

ITEM 3

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

Minutes from a meeting held on Microsoft Teams
on Thursday 27th July 2023 at 9am-12pm

PRESENT:

Mr Ally Boyle (Chair)	Non-Executive Director
Ms Celia Briffa-Watt	Public Health
Mr Paul Cannon	Board Secretary
Miss Stacey Connor (Minutes)	Governance Support Manager
Mr Phillip Couser	Non-Executive Director
Mr Craig Cunningham	Head of Commissioning & Performance
Ms Charlotte Hope	Corporate Risk Manager
Mrs Maureen Lees	Non-Executive Director
Ms Trudi Marshall	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 Judith Park (Left 11.20am)	Director of Acute Services
Dr Josephine Pravinkumar	Director of Public Health
Ms Claire Rae	Head of Health & Social Care
Mr Donald Reid	Non-Executive Director
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

**IN
ATTENDANCE:**

Dr Kalonde Kasengele (Shadowing)	Speciality Registrar Public Health
Ms Karen Mather (Item 9)	Tobacco Control Team Leader
Ms Shirley Mawhinney (Item 9)	Senior Health Improvement Manager
Ms Michelle Merrifield (Shadowing)	Management Team Secretary
Dr Mark O'Loughlin (Item 10)	Consultant in Public Health Medicine

APOLOGIES:

Mrs Stacey Anderson	Support Services Project Manager
Dr Adam Daly	Interim Associate Medical Director
Ms Morag Dendy	Head of Health NHSCP
Professor Jann Gardner	Chief Executive NHS Lanarkshire
Mr Martin Hill	Board Chair
Dr Cathy Johnman	Consultant in Public Health Medicine
CIlr Eileen Logan	North Lanarkshire Council Nominated Councillor
Ms Elspeth Russell	Public Health
Mr Henry Prempeh	Consultant Public Health
Ms Lesley Thomson	Director of Nursing SHSCP

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 (23rd May 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 majority of the actions on the list relate to risk, this will be addressed when the risk session takes place.

Mr Boyle added it will also 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 enclosed report (appendix 1) and the subsequent Risk Register (Appendix 2) presents an update to the risks on the Corporate Risk Register for the reporting period May - June 2023/24 which are reported to Population Health & Primary Care and Community Services Governance Committee.

The corporate risk manager proposed a change to the governance committee reporting including a new process for completion of individual assurance reports for each corporate risk. This was considered and agreed to progress with a view to evaluation later in the year.

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 4 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

Ms. Hope noted that the general medical service provision and primary care out of hours' risk have been reviewed to be refined to ensure they are clear in terms of the 3 horizon model; the updates will be included within the next paper.

For the risk around addressing health inequalities for the aging population discussed at the last meeting, Ms Hope is working with Dr Pravinkumar to refine and a paper will go to CMT for approve.

The risk for the vaccination service will be discussed at CMT. There is a meeting in the diary with Ms. Hope and Ms. Rae to consider dentistry risk linked to waiting times. The risk around sustaining a safe workforce has been discussed with Jonathan Pender to consider the risk and will ensure the risk and an mitigations will be captured appropriately.

Dr Russell added OOH is relatively more advanced now as we move towards a multidisciplinary team model and looking to stabilise GP workforce for the service. Mr. Boyle requested the committee see the evidence of how the service has transitioned to the new model; Mr. Sengupta noted this.

SS

Mrs. Orr noted there is a new risk around urgent care from HQAIC and also a risk for operation flow, Ms. Hope and Mrs. Orr to discuss out with the meeting.

Mr. Boyle queried update on decontamination risk. Dr Pravinkumar advised there is a national SLWG as well as local group to review this. She will share the paper with the committee linked to action 34 on rolling action list.

JP

Mr. Boyle asked members how do we get assurance that risks relating to prevention are being managed. Mr Couser highlighted the increasing demand profile driven by demographic change versus the limited resources available; he stressed that this will necessitate a shift in investment. He believed that this will be a key risk for the Board and in particular this committee to manage.

6. Breast Screening Annual Report

This breast screening report focuses on the period of breast screening which took place in Lanarkshire between April 2019 and March 2022. This data was published April 2023 and is the latest data available. Data show that across Scotland breast screening uptake has increased: 74.5% of eligible women took up their invitation for screening across Scotland up from 73.2% reported in the last report or 2018-2021. Seventy-two and a half percent of eligible women attended for breast screening during the 2018-2021 period in Lanarkshire. This is an increase from 72% in 2018-21.

All but three standards are being met. These are:

- Result issued within two weeks of an adequate screen
- Assessment appointment given within three weeks of an adequate screen
- Delivery of a screening round in 36 months

Achievement of these standards are challenging across the West of Scotland region and in Lanarkshire as a result of a number of issues. These include a long term recruitment of highly specialised staff, staff absences across the pandemic, the increased uptake observed, the aging population and increasing numbers of participant's eligible year on year and the level of deprivation and geographical profile of the areas that the west service covers. The Breast Screening Modernisation Board has prioritised a workforce planning exercise.

Mr Boyle asked if the data was shown in terms of harm would we see a different picture. Ms Briffa-Watt noted we see a difference in mortality and a difference in stages of cancer identified as if patients do not attend screening more likely to be more advanced.

The group noted the update.

7. Population Needs Assessment: Cancer Needs

This report presents descriptive data around cancer incidence and mortality in Lanarkshire and the impact of the COVID-19 pandemic on cancer diagnosis as well as cancer service provision. The chapter will have a particular focus on inequality. Much of the incidence and mortality analysis was produced for the development of the Macmillan Improving Cancer Journey programme, completed by Public Health Scotland (PHS) and kindly shared with public health directorate in NHS Lanarkshire.

Data from 2016-2020 show that in North Lanarkshire, 646 people per 100,000 population were diagnosed with cancer, higher than the national rate of 631 people per 100,000 population diagnosed across the same time period. In South Lanarkshire, this figure is 637 people per 100,000. Particularly highest in Cambuslang and Rutherglen. Lung cancer is the most common cancer in Lanarkshire and Scotland. While incidence for colorectal cancer is lower in Lanarkshire in comparison to Scotland, published data from Public Health Scotland on

It is proposed to use the information within this report to recover NHS Lanarkshire activity around Detect Cancer Early, agree priorities for action and develop an action plan including implementation, monitoring and evaluation. Areas of focus, identified during the collation of this report, to be included within the action plan are outlined within appendix 1 of the report.

Area of focus within the development plan are:

- Prevention
- Early Detection

- Improving Treatment Outcomes

Working on the action plan and planning to take an update to the detect cancer steering group in September.

Mr McGuffie noted now we need to appraise ourselves around where we are falling short and use this data to shape future service delivered as part of an action plan to provide the committee with assurance; this was noted.

Dr Park added Acute are using this data in a different way to give us some direction on where we need to go for service delivery and linking patient pathways.

Mr Boyle queried particularly to non-executive directors is there anything the committee should be looking at in more detail for this work. Ms Lees suggested could this be tied into the review of the terms of reference to target the work we need; this was noted.

The committee noted the report.

8. Prisoner Healthcare Update

This paper sets out an overview of the Prisoner Healthcare service within North Lanarkshire. Responsibility for the provision of healthcare in prisons transferred from the Scottish Prison Service (SPS) to the NHS in November 2011 and for HMP Shotts in Lanarkshire, it is now the responsibility of the North Lanarkshire H&SCP. HMP Shotts, a 538 place, maximum security prison for convicted adult males serving a sentence of four years or longer has a healthcare team that comprises of three sub-team's teams of Primary Care team, Addictions Team and Mental Health Team.

Over the last 24 months the healthcare team has experienced significant and sustained staff shortages across all disciplines. This has impacted on the team's ability to provide adequate staffing and maintain a safe skill mix. This included the lack of GP cover from 1:30pm onwards.

Due to the apparent challenges, the Nurse Director commissioned a 'deep dive Service Review to be undertaken. This was completed in March 2022 and an action plan was developed identifying planned improvement actions.

There were 12 examples of good practice and 22 recommendations for improvement which include 6 priority recommendations identified; the Inspection Report is listed in Section 8 of the report. Mr McGuffie advised we have recruited a fixed term service improvement manager to oversee and coordinate the improvement work; there is a programme boards in place to support that; we have a programme board established also. GP recruitment has been a real challenge for the service trying to identify an enhanced service through different models available. Aiming to provide a similar service provision as delivered within community services.

Mr McGuffie advised we will have a review visit at the end of the year to look at progression of the action plan. Mrs Marshall noted nursing staffing has been a significant challenge, it is not just about recruitment but also about retention of staff. National work is looking at how we make a career for nursing in prisons services. There are interface issues with SPS due to the content of the original memorandum of understanding (MoU), there is ongoing work to review this. Currently missing health improvement/ Improvement element of service delivery to patients which needs to be addressed. Ms Thomson added doing work on Medical Assisted Treatment (MAT) standards which is now applicable in prison services.

Mr Reid queried has the pharmacy service withdrawal by Lloyds been resolved. Mr McGuffie advised this has been resolved but it is not a like for like service so still working on some issues.

Mr McGuffie advised will bring further updates, likely after the next visit can build into work plan.

9. Tobacco Control

A report was shared to provide an update on *Smoke-Free Lanarkshire – For you, for children, forever: Lanarkshire Tobacco Control Strategy 2018 – 2024* and emerging evidence, legislation and policy.

The Committee are asked to note this update and support the tobacco control programme to achieve the actions and outcomes outlined in the current strategy and the forthcoming national tobacco control action plan.

Smoke-Free Lanarkshire – For You, For Children, forever: Lanarkshire Tobacco Control Strategy and Action Plan 2018 – 2024 has a vision to create a society for children which is smoke-free and where adults are positive smoke-free role models, whether they smoke or not. Overall, Lanarkshire is making good progress towards this vision however more needs to be done to accelerate progress, in primary, secondary and tertiary prevention.

The tobacco control programme in Lanarkshire has experienced a number of issues as well as highlights. The percentage of children exposed to second-hand smoke at 27-30 months has reduced over time from 7.0% to 5.1%, however inequality still exists as exposure to second-hand smoke is more prevalent in more deprived areas (0.8% in least deprived quintile vs 10.3% for most deprived quintile). A higher percentage of pregnant women in Lanarkshire are recorded, at their booking appointment, as being people who smoke in comparison to the Scottish average (12.3% v's 11.8%).

A further report will be available in November 2023; this was noted by the committee.

Overall smoking prevalence is continuing to reduce, however if the pace at which it is reducing does not accelerate we will fall short of the ambition to achieve smoke-free status (<5% prevalence) by 2034.

Dr Russell noted we should focus on tobacco as the main issue due to the consequences of tobacco use. Although we acknowledge the risk of vaping and also vaping as an indirect route back to tobacco.

Mr Reid asked how many deaths are there related to smoking and what pressures smoking brings to the NHS. Ms Mawhinney replied have done cost benefits analyses which can be provided to the committee in terms of stats and costs in more detail. There is some data within this report which highlight the difference prevention makes.

10. Health Intelligence Links with Anchor Organisations

The health intelligence group is a multidisciplinary group comprising of individuals working in or with data assessment within NHS Lanarkshire, Local Authorities of the Lanarkshire region, Third sector interfaces for the Lanarkshire region, Alcohol and Drug Partnerships for Lanarkshire, PHS and academia. The overall aim of the group is to facilitate the collation of information pertaining to the health and wellbeing of the population of Lanarkshire to:

- Assess trends in health and wellbeing metrics at a population level
- Identify areas for improvement
- Compare Lanarkshire to relevant national standards
- Facilitate key stakeholders to quickly and easily retrieve information

A core requirement of the group is to identify and maintain a list of information sources to ensure that the above aims are completed effectively. Additionally, the group aims to provide commentary and context for these metrics.

The health intelligence group have developed a draft version of a centralised repository for this information and are working on converting this to a web-based portal to facilitate greater access to this system. The current version is still under active development, and it is hoped that the initial website will be ready in the near future. The system comprises a core list of information sources (with links to relevant external websites/portals and lists of what metrics are available by specific domains), lists of indicators split by themes (along with definitions and links to data), and profiles of Lanarkshire by area and theme).

The health intelligence group have developed some initial editorial standards for the repository, including the limiting of time series data and commentary hosted on the portal to the past decade (with links available to sources should further historic data be required), and how information is classified and presented on the website.

Immediate next steps for the group include the technical development of the website, establishing how the site will be used by the organisation and by stakeholders and if any additional changes need to be made to facilitate this. Additionally, the group needs to consider testing the use across priority areas, establishing capacity for the maintenance and development of the system, and ensuring that the repository aligns with and adds value to work being

developed elsewhere, such as Public Health Scotland, National Records of Scotland, etc.

Dr Pravinkumar added there is some work being undertaken around the matrix for anchor organisations nationally.

Mr Couser suggested that for Board and subcommittee papers it could be useful to have links to relevant sections of the health intelligence repository to help members put topics in an appropriate data context; this was noted.

11. ADP Annual Report

The North Lanarkshire Alcohol & Drug partnership (NLADP) Strategic Lead has been working closely with key partners through the five ADP sub-groups (below) to develop key actions and support in keeping with national evidence, regional scoping work and learning from commissioned services including the voices of lived experience. The ADP sub-groups oversee and support decision making on local investments linked to delivering on the National Mission priorities.

1. Prevention, Early Intervention, & Education
2. Treatment, Care & Recovery
3. Whole Family Approach
4. Public Health Approach to Justice
5. Reducing Alcohol Harms Group

All thirty of Scotland ADPs are responsible for delivering on the National Mission Priorities. The aim of the National Mission is to improve and save the lives of people who use drugs and their loved ones. The purpose of the Annual Report Survey to give local ADPs a tool to engage and discuss opportunities and barriers to delivery.

The Annual report survey sets out the range of work in place to scope strengths and challenges in current arrangements. NLADP place the experience of people with lived experience and families at the centre of developments and engagement with all stakeholders. This approach has significantly reshaped the commissioning intentions, created a robust response to the challenge of preventable drug deaths in North Lanarkshire and informed the ADP Investment Plans.

Mr McGuffie advised got plans to introduced a lived experience group and got a dedicated post to support the work and there is work on going around local treatment support.

Have received positive feedback from Scottish Government around MAT standard implementation, main focus is still on standard 7 with work on going. Dr Russell confirmed similar picture being reported for South HSCP.

Mr Reid queried is there a gap on question 16 as this has not been ticked. Mr McGuffie replied this is being picked up by directly managed service.

Mr Boyle queried how future report will come through the committee. Mr McGuffie suggested can ensure timescales mean that both areas can report at the same time.

12. Q4 Performance Report

The report provided an update to the Committee on the areas for improvement which have been identified as part of the Quarterly Performance Review for the period 1 January 2023 to 31 March 2023 (Quarter 4).

The Chief Officer has joint quarterly performance review meetings with the Chief Executive of NHS Lanarkshire and the Chief Executive of North Lanarkshire Council. These meetings are supported by a Chief Executive Performance Framework comprising a range of performance measures from across both health and social work systems, including relevant targets and trajectories.

For the areas listed for improvement they are all rated as either red or amber and have programme boards supporting progressing the work.

Area for improvement are:

- Alcohol Brief Interventions
- Cervical Screening
- Immunisations
- 6-8 week reviews
- Delayed discharge, home support, reablement
- Reablement / Integrated Equipment & Adaptation Service / Home

Assessment Team

- CAMHS
- Psychological Therapies
- Adult mental health
- Waiting Times Performance - Medical Children & Young People (Consultant Led)
- Waiting Times Performance – AHP and Community Services
- Stop Smoking Service
- Sickness Absence

Mr McGuffie provided some more in depth details for the services listed above.

Mr Boyle question what are the main areas of concern for performance recovery. Mr McGuffie replied mainly workforce issues, there is whole system work on going as part of operation flow which should aid recovery after the pandemic years.

13. Vaccination Update

Mr Cunningham provide a report which summarises the vaccination service quarterly performance, including future programmes as currently understood and of the ongoing issues being managed in the service.

A COVID-19 Spring Booster Programme for the >75s, those in care homes, those with severely or weakened immune systems (age 5 – 75) and children at risk – 6 months to 5 years has been undertaken during the spring months. The booster programme has made steady progress, focusing on improving uptake and addressing various challenges.

The overall uptake rate for the booster programme in Lanarkshire stands at 73.4%, slightly below the national average of 76.5%. Notably, Lanarkshire has surpassed the target uptake rate of 70% set for the Spring booster programme, demonstrating significant achievement. Appendix 1 includes a further breakdown by cohort.

In terms of care home uptake, Lanarkshire has achieved a rate of 89.8%, slightly below the national average of 90.7%. Every resident in Lanarkshire Care homes was offered a vaccine where it was possible to administer same albeit due to frailty, AWI concerns and refusals, a number of residents will inevitably not be vaccinated.

The administration of Pneumococcal and Shingles vaccines has resumed and will run from July through to the end of August. This will cater to those who did not receive these vaccines earlier in the year, as well as individuals who are due for their second Shingles vaccine. The cohort of those eligible for Shingles and Pneumococcal will be run in September.

Work has begun in planning for the Autumn/Winter programme with additional asks being made of the service both in terms of the extended flu programme as well as a reduced timeframe in which to run the Covid vaccines, i.e. from October to December when previously it was September to December. This will therefore require a greater number of staff over a shorter period in order to meet the expectations of Scottish Government. Work in understanding the implications of the revised timescales, associated staffing and costs is currently being undertaken and the outcome will be shared in future reports to the Committee.

The committee commended the work the team have done to implement the programme.

14. Key Performance Issues

a. North Access Report

The committee noted the report.

b. South Access Report

The committee noted the report.

Mr Reid noted the expansion of the nursing band 4 roles as part of the transformation agenda which is being well received at ward level.

Mr Boyle noted for the South report how do we start to see more on the supported services, something to consider for future reports.

16. Risk Update

There were no new risks identified by the committee.

17. A.O.C.B

There was none.

18. Date of Next Meeting

20th September 2023 2pm-5pm