

Unapproved Minutes



Meeting: Population Health Committee
Date: Monday 18th November 2024 at 1.30pm
Venue: MS Teams

Members

Mr Ally Boyle (Chair)	Non-Executive Director
Mr Philip Couser	Non-Executive Director
Mr Siobhan White	Non-Executive Director
Professor S Josephine Pravinkumar	Director of Public Health
Professor Soumen Sengupta	Chief Officer SLHSCP
Ms Charlotte Hope	Corporate Risk Manager
Eileen Logan	Councillor, SLC

In Attendance

Ms Celia Briffa-Watt	Consultant Public Health
Mr Martin Hill	Chair, NHS Lanarkshire
Dr Alison Smith – Palmer	Deputy DPH
Ms Karen McGuigan	Consultant in Public Health (until 2 pm)
Mr Adam Daly	Associate Medical Director NLHSCP
Dr Cathy Johnman	Consultant in Public Health Medicine
Ms Marie McKeown	Lanarkshire Weight Management Team Lead
Ms Susan Lyttle	Senior Health Promotion Officer
Ms Praveena Symeonoglou	Public Health Researcher
Ms Elspeth Russell	Consultant in Public Health
Ms Gillian Lindsay	Health Improvement Lead

Minutes

Ms Jaimie Kelly	Management Team Secretary
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Apologies

Ms Claire Rae	Chief Officer North Lanarkshire HSCP
Ms Trudi Marshall	Interface Director
Mrs Lucy Munro	Medical Director for NLHSCP
Mr Mark Russell	Medical Director for SLHSCP
Mrs Sharon Murray	Interim Nurse Director for NLHSCP
Mrs Morag Dendy	Head of Planning, Performance & Assurance
Ms Maggs Thomson	Head of Health NLHSCP
Mr Russell Coulthard	Director of Acute Services
Dr Henry Prempeh	Consultant in Public Health Medicine
Dr John Logan	Consultant in Public Health Medicine

1.1 Welcome and Apologies:

The Chair welcomed everyone and apologies were noted as above.

1.2 Declarations of Interest

There were no conflicts of interest or connections declared in relation to the items on the Agenda.

1.3 Minutes of NHS Lanarkshire Board meeting held on [10.09.24]:

Minutes accepted as an accurate record.

1.4 Matters Arising: Action Log:

Updates have been made to rolling action list PDF document.

2 Corporate Risks

2.1 Corporate Risk Register

Ms Hope shared the corporate risk register report with the committee. There are currently 20 risks and 4 out of the 20 corporate risks are aligned to this committee. 3 risks are rated as high and one is rated as medium. Within the previous reporting period one risk around nursing home beds will be deescalated due to a contract being agreed and one new risk has been added which is widening inequalities. The 2 other risks are impact of public health due to unpredictable outbreaks. The 4th risk is around safe and effective decontamination of casualties exposed to chemical or biological substances. On review of the changes made to the corporate risk register, Mr Boyle commented on patient flow along with models of care would still belong to this committee as we have the strategic oversight. Ms Hope asked the group to review the risk register and advise if they feel any risks are not on the register or any comments on the register. Mr Boyle advised that at least once a year the committee going forward has a meeting to focus on the risk register to discuss in more detail.

3 PH – Healthcare

3.1 Children Services Plan – Annual Report (North and South Lanarkshire)

Prof Sengupta shared paper item 3.1 with the group.

Summary of Key points

The annual report presented covers North and South Lanarkshire partnerships. The core of each of the annual reports is a desire to uphold children's rights as outlined in the United Nations Convention on the Rights of the Child (UNCRC).

Prof Sengupta highlighted to the committee the family support hubs have been put in place and we have been short listed for the Scottish mental health award last week. This work has helped families to get help longer when possible and has had national recognition.

Mr Boyle advised the papers are important reading and provides important assurance around the whole systems approach. Prof Sengupta shared that the multi agencies do work well together and a lot of this is dependent on a good working relationship however it's our responsibility to ensure this continues but there is a challenge on how to develop a wider range of services. Prof Sengupta advised that the outcomes measurements are something that should be an area of improvement to focus on. There is a concern regarding the constraints on resources how are commitments able to be upheld given the challenging fiscal environment. Ms McGuigan also wanted to highlight that we keep in mind that children and young people are the most vulnerable in society when making difficult decisions in terms of finances. Mr Boyle agreed that agreed with this and confirmed that the Committee will consider child poverty and child health in more depth going into 2025.

3.2 Alcohol Needs Assessment

Ms Russell shared item 3.2 alcohol needs assessment paper with the committee.

Summary of Key points

The aims of the needs assessment were to get a sense of the views on alcohol within the local community and review data on alcohol consumption and alcohol related harms data in Scotland. The evidence suggests that those who are more likely to be affected by alcohol harms are men, people in areas of deprivation along with vulnerable groups such as young people and those experiencing homelessness. The evidence suggests that childhood trauma can increase vulnerability to addictive substances such as alcohol or use as a coping mechanism.

Planet Youth model which took a public health whole system approach was successful in reducing risk taking behaviour. This Icelandic prevention model is being piloted in Scotland across 5 local authorities so we will keep a close eye on the evidence regarding the pilot.

Overall, the data shows there has been a fall in hazardous and harmful consumption however 22% of adults are drinking harmfully. From the survey nondrinking has increased which is highest among the youngest cohorts however this is often being replaced by other harmful behaviours.

On review of the sale data 22 units of alcohol per week is being consumed. Lanarkshire is an outlier in terms of alcohol consumption in pregnancy recording higher amount of more women reporting during pregnancy. We are working with midwifery to see what can be done going forward.

A new dashboard for alcohol harms has launched this year which breakdowns hospital admissions related to alcohol and the data will be updated in the new year.

Localities are also showing differences with Cambuslang, Rutherglen and Airdrie being noted as areas of concern.

The alcohol needs assessment presentation will be circulated to the group.

3.3 Resettlement Population Health Programme

Ms Susan Lyttle provided a presentation to the group.

Summary of Key points

To date there has been little research to understand the challenges faced in accessing healthcare or how healthcare experiences affect the health and wellbeing of asylum seekers, refugees and displaced persons in Scotland or indeed in the UK. Undertaking a population health needs assessment (PHNA) for these populations will help ensure that their health needs are addressed, and health inequalities are reduced.

A population health needs assessment (PHNA) was undertaken by the Health Improvement Department to better understand the health and wellbeing needs of the population. The overall aim of the PHNA was to gain a better understanding of the healthcare needs and the factors that help improve the health and wellbeing of asylum seekers.

There is no way to provide an accurate estimate of the number asylum seekers or refugees coming to Scotland seeking refuge which makes it difficult to anticipate demand.

Some of the challenges that presented were language and communication barriers. There were also clear distinctions between asylum seekers and refugee populations as well as the various subgroups. The refugee population is larger however has less healthcare needs whereas asylum seekers are a smaller group but tend to have more complex health issues.

The assessment provided an insight as to what is working well and identify gaps. To best support the needs of a wider variety of people staff should provide culturally system healthcare especially when discussing mental health as this can be taboo in other cultures. A landing page was set up on first port on resettlement healthcare which contained information on translation and interpreter services. The recommendations are that continued support is giving to key groups in our community who provide services to asylum seekers and refugees.

A resettlement health and wellbeing action plan has been developed and will be updated with recommendations discussed today.

Immigration is a very changing picture which makes it incredibly difficult to manage the demand and manage expectations. There are very complex needs for this population and from a preventative standpoint its important people are able to access services as early as possible.

Mr Boyle asked if an update can be provided in the next 6-8 months.

4. Healthcare PH

4.1 Cervical Screening Audit Report

This will be last report from this audit and the remaining people to be appointed will be appointed by the end of the month. No harm has been found and people were encouraged to come forward to their practice or for colposcopy.

4.2 Diabetic Eye Screening IPQR

Overall capacity is 30% above pre pandemic levels although back log has been reduced, KPI's aren't being met at the moment. There were some staffing issues this year but this has been addressed. A more detailed report on will come to this committee at the next meeting. If the 30% above the pre pandemic levels are maintained, KPI's should be able to be met next year.

4.3 Pre School Vision Screening

Coverage has increased and this has to do with threshold to revisit nurseries. The team did a huge amount of work to catch up with cohorts to reduce the backlog.

4.4 Newborn Hearing Report

Ms Symeonoglou provided a presentation to the group.

Summary of Key points

The aim of this programme is to identify issues that could affect child health and development. As far as achievements for this programme Lanarkshire has performed well across all key performance indicators and uptake has increased. Lanarkshire also remains within the target for referrals to audiology sitting at 2%. The only target that has not been met was the audiology appointments within 4 weeks however this was due to 6 babies being unwell. As the numbers are small for this programme compared to other screening programmes any slight issue can affect KPI results. The audiology department confirmed this issue wasn't due to clinics not being available just that babies were unable to attend due to being unwell.

4.5 6 Monthly Screening Update

Ms Briffa-Watt wanted to highlight to the committee the issues with the screening inequalities funding this year. The Scottish Government have put a detailed process in place to apply for funding and asked if funding is provided could this be spent by the end of the financial year. This means only half of the funding has been received compared to what would normally be granted. This change in funding will have implications although Ms Briffa-Watt shared there is a review on what can be done with the available funding.

There is work ongoing regarding the bowel screening business case, but this has been complicated due to challenges around work in acute and endoscopy with the vanguard funding being cut. The business case will hopefully be put together by the end of this month.

The AAA screening backlog has been addressed and majority of participants are being screened before the age of 66 along with investment and installation in new machines that are able to cope with higher BMI.

Pregnancy Newborn screening has work going on around screening for Down's, Edwards and Patau's syndrome as to whether this is done on 1st, 2nd or 3rd trimester to which Lanarkshire is performing well nationally. The work is going on nationally around this to look at benchmarking and to see how this can be improved. The newborn blood spot screening had an incident regarding movers in to Lanarkshire who may or may not have been offered this service and an incident report can also come to this committee.

5 PH - Health Improvement

5. Lanarkshire Green Health Partnership (LGHP)

Ms McKeown shared a presentation with the committee

Summary of Key points

Funding has been allocated and will be recurring from the Scottish Government for the Lanarkshire Weigh Management Service. VANL posts that drive area of work have continued to be funded to ensure people can be engaged with across Lanarkshire.

The funding has been secured to continue the hospital garden projects via the greener community's fund which will be allowed to continue until 2026.

A Partnership through the tobacco control team was successful which provided benches at Monklands Hospital along with the King George the 5th garden at Wishaw General.

Social media posts to promote the garden work will continue along with the benefits of engaging with Green Health.

There are still ongoing challenges around finance but funding opportunities will be explored to see if support can be provided for posts ending in March.

Mr Hill congratulated Ms. McKeown and the wider team on the ongoing hard work and success of the programme.

6 PH - Health Protection

6.2 Covid and Key Health Protection Updates

Dr Alison Smith Palmer provided an update:

Covid and Flu are at fairly low levels at the moment although as it's the beginning of the winter season this may see an increase. Pertussis levels have decreased and for MPox there are still ongoing preparation. There is a strain of Norovirus that hasn't been seen yet so there may likely be an increase as the winter continues in Scotland.

6.3 Vaccination IPQR

Prof Pravinkumar provided a summary of the IPQR.

MMR 2 vaccine uptake has declined and decline noted in the 4 in one vaccination. There has been a general decline in uptake over the past 10 years, although uptake rates in Lanarkshire remain high in comparison to the Scottish average. There was a query as to whether there should be a risk flagged around this as a continual drop in vaccination uptake will have consequences for the health

of the population. Prof Pravinkumar shares this concern, however there is dedicated work ongoing and if this trend continues, it may be something that should be monitored as a risk. It was agreed that this should remain under review and will be considered for addition to the risk register if the rate continues to decline.

6.1 BBV Annual Report

Prof Pravinkumar provided an update:

It will be challenging to meet the HCV and HIV targets. There has been a lot of excellent work undertaken around HCV testing and also some outreach work, however unlikely to meet the HCV elimination target. Hep C Re-engagement (RECAST Project) focuses on people lost to follow up (estimated around 500). There is an uptick noted in terms of HIV due to people moving into the area, however there is increased focus on testing and prevention with work being undertaken around late diagnosis. Scottish Government visit will take place in Feb next year and a report around BBV and Sexual Health services will be provided.

Mr Boyle suggested that a deeper dive is completed at the Public Health Governance Group with the findings of this being reported via the minutes to this committee.

6.4 Vision Session Update

Professor Pravinkumar thanked the committee for the support. A second vision session took place in October which was successful and focused on two main things:

1. provided an update on actions from the first session – establishing an Obesity PH Action Team (PHACT) and a Cardiovascular Prevention Steering Group and progressing work around the development of a prioritisation framework.
2. Population Health Framework Engagement

6.4a Population Health Framework

There have been opportunities to provide feedback through the DPHs group and excellent engagement has taken place through the PH directorate, corporate and partnership groups, comments will be shared with SG colleagues.

7 Forward Look

7.1 AOCB

No issues raised

7.2 Risks and Reflections

No issues raised

7.3 Date of Next Committee Meeting

Tuesday, 2pm, 14th of January 2025, Ms Teams