

ITEM 3

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

Minutes from a meeting held on Microsoft Teams
on Thursday 20th September 2023 at 2-5pm

PRESENT:

Mr Ally Boyle (Chair)	Non-Executive Director
Mr Paul Cannon	Board Secretary
Ms Jennifer Brown (Minutes)	Management Team Secretary
Mr Craig Cunningham	Head of Commissioning & Performance
Mrs Maureen Lees	Non-Executive Director
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
Dr Mark Russell	Medical Director SHSCP
Mr Soumen Sengupta	Chief Officer SHSCP
Ms Maggs Thomson	Head of Health North HSCP
Ms Kerri Todd	Head of Health Improvement
Mrs Carrie McCulloch	Associate Director of Nursing
Mrs Stacey Anderson	Support Services Project Manager
Mr Martin Hill	Board Chair
Ms Elspeth Russell	Public Health
Ms Morag Dendy	Head of Health NHSCP
Professor Jann Gardner	Chief Executive NHS Lanarkshire
Ms Lesley Thomson	Director of Nursing SHSCP
Cllr Eileen Logan	North Lanarkshire Council Nominated Councillor

**IN
ATTENDANCE:**

Dr Kalonde Kasengele (Shadowing)	Speciality Registrar Public Health
Ms Karen McGuigan (Item 6 & 7)	Consultant in Public Health
Marie McKeown (Item 16)	Health Improvement Team Leader
Ann McKechin (Shadowing)	Non-Executive Board Member, Governance
Ms Celia Briffa-Watt	Consultant in Public Health
Alana McGlynn	Health Promotion

APOLOGIES:

Dr Adam Daly	Interim Associate Medical Director
Dr Cathy Johnman	Consultant in Public Health Medicine
Mr Phillip Couser	Non-Executive Director
Mr Henry Prempeh	Consultant Public Health
Ms Charlotte Hope	Corporate Risk Manager
Ms Trudi Marshall	Director of Nursing NHSL
Dr Judith Park	Director of Acute Services

Ms Claire Rae
Mr Donald Reid

Head of Health and Social Care
Non-Executive Director

ACTION

1. Welcome and Apologies

The chair welcomed everyone and apologies were as noted above. Asked that all papers are submitted 1 week before.

2. Declaration of Interests

There were no declarations of interest made.

3. Notes of Previous Meeting (27th July 2023)

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

4. Matters Arising/ Rolling Action List

Matters Arising

There were no matters arising.

The rolling action list was updated to reflect progress of work for actions listed. Mr McGuffie noted this is a working plan to embed this on to the group. Will be signed off once risk review is complete.

OOH updated was scheduled in for Mr. Sengupta in terms of action 44. Action 9 was completed and can be moved.

Mr. Boyle added that work is being carried out around a review on Governance Structure in the organisation. In the meantime, the lead executives are Mr. McGuffie, Mr. Sengupta and Dr Pravinkumar and they are currently considering the programme of work, building this around issues that go to Board via the Committee and areas of responsibility, risk and interest. Once there is certainty around the structure it would be helpful to have a session particularly with non-executive directors to consider if the terms of reference for the group is still fit for purpose; this was noted.

5. Corporate Risk Register

The report and Risk Register were presented to the Committee by Mr. Cannon. The corporate risk manager prepared this paper before her leave. A corporate Support Business Manager, Mrs. Allison McLean has been appointed to pick up on the reporting workload alongside Mr. Cannon, who will provide technical support.

The first of the new reporting proposal was tested and prepared for the Audit Committee on 6th September for consideration. It is important to note that due to retirement, this new assurance reporting will not be fully in place until all the essential preparatory systems are in place and there is risk management resource to progress this.

There are currently 5 risks for this committee as noted below:

- Sustaining Primary Care Out of Hours Service
- Sustaining Whole System Patient Flow
- Safe and Effective Decontamination of Casualties Exposed to Chemical, Biological or Radiological Substances.
- Ability to maintain General Medical Service provision
- Nursing Home Beds

Mr. McGuffie added in relation to the Nursing Beds, this has been moved from Very High to High. This is due to the National Care Home Contract has been approved for another year. Still ongoing significant risk for future years. Possibility of creating a new risk around Demographic Change. Working on this best way to be describe it as this is a complex area.

Ms. Todd noted that Ms. Hope, Mr. Cavanagh and herself have been working on the risk that was identified through his paper brought to the committee around the temporary funding that is in place, there are also pressures around waiting lists. Ms. Todd advised this action is being worked on and will be brought to the next meeting.

Cllr Eileen Logan queried, when the National Contract is being discussed is this being dealt with through an organisation such as Scotland Excel, to roll out any contract we have and is there a 3rd party who would collectively deal with this? Does this happen on an annual basis or is this because of difficulties? Mr. Sengupta advised in relation to large contracts we work with NSS, there are occasions where boards will get together and look at things in a collective fashion, this is separate from Scotland Excel.

Dr Pravinkumar noted that there is a Public Health risk around incidents and outbreaks which has been updated and needing to be included in the list here. There is also the risk on the Demographic Change which will be picked up as part of the overall risk discussion. The risk around decontamination, this has gone to the acute incident group, there are training sessions being put in place and looking at recommendations.

Mr Boyle added he felt this risk only sat with this committee as Dr Pravinkumar, sits on the committee, it would possible be better with the acute site, this is something Mr Cannon could manage. Mr Cannon will take this to the Corporate Management Team for discussion.

Mr Cannon supported Dr Pravinkumar on the two risks above, there are suggested amendments to be sent over, this could then be fed back through the Corporate Management report at the beginning of the month. All updates are currently being worked on.

Mr Boyle queried the Patient Flow. There is a substantial gap between the current level and target score. Do we see this narrowing or do we have to adjust our levels? Mr McGuffie replied that it is difficult to see while we have the pressures from the acute sites. There is still a way to go to pull together. Mrs Orr added the risk has been revised to whole systems for Flow. It is high risk, Mr Boyle added we may benefit from having a variable tolerance and describe this in our targets. This would be a conversation for multiple committees. Professor Gardner agreed with Mr Boyle's comments and advised this could be taken to PPRC at the end of the month. Mr Boyle agreed this would be the best action.

6. Children's Health Plan

The Children and Young People's Health Plan 2021-23 is a collaborative document that provides a central driving point to improve health and health services for children and young people across NHS Lanarkshire and both North and South Lanarkshire Health and Social Care Partnerships (HSCPs). The vision is to support and enable infants, children, young people and families to achieve the best health outcomes and realise their full potential.

Plans are underway to use the learning from the plan to influence the Children and Young Person's Work stream of Our Health Together. OHT will act as the strategic focus for C&YP, with an improvement plan underneath this that will help us to meet the strategic aims.

There is a risk that a focus on acute/secondary care may distract from the importance that should be given to our children and young people who were so severely negatively affected by the covid-19 pandemic and continue to suffer as a consequence. A focus needs to be maintained on early years, early intervention and support for our children, young people and their families to prevent worsening outcomes and inequalities in the future.

Ms Todd noted, in relation to the routine enquiry for financial wellbeing, Morse is not yet able to provide reports, do we have a time scale or can we support to help drive forward? Ms McGuigan noted she is unsure on the stage for producing the reports as this was put to prioritised list. This is critical, the feedback is that the staff are aware of this. Mr McGuffie agreed to explore when reporting will be available on the Morse system.

Ms Thompson noted there is a huge demand for Morse, this is on the list of priorities. We can ask more about timeframes from the Morse team. Want to thank Karen and the teams involved for the huge amount of work.

Mr Boyle noted queries from Mr Couser, his point was around the two-year element of the plan as many actions will take a long time to have an impact

and also how do you identify what the combined impact of those have been? From this it would underpin the focus in our health together. Ms McGuigan noted the impacts are not seen immediately, we are looking at the local data to help this make sense and to lead on what we want to have. We have a data wall and are making this make sense to us and use this.

Mr Hill noted that the Scottish Government are producing a 10-year population health plan for Scotland, this will create a lot of work. Mr Hill and the Lanarkshire Health Board will have to analyse our own activities around accountability for Population Health outcome, this has to be reflected adequately at board level. We will have to rebalance our attention around the imperative of system recovery.

Mr Boyle noted we should have a set of performance measure we can consider of how we respond. We need think about the impact rather than a series of actions we are going to report on. We need to demonstrate where our collective resources are being utilised.

Ms Thompson noted in relation to the impact question raised, ensuring our future had a report advising on the impact on children's health without this provision.

7. Child Death Review

The report was shared on the Child Death review

Scotland has a higher mortality rate for under 18s than any other Western European country, with over 300 children and young people dying every year. Around a quarter of those deaths could be prevented.

On 1st October 2021, it became a Scottish Government requirement for NHS Boards to review deaths of all live born children up to the date of their 18th birthday, or 26th birthday for care experienced young people who are in receipt of continuing care or aftercare at the time of their death.

With no national system to support consistent reviewing and learning from deaths of all children and young people in Scotland, the Scottish Government commissioned Healthcare Improvement Scotland and the Care Inspectorate to set up the National Hub for Reviewing and Learning from the Deaths of Children and Young People.

Each Scottish NHS Board were to establish their own structure and process for reviewing the deaths of children and young people, and ensure local process aligns to national CDR guidance in order to enable good practice and lessons to be reflected and shared at a national level.

NHSL as lead, alongside wider multi-disciplinary partners including social work, police, the ambulance service, secondary and primary care and education colleagues have trialled and established processes, structures and governance associated with reviewing child deaths.

Tasked with establishing structures and processes are key personnel who have been identified to lead this work. They include;

- Band 7 Programme Manager – 0.6wte
- Clinical Consultant Lead – Paediatrics – 1 session/week
- Public Health Lead Consultant – 1 session/week

The Executive Director for CDR is the Director of Public Health in Lanarkshire. They are responsible for supporting, guiding and championing the work of CDR. They are also providing a governance structure that the CDR programme reports into through the Public Health Governance Group which then reports to the PH&PC Committee.

Mr Boyle noted he was assured on the structures in place, if this can be looked at to bring back to the committee to show the impact at a local and national level.

Cllr Eileen Logan found this presentation very interesting. She would like to see the future progress on this.

8. Children's Services Plan (North and South)

The reports on Children's Services Plans were shared with the committee in advance. A huge amount of work we do in Lanarkshire makes a contribution to supporting children, young people and families. While the plan acknowledges this positive impact, its main focus is the more targeted areas of support where we have identified an unmet need. We can best do this by working together to make the best and most efficient use of our joint resources. By doing so we can deliver an integrated approach that makes the biggest difference to meeting families needs and ensure we provide effective support for our most vulnerable children and families.

Mr Boyle noted this made a very good case on the impact and consequences. The information gathering from those affected was interesting. Mr Boyle asked how this was being done and how whole system this is?

Mr McGuffie advised there have been several services used, a champions board, being used extensively to capture the voice. This has been incredibly positive. New ways of working, through the CAMHS board there has been a Children and Young Peoples engagement officer. There are also a range of networks. The feedback is showing the voice for the children and young people has been heard more than previously.

Mr Boyle enquired how this would be communicated to the young people and to the public? Mr McGuffie advised there is animation work being carried out. This is also being showcased on YouTube. Infographic reports are being done in addition

Ms McGuigan noted we are increasingly putting the voice of the children at centre of our work.

Mr Sengupta spoke on for the South Plans.

Mr Boyle queried on how will we know this is effective? When will we see the impact of this being brought back to the committees? Mr Sengupta answered it would be helpful to have a scorecard to be shared, this will be taken away and thought about.

9. North Lanarkshire Tackling Poverty Plan includes Child Poverty

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 2022-23 to address child poverty.

“Poverty means not being able to heat your home, pay your rent, or buy the essentials for your children. It means waking up every day facing insecurity, uncertainty, and impossible decisions about money. It means facing marginalisation - and even discrimination - because of your financial circumstances. The constant stress it causes can lead to problems that deprive people of the chance to play a full part in society.”
(Joseph Rowntree Foundation)

The Scottish Government’s Best Start, Bright Futures – Tackling Child Poverty Delivery Plan (2022-26) was published in March 2022. It sets out a vision for Scotland to tackle child poverty, the changes that are needed to achieve this and the actions that must be taken with partners to deliver that change.

Both North and South Lanarkshire have produced Local Child Poverty Plans (LCPAP) for 2023 to 2026 in line with the timeframes associated with the SG

Child Poverty Delivery Plan. North Lanarkshire's children's poverty activity is contained within a wider Tackling Poverty Strategy while South Lanarkshire have produced a Child Poverty Commitment.

Mrs Lees noted the statement on No Wrong Door, should be every part of our service. This is promoting a very clear image on how we should work.

10. South Lanarkshire Child Poverty Commitment

Our commitment to tackling child poverty in South Lanarkshire is that we will build on the success of our work to support families documented in a previous local child. Poverty. Action reports that tell the story of how we are helping families cope with the cost of living challenges.

The child poverty, (Scotland) Act 2017 places, a duty on South Lanarkshire Council and NHS Lanarkshire to produce a joint annual local child poverty action report, which details on what we are doing to support families. Since our first annual report was published in 2019 we have been working to identify where we can better support families and how we can take a longer term sustained approach to this activity, our work is supported by the following vision

We will provide support to South Lanarkshire families in order to tackle the child poverty head on to an offer of the support at the right time and delivered in the right way.

This vision will guide our work over the next three years, and we will report the progress over work by publishing, an annual update to report what we are doing to help other families.

Mr Boyle noted he liked the format of this and the important conversations that it generated. This is good to be having these discussions. This shows we are understanding the health. It shows of the impact it has on the NHS.

Cllr Eileen Logan noted if there is child poverty, then there is adult poverty. The challenge is going to be how we prioritise this and integrate this in. A holistic view has to be taken across the board and government to change this.

11. PH Strategy

Lanarkshire is facing challenging times over the coming years. Like many areas across Scotland and the UK, the area is experiencing stalling/reversing life expectancy trends, an ageing population, an increase in the proportion of people with multiple long term conditions, and growing disparities between the most deprived and least deprived groups which have

been further exacerbated by the COVID-19 pandemic. Moreover, Lanarkshire is also being negatively impacted by climate change as well as emerging threats in infectious diseases and antimicrobial resistance.

Achieving our vision and mission will require us to be bold and implement transformational change. Taking a whole system approach is an effective way of doing this since it involves applying systems thinking and methods to better understand population health challenges in order to identify and apply collective actions. Effective collaboration and partnership working between a broad range of stakeholders across the public, third and private sectors is essential in achieving our goals.

Mr Hill noted this was a good paper, it advises of a strategy. What is the criteria we are using? What is the process set up and time scale? Dr Pravinkumar answered in relation to criteria we look at the volume of the population we can cover and the extent on impact. Furthermore, the engagement with key partners. We also have to link with the community for this. We are expecting the plan in the spring of next year. Still working on these details.

12. Anchor Work

Anchor organisations are typically large employers with a strong local presence in an area. They can exert sizable influence on community wealth building through their commissioning and purchasing of goods and services, through their workforce and employment capacity, and by creative use of their services, facilities and land assets. Positive use of these aspects can affect social, economic and environmental change, contribute to positive health and wellbeing outcomes, and mitigate the impact of inequalities.

NHS Lanarkshire has a long history of operating as an anchor organisation with a strong inclusive culture and many positive examples of working in partnership on programmes which have focused on wider determinants of health including action on poverty, employability, green health, and staff health and wellbeing.

Mr Hill noted it would be good to have a briefing session for the whole board around this subject and the previous subject with Mr Boyle and Dr Pravinkumar. We need to get greater visibility around the board. Mr Hill asked that Mr Boyle work up what this briefing would be.

13. Cervical Screening Update

In September 2021 the Minister for Public Health, Women's Health and Sport announced that Healthcare Improvement Scotland would be commissioned to undertake an independent review of permanent exclusions from the cervical screening programme in Scotland. This report *Review of processes, systems and governance for exclusions from the national cervical screening programme in Scotland* outlines the finding of this review.

This review was commissioned after an audit in 2020–2021 identified that two women who had a subtotal hysterectomy (where some cervical tissue remains) had been mistakenly excluded from the cervical screening programme and subsequently developed cervical cancer. The focus of the review was on the processes, systems and governance for the application of exclusions from the cervical screening programme, with the aim of identifying learning and informing improvements. No patient identifiable information was reviewed by the group.

The Committee noted this paper.

14.

SBAR Averting the Resurgence of Measles in Scotland

Over the past 10 years, there has been a gradual decline across the UK and globally in the uptake of childhood immunisations. Inequalities in uptake persist, increasing for some vaccination programmes. This is beginning to manifest as an increase in cases of the most communicable vaccine preventable diseases like measles

While there is a low risk of an epidemic in the rest of the UK, modelling has shown that London could see tens of thousands of measles cases due to low levels of vaccination there. There is an increasing risk of importation of vaccine preventable infections into Scotland (e.g. due to increase in measles in England and elsewhere).

Measles is highly transmissible and can lead to life threatening complications. It is a notifiable disease as set out in the Public Health etc. (Scotland) Act 2008 (legislation.gov.uk).

Measles vaccine is given as part of the MMR vaccine at 12 months and 3yrs 4 months. MMR vaccine, which also provides protection against mumps and rubella, is highly effective - after two doses around 99% of people will be protected against measles

Before vaccination, measles was a very common childhood disease in Scotland and attributable deaths were substantial. The incidence decreased dramatically following the introduction of the vaccine.

Ms McCulloch noted it would be good to explore the supports required a bit further.

Professor Gardener noted there was no ask here for provision resource. Mr Boyle agreed that the remit of the Committee is to provide critical scrutiny and assurance on behalf of the Board. Operational decisions around resourcing are not part of this remit.

15.

Vaccination Update

A COVID-19 and Influenza vaccination programme for Autumn/Winter 2023/24 is now underway.

- Whilst it had originally been planned to vaccinate the highest risk categories towards the end of the programme to ensure maximum efficacy of the vaccine across the winter period, this advice has recently been reviewed and the programme has been revised with a view to commencing those in care homes, house bound and >75 earlier than had been anticipated.
- The revised scheduling is set out in Appendix 1 to this report
- The programme will be provided through a range of vaccination centres and 'pop-up' clinics such that those in communities which are more remote and/or have a number of characteristics associated with generally poorer uptake of health improvement activities can have enhanced access.
- Outreach and encouragement initiatives will feature throughout the booster programme and this follows on from previous work in this area and the enactment of the respective EQIA such that inequalities in terms of service delivery can be minimised.
- A full communication programme is underway to encourage uptake and this includes targeting of frontline NHS and Social Care staff such that as many workers as possible can be vaccinated. This year, this will include clinics on the three major hospital sites as well as a number of community settings such that access to vaccines can be as easy as possible for all involved.
- National uptake rates will start to be published in the coming weeks and will form part of the next report to the committee.

Cllr Eileen Logan noted her concern of the lack of uptake on Vaccinations from conversations she has had out with. Dr Pravinkumar answered that we have a lot of work to show this is incorrect and the vaccinations are beneficial. Mr Cunningham noted that after the clinics have ran they have

called round patients to ask, it is showing there is an issues with uptake. This is being worked on to give the right advice to patients.

16.

Lanarkshire Green Health Partnership

The paper has been prepared to provide the committee with an overview of the Lanarkshire Green Health Partnership (LGHP), a cross sectoral collaboration working together to connect people with nature and maximise the use of health inducing green assets. For the purposes of this paper a high level overview is provided but detailed programme information can be provided if required.

The LGHP was established in March 2018 and comprises of a wide range of health, social care, 3rd sector and voluntary local and national partners working together to connect people with nature through a range of activity.

The partnership was formed as part of the national work 'Our Natural Health Service' that aimed to support health sectors to embrace green health as part of policy and practice. Our Natural Health Service is set out to complement the National Health Service, to support the breadth of health and social care activity and see nature-based health programmes used as part of health improvement and encourage healthier lifestyle behaviours.

As part of this national work, Lanarkshire became one of four pilot Green Health Partnerships across Scotland developing the Lanarkshire Green Health Partnership. The aim of the partnership is to coordinate making more use of green spaces for public health benefits, improve information about, and awareness and promotion of, green infrastructure, as well as the provision of supportive green health programmes across Lanarkshire. Long term, the vision was to implement a fully integrated model across NHS Lanarkshire.

To date, Lanarkshire has been the only Green Health Partnership successful in achieving integration via a sustainable post positioned within NSHL Health Improvement department¹.

The LGHP 2021-2023 logic model (Appendix 1) outlines each of the seven medium term outcomes of the partnership.

How the LGHP contributes to these outcomes are evidenced in the recently closed 2021-2023 Action Plan (Appendix 2) via the wide and diverse range of work delivered by the contributions made to posts and partnerships and work aligned to them.

Following an appreciative enquiry event, partners agreed that going forward there will be a revised aim for the partnership and move to include partnership intentions. These will be supported by key actions/pieces of

work that the partnership contributes to, as well as some others around communication, funding and research.

17. Mr Boyle noted there may be challenges with funding. The board would be supporting this. There are cost reducing benefits.

18.

Risk Update

19. N/A

A.O.C.B

N/A

Date of Next Meeting

3rd November 2023 9am-12pm