

PHWBC (M) 23/02
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NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Population Health and Well Being Committee
held on 18 April 2023, at 2:00pm
via MS Teams**

PRESENT

Rev John Matthews OBE (in the Chair)

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

IN ATTENDANCE

Ms Anna Baxendale	..	Head of Health Improvement, Public Health
Catherine Flanigan	..	Public Health
Mr Andrew Gibson	..	Chief Risk Officer
Mr Neil Irwin	..	Service Lead
Dr Iain Kennedy	..	Consultant Public Health Medicine
Jac Ross	..	Equality and Human Rights Manager
Ms Elaine Vanhegan	..	Director of Corporate Governance
Dr Beatrix Von Wissmann	..	Consultant in Public Health
Ms Beata Watson	..	Secretariat Officer (Minute)

		ACTION BY
13.	WELCOME AND APOLOGIES	
	The Chair welcomed those present to the April meeting of the Population Health and Well Being Committee.	
	Apologies for absence were noted on behalf of: Mr Ian Ritchie, and Ms Susanne Millar.	
	NOTED	

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14.	DECLARATIONS OF INTEREST	
	The Chair invited Committee members to declare any interests in any of the items to be discussed. No declarations were made. <u>NOTED</u>	
15.	MINUTES OF THE MEETING HELD ON 18 JANUARY 2023	
	The Committee considered the minute of the meeting held on 18 th January 2023 [Paper No. PHWBC (M) 23/01] and were content to approve the minute as a full and accurate record of the meeting. <u>APPROVED</u>	
16.	MATTERS ARISING	
	The Chair invited those present to raise any matters not otherwise on the agenda. <u>NOTED</u>	
a)	Rolling Action List	
	The Committee considered the Rolling Action List [Paper 23/07] The Committee noted the following updates: <u>18.01.23, min. 6 – Winter Epidemiology Update</u> - Data for the average inpatient stay for influenza patients had not been published – when this becomes available it would be shared with the Committee. The Committee were content to close the items recommended for closing and approved the rolling action list. <u>APPROVED</u>	
17.	URGENT ITEMS OF BUSINESS	
	The Chair Invited the Committee to raise any urgent items of business. There were no urgent matters arising. <u>NOTED</u>	
18.	JOINT HEALTH PROTECTION PLAN 2023-25	
	The Committee considered the ‘Joint Health Protection Plan 2023 – 2025’ [paper 23/08] presented by the Consultant in Public Health Medicine, Dr Iain Kennedy. The Joint Health Protection Plan (JHPP)	

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provided an overview of health protection priorities, provision and preparedness for the NHS GGC and included an outline of ongoing and planned activities to be taken forward by the partner agencies and the wider Public Health (Health Protection) Liaison Working Group and developed into detailed plans and timescales. The Committee were asked to approve the presented paper for publication.

Dr Kennedy also provided a slide presentation to give a background information into the scope of Public Health Protection Unit activities and strategic work.

The Committee noted the following:

- The scope of Health Protection work included preventing the transmission of communicable diseases, managing outbreaks and incidents, and ensuring the safety and quality of food, water, air, and environment.
- The Committee noted the national and international legislation and structures which formed the framework for the Public Health Protection Unit remit and different activities undertaken by the unit and associated agencies including: surveillance, investigation, risk assessment, risk management, and communication of risk, as well as, the management of any emergency response to those risks.
- The Committee noted the different types of diseases and organisms which were notifiable by medical practitioners (diseases) or the laboratories (organisms).
- The Committee noted the different aspects of environmental health, and strategic work which PHS was involved in, as well as, NHS sectors, and teams, and external agencies, organisations, and professional bodies who worked closely with the Public Health Protection Unit.
- The JHPP was published to fulfil the Board's statutory responsibility under section 7 of the Public Health etc (Scotland) Act 2008. It was prepared in line with the Scottish Government guidance and in consultation with Local Authorities on behalf of the Director of Public Health by the Public Health (Health Protection Liaison Working Group).
- The JHPP was required to be approved by the appropriate committee at each local authority and the NHSGGC Board. The Board had delegated the responsibility for approving and publishing the JHPP to the Population Health and Wellbeing Committee.
- The Committee noted that the statutory guidance on JHPP had not been revised since 2008 and there was an ongoing consultation to review it over the next two years.

The Committee discussed the basis for deciding which priorities were included in the publication and those included: items required by the Scottish Government, as well as routine and ad hoc documents considered by the Public Health (Health Protection) Liaison Working Group. During the discussion it was noted that as the document was

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	<p>required to be approved by each local authority the process provided a chance for any local pressures to be discussed before the approval.</p> <p>Several Committee members praised the document for its clarity and detail. The Committee noted that the presented document was dedicated to two members of the Public Health (Health Protection) Liaison Working Group who passed away unexpectedly in 2022: Martin Healy and Joe Harkin.</p> <p>The Committee were content to approve the document and recommend it for publication once the required approval process was complete.</p> <p>NOTED</p>	
19.	EPIDEMIOLOGY UPDATE	
	<p>Dr Iain Kennedy provided a slide presentation about most common causes for Gastrointestinal Infections in 2022 which were a significant part of the Public Health Protection Unit workload and the Committee noted the following:</p> <p><u>Salmonella</u></p> <ul style="list-style-type: none"> - The yearly crude rate of <i>Salmonella</i> cases per 100 000 population in NHSGGC was 13.6. This was an increase from both 2020 and 2021 levels but a decrease when compared with 2019 data. The highest rates were recorded in September, July and October. - Yearly <i>Salmonella</i> rates for 2022 were higher for females but when data was broken down by month. <p>The highest number of <i>Salmonella</i> cases was recorded for the population of 25-44 year olds followed by 45-64 year olds, however, the highest crude rate per 100 000 population was for children under 1 year.</p> <ul style="list-style-type: none"> - 54% of <i>Salmonella</i> cases had recorded history of international travel prior to the onset of symptoms of which most travelled to Turkey, Pakistan, Spain, India, and Mexico. - A breakdown of dominant <i>Salmonella</i> serotypes was given and broken down for each quarter. <p><u>Campylobacter</u></p> <ul style="list-style-type: none"> - The yearly crude rate of <i>Campylobacter</i> cases per 100 000 population in NHSGGC was 99.6. This was a slight decrease from 2021 rate but an increase when compared with rates for each of the years between 2016 and 2020. The highest rates were recorded from May to September with the highest peak in August. - A higher yearly rate of <i>Campylobacter</i> cases was recorded for males. - The highest number of <i>Campylobacter</i> cases was recorded for the populations of 45-64 and 25-44 year olds, however, the highest 	

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	<p>crude rate per 100 000 population was for children aged 1-3 and adults aged 65 and older.</p> <p>The Committee discussed the inclusion of the norovirus among the significant gastrointestinal infections and noted that it was most prevalent in winter months and could cause intense GI symptoms. Those frail and vulnerable were at the highest risk for complications. The exact number of norovirus infections was not available as many cases would not be reported to health professionals.</p> <p>The Committee were content to note.</p> <p><u>NOTED</u></p>	
20.	VACCINATION PROGRAMME	
	<p>The Committee considered the 'Vaccination performance report' [paper 23/09] presented by the Interim Director of Public Health, Dr Emilia Crighton, which resented a summary of the last 12 months of the vaccination programme across NHS GGC.</p> <p>The Committee noted that the uptake of all vaccinations across all population programmes was good and, in some cases, very good, however, the Public Health Directorate was continuing to strive for further improvement.</p> <p>Some challenges to the programme delivery were identified and these included: changes to vaccines and recommendations by the Joint Committee on Vaccination and Immunisation (JCVI). The maintenance of staff training and availability as well as securing suitable venues also posed some challenges.</p> <p>Dr Crighton commended the work of all teams involved in the ongoing vaccination provision programmes.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>	
21.	A FAIRER NHSGGC - SNAPSHOT REPORT 2022 - 2023	
	<p>The Committee considered the 'Meeting the Requirements of the Equality Legislation: A Fairer NHSGGC – Snapshot Report 2022 – 23' [paper 23/10] presented by the Equality and Human Rights Manager, Jac Ross. This report was an interim snapshot report on progress made in some areas towards meeting the requirements of the Equality Act (2010) and it was not a legally required Monitoring Report. The period covered by the report was April 2022 – March 2023. The Committee noted the following:</p>	

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	<ul style="list-style-type: none">- The report indicated that NHS GGC were on track to deliver on the commitment to the Equality Act (2010) scheme by the end of the reporting period.- The report described mainstreaming commitments, where the Equality and Human Rights Team had led progress embedding anti-discriminatory practice into NHSGGC functions, and equality outcomes, i.e. 4 out of 8 specific actions which were set in a response to evidence of higher risk of breaching the Act.- Highlights within mainstreaming commitments included:<ul style="list-style-type: none">- Developments within communication support, such as: direct patient access to telephone interpreting services currently handling over 800 calls a month and translation of over 781 resources in more than 42 languages, including 31 translations in BSL, 3 in Braille and 3 in easy read format.- Range of engagement activities involving total of 1554 individuals.- Published 19 Equality Impact Assessments (EQIA) and assisted HSCPs with facilitation and quality assurance of a further 13, as well as delivered EQIA training to 223 staff.- Public Health screening engagement targeting BME communities.- The Committee noted the following updates with regard to Equality Outcomes:<ul style="list-style-type: none">- <u>Outcome 3 - Sensitise patient pathway for BME people</u> An addition of mandatory ethnicity field in Acute pathways. A look into barriers within pain service for non-English speakers including engagement and review of patient information. Two new posts linked to diabetes and weight management.- <u>Outcome 4 - The needs of patients with religious beliefs are understood and acted on</u> This outcome was completed. Inclusion of 'faith' in electronic nurse admission resource and mainstreaming the consideration of faith and belief needs into patient records. Further work planned with focus on faith data collection and utilisation.- <u>Outcome 6 - NHSGGC is perceived as a safe and inclusive place by LGBTQ+ people</u> Over 8000 staff signed the Pride Pledge pledging to be aware of and responsive to issues faced by LGBTQ+ people accessing care and be an ally to staff. Robust staff directory for national evaluation of the programme was in place.	
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<ul style="list-style-type: none"> - <u>Outcome 7 – Address structural barriers within Maternity services</u> Ongoing engagement with staff and identification of structural barriers - proposed solutions were being put in place. Roll out of patient code in 30 languages, a pilot of video interpreting service, creation of rights based patient leaflet, and planned approach to training. - The Committee noted the following with regard to work relating to Covid response: <ul style="list-style-type: none"> - Peer work model with 952 people engaged through it. - Winter vaccine information on NHS inform in additional 19 languages - Vaccination clinics offering drop in appointments to help remove barriers for those unable to book online or via telephone. - Mobile vaccination bus with supplies of 1st and 2nd vaccination doses. - There were a number of priorities for the next year which included: <ul style="list-style-type: none"> - Completion of suite of Outcomes for 2020 - 2024 Fairer NHSGGC Equality Scheme - Preparation for Public Sector Equality Duty changes - Preparation for the gap year between our end of reporting period (March 2024) and a new PSED inauguration (April 2025). - This was in addition to continuing mainstreaming efforts to support colleagues who deliver core services to ensure they deliver them in line with the Equality Act (2010). <p>The Committee discussed the proposal for all Board Members to sign the Pride Pledge to show support to LGBTQ+ people. It was noted that when the Pride Pledge was first introduced The Board members had signed it but it was proposed that the communication/reminder was sent to the Board members to refresh their pledge and that it was added to the Board induction pack.</p> <p>Members praised the report for the inclusion of activities targeting and supporting wide spectrum of disadvantaged groups.</p> <p>The Committee noted in a response to a question regarding joint initiatives with a third sector that engagement was core to EHRT to ensure every initiative and service provided was based on lived experience of target populations.</p> <p>There was a question regarding the inclusion of neurodevelopmental conditions within the outcome 8 (which was not covered by this report), ‘the physical health of those with mental health problems is addressed’ and the Committee noted that there was a dedicated work within that which focused on these.</p>	<p>Board Secretary</p>
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	<p>The Committee discussed the ways in which the reported hate incidents against staff by in-patients with incapacity were handled and it was noted that there was a gap when providing support to staff following these incidents which were often seen as ‘part of the job’ by those affected. There were existing support pathways and a campaign was planned for 2023 to increase awareness of hate incidents and the need to report them. The Committee were interested in knowing whether these incidents were communicated with families of patients with incapacity before any escalation to the Police.</p> <p>The Committee were content to note the report.</p> <p>NOTED</p>	<p>Jac Ross</p>
<p>22.</p>	<p>ASSURANCE INFORMATION QUARTERLY REPORT</p>	
	<p>The Committee considered the ‘Public Health Assurance Information Framework’ [paper 23/11] presented by the Interim Director of Public Health, Dr Emilia Crighton, and which provided a quarterly progress report on the public health priorities. The Committee noted that there were two Red Indicators: drug related deaths and child health and one Amber Indicator: Adult Weight Management Service referrals who engage with Tier 2 service. Details of the threshold values for all indicators were provided within the paper.</p> <p>The Committee discussed the recent focus on the importance of naloxone training and naloxone kits distribution which was one of the ways to prevent accidental death from opioid overdose. This work was well established in Scotland and GGC.</p> <p>The Committee were content to note the report.</p> <p>NOTED</p>	
<p>23.</p>	<p>EXTRACT FROM THE CORPORATE RISK REGISTER</p>	
	<p>The Committee considered the ‘Corporate Risk Register – Extract’ [paper 23/12] presented by the Chief Risk Officer, Andrew Gibson. The Committee were asked to review and approve the report which presented the current Corporate Risk Register entries aligned to this Committee. These were:</p> <ul style="list-style-type: none"> - 2199 Pandemic Response - 2060 Breakdown of failsafe mechanisms for Public Health screening <p>These risk were reviewed since the last session of this Committee and there were no proposed changes to the risk scores for either entry and there were no new risks proposed for escalation.</p>	

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	<p>The Committee were content to note the report and endorse the recommendations outlined within the paper.</p> <p>APPROVED</p>	
24.	REVIEW OF TERMS OF REFERENCE	
	<p>The Committee considered the 'Population Health and Well Being Committee Review of Terms of Reference' [paper 23/13], presented by the Director of Corporate Services and Governance, Elaine Vanhegan. This was a part of an annual governance review of all Board Standing Committees and would form a part of a governance pack which would be presented to the Board in June 2023.</p> <p>The Committee were content to approve the revised Terms of Reference.</p> <p>APPROVED</p>	
25.	COMMITTEE ANNUAL REPORT	
	<p>The Committee considered the 'Annual Report of Population Health and Wellbeing Committee 1 April 2022 – 31 March 2023' [paper 23/14] presented by the Director of Corporate Services and Governance, Elaine Vanhegan. The paper summarised the work of the Committee over the last financial year and would form a part of a governance pack presented to the Board in June 2023.</p> <p>The Committee were content to note.</p> <p>NOTED</p>	
26.	CLOSING REMARKS AND KEY MESSAGES FOR THE BOARD	
	<p>The Chair thanked everyone for their attendance and contribution to the meeting.</p>	
27.	DATE OF NEXT MEETING	
	<p>Tuesday, 04 July 2023 at 2.00 pm, via MS Teams.</p>	