

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Population Health and Well Being Committee
held on 13th October 2021, at 2:00pm
via MS Teams**

PRESENT

Mr John Matthews OBE (in the Chair)

Prof John Brown CBE	Ms Anne-Marie Monaghan
Prof Linda de Caestecker	Mr Ian Ritchie
Ms Jane Grant	Mr Frank Shennan
Ms Mhairi Hunter	Ms Flavia Tudoreanu

IN ATTENDANCE

Dr Emilia Crighton	..	Deputy Director of Public Health
Ms Anne Harkness	..	Director of Delivery & Resilience
Ms Susan Manion	..	Associate Director of Delivery & Child Health Commissioner
Ms Fiona Moss	..	Head of Health Improvement and Inequality, Glasgow City HSCP
Mr Peter Seaman	..	Associate Director, Glasgow Centre for Population Health
Dr Hester Ward	..	Consultant in Public Health, Public Health Scotland
Dr Beatrix von Wissman	..	Consultant in Public Health
Ms Amy White	..	Secretariat (Minute)

		ACTION BY
01.	WELCOME AND APOLOGIES	
	<p>Mr Matthews welcomed those present to the meeting of the Population Health and Well Being Committee within the Boardroom of JB Russell House and those who joined via video conferencing.</p> <p>Apologies for absence were intimated on behalf of Ms Angela Leitch, Mr Nicholas Phin, Mr Alan McDevitt and Ms Anna Baxendale.</p> <p><u>NOTED</u></p>	

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2021 however appointments were recently issued due to the ongoing requirement to offer COVID-19 vaccinations to a number of new individuals who weren't previously eligible. The strategic objective was to offer all those eligible for a Flu vaccination by early December 2021. Ms Harkness noted this year that included many people who were not offered Flu vaccination in previous years principally a wide range of school children, adults over the age of 50 and teachers as an occupational group.

Ms Harkness advised the campaign had started by delivering the Flu vaccinations in community clinics that were used in the COVID-19 vaccination programme. The vaccination would also be delivered in secondary schools and care homes. The uptake in the first week had been positive.

Ms Harkness reported performance management would be difficult to produce reports on the uptake of the vaccine. NHSGGC were unable to distinguish data by occupational category for example the Board as an employer would not know how many employees had taken up the offer of the Flu vaccine. The data would highlight how many GGC residents had taken up the offer which would be reported and could specifically note data collected on age, gender and ethnicity.

Ms Harkness advised the campaign was extensive aiming to offer vaccination to around 500,000 people. The COVID-19 booster vaccination would be offered at the same appointment for all those eligible. The eligibility criteria for the COVID-19 booster included all those over 50 years old and from 24 weeks of the second dose of the vaccination. Complex work was ongoing, continuing to work with Scottish Ambulance colleagues who offer NHSGCC a mobile vaccination service which would be used to target areas of inequality and areas of expected low level uptake.

Professor de Caestecker highlighted last year the uptake for NHSGGC staff was 70% compared to the previous year at only 40% and it was expected there would be continued increased uptake this year.

There was a query around the Board's capacity to identify which staff members had received the vaccination. Ms Harkness advised health and social care staff access an appointment via the online portal. The groupings were large for identifying eligibility and the way the data flow had been constructed it did not allow NHSGGC to report by employer or occupation. The concern had been raised to the data and digital team who set up the structures by all Health Boards. Ms Harkness noted the challenge was the system was produced at pace during the pandemic and unfortunately wont capture the level of data of previous systems. It was recognised it would have been helpful for the data and digital team to ask NHSGGC for a user requirement to access data to campaign target groups who were slow on the uptake. Ms Harkness advised

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	<p>with Scotland moving beyond level 0 at the beginning of August 2021 it was followed by the most recent wave which peaked at the beginning of September 2021.</p> <p>Dr von Wissman reported that data was analysed by local authority area from the last two waves and by age group noting the most recent wave was particularly high in the younger age group as a consequence of being unvaccinated or partially vaccinated at the beginning of August 2021. The data was further analysed by age group in relation to case distribution, Scottish Index of Multiple Deprivation (SIMD) quintile and hospital admissions of patients who had a recent positive COVID-19 test. Dr von Wissman noted the average length of stay with a primary diagnose of COVID-19 was longer than the average length of stay with an incidental COVID-19 diagnosis.</p> <p>The Public Health response included testing, Test and Protect, management of outbreaks and clusters, the support of care homes, vaccination programme, surveillance and epidemiology and influencing the national response offering advice to the public and other agencies. Dr von Wissman advised there was uncertainty for medium term COVID-19 projections and challenges with concurring challenges which in turn may affect the COVID-19 dynamics such as COP26 and pressures from other winter viruses. There would continue to be a requirement of multidisciplinary working and flexibility in response to the rapid change of demand.</p> <p>There was a query on the health inequalities which were identified within the figures presented and if there was a strategy to address and improve the uptake. Dr von Wissman advised work was ongoing in communities to ensure testing was accessible with the addition of community asymptomatic testing sites. Community deprivation and cluster incidents were considered when locating the testing sites. There was further work ongoing to address the areas with persistent high infection at a national level which Public Health Scotland were contributing too to examine which interventions were the most effective in achieving change.</p> <p>Mr Matthews thanked Dr von Wissman for the comprehensive presentation regarding COVID-19 data within Greater Glasgow and Clyde. The Committee welcomed the presentation and were assured by the information provided.</p> <p><u>NOTED</u></p>	
<p>07. COP26</p>		
	<p>The committee considered the paper 'Planning for COP26' [Paper No 21/08] presented by the Director of Delivery and Resilience, Ms Anne Harkness.</p>	

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Ms Harkness reported the UN Climate Change Conference of the Parties (COP26) would be held at the SECC campus from 31st October 2021 to the 12th November 2021 with a daily attendance of 10,000 delegates and 4000 members of staff. There would also be a range of supporting events for the public and two planned marches of activists on the 5th and 6th of November.

Planning for the impact of COP26 on NHS Greater Glasgow and Clyde would continue. There was an internal planning group with sub groups that considered the challenges for staff and another on the challenges for primary and community care. The Board was working with Public Health Scotland and Public Health England on test, trace and isolate and with Glasgow City Council on the wider impact on the City.

There were four main areas of work for the Board:

- Contribute to the planning of the event - principally the role of Glasgow City Council and the Scottish Ambulance Service who would provide care within the conference venue.
- Plan for the impact of the event on NHSGGC staff and services and for NHSGGC involvement in the daily command control and coordination structure.
- Ensure readiness for a Major Incident including up to date plans and provide training for a range of staff.
- Consider the additional requirements/demands for NHS services during the event.

Ms Harkness advised of the enhanced communication to ensure staff and managers were informed and aware of the potential impact of the event and there was a dedicated section on the Board's website. Core Briefs had a standard banner on COP26 which included a revised message about home working and encouraging the 30% reduction on the transport network. There was a guide for managers produced with a covering email to allow all departments to assess the potential impact of COP26 on their team. All primary and community care services and relevant general managers in acute services had been sent the postcode data for the road closures to facilitate planning and communication to patients who might need access to hospital such as pregnant women and staff who visit patients in their homes.

Information from other COP conferences and from the recent G7 summit was that there was a limited demand for hospital admission and as such no specific provision had been made for additional inpatient capacity. There would be a medical treatment centre open in the conference staffed by doctors and advanced paramedics and their aim was to deal with minor ailments and injuries on site and to direct people to access community pharmacy for any medications required. It was expected that the biggest demand for healthcare would be from activists who would be attending the event and the 2 activist marches on 5th and 6th of

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	<p>November. The march on 6th November had been licensed for up to 100,000 people.</p> <p>There was a query on the financial impact of COP26. Ms Harkness advised there would be no impact on the Board financially as a business case was submitted to the Scottish Government for additional costs that would incur and it was fully funded.</p> <p>Mr Matthews thanked Ms Harkness for the update and reassurance of the work ongoing in the COP26 event.</p> <p><u>NOTED</u></p>	
08.	SCREENING INEQUALITIES PLAN	
	<p>The committee considered the paper 'Widening Access and Addressing Inequalities in Adult Screening Programmes' [Paper No 21/09] presented by Deputy Director of Public Health, Dr Emilia Crighton.</p> <p>Dr Crighton reported the paper summarised the activities undertaken for widening access and addressing inequalities in adult screening programmes for 2019-2021. The key NHSGGC activities and those of partners during 2020/21 who contributed towards screening inequalities were described. Dr Crighton advised the action plan outlined the priorities and actions to widen access and address inequalities in relation to the following adult screening programmes;</p> <ul style="list-style-type: none"> ● Abdominal aortic aneurysm (AAA) screening ● Bowel screening ● Breast screening ● Cervical screening ● Diabetic retinopathy screening <p>The aims of the action plan were aligned to those of the Public Health Strategy to implement national developments and guidance to existing screening programmes and ensure compliance with standards and enhance uptake for those programmes and population groups where uptake falls short of national standards. The plan also recognised the work of partner organisations in widening access to screening as an approach to early intervention.</p> <p>NHS Scotland national screening programmes were paused in March 2020 as a consequence of COVID-19. Dr Crighton noted the report described the impact of the COVID-19 pandemic on planned activities. The action plan would continue to be monitored and further work developed with partners to target patients and areas where uptake was low.</p>	

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	<p>There was a query on the link with individuals with learning disabilities and poor health outcomes and what information had been gathered. Dr Crighton advised a key element of the strategy was to have materials in any screening programme presented in a format that was easy to understand. Engagement with both carers and health professionals that support individuals with learning disabilities was another key element ensuring there was accessible information to help support the decision. It was recognised that in the past learning disability uptake could be evaluated from the GP learning disability register and now there was no way to capture the progress that had been made.</p> <p>Professor de Caestecker advised the data on bowel screening had improved with the ongoing work with the learning disability teams which highlighted there had been an improvement in bowl screening uptake. Challenges remain however work would continue to monitor the data to develop greater detail and capture the positive ongoing activity.</p> <p>Mr Matthews thanked Dr Crighton for the report regarding widening access and addressing inequalities in adult screening programmes. The Committee welcomed the update and were assured by the information provided.</p> <p><u>Action Points -</u></p> <ul style="list-style-type: none"> • Dr Hester Ward, Consultant in Public Health would discuss the challenges raised at the Scottish Learning Disability Observatory meeting in October. • Dr Crighton would discuss the challenges of data on people with learning disability to national teams to enable more accurate monitoring of uptake. <p><u>NOTED</u></p>	<p>Dr Hester Ward</p> <p>Dr Crighton</p>
<p>09.</p>	<p>PUBLIC HEALTH PRIORITIES</p>	
	<p>The committee considered the paper 'NHS Greater Glasgow and Clyde Public Health Priorities for 2021-23' [Paper No 21/10] presented by the Associate Director of Delivery & Child Health Commissioner, Ms Susan Manion.</p> <p>Ms Manion noted the paper provided the high level priorities for the Board set in the context of the national Public Health strategy, the GGC Health Board strategy and the remobilisation plan (RMP3). The priorities would inform the work of the Committee, its agendas and substantive work plans, ensuring a focus on the key challenges that would have the most impact to achieve the objectives.</p> <p>There were a range of statutory functions held by the Director of Public Health and the directorate and the Committee must be able to provide</p>	

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	<p>assurance to the Health Board on the delivery of the agreed strategic plan as well as the high priority areas for delivery. Ms Manion reported the Public Health Directorate also hosts NHSGGC’s Equality and Human Rights Team, who were responsible for facilitating the Equality Scheme 2020-24. In addition to the statutory functions there were 3 high level priorities;</p> <ul style="list-style-type: none"> • COVID-19: responding to the pandemic • Recovery and Renewal • Implementing Turning the Tide through prevention. Key themes: <ul style="list-style-type: none"> - Poverty - Mental Health and Wellbeing – Early Intervention - Children, young people and families <p>Ms Manion advised of the need that all priorities must be underpinned with a public health intelligence function that would inform the committee of progress and outcomes with consideration to communication and reporting arrangements to the Health Board and partner agencies.</p> <p>There was a query around the priorities and the alignment with the corporate and strategic objectives within the strategy. Professor de Caestecker agreed there was work required to revisit the structure of the paper to align the priorities with the corporate objectives.</p> <p>Mr Matthews thanked Ms Manion for the report regarding Public Health priorities. The Committee agreed a revised version of the paper should be presented at the next meeting.</p> <p><u>Action Points -</u></p> <ul style="list-style-type: none"> • Ensure explicit linkage to corporate priorities 	<p>Professor de Caestecker</p>
<p>10.</p>	<p>LOCAL CHILD POVERTY ACTION REPORTS (LCPAR) FOR GLASGOW CITY AND WEST DUNBARTONSHIRE</p>	
	<p>The committee considered the paper ‘Local Child Poverty Action Reports (LCPAR) for Glasgow City and West Dunbartonshire’ [Paper No 21/11] presented by the Director of Public Health, Professor Linda de Caestecker.</p> <p>Professor de Caestecker highlighted the Glasgow City and West Dunbartonshire plans were well presented with great detail noting their vision, objectives and targeted groups. The papers had highlighted how COVID-19 had affected poverty with actions on recovery. East Dunbartonshire paper would be submitted at the next meeting scheduled in January 2022.</p>	

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	<p>There was a query on the measurement of child poverty within the Glasgow City report. Ms Moss advised the report highlighted a proportion of the representation as not everyone was known to the local authority. The same data sources had been used of that across the country to measure the overall child poverty rates. The Committee noted it would be helpful to understand what Glasgow City had measured and why it was different from other the Metrex. Ms Moss would report the feedback from the Committee to Glasgow City.</p> <p>There was a query on Community Links Workers within Glasgow City and if there could be assurance that all practices would be supported. Ms Moss advised there were 81 Community Links Workers for 144 practices. The programme had not been proposed for every practice as it was an inequalities driven initiative. The potential to positively recruit more Community Link Workers was noted, Ms Moss would raise the point at the management Committee at HSCP.</p> <p>The Committee highlighted further discussion was required around the Governance process and the timing of documents being presented to the Committee.</p> <p>Mr Matthews thanked all members for their contributions. The Committee welcomed the reports and the considerable amount of work completed at all levels. The Committee were content to approve the reports.</p> <p><u>Action Points -</u></p> <ul style="list-style-type: none"> • Review Governance of the reports • Ms Moss to provide more information on the methodology of child poverty rates in different reports • Ms Moss to report back to the committee on HSCP discussions around additional link workers <p><u>APPROVED</u></p>	<p>Ms Moss</p> <p>Ms Moss</p> <p>Ms Grant</p> <p>Ms Grant</p> <p>Ms Moss</p> <p>Ms Moss</p>
<p>11. EXTRACT FROM CORPORATE RISK REGISTER</p>		
	<p>The committee considered the paper 'Public Health Risk Assessment' [Paper No 21/12] presented by the Director of Public Health, Professor Linda de Caestecker.</p> <p>Professor de Caestecker reported the paper outlined the high level risks to Public Health delivery. It was important that the Committee support the development of the risk register and oversee its governance. There were 2 risks rated as very high, 11 risks rated as high and 13 risks rated as medium. Professor de Caestecker noted mitigation measures were in place to lessen the impact but some risks remain very high and high.</p>	

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	<p>Mr Matthews thanked Professor de Caestecker for the report regarding Public Health risk assessment. The Committee welcomed the update and were assured by the information provided.</p> <p><u>Action Points -</u></p> <ul style="list-style-type: none"> • Further reports to the committee would review only the high level corporate risks rather than all the operational risks <p><u>NOTED</u></p>	<p>Professor de Caestecker</p>
<p>12. ANNUAL CYCLE OF BUSINESS</p>		
	<p>The committee considered the paper ‘Annual Cycle of Business’ [Paper No 21/13] presented by the Chair.</p> <p>The Chair advised that the annual cycle of business was a draft format and highlighted the priorities and the dates for submission to the committee. It was noted if an item not on the list was deemed appropriate to discuss, then it would be included on the agenda. There would be the opportunity for further discussion regarding the priorities included and when reports may be presented to the Committee. It was noted the Annual Report on Quality and Diversity should be included.</p> <p>The committee were content to note the draft annual cycle of business and the suggested way forward.</p> <p><u>Action Points -</u></p> <ul style="list-style-type: none"> • Specific dates would be added to items • Equalities and Diversity reports would be included in the work programme <p><u>NOTED</u></p>	<p>Professor de Caestecker</p>
<p>13. CLOSING REMARKS</p>		
	<p>The Chair thanked everyone for their attendance and contribution to the meeting. The date of the next meeting was scheduled for the 19th January 2021 at 2pm.</p>	
<p>DATE OF NEXT MEETING</p>		
	<p>Wednesday 19 January 2022 at 2.00 pm, via MS Teams.</p>	