

Unapproved Minutes



Meeting: Population Health Committee
Date: Tuesday 14th January 2025 at 2pm
Venue: MS Teams

Members

Mr Ally Boyle (Chair)	Non-Executive Director
Mr Philip Couser	Non-Executive Director
Ms Siobhan White	Non-Executive Director
Professor S Josephine Pravinkumar	Director of Public Health
Professor Soumen Sengupta	Chief Officer SLHSCP
Ms Eileen Logan	Councillor, SLC
Mr Russell Coulthard	Director of Acute Services
Ms Claire Rae	Chief Officer North Lanarkshire HSCP
Ms Maureen Lees	Non-Executive Director
Dr Jane Duffty	Non-Executive Director
Mr Scott Haldane	Non-Executive Director

In Attendance

Ms Celia Briffa-Watt	Consultant Public Health
Dr Cathy Johnman	Consultant Public Health Medicine
Mr Martin Hill	Chair, NHS Lanarkshire
Ms Charlotte Hope	Corporate Risk Manager
Dr Alison Smith – Palmer	Deputy DPH
Dr Adam Daly	Associate Medical Director NLHSCP
Ms Praveena Symeonoglou	Public Health Researcher
Ms Elspeth Russell	Consultant in Public Health
Dr Lucy Munro	Medical Director for NLHSCP
Mrs Morag Dendy	Head of Planning, Performance & Assurance
Ms Maggs Thomson	Head of Health NLHSCP
Ms Jo Duffy	Senior Health Improvement Officer
Ms Kirsty Orr	Head of Planning and Development
Ms Allison McLean	Interim Board Secretary
Ms Carol Stewart	Consultant Public Health
Ms Kerri Todd	Head of Health Improvement
Ms Louise Murnin	Executive PA
Mr Albert Yeung	Consultant Public Health

Minutes

Ms Jaimie Kelly	Management Team Secretary
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Apologies

Ms Trudi Marshall	Interface Director
Dr Mark Russell	Medical Director for SLHSCP
Mrs Sharon Murray	Interim Nurse Director for NLHSCP
Dr Henry Prempeh	Consultant in Public Health Medicine

1 Preliminaries

1.1 Welcome and Apologies:

The Chair welcomed everyone and apologies were noted as above. The Chair introduced two new members of the Committee, Jane Duffy and Scott Haldane who both recently joined the Board as Non-Executive Directors.

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 [18.11.24]:

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 3 risks rated high at the moment. There are 3 out of the 19 corporate risks are aligned to this committee. All 3 risks do remain high within this review period however there has been detailed changes which was passed through CMT on Monday. After discussions at the last committee meeting around issues that might not be risks but they could potentially become risks in future, Ms Hope has put together a risk radar document which is attached to appendix 1 page 5. Ms Hope asked the group for some feedback on the risk radar from the committee. Mr Hill asked how we are defining the potentiality of issues like weight management and what forum do we discuss the mitigating actions. Ms Hope advised risk radar is in early trial stages to demonstrate vigilance and awareness of potential risks. Once they are identified as becoming actual (rather than potential) risks then discussion will be held to incorporate into the risk register and assign ownership.

2.1a Risk Appetite

Summary of Key Points

- A workshop for board members took place in October and a few actions were agreed but still have to be finalised.
- New risk descriptions are now in place after CMT development sessions and this has gone to the board.
- In terms of the 3 risks aligned to the committee it was agreed that the risks should stay with this group.

- Mr Hill suggested that there is a separate risk looking at inequality with a different time scale, to which Mr Boyle suggested a separate risk about widening inequalities including cost of living.
- Mr Boyle asked that the wording around safe and decontaminating causalities changed to provide instead of respond.
- At the board session there was discussions of risk zones which allows more realistic expectations on what can be achieved.
- There are 4 risk zones, Adverse, Cautious, Moderate and Open. Each of the risk zones also align to the risk scoring.

Action The Committee thanked Ms Hope for the improvements that were being made and were assured that risks were being adequately mitigated.

3 Healthcare – Public Health

3 Public Health Report – Drug Deaths

Ms Russell shared a presentation on the worrying trends we are seeing with drug deaths which has been declared as a public health emergency. The report shared today with the committee provides insight into the work Ms Russell has been taking forward in terms of the drug deaths agenda within in Public Health.

Summary of Key points

- Drug related hospital admissions have increased significantly in Lanarkshire and across Scotland in recent decades. The Scottish rate has increased from 98.1 in 2002/03-2004/5 to 201.8 per 100,000 populations for the most recent period.
- Lanarkshire’s rate historically trended below the national rate for drug related harm however this has changed in recent years with the North Lanarkshire annual rate for 2022/23 now similar to the national rate at 211.3 whist South is significantly lower at 168.1 per 100,000 populations.
- Drug related deaths are now one of the biggest contributors in causes of early death in both North and South Lanarkshire.
- People who use drugs and their families have endured the effects of discrimination and stigma in society, in the media and in services. Perceptions of stigma can result in substance use harm being hidden and dissuade both people who use drugs and their families from accessing services.
- Contamination of illicit drugs with highly potent toxic substances such as nitazenes and xylazine are increasingly being detected in substances and among people who have experienced drug-related harms in Scotland.
- The age that people die from drug misuse deaths has increased over the past 20 years with the highest rate moving from the under 35’s to the 25-54 years old group.
- A Drug Deaths Taskforce was established to provide independent expert advice and guidance on how we tackle the challenge of increasing drug related harms.
- A Pan-Lanarkshire Drug Death Prevention Group, chaired by the Director of Public Health and Health Policy since late 2023, meets quarterly to review operational work-streams

progress and learning. A development session was held in February 2024 and the outputs from this session has been used to form a 3-year drug death prevention action plan.

- Following a full review of the pathway residential rehabilitation is now offered more routinely as part of the treatment and care offer in North and South Lanarkshire. An evaluation of effectiveness of the pathway is being carried out to inform future decision making.
- A combined overdose response, assertive outreach, crisis service was commissioned across Lanarkshire and has been fully operational since September 2023. This service works to connect people experiencing high risk events including non-fatal overdoses.
- Prof Pravinkumar chairs the Drug Death Prevention Group which meets quarterly and is looking at work streams that have been taken forward via the action plan.
- Harm reduction support groups trialled in the North is due to start in the North, which is for people who aren't ready to move into treatment but do want support. The initial valuation in the South is the impact has been powerful with linking people into support at the groups.
- Ms Rae advised that after a recent quality leadership walk round at UWH there was an action for quality leadership to take a report back to the board, on the lack of beds for alcohol detox services.
- There is a shift in drug trends in what we are used to seeing in drugs being used recreationally and where we are seeing the highest levels of harm are with those with complex needs in areas of deprivation.

Action The Committee were grateful for the report, concerned about the impact of these deaths and particularly the inequality which exists. It was proposed that this subject be taken forward in a joint session with ADP and other key stakeholders.

4. Healthcare Public Health – Child Health

4 Children Oral Health

Mr Yeung provided a paper for the committee to review, to wish Ms Geraldine Irving also contributed to.

Summary of Key points

- Each year Primary 1 and Primary 7 children are examined and the latest report covers primary 1, primary 7 report will be available in October.
- Over 400 children are on the waiting list for dental general anaesthesia while over 700 children are waiting for pre-assessment. Waiting list of pre-assessment for dental general anaesthesia has seen an overall decrease. New more stringent criteria have been implemented for a number of months and will continue to be monitored.
- The percentage of children across Lanarkshire with no obvious dental decay is showing significant improvements, this good news has been included in the press release which Mr Yeung shared with the committee.
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Action

The committee congratulated Mr Yeung and colleagues who help make this progress happen.

5 Healthcare Public Health - Screening

5.1 Detect Cancer Early Progress Report

Ms Briffa – Watt presented the detect cancer early report to the committee, this is the second of the update papers. Last year the action plan was presented and the first 6 monthly update was provided in June.

Summary of Key points

- There are 3 areas which haven't progressed as much as previously hoped in terms of timelines for direct referrals opportunities into Weight Management Service, weigh to Go and Quit Your Way. There has been progression in terms of Weight Management service as the hub is now functional at having a pilot to refer directly those going through breast and plastics but don't have a diagnosis.
- Quit Your Way has gone through an organisational and structure change so there has been a pause with this service.
- Rehabilitation work hasn't progressed due to a difficult recruitment process however there should be an update on the post fairly soon.
- Interventions in terms of inequalities will be scaled up for going forward into 2025.

Action The Committee noted the report and were grateful for the hard work across this area. The Chair reminded members that there was a commitment to consider cancer inequalities and asked where we were with this work. After discussion it was agreed that cancer inequalities in their totality should be considered to provide assurance around this. It was emphasised that the Committee are assured about the focus that is given to inequalities so this would be about analysis of impact so that we can assure ourselves around progress.

5.2 Antenatal Screening Programme's

NHSL offered all 4 antenatal screening programmes which includes infectious disease screening. Ms Symeonoglou presented antenatal screening programme report to the committee.

Summary of Key points

- The 4 antenatal screening programmes have been effective in identifying health conditions in pregnant women and unborn babies.
- KPIS reporting is difficult to make sure figures are accurate as there is not a connection with badgernet and the lab.
- The programme has consistently achieved high coverage for haemoglobinopathy and infectious disease screening at 95%.
- For trisomy screening there is not any KPIs as this is a personal choice however there has been improvement for women being screened in the second trimester.
- 99% of sample being submitted to national labs are adequate which means we have less waste and less chance of needing a second test.
- Infectious disease screening programme is currently undergoing protocol review which means everyone will be tested no matter what their status was previously.

- Lanquip will be used going forward and the transition to this is taking place just now.
- Data quality and digital systems needs to be improved however this has been discussed nationally.
- There have been cross boundary issues when if a patient is under another board badgertnet doesn't provide that data so this means we can't see all the data for the total population.
- There was discussion as to where reporting on multiples will be possible in future, majority of KPIS are based on single pregnancy's and the pathway for multiples is different and individualised so the recording will be slightly different as the care may be delivered in a different way.

Action The report was noted by the Committee and a commitment was made to include information about multiples in the next report.

6 PH - Health Protection

6 Covid and Key Health Protection Update

This winter has seen a high instance of Flu however this peaked in week 52 and there is a decrease in week 1. Over the Christmas period there has been a higher level of RSV than we would normally see at this time of year but this is starting to decline. Covid has remained low across all surveillance indicator's.

7 PH – Health Improvement

7 Health Improvement - Keep Well

Keep Well is a programme which started off as part of prevention 2010 for cardiovascular disease programme and Lanarkshire is one of the few boards which has kept this element as it provides a great service in supporting our vulnerable population who do not readily access mainstream services.

Summary of Key points

- Keep well is a small nurse led service based in Shotts but does cover the whole of Lanarkshire.
- Mainstream part of services came to an end in 2017 and was originally named vulnerable people's team. The name of this team was changed due to feedback from individuals on being labelled as a vulnerable person.
- The service includes observing diabetes risk factors along with assessments for financial worries and screening attendance.
- 78% of clinics were held in non-NHS premises in places such homeless accommodations units, places of worship and community centres.
- Local mosques where clinics are held tend to be very busy and harm reduction team also accompany the team to offer BBV testing to members of the community.
- 201 clinics were delivered between 2023 – 2024 and 611 patients were engaged with during that timeframe.

- 43% patients seen where found to have abnormal findings that needed investigated further by their local GP.
- 60% of patients seen case management support is offered while awaiting engagement from other services.
- There was case study attached which shows the barriers that people from the Deaf Community face and there is British Sign Language interpreter requested for all clinics.

Action The Committee was grateful for the update and expressed gratitude and support for the programme. The Chair noted that this is a visual demonstration of how we should be working, inclusive, patient centred and advocating on behalf of those who may otherwise not get the care they need.

8 Forward Look

8.1 Marmot Update

The partnership with our colleagues with Public Health Scotland South Lanarkshire is one of the 3 places recognised as a Marmot. Prof Sengupta and Prof Pravinkumar will update this committee as work takes shape. We are hopeful this will be a robust and engaging experience but also make a difference to the local populations health.

Action 1. The Chair commended everyone involved for achieving a successful bid. This will be a very significant part of our learning and transformation journey and the success of the bid is a reflection of the commitment and ambitions of the South Lanarkshire and NHS team behind the bid.

2. SS and JP to provide regular updates to the PHC on this item

8.2 Any Other Competent Business

No issues raised.

8.3 Risks and Reflections

No issues raised.

8.4 Date of Next Meeting

Friday, 14th of March 2025, 9am on Ms Teams