

ITEM 3

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

Minutes from a meeting held on Microsoft Teams
on Wednesday 21st March at 2pm-5pm

PRESENT:	Mrs Stacey Anderson	Support Services Project Manager
	Mr Ally Boyle (Chair)	Non-Executive Director
	Ms Celia Briffa-Watt	Public Health
	Mr Paul Cannon (Left 2.55pm)	Board Secretary
	Miss Stacey Connor (Minutes)	Business Support Manager
	Mr Phillip Couser	Non-Executive Director
	Mr Craig Cunningham (Joined 3.25pm)	Head of Commissioning & Performance
	Dr Adam Daly (left 3.15pm)	Interim Associate Medical Director
	Ms Morag Dendy	Head of Health NHSCP
	Mrs Maureen Lees	Non-Executive Director
	Ms Trudi Marshall (left 4pm)	Director of Nursing NHSL
	Mr Ross McGuffie	Chief Officer NHSCP
	Dr Lucy Munro	Medical Director NHSCP
	Mrs Kirsty Orr	Head of Planning and Development
	Dr Josephine Pravinkumar	Director of Public Health
	Ms Claire Rae	Head of Health & Social Care
	Mr Donald Reid	Non-Executive Director
Ms Elspeth Russell	Public Health (Left 4pm)	
Dr Mark Russell	Medical Director SHSCP	
Mr Soumen Sengupta (Joined 2.40pm)	Chief Officer SHSCP	
Ms Kerri Todd	Head of Health Improvement	
IN ATTENDANCE:	Ms Donna Bruce (Item 6)	MacMillan Programme Manager
	Ms Joanne Jenkins (Lesley Thomson's Deputy)	Associate Nurse Director South
	Ms Jacqueline Martin (Item 9)	Programme Manager
	Ms Morag Nicholson (Item 7)	Public Health Programme Manager (Screening)
	Ms Hina Sheikh (Item 8)	Equality and Diversity Manager
APOLOGIES:	Mrs Marianne Hayward	Programme Director for DWD
	Dr Cathy Johnman	Consultant in Public Health Medicine
	Mr Henry Prempeh	Consultant Public Health
	Ms Lesley Thomson	Director of Nursing SHSCP
	Ms Maggs Thomson	Head of Health 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 (18th January 2023)

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

4. Matters Arising/ Rolling Action List

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

Ms Briffa-Watt advised for the screening pilot have all staff in place now, funding for nursing staff from Scottish Government was top sliced so only have 10 months of funding; training for staff will be delivered this week.

Ms Munro requested Ms Briffa-Watt link with Dr Daly for any practice concerns; this was noted.

An updated for the MH strategy has gone to the North IJB and will be brought to next meeting.

5. Corporate Risk Register

The report tabled presents an update to the risks on the Corporate Risk Register for the reporting period December – March 2022/23 which are reported to Population Health & Primary Care and Community Services Governance Committee. The report is presented in a new format with infographics to highlight changes. Mr. Cannon is happy to take any comments from members around format.

Summary of material changes to the risks within the Risk Report:

- One risk has changed Title: **2150** – Ability to Maintain General Medical Provision
- Two risks have undergone controls updates: **2126** – Sustaining Primary Care Out of Hours Service & **2129** – Maintaining Whole System Patient Flow

Mr McGuffie noted there are some risk that sit across committees as whole system pieces, need to ensure these risk get the right exposure. The Chair suggested that perhaps a new section could be created, describing risks with shared scrutiny. He also requested that he committee still receive the full risk register to ensure cross committee risks can be identified. Mr Cannon will include this going forward.

Mr Russell advised have made significant progress for GP OOH work but there is more concern for GPs working in hours. There are a number of things

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that don't sit within the Board's gift. It was proposed to bring back an update to the committee, Mr Russell to consider how best to present this.

Mr Cannon stated have identified other fields to be included which includes an assurance matrix. Acknowledge that risk registers on Datix are not updated as much as they should be so it is planned to request updates from risk owners on a monthly basis.

The report was noted by the committee and the new format was positively received.

6. Cancer Inequalities Data

Ms Donna Bruce attended the committee to provide an update on the improving cancer journey (ICJ) work. ICJ started in Glasgow in 2014, it then launched across Scotland. Scottish Government/Macmillan put £18 million into a pot for a programme of works with ICJ at its core, so the expectation is that ICJ will extend over Scotland and beyond over the next few years.

ICJ is being introduced in Lanarkshire and is a partnership between NHSL, North & South HSCP, Macmillan and the TSI's (VANL & VASLan). The shared vision for the work is:

"Improving the cancer journey (ICJ) will work in the community- with the community, to ensure that those in Lanarkshire affected by cancer will receive information, support and care they need, efficiently, at the right time, in the right place and in the right way. It is our vision that by 2027, everyone in Lanarkshire diagnosed or directly affected by a cancer diagnosis is offered a personalised and supported conversation through a holistic needs assessment to identify and support their individual needs throughout their cancer journey."

The 6 most common cancers in Lanarkshire are:

1. Trachea, bronchus and lung
2. Female breast
3. Colorectal
4. Prostate
5. Malignant melanoma of skin
6. Head and neck

Mr Couser noted the challenges of joining this work up from a digital perspective how much information are we able to record of the patient's journey. Ms Bruce advised there is a Glasgow report which records the patients journey around demographics. The work will be constantly monitored and evaluated. Every patient will have an action plan generated for the holistic needs assessment which can be shared with different services, the patient themselves will receive a copy of this.

Ms Briffa-Watt advised with a deep dive it has shown inequalities around 4/6 cancers are significant in Cambuslang and Rutherglen area; so can use this data to target those areas.

7. Screening Inequalities Action Plan Report 2021-23

The report provides an update to the Population Health, Primary Care and Community Services Governance Committee on the NHS Lanarkshire's Health Inequalities in Screening Action Plan 2021-23.

National screening programmes in Lanarkshire are co-ordinated by Consultant in Public Health Medicine / Consultant in Public Health. In April 2021, a Public Health Programme Manager was appointed to develop, implement, oversee, manage and evaluate screening inequalities activity and cancer Screening Inequalities Funded (SIF) initiatives. This fund does not extend to the non-cancer screening programmes of Abdominal Aortic Aneurysm, Diabetic Eye Screening, Pregnancy and Newborn or Pre-School Orthoptic Vision screening.

Following the delivery and evaluation of the current action plan, a re-developed action plan is being finalised. This will harness the relationships developed across sectors in the past 2 years to build on current programmes and develop new activities to address existing inequalities. This new action plan will take into account recommendations from:

- Programme specific annual reports including a strengthened focus on non-cancer screening programmes
- The national equity in screening strategy due to be published in spring 2023
- Feedback from the 2022 EQIA on the current action plan
- CRUK publication (Nov 22) *Cancer in the UK. Deprivation and cancer inequalities in Scotland*
- MacMillan Improving the Cancer Journey data
- Future Screening Inequalities Fund guidance

Ms Nicholson provided the committee with an overview of the different work the group have been involved in.

Mr Boyle acknowledge the loss of the CRUK facilitator post, then asked has work been undertaken to see if the loss of this post has had an impact on outcomes. Ms Briffa-Watt advised not had the capacity to look at work undertaken by this post-trying to looking at other funding sources available to try and fill this gap.

8. NHS Lanarkshire Equalities Progress Report 2020-22

Ms Sheikh advised that the draft report sets out information pertaining to our staff and patients covering the period April 2020 – March 2022 with the report published as required by April 2023.

This report highlights areas of activity and examples of progress and practice to date in these areas. Additional Reports attached to this publication evidence:

Progress made towards achieving Equality Outcomes published in 2020

- Employee information together with details of the progress made in gathering and using the information to better meet the duty
- Workforce Equalities Data
- Gender Pay/Occupational Segregation Information

The report focuses on 4 main areas which are – strategy, leadership & governance, community engagement, health inequalities and development the work force.

The committee approved the report and complimented the style and layout of the information as well as the efforts being made to reduce inequalities

9. Health Promoting Health Service

HPHS is a settings-based population health approach, aligned to Realistic Medicine. It is a framework rooted in prevention and health improvement aimed at acute and community hospital settings. The overall aim is to help reduce health inequalities by looking at the wider determinants of health that often underpin ill-health. A key element of this is to embed referral pathways and sign-posting to connect patients and staff, to a range of wider supports that meets their needs using a holistic needs assessment approach.

Through this paper, the Committee members are asked to:

- Note the progress made on embedding health improvement pathways to help support staff and patients in acute hospital sites.
- Note the positive impact these pathways have on improving staff health and wellbeing.
- Note the positive impact of these pathways on supporting patients and their significant others. Helping them access support to facilitate safe and timely discharge home and help to build resilience to remain in their communities.
- Note the broad range of partnership activity to support patients and their families/carers/significant others to become resilient in their communities by addressing the wider determinants of health.
- Note the positive impact that this programme is having on physical, mental and social health and wellbeing.
- Note the contribution that this activity is making in supporting the recovery agenda following the impact of social restrictions during the pandemic.
- Note the contribution that these programmes make to the prevention agenda and tackling health inequality through targeted intervention.

Mr Couser queried is there a wider evaluation that links to the case study under appendix 6, Ms Martin confirmed there is no one national data but Lanarkshire is similar to the Glasgow model which has validation to compare against.

Mrs Orr noted there are some potential opportunities for this work to link to the holistic work under operation flow; this was noted.

Ms Lees asked how do we value cost avoidance, Mr Sengupta replied the challenge for board members will be around some areas not getting something they previously received before and how to manage this.

Ms Marshall noted need to look at people and not patients in holistic work, as the locality based work progresses this will assist in rolling out the work. Mr McGuffie noted this will also link to SCP update.

The committee endorsed the report.

10. Chryston Update

Mr McGuffie shared a report which provides an update on the Chryston hub which is around the health Board boundary changes. When the boundaries changed Lanarkshire were not in a position to delivery some services so some services continued to be provided by Glasgow. The new Chryston hub is now due to open in August 2023. Work is ongoing to move the services provided by Glasgow to Lanarkshire.

Mr Reid questioned is there a contingency plan if the site is not ready for August. Mr McGuffie has advised have built in some time to allow school to open first with the health services to open in September, there would also be the option to use other services within Lanarkshire and there is a 3-month double running cost period already in the plan.

11. Balance of Care

Ms Dendy advised this is a paper to reflect on the balance of care, it provides an opportunity to look at the position in North Lanarkshire compared to Scotland for those supported in community settings. It shows that there are a higher proportion of people being cared for in the home setting and less adults/children being cared for in a care setting. In future aim to capture more data for community nursing and from the voluntary sector.

This paper is shared for the committee to note.

12. Strategic Commissioning Plan

Ms Dendy provided the committee with a presentation to outline the process the drafting of the strategic commissioning plan prior to it being approved by the IJB on 22nd March 2023.

There are 5 priorities:

- Increased focus on prevention, early intervention and tackling inequalities
- Do the right thing
- Develop and support workforce for the future
- Improve mental health and wellbeing

- Support people through a whole family approach

Mr Couser queried where will the shortages of new GPs be picked up as a risk in relation to SCP. Mr Russell noted this relates to the 2018 GMS contract which aimed to stabilise the workforce but this has not been the case. This is a national problem and there have been some local mitigations put in place but further work is required. Dr Pravinkumar noted can work closely with primary care colleagues to review data to see what can be done and also link to Public Health colleagues.

The committee noted the paper.

13. Equipment & Adaption Service

The paper shows the current position of the Equipment and Adaptation Service (EAS). The EAS provides an essential service through the provision of equipment and adaptations to enable people to live independently and safely at home. It also provides essential supports to discharge planning.

The committee noted the paper.

14. Spring Covid Campaign Update

Mr Cunningham noted there is good uptake in the most vulnerable groups but have struggled a bit in adult population. The spring programme will start for care homes, over 75 and those immunosuppressed in a few weeks.

Look at reducing reliance on larger venues and using health centre and some local resources. This is due to the council requesting some of their larger venues be return to their original use. Continue to provide shingle and pneumococcal vaccines also.

Looking at ways to continue to vaccination the population but with less funding as not receiving expected funding.

15. Chief Executive Q2 Report (North & South)

Mr McGuffie advised there are a range of performance matrix's delegated to this committee which have not be covered in the past, so this report has been shared to offer some assurance. There are still gaps in the performance framework that need to be built on going forward.

Mr Sengupta added there is work on-going to revise the reports and their contents since the new Chief Executive has started. Looking at closing off some issues which have been reported on a legacy basis which are no longer relevant.

16. For Approval

There were no items for approval.

17. Key Performance Issues

a. North Access Report

Mr McGuffie noted for first time got into whole system view of the discharge process as part of operation flow which was a change.

The committee noted the report.

b. South Access Report

Mr Sengupta noted the report is focused on discharge process.

The committee noted the report.

18. Risk Update

There were no new risks identified by the committee.

19. A.O.C.B

There were none.

20. Date of Next Meeting

23rd May 2023
2-5pm