

PHSC(M) 20/01

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, 29th January 2020**

PRESENT

Mr J Matthews in the Chair

Mr A Cowan	Dr D Lyons
Prof L de Caestecker	Ms A Baxendale
Prof C Tannahill	Dr E Crighton
Mr I Ritchie	Ms L Long

IN ATTENDANCE

Name	..	Title
Ms E Cummings	..	Service Manager Primary Care, Public Health & Equalities, Inverclyde HSCP
Mr G Forrester	..	Deputy Head of Board Administration
Mr A Magowan	..	Link Up Programme Manager, Inspiring Scotland
Dr A McDevitt	..	GP
Ms F Moss	..	Head of Health Improvement & Inequality, Glasgow City HSCP
Ms C Tennant	..	CEO, Inspiring Scotland

		ACTION BY
1.	WELCOME AND APOLOGIES	
	Apologies for absence were intimated on behalf of Ms J Donnelly; Ms M Hunter; Ms A Khan; Mr G McLaughlin; Ms F McLinden. NOTED	
2.	Declarations(s) of Interest(s) Mr Cowan advised he had proposed that Chief Officers (HSCPs) should be invited to attend committee meetings to discuss how the Public Health Strategy was being implemented in their HSCP. NOTED	

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		ACTION BY
3.	<p>Minutes of Previous Meeting:</p> <p>The minutes of the Public Health Standing Committee held on Wednesday 23rd October 2019 were approved as an accurate record.</p> <p>APPROVED</p>	
4.	<p>Matters Arising (a) Rolling Action List</p> <p>Members agreed with Mr Cowan's recommendation that Items 4.1, 4.2, 5, 6, 7.4 and 8 on the Rolling Action List were closed.</p> <p>In addition, the following action was discussed:</p> <p>Item 5: Drug Related Deaths in GGC</p> <p>Professor de Caestecker advised the Committee that a summit on Drug Related Deaths will be held on the 12th March 2020 (the dates have since changed to 26 and 27 February). She advised that GGC had been asked for a presentation and she would provide the Committee with an update at the next meeting on 8th April 2020.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Professor de Caestecker to provide information following the Drug Related Deaths Summit <p>APPROVED</p>	Prof de Caestecker
TOPIC		
5.	<p>Link Up: A Model for Public Health in a Community Setting</p> <p>Ms Tennant, CEO Inspiring Scotland introduced this session and Mr Andrew Magowan, Link Up Programme Manager, Inspiring Scotland described the Link Up Model. The Chair thanked Ms Tennant and Mr Macgowan and asked for questions from the Committee.</p> <p>Dr Lyons was impressed with this work and advised that it was very important to show outcomes and provide evidence.</p> <p>Ms Baxendale was aware that Link Up was not the only organisation working in this area and would like assurance that all organisations will not be competing for same funding.</p>	

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		ACTION BY
<p>5.</p>	<p>Link Up: A Model for Public Health in a Community Setting (cont)</p> <p>Ms Tennant and Mr Magowan described in more detail where they see the difference between Link Up and other organisation.</p> <p>Mr Ritchie asked why some projects had been discontinued and Mr Magowan advised that one project had not performed well and when funding finished, the project came to an end. The other project required more sustained funding and had successfully applied for Lottery funding for three years and then for a further three years.</p> <p>Ms Moss advised that Glasgow City HSCP and Link Up work well together and the HSCP sees Link Up as people and community building and added that there was good evidence from the project. However the process to determine small pieces of funding is an issue.</p> <p>Mr Magowan asked the Committee's permission to continue a dialogue with NHSGGC and also if they would be an advocate for this piece of work with the Scottish Government.</p> <p>Professor de Caestecker noted that Public Health are happy to remain involved and the advice to Scottish Government would be that this project has been running for eight years and that it needs to be sustained. She advised that there needs to be care that there is no duplication of projects and that a Health Oversight Board has been established in Glasgow CCP and one aspect of their role is to oversee all initiatives and identify their links with each other.</p>	
<p>6.</p>	<p>Implementation of the Public Health Strategy in Inverclyde HSCP</p> <p>Ms Louise Long, Chief Officer Inverclyde HSCP, provided an overview of how the Public Health Strategy was being implemented at a local level in Inverclyde HSCP and an associated presentation was given by Ms Cummings. Mr Matthews thanked them for an inspiring overview and presentation.</p> <p>Dr Lyons felt that the Committee's connections with partners were very important as this is where work on the strategy will be done. He further stated that the overview and the presentation reflect a good balance being applied across the life course of the Strategy and it was being driven by the views and needs of the communities. He felt that a lot of good work was being done and the committee will hear more from other partnerships.</p> <p>Committee members asked how information and good practice could be shared between HSCPs and Ms Long advised that Inverclyde use webinars. Glasgow and Renfrewshire have a version and they are trying to learn from and meet with each other. Ms Long was also asked if there were enough resources to engage work on a sustained basis. Ms Long informed them that funding had been allocated and that some resources have been taken from other areas.</p>	

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		ACTION BY
6.	<p>Implementation of the Public Health Strategy in Inverclyde HSCP (cont)</p> <p>In answer to Mr Ritchie’s question on how many of the other IJBs are doing something similar, Ms Long replied that all were but that Inverclyde HSCP’s priorities may differ slightly as inequalities are so stark in their area.</p> <p>Mr Cowan noted that in his key messages to the Board, the Chair should include that Ms Long has provided the committee with a level of assurance of how the strategy is implemented locally.</p> <p>Ms Baxendale was pleased to hear about the focus at a local level and asked what was coming through from the Scottish Public Health Reform. She welcomed comments from the committee on expectations of deliverables for the public health directorate.</p> <p>The Chair advised the committee that other Chief Officers will be asked along to talk about work in their HSCPs.</p> <p>Action:</p> <ul style="list-style-type: none"> • The Chair to note in key messages to the Board the assurances from Ms Long <p>NOTED</p>	Chair
7.	<p>Glasgow City Vision</p> <p>The Chair thanked Ms Moss, Head of Health Improvement Glasgow City HSCP for her presentation and invited questions from the Committee</p> <p>Ms Moss was asked by Ms Long about shared learning. Ms Moss advised that Glasgow HSCP shared learning in other forums and if anyone in the Committee knew of other forums, then please let her know as they will contact them.</p> <p>Mr Ritchie asked how success would be measured and Ms Moss replied that there are a range of measures already in place and are flexible to change if required. There is a large amount of data from ten thriving places and the HSCP had boosted the last Health and Wellbeing Survey in these areas and will boost the 2020 survey. This survey enables them to report at neighbourhood level.</p> <p>Action:</p> <ul style="list-style-type: none"> • The committee will be kept up-to-date with the City Vision development and contribute as appropriate. <p>NOTED</p>	Ms Moss

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		ACTION BY
<p>8.</p>	<p>Annual Screening Report</p> <p>Professor de Caestecker advised the Committee that the main challenge remains the uptake of screening in deprived areas and she advised that work is being carried out with local communities to improve uptake. She said that there are three priorities for the service - to improve the diagnostic service capacity; reduce further the waiting times for colonoscopy which had seen an increase; implement the changes to Cervical and Pregnancy Screening by implementing HPV testing (cervical screening) and non-invasive prenatal diagnosis (pregnancy screening).</p> <p>Mr Cowan asked about the low uptake for Down's Syndrome testing. Professor de Caestecker advised that some mothers do not want screened. Mr Cowan also asked why the target for bowel screening was lower compared to the other screening programmes. Professor de Caestecker advised that this is an achievable target and that if the uptake for screening increases, the target will also increase.</p> <p>Dr Lyons would like to see a demonstration of tangible outcomes across the programmes where action is being taken to engage with people who do not take up the offer of screening.</p> <p>As it had not been possible to discuss the Annual Report in more details as a result of favourable discussion from the presentations, Professor de Caestecker advised that if the committee had any questions about the annual report they should contact either Dr Crighton or her and they would be happy to answer these.</p> <p>ACTION: Committee to contact Dr Crighton or Professor de Caestecker with any questions about the Annual Screening Report</p> <p><u>APPROVED</u></p>	
<p>9.</p> <p>9.1</p>	<p>Current Issues</p> <p>Public Health Reform Scotland Director of Public Health</p> <p>Professor de Caestecker advised that there was no significant additional information since her last update. She informed the Committee that there was information available on the website www.publichealthreform.scot as well as blogs and podcasts. The Directors of Public Health Scotland are producing information on national and local work.</p> <p><u>NOTED</u></p>	

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		ACTION BY
ITEMS FOR NOTING		
<p>9.2</p> <p>Annual review and approval of Committee’s Terms of Reference and membership</p> <p>9.1</p> <p>Terms of Reference</p>	<p>Mr Forrester explained that the annual review of the Board’s standing committees was now due and that work undertaken nationally on standards for committees had been completed and work on terms of references will be completed this year. He informed the committee that the proposed changes were in paragraphs 2.1, 7.1 and 7.2 and asked if the committee had any questions or comments.</p> <p>Professor Tannahill asked if the committee had delegated responsibility to approve reports and if it did, then this should be noted in the Terms of Reference. Professor de Caestecker advised that the Public Health Standing Committee can approve reports such as the Annual Screening Report and the annual Joint Health Protection Plans.</p> <p>Mr Cowan advised that there are ten items reserved for the Board on the Scheme of Delegation and then there are the items delegated to each committee. He suggested that items delegated to the Public Health Standing Committee should be included in the Terms of Reference or as an appendix of the same paper. Dr Lyons agreed with Mr Cowan’s suggestion as this action would ensure that any delegation of responsibility is clear and consistent.</p> <p>ACTION: Mr Forrest advised that he would action comments</p> <p><u>NOTED</u></p>	<p>Mr Forrester</p>
<p>9.2</p>	<p>Membership of Committee</p> <p>Professor de Caestecker advised that Mr McLaughlin will speak to Ms Angela Leitch about a representative on the committee from Public Health Scotland.</p> <p>ACTION:</p> <ul style="list-style-type: none"> • Mr McLaughlin will advise Professor de Caestecker <p><u>NOTED</u></p>	<p>Mr McLaughlin</p>

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		ACTION BY
<p>9.3</p>	<p>Public Health Standing Committee Meetings</p> <p>At the Public Health Standing Committee meeting on the 23rd October, the committee discussed if the number of meetings held a year and if the format covered all the issues the committee wished to address.</p> <p>The Committee agreed that the Chair, Vice Chair and Professor de Caestecker would discuss this and provide a response at this meeting. At the meeting on 29th January 2020, the Chair proposed that the Committee should continued to meet four times a year and that an extra meeting would be added for a development session.</p> <p>The Committee approved an extra day for a development session.</p> <p>ACTION:</p> <ul style="list-style-type: none"> • Ms Innes to arrange a mutually agreed date for a development session. <p>APPROVED</p>	
<p>9.4</p>	<p>Annual Operational Plan (AOP)</p> <p>The population health section of the Annual Operational Plan 2020/2021 which had been written by the Public Health Directorate had been circulated to committee members. Professor de Caestecker advised the committee that the full document had been prepared for the Scottish Government. She said that there would be a further version and that the committee would have the opportunity to influence the section. She would be happy to take any comments from the committee.</p> <p>ACTION:</p> <ul style="list-style-type: none"> • Committee to provide any comments to Professor de Caestecker <p>NOTED</p>	
<p>9.5</p>	<p>Coronavirus</p> <p>Professor de Caestecker provided the committee with an update on the situation. She advised that Health Protection Scotland (HPS) is responsible for managing this in Scotland and NHSGGC's Health Protection Team is assisting. Clinical and lab guidance has been developed and there is a briefing every morning to advise the Scottish Government of the situation.</p> <p>NOTED</p>	

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		ACTION BY
TOPIC		
10.	<p>Future papers to the Committee (Draft List)</p> <p>Professor de Caestecker suggested that the committee should decide which papers they would like to prioritise as there are a number of groups who would like to attend to discuss their work with the committee.</p> <p>Ms Long stated that mental health and social isolation should be a priority and she would also like more information on breast feeding. Ms Moss and Dr McDevitt agreed that a focussed discussion on social isolation would be a priority.</p> <p>NOTED</p>	
11.	<p>Closing Remarks and Key Messages to the Board</p> <p>11.1 Closing Remarks and Key Messages to the Board from this meeting Chair</p> <p>The Committee agreed that Mr Matthews, Mr Cowan and Professor de Caestecker would provide key messages to the Board.</p> <p>ACTION:</p> <ul style="list-style-type: none"> • Mr Matthews, Mr Cowan and Professor to provide key messages to the Board <p>APPROVED</p>	<p>Mr Matthews/ Mr Cowan/ Prof de Caestecker</p>

ITEMS FOR NOTING		
Future Meetings in 2020:	<p>Wednesday, 8th April at 2pm in the Boardroom, J.B. Russell House</p> <p>Wednesday, 22nd July at 2pm in the Boardroom, J.B. Russell House</p> <p>Wednesday, 21st October at 2pm in the Boardroom, J.B. Russell House</p>	