

Unapproved Minutes



Meeting: Population Health Committee
Date: Tuesday 10th September 2024 at 9.15am
Venue: MS Teams

Members

Mr Ally Boyle (Chair)	Non-Executive Director
Mr Phillip Couser	Non-Executive Director
Professor S Josephine Pravinkumar	Director of Public Health
Mrs Maureen Lees	Non-Executive Director
Professor Soumen Sengupta	Chief Officer SLHSCP
Ms Kerri Todd	Head of Health Improvement
Ms Charlotte Hope	Corporate Risk Manager

In Attendance

Ms Jaimie Kelly	Management Team Secretary
Ms Celia Briffa-Watt	Consultant Public Health
Mr Martin Hill	Chair, NHS Lanarkshire
Mrs Lesley Thomson	Nurse Director for SLHSCP
Dr Alison Smith – Palmer	Consultant in Public Health
Dr Henry Prempeh	Consultant in Public Health
Ms Karen McGuigan	Consultant in Public Health
Ms Karen Mather	Health Promotion, Tobacco Control Team Lead
Ms Shirley Mawhinney	Senior Health Improvement Manager
Mr Jonathan Cavana	Senior Health Improvement Manager
Mr Stephen Peebles	Deputy Director of Acute Services

Minutes

Ms Jaimie Kelly	Management Team Secretary
-----------------	---------------------------

Apologies

Mr Adam Daly	Associate Medical Director NLHSCP
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
Dr Cathy Johnman	Consultant in Public Health Medicine
Mr Paul Cannon	Board Secretary
Mrs Morag Dendy	Head of Planning, Performance & Assurance
Professor Ross McGuffie	Chief Officer NLHSCP
Ms Maggs Thomson	Head of Health NLHSCP
Mr Russell Coulthard	Director of Acute Services

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 [16.07.24]:

Minutes accepted as an accurate record however an amendment to Dr Johnman's title will be corrected.

1.4 Matters Arising: Action Log:

There were no matters arising.

2 Corporate Risks

2.1 Corporate Risk Register

The paper shared presents an update to the risks on the Corporate Risk Register for the reporting period July 2024 – August 2024 which are reported to Population Health Committee.

Under risk 2155 there has been a change to include MPox and an update to the controls. At the moment, there are 6 risks however at the next committee this will decrease to 4 risks as 2 risks will be moved to a whole system committee going forward. There will be changes going forward to risk descriptions and scores once the risk workshop takes place in October.

Mrs Lees shared that item 2234 pertaining to the risk around nursing home beds, which is low risk just now however will come back on to risk register when it's time to negotiate the care home contracts next year. Mrs Lees also asked if risk 2155, which lists Impact of Unpredictable Public Health Outbreaks on Current Services would this include acute services or only public health services. Prof Pravinkumar advised that this would relate to both services including the impact of delivering acute services and public health services. Ms Hope also had a discussion with Prof McGuffie regarding risk 2234 as to whether this risk should be an operational risk currently, as this can be managed at an operational level.

Mrs Lees asked if a pilot had taken place in reference to action 1703 to which Prof Pravinkumar shared that it didn't go ahead although work had undertaken by the national group and locally resilience manager did meet with acute major incident group and we now have an aide- memoire / draft SOP and have training plans put in place.

Mr Couser raised a query around risk 2129 as to whether this risk should still sit with the corporate risk register. Mr Boyle had previously discussed this risk Mrs Gardner who confirmed this risk still belonged to this group as a strategic committee overseeing community services. Mr Hill shared that

there is a huge amount of work going on risk 2129 perhaps the commentary column can reflect the fact that new mitigations are being developed in attempt to reduce the risks.

3 Healthcare PH – UNCRC Update

3.1

Ms Karen McGuigan presented the Child Health UNCRC paper.

Summary of key points

The United Nations Convention on the Rights of the Child Act 2024 came into effect on the 16th July 2024. Under this new law, NHS Lanarkshire and all other public bodies are required to take proactive steps to ensure the protection of children’s rights in their decision-making and service delivery.

Within the UNCRC there are 42 articles which outlines 42 rights children and young people have that we must recognise as a public body and cannot act incompatibility with these rights. Over the past 6 months, work has been progressing to ensure NHS Lanarkshire is ready for this incorporation. A system wide implementation plan has been developed which looks at what has progressed over the past 6 months.

The implementation plan has 8 key themes –

Theme 1: Leadership, Corporate Commitment and Planning

Theme 2: Accountability, Reporting and Measuring Progress on Children’s Rights

Theme 3: Participation and Empowerment of Children and Young People

Theme 4: Child Friendly Complaints Procedure

Theme 5: Training, Awareness Raising and Improving Practice- Tools and Resources to support you work

Theme 6: Publishing Child Friendly Information

Theme 7: Children’s Rights Budgeting

Theme 8: Non-discrimination/ Rights at Risk

The aim going forward is to report on our actions within this plan on a yearly basis however we are required to report to the Scottish Government every 3 years. There is a great benefit from working with local authorities who we can learn from and vice versa.

Awareness raising has taken place with directorates and a number of management committees which will be continue to be carried out as every service in NHSL needs to take recognition. Now there has been some feedback from the awareness raising where people have asked for advice. There is a first port UNCRC page which has a number of resources, a UNCRC checklist and a guide of best interests available to staff.

[Home - The United Nations Convention on the Rights of the Child \(UNCRC\)](#)

Ms McGuigan would like the group to review the 42 articles and the information on first port to reflect on those articles from your particular area to help be an advocate.

Ms McGuigan shared the area of risk is when children transition to adult services although there is work going on from an NHSL perspective which focuses on transitions for young people and people with disabilities. Another risk is where young people are being place in mental health wards which needs to be a focus going forward and are they getting the support when in the facility. Mr Boyle shared the group needs to think in terms of services and the Population Health committee will need to gain assurance about how this is being delivered in relation to the services we oversee. He asked about how much is being done individually in Boards and how much in conjunction with others? Ms McGuigan advised NES have been commissioned by the Government to support boards to share good practice on a 6 weekly basis. Our resources have been shared with other boards and colleagues in the ambulance services are looking adapt the resources we have made.

Ms Todd wanted to highlight to the Committee that when attending the Breast-Feeding conference last week there was a lot of learning and the community was at the centre. Going forward this can be a good model for future conferences.

3.2 Child Poverty Report

Ms Karen McGuigan presented the Child Poverty Report.

Summary of key points

Last year, Ms McGuigan spoke to the committee about the local child poverty action plan which we are duty bound to deliver. On a yearly basis a plan is to be produced however due to push back from boards the plan is now a 3 yearly plan and there is an annual report detailing work that has been progressed this year.

The figures for 2022/23 for children living in households in relative poverty after housing costs is:

- Just under 1 in 4 children (23.6%) in South Lanarkshire
- Just over 1 in 4 children (26.9%) in North Lanarkshire.

These figures have increased from the previous figures produced in 2014/ 2015, which shows issues that have transpired since 2014 such as cost of living crisis and covid pandemic has impacted the most vulnerable population.

The approach to tackle this issue is to include the key drivers –

- Increasing income through benefits
- Reducing cost of living for our communities

- Increasing income through employment

From evidence we know that lone parents and parents of children with disabilities need focusing on when thinking about this work.

NHSL focus is drawing out experience gained through health visiting pathways and midwifery which have routine financial enquiry embedded into them which then allows links to local authority colleagues for support. Our colleagues from a HR perspective have been driving forward programmes to support parents into employability and help gain sustainable employable.

By working in partnership we are able to access the support from local authority particularly around money matters and money advice.

Professor Sengupta shared that South Lanarkshire have set out looking at the key drivers such as appropriate income going into families but the long term sustainability lies within long term employment. Professor Sengupta shared that we need to spend time on things we know will make a difference rather than over promising and under delivering.

Mr Hill advised there was discussion around this issue at the Strategic Leadership Board in the North and that they had managed to increase benefits up to £55 million through the actions of staff supporting families. Mr Hill asked if there was an understanding of what proportion of unclaimed benefits the £55M was? Professor Sengupta advised we don't know the precise figure but there is a huge focus on supporting people to access their entitlements and this is often coming from various different service providers. Going forward we need to look at how we get information to people who need it and quickly as they can whilst prioritising people who need complex support. Ms McGuigan shared that from a Scottish government perspective, policy encourages asking about money worries but no resources are going to financial support services. Ms McGuigan has raised this issue of resources to money advice service is important as people who need to access these services require immediate support.

3.3 NHS Lanarkshire Infant, Children & Young People's Health Plan

Ms McGuigan shared the enclosed plan with the group –

Summary of key points

This plan provides an opportunity to review what we are doing from an NHSL perspective. Within the plan, there are 3 guiding principles - focus on Inequalities, Recognition of impact on children or young people and the UNCRC core principles. The plan consists of 4 priorities and under those priorities we have 24 actions to take forward. Originally there were 40 – 50 actions in this plan however this year there was a focus on the data from service leads along with what families and children were telling service leads. For each action, there are key performance indicators on a yearly basis and when reporting on UNCRC, each lead is asked to consider UNCRC and also what impact each action will have.

Mr Hill commended the work going on around breast feeding and the successes from this programme.

3 Healthcare PH – Screening

4.1 AAA Screening Annual Report and IPQR

Ms Briffa – Watt presented the AAA Screening Report paper on behalf of Dr Cathy Johnman AAA programme lead.

Summary of Key points

There are 8 KPIs with the data that is presented and we are currently meeting 3 of those KPIs. The KPIs we are meeting comfortably are quarterly surveillance, annual surveillance and the 2 weeks wait to see a vascular surgeon. There is provisional management data for uptake and invitation which shows 74.3% are being sent the invitation before the age of 66. Uptake is sitting at for Lanarkshire 82.6% and there isn't much of an inequalities difference, however this might be due to some data gaps. On the IPQR, there is a brief summary which is also included in the annual report.

5 Health Improvement

5.1 Tobacco Control and IPQR

Ms Mather shared a presentation with the group.

Summary of Key points

Good progress has been made towards the vision of the strategy contributing to reducing health inequalities, reducing children's exposure to second-hand smoke and preventing the uptake of smoking in young people. Prevention, Protection, Cessation, Support and Leadership are the key actions of strategy. Whilst good progress was made, we did not meet the aim of the strategy reducing prevalence of smoking in Lanarkshire to 11%. The achievement of significant reduction in prevalence in South Lanarkshire was made, reducing it from 21.8% in 2018 to 15.2% in 2022 (Scottish core questions, 2022). The smoking rates in North Lanarkshire have also decreased, the latest figure for 2022 stands at 17.6%, making it the 2nd highest in Scotland behind Dundee City, this is a decrease though from 2019 of 20.1%.

Some of our key achievements over the term of the strategy have included

- Adapting and remodeling the tobacco control programme as a result of the COVID-19 pandemic – primary prevention and protection activity was paused, support and leadership being adapted and stop smoking services remodeled to a telephone only support service with NRT being delivered direct to client's homes.
- As part of our remobilization post COVID we have engaged and consulted with priority groups in particular those who experience mental health conditions and those who are pregnant

- Delivery of a variety of programmes focused on prevention and protection
- Continued delivery of a Workforce Development plan adapting the format to suit new working arrangements i.e. delivering training online – continuing to upskill our own staff and staff groups on tobacco and SHS
- Working in collaboration with partner organisations, either through commissioned work or through joint programmes of work
- Continuing to review evidence in particular around vaping and young people.

Through the significant role NHS Lanarkshire has played at a national level and in influencing the national programme, smoking cessation is now a priority topic within the National Public Health Action Team around embedding prevention.

In order for NHS Lanarkshire to meet future targets and the overall ambition to have a tobacco free status (reducing prevalence to less than 5%) by 2034 in Lanarkshire and Scotland we recognise there are some improvements required across our programmes of work.

From the data provided, it should be noted that North Lanarkshire is unlikely to reach its goal of achieving smoke-free status (<5% prevalence) by 2034. In contrast, South Lanarkshire is on track to potentially meet this smoke-free target if the trend persists.

There has been a consistent decrease in the number of individuals attempting to stop smoking not only in Lanarkshire, but this is evident across Scotland too. If current performance continues LDP targets in the future are unlikely to be met.

The use of the Management of Nicotine Addiction Assessment Tool has not been consistent in all wards across the 3 hospital sites. This has resulted in a reduction in referrals from practitioners to the Quit Your Way service across the 3 hospitals. Whilst in 23/24 referrals have increased slightly this has not translated to a similar increase in the number of quit attempts started. We recognise there may be many reasons for this such as high turnover of staff and use of bank staff etc.

Despite continuous efforts, challenges continue with compliance and implementation of our own No smoking policy and associated regulations. There are still a number of staff, patients and visitors smoking in particular at entrances. A recent survey carried out showed that despite awareness of the SF signage being high, almost a third of people had smoked or vaped on hospital grounds in the last year.

One of the areas for improvement include children's exposure to second hand smoking. Creating a smoke-free home can be challenging due to limited outdoor spaces and sole parenting. Whilst at a population level the target was met for children's SHS exposure recorded at 27-30 months' assessment, inequality still exists with rates being higher in more disadvantaged areas (7% in SIMD 1).

Vaping and use of e – cigarettes are presenting new challenges for health boards. A position statement published on behalf of the Scottish Public Health System by PHS in March 2024 outlines the scale of the problem between stopping smoking and youth vaping.

In addition, health boards across Scotland are asked to consider the findings from the Vaping Health Harms evidence briefing – this briefing provides an overview of the health harms caused by vaping and the research gaps on long term effects of vaping and health risks for young people.

Vaping in young people continues to be a public health issue and there is a need to continually invest in preventative work this should not distract us from the greater public health issue we still have with people smoking and children being exposed to second hand smoking.

The development of the Lanarkshire Tobacco and Vaping Programme plan is now underway. The plan is in line with the guiding principles of the National Tobacco and Vaping Framework and also the Smoking Cessation Services Review Report.

Ms McGuigan shared that second hand smoke data is also recorded at the child health surveillance meetings and is happy that the SBAR comes through the service improvement group. This is something that will be reviewed further to ensure each field within child health surveillance and also to provide support.

Mr Couser reflected on the presentation and the figures showed deaths, contributed to by smoking related diseases, during peak covid were just as high as deaths related to covid. Mr Couser asked the group how do we keep these figures in the public conscience. Ms Mawhinney shared that learning from other health boards was paused during Covid pandemic however this has recently been started up through focused subgroups. Ms Mawhinney shared that the guidelines have asked for pregnant women to be given an incentive to stop smoking but NHS Lanarkshire hasn't been able to fund this incentive although other boards such as Glasgow did. Mr Boyle advised he does understand the pressure on acute sites however there is a missed opportunity at acute sites to have the discussion to help people rather than restricting people and it appears that the refreshed policy will address this.

5.2 Lanarkshire Weight Management and IPQR paper

Mr Cavana provided a presentation of Lanarkshire Weight Management paper including IPQR.

Summary of key points

Less than a year ago there was a rise in demand for clinical adult weight management referrals. The referral rate exceeded clinical capacity by around 20 times and waiting times for treatment were increasing up to one year. A mitigation plan was submitted to this committee and others which was accepted and did involve prioritising patients with pre diabetes (Tier3). This plan helped reduce the demand up to 85% however there was a large backlog. A new tier 2.5 was put together which is community based but clinically supervised programme. This only launched a few months ago to help bring down the waiting list. At the moment, the referral hub is a general referral hub not just a referral for clinical treatment so approximately 71% of referrals via primary care to SCI gateway will be allocated to community treatment options. Additional capacity has also been provided which

has allowed all pre diabetes patients to be seen. If the mitigation plan wasn't implemented, the Tier 3 waiting time would be around 9 years. There have been some complaints as there is a high demand for injectable weight loss medications, often without meeting the criteria. Due to budget reductions, this is the best pathway to try and meet this demand although there is a 19% increase in referrals from previous figures in 2023. Mr Boyle observed that perhaps the issue is managing people's expectations to which Mr Cavana agreed people's expectations aren't being managed properly at point of referral although communications have been put out to help handle people's expectations. Mr Boyle asked whether the cost benefit analysis was being revisited continually as other pharmacological treatments emerged at different cost points and effectiveness. Mr Cavana said that this was something that is considered but the medical criteria remains the same.

6 Health Protection

6.1 Vaccination Service Quarterly Report - Primary Immunisation

Summary of key points from Dr Prempeh's presentation

This is the first of a series of routine reports the aim of which is to provide a brief overview of the delivery of the local NHS Immunisation service to give assurance to NHS Lanarkshire clinical governance function that appropriate standards are being maintained in the delivery of the various programmes. Over 6300 children are invited to get vaccinated and NHS Scotland does try to achieve 95% uptake to achieve herd immunity. Within their first year of life the Scottish Vaccination and Immunisation Programme aims to provide protection against nine diseases through 4 vaccines given to at least 95% of children. Unfortunately, the trend for uptake on the 4 vaccines is that there is a decline not just for NHS Lanarkshire but nationally. For the Meningitis B vaccine, we are above the 95% uptake however if the decline continues we will be below the 95% in the next two years. Measles is the most infectious viral illness we NHS Lanarkshire provide vaccination for at the moment. In 2023, there were 950 cases of measles in Europe so far this year Europe has seen more than 55000 cases which is partly due to the decline in uptake for the MMR vaccine.

Dr Prempeh shared that he is hopeful that once there is a PH Programme Manager in place, a targeted approach to increase uptake in the hard to reach population. Mr Boyle shared that NHS England did a programme where they linked with employers on how to be a health employer which included vaccination information and perhaps there is something we can do with local employers.

6.2 Covid and Key Health Protection Updates

Dr Smith – Palmer advised covid is lower now with a lot less need for testing. There was a peak in early summer with Covid, but this has now decreased. The covid vaccination programme does commence next week to help with winter planning. Other respiratory pathogens are at low levels currently, however as we move into Autumn/Winter it is expected to change. Pertussis did reach high levels earlier in the year and, although levels are decreasing, they are still higher than we have seen in previous years. Lanarkshire hasn't had a confirmed case of measles case this year although there have been cases elsewhere in Scotland. Since the papers were circulated to this group Dr Smith–Palmer shared that there is an update as there is a small 3rd cluster of Hepatitis A in Cumbernauld area with 6 confirmed cases spread across 3 households. Contact tracing has been done for this cluster in Cumbernauld and vaccinations has also been offered to pupils and staff of

the nursery. Mr Boyle queried if the route for vulnerable people's access to anti-virals for covid still the same. Dr Smith- Palmer shared the pathway is still the same in Scotland however work is ongoing as to how to mainstream the pathway.

6.3 BBV UK Infected Blood Inquiry

Dr Logan provided an overview of the enclosed paper.

Summary of Key Points

The paper that was shared with the group was an SBAR to update about the publication of the United Kingdom infected blood inquiry report. The final report was published on the 20th of May and the paper gives an overview of the key aspects of the inquiry. It was agreed that the leads for NHS Lanarkshire going forward would be Professor Pravinkumar and Mr Chris Deighan, Medical Director. The update paper shared that the Scottish Government was setting up an oversight group to review the recommendations. The oversight group met in June and they established sub groups to look at particular aspects of the recommendations. Dr Logan advised that the report provides NHSL more of an opportunity for learning and development.

7 Forward Look

7.1 Population Health Framework

Professor Pravinkumar shared the Population Health Framework paper with the committee for awareness

Summary of Key points

The framework will hopefully be published by the end of the year and is a joint effort of the PH system led by Scottish Government. At the moment, this work is at an engagement stage and will be taken to various groups for awareness. Initial feedback has been collated and can be shared as a paper at a later stage. Mr Hill advised The Board Chairs, Improving Population Health Group has been revised in terms of membership and will meet in early October which will look at priorities in the context of this document. Mr Hill also shared that the Scottish Government advised this would be a continuous dialogue for this framework and no timescales are in place for a response at the moment. Professor Pravinkumar shared that the response could be highlighting some issues discussed today such as child poverty.

7.2 PHAcT - Public Health Strategic Priorities

Professor Pravinkumar advised that the paper had been brought to the committee before and this was an update from her and Professor McGuffie to update the group about the development of a strategic PHAcT in Lanarkshire. There has already work commenced to address some key priorities e.g. Obesity PHAcT.

7.3 Marmot Framework

Professor Pravinkumar shared PHS have put out call for bids to be a Marmot city and looking for 3 local authority areas to bid for this opportunity. South Lanarkshire are developing a bid and North are also looking to bid as a pan Lanarkshire bid is not possible.

7.4 Any Other Competent Business

No issues raised.

End of Meeting Notes

There was no risks or issues identified during today's discussion. Committee satisfied the papers submitted contained sufficient quantity and quality of information as to allow the Committee to perform their function and that the Committee were supported by having the required executives in attendance.

7.5 Date of next meeting

Tuesday 19th of November 2024, 2-5pm, MS Teams

DRAFT