

PHWBC (M) 22/02
10 - 21



NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Population Health and Well Being Committee
held on 13th April 2022, at 2:00pm
via MS Teams**

PRESENT

Mr John Matthews OBE (in the Chair)

Prof John Brown CBE	Dr Emilia Crighton
Mr Paul Ryan	Mr Ian Ritchie
Mr Francis Shennan	

IN ATTENDANCE

Dr Jennifer Armstrong	..	Medical Director
Ms Susan Manion	..	Associate Director of Delivery & Child Health Commissioner
Ms Fiona Moss	..	Head of Health Improvement and Inequality, Glasgow City HSCP
Ms Anna Baxendale	..	Head of Health Improvement, Public Health
Ms Jac Ross	..	Equality and Human Rights Manager
Dr Beatrix Von Wissmann	..	Consultant in Public Health
Mr Andrew Gibson	..	Chief Risk Officer
Ms Kim Donald	..	Corporate Services Manager - Governance
Ms Gillian Duncan	..	Secretariat
Ms Amy White	..	Secretariat (Minute)

		ACTION BY
10.	WELCOME AND APOLOGIES	
	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.	

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	<p>Mr Matthews welcomed Dr Emilia Crighton as Interim Director of Public Health and Ms Kim Donald newly appointed Corporate Services Manager – Governance.</p> <p>Apologies for absence were intimated on behalf of Ms Anne-Marie Monaghan, Ms Angela Leitch, Ms Jane Grant, Ms Mhairi Hunter, Ms Elaine Vanhegan and Mr Nicholas Phin.</p> <p><u>NOTED</u></p>	
	<p>11. DECLARATIONS OF INTEREST</p>	
	<p>The Chair invited Committee members to declare any interests in any of the items to be discussed. No declarations were made.</p> <p><u>NOTED</u></p>	
	<p>12. MINUTES OF THE MEETING HELD ON 19 JANUARY 2022</p>	
	<p>The Committee considered the minute of the meeting held on 19 January 2022 [Paper No. PHWBC (M) 22/01] and were content to approve the minute as a full and accurate record of the meeting.</p> <p><u>APPROVED</u></p>	
	<p>13. MATTERS ARISING</p>	
	<p>a) Rolling Action List</p> <p>The Committee reviewed the item ‘Development Session’ detailed on the Rolling Action List [Paper No. 22/05]. Dr Crighton advised the timing was being considered and yet to be agreed, although it was hoped the development session would be scheduled for May - June 2022.</p> <p>There were no further matters arising that were not on the agenda.</p> <p>Secretary to update the list.</p> <p>b) Water Fluoridation Articles</p> <p>Dr Crighton provided an update on Water Fluoridation from the discussions at the last meeting and advised the meeting with SG confirmed the policy sign up remained. SG were waiting on the outcome for England in terms of the policy and the evaluation, both elements.</p> <p>The press articles were attached for noting, Dr Crighton advised there was great interest in correspondence from the British Dental Association.</p>	<p>Secretary</p>

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	<p>Dr Crighton confirmed at this point in time NHSGGC had no plans to take forward the proposal on Water Fluoridation.</p> <p><u>NOTED</u></p>	
<p>14.</p>	<p>MONITORING REPORT FOR THE FAIRER NHSGGC 2020 - 2024 EQUALITY SCHEME</p>	
	<p>The Committee considered the paper ‘Meeting the Requirements of the Equality Legislation: A Fairer NHSGGC – Monitoring Report 2020 - 22’ [Paper No 22/06] presented by the Equality and Human Rights Manager, Ms Jac Ross.</p> <p>Ms Ross provided a presentation on the summary of the Fairer NHSGGC Monitoring Report which detailed how NHSGGC were meeting their legal obligations under the Equality Act (2010) to publish a two-year Monitoring Report on progress towards meeting the mainstreaming actions and equality outcomes.</p> <p>Ms Ross reported on the mainstreaming highlights noting HR department drive their equality work through the Workforce Equality Group, chaired by Ms Anne MacPherson. There were 3 staff Forums, Workforce data improvements and last year the HR connect website was launched to offer staff information and support on equalities. Ms Ross advised another example of mainstreaming support was Communication Support with interpreter support to <i>Attend Anywhere</i>. The interpreter service had considered a pilot on video interpreting for unscheduled care and maternity which was a positive development and a patient code had been introduced to access telephone interpreting to ensure patients can telephone to make a GP appointment or understand their outpatient letter.</p> <p>The PEPI Team ensure there was feedback disaggregated by protected characteristic and those with protected characteristics were included within service reviews. Public Health ensured there was a COVID-19 inclusive vaccine programme and ongoing vaccine engagement to identify barriers particularly with the BME population. Ms Ross positively noted during the 2 years over 1400 resources were translated into other languages, 70% was COVID-19 related.</p> <p>Ms Ross noted the highlights of Equality Outcomes advising of 2 examples which had made good progress. Outcome 3 – all patient pathways should be accessible to all BME people particularly those who do not speak English. The core of the outcome was to review the pathways, identify barriers and remove them. This was initiated in pain management, diabetes and mental health services. The barriers identified in pain management were through the engagement with</p>	

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patients; lack of translated information, poor health literacy around pain and issues with opt-in letters. This highlighted that although a lot of information was translated, translation continued to be a barrier for many GGC patients. Outcome 7 – Maternity: women with protected characteristics of race received perinatal care to improve health outcomes. The first phase was to engage with women who were pregnant in the last two years and third sector organisations who support BME women and maternity staff. A group had been established to work through the pathway and remove the barriers.

Ms Ross noted the report captured the equality related work during the COVID-19 pandemic advising there was an inclusive approach to Test and Protect, information targeting BME staff for vaccine uptake, inclusive vaccine plan and an engagement plan to inform messaging to vulnerable groups.

The priorities for the next 2 years were highlighted and include: data improvement; Acute ward tool and peer model for engagement. The Equality team would continue to support the implementation of Turning the Tide Public Health strategy through ensuring there was an account for those with protected characteristics. Ms Ross noted the report was strong with the addition of the COVID-19 inclusion work which fairly represents NHSGGC commitment.

Mr Matthews thanked Ms Ross for the update and invited comments and questions from members.

In response to a question regarding the COVID-19 response and the work that would remain in the future for a fairer NHSGCC, Ms Ross advised about the engagement driven by the information that BME people were differently impacted had encouraged greater interactions in the community to find out the barriers directly. Ms Ross added communication was key to gain greater trust within communities and wider engagement work to reach those who do not attend services would continue. Dr Crighton agreed Glasgow had a cultural diversity that had to be accounted for at a greater extent and embedded in the way NHSGGC provide care.

Concerns were noted about maintaining the momentum of what was introduced during the pandemic as NHSGGC move beyond the pandemic.

In response to a question regarding the inclusion of HSCP reports within the Board report, Ms Ross agreed they would be included going forward.

Dr Crighton noted appreciation to the team and advised the report provided a comprehensive overview of the activity across the organisation and highlighted the importance of delivery of care.

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	<p>Mr Matthews thanked Ms Ross for the comprehensive report and presentation. The Committee welcomed the update and were assured by the information provided.</p> <p><u>APPROVED</u></p>	
<p>15.</p>	<p>PUBLIC HEALTH PRIORITIES</p>	
	<p>The Committee considered the presentation ‘Public Health Priorities’ by Ms Susan Manion, Associate Director Delivery and Child Health Commissioner, Chief Officer – GP OOH Services.</p> <p>Ms Manion advised the presentation was to clarify a number of key priorities NHSGGC would like to take forward noting consideration for COVID-19 and the strategic objects of Turning the Tide Public Health strategy and how together it can articulate the key priorities for now. The key actions and priorities were within the corporate aims and would be a positive contribution to the organisations overall corporate aims.</p> <p>Ms Manion highlighted the ongoing COVID-19 challenges noting whilst working through the renewal and recovery plans for the organisation as a whole, NHSGGC continue to deal with the challenges of the pandemic itself. There was appreciation that a number of the services were under significant pressure across Acute and Community. The COVID-19 pathway had been significantly reduced and patients were now being referred to their GP practice and the pressures were significant.</p> <p>Ms Manion reflected that COVID-19 led to exacerbations of ill health issues for many individuals, families and communities. The priorities for 2022/23 reflect this with a focus on; Child Health; Type 2 Diabetes; Drug Deaths.</p> <p>Three key areas were highlighted within Child Health;</p> <ul style="list-style-type: none"> • The Universal Pathway - To increase the number of reviews, develop referral pathways into services to mitigate health & wellbeing concerns, and achieve a long term reduction in development concerns at 27 to 30 months. • Child and Adolescent Mental Health – Prevent children and young people requiring referral into the service through focus on enabling early intervention and prevention. • Dental Health Services – Increase levels of registration and, by taking a preventative approach, reduce the number of children who need a General Anaesthetic. <p>Two key areas were highlighted within Type 2 Diabetes noting Weight Management was the main, modifiable risk factor;</p> <ul style="list-style-type: none"> • Prevention – ensure a single point of entry to structured education for all newly diagnosed. 	

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- Early Intervention – targeted interventions with ‘at risk’ groups (including child and maternity programmes), weight management, exercise referral support, increased support for activity based programmes and social prescribing.

Reducing Drug Deaths was to prevent drug related deaths by delivering a comprehensive set of evidence based interventions. The organisation would continue to work and support local drug partnerships with the drug death action plans and facilitate the recommendations via outreach work, harm reduction services and enhanced drug treatment services. Ms Manion advised a central role of Public Health was to support the activities, providing a strategic response and leadership.

Ms Manion advised the key factors that support all of the work identified from an infrastructure perspective was the specific focus on Child Poverty across GGC and there required consideration to increase access to financial inclusion and cost of living support. It was important to Develop NHSGGC as an Anchor Institution to deliver increased diversity in the supply chain, promote community benefits through NHSGGC procurement and NSS Gateway, support local businesses to provide ‘fair and healthy’ employment and deliver Arts & Health programme through the capital planning process. The Health and Wellbeing survey provides the information that reinforces the strategic planning across the organisation and helps to support the delivery of Public Health priorities within each HSCP.

Mr Matthews thanked Ms Manion for the update and invited comments and questions from members.

Ms Baxendale noted for reassurance that all elements have a strong prevention focus and from a diabetes perspective it was important to connect with onward referral arrangements highlighting connections have to be embedded in all work undertaken by GGC.

The Committee agreed in principle the priorities were in the correct direction however they required further detail and understanding as to why each priority was selected. The Public Health team were to include the business as usual which would continue and prioritise other areas of Turning the Tide Public Health Strategy that may be for consideration at a future year. Upon presentation of those details and if the Committee were content to approve, they should be included in the IJBs strategic plan for the year ahead. There required a coherent cross system approach where NHSGGC believe that it would make the biggest difference to the populations health.

In summary the Committee were content to note the presentation and would anticipate a further update on this at the next meeting.

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16.	COVID-19 UPDATE	
	<p>The Committee considered the 'COVID-19 Update' presented by Dr Emilia Crighton, Interim Director of Public Health.</p> <p>Dr Crighton advised there were 1079 cases reported in the past 24 hours and incidents had reduced to 635 per 100,000. Incidents were reducing across all age ranges however the highest remained in the working age group. The estimated dissemination ratio was 0.76 and it was expected that there would be an ongoing reduction in the number of COVID-19 cases. There continued to be high levels of activity in Acute Services however a positive reduction in numbers within Acute have been recognised.</p> <p>Dr Crighton noted asymptomatic population testing would discontinue at the end of April 2022. Work was ongoing with the SG going forward beyond April and the new way to manage the disease. The 4th Booster vaccine was being delivered to those over 75 years and at high risk. Further guidance on the immunisation programme long term had yet to be released.</p> <p>Mr Matthews thanked Dr Crighton for the COVID-19 update. There were no questions or comments raised by members.</p> <p>The Committee welcomed the update and were assured by the information provided.</p> <p><u>NOTED</u></p>	
17.	LOCAL CHILD POVERTY ACTION PLANS	
	<p>The Committee considered the paper 'East Dunbartonshire 2020/21 Local Child Poverty Action Report (LCPAR)' [Paper No 22/08] presented by the Interim Director of Public Health, Dr Emilia Crighton.</p> <p>Dr Crighton advised the report presented the East Dunbartonshire 2020/21 Local Child Poverty Action Report (LCPAR) which was approved by the local authority and was recommended for approval by the Committee as it reflected the partnership work in place to mitigate and reduce child poverty. Dr Crighton noted new plans had been proposed for the oversight of the 2021/22 reports.</p> <p>Mr Matthews thanked Dr Crighton for the report. There were no questions or comments raised by members.</p> <p>In summary, the Committee were content to approve the East Dunbartonshire 2020/21 Local Child Poverty Action Report and noted the recommendations to strengthen Board approval of the LCPARs.</p>	

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	<u>APPROVED</u>	
18.	EXTRACT FROM CORPORATE RISK REGISTER	
	<p>The committee considered the paper 'Corporate Risk Register Extract' [Paper No 22/09] presented by the Chief Risk Officer, Mr Andrew Gibson.</p> <p>Mr Gibson noted each Corporate Risk was aligned to the relevant Standing Committee in order to provide enhanced oversight and assurance across the Corporate Risk Register. There were 2 risks aligned to the Population Health and Wellbeing Committee: Pandemic Response - current score 12 (High) and Breakdown of failsafe mechanisms for Public Health Screening - current score 12 (High). Mr Gibson advised each Corporate Risk had been updated to expand the risk descriptions to include: risk causes; risk description; risk impacts, following review by the Audit and Risk Committee in 2021.</p> <p>Mr Matthews thanked Mr Gibson for the update and invited comments and questions from members.</p> <p>In response to a question regarding the risk scores being appropriate, Mr Gibson confirmed he would take action to review the scores and discuss further with the risk owners to ensure they were reflected accurately. Mr Gibson agreed the residual score required work to better articulate further mitigating actions for the risk as the residual score should be lower than the current score.</p> <p>In summary, the Committee had reviewed the Corporate Risk Register Extract and agreed an updated report should be presented at the next meeting upon further exploration of the 2 risks aligned to the Population Health and Wellbeing Committee.</p> <p><u>NOTED</u></p>	Mr Gibson
19.	HORIZON SCANNING – PUBLIC HEALTH	
	<p>Dr Emilia Crighton, Interim Director of Public Health noted the agenda item was to provide members with the opportunity to consider how they influence the agenda for Population Health and Well Being going forward and to present their views for debate.</p> <p>Mr Ritchie noted the responsibilities of the Committee were not operational, they were strategic and therefore the Committee should be considering the Population Health Well Being challenges that may</p>	

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	<p>present at a later date. Mr Ritchie was supportive of the Development Session proposed for May/June 2022 to establish greater focus.</p> <p><u>NOTED</u></p>	
20.	REVIEW OF TERMS OF REFERENCE	
	<p>The committee considered the paper 'Population Health and Well Being Committee: Review of Terms of Reference' [Paper No 22/10] presented by Dr Emilia Crighton, Interim Director of Public Health.</p> <p>Dr Crighton provided an overview of the Terms of Reference noting the minor amendment to <i>Appendix 1: Scheme of Delegation</i> to reflect the updated version of the Scheme of Delegation as agreed by the NHSGGC Board at its meeting of 21 December 2021.</p> <p>Mr Matthews thanked Dr Crighton for the update and invited comments and questions from members.</p> <p>A question was raised regarding <i>Table 5.2 Staff Governance</i> and staff elements of Equality legislation being an area of responsibility. Dr Crighton would discuss further with Ms Elaine Vanhegan and Ms Anne MacPherson.</p> <p>In summary the Committee were content to note the report and would anticipate a further update on this at the next meeting.</p> <p><u>NOTED</u></p>	Dr Crighton
21.	CLOSING REMARKS	
	<p>The Chair thanked everyone for their attendance and contribution to the meeting. The date of the next meeting was scheduled for the 20th July 2022 at 2pm.</p>	
	DATE OF NEXT MEETING	
	<p>Wednesday 20th July 2022 at 2.00 pm, via MS Teams.</p>	