

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Population Health and Well Being Committee
held on 20 July 2022, at 2:00pm
via MS Teams**

PRESENT

Mr Ian Ritchie (in the Chair)

Cllr Jacqueline Cameron	Cllr Martin McCluskey
Dr Emilia Crighton	Ms Christine Laverty
Ms Dianne Foy	
Ms Anne-Marie Monaghan	
Mr Francis Shennan	

IN ATTENDANCE

Mr Bryan Forbes	..	Service Manager, Public Health
Ms Susan Deighan	..	Chief Executive, Glasgow Life
Ms Fiona Moss	..	Head of Health Improvement and Equalities, Glasgow City HSCP
Ms Anna Baxendale	..	Head of Health Improvement, Public Health
Ms Rebecca Campbell	..	Consultant in Public Health Medicine
Mr Ian Manson	..	Chief Executive of Clyde Gateway
Mr Nicholas Phin	..	Director of Public Health Science & Medical Director for Public Health Scotland
Dr Beatrix Von Wissmann	..	Consultant in Public Health
Mr Andrew Gibson	..	Chief Risk Officer
Ms Gillian Lindsay	..	Service Lead
Ms Eleanor Quirke	..	Assistant Clinical Service Manager
Mr Daniel Carter	..	Consultant in Public Health Medicine
Ms Catriona Milosevic	..	Consultant in Public Health Medicine
Ms Jennifer McLean	..	Acting Director GCPH
Ms Kim Donald	..	Corporate Services Manager - Governance
Mr Neil Irwin	..	Service Lead
Ms Louise Russell	..	Interim Secretariat Manager (Minute)

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		ACTION BY
22.	WELCOME AND APOLOGIES	
	<p>Mr Ritchie welcomed those present to the meeting of the Population Health and Well Being Committee and welcomed new members Councillor Martin McCluskey, Councillor Jacqueline Cameron, Ms Dianne Foy, Ms Susan Deighan and Ms Christine Laverty to their first Committee meeting.</p> <p>Apologies for absence were intimated on behalf of Mr John Matthews OBE, Prof John Brown CBE, Ms Jane Grant, Mr Peter Seaman and Mr Alan McDevitt.</p> <p><u>NOTED</u></p>	
23.	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>	
24.	MINUTES OF THE MEETING HELD ON 13 APRIL 2022	
	<p>The Committee considered the minute of the meeting held on 13 April 2022 [Paper No. PHWBC (M) 22/02] and were content to approve the minute as a full and accurate record of the meeting.</p> <p><u>APPROVED</u></p>	
25.	MATTERS ARISING	
a)	Rolling Action List	
	<p>The Committee considered the Rolling Action List [Paper 22/11] and were content to close the 2 items recommended for closure.</p> <p>The following update on 1 outstanding action was provided;</p> <p>Population Health and Well Being Committee Development Session</p> <p>The Committee noted that this action was being taken forward. Ms Emilia Crighton would be in contact with the Organisational Development department to agree an agenda for the session.</p>	Ms Crighton

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	<u>APPROVED</u>	
26.	COVID-19 UPDATE	
	<p>Dr Emilia Crighton, Interim Director of Public Health and Dr Beatrix Von Wissmann, Consultant in Public Health, provided an update on Covid-19.</p> <p>The Committee noted that since population wide testing was discontinued at the start of May, the Office for National Statistics (ONS) infection survey provided the best estimate of Covid in the community and was based on a representative cross-sectional sample of the population, and there was a one week lag on the data becoming available. The survey showed that the proportion of individuals infected with Covid in the community rapidly increased from the middle of May. The increase was associated with Omicron variants BA4 and BA5 emerging, with BA5 now the dominant variant in Scotland. Whilst the proportion of the population positive for Covid increased over the last two weeks, the rate of increase had now slowed down.</p> <p>The latest published figures for the ONS Coronavirus (Covid-19) Infection Survey related to the week ending 7 July 2022, in which estimated 6.34% of the population in Scotland had Covid-19 (around 1 in 16 people). This was a slight increase compared to the previous week 5.94% (around 1 in 17 people).</p> <p>The Committee noted that Care Homes continued to see cases amongst staff, in line with the high incidence in the community, and a number of care homes had outbreaks of symptomatic resident cases. As at 20 July 2022 there were 20 care homes across GGC with outbreaks involving residents.</p> <p>The Committee were advised that data from asymptomatic care home staff was not representative of the population as a whole it gave an indication of trends in infection. It was noted that due to the lag between infection and hospital admissions meant that case numbers in hospital would continue to increase for another 7-10 days.</p> <p>As at 19 July 2022, there were 563 individuals diagnosed with Covid-19 within the last 28 days, 4 of which were in ICU. The Committee noted that pressures on hospitals were compounded by infection prevention and control requirements for all cases identified. Additionally, the high level of Covid-19 in the community, alongside ongoing requirements for asymptomatic staff testing, resulted in high Covid-19 staff absence rates which were contributing to staffing pressures.</p> <p>The Committee noted that the Joint Committee on Vaccination and Immunisation (JCVI) had released updated advice for the autumn</p>	

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	<p>booster, lowering the age cut off for general eligibility to 50 years (previous interim statement was 65). The JCVI also advises that for the 2022 autumn booster programme, the following groups should be offered a COVID-19 booster vaccine:</p> <ul style="list-style-type: none"> • residents in a care home for older adults and staff working in care homes for older adults • frontline Health and Social Care Workers • all adults aged 50 years and over • persons aged 5 to 49 years in a clinical risk group, as set out in the Green Book, chapter 14a, tables 3 and 4 • persons aged 5 to 49 years who are household contacts of people with immunosuppression • persons aged 16 to 49 years who are carers, as set out in the Green Book, chapter 14a, table 3 <p>The Committee noted that Public Health continued to support the transition to 'living with Covid-19', in particular for care homes and other higher risk settings. The Committee acknowledged that planning and implementing for the seasonal influenza vaccination campaign was also required for an extended cohort this autumn.</p> <p>In response to a question regarding the infection prevention control measures, the Committee were assured that the measures were reviewed on a regular basis. Further updates regarding the measures were expected in the coming weeks.</p> <p>In response to a question regarding funding for the vaccination programme to ensure a similar effective programme to the previous roll out, the Committee were assured that planning was well underway and funding would be available to support uptake.</p> <p>The Committee noted the update and were assured by the information provided.</p> <p><u>NOTED</u></p>	
<p>27.</p>	<p>PUBLIC HEALTH PRIORITIES</p>	
	<p>The Committee considered the paper 'Public Health Priorities', [Paper 22/12] presented by Dr Emilia Crighton.</p> <p>Following discussion at the last meeting, additional information had been added to the Public Health Priorities for NHSGGC. The Committee were asked to consider and approve 4 priority areas of Public Health for NHSGGC to prioritise in 2022/23: Child Health, Type 2 Diabetes Prevention, Drug Related Deaths and Review of "Turning the Tide".</p>	

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	<p>In response to a question regarding type 2 diabetes, particularly obesity in children, the Committee noted that different programmes would be targeting particular age groups and work had taken place with support from CAMHS to develop appropriate messages. There was awareness of the risks and challenges with social media. The Committee were assured that engagement with vulnerable groups and education colleagues would continue. The Committee noted that a core element would be encouraging physical activity which included linking with the local authority to offer access to a range of opportunities and ensuring these were easy to access and supporting play with children.</p> <p>The Committee acknowledged a substantial increase in childhood obesity and type 2 diabetes statistics following the pandemic. The Committee recognised the factors were multifactorial, including a change in the approach to food and sedentary lifestyle habits. The Committee noted the key areas of focus were to develop a multi factorial model and build and expand on community plans already in place. A report would be submitted to the next meeting for further discussion.</p> <p>The Committee were content to approve the paper submitted.</p> <p><u>APPROVED</u></p>	
<p>28.</p>	<p>PUBLIC HEALTH ASSURANCE FRAMEWORK</p>	
	<p>The Committee considered the paper 'Public Health Assurance Framework' [Paper 22/13] presented by Dr Emilia Crighton.</p> <p>Further to the work on Active Governance reported to the Board in June 2022, this was the first report presented to the Committee based on the agreed indicators. The report highlighted areas where the targets were being met and the actions that were in place for Red, Amber and Green (RAG)status.</p> <p>In response to a question regarding inclusion of referrals to CAMHS, the Committee were assured that Health Visitors carry out a number of assessments for every child in order to identify any issues. The Committee noted referrals to CAMHS were on the lower end of the scale. The Committee noted that a tiered approach was applied to additional support. The Committee also noted the involvement of the Local Authorities in early intervention and prevention. The Committee noted that a number of multi-agency projects were underway, including a Youth Health and Well Being project that was due to launch.</p> <p>The Committee were assured by the information provided and were content to approve the Public Health Assurance Framework.</p> <p><u>APPROVED</u></p>	

29.	LOCAL CHILD POVERTY ACTION PLANS	
	<p>The Committee considered the papers ‘East Renfrewshire, Inverclyde and Renfrewshire’ 2020/21 Local Child Poverty Action Reports (LCPAR) [Paper No 22/14] presented by Dr Catriona Milosevic.</p> <p>The Committee noted that the Child Poverty Act (CPA, 2017) placed a duty on all Health Boards and Local Authorities in Scotland to work together to mitigate and report on actions to reduce child poverty. The reporting of this joint work is via yearly LCPARs produced by each local authority, in partnership with Health Boards, and submitted to Scottish Government. The Committee noted that the data available to assess progress in relation to child poverty targets was limited.</p> <p>The Committee noted that NHSGGC contributions were included within each report. The key areas of work at Board level were; employability and apprenticeship programmes, procurement and advice for staff, which included a ‘staff money worries’ campaign.</p> <p>The Committee were content to approve the East Renfrewshire, Inverclyde and Renfrewshire 2020/21 Local Child Poverty Action Reports and recognised the hard work that had been continually applied.</p> <p><u>APPROVED</u></p>	
30.	FIVE YEAR MENTAL HEALTH STRATEGY PREVENTION PROGRESS REPORT	
	<p>The Committee noted the Five Year Mental Health Strategy Prevention Progress Report [Paper 22/15] presented by Ms Fiona Moss, Head of Health Improvement and Equalities, Glasgow HSCP.</p> <p>The report highlighted the progress of the prevention and early intervention work stream of the NHSGGC Five Year Adult Mental Health Strategy and outlined the key aspects of the work plan for the coming year.</p> <p>The report highlighted an increase in the number of Adult Mental Health presentations and prescriptions. Trend data indicated worsening mental health over time in Scotland, with increased self-report of depression, anxiety, attempted suicide and self-harm. The Committee noted that data suggested that the upward trend would continue.</p> <p>The Committee were advised that a framework had been put in place pre pandemic. The report highlighted how resources were enabled during the pandemic, including building relationships and influencing the national agenda.</p>	

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	<p>The report highlighted plans for responding to distress. The Committee noted that Compassionate Distress Response Service (CDRS) commenced in Glasgow City. Glasgow Association for Mental Health (GAMH) run the CDRS service which supported 4,600 patients in 2021/22, through primary care referral in-hours and first responder/MHAU referral out of hours. The monthly GP referrals for Glasgow City were now around 500, and over 80% of GP's in Glasgow had now referred into the service.</p> <p>The Scottish Government 'Report of the Short Life Working Group for Mental Health in Primary Care' (2020) set out a number of principles for new provision across Scotland. Guidance was issued (November 21) to integration authorities (with indicative budgets) for full implementation by 2026. All NHSGGC integration authorities submitted Mental Health and Well-being Primary Care Services (MHWPCS) plans to the Scottish Government on 31st May and await feedback.</p> <p>The Committee were content to note the report and were assured by the information provided.</p> <p><u>NOTED</u></p>	
<p>31.</p>	<p>DRUG RELATED DEATHS IN GG&C</p>	
	<p>The Committee noted the paper 'Drug Related Deaths in GG&C' [Paper 22/16] presented by Dr Daniel Carter, Consultant in Public Health Medicine.</p> <p>The Committee noted the increased number of drug related deaths in NHSGGC & Scotland-wide. The number of drug related deaths was consistently higher in NHSGGC compared to Scotland, with NHSGGC Alcohol and Drug Partnerships (ADP) leading on local strategies reporting directly to the Scottish Government on their contribution to national priorities and outcomes. Support was being provided to the Scottish Government with the development of a Partnership Delivery Framework and ADP Performance Framework that would allow consistent reporting on progress against national priorities.</p> <p>The Committee acknowledged the latest reporting data from 2020 highlighting that there were 444 confirmed drug related deaths in NHSGGC, which was more than any previous year. Dr Carter highlighted that drug related deaths were strongly linked to deprivation. The use of multiple drugs (polypharmacy) and underlying physical health conditions were also common factors of drug related deaths in NHSGGC.</p> <p>Dr Carter highlighted that there were indications that the number of drug-related deaths in NHSGGC, and elsewhere, had begun to stabilise.</p>	

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More recent data on suspected drug-related deaths from Police Scotland show a substantial fall from 2020 to 2021.

The Committee noted that the preliminary data for 2021 indicated that the number of deaths may be continuing to rise amongst women, particularly those over the age of 55.

The Committee were assured that the measures to address drug-related deaths in NHS GGC could be summarised and assessed against each of the six "Evidence-Based Strategies for Preventing Drug-Related Deaths in Scotland" that were set out by the Drug Deaths Task Force in 2020. This included targeted distribution of Naloxone. The number of take home naloxone (THN) kits issued within NHS GGC in 2020/2021 was 9,483, which was nearly three times the annual average number of kits distributed in the three previous years. The number of kits distributed in 2021/22 was on track to be of a similar level.

The Committee were assured that the implementation of immediate response pathways for non-fatal overdose were rapidly provided and noted that new data-sharing arrangements with the Scottish Ambulance Service are having a significant and positive impact on these services' ability to respond quickly to non-fatal overdose.

The Committee noted that in Glasgow City, the WAND initiative had been established to target the people most at risk but were not engaged with drug treatment services.. The Committee acknowledged that Glasgow City HSPC continued to work with the Scottish Government and Police Scotland regarding the introduction of a pilot safe injecting facility in the city centre.

Routine surveillance of drug-related deaths was undertaken as well as ad hoc analyses, when required. The Committee noted that two recent clusters of drug-related deaths in NHS GGC were investigated and managed by problem assessment groups (PAGs). In addition, an ADP intelligence hub has been established in Glasgow City following a funding award from the Drugs Death Task Force.

A workforce review was currently underway to ensure that NHS GGC could meet the health and social care needs of those in prison, with a focus on harm reduction, prevention, health improvement and social work.

In response to a question regarding prevention work, the Committee acknowledged the complexity of the issues, including economic and social circumstances. The Committee noted that although the numbers had not been stabilised yet, if the current measures had not been in place then the number of drug related deaths could have potentially been higher.

The Committee noted that one of the main concerns was regarding the rapid increase of use of Etizolam, otherwise known as 'street valium'. The

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	<p>Committee noted that statistics from 2020 highlighted that Etizolam was a factor in 7 out of 10 drug related deaths. The data was 2021 was awaited.</p> <p>The Committee discussed the need for resources in deprived areas to be more explicit. The Committee were assured that there had been a targeted increase in deprived areas which could be reviewed to see if they could be enhanced further.</p> <p>The Committee were content to note the report provided.</p> <p><u>NOTED</u></p>	
32.	EXTRACT FROM CORPORATE RISK REGISTER	
	<p>The committee considered the paper 'Corporate Risk Register Extract' [Paper No 22/09] presented by the Chief Risk Officer, Mr Andrew Gibson.</p> <p>The Committee noted the 2 risks aligned to the Population Health and Wellbeing Committee, Pandemic Response and Breakdown of failsafe mechanisms for Public Health Screening.</p> <p>The Committee were advised that since the last Population Health and Wellbeing Committee, an increase to the Pandemic Response risk score from 12 (High) to 16 (Very High) was proposed in order to reflect the current and future uncertainty of any impact on staff and services now that social restrictions (i.e. testing, isolation etc) had been lifted nationally.</p> <p>The Committee were content to note and approve the updated Corporate Risk Register and were assured that the risks were appropriately scored and described.</p> <p><u>APPROVED</u></p>	Mr Gibson
33.	CLOSING REMARKS	
	<p>The Chair thanked everyone for their attendance and contribution to the meeting. The next meeting was scheduled to take place on Wednesday 12th October, 2pm via Microsoft Teams.</p>	
	DATE OF NEXT MEETING	
	Wednesday 12 October 2022 at 2.00 pm, via MS Teams.	