

ITEM 3

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

Minutes from a meeting held on Microsoft Teams
on Thursday 1st November 2022 at 2pm-5pm

PRESENT:	Mr Ally Boyle (Chair)	Non-Executive Director
	Mr Paul Cannon (Left 4.10pm)	Board Secretary
	Miss Stacey Connor (Minutes)	Business Support Manager
	Mr Phillip Couser	Non-Executive Director
	Mr Craig Cunningham	Head of Commissioning & Performance
	Ms Morag Dendy	Head of Health NHSCP
	Dr Cathy Johnman	Consultant in Public Health Medicine
	Mrs Maureen Lees	Non-Executive Director
	Mr Ross McGuffie (Joined at 3.45pm)	Chief Officer NHSCP
	Dr Lucy Munro	Medical Director NHSCP
	Mrs Kirsty Orr	Head of Planning and Development
	Dr Josephine Pravinkumar (Left 3.30pm)	Director of Public Health
	Mr Henry Prempeh	Consultant Public Health
	Ms Elspeth Russell (Left 2.45pm)	Public Health
	Ms Claire Rae	Head of Health & Social Care
	Mr Soumen Sengupta	Chief Officer SHSCP
	Ms Maggs Thomson	Head of Health North HSCP
	Ms Kerri Todd (left 3.30pm)	Head of Health Improvement
 IN ATTENDANCE:	Ms Amy Anderson (Observing)	Non-Executive Board Member for NHS Grampian
	Ms Morag Anderson (Trudi's Deputy)	Associate Nursing Director
	Mr Jonathan Cavana (Item 8)	Senior Health Improvement Manager
		Healthy Lifestyle & Weight Management Service
	Mr Marc Conroy (Item 8)	Health Lifestyle Programme Manager
	Mr Martin Hill	NHS Lanarkshire Chair
	Ms Elinor Steel (Item 8)	Health Schools Manager
	Mr John Tomlinson (Observing)	Non-Executive Board Member for NHS Grampian
 APOLOGIES:	Dr Jane Burns	Executive Medical Director
	Ms Celia Briffa-Watt	Public Health
	Dr Linda Findlay	Medical Director HSCP
	Mrs Marianne Hayward	Programme Director for DWD
	Ms Trudi Marshall	Director of Nursing NHSL
	Dr Mark Russell	Associate Medical Director
	Ms Lesley Thomson	Director of Nursing SHSCP

1. Welcome and Apologies

The chair welcomed everyone and apologies were as noted above.

It was noted that Mr Findlay has resigned from the board due to competing demands; the committee noted their thanks for his contribution and wished him well.

2. Declaration of Interests

There were no declarations of interest made.

3. Notes of Previous Meeting (1st September 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.

Stacey to add an action regarding arranging 2023 meeting dates.

SC

5. Corporate Risk Register

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

- No new closed risks.
- No risks escalated to, De-escalated from or Transferred to the Level 1 Corporate Risk Register.
- A new Cost of Living Crisis risk was identified at the last meeting and this is being taken forward through the Corporate Management Team at this time. It has not as yet been formally added to the Corporate Risk Register

There are now four (4) risks assigned to the population health & primary care and community services governance committee identified for scrutiny and assurance. Due to the postholder retiring in September 2022 these have not been updated. Interviews are being held to appoint a new Corporate Risk Manager.

Ms Lees asked for an update on the resilience team's evaluation of site preparedness and training needs for decontamination of the public/patients – Mr Boyle will ask if Martin Gordon can attend a future meeting.

AB

6. Cost of Living

The purpose of this paper is to raise key considerations in relation to the cost of living crisis for NHS Lanarkshire (NHSL) and recommend actions that should be taken by NHSL as a local anchor organisation and, as part of the wider public health system, in partnership with our community planning partners.

Ms Russell advised the paper outlines the evidence linked to cost of living pressures, there are specific groups which are likely to be affected more than others. Scottish Government & Westminster have put in a range of measures to help manage this. Undertaking a scoping exercise nationally and will ensure this fits with what has been reviewed locally. Work to continue with free period products and linking with partners to support other work being undertaken. Ms Todd advised NL IJB have offered to provide funding for a cost of living helpline for NL residents. She has been linking with the NL Tackling Poverty Team to scope requirements.

The committee is asked to note there is SLWG and a draft action plan and consider how best to share the plan and work with community planning to progress the actions.

Mr Hill queried lack of up take on certain benefits which have been left unclaimed, how do we ensure information is communicated. Ms Todd advised relevant information has been developed which is shared through staff briefings and on the websites linking to relevant partners. There are agreed referral pathways to local authority teams which recognise staff will not be experts but they can open discussions with patients to then refer them to the correct area.

This is the staff health and well-being week in Lanarkshire which includes information on wider community supports available. Areas to be explored are welcome to aid in improving our approach.

Mr Hill suggested could information be shared via food banks and education in school where information could then be taken back to families. Dr Munro noted work in HSCNL to bring heads of professions together to look at test of changes and build on work already undertaken. Mr Sengupta noted challenges need to be evidence based for this work need to try not to go into too many areas at once where it dilutes the help available.

Dr Pravinkumar advised collaborating with University of Strathclyde to look at risk factors and how can profile groups at an earlier stage too.

Ms Anderson noted NHS Grampian would be interested in looking at the work that has been undertaken; will link in where appropriate.

Mr Boyle noted in future should consider where is the public voice within this work and the committee will have a particular interest in the delivery of this work; helpful to clarify these points in future.

7. Keeping Physically Active and Socially Connected in Lanarkshire

The paper shared aims to provide the committee with an overview of the range of activities within our Lanarkshire communities that help people to maintain or increase their physical activity and remain socially connected. For the purpose of the paper this focuses on adult provision and is by no means exhaustive. Whilst much of this work is evidence based and well embedded, new developments have emerged in support of Covid recovery, such as the Community Mental Health and Wellbeing Fund from Scottish Government.

Key elements of the Programme include:

- Active health
- Physical Activity Prescription
- Adult weight management
- Specialist health classes

Mr. Hill asked if the IJBs have undertaken needs assessment for this work to establish if all of this activity meets needs and also are we close to identifying outcome measure to priorities programs. Ms. Todd advised the evaluation team has demonstrated impact and improvement within the communities for needs assessment to show there is an impact but this could be scaled up. We also do demonstrate cost avoidance but difficult to show money saved for services given wider demand.

Mr. Cunningham advised we do work with VASLan, care reps and independent rep where LIST data is reviewed to identify issues in particular localities and link to priorities in the strategic commissioning plan. Dr Pravinkumar stated the complexity of certain patients' needs may affect the referral pattern. Ms. Todd advised reports are shared with referrers.

Mr. Cavana advised in process of expanding Weigh To Go Programme to 3rd sector and working with the Keep Well.

Mr. Boyle asked if we are connecting those on operation waiting lists to service available to help manage their conditions as we know the pre-operative benefits. Also as this, along with a lot of existing Public Health work, would be described as anchor institution. Do we have some where the evidence is collated to be showcased if needed. These are points to be considered in future.

8. Healthy Schools Framework

Mr Cavana attended the committee to provide an update on the Healthy Schools Framework.

Healthy Schools was designed as a unique approach to addressing and preventing unhealthy weight gain in childhood by upstream intervention but it has now gone far beyond addressing a single topic.

It is longer-term and more flexible with greater participant contact time than anything that has come before it and as such it is more capable of delivering on multiple health & education outcomes. Because of this, it is the default Health & Wellbeing education resource for NL & SL Education Departments and delivery mechanism for school-based Health Improvement resources including maternal & infant nutrition, tobacco control, mental wellbeing and oral health.

Mr Conroy and Ms Steel shared a presentation with the committee to explain how the healthy schools framework was established.

Mr Couser noted with national data there has been a big increase in obesity levels, are we seeking more comparative data for Lanarkshire specifically. Also how do we measure the performance outcomes from this work. Mr Cavana advised initially reviewed children's BMIs. Don't record as much data in tier 1 which may explain the lack of data.

The committee noted the paper and expressed how impressed they are with the resource and congratulated everyone who has been involved.

9. Diabetic Eye Screening Programme

This paper is to provide an update to the Population Health, Primary Care and Community Services Governance Committee on current issues for the recovery of the Diabetic Eye Screening Programme in Lanarkshire. Unfortunately, it has not been possible to produce an annual report for this screening programme, due to ongoing validation issues with the Key Performance Indicators report. Since 2020, data and images for the DES programme are collected via the national DES database OptoMize. The lack of validated KPI data is a national issue, and is currently being managed by the National Specialist and Screening Services Directorate (NSS/NSD).

Compared with the whole of Scotland (where capacity now exceeds pre-pandemic levels), NHS Lanarkshire's recovery of the DES Programme has been slower. In addition, NHS Lanarkshire (along with a small number of other health boards e.g. Ayrshire and Arran, Highland) has been unable to achieve the national screening recovery targets of 100% of pre-pandemic capacity, which was to be achieved by 1st October 2021. Currently capacity for screening appointment in NHS Lanarkshire is now at 94% of pre-pandemic levels. In summary 15-18months behind waiting list. DNA rate with those offered an appointment is comparable with the rest of Scotland at roughly 20%. Plan in future to bring a more detail paper around screening programmes in future.

Mr Boyle noted that our recovery was lagging behind other areas and queried how will assurance be offered to the committee around outcomes for patients as part of recovery pathway. Ms Johnman advised due to treatment room capacity and staffing issues this has affected recovery but starting to see some progress.

With the help of colleagues have been able to recruit 3 new screeners which has helped progress the work and also new clinics have been started. Mr Boyle asked that the committee be kept updated and in particular received some assurance around a path to recovering to comparative levels.

10. Cervical Screening Incident Update

Ms Johnman advised funding is being provided for the admin element of the audit to review the paper records, although it has been top sliced by 10%. Expecting to start in January in 2023 and posts are currently out for advert just now. Still awaiting some national decisions and deliverables particularly around IT modules to allow interface between services. National DPIA need to be put forward before can submit local work.

The committee noted the update.

11. Weekly Briefing: Covid 19

Covid – Current picture stable but activity increasing and likely to see surge; flu activity also increasing, earlier than normal.

Ecoli O157 SBAR – For information - 14 cases and significant work for the Health protection team; there has been excellent team effort to manage the outbreak. No severe complications reported; local and national debrief to be held. Children excluded from school / nursery well supported.

Monkeypox – SBAR to highlight work around vaccination programme and pressures on sexual health services, which was highlighted at the last meeting as well as part of the BBV report.

Mr Hill noted in over 80 year olds a quarter of those who are fully vaccinated have taken covid it has been reported; is this data correct.

Ms Johnman advised it can relate to how they are being tested and how the result is being report/ recently stopped health and social care regular testing. If undertaking more testing more cases will be detected.

Mr Hill proposed in future be helpful to include some narrative to explain the data, Ms Johnman will feed this back.

CJ

12. Alcohol and Drug Prevention

North Lanarkshire Alcohol and Drug Partnership (NLADP) is a multi-agency strategic partnership focused on alcohol and drugs use issues locally. Members include agencies with an interest in providing treatment and intervention for people experiencing problem alcohol and drug use, and other key stakeholders.

The NLADP Strategic Lead has been working closely with strategic partners through the five ADP sub-groups (below) to develop key actions in keeping

with national evidence, regional scoping work and learning from commissioned services including the voices of lived experience.

The paper attached in appendix one was presented to the North IJB, setting out progress against the range of priority areas the ADP aims to tackle. The paper comes to the Population Health Committee to provide members with an update on progress against some key Scottish Government Targets. It is important to note that the work being undertaken is being developed in collaboration with partners in South Lanarkshire to try to ensure a consistent approach across the Health Board area.

The committee noted the paper.

13. CAMHS

CAMHS recovery is a significant priority for the NHS Lanarkshire Board. An update paper was presented to the PPRC Committee in September 2022 and is presented to the Population Health Committee in case any members would wish further discussion on any elements of the report.

Measure for improvement include:

- Waiting List Validation Exercise
- Recruitment to CAMHS and NDS
- Establishment of Children's Centre at Udston Hospital creating bases for CAMHS and NDS in South Lanarkshire
- Reduction in numbers of children and young people waiting for assessment

Dr Munro outlined the different work streams supporting the work including e health and participation and engagement. Members of the management team have been engaging with local areas promoting the CAPA model being used.

Mr Hill noted there is a frustration around the functions on trak care and is there enough support in place for the system. Dr Munro noted could do a trak care build on the current model but would need to then re build it for CAPA.

14. Suicide Prevention

The Scottish Government is consulting on a new suicide prevention strategy and action plan for Scotland, with the aim of publication by the end of September 2022. The new strategy will be for a period of 10 years, with 2-3-year action plans developed to support delivery.

The paper attached was prepared as an update for the Adult Social Work, Care and Wellbeing Committee and sets out the proposals being developed around the strategy and the partnership's responses to the consultation.

Mr Boyle asked have we had a detailed look at our own staff across local authorities and NHS to consider if internal work is required for suicide prevention. Mr McGuffie advised through staff and health and well-being support has been offered through counselling services. Also offer ASSIST and safe talk training for staff currently to promote a strong awareness of risks.

15. Vaccination Programme Update

Mr Cunningham advised making good progress but concerned around house bound patients and staff up take rates. Concentred about DNA rate particularly for those in immunosuppressed categories, as up take has been not as expected. When analysed the data can see those who have not attended first appointment have then gone and re booked another appointment, so, may not be as bad as first thought.

There is a 91% uptake rate across care homes for both covid and flu-above average for dual vaccination against other health boards.

Sitting with 10,000 patients on house bound list but as clinic have been quieter have been able to redirect staff to support this programme and some patients have been able to attend appointments at vaccination clinics with assistance.

For staff vaccinations we're behind the national average. have worked with Acute sites to provide on-site clinics to make up take easier. For social care staff there has been a low uptake but this has increased gradually.

Further work is on-going to work on up take for all cohorts before 5th December- clinics are fully booked for next few weeks and national text messages are being issued. Awaiting guidance from JCVI around a spring booster programme.

16. Items for Approval

There were no items for approval.

17. 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.

18. Risk Update

There were no new risk identified by the group.

19. A.O.C.B

There were none.

20. Date of Next Meeting

TBC