

PHWBC (M) 22/04
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NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Population Health and Well Being Committee
held on 12th October 2022, at 2:00pm
via MS Teams**

PRESENT

Mr John Matthews OBE (in the Chair)

Cllr Jacqueline Cameron	Ms Christine Lavery
Dr Emilia Crighton	Mr Ian Ritchie
Ms Dianne Foy	Mr Francis Shennan

IN ATTENDANCE

Mr George Dodds	..	Director of Health Equity PHS
Ms Kim Donald	..	Corporate Services Manager - Governance
Mr Andrew Gibson	..	Chief Risk Officer
Ms Anne Harkness	..	Director of Delivery and Resilience
Mr Neil Irwin	..	Service Lead
Ms Jennifer McLean	..	Acting Director GCPH
Ms Linda Morris	..	Public Health Programme Manager
Ms Fiona Moss	..	Head of Health Improvement and Equalities, Glasgow City HSCP
Dr Beatrix Von Wissmann	..	Consultant in Public Health
Ms Beata Watson	..	Secretariat Officer (Minute)

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		ACTION BY
34.	WELCOME AND APOLOGIES	
	<p>The Chair welcomed those present to the meeting of the Population Health and Well Being Committee.</p> <p>Apologies for absence were noted on behalf of: Mrs Jane Grant, Cllr Martin McCluskey, Ms Anne-Marie Monaghan</p> <p><u>NOTED</u></p>	
35.	DECLARATIONS OF INTEREST	
	<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>	
36.	MINUTES OF THE MEETING HELD ON 20 JULY 2022	
	<p>The Committee considered the minute of the meeting held on 20 July 2022 [Paper No. PHWBC (M) 22/03] and were content to approve the minute as a full and accurate record of the meeting.</p> <p><u>APPROVED</u></p>	
37.	MATTERS ARISING	
	<p>The Chair invited those present to raise any matters not otherwise on the agenda.</p> <p>Apologies for a delay in distribution of papers were offered from the Secretariat. The Committee were content to note.</p> <p>Several members provided their reflections on the development session held on 4th October. There was an agreement that a national policy making, preventative actions and change of culture should be the main drivers in the matters of public health improvement.</p> <p><u>NOTED</u></p>	
a)	Rolling Action List	
	<p>The Committee considered the Rolling Action List [Paper 22/18] and were content to close the 2 items recommended for closure.</p> <p><u>APPROVED</u></p>	
38.	COVID-19 UPDATE	

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	<p>Interim Director of Public Health, Dr Emilia Crighton and Consultant in Public Health, Dr Beatrix Von Wissmann provided a verbal update and a slide presentation portraying to the current Covid-19 data and modelling.</p> <p>The following points were noted:</p> <ul style="list-style-type: none"> - Data came from the Office of National Statistics (ONS) and was an estimate based on a representative, cross-sectional sample of the population since the population-wide testing had now ceased. - Most recent peak in Scotland during mid-July was mostly associated with an Omicron BA5 variant. Since then an oscillating plateau was observed in the data. - Around 1 in 45 people (estimated 2.2% Scottish population) had Covid during the week ending 24th September - Care homes observed some infections among staff, in line with numbers of transmissions observed in the community. 12 care homes across the GG&C area had active outbreaks involving symptomatic residents (data from 10th October 2022) - There were 234 people hospitalised with Covid within the last 28 days, 2 of which were in ICU (data from 10th October 2022) - Projections and modelling presented a 'polarised world' forecast which assumed changes to behaviours, as the restrictions were lifted, with some groups unwilling or unable to continue to take infection prevention precautions (including vaccinations). Hospital occupancy was expected to increase from late October/early November until early December and possibly beyond. - Current models showed that 'immune world' scenarios were unlikely (contact patterns and mask wearing behaviours, waning vaccine immunity) - An emergence of new variants was a possibility but timings and severity were uncertain, at this stage. In that event staffing pressures were expected to increase. - The Committee were assured that current testing methods, data collected from the samples received through GPs, and international intelligence showed that there was enough data and information to detect new variants if they were to appear in the community. <p>The Committee noted the update and were assured by the information provided.</p> <p><u>NOTED</u></p>	
39.	NHS GGC VACCINATION PROGRAMME	
	<p>The Committee considered the paper 'Winter Vaccination', [Paper 22/19] presented by the Director of Delivery and Resilience, Anne Harkness. This was supported by a slide presentation. The Committee were asked to note the progress of the seasonal vaccination programme and were asked to support the promotion of vaccinations.</p>	

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<p>Key points noted by the Committee were as follows:</p> <ul style="list-style-type: none">- The NHS Scotland had aimed to have 80% of eligible population vaccinated by 5th December 2022 and current modelling indicated that this goal would be met.- The committee noted current weekly numbers broken down by Covid and flu vaccinations, presented in a form of a bar chart- In regards to scheduling it was reported that 62% of over 65's had their appointment booked and these would continue until the end of October- 'Did not attend' (DNA) was at 20% with Scottish average of 17%- 200 000 appointments for those at higher risk were being issued from end of October to end of November.- From 24 October 2022 prompt letters to book an appointment would be issued to those aged 50-64 from end of October to 5th December- Data showed 48% of over 65's population in GGC attended their appointments. Public Health Scotland (PHS) dashboard indicated that nationally 34% of over 65 population had been vaccinated.- 84% of GGC older care home residents received covid and flu vaccines. PHS dashboard indicated this to be at 76% nationally.- Childhood vaccination programme data was presented.- 172 community pharmacies enrolled in the programme to offer flu vaccinations to those eligible- One of the key challenges related to staffing, due to a large proportion of bank staff. Staff surveys conducted in August indicated sufficient numbers of bank staff that express interest in working for immunisation, however, the staff uptake of shifts was lower than predicted, resulting in some disruption to the delivery of the service and initial long waiting times. 2500 appointments had been cancelled and rescheduled and clinics had to close early on 29 occasions.- Remedial actions included: permanent staff shifts being rearranged towards weekdays, as bank staff uptake was higher on weekends; vaccination staff and staff from other teams with necessary skills were given an opportunity to work additional hours; processes were redesigned to streamline admin support; shift length was reviewed in line with staff feedback, dedicated workforce team was driving the campaign to increase bank numbers, to date 39 additional healthcare support workers and 30 additional registered members of staff were recruited.- In regards to vaccine promotion it was noted that essential information was provided to the population in all 33 community languages; there were weekly updates via local radios; SAS was providing a bus 10 days a month to service underserved communities; peer workers and voluntary staff supported promotion of vaccinations among underserved communities, as well as, providing wide range of other services including signposting to money advice and food banks; there was a dedicated work with Ukrainian Displaced Persons and refugees. <p>The following were raised in the ensuing discussion:</p> <ul style="list-style-type: none">- Cllr Jacqueline Cameron commented on the letters received from the public and asked if there was a way to inform those who were booked for an appointment that long waiting times might be expected when	
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	<p>clinics were getting busy, as well as, provide (additional) seating to those waiting as councils' assistance would be available in that regard. In her response Ms Harkness advised that there was no established way to get in touch with those who might be already waiting on the day but that the mitigation efforts were focused on trying to avoid long queues in the first place. The requests to increase seating provision were issued to the councils but some locations might not have suitable waiting areas to accommodate the additional chairs.</p> <ul style="list-style-type: none"> - In a response to a question relating to eligibility disparity between covid and flu the committee were informed that most of those eligible would receive both winter vaccinations. The two main groups not eligible for covid but eligible for the flu vaccination were children, because they were not eligible for a covid booster, and healthcare staff not in direct patient contact. The Board had decided, as an employer, to offer flu vaccines to all staff. There were discussions regarding other employment groups to be included in the covid booster programme but it was ultimately decided on a national level that only those in direct contact with those at risk by the nature of their employment would be eligible for a covid booster this year. - Regarding eligibility criteria for the 'at risk' group there was a list of qualifying conditions which was determined by the national clinical advice. The data was obtained from GPs to identify the individuals currently affected by the listed conditions and invite them for a vaccination. Newly diagnosed population would be referred by their GP or hospital for a booster. - There were compliments from those present praising the team for all their efforts so far. <p>The Committee noted the update and were assured by the information provided.</p> <p><u>NOTED</u></p>	
40.	LOCAL CHILD POVERTY ACTION PLANS	
	<p>The Committee considered the paper 'Local Child Poverty Action Reports (LCPARs) for East Dunbartonshire, West Dunbartonshire and Glasgow City' [Paper 22/20] presented by the Interim Director of Public Health, Dr Emilia Crighton. The Committee were asked to approve the reports. The key themes which emerged from the Committee's discussion of these reports included:</p> <ul style="list-style-type: none"> - The NHS actions were similar across the three geographical areas for which LCPARs were presented, and similar to the actions discussed in detail at a previous meeting for East Renfrewshire, Renfrewshire and Inverclyde. - Efforts and the work done by the local partnerships and the NHS team were praised and the complexity of the work was recognised. - There were several preventative initiatives which were highlighted: Healthier and Wealthier Children, financial advice services in schools. 	

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	<ul style="list-style-type: none"> - New families were coming into poverty since covid and more recently due to rising costs of living and energy prices. - National improvements and policies (including improved welfare systems) were necessary for any meaningful improvements in child poverty levels. - There were local 'cost of living' initiatives but their scope was limited without the financial support from the government. <p>The Committee were assured by the information provided and were content to approve the reports</p> <p><u>APPROVED</u></p>	
41.	TYPE 2 DIABETES REPORT	
	<p>The Committee considered the paper 'Type 2 Diabetes Prevention Framework: Progress Report' [Paper No 22/21] presented by the Public Health Programme Manager, Linda Morris. The paper was presented to provide an awareness and assurance in regards to progress of the five year 'Type 2 Diabetes Prevention Framework' and to highlight key ongoing aspects of the programme. The Committee noted the following:</p> <ul style="list-style-type: none"> - Type 2 Diabetes Mellitus (T2DM) was a growing problem within the GGC with nearly 62,000 currently diagnosed, and 100-150 new diagnoses each week. There was a growing prevalence in younger people (18-44). - It was estimated that around 10% of T2DM remained undiagnosed. - Growing body of evidence indicated T2DM could be reversed with weight loss but preventative actions and early detection improved long term outcomes. - One of the main risk factors for developing T2DM was excess bodyweight. Current estimates in Scotland showed that 65% of adults >16 were overweight or obese and higher rates were observed in most deprived areas. Childhood obesity had also been increasing. - There was a new opt out referral pathway for newly diagnosed patients focusing on education in efforts to achieve reversal of T2DM with weight loss. - NHS GGC offered comprehensive weight management services for adults which was a key element of diabetes prevention programme. Remobilisation of these services, following the pandemic, was ongoing but recovery efforts so far were promising. - Black and Minority Ethnic (in particular South Asian) populations experienced higher prevalence of T2DM than the White British population. There were community programmes which were targeted at raising awareness and education around T2DM and identifying barriers in accessing the NHS weight management services. - Current pathways for obesity prevention in children and young people depended on their age. For 0-12 year olds the focus was on healthy eating habits and education, for 12-18 year olds a weight loss 	

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	<p>programme was offered. For children under 5 health visitors delivered education and early intervention.</p> <ul style="list-style-type: none"> - Poverty was one of the main challenges when it came to the access to healthy meals for children. Additional funding was secured from Scottish Government to help support the 'Thrive under 5' programme. <p>Following points were raised during the discussion:</p> <ul style="list-style-type: none"> - The work was praised - Societal inequalities were recognised as a growing issue nationally - There were suggestions to work with local supermarkets to help support healthy eating habits. - There were suggestions for local initiatives to promote active and healthy lifestyles. - The importance of education around healthy eating was highlighted. - The Glasgow City Food Plan was highlighted as an example of a collaborative work between local authorities, community and HSCPs - The importance of increasing education and awareness of T2DM prevention was highlighted. <p>The Committee noted the update and were assured by the information provided.</p> <p><u>NOTED</u></p>	
42.	NHS GGC CHILD ORAL HEALTH DEPARTMENT PERFORMANCE REPORT	
	<p>The Committee considered the 'Child Oral Health Indicators: Progress Report' [Paper 22/22] presented by the Interim Director of Public Health, Dr Emilia Crighton. The paper was presented to report on the progress of a work plan as it related to oral health indicators in child health. The Committee noted the following:</p> <ul style="list-style-type: none"> - Key indicators presented in the paper were: levels of dental registrations for young children, and the number of children who require general anaesthetic for dental treatment. - The pandemic severely impacted the access to dental services and data showed that there was a significant reduction in children registered with a NHS dentist (as compared to pre pandemic levels). With dental services remobilisation the expectation was that registration rates would improve. This was supported by the work of health visiting teams, dental support workers, dental practices, and general medical practitioners. - The improvement in number of general anaesthetic procedures in children could be achieved by general improvement in childhood oral health and development of alternative pathways with better outcomes. - National Dental Inspection programme was underway but the deterioration of outcomes was expected as a result of the backlog and waiting lists for dental referrals. - There was an ongoing work looking at the service delivery models in dental health 	

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	<p>- The Committee were assured that there was an ongoing work looking at the particularly low levels of registrations in West Dunbartonshire to try to identify any underlying causes.</p> <p>The Committee were content to note the report and endorse the recommendations outlined within the paper.</p> <p><u>NOTED</u></p>	Dr Mcgrady
43.	ASSURANCE INFORMATION QUARTERLY REPORT	
	<p>The Committee noted the paper 'Public Health Assurance Information Framework' [Paper 22/23] presented by Interim Director of Public Health, Dr Emilia Crighton</p> <p>The Committee had previously been asked that certain indicators were tracked and the submitted paper presented the position of the Board against these targets.</p> <ul style="list-style-type: none"> - There were 2 amber indicators: tier 2 services for weight loss and drug related deaths. - There were some areas where no reports were available: number of naloxone take home kits and referrals of children for dental treatments under general anaesthesia - All indicators were detailed within the paper - The Committee asked that the data was mapped and target values indicated and any relevant actions included when the report was presented at the next meeting. <p>The Committee approved the report and were assured by the information provided.</p> <p><u>APPROVED</u></p>	Dr Crighton
44.	EXTRACT FROM CORPORATE RISK REGISTER	
	<p>The Committee considered the paper 'Corporate Risk Register Extract' [Paper No 22/24] presented by the Chief Risk Officer, Mr Andrew Gibson.</p> <p>There were two risks within corporate risk register which were aligned to this Committee, these were:</p> <ul style="list-style-type: none"> • 2199 Pandemic Response • 2060 Breakdown of failsafe mechanisms for Public Health <ul style="list-style-type: none"> - The risks were reviewed and updated in terms of mitigating actions, controls and risk scores - no changes were proposed as the result of these reviews in this reporting period. - It was highlighted that the section linking the risks to corporate objectives was added to the report following recommendations. 	

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	The Committee were content to note and approve the updated Corporate Risk Register and were assured that the risks were appropriately scored and described. <u>APPROVED</u>		
45.	CLOSING REMARKS AND KEY MESSAGES FOR THE BOARD		
	The Chair thanked everyone for their attendance and contribution to the meeting.		
46.	DATE OF NEXT MEETING		
	Wednesday 18 th January 2023 at 2.00 pm, via MS Teams.		