

<b>NHS Greater Glasgow &amp; Clyde</b>	<b>Paper No. 21/76</b>
<b>Paper Title</b>	<b>Standing Committee Chairs Board Report</b>
<b>Meeting:</b>	<b>Board Meeting</b>
<b>Date of Meeting:</b>	<b>26 October 2021</b>
<b>Purpose of Paper:</b>	<b>For Assurance</b>
<b>Classification:</b>	<b>Board Official</b>
<b>Name of Reporting Committee</b>	<b>Population Health and Well Being Committee</b>
<b>Date of Reporting Committee</b>	<b>13 October 2021</b>
<b>Committee Chairperson</b>	<b>Mr John Matthews OBE</b>

### 1. Purpose of Paper:

The purpose of this paper is to inform the NHS Board on key items of discussion at NHS GGC Population Health and Well Being Committee.

### 2. Recommendation:

The Board is asked to note the key items of discussion at the recent meeting of the **Population Health and Well Being Committee** on **13 October 2021** as set out below and seek further assurance as required.

### 3. Key Items of Discussion noting purpose; Approval/Assurance/Awareness

#### 3.1 NHSGGC Flu Vaccination Programme

Ms Anne Harkness, the Director of Delivery and Resilience advised immunisation was one of the most effective Public Health interventions. The annual vaccination programme was important every year to protect the health

and wellbeing of the population. Ms Harkness reported there were more complex challenges with the Flu campaign this year as the COVID-19 vaccination programme continued to be delivered and additional groups such as teachers and prison staff and inmates eligible for flu vaccination. The strategic objective was to offer all those eligible for a Flu vaccination by mid-December 2021. 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 schools and care homes. The uptake in the first week had been positive.

Ms Harkness advised the campaign was extensive aiming to offer vaccination to around 700,000 people. Where possible, the COVID-19 booster vaccination would be offered at the same appointment for all those eligible. The Committee were content to note the update and were assured by the information provided.

The Committee discussed uptake of flu vaccination in our staff. Ms Harkness explained that the use of the portal meant we would not be able to report uptake for our staff as place of work was not documented. The Committee expressed concern that this would make it difficult to target interventions to increase uptake and asked that the need to monitor uptake for staff be further considered by national groups.

### **3.2 COVID-19 Update**

Dr Beatrix von Wissman, Consultant in Public Health provided a presentation on COVID-19. Dr von Wissman reported the UK Government testing for the general population was introduced in April 2020 and there had been various changes in the testing strategy over that time. Dr von Wissman advised the variations and incidences were driven by changes in the testing strategy. In autumn 2020 the return of universities was associated with the acceleration of the autumn wave and at the end of December 2020 the emergence of the Alpha variant in time association with temporary easing of measures was then associated with the January 2021 wave. In May 2021 the emergence of the Delta variant in association with the progressed easing of measures was associated with the peak at the end of June 2021. There was a decline over the school summer holidays and 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.

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 were uncertainty for COVID-19 projections 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. Population Health and Well Being Committee were provided with assurance by the information and were content to note the presentation.

### **3.3 COP26**

Ms Anne Harkness, Director of Delivery and Resilience provided an overview of the UN Climate Change Conference of the Parties (COP26) which 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 is an internal planning group with sub groups that considered the challenges for staff and another on the challenges for primary and community care. Information from other COP conferences and from the recent G7 summit suggested there would not be high demand for hospital admission but planning and preparation included strengthening our response to minor injuries and emergency attendances. 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. The Committee were content to note the update and were assured by the information provided.

### **3.4 Screening Inequalities Plan**

Dr Emilia Crighton, Deputy Director of Public Health provided an overview of the activities undertaken for widening access and addressing inequalities in adult screening programmes for 2019-2021. 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.

Questions were raised about screening uptake amongst people with Learning Disability. Dr Crighton explained that GP registers of people with learning disability were no longer a requirement so it was more difficult to measure uptake although previous work with learning disability community teams had shown an improved uptake previously.

The Committee were content to note the update and were assured by the information provided. The Committee asked that the issue of monitoring uptake in people with learning disability be considered further.

### **3.5 Child Poverty Action Reports**

The Committee approved the Child Poverty Action Report of West Dunbartonshire and Glasgow City and praised the detail and actions of the West Dunbartonshire report. Questions were raised about the rate of child poverty stated in the Glasgow City report because of the GCC specific data analysis contained. There was also discussion about the role of link workers.

The Committee asked that Fiona Moss report back on the methodologies of child poverty data analysis to assure the committee that Glasgow City was continuing to report in line with all Scottish authorities and also that she ask the IJB about funding more link workers through reserves.

### **5. Issues for referral to other Standing Committees or escalation to the NHS Board:**

There were no issues for referral to other Standing Committees or escalation to the NHS Board.

### **5. Date of Next Meeting:**

19 January 2022 at 2.00pm