repatriation of the services to the central point, a new dedicated recruitment team in place to progress at pace the additional recruitment, validation of the waiting list that has reduced by 16% and there is now the established CAHMS programme board with oversight of the action plan and performance.

Assurance should be sought from the risk owner on the level of scrutiny for this very high graded risk now being overseen at operational level, including how the performance will be monitored and reported on.

New Risks

There are no new risks identified that are designated to the population health, primary care and community services governance committee within this reporting period.

Subsequent to the change since the last report, there are now 4 risks assigned to the committee, these risks are:

- Sustaining whole system patient flow
- GP practices across Lanarkshire will not be able to sustain delivery of services due to overall workforce (recruitment and retention) issues
- Out of Hours (OOH) service cannot be sustained due to an insufficient supply of GP's

- 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

Mr Boyle commented that Risk ID 2125 had been discussed at the Board as although the risk belongs to HQAIC there is some cross over relating to any delay experienced in relation to Primary Care or Community Services. Like other risks, there is a degree of cross-over but arrangements will be made to ensure each committee considers these risks through the lens of their ToR. Ms Lees noted each individual committee needs to be mindful of what areas they are seeking assurance on. Mr Boyle will follow up with Mr Cannon.

Dr Pravinkumar advised de contamination training has been undertaken and information has been shared with the 3 acute sites should they require training; paper is going to PPRC in September on this so there may be a further update. The committee will note this under the mass causality update on the rolling action list and look forward to receiving an update.

Mr Couser asked will a risk be created to reflect concerns around the cost of living risk for the population. Mr Boyle agreed that this may be helpful as it will assist to start identifying the mitigations around this as they are developed. Mr McGuffie advised a discussion will be picked up at CMT on Monday then will start to pull together a risk around this. Need to consider priority groups particularly around long term condition management and a whole range of other factors. A survey is being issued to staff who are hybrid working to consider if this is still a viable option or if additional office staff is required. Mr Sengupta suggested need to consider risk consolidation of related issues. Will not be able to deliver everything as have a limited range of resources so need to consider best way to utilise the asks. **AB**

Mr McGuffie proposed bring update on discharge without delay to a future committee. Plus, pull update reports from both business winter plan business cases. Also need to consider impacts to independent sector for the cost of living pressures. **RMcG**

The Committee noted the report.

6. NL and SL Local Child Poverty Action Reports

Ms McGuigan provided the committee with a presentation to offer some context to the work.

The Child Poverty (Scotland) Act 2017 introduced a requirement for local authorities and each relevant Health Board to prepare **Local Child Poverty Action Reports (LCPAR)**, as soon as reasonably practicable after the end of each reporting year. The North and South Lanarkshire reports highlight work completed during 2021-22 to address child poverty.

Feedback from all areas of Scotland were that the reports in their current format were not working ‘paper exercise’, lengthy, no time to act. Most areas

now are moving to a 4-year plan that will report on a yearly basis (in line with BS, BF)

We need to be mindful that there are a number of other plans across the partnership including the Community Plan (CPP) and Children's Services Plans – so we need to ensure a 'golden thread' going through these around children and child/family poverty.

Key drivers of child poverty reductions are- income from employment, cost of living and income from social security and benefits.

NHS role in tackling poverty are:

- **Awareness** of poverty and how this changes people's needs and interactions with services.
- **Action** in the design of care, but also through the impact of the NHS as an economic and civic power.
- **Advocacy** for tackling poverty, given that the NHS and its staff have such powerful and influential position in society.

Dr Pravinkumar shared a diagram which provides an overview for the cost of living crisis. A key element is to identify the vulnerable cohorts as a baseline. The paper will be shared after the committee. **SC**

Mr Courser noted little control over some of the work so where does this work sit. Ms Todd advised the child poverty sits under tacking child poverty group for the North area. Work has been undertaken over the years to get the work more centralised. In the South partnership there is a child poverty group which sits in their planning structures. Need to consider what is working and what we need to maximise under the areas of influence we have.

Mr McGuffie advised in the council there are over 15,000 staff on long term sickness absence across all employment sectors, need some work to explore rationale behind this. There may be an ask in North for the IJB to create a business case to support this work. As a committee our role is to be assured of the work taking place.

Mr Boyle noted this work is extremely valuable and will be a central part of the development event. He advised that as we map out the likely impacts and populations affected, we should identify where the 'levers of influence' lie. Our roll will perhaps be to take the predicted challenges and to describe how they will affect the health of the population.

The Committee thanked Ms McGuigan for the very helpful presentation and papers and agreed the following recommendations:

- Approve the two LCPARs.
- Support, champion and prioritise the on-going activity across the partnership to tackle child poverty.

7. Breast Screening Reports for the Screening Round 2018-2021

In 2020, there were 552 new breast cancers diagnosed in Lanarkshire women of all ages. The age-standardised incidence rate (using the 2013 European Standard Population) per 100,000 person-years at risk in Lanarkshire is 77.3 in comparison to 74.1/100,000 in the rest of Scotland.

This breast screening report focuses on the period of breast screening which took place in Lanarkshire between April 2018 and March 2021. This data was published April 2022 and is the latest data available. Data show that across Scotland breast screening uptake has increased: 73.2% of eligible women took up their invitation for screening across Scotland up from 71.2% reported in the last report or 2015-2018. Seventy-two percent of eligible women attended for breast screening during the 2018-2021 period in Lanarkshire. This is an increase from 68% in 2015-18. A number of initiatives have been piloted by the WoSBSS including confirmation calls to women who previously did not attend (thereby releasing appointments for those who would like to accept) and the instigation of text message reminders.

All but two standards are being met. The two standards not being met are result issued within two weeks of an adequate screen and assessment appointment given within three weeks of an adequate screen. Achievement of all standards are challenging across the West of Scotland region and in Lanarkshire as a result of a number of issues. These includes a long term staffing issue in recruitment of highly specialised staff and staff absences across the pandemic, the increased uptake observed and the level of deprivation and geographical profile of the areas that the west service covers. It is recommended that Lanarkshire continue to work in partnership with WoSBSS to improve these standards.

There have been few areas of development including issuing text message reminders and allocating set appointments rather than having a helpline to phone. Looking to pilot a social media campaign to advise when units will be in certain areas just awaiting confirmation of dates; this is hoped to increase appointment uptake.

Mr Couser noted in the report it noted the incidence of breast cancer is higher in less deprived areas why is this. Ms Biffa Watt advised it is likely due to those in less deprived areas engaging with screening earlier on for a diagnosis.

Mr Boyle asked Ms Biffa Watt what the impact is in relation to the two areas where we are not meeting the standard. Ms Biffa Watt explained that the impact on outcome is likely to be minimum but there is of course an unwanted burden on anyone waiting for results as two weeks can feel like a very long time. Efforts are being made to resolve the issue and the Committee will be kept udated.

Recommendations noted within the paper are:

1. Develop, implement and review initiatives to improve uptake overall but especially for those women living in our most deprived communities as part of the health inequalities in screening action plan.
2. Work in partnership with West of Scotland Breast Screening Service to improve time between adequate screen, routine result issue and assessment issue. This may include assisting the West of Scotland service to escalate issues of staffing through NHS Greater Glasgow and Clyde as the commissioned board and NSD.
3. Engage with the Breast Screening Modernisation Board to ensure that any developments service the population of Lanarkshire well and are planned and implemented without unnecessary disruption to the screening schedule.

8. Screening Update

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.

National screening programmes in Lanarkshire are co-ordinated by Consultant in Public Health Medicine / Consultant in Public Health. Governance for individual screening programmes is by local programme steering committees and upwards via the Population Health, Primary and Community Services Governance Committee. The Director of Public Health is the lead Director for screening, supported by the Director of Acute Services, and Medical and Nursing Directors for clinical delivery of screening services. A public health screening risk register holds population screening programme risks, with clinical risks associated with screening programmes sitting with the appropriate clinical speciality.

Ms Briffa Watt brought the committees attention to an audit undertaken last year around the exclusion of women from cervical screening due to having a hysterectomy, this has led to a review been requested of all patients records in this criteria. Funding was only confirmed today but it was not what was anticipated which makes this challenging. It has not been agreed that patient under 71 can go back through routine screenings so if this is not the case they will have to attend secondary areas which will create additional pressure to deliver. Anticipate starting audit at the end of year when dataset required is finalised.

Mr Boyle reminded colleagues of his interests in relation to CRUK and Blood Cancer UK. He was interested in how NHSL take advantage of opportunities offered through rsearch processes and trials. There is a much greater focus on prevention, population research and early detection and diagnosis. He asked if we are at a disadvantage as researchers are mostly based in Universities with a strong medical research focus. He felt that with the level of deprivation in Lanarkshire and the burden of cancer it is an ideal area for research. Our ambitions are clearly aligned and it would be interesting to see what opportunities there are to make progress. Mr Sengupta agreed that is an

area worth exploring and felt that there are great opportunities with our existing university partners.

9. Vaccination Programme-Update

Particular attention within the paper was brought to the significant challenge which results from the request from Scottish Government to change the national timetable for delivery of the flu and Covid vaccine programme to be completed by 31 December to the revised date of 5 December.

Work is continuing between Scottish Government and NHSL in relation to the financial envelope made available for staff and accommodation to support the vaccination programme. A future report will be brought to Population Health and Primary Care Committee outlining the impact associated between the shortfall in funding and the current staff/accommodation costs.

Anticipating to be roughly 10-15 short of WTE staff to deliver the programme in timescales given. Have a number of mitigations in place- active recruitment, advertised shifts to bank staff.

Dr Pravinkumar noted still conversations on going around funding and being able to deliver the programme at this faster pace.

The Committee thanked Mr Tipper for his update and commended him and his team for the excellent work being delivered in relation to vaccinations.

10. Weekly Briefing: Covid 19

The final phase of the Scottish Government transition plan was implemented on 1st May. From 1st May symptomatic members of the public were no longer requested to take a PCR test but rather to follow the guidance on the NHS Inform website on staying at home if they have symptoms of a respiratory infection.

Much lower rates of LFD and PCR testing are now conducted and are focused on health and social care staff, the clinically vulnerable and testing for clinical management and pre-admissions to hospital. Therefore, the data presented below are not directly comparable to previously presented data.

Over the seven days with national data (15 August to 21 August), the 7-day average number of daily new cases reported in NHS Lanarkshire was 58, a decline compared to a daily average of 66 in the previous seven days, and is the seventh consecutive week of a decline. At a Scotland level the most recent 7-day daily average is 532 which is also a decline compared to the daily average for the proceeding seven days of 621.

Overall, 72.6% of the positive cases were reported using an LFD test and 27.4% using a PCR test. In the week ending 21 August, 47% of the reported positive cases were assigned to the LFD universal offer. These data rely on individuals accurately recording their testing reason on the UK GOV website.

Among the cases reported in Lanarkshire in the past week 35.1% were re-infections, which is higher than the overall Scotland proportion of 25.8%. The percentage of reinfections in the last week is slightly higher than reported the previous weeks. Those testing and recording results are a sub-set of the incidence in the general community.

The committee noted the update.

11. Blood Borne Virus

Dr Logan advised Blood Borne Viruses BBVs cause major health concerns, not only for the individual affected but for their families and for the communities in which they live. There have been great strides made in relation to the prevention of hepatitis B via vaccination/immunisation, transformational change in the shape of new hepatitis C treatment and similarly HIV prevention via the provision highly effective medications including Pre Exposure Prophylaxis (PrEP). However, BBVs continue to be potentially life-threatening and in the case of Human Immunodeficiency Virus (HIV), there is still no cure.

The development of a Managed Care Network (MCN) approach in Lanarkshire since 2008 has enabled professionals from the health service, local authorities and the voluntary sector to work together alongside service users to tackle the growing public health challenge and improve services across prevention, testing, treatment, care and support.

The Lanarkshire BBV Prevention and Care Network (BBV Network) champions the core principles that govern Managed Clinical and Care Networks in Scotland1. Like all BBV MCNs across Scotland, the key role of the Lanarkshire BBV Prevention and Care Network is improving the quality and efficiency of BBV services across the spectrum of prevention, testing, treatment care and support, whilst managing finance and performance. Outcomes are delivered for people at risk, and/or living with and affected by blood borne viruses (HIV, Hep C and Hep B) via strong and well established services and partnerships involving health, the third sector, local authority, patients, carers, service users and the community.

Continuing prevention services was particularly important at this time, as NHS Lanarkshire had just established an HIV Incident Management Team (HIV IMT) (13 February 2020) to respond to a significant HIV outbreak in South Lanarkshire among people who inject drugs (PWID). Whilst many other Sexual Health and BBV Network Managers across Scotland were redeployed to support the Covid-19 response, the Lanarkshire BBV Network Manager initially remained focused on supporting the continued delivery of BBV prevention, diagnosis, treatment and care services at a time when other public health and clinical, national and local leadership and health intelligence was paused.

Dr Pravinkumar noted will bring more detailed reports throughout the year as the work progresses. Mr Couser asked what confidence do we have to say

that invest to save will work. Mr Logan noted theses are infectious illness so will always benefit to stop further transmission.

12. Items for Approval

There were no items for approval.

13. Key Performance Issues

a. North Access Report

Mr McGuffie advised report was taken to NHS Board where it has been discussed in length. However, it is presented here as the Committee has a slightly different focus.

The committee noted the report.

b. South Access Report

Mr Soumen advised report was taken to NHS Board where it has been discussed in length. However, it is presented here as the Committee has a slightly different focus.

The committee noted the report.

14. Risk Update

There were two areas here, the first was Mr Couser's enquiry around the creation of a risk ccovering the cost of living crisis. The second, was in relation to the cross-committee nature of risk 2125. Mr Boyle will pick up the discussion under the risk item with Mr Cannon. **AB**

15. A.O.C.B

There were none.

16. Date of Next Meeting

1st November 2022
2pm via MS Teams