

PH(M) 18/01
Minutes

NHS GREATER GLASGOW AND CLYDE

**Minutes of a Meeting of the
NHS Greater Glasgow and Clyde
Public Health Committee
Held in the Boardroom, J.B. Russell House,
Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow G12 0XH
On 31st January 2018 at 2pm**

PRESENT

Mr J Matthews (Chair)

Mr A Cowan	Dr L de Caestecker
Prof C Tannahill	Mr D Williams
Ms S Manion	Ms A Baxendale
Ms M Brown	Dr P Moultrie
Dr D Lyons	Councillor M Hunter

IN ATTENDANCE

Dr S Ahmed	Consultant in Health Protection / Clinical Director, Health Protection Scotland
Ms J Reid	Public Health Programme Manager (Immunisation)
Ms U Rehman	Public Health Programme Manager (Health Services)
Ms H Jarvie	Public Health Programme Manager (Health Services)
Ms J Grant	Chief Executive, NHSGGC (For Item 6)

ACTION BY

1. WELCOME AND APOLOGIES

The Chair welcomed everyone and in particular Councillor Hunter and Dr Moultrie who were attending their first committee meeting.

Apologies for absence were intimated on behalf of Mr G McLaughlin, Dr S Scott, Dr E Crighton and Ms J Donnelly.

2. DECLARATION OF INTEREST

There were no Declarations of Interest

3. MINUTES

The Minutes from the previous meeting on the 31st October 2017 were accepted subject to the amendment that Mr A Cowan and Dr S Scott had attended this meeting but had been omitted from the list of those present.

4. ANNUAL IMMUNISATION REPORT 2016/2017

The Annual Immunisation Report 2016/2017 was circulated to the Committee in advance of the meeting. The report can be accessed by [clicking on this link](#).

Dr Ahmed presented highlights from the report, in particular the uptake of vaccinations and the Vaccine Transformation Programme in NHSGGC. In summary he showed:

- High childhood immunisation rates contributing to addressing health inequalities as minimal difference by deocat
- Lower rates for adults with significant variation by GP practice
- Vaccination Transformation Programme (VTP) will shift delivery of all immunisations away from GPs
- Delivery will be by HSCPs with planning and coordination by Public Health
- Important that maintain high rates in childhood and school and improve rates for adults
- Opportunity to provide more flexibility to times and locations to improve uptake
- No removal of resource from GP but new VTP funds as part of new primary care funding
- Important that changes do not impact on positive patient experience

Ms Manion reminded the committee that delivery will be managed by HSCPs and the VTP should be part of their Primary Care Improvement Plans which have to be completed by 1 July with 3 year implementation plans

Ms Brown asked for reassurance that uptake and patient experience would not be affected by these changes. The committee should oversee the changes to ensure this is the case.

Dr Moultrie advised that adult vaccinations can be opportunistic and are often done when the patient is presenting at a GP surgery for another reason. The new arrangements will have to ensure uptake does not reduce if this is no longer the case.

ACTION BY

Mr Williams reminded the group of the contractual issues and the consistency across the country and regional working arrangements.

The Chair thanked Dr Ahmed and Ms Reid.

5. Annual Public Health Screening Report

The Annual Public Health Screening Report 2016/2017 was circulated to the Committee in advance of the meeting. The report can be accessed by [clicking on this link](#).

Ms Jarvie, provided highlights from the Report on Adult Screening Programmes.

Ms Brown welcomed the report and asked if the new breast screening IT system would provide improved performance information including interval cancers. Dr de Caestecker said she hoped that would be the case and will report back.

H Jarvie

Within Cervical Screening, Table 8.12, Ms Brown asked for clarification of the wording about the 7 year audit. Is there a correlation between Table 8.12, audit and 35 deaths? Dr Emilia Crighton advised that there is no correlation between cervical cancer deaths and the smear history (Table 8.12).

Dr Moultrie discussed cervical screening in sexual health services. She further stated that the new GMS contract would have an impact on screening uptake and that the Sandyford Sexual Review should be included as both a challenge and a risk.

Ms Rehman presented highlights of the report on Pregnancy and Newborn Screening Programmes.

Dr Lyons felt that neither of the screening reports adequately reflected the actions required to tackle the inequalities in uptake.

The Chair thanked Ms Jarvie and Mrs Rehman for their presentations.

ACTION BY

6. Draft Public Health Strategy

Dr de Caestecker provided an overview of the draft Public Health Strategy. She also spoke about the National Public Health Reform programme and the three work streams of the Public Health Review: setting national priorities; a new public health agency with a new and stronger lead for public health in Scotland; looking at the wider Public Health system. Dr de Caestecker informed the Committee that she would keep them up-to-date with the emerging situation.

**Dr L de
Caestecker**

Committee members welcomed the draft strategy and thanked those involved in producing the document. Dr Tannahill said that it also reflected the work of the Glasgow Centre of Population Health. It was acknowledged that the Strategy would not cover everything that people would wish.

Dr Lyons stated that whilst one of the core programmes within the strategy was to apply a life course approach to maximise opportunities for health and wellbeing at all life stages, there was little mention of adults and older people and that the strategy seemed to be more focussed on children. They would like to see more mentioned on the health of the ageing population. Dr Lyons noted that there was no mention of Dementia and the impact this major public health challenge will have on health services.

It is often perceived that older people are a burden on health services. However many older people are living longer in a healthy way and that services do not see them until the end stages of their lives and this would be good to highlight in the document.

Dr de Caestecker said that the strategy focussed on young people in order to promote a healthy lifestyle which would ensure a healthier life in older age.

Ms Brown would like to add key principles and values to the strategy. She would also like to see more on poverty at all levels of life. Action 2 (page 10) mentioned disability benefits and Ms Brown would like to see this action reflect that we should work to maximise access to all benefits and not just disability benefits.

The Committee was asked if they felt that the Strategy was targeting the correct audience and if the population would understand their role in improving their own health?

Dr de Caestecker asked if there should be a version of the strategy for members of the public and the committee agreed that this would be the way forward.

ACTION BY

Mr Cowan asked if additional resources are required to deliver the ambitions of the strategy. Ms Grant said that the Board will not be able to approve a strategy if there are no details of the resources required. She said that the strategy was good, covered many activities and advised that the strategy needs to link to the Board's objectives and be aligned to the Integrated Joint Board's (IJBs) plans.

Mr Cowan said that there may be other outcomes as well as improving life expectancy. Ms Grant asked how the Board would know that outcomes had been delivered. How would action/outcomes be monitored?

Councillor Hunter said that the strategy was similar to the one her colleagues were trying to achieve in Glasgow. She would share the strategy with them as they would be contributing to the implementation of the Public Health Strategy

**Councillor
Hunter**

The next step will be consultation with stakeholders. Ms Brown felt that consultation for small groups with key questions would be helpful. Ms Grant advised the need to involve patients, communities and service users. She suggested using the same system being used by 'Moving Forward Together'.

Dr de Caestecker said that the discussions and comments had been very helpful and that comments would be taken on board. The next version of the strategy will be sent out by email before the next Committee meeting.

**Dr L de
Caestecker**

The Chair thanked everyone for their contributions to the discussion.

7. Date and Time of Next Meeting

Wednesday, 18th April 2018 in the Boardroom, J.B. Russell House.