

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

ITEM 10

Minutes from a meeting held on Microsoft Teams
on Friday 3rd November 2023 at 9am- 12pm

PRESENT:

Mr Ally Boyle (Chair)	Non- Executive Director
Mrs Stacey Anderson	Support Services Project Manager
Miss Michelle Merrifield (Minutes)	Management Team Secretary
Mr Phillip Couser	Non-Executive Director
Mr Craig Cunningham	Head of Commissioning & Performance
Mrs Jann Gardner	Chief Executive NHS Lanarkshire
Mrs Allison McLean	Corporate Risk Manager
Dr Cathy Johnman	Consultant in Public Health Medicine
Mrs Maureen Lees	Non-Executive Director
Cllr Eileen Logan	North Lanarkshire Council Nominated Councillor
Ms Trudi Marshall	Director of Nursing NHSL
Mr Ross McGuffie	Chief Officer NHSCP
Dr Lucy Munro	Medical Director NHSCP
Dr Judith Park	Director of Acute Services
Dr Josephine Pravinkumar	Director of Public Health
Ms Claire Rae	Head of Health & Social Care
Ms Elspeth Russell	Non-Executive Director
Mr Soumen Sengupta	Public Health (Left 4pm)
Ms Maggs Thomson	Chief Officer SHSCP
Ms Kerri Todd	Head of Health North HSCP
	Head of Health Improvement

IN

ATTENDANCE:

Mr Jonathan Cavana (Item 6)	Senior Health Improvement Manager
Ms Joanne Jenkins (Deputy Lesley Thomson)	Associate Nurse Director South
Ms Celia Briffa-Watt (Item 13)	Public Health
Mr Paul Cannon	Board Secretary
Ms Morag Dendy	Head of Health NHSCP
Mrs Marianne Hayward	Programme Director for DWD
Mr Henry Prempeh	Consultant Public Health
Ms Alison Smith-Palmer (Item 11)	

APOLOGIES:

Ms Lesley Thomson	Director of Nursing SHSCP
Mr Donald Reid	Non-Executive Director
Mrs Kirsty Orr	Head of Planning and Development
Mr Martin Hill	Board Chair
Dr Mark Russell	Medical Director SHSCP
Dr Adam Daly	Associate Medical Director North HSCP

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 made.

3. Notes of Previous Meeting (20th September 2023)

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

4. Matters Arising/ Rolling Action List

Matters Arising

There were no matters arising.

Rolling Action List

Mr McGuffie advised that there has been work progressing in the background around the risk register which will tie into the corporate approach. This will link to the risk register the agenda plan and we will see the new risk reporting through the committee.

Mr McGuffie stated on page 2 of the rolling action log, the children's health plan needs to get an update on Morse to allow them to pull the data around routine enquiry for financial wellbeing through the health visiting teams. Mr McGuffie noted there are 48 services still to be added to Morse as well as a number of areas that require development and an action plan will be pulled together to accelerate the programme of work and identify resource to undertake this work.

Dr Pravinkumar plans to hold an anchor workshop session. The briefing session is expected to take place Feb/Mar time as they are expecting the population health plan to be published and depending on timing they might do anchor on its own as a workshop with non-executives.

Mr Boyle asked Dr Pravinkumar to provide some dates in the action log for the group.

JP

Mr Boyle advised the chair understands both the intentions and aspirations around early intervention prevention and want to ensure the rest of the board members have the same opportunities to have the same comfort and

understanding. In the meantime, if there is anything that would be helpful for circulation or events to let Mr Boyle know and it can be factored in.

5. Corporate Risk Register

The enclosed report and the subsequent Risk Register presents an update to the risks on the Corporate Risk Register for the reporting period Aug-Oct 2023/23 which are reported to Population Health & Primary Care and Community Services Governance Committee. There are 5 risks for this committee- 3 very high and 2 highs.

(Appendix 1) presents an update to the risks on the Corporate Risk Register for the reporting period July – October 2023 which are reported to Population Health & Primary Care and Community Services Governance Committee.

Executive Summary

- Work is ongoing to ensure that risks on the Corporate Risk Register are a reflection of the Corporate Objectives
- Risk Management Strategy & Risk Management Policy have both been reviewed, refreshed and approved.
- Currently working with risk owners to articulate risks to NHSL around workforce and addressing inequalities within our population.
- The Corporate Risk Manager is now on Maternity Leave, risks relating to governance committees and the Corporate Risk Register will be governed by Board Secretary and Corporate Business Manager.

Mr Cannon introduced Mrs McLean who has recently taken over the Risk aspects of the register following Mrs Hope leave. The risk dashboard shows the risks attributed to the committee that are on the corporate risk register with no changes to those. Mr Cannon noted that they should have been added in for terms of completion and audit. The summary shows the risks and the following pages show the corporate risks that are sitting with the other committees and the trends and risks types at the end of that. Mr Cannon gave his apologies and advised that he will circulate the individual sheets with the mitigations separately.

PC

Mr Causer asked Dr Pravinkumar where are we with the development of the risk around the demographic as he was keen to see that.

Mr Causer commented that some of the highest risks sit around primary care services GP services and advised our agenda should reflect our risks as we don't spend enough time talking about primary care GP services.

Mr Causer highlighted the work around governance if this committee is going to be repositioned does that retain that overview around primary care in particular the GP part.

Mr Boyle agrees with Mr Causer and a discussion with the chair about primary care and increasing our attention around this. Mr Boyle highlighted there was a briefing session recently around primary care in out of hours for board members. There was a discussion about the position in non-committees which has been taking away to have a look to see if it is best placed here or PPRC

cause it's a broader risk, but as discussed before it is fundamental critical because it is the route into so much.

Mr Boyle advised it is a work in progress and requires a dedicated space and time to have further conversations. Mr Boyle advised once we know what the governance structure looks like then as a committee a session can be held to make sure that the items that are discussed at this meeting are going to be addressed elsewhere.

Mr Cannon advised Mr Causer that there have been discussions about how they frame the demographic trends risk which is actively being considered through a small group as it is difficult to narrow down into actions and mitigations and will be brought to Corporate Management Team.

Mr Boyle commented on the risk (1703). The more we see the detail around safe and effective decontamination and feels this is more of an acute risk and may need to make arrangements to pass over as this is about the sites specifically before it was a broader piece for awareness.

The committee are all assured of the Risk Register.

6. JRF Poverty in Scotland (2023) Report

The following report is for noting. Every year at the start of Challenge Poverty Week in October, the Joseph Rowntree Foundation (JRF) publish their 'Poverty in Scotland' report. This year's report considers whether 'work is working' for the people of Scotland.

The main findings are:

- Over one million people still live in poverty in Scotland, with nearly half of those (490,000) living in very deep poverty.
- The statutory child poverty reduction targets are unlikely to be met without significant additional Scottish Government action.
- While the Scottish Child Payment is likely to reduce child poverty, the growth of in-work poverty is holding back further progress.
- Just over 10% of workers in Scotland are locked in persistent low-pay, i.e. they are paid below the real Living Wage. Of this cohort, 72% are women.
- Five high-priority industries play a key role in maintaining in-work poverty: retail, hospitality, manufacturing, health and social work, and the administration and support services.
- The report details several recommendations for the Scottish and UK Governments and provides specific findings and recommendations for the high-priority industries to work with and support their employees to make ends meet.

RECOMMENDATIONS

It is recommended that the IJB:

- (1) Review the main points of the JRF Poverty in Scotland (2023) report

- (2) Note the strategies and plans already in place across North Lanarkshire to tackle poverty
- (3) Discuss and consider any wider implications or areas for improvement

Mrs Pravinkumar noted the cost of living tracker was looked at in May/June in the cost of living group across the boards and noted 40% of households are not able to source basic essentials, with the pandemic and cost of living crisis and where we are at, it is quite stark. Mrs Pravinkumar hoping through the anchor plan there will be some work undertaken to help this situation and working with partnerships to look at some of the interventions that can be achieved.

Mrs Lees commented she is looking forward to hearing and discussing this in more detail at the anchor steering group.

Mr Boyle advised we need to have a conversation about how we turn this into an action and make sure we are connected to people who we employ that are in that group

Mr Causer commented there are real risks and advised what they are telling us is not new information and it is being repeated every year the same message. Mr Causer asked how do we change this as an organisation. There are 2 perspectives, our role anchor institution space and how can we do work there to support the population and also so what are the impacts on NHS and the services we are providing.

Mr Causer stated when looking at numbers the numbers are big 20% living in poverty and 10% extreme poverty. Do we have enough understanding of the population of where the impacts are hitting in terms of the services and how can we reconfigure on the preventative part.

Ms Todd agreed with the points raised by Mr Causer and advised Mrs Pravinkumar has provided a helpful infographic, which highlights some of the limited impact we have as a health service and thought that this is where the community planning partnership comes in. Ms Todd stated reports like this highlights some of the barriers for someone.

Ms Todd explained there are a range of things in terms of service design and delivery we need to think about and is mindful that this is being balanced between extreme service pressures and challenging targets and measures.

In terms of the understanding of the population and the impacts on services, the tackling poverty groups north/south undertake consultation with particular groups and through tackling poverty north and money matters in the south they are hearing peoples lived experience on a daily basis as they support them to maximise their income and benefits. The health point health service in acute are learning a lot by undertaking the holistic needs assessment with more complex patients and Ms Todd advised this is when you see the impact of all of this on the frequent attenders and admissions. Ms Todd added needs people, resources and time to have more impact.

Mr Boyle advised the group that we need to think about what we control across the board and what we can influence across other organisations and connections.

Mr McGuffie advised there needs to be some lobbying at Scottish government level around what we are paying. Use data in report to make some significant changes. Mr McGuffie noted North Lanarkshire have seen the average wage rise above the Scottish average for the first time but the real statistics we need is to look at is the minimum wage jobs and commented there is something in there around what we are collecting and viewing. There are actions we can take here to get underneath here.

Mr Cunningham picked up on Mr McGuffie's point about government policy and negotiating around what we are paying to people in the social care sector and thinks it should be something within in our gift to give and that would make a difference to a lot of people.

On Ms Todd point in terms of community planning partnerships Mr Cunningham would like to push the work of the third sector and explained the voluntary sector reaches far more people than we know about and provided some detail on different situations. Mr Cunningham thinks the third sector is a critical factor in terms of reaching these people.

On a positive note both Health and Social Care Partnerships have invested a lot in terms of child services, first steps and family nurse partnership where they work with vulnerable people to provide them with opportunities and links with money matters to give people access to this service.

Mrs Gardner highlighted 3 points from this discussion

- Wages for NHS Staff have been some positive movement and have shifted some of the stats in Lanarkshire.
- Linking to Ms Todd comment and the touchpoints on how we help complex patients be more supported and need to be thoughtful where that is done
- As a committee have a workshop where can map out how we influence and educate with no cost and have interaction with our community, where do we employ directly and put our financial intervention. Influence partners

The committee agreed the recommendations in the paper and Mr Boyle advised to take the employees considerations to the staff governance and anchor committee groups. Consider broader workshop meaningful assurances. Factor in risks and how we revisit this and what difference we are making.

7. Public Sector Equality Duty

The following report is for noting.

BACKGROUND/SUMMARY OF KEY ISSUES

The Public Sector Equality Duty came into force in April 2011 (s.149 of the Equality Act 2010). The act set out the requirement of public authorities to ensure that they meet the objectives set out under s149 of Equality Act 2010 including:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010
- Advance equality of opportunity between persons who share a relevant protected characteristics and persons who do not share it
- Foster good relations between persons who share a relevant protected characteristics and persons who do not share it

As part of the Equality Act 2010 (Specific Duties) Regulations 2011, public authorities are required to publish:

- Equality objectives at least every four years
- Information to demonstrate their compliance with the public sector duty.

Following a review of the effectiveness of the Public Sector Equality Duty (PSED) in Scotland there will be a phased approach to implementing changes to the duty in order to improve the PSED regime by April 2025.

These initial changes will include the delivery on two key prioritised regulatory changes around the revising of the current pay gap reporting duty and the introduction of a new duty on listed public bodies in relation to their use of inclusive communication. A decision has also been taken to repeat the current regulation 6A of the Scottish Specific Duties which relate to the collection of data on listed authorities' members 'characteristics' and a consultation on the development of the Mainstreaming Strategy will also take place by the end of 2023.

The revising of the pay gap reporting will help to drive action and reduce the pay inequalities affecting certain disadvantaged groups within society. Following consultation with stakeholders it was agreed that listed authorities should publish ethnicity and disability pay gap information. Extending the reporting requirements to include pay gaps relating to disability and ethnicity will encourage public bodies to take more effective action on reducing any inequalities.

Introducing a new Scottish Specific Duty on inclusive communication has been supported across stakeholders and will aim to use inclusive communication to improve accessibility, reducing barriers, increasing participation and promoting inclusion.

The decision to repeal current regulation 6A relating to the collection of data on listed authorities' members' characteristics is due to barriers and challenges around how the data collection requirement of the regulation is

framed and compliance with this regulation has been difficult. Therefore, other mechanisms are being explored for achieving the intended policy outcomes, including through dialogue with the Public Appointments Team.

The consultation on a Mainstreaming Strategy will also take place by the end of 2023, with the aim of improving the lives of the most disadvantage people in Scotland. The main themes of the strategy include:

- Strengthening leadership
- Accountability and Transparency
- Regulatory and policy environment
- Evidence and experience
- Enhancing capability and culture
- Ensuring capacity

RECOMMENDATIONS

The IJB is asked to note the contents of the report which includes details of changes being made to the Public Sector Equality Duty.

8. North Lanarkshire ADP – Drug Related Deaths

The following report is for noting.

BACKGROUND/SUMMARY OF KEY ISSUES

The National Record of Scotland (NRS) Drug Related Deaths was published in July 2023, this report highlights the information specific to North Lanarkshire.

A summary paper is presented at Appendix 1 providing more detail to the summarized information noted below.

There were Sixty-five Drug Related Deaths in North Lanarkshire in 2022, down nineteen percent (15 deaths) on 2021. This reduction is the third fall in three successive years. (Highest number of deaths 95 in 2019) though figures remain high. The figures represent the fifth highest number of Drug Related Deaths on record.

The five-year average rate for North Lanarkshire is very similar to that seen nationally across the reporting period.

Drug related deaths are more prevalent in males than females in North Lanarkshire in 2022.

Opiates/opioids were the most common group of drugs implicated in DRD in north Lanarkshire in 2022.

Four of the six localities in North Lanarkshire had a reduction in DRD in 2022 compared to the previous year.

- Airdrie Locality had largest reduction in DRD in 2022 compared to the previous year with ten less reported deaths. The only Locality with an increase in DRD (+5) in 2022 was Motherwell Locality.

Over seventy percent (71%) of DRD in North Lanarkshire in 2022 had two or more substances implicated in the cause of death.

Alcohol was implicated in almost double the proportion (20%) of DRD in North Lanarkshire in 2022 compared to Scotland as a whole (11%).

The NLADP support team worked closely with key partners through the five ADP sub-groups (below) to develop key actions in keeping with national evidence-base, regional scoping work and learning from commissioned services to target the right responses to reduce harms.

The following ADP sub-groups oversee and support decision making on local investments linked to delivering the National Mission priorities.

- (1) Prevention, Early Intervention, & Education
- (2) Treatment, Care & Recovery
- (3) Whole Family Approach
- (4) Public Health Approach to Justice
- (5) Reducing Alcohol Harms Group (pan – Lanarkshire)
- (6) Drug Death Prevention Group (pan – Lanarkshire)

The work led by the NLADP will continue to engage wider stakeholders in analysing the impact of current services, supports and models of intervention, as well as consider the priorities and design into the future. A stakeholder conference in November 2023 will bring together people with lived and living experience, frontline practitioners, managers and strategic leads to reflect on local and national performance. Outcomes from this event will be incorporated into a fuller report to committee in March 2024.

RECOMMENDATIONS

- (1) Note the content of the report;
- (2) Acknowledge the content of the National Record of Scotland (NRS) Drug Related Deaths in North Lanarkshire report, setting out the detail of the confirmed drug related health data from 2022, published by NRS in July 2023.

- (3) Recognise that there are a range of current arrangements in place to reduce harms.
- (4) Recognise a more detailed report on the impact of commissioned services and progress will follow in March 2024. This will include a financial overview of spend and forecast arrangements

Mr McGuffie advised there was a joint public protection COG session which looked at both drug deaths and suicides and they are thinking about how they can get ahead of this and what the signs/symptoms are, what are the risk factors and what data sources do they have across the pan Lanarkshire system this will then tie in with the interaction plan which will help identify and reduce both drug deaths and suicides. Mr McGuffie advised there is discussions to have a joint public protection COG for Lanarkshire going forward.

Ms Dendy advised an event will be held in December for front line practitioners, people with live experience from statutory and independent and third sectors to look at the national performance information and our local service performance information.

9. Vaccination Service Q3 2023-2024 Update

The paper was shared with the Committee to provide an update on the Winter 2023 vaccination programme as currently understood and of the ongoing issues being managed in the service.

To highlight the ongoing development to establish a long-term patient-centred, efficient, safe and cost-effective delivery model.

Mr Cunningham highlighted points from the paper and advised they met with Scottish Government who were pleased with the data so far. The programme had to be rephrased due to the Covid Pandemic. Mr Cunningham provided further assurance to the committee now that everyone has been provided an appointment and all clinics are fully appointed for the foreseeable future. They continue to have issues with staffing levels but overall still on target to meet with patients. As the data comes in it will allow them to make sure they can reach the people they can.

10. Covid Variant Update

Mrs Alison Smith-Palmer provided a presentation on the Covid Variant Update.

- COVID-19 circulation has remained relatively stable across most surveillance data in the week ending 22 October.
- In Lanarkshire the number of COVID-19 patients in hospital has shown a small increase in the last week compared to the numbers in mid-

October, this is similar to the Scotland trend, but numbers remain relatively low compared to other points in the pandemic.

- In the most recent week with sequencing data, there is no dominant variant; with XBB accounting for 31%, XBB.1.16 accounting for 25%, and EG.5.1 (a descendant lineage of XBB) accounting for 32% of samples.
- Measures of respiratory symptoms in the community and via attendances at GP consultations show low levels of respiratory activity in the week ending 22 Oct (NHS24, and GP ILI).
- Influenza is at baseline activity and is in line with expected levels at this stage in the winter season.
- RSV is at moderate activity level and increased in most recent week. The increase is occurring earlier than some previous years.
- Hospitalisations for RSV have increased in most recent week, numbers consistent with the peaks in previous years.
- All cause excess mortality remains at baseline activity.
- Laboratory confirmed cases of norovirus remain low.

11. **IMT Report on: Outbreak of E.coli 0157**

Mrs Alison Smith-Palmer gave a verbal update on the IMT Report.

Outbreak Summary

- 16 confirmed cases, 11 with the outbreak strain and 5 with other STEC.
- All confirmed children appropriately clinically reviewed
- Over 100 individuals identified
- Approximately 500 specimens tested
- Regular update letters to parents and wider school
- Duration of response with last negative clearance samples in March 2023
- Impact on families extended positivity, some asymptomatic and only identified due to outbreak testing.

Mr Boyle asked how was their capacity dealing with this incident bearing in mind we are still dealing with parts of the pandemic and other health concerns. Mrs Pravinkumar advised it was one of those incidents that had to be focus on based on the risk assessments but the health addiction team provided the main response and coordinated in terms of support from the rest of the directorate. Mrs Pravinkumar stated it is quite significant in terms of capacity when we have other things going that's why we pull in the wider directorate.

Mrs Pravinkumar advised there is an escalation plan in place when there are more than 1 incident underway. There is also a business continuity plan in progress and is being refreshed on the back of the Covid pandemic and public health incident plan again for major incidents and these are all linked to emergency planning. There is a risk on the risk register in relation to managing public health incidents and outbreaks which can quickly have an impact across various parts of the system.

Mrs Pravinkumar highlighted that the paper around measles was brought to the last meeting. There has been 1 case of imported measles and measles in acute community healthcare setting can have an impact on the whole system and there are plans in place to look at how we increase the support and response.

12. 6 Month Update on Screening Programmes

Ms Briffa-Watt advised the screening update is to provide the committee with any updates, issues and progress out with that annual report process and alert the committee to any current challenges and current position across all the screening programs.

Summary of Key Issues

Inequalities action plan is complete and will come to the committee, this has been a big piece of work for public health and health improvement colleagues, they are utilising some cancer screening and inequality funds, unfortunately there is no funding that comes to the non-cancer screening programmes but utilising that around the 3rd sectors.

There has been a focus on DNAs and there has been a piece of work undertaken for bowel screening and why people would participate in our bowel screen but then don't come for the colonoscopy. This work is going to be repeated with colposcopy and they are undertaking additional calls and in partnership with the west of Scotland around those who DNA for their breast screening appointments, so there is a particular focus on those who are not coming forward and trying to focus on access certainly around cervical screening there are conversations with sexual health around a cervical screening clinic in Monkland's.

Ms Briffa-Watt continues to see pressures in their diagnostics services and the assessment clinics in the west of Scotland are not meeting the HIS target because the demand is outstripping the capacity. Colposcopy routine rates sitting at 16 weeks but has come down since writing the paper.

Prior to the increase in wait and a result of the lengthy waiting times in Glasgow Ms Briffa-Watt wanted to see NHS Lanarkshire population in our Lanarkshire clinics because of the inequality and will monitor this because of the increase pressure colposcopy is under just now.

Colonoscopy waits for bowel screening is now down to 2-3 weeks. There has been work undertaken to shorten the pre assessment process.

Mr Boyle express his interested in the inequality piece and bespoke follow up, making a difference.

Mr Boyle asked if there has been a health impact on patients waiting for bowel screening and Ms Briffa-Watt advised it has not had an impact and explained that it is the first time they have seen these waits. MS Briffa-Watt advised one

of the issues that we need to be mindful of is that these are routine low grade and borderline cytology and sometimes when these come through to colposcopy they can be reassigned to a high grade and which they are aware. Ms Briffa-Watt advised the clinicians are trying to drive these down as quick as possible.

JP commented on some of the keys issues raised by Ms Briffa-Watt and agreed that patients would welcome local access. JP found when doing a deep dive analysis there was issues around failure to attend colonoscopy and found that patients found it too far to travel due to the nature of the procedure they were having.

JP advised going forward they need to look how we embrace some of the AI advances that are coming in around pathway recognition.

National Developments

- A further allocation of Screening Inequalities Funding has been allocated to NHS Lanarkshire for one financial year. This funding (£79k) is to be used to tackle inequalities in uptake and access to cancer screening programmes.

Health Inequalities

- Inequalities across each specific screening programmes is captured in the individual annual reports.
- The Lanarkshire Health Inequalities Screening Action Plan is being updated to ensure it is in line with the Scottish Equity in Screening Strategy and Action Plan which was published in July 2023. This will include extension of the Lanarkshire plan to include non-cancer screening programmes and scoping action to address inequalities throughout the screening pathway.
- Action continues to focus on areas with lower screening uptake and lower SIMD quintiles. Examples of work in the last 6 months include:
 - Ongoing delivery of the sexual health, screening and hopelessness project. Using a proactive outreach approach, the project engages with the homeless population, and those at risk of homelessness, to support screening access and provide opportunistic sexual health advice and services.
 - Ongoing quality improvement capacity to provide support to GP practices to identify, manage and support those who ignore their cervical screening invite. Data analysis was undertaken to better understand the pattern of cervical screening uptake across Lanarkshire GP practices. Partnership work with GP clusters in an area of deprivation with low uptake is now underway.
 - 2 new projects in North Lanarkshire commenced in summer 2023 to provide community engagement and support uptake of breast and cervical screening in Airdrie and Bellshill.
 - Continuation of the community project Happy 'n' Healthy which widened the focus of their community engagement work into further areas of deprivation and targeting population groups

where uptake of cervical screening is lower than the rest of the population.

- A full screening inequalities report will be brought to the Population Health Committee in March 2024.

Bowel Screening

- Bowel screening uptake has been identified as a priority within the Detect Cancer Early work and within the local screening inequalities action plan. Published data reported for May 2020 – April 2022 highlighted that the NHS Lanarkshire uptake was 63.6% for all persons and above 60% (national target) for both males and females for the first time. However, uptake in NHS Lanarkshire is the second lowest across Scotland.
- Work is progressing to put in place a data framework for the evaluation of a pilot programme being delivered in partnership with community boards across NL HSCP. Once this framework is in place, a project piloting a number of approaches to improving uptake will commence across NL HSCP.
- Positivity remains the highest of all NHS Boards at 3.15% (Scottish comparison is 2.78%). Previous reports to this committee have highlighted the challenges NHS Lanarkshire face in meeting the demand for colonoscopy services due to the increased uptake and positivity rate. Colonoscopy capacity remains a challenge however, an action plan is in place and work is ongoing across the pathway to shorten waiting times around the pre-assessment process to make an impact on time from referral to procedure. Further improvements in waiting times have been made as the result of a time limited extension to the vanguard unit. As a result, time from referral to scope is now around 4 weeks, down from a persistent wait of between 10-12 weeks in 2022.
- As part of a drive to reduce the risk of precancerous polyps and cancers developing, resulting from patient non-engagement in further investigations, the number of people who participated in bowel screening with a positive result but then chose not to respond to correspondence from NHS Lanarkshire were reviewed. A review of referrals received was carried out to identify the number of people who failed to respond to correspondence from NHS Lanarkshire following a positive result to arrange a suitable date for a pre-assessment. Correspondence was sent to 48 of the 57 patients identified. Of the remaining 9 patients, 2 had been in touch with the bowel screening team at time of writing; 2 were deceased; 2 detained in HMP Shotts and there was no contact number for 3 on TrakCare. Of those contacted, 25 agreed to participate, with half being referred back to bowel screening programme.

Breast Screening

- West of Scotland Breast Screening Service (WoSBSS) is currently screening all board participants within the 36 month expected

standard. As per national policy, previous round non-attenders are being sent an open letter this round rather than a letter including appointment. This letter encourages clients to call for an appointment and is in place in attempt to reduce wasted appointments through DNA. Those who have not made contact within 2 weeks of the letter being generated are sent both a reminder letter and text to encourage contact. NHS Lanarkshire and the three other NHS boards serviced by the WoSBSS have plans in place to mitigate any impact of this new policy on inequalities in uptake already in place and are utilising a proportion of screening inequalities funds to ensure these clients also receive a telephone call. This will be a short 6-month pilot.

- Unfortunately, as reported recently within the breast screening annual report, assessment waits continue to exceed HIS standards. Current waits for assessment are between seven and eight weeks from date of screen rather than the three outlined within the HIS standard. The service continues to monitor waits closely and add additional appointments wherever possible. Changes to job planning are being progressed to free up staff availability to deliver a further assessment clinic per week as demand outstrips capacity.

Cervical Screening

- Regular updates are provided to the committee on the progress of the national 'no cervix exclusion' incident. A SBAR is included in the meeting papers outlining progress for the first two quarters of the financial year.
- The Cervical Screening Annual Report is also included in the meeting papers and outlines that cervical uptake continues to be a priority across the inequalities work.
- An incident was identified in August by the recently set up HPV pathway review group. On examination of the pathways, it has been established 163 participants (39 in Lanarkshire) have received incorrect management advice following cervical screening. The participants were on a pathway which should have led to a routine referral to colposcopy following three HPV positive results. This referral did not happen and they received advice instead that they should attend screening in 3 years' time. An AEMT has been set up by NSD, letters finalised and participants will be invited to attend colposcopy. Work is ongoing with the colposcopy service to ensure the affected patients are seen as promptly as possible.
- Colposcopy is experiencing increased waiting times of 18 weeks for a routine appointment currently. This is likely the result of staff shortage.
- NHS Lanarkshire continues to see patients from the Camglen and Northern Corridor localities who require a routine colposcopy appointment. This pathway was put in place to prevent NHS Lanarkshire residents from these areas waiting up to 52 weeks if they were referred into NHS GGC under routine referral. However, the impact of this is being closely monitored as a result of the increased routine colposcopy waiting times in NHS Lanarkshire currently.

- A report of the HIS independent review into application of exclusions within the cervical screening programme was published in Aug 2023. A SBAR was taken to the previous committee meeting summarising the review. Subsequently, Scottish Government has written to NHS boards asking that NHS boards do not progress any new actions until the Programme Board has completed a scoping exercise and presented its findings for consideration sometime in October. NHS Boards have been advised that this work will in turn inform the kind of oversight needed to coordinate the required actions at both a local and national level. All consultant in public health cervical screening leads will be invited to be part of the discussions in future programme board meetings.

Targeted Lung Cancer Screening

- The first meeting of the Scottish Lung Cancer Screening Expert Advisory Group was held on 7th August 2023. At this meeting the various issues that need to be considered were discussed and grouped thematic work streams. These may lead to programme structure/sub-groups for further activity. Await further feedback from the chair around direction forward.

Abdominal Aortic Aneurysm Screening (AAA)

- The AAA Screening Programme has caught-up with initial invitations, following the pandemic pause and initial challenges with recovery of the programme. Eligible participants are being invited for screening before their 66th birthday. This is expected to result in significant improvements in the screening test KPIs for 23/24.
- Provisional data shows that in 22/23, we were unable to meet the AAA Screening Programme initial screening test KPIs. During April 2022-March 2023, 35.1% (compared with 0.8% for 21/22, essential KPI ≥ 90%) of the eligible population were sent an initial offer for a screening test before age 66 years; although, this rises to 92.1% (compared with 4.7%, in 21/22), when you include those invited after their 66th birthday.
- On-boarding of new ultrasound machines has been completed, following some initial challenges around the IT systems and the Mindray machines. Currently ~5% of AAA screening test ultrasounds result in being unable to visualise the aorta. These new machines are expected to reduce this figure because they have higher accuracy and image quality, regardless of BMI.
- Those under surveillance, for small (3-4.4cm) or medium (4.5-5.4cm) AAAs, are continuing to be prioritised for screening invitations. The programme is also on-track for achieving the surveillance KPIs in 23/24.
- Demand on acute services, and the complex nature of the vascular surgical interventions (e.g. requiring critical care beds and pre-surgical

assessments with CT angiography), has resulted in significant delays for participants having their AAAs repaired. However, work is ongoing to reduce the time to intervention for those identified with a large AAA and a number of tests of change have been implemented; including: remote clinical assessments for suitability for intervention and dedicated CT angiography slots.

Diabetic Eye Screening (DES)

- Overall, capacity for undertaking screening tests remains above pre-pandemic levels, with the backlog has reduced from 13,493 in April 2023, to 9,602 in July 2023. Participants in this group had a previous screening outcome of no retinopathy, no maculopathy (ROM0), and are considered as having a low risk of developing referable eye disease within 3 years.
- The DES Service has continued to recall high-risk patients, and to prioritise newly diagnosed diabetic patients being booked for their screen. Data for 22/23 shows that 93.4% of newly diagnosed people with diabetes were offered a screening appointment within 30 days, and 99.46% within 90 days.
- Since 2020, images and data for the DES programme are collected via the national DES database OptoMize. It has not been possible to retrieve detailed programme KPI data from the national database; however, progress has been made in quality assessing the data and this should be available for the DES Annual Report due to be presented to the committee in January 2024.
- SMS reminders for DES appointments are being piloted in a number of boards, and a national DPIA has been developed to support their use. However, some technical issues were identified in the pilot sites resulting in the initiative being paused. The national DPIA will be used to inform local Information Governance approval processes, with a view to allowing SMS reminders to be sent for NHS Lanarkshire participants.

Pregnancy and Newborn Screening (PNBS)

- At the end of June 2020, the new Non-Invasive Pregnancy Test (NIPT) for Down's syndrome and first trimester for Trisomy 13 and 18 was implemented nationally. It is now offered to all pregnant women in NHS Lanarkshire, identified from previous screening tests, as having a higher chance of having either Down's syndrome, Edwards' syndrome, or Patau's syndrome. A full evaluation of the NIPT component of the PNBS, utilising routine data sources, is currently being undertaken, with reporting expected by January 2024.
- Work is being done nationally to ensure there are robust national data sets to monitor and quality assure the Pregnancy and Newborn Screening Programmes. However, reporting for the Newborn Bloodspot Screening, shows that 99.86% (standard $\geq 99.5\%$) of all babies born to Lanarkshire residents 2022/2023 have undergone bloodspot screening; and in the Universal Newborn Hearing programme 99.8% (standard $\geq 98\%$) of all newborn babies born to

Lanarkshire residents, or moving into Lanarkshire under the age of 12 weeks in 22/23, have completed their hearing screening by 12 weeks.

- The UK National Screening Committee (UK NSC) has recommended that the genetic condition tyrosinaemia type 1 will be added to all newborn blood spot screening programmes. Tyrosinaemia is a rare metabolic disorder in which the body is unable to break down the amino acid tyrosine, which is a component of the proteins in humans and food. Early detection can allow for early interventions and prevention of serious health conditions e.g. liver failure. Work is underway to incorporate this into the current 9 genetic conditions tested via the newborn bloodspot in Scotland. However, no date for the introduction of this additional screening test has been shared.
- Ongoing work is being undertaken to streamline the antenatal sample collection processes, and the laboratory has identified a small dedicated team in their reception to support maternity services.
- The Lead Public Health Consultant for PNBS is supporting maternity services with updates to the screening component of the Community Midwife Training package.

Pre-school Orthoptic Vision Screening

- Uptake for the 22/23 academic cohort was higher than in 21/22; 89% versus 80%. This has been facilitated by the continued use of community clinics for mop-up clinics and re-visits to nurseries with 10 or more children who weren't screened at the first visit.
- Changes in the programme include recording the exclusion of children who are already being seen in hospital settings; reducing the number of children still to be screened, before a second visit to the nursery setting is triggered by the Orthoptic staff; and updating local SOPs and parent provided information around consent processes.
- Digitalisation of the screening programme is proposed in the future, and this is expected to be facilitated by a new national Child Health Surveillance System being in place, and the use of digital technology in the nursery setting.

13. Cervical Screening Annual Report

Celia Briffa-Watt provided an update

Summary of Key Issues

Ms Briffa-Watt has new KPIs but has not received the data to report on these yet. This information is going through the national programme and the national monitoring evaluation groups and will look differently next year as they have new KPIs and nationally they are looking at a standardised approach to reporting across all the board.

The uptake is similar to last year and there is a downward trend and aware of this. There is a slight increase in the inequality gaps which is 15% higher than the Scottish average.

Level of disease is 23%, a quarter of population have low grade and borderline changes and 5-6% high grade changes and these are seen much quicker (2-3 weeks) this has not changed since HPPB implementation.

32 people were referred to colposcopy but didn't attend. Mrs Briffa-Watt advised they will focus on this group to find out why they didn't attend their appointment. The rest of the DNAs will be calculated as appointments, 11% wasted appointment. Again the team will be looking at why these appointments were wasted. Mrs Briffa-Watt advised there has been work done within gynaecology and public health are going to repeat that work as an inequalities focus.

Mrs Briffa-Watt advised they are waiting on new screening dashboard which will help with access to data, no launch date yet for cervical data.

Mrs Briffa-Watt advised there is a paper going to CMT on Monday 9th November with a full update on the National Audit and will circulate after the meeting.

CBW

14. Annual Performance Report 2022/23 – Health and Social Care North Lanarkshire

North Lanarkshire IJB is required by the Public Bodies (Joint Working) Regulations 2014 to publish an Annual Performance Report by July 31st each year.

The content of the Annual Performance Report is focused on the National Integration Indicators (the Core Suite and Ministerial Steering Group indicators). The purpose of standardising Annual Performance Reports for Integration Authorities in this way is

to support Integration Authorities in improving the consistency of reporting for these indicator sets

The Annual Performance Report 2022/23 - Health & Social Care North Lanarkshire presents the performance in relation to these metrics, alongside performance information relating to inspections carried out by the Care Inspectorate and additional local performance information in the form of the Chief Executive's scorecard. Progress against the National Health & Wellbeing Outcomes is also described in the report. A section has been dedicated to presenting and describing financial performance for 2022/23

In order to comply with the requirements to publish the APR by 31st July 2023, a draft version has been available on the IJB website since that date, pending approval by the IJB. This was required due to the timescales imposed on the partnership to produce and publish an Annual Performance Report by 31st July using Public Health Scotland data that is not published on their website until 04th July 2023, as previous publications of the data set are provided to the Integration Authorities for management use only

Members should note the most up-to-date available has been used in the report, however for many indicators this relates to previous years; NI1 – NI9 are based on the results of the Health and Care Experience Survey, which was last carried out in 2021/22 and for others, 2022/23 data is not yet available. For indicators NI12 – NI16, the performance for calendar year 2022 is presented per the instructions of Public Health Scotland as the 2022/23 data for these indicators has not been validated for publication.

Mr Boyle advised that as a group will need to give a thought on what performance reporting looks like. It has an implication on other services

15. South Lanarkshire HSCP Performance Update Report

Summary of Key Issues

As highlighted in the management information in Appendix 1, A&E attendances and admissions are lower than pre-pandemic levels. Delayed discharge performance for the period April – August 2023/2024 is, however, above target, albeit still not higher than pre-pandemic levels.

The delayed discharge position being reported is the latest available and matches what was reported to the NHSL Board in October in the Integrated Performance & Quality Report (IPQR) report. South Lanarkshire was just

above the national average for the rate of patients in standard delay for the entire adult population but below it for those aged 75+ at July census.

The work initially being undertaken as part of the 'Discharge Without Delay' programme has now been subsumed within Operation Flow. Key actions have been implemented in the Flow Foundation bundle across a timeline of delivery by October 2023. Full details of the bundle are available in the Hospital Occupancy and Delayed Discharge Plan in Appendix 2.

Further scrutiny of the 'Discharge without Delay' data shows, in the middle of August, 71% of patients aged 65+ had a Planned Date of Discharge (PDD) set with 9% for weekend days. 85% of social care assessment referrals were planned and only 10% of hospital discharges took place pre noon.

3 In previous performance reports, it was highlighted that future reports would provide details of drug related deaths as well as updating on progress on attainment of the MAT standards. Recently published data shows there were 70 drug related deaths in South Lanarkshire in 2022, a reduction of 31 from 2021 and the lowest number since 2016. Figure 13 in Appendix 3 shows South Lanarkshire remains above the Scottish average for the 5-year rate of deaths per 100,000 of population.

Progress on the ten MAT standards is detailed in Table 2 on Appendix 3. Specifically, in relation to MAT Standard 7 - *All people have the option of MAT shared with Primary Care* - a task & finish group, led by South Lanarkshire Medical Director has been established. Initial work is to focus on linking the Community Prescribing service into GP practice electronic records so that GPs are aware of what treatment and/or medication is being provided to the patient in response to their physical health needs. The review will also assess the range of long term conditions management services being provided by GP practices for mainstream patients which addiction service patients could also access. In addition, the potential of a Local Enhanced Service agreement with GP practices is being considered, together with the potential for the addiction services to offer outreach clinics within GP practices in the future.

The Public Protection Chief Officers Group (PPCOG) hosted a development event on 4 October 2023 to review and develop a Lanarkshire wide approach to Drug Related Deaths and Suicide. It is anticipated that the subsequent action plan and future reporting will be incorporated into the Health and Social Care Partnership's (HSCP) Performance Monitoring Report for scrutiny and review.

NHS Lanarkshire is also in the process of reviewing and updating current reporting arrangements to the Health Board and associated timescales. An Integrated Performance & Quality Report (IPQR) report has been developed and it is anticipated this will contribute to a further update to the data set then being provided to future meetings.

There are a number of areas in which the HSCP continues to progress innovative and best practice developments. Most recently, Janice McClymont,

Head of Profession, Occupational Therapy Services was shortlisted for the People's Choice Award at the Scottish Health Awards for 2023. Thanks to the dedication and expertise of occupational therapists under the direction of Janice, numerous individuals have had their lives improved. The awards ceremony takes place on 2nd November. Additionally, Janice has also recently been given the coveted Royal College of Occupational Therapists Merit Award - which recognises a significant achievement made in their sphere of work. It is a recognition by her peers of excellence and special contribution to the profession

Mr McGuffie advised the main area of concern at the moment is Speech and Language Therapy for Children and Young People with the performance remaining below 30%. A programme board has been established along with 6 different working groups around communications and engagement, waiting list management, maximising accommodation, Capacity, HR workforce, administration and eHealth and digital. There is a lot of work to undertake to get this on to a digital platform in terms of both clinical record keeping and around administration of clinics. Mr McGuffie met with Donald Wilson, Director of Digital Services and is hopeful that the Speech and Language Therapy service will be fast tracked as a priority.

Mr McGuffie advised the Medical Children and Young People the consultant wait time is currently at 56%. Care assurance, rota sustainability – biggest challenge, continence service models are all being reviewed.

Psychological therapies currently above 80%. Mr McGuffie explained what we are currently seeing is an increase in demand and advised there is an embedded public health Scotland analyst working with the service and has advised the 90% performance target is not possible with the current level of demand and challenges with recruitment. This has been feedback to Scottish Government who are going to look at what can be done.

The CAMHS service has improved and has significantly dropped from 1900 to just under 300 waits and can now see the RTT come back up. There was a 22% increase in August and anticipate this continues on a positive trajectory as we go through the next round of capa appointments.

The Neurodevelopment service continues to be a challenge despite the increase in establishment of service the demand is still sitting at 240 referrals a month. There is work ongoing around demand and capacity and q analysis around the service and how we maximise the capacity that we have been able to increase to maintain this. 1st patients have been transferred to an external provider in particular the less complex assessments undertaken by that provider.

Mr Boyle asked if there was any additional funding that could make a difference to the Speech and Language therapy. Mr McGuffie advised that they are looking at the wider resource and trying to be as flexible with the funding from Scottish Government as much as possible. In terms of some of the CAMHs funding, it has helped with the development of Udston and the redevelopment of the north facilities and supported some of the expansion

into the school counselling services. Mr McGuffie will also be looking at how funding can be used for Neurodevelopment services and linking in with Speech and Language therapy. The challenge is the availability of workforce.

16. North Lanarkshire HSCP Performance Update Report

As highlighted in the management information in Appendix 1, A&E attendances and admissions are lower than pre-pandemic levels. Delayed discharge performance for the period April – August 2023/2024 is, however, is above target, albeit still not higher than pre-pandemic levels.

The delayed discharge position being reported is the latest available and matches what was reported to the NHSL Board in October 23. North Lanarkshire was below the national average for the rate of patients in standard delay for the entire adult population and those aged 75+ at August census.

Further scrutiny of the 'Discharge without Delay' data shows, in the middle of August, 64% of patients aged 65+ had a Planned Date of Discharge (PDD) set and there was a decrease to below 60% throughout the month of social care assessment referrals which were planned.

Some AHP, Children's and Mental Health services have been affected by ongoing demand, capacity and resource issues. Appendix 2 highlights latest performance for North Lanarkshire hosted services.

Recently published data shows there were 65 drug related deaths in North Lanarkshire in 2022, a reduction of 15 from 2021 and the lowest number since 2017. Figure 17 in Appendix 3 shows North Lanarkshire remains above the Scottish average for the 5-year rate of deaths per 100,000 of population.

Progress on the ten MAT standards is detailed in Appendix 3. Specifically, in relation to MAT Standard 7 - All people have the option of MAT shared with Primary Care - A task and finish group has been created to guide MAT 7 compliance within our existing infrastructure, focussing on a range of options to review and improve the offer to meet MAT 7. North Lanarkshire's Medical Director has met with MAT Joint Chairs and locality service managers North and South to discuss the approach moving forward.

17. Risk Update

The following risk to be considered and reviewed:
None to be considered

18. A.O.C.B

No other business

19. Date of Next Meeting

Tuesday 9th January 2024