

PHC (M) 21/01

## NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the  
Public Health Standing Committee  
held on 6<sup>th</sup> July 2021, at 2pm  
via MS Teams**

**PRESENT**

Mr John Matthews OBE (in the Chair)

Prof Linda de Caestecker	Cllr Mhairi Hunter
Mr Ian Ritchie	Cllr Iain Nicolson
Mr Francis Shennan	Ms Flavia Tudoreanu

**IN ATTENDANCE**

Ms Anna Baxendale	..	Head of Health Improvement, Public Health
Ms Lisa Buck	..	Programme Manager (Employment and Health)
Mr Billy Garrett	..	Director of Sport & Events, Glasgow Life
Ms Jane Grant	..	Chief Executive, NHS Greater Glasgow and Clyde
Ms Louise Long	..	Chief Officer, Inverclyde HSCP
Ms Susan Manion	..	Chief Officer, East Dunbartonshire HSCP
Mr Ian Manson	..	Chief Executive, Clyde Gateway
Dr Catriona Milošević	..	Consultant in Public Health Medicine
Ms Fiona Moss	..	Head of Health Improvement and Inequality, Glasgow City HSCP
Mr Nicholas Phin	..	Director, Public Health Science, Public Health Scotland
Mr Peter Seaman	..	Associate Director, Glasgow Centre for Population Health
Ms Elaine Vanhegan	..	Head of Board Administration
Ms Pauline Innes	..	Business Manager (Minutes)

		<b>ACTION BY</b>
<b>01.</b>	<b>WELCOME AND APOLOGIES</b>	
	<p>The Chair welcomed those present at the Public Health Committee meeting. Mr Matthews also welcomed those attending on behalf of their organisation: Mr Nick Phin, Public Health Scotland on behalf of Ms Angela Leitch, Chief Executive, Mr Billy Garrett, Glasgow Life on behalf of Ms Bridget McConnell and Mr Ian Manson, Clyde Gateway.</p> <p>Mr Matthews congratulated Ms Long on behalf of the Committee on her new role as Chief Executive for Inverclyde Council.</p>	

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	<p>Apologies were intimated on behalf of Ms AM Monaghan; Ms S Millar; Dr E Crighton; Ms B McConnell; Ms C Sinclair; Dr A McDevitt; Mr J Brown</p> <p><b><u>NOTED</u></b></p>	
<b>02.</b>	<b>DECLARATIONS OF INTEREST</b>	
	<p>The Chair invited members to declare any interests in any of the topics being discussed. No declarations were made.</p> <p><b><u>NOTED</u></b></p>	
<b>03.</b>	<b>MINUTES OF THE MEETING HELD ON 27<sup>th</sup> November 2020</b>	
	<p>Minutes of the additional meeting held on 27<sup>th</sup> November 2020 were approved as an accurate record.</p> <p><b><u>APPROVED</u></b></p>	
<b>04.</b>	<b>MATTERS ARISING</b>	
	<p>Professor de Caestecker provided an update on the pandemic and advised the Committee that there had been an increase in positive cases since May, partly due to the Delta variant and also easing of restrictions.</p> <p>On Monday, 5<sup>th</sup> July there were 628 positive cases, a reduction from 1,100 cases at the end of June. There has been a small reduction in numbers of cases within all local authorities. The age breakdown remains the same i.e. the young adult population and also children. There has also been an increase in hospital cases.</p> <p>The vaccination programme was progressing well. Regular drop in clinics are continuing and the ambulance bus is in areas where vaccine uptake is known to be lower. Planning is underway for COVID boosters starting in September to take place at same time as flu vaccination.</p>	
<b>a)</b>	<b>ROLLING ACTION LIST</b>	
	<p>There was one outstanding item on the Rolling Action list and Professor de Caestecker advised that the development session will be discussed later when looking at the work plan for the committee. It had been deferred due to the demands of the pandemic and this may still be the decision of the committee.</p> <p><b><u>NOTED</u></b></p>	
<b>05.</b>	<b>LOCAL CHILD POVERTY ACTION REPORTS</b>	

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The Committee considered the paper 'Local Child Poverty Action Reports' [Paper No. 21/02] presented by Dr Catriona Milošević. The paper summarised the range of activities undertaken in 2020/21 and planned for 2021/22.

Dr Milošević advised that the Local Child Poverty Action Reports (LCPARs) for East Renfrewshire, Renfrewshire and Inverclyde were presented for approval and outlined the progress being made and the challenges in all local authority areas. Three further reports from East Dunbartonshire, West Dunbartonshire and Glasgow City will follow later. She provided an overview of the papers and highlighted that child poverty was increasing before the COVID pandemic and continues to increase during the pandemic.

The Chair thanked Dr Milošević for the paper and invited comments and questions from members.

In response to a point raised about the increasing levels of child poverty and what work could be undertaken over the next 10 years to support, promote and reduce the burden of illness caused by poverty, Dr Milošević advised that a whole system response must be considered. She further stated that the LCPARs report all poverty issues and not specifically child poverty.

Professor de Caestecker agreed that the NHS alone was not responsible for tackling child poverty and it requires action from many different agencies and high level political action. The reports highlight detailed action plans and if the committee think that there are gaps in what the NHS can do, then it would be helpful to discuss these.

Ms Tudoreanu felt that agencies were unclear about their roles and there was an assumption that others would pick up the work. She added that it would be of benefit if data was gathered in one place to allow all partners access, thus avoiding duplication of work.

In response to Ms Tudoreanu's observation that it would be useful to explore the role of schools delivering low level primary care initiatives, e.g. dental checks, Dr Milošević said that Glasgow has had some success working with schools and can share this learning

Dr Milošević found the comments from members helpful and advised that Scottish Government are revising their strategy and agencies were waiting for an opportunity to consult. Similarly it would be helpful to know Social Security Scotland's strategy to ensure high uptake of entitlements by people. She also advised that Public Health were linked in to the work being carried out in Glasgow City as described by Cllr Hunter.

Mr Manson advised that the Scottish Government's targets to reduce child poverty have to be delivered. He felt that the LCPARs were vital, they will need resources and also the support of committees at all times. One of

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	<p>the pillars of the government’s approach to child poverty was place but missing was community and this is the area in which a difference can be made. He referred to the Deep End GP Money Advice Project and how this had been adopted by Scottish Government.</p> <p>In summary, the Committee was content to approve the Local Child Poverty Action Reports for East Renfrewshire HSCP, Renfrewshire HSCP and Inverclyde HSCP and also note NHSGGC’s response during 2020/21 and plans for 2021/22, including the commitment within the Public Health remobilisation plan to review child poverty work.</p> <p><b><u>APPROVED</u></b></p>	
<p><b>06.</b></p>	<p><b>COMMUNITY WEALTH BUILDING</b></p>	
	<p>The Committee considered the paper ‘Community Wealth Building: Considering the potential for NHSGGC to further develop its role as an “Anchor Organisation” and its contribution to Community Wealth Building’ [Paper No. 21/03] presented by Ms Lisa Buck. The paper summarised Community Wealth Building as an economic approach to delivering on the wellbeing economy agenda; the development and adoption of the Anchor Institutions model as strategic priority for health care systems and how it can support recovery and renewal. The paper also informed the Committee of NHSGGC’s recent progress to further develop its role as an Anchor Organisation and its contribution to Community Wealth Building.</p> <p>In her presentation, Ms Buck described Community Wealth Building as a new people centred approach to local economic development, its aim to redirect wealth back into the local economy and place control and benefits with local people. It is aligned to the Scottish Government’s Performance Framework and Recovery plans.</p> <p>The Chair thanked Ms Buck for a refreshing report that had a practical feel and her presentation and invited comments and questions from members.</p> <p>Mr Ritchie thanked Ms Buck for her presentation and added that community wealth is an obvious way of addressing issues like unemployment which is at the root of poverty. Ms Buck advised that child poverty and sustainability will be key issues in any policies that are developed for community wealth building.</p> <p>There was discussion around some barriers and this included the sale of land or property to the highest bidder and also a central procurement system which often meant that local companies could not be used. Ms Buck advised that there was a willingness to look at this and a workshop had been arranged for August. Key stakeholders have been asked to map out their current situation, any gaps and their aims. Ms Moss advised that the group are developing a new action plan and said that Scottish Government have indicated its consideration of a Community Wealth</p>	

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	<p>Building Bill but want to understand the legislative barriers in place that prevent work on community wealth building.</p> <p>Mr Matthews asked Mr Manson if, in his opinion, the health board were successful in employing people from local communities. Mr Manson advised that the Clyde Gateway programme has been shown to work and had helped secure 15 jobs. He added that in his view, the crucial constraints are on the HR department for time and resources to make this happen.</p> <p>In summary, the Committee was content to note the paper ‘Community Wealth Building: Considering the potential for NHSGGC to further develop its role as an “Anchor Organisation” and its contribution to Community Wealth Building’.</p> <p><b><u>NOTED</u></b></p>	
<p><b>07.</b></p>	<p><b>FUTURE PRIORITIES FOR THE PUBLIC HEALTH COMMITTEE</b></p>	
	<p>The Committee considered Ms Manion’s presentation on the future priorities for the Public Health Committee. Ms Manion advised that the key priorities for the committee for 2021/2022 were to ensure that the committee is fulfilling its key functions; report on progress against the key aims in the Strategy and to have an overview of and support whole system delivery.</p> <p>The Chair thanked Ms Manion for her presentation and invited questions and comments.</p> <p>Professor de Caestecker advised the committee the Public Health Strategy that had been agreed a few years ago before the pandemic and that issues may have been made worse by the pandemic. She recognised that the committee would want to see progress and advised that the public health directorate, as well as other areas, are still involved in the pandemic response.</p> <p>Mr Garrett informed the committee that Glasgow Life were pleased to engage and work with partners. He had provided the Chair with a briefing paper on a community referral model, built on some of the principals of social prescribing and is happy for this to be circulated. He provided an overview of the work of Glasgow Life working with partner organisations and the third sector.</p> <p>Ms Grant advised that the committee must be clear and focussed on its vision and priorities. It must ensure that the work being undertaking is not duplicating work of Community Planning or other committees. She added that the key message from Ms Manion’s presentation is to recognise the consequences of the pandemic, to include these in the priorities and not just carry on with work prior to the pandemic.</p>	

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	<p>Ms Moss was aware the committee looks at many areas in depth and she wondered if it would be helpful for future meetings to present some of the learning in key areas to reflect whether Turning the Tide needs some adjustment. The Kings Fund published a report highlighting four key areas on which to focus when there has been a major civil emergency, mental health, vulnerability, health inequalities and collaboration and workforce.</p> <p>Ms Grant suggested building on what Ms Moss said with the committee considering what has been delivered so far and what has been learned during the pandemic. Then discuss with the public health team any amendments and combining these with the information provided in Ms Manion’s presentation, produce a document on current strategic points and begin to report on these at the next committee meeting. This work will also help influence the annual business cycle.</p> <p>In summary the Committee was content to note the presentation, Future Priorities for the Public Health Committee and the way forward.</p> <p><b><u>NOTED</u></b></p>	
<p><b>08.</b></p>	<p><b>PUBLIC HEALTH COMMITTEE TERMS OF REFERENCE REVIEW</b></p>	
	<p>The committee considered the paper ‘Public Health Committee Review of Terms of Reference [Paper No 21/04] presented by Ms Vanhagen. Ms Vanhagen explained that the review of the terms of reference is part of the Board’s active governance and is an annual review undertaken by all the Board’s Standing Committees. The committee was asked to approve the following amendments to the Public Health Committee Terms of Reference:</p> <ul style="list-style-type: none"> <li>• Amendment to the title of the Committee, as proposed and agreed at the NHSGGC Board Meeting of 30th June 2020, to “Population Health and Wellbeing Committee”;</li> <li>• Inclusion of the relevant section of the Scheme of Delegation as Appendix 1 of the Committee Terms of Reference;</li> <li>• Inclusion of the Corporate Objectives as Appendix 2 of the Committee Terms of Reference.</li> <li>• Inclusion of the Committee’s responsibility in respect of risk management.</li> <li>• Inclusion of the Committee’s responsibility in respect to oversee immediate public health priorities for NHS GGC, those being the public health response to COVID-19 infection; and to reduce inequalities across the healthcare system including those which have arisen or been exacerbated by COVID-19.</li> <li>• Inclusion of the Committee’s responsibilities in respect of supporting population wellbeing with partners, for people living with mental illness.</li> </ul>	

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	<p>Ms Vanhagen clarified that the Director of Public Health is a member of the committee.</p> <p>The Chair thanked Ms Vanhagen for her paper and invited comments or questions.</p> <p>In response to Mr Shennan’s question about including other possible mass infections in the future in Point 5 of the paper, Professor de Caestecker advised that a form of wording would be included, e.g. ‘and future emerging threats of new infectious agents.’”</p> <p>In summary the Committee was content to approve the recommendations in this paper.</p> <p><b><u>APPROVED</u></b></p>	
<b>09.</b>	<b>ANNUAL CYCLE OF BUSINESS</b>	
	<p>The committee considered the paper ‘Annual Cycle of Business’ [Paper No 21/05] presented by the Chair. The Chair advised that the annual cycle of business was in draft format and highlighted the priorities and the dates for submission to the committee. He told the committee that as in the past, if an item or issue not on the list was deemed appropriate to discuss, then it would be included on the agenda. There will be the opportunity for further discussion on whether these are the correct priorities.</p> <p>In summary, the committee was content to note the draft annual cycle of business and the suggested way forward.</p> <p><b><u>NOTED</u></b></p>	
<b>10.</b>	<b>CLOSING REMARKS</b>	
	<p>The Chair thanked everyone for their attendance and taking part in the discussions. Date of the next meeting is the 13<sup>th</sup> October 2021 at 2pm.</p>	