

PH(M) 18/02
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 18th April 2018 at 2pm**

PRESENT

Mr J Matthews (Chair)

Mr A Cowan	Dr L de Caestecker
Prof C Tannahill	Mr D Williams
Mr G McLaughlin	Ms A Baxendale
Ms M Brown	Dr M Byrne
Dr S Scott	Councillor M Hunter
Ms J Donnelly	Dr E Crighton

IN ATTENDANCE

Dr I Kennedy	Consultant in Public Health
Mr G Forrester	Deputy Head of Board Administration
Ms J Erdman	Head of Equality and Human Rights

ACTION BY

1. WELCOME AND APOLOGIES

The Chair welcomed everyone and in particular Dr Bryne, attending on behalf of Dr Moultrie, Dr Kennedy, Ms Erdman and Mr Forrester.

Apologies for absence were intimated on behalf of Ms S Manion and Dr D Lyons.

2. DECLARATION OF INTEREST

There were no Declarations of Interest

ACTION BY

3. MINUTES

The Minutes from the previous meeting on the 31st January 2018 were accepted subject to the following amendment from Dr Moultrie.

Item 5: Annual Public Health Screening Report

Dr Moultrie discussed cervical screening in sexual health services. She further suggested that the new GMS contract could have an impact on screening uptake and that changes to service provision resulting from the Sandyford Review should be included as both a challenge and a risk.

4. COMMITTEE'S TERMS OF REFERENCE (TOR)

Mr Graeme Forrester, Deputy Head of Administration, attended this meeting as part of the annual review of corporate governance. He explained that each of the Board's standing committees is asked to consider its current remit and any beneficial changes.

As Mr Forrester was attending this meeting, the Chair had asked Committee Members to come prepared to discuss the Public Health Committee's current terms of reference which had been established at the beginning of the Committee and might now need review.

Section 2: Membership

Section 2.1

Several committee members mentioned that the Director of Public Health (DPH) was mentioned in both the membership section and the next paragraph. This was a mistake and should read that the DPH is a member and the sentence in the paragraph below should read, 'the membership will also be supported by the Public Health Directorate and Executive Directors'.

Mr Cowan intimated that whilst there was a representative for GPs at the meetings, this was not reflected in the membership. He proposed that the GP representative was added to the list of members.

This was accepted by the Group and it was agreed that the TOR would be updated by Dr de Caestecker to reflect this decision.

Dr de
Caestecker

Ms Brown proposed that there is representation from the Acute sector on the Committee.

It was agreed that a director from Acute sector should be invited to join the Committee. Dr de Caestecker said that she would take this forward.

Dr de
Caestecker

ACTION BY

Section 3: Arrangements for the Conduct of Business

Numbers do not run consecutively after 3.7. This will be updated.

Section 5: Key duties of the Public Health Committee

Professor Tannahill raised some issues in this section that she felt would be helpful to clarify.

Bullet point 5: To review the development of the Board's Public Health Directorate's Annual work plan. Should this read that the role of the committee is to approve plans rather than review development of these?

Bullet point 7: Requires clarification as it is not the Committee's role to oversee where the funding is allocated to public health activities. It can however look at whether there are the resources to deliver plans.

Decision Making

Mr Williams advised that there was no mention in the TOR if the committee had delegated decision making authority on behalf of the Board.

Dr de Caestecker suggested that the Committee is responsible for scrutiny and governance to approve annual reports, e.g. the Vaccination Annual Report and for the Joint Health Protection Plan (JHPP) to be taken forward. However the Board should receive major Public Health documents for its approval.

Mr McLaughlin suggested that the Committee should ask the Board for delegated authority to monitor and progress but that the whole Board must take responsibility to be a public health organisation.

It was agreed to ask the Board for delegated authority to monitor and progress Public Health Reports and Plans and the Chair will take this forward.

Mr Matthews
/ Dr de
Caestecker

Next Steps

Mr Forrester advised that for any general administration changes, the Committee can take these forward. However if any other changes are required to the TOR, e.g. request for authority to make decisions, then the Board needs to approve these.

Dr de Caestecker will address the changes within the TOR.

Dr de
Caestecker

5. Joint Health Protection Plan (JHPP)

Dr Iain Kennedy, Consultant Public Health Medicine presented the Joint Health Protection Plan (JHPP) to the Committee. He also provided background information on the work of the Public Health Protection Team and the JHPP which is produced by the Health Board and is signed off along with partners in the Local Authorities.

Dr Kennedy was thanked for providing insight into this area and activity.

Ms Brown asked if it was possible to have a standard comparison of information as she had noticed that the same information was not provided for each HSCP. She also mentioned that there were gaps in assorted plans and who would ensure progress on this?

Dr Kennedy advised that the content reflects Local Authority responsibilities not HSCP and agreed that it would be good to have this information. He explained that if plans exist elsewhere, the Local Authority does not have to repeat the information in the JHPP. He said that he would relay this comment to the group.

Mr Matthews asked how many people in the public health directorate were part of the Health Protection Team. He was advised that there are 3.1WTE Public Health Consultants; 3WTE Health Protection Nurses; Programme Managers and Support staff. Dr de Caestecker advised that about the 3rd of the directorate were involved and that health protection was a high risk area for NHSGCC.

Discussion took place on the priorities of this plan. Dr Kennedy informed the group that the Public Health Oversight Board had prepared an updated list of priority areas in consultation with Public Health Consultants, so there were some specific public health priorities on the list. He acknowledged that there are some issues beyond the list. Mr McLaughlin felt that this was an important opportunity for the health protection community and to engage local government and community to strengthen these. Dr Kennedy advised that COSLA and Environmental Health are partners.

Mr Williams highlighted that the JHPP would have the same issue as Agenda Item 4, Terms of Reference in that is it a statutory document and does the Public Health Committee have delegated authority to approve the plans? He also asked about sign off by each local authority.

Dr Kennedy advised that within each local authority, approval varies. It is then signed off by each Head of Environmental Services. Mr Williams said that this was a good example of the Health Board and councils working better together.

ACTION BY

Dr de Caestecker asked Mr Forrester if it is the remit of the Public Health Committee to sign-off the JHPP on behalf of NHSGGC? Mr Forrester advised that he would like to look at this in more detail. He felt that as the Public Health Committee is the Health Board's group advising on public health issues, then if the committee was to record the contents of the document, it would go forward to the Board saying that committee had approved.

Mr Forrester

Mr Matthews suggested that there should be a caveat that if the Local Authorities do not sign the JHPP, then the Plan would return to the Committee for further action. All agreed with this process.

6. Meeting the Requirements of Equality Legislation: A Fairer NHSGGC Progress Report 2017-2018

Ms Erdman presented the Meeting the Requirements of Equality Legislation: A Fairer NHSGGC Progress Report which reflected the progress and showcased work carried out in 2017-2018. [Click on this link](#) for a copy of the full report.

Discussion took place on communication support and Ms Brown asked how this would be widened to include other systems, e.g. Makaton and Learning Disabilities. Ms Erdman replied that other forms of communication are available and she will consider where there could be improvements within learning disabilities.

Mr Cowan said that Tip Cards are good and are simple to use. He is heartened that Glasgow are using these and asked Mr Williams if he could take these to the Chief Officers' meeting to find out if other HSCPs could use them. Mr Williams agreed to do this.

Mr Williams

Dr de Caestecker advised that there is a move towards an interpreting service being delivered by telephone within GP Practices. Dr Byrne advised that as appointments are time limited, there may be a need for a double appointment to accommodate the best use of this service. Another option being looked at is interpreting via video which Dr Byrne supported

Discussions also took place on the implications of the activity on the transition of young people into adult services. Ms Erdman advised that this was primarily in relation to acute services building on models developed in the Diabetic Service. A group are looking at pathways for young people with Cerebral Palsy and links have been made with community services.

Dr. Tannahill advised that there are significant population changes in GGC such as the growing Black and Minority Ethnic Population and asked how this would be taken into account in planning services.

ACTION BY

Ms Erdman agreed that these changes would affect service planning and research carried out by Public Health gives us more detailed information on the needs of our changing population.

Mr Matthews updated the Board on all papers submitted to the Public Health Committee. He further advised that if Ms Erdman and Dr Kennedy provided him with some bullet points, he would update the Board at its June meeting. Copies of the reports should also be available for Board Members.

Ms Erdman /
Dr Kennedy

7. Draft Public Health Strategy

Dr de Caestecker presented the draft version of the Public Health Strategy to the Public Health Committee. This version included comments received from the pre-consultation exercise.

The Committee thanked the team who had carried out the work on this version.

Discussion took place and all comments have been included in a report of all responses received from the latest consultation and will be used to inform the next version of the strategy.

It was agreed that Professor Tannahill and Dr de Caestecker will prepare relevant indicators for Healthy Life Expectancy that will allow for consistency and comparison between NHSGGC and Scotland's indicators.

Prof Tannahill
/Dr de
Caestecker

8. Date and Time of Next Meeting

The Chair thanked everyone for attending and advised that the next meeting is Wednesday, 25th July 2018 at 2pm in the Boardroom, J.B. Russell House, Gartnavel Royal Hospital.