PHSC(M)19/04

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the
Public Health Standing Committee
Board Room, J.B. Russell House, Gartnavel Royal Hospital
on Wednesday, 23rd October 2019

PRESENT

Mr J Matthews in the Chair

Mr A Cowan	Dr D Lyons
Prof L de Caestecker	Ms A Khan
Prof C Tannahill	Councillor M Hunter
Ms S Manion	Ms L Long

IN ATTENDANCE

Name	..	Title
Dr E Crighton	..	Consultant in Public Health Medicine, NHSGGC
Dr G Penrice	..	Consultant in Public Health Medicine, NHSGGC
Dr J O'Dowd	..	Consultant in Public Health Medicine, NHSGGC
Ms J Erdman	..	Head of Equality and Human Rights, NHSGGC
Dr T Martin	..	Drug Death Research Associate, Alcohol and Drug Recovery Services, Glasgow City Health and Social Care Partnership
Ms L Carroll	..	Public Health Programme Manager – VTP, Public Health
Dr S Priyadarshi	..	Associate Medical Director and Senior Medical Officer, Glasgow Alcohol and Drug Recovery Services
Dr C Milosevic	..	Consultant in Public Health Medicine, NHSGGC
Dr T Lakey	..	Health Improvement and Inequalities Manager, Mental Health, Alcohol and Drugs, NHSGGC
Ms J McManus	..	HI Lead Drug Prevention and Harm Reduction, NHSGGC
Ms L Morris	..	Public Health Programme Manager
Dr C Hunter	..	Lead Pharmacist/Chair ADP

			ACTION BY
1.	**WELCOME AND APOLOGIES**		
	Apologies for absence were intimated on behalf of Ms A Baxendale; Mr G McLaughlin; Dr A McDevitt; Ms J Donnelly; Ms A Harkness; Mr I Ritchie; Ms F Moss **NOTED**		

			ACTION BY
2.	**DECLARATIONS OF INTEREST:**		
	The Chair invited Board members to declare any interest in any of the agenda items being discussed. No declarations were made. **NOTED**		
3.	**MINUTES OF PREVIOUS MEETING:**		
	The minutes of the Public Health Standing Committee held on Wednesday 24th July 2019 were approved as an accurate record. **APPROVED**		
4.	**Matters Arising**		
(a)	**Rolling Action List**		
	Members agreed with Ms Manion's recommendation that Items 5.1 and 5.2 on the Rolling Action List were closed. In addition, the following actions were discussed: **Item 5**: **Oral Health** Ms Khan advised that she is awaiting information from Ms McLinden on what information is delivered in ethnic minority languages, in particular for asylum seekers and refugees. The Oral Health Improvement Plan will be presented to the Committee at a future meeting. To be included in the future meetings list. **Item 6: 5 Year Mental Health Strategy Prevention Progress Report** Professor de Caestecker reported that she had met Ms McPherson, Director of Human Resources, to discuss NHSGGC's position on releasing staff for from their duties if they wish to volunteer. Ms McPherson advised that this is not available to NHSGGC staff. She intimated that she would contact her counterpart in Glasgow City Council for more information on the Council's volunteering policy. Professor Tannahill advised that the Scottish Government has a volunteering policy and it would be worth looking at this. **Actions:** • Ms L Johnston, Interim General Manager, Oral Health Directorate will provide information to Ms Khan • Professor de Caestecker will provide feedback to the Committee re volunteering **NOTED**		**Ms Johnson** **Ms Innes** **Ms McPherson/ Prof de Caestecker**

			ACTION BY
5.	**Drug Related Deaths in GGC**		
	Dr Priyadarshi thanked the Committee for their invitation to attend the meeting. Dr Martin presented information on drug deaths in GGC to the Committee. Dr Hunter advised that from the Street Drug Summit earlier this year there were five main actions ongoing; including funding from Scottish Government for city centre outreach teams. Dr Priyadarshi informed the Committee that following the HIV outbreak, Glasgow City Council (GCC) in partnership with NHSGGC Public Health, carried out a needs assessment of people who inject in public places. GCC now has a new service called Advanced Drug Treatment Service which offers treatment to homeless people who do not benefit from conventional health services. Ms McManus reported that a new prevention framework is being finalised and will be shared with partners. This will enable a more co-ordinated way of working. Dr Milosovic advised that the Board is forming a group to support ADPs. Ms Morris said that GGC has invested in a 12 week programme to support younger population of drug users. Ms Long asked what the prevalence study was for 2015/2016 and was advised by Dr Martin that this was carried out by ISD and that it will be carried out again in 2020. Dr Hunter indicated that there was good data available for needle exchange on an ADP basis which could be used as a basis for prevalence. Dr Priyadarshi advised Ms Long to use this for the baseline. Professor Tannahill noted from the presentation that in Dr Martin's penultimate slide, the description of factors associated with drug deaths appeared to be the same as those for drug use. She also asked what had happened in 2017/2018 in relation to an increase in drug related deaths. Dr Martin replied that there was speculation on what had caused the increase and that it was not necessarily the HIV outbreak. There were a number of reasons; the roll out of welfare reform with individuals receiving five weeks of money; previous cuts to services. He noted that there was a small proportion in Glasgow who had been homeless when they died and the market for drugs is very prevalent. Mr Cowan noted that the first graph showed an upsweep of prevalence and that nothing is changing the direction of the curve. He asked if there had ever been a decrease and if there had, what had triggered this? He also asked if there were any examples worldwide where there had been similar issues and can NHSGGC learn from these.		

			ACTION BY
	Dr Martin indicated that it was challenging to know what was happening; it may be that more people were engaging in treatment. In 2011 there was a reduction in the availability of heroin and more people attended methadone treatment. So reasons may have been market availability. In 2013, Naloxone had an effect. Dr Priyadarshi advised that if outreach services and Naloxone were not available, figures might be worse. The flat line was when there were 60% of people in treatment; now there is a struggle to get 50%. There are problems in Western Europe with harm reduction and a treatment model has been introduced. Introducing safe drug consumption rooms for those who do not benefit from harm reduction services would be welcome. Professor de Caestecker summarised this section and said that NHSGGC needs to keep going with some of the more controversial issues and asked what more could be done to get people in for treatment. Dr Priyadarshi advised that whilst promoting the service is good, there is an issue around capacity and frontline staff carry large complex caseloads. The stigma of using services has to be changed and he suggests addressing this and improving the quality of services offered. **Action:** This item is on the list of papers for 2020 meetings to review progress. **NOTED**		**Committee**
6.	**NHSGGC Staff Flu Vaccination Programme 2019/20**		
	Ms Carroll provided a brief overview to the Committee of the current staff flu vaccination figures and advised that reports will be available in November and will be generated by work group and site. Mr Cowan raised concern at the low level of uptake of vaccination from the nursing midwifery cohort. He asked what was being done to ensure that this group were vaccinated. Professor de Caestecker advised that last year immunisers visited wards to encourage uptake but did not have a major impact. Ms Carroll reported that this year local nominated leads had been identified who would be responsible for staff in their wards and departments receiving the vaccination. She advised that Ms Reid, Public Health Programme Manager for Immunisation will look at data for these wards and request that local leads follow-up those with low numbers of uptake. Ms Manion said that it would be helpful to have information in real-time and advised that HSCPs feel it is important that both home care and social care staff are vaccinated and this has been successful. Professor de Caestecker noted that some parts of Acute Services had no leads and asked if there were any other committees where this issue could be raised?		

			ACTION BY
	Mr Cowan suggested that this should be included in the Chair's update from this meeting to the Board and the Committee agreed. **Action:** Chair to include in his update to the Board **NOTED**		**Mr Matthews**
7.	**Current Issues**		
7.1	**Internal Audit Plan for 2019-2020 and Corporate Risk Register**		
	Professor de Caestecker discussed the Internal Audit Plan and the Corporate Risk Register and noted that Dr Penrice was present if the Committee had any questions about business continuity, pandemic flu and outbreaks. Dr Penrice was asked why Pandemic Flu was on the risk register and she responded that this is an important issue for the Scottish Government and the rest of the UK. She advised that there were plans for all areas as a pandemic will happen at some point. Professor de Caestecker indicated that the other major risk for the directorate, Board and patients is the screening programmes. Mr Cowan noted that having read the Internal Audit Plan, there was very little relating to public health. He suggested that the Committee look at the internal audit and suggest what else should be included for public health. Professor de Caestecker agreed with Mr Cowan that the Committee should plan ahead for issues to include in the Internal Audit Plan. **Action:** Professor de Caestecker to prepare information for discussion at the April meeting. **NOTED**		**Prof de Caestecker**
7.2	**Poverty and Financial Inclusion (Child and Adult Health)**		
	At the Committee meeting on 24th July 2019, it was agreed to provide the Board with more information on child poverty. A presentation was made at the Board Seminar on 3rd September 2019. Paper Number 19/34 provided the Committee with the actions the Board had asked to be taken forward. Professor de Caestecker highlighted to the Committee that there had been an article in the Evening Times that reported that the length of wait experienced by patients in the spinal unit to receive their PIP had increased. She advised that whilst the length of wait had risen, it was not by as much reported in this article and staff were working with the DWP to find a solution to this issue. **NOTED**		

			ACTION BY
7.3	**Public Health Strategy Monitoring Framework**		
	Dr O'Dowd provided a brief overview and advised that from comments received the framework is more focused. Dr Lyons advised that he remains concerned about the lack of information about healthy ageing. There is no information in this document and wondered if there are any links elsewhere. Similarly there is no reference to the incidence and prevalence of dementia. Dr O'Dowd advised that he had contacted services for data but that this has not been of a sufficient quality to use. He was pleased to inform however that there is work underway towards better data and intelligence and he will be using this. The Committee were surprised that the data was lacking. Professor de Caestecker enquired as to who held the data and was advised that it had been Dr Quinn but she had retired. Dr O'Dowd advised that he is working with primary care clusters to provide them with information about their residents. He will work on local lists with colleagues and will speak with Dr Quinn's successor. Professor Tannahill was pleased to see that the link to corporate objectives remained. She noted that there were no targets and asked the Committee how the framework would be used if there were no targets and aspirations. It was agreed that national and local targets would be added to the framework. Dr O'Dowd would include these. Ms Manion advised that targets and standards were spread throughout the organisation and with stakeholder who work with us. She felt that the key areas, indicators and reporting are being highlighted and it was the Committee's role to support delivery. **Actions:** Dr O'Dowd will look at dementia data and speak with Dr Quinn's successor. He will add national and local targets to the Framework **NOTED**		**Dr O'Dowd** **Dr O'Dowd** **Dr O'Dowd**
7.4	**Public Health Reform (Scotland)**		
	Professor de Caestecker shared the paper written by Ms Moss for Glasgow City IJB on Public Health Reform (Scotland). She advised the Committee that the new Chief Executive of Public Health Scotland had been appointed and board members were being recruited. There are pilots of whole system working underway in other health boards. Ms Manion asked about the options for Public Health and intimated that each partnership and council may have a different response to that of Glasgow City. Professor de Caestecker advised that the status quo would remain but there is work underway to improve working. The role of the Director of Public Health is being considered.		

			ACTION BY
	Mr Matthews asked if the other HSCPs had pulled together a response at the Chief Officers' group. Professor de Caestecker replied that a response had been submitted for the whole public health workforce in NHSGGC. Professor Tannahill informed the Committee that there would be no structural change at the moment whilst Public Health Scotland is being established. Professor de Caestecker stated that she could circulate a composite response if the Committee would find this helpful or can update on Public Health Scotland at future meetings. Dr Lyons welcomed updates as the Committee needs to know what Public Health Scotland is doing. **Action:** Professor de Caestecker to advise Committee of any Public Health Scotland updates **NOTED**		**Prof de Caestecker**
8.	**Future Papers for this meeting**		
	Professor de Caestecker advised the Committee that there are regular papers and presentations that the Committee need to see but that some of the others are discretionary and these will be decided by the Committee. Items for the meeting in January were discussed and it was agreed that there would be further discussion on drug related deaths in 2020. The Chief Officers will be invited to attend the meeting in January to speak about their HSCP and how the themes of the Public Health Strategy are taken forward in their local HSCP areas. Ms Long intimated that she is happy to talk about Inverclyde HSCP and what is happening in the locality. Ms Manion suggested that there is focus on a few areas of work which would provide the Committee with a realistic overview of the links to the strategy. She advised that the Chief Officers could attend over several meetings and provide overviews linked to papers being presented rather than them all attending at the one time. Mr Cowan said that if this is done in January, a report could be tabled at the Board in February. He added that there is a pre agenda meeting in December when the running order for papers and presentations to the Committee will be agreed. The Committee will be advised of this at the meeting in January 2020. The number and format of the Public Health Standing Committee meetings were discussed. It was felt that four meetings a year were not sufficient to cover all the issues the Committee wished to discuss.		**Committee**

			ACTION BY
	Professor Tannahill suggested that a different type of session to discuss lengthier issues may be of value, for example the monitoring framework is a large substantive piece of work that requires more time. She wondered if a development session would be an option. **Action**s: The Committee to consider different development sessions and ask those not at this meeting for their opinion on the number of meetings The Chair, Vice Chair and Professor de Caestecker will look at the format of the meeting and advise the Committee at the meeting in January 2020.		**Committee** **J Matthews/ A Cowan/ L de Caestecker**
9.	**Closing Remarks and Key Messages to the Board**		
	It was agreed to include in the Chair's key messages to the Board: - Information that there were no peer immunisation leads in Acute services and the committee agreed that this should be raised with the Board The Chair thanked everyone for their attendance.		
10.	**A.O.C.B.**		
	January meeting 29th January 2020		