

## NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the  
Public Health Committee  
held on Friday 27<sup>th</sup> November 2020, at 2.30pm  
via MS Teams**

**PRESENT**

Mr John Matthews OBE (in the Chair)

Prof Linda de Caestecker	Cllr Mhairi Hunter
Ms Anne Marie Monaghan	Cllr Iain Nicolson
Mr Ian Ritchie	Mr Francis Shennan
Ms Flavia Tudoreanu	

**IN ATTENDANCE**

Dr Syed Ahmed	..	Clinical Director/Consultant in Public Health Medicine
Ms Anna Baxendale	..	Head of Health Improvement, Public Health
Mr Neil Ferguson	..	Head of Planning, Acute Services
Mr Graeme Forrester	..	Deputy Head of Corporate Governance and Administration
Mrs Geraldine Mathew	..	Secretariat Manager (Minutes)
Ms Susanne Millar	..	Interim Chief Officer, Glasgow City HSCP
Ms Fiona Moss	..	Head of Health Improvement and Inequality, Glasgow City HSCP
Mr Peter Seaman	..	Associate Director, Glasgow Centre for Population Health

		<b>ACTION BY</b>
<b>20.</b>	<b>WELCOME AND APOLOGIES</b>	
	<p>The Chair welcomed those present to an additional meeting of the Public Health Committee, convened to provide members with an overview of the current position in respect of public health matters, specifically, the response to the COVID-19 pandemic.</p> <p>Mr Matthews welcomed Cllr Iain Nicolson, who had recently been appointed as a Non-Executive Board member of the Committee.</p> <p><b><u>NOTED</u></b></p>	
<b>21.</b>	<b>DECLARATIONS OF INTEREST</b>	
	<p>The Chair invited members to declare any interests in any of the topics being discussed. No declarations were made.</p> <p><b><u>NOTED</u></b></p>	

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22.	<b>COVID-19 UPDATE</b>	
	<p>The Committee considered the paper ‘COVID-19 Vaccination’ [Paper No. 20/12] presented by the Director of Public Health, Prof Linda de Caestecker. The paper provided an overview of the emerging planning for mobilisation of the COVID-19 vaccination.</p> <p>Dr Syed Ahmed, Clinical Director and Consultant in Public Health Medicine, provided a presentation with a detailed overview of the two COVID-19 vaccines likely to become available in December 2020, those being the Courageous (Pfizer) vaccine and the Talent (Oxford/AZ) vaccine. Dr Ahmed provided an overview of the priority groups and noted that the priority list was still being finalised, pending phase 3 clinical trial data.</p> <p>The Chair thanked Dr Ahmed for the presentation and invited comments and questions from members.</p> <p>In response to a question regarding the timescales anticipated, Dr Ahmed confirmed that submissions would be made to the Joint Committee on Vaccination and Immunisation (JCVI) and the Medicines and Healthcare Products Regulatory Agency (MHRA) for approval, and it was anticipated that the Courageous vaccine would be available in December 2020.</p> <p>A question was raised regarding the priority groups and eligibility of staff groups. Dr Ahmed assured members that those in the highest risk categories would be vaccinated in phase 1, with mass vaccination clinics planned shortly thereafter.</p> <p>In response to a question regarding contraindications associated with the vaccines, Dr Ahmed noted that most contraindications occur with live vaccinations, however both the Courageous vaccine and the Talent vaccine were not live vaccines. He noted that both vaccines currently to be licensed for adults aged over 18 years, excluding pregnant women.</p> <p>A question was raised regarding the interchangeability of the vaccines. Dr Ahmed advised that it was anticipated that if patients were vaccinated using one vaccine, the same vaccine would be used for the second dose.</p> <p>In response to a question regarding the estimated period of immunity, Dr Ahmed advised that the level of antibodies produced by administration of the vaccine was higher than that of the antibodies produced with infection. He estimated that immunity would range from 6 months to 1 year.</p> <p>In summary, the Committee were content to note the emerging planning for mobilisation of the COVID-19 vaccination, and noted that two COVID-19 vaccines would be made available to Health Boards in December 2020. The Committee noted the logistical requirements of the vaccines; the priority groups for phase 1; the establishment of a Programme Board to lead the programme; and that this continued to be a rapidly developing programme which was evolving on a day to day basis.</p> <p><b><u>NOTED</u></b></p>	

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<b>23.</b>	<b>FLU VACCINATION UPDATE</b>		
<b>a)</b>	<b>STAFF FLU VACCINATION UPDATE</b>		
	<p>The Committee considered the paper ‘Staff Flu Immunisation’ [Paper No. 20/13] presented by Prof Linda de Caestecker, Director of Public Health. The paper provided an overview of the plans in place to offer staff immunisation for seasonal flu.</p> <p>Ms Anne Harkness, Director, provided an overview of the current performance to meet and exceed indicative targets for staff flu immunisation. She noted that, to date, 43% of the workforce had received the seasonal flu vaccination, and a further 17% of the workforce had registered to receive the vaccination. Work continued to actively promote flu vaccination to staff, and both peer immunisation and Occupational Health clinics were being delivered to maximise uptake.</p> <p>The Chair thanked Prof de Caestecker and Ms Harkness for the update, and invited comments and questions from members.</p> <p>In response to a question regarding information from the southern hemisphere flu season; whether information was collected from the northern hemisphere in the same way; and how this information was used to develop the seasonal flu vaccination, Dr Ahmed advised that there were approximately 10 laboratories globally that collected specimens to build a picture of the most prevalent viruses circulating and inform the development of the seasonal flu vaccination.</p> <p>A question was raised regarding the impact of current COVID-19 practices such as the use of face masks, social distancing and hand hygiene, on the prevalence of seasonal flu and if these measures would be considered for future flu seasons. Dr Ahmed advised that hand hygiene was good practice, however further consideration would need to be given to adopting other measures such as social distancing and face masks for future flu seasons.</p> <p>In response to a question regarding the impact of seasonal flu this year and the projected impact of flu, Dr Ahmed advised that the flu season usually commences at the beginning of December, and lasts approximately 10 weeks, therefore, a clear picture of the likely impact of this flu season would be available by January.</p> <p>A question was raised regarding the storage temperature requirements for the Courageous vaccination. Ms Harkness confirmed that ultra-low temperature (ULT) freezers had been acquired on a national basis, with two storage freezers located at NHS Louisa Jordan.</p> <p>In response to a question regarding the education of staff and members of the public regarding the COVID-19 vaccinations and assurances regarding the safety of these, Dr Ahmed advised that the JCVI and the MHRA would receive the clinical trial information this week and work was underway to prepare information for the public. A national campaign was planned in respect of this and development of education and training materials was underway within NES and Public Health Scotland.</p> <p>In summary, the Committee were content to note the plans in place to offer staff immunisation for seasonal flu and were assured of progress to date.</p>		

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	<b><u>NOTED</u></b>	
<b>b)</b>	<b>EXTENDED SEASONAL FLU VACCINATION UPDATE</b>	
	<p>The Committee considered the paper ‘Extended Seasonal Flu Vaccine 2020/21’ [Paper No. 20/14] presented by the Director of Public Health, Prof Linda de Caestecker. The paper provided an overview of progress delivered to date in respect of this year’s extended seasonal flu immunisation programme.</p> <p>Ms Anne Harkness, Director, provided an overview of the work underway and the challenges associated with the scheduling of immunisations. She highlighted the current progress in respect of the individual patient cohorts, including the immunisation of pre-school age children; primary school age children; young carers; those under 65 years of age and at higher risk; pregnant women; and residents of care homes.</p> <p>The Chair thanked Ms Harkness for the update and invited comments and questions from members.</p> <p>In response to a question regarding the cause of the reported issues regarding the extended seasonal flu vaccination programme; Ms Harkness advised that the reported issues were due to the method of defining eligibility and the production of letters using national software in age order. She assured members that this issue had been rectified and that eligible patients would be vaccinated prior to the commencement of the flu season.</p> <p>A question was raised regarding the increased uptake of the seasonal flu vaccination, and the reasons for this. Ms Harkness advised that, due to COVID-19, delivery methods for this year’s seasonal flu vaccination had been changed, however, it was currently not possible to ascertain the reason for the increased uptake of the vaccination. Ms Harkness advised that feedback would be obtained to ascertain if this was due to increased awareness or the change in delivery methods.</p> <p>In summary, the Committee were content to note the progress delivered to date in respect of this year’s seasonal flu immunisation programme, and wished to note thanks on behalf of the Committee to Prof de Caestecker, Ms Harkness, Mr Ferguson, and all staff and teams involved in delivery of this crucial programme of work.</p> <p><b><u>NOTED</u></b></p>	
<b>24.</b>	<b>TEST AND PROTECT SERVICE UPDATE</b>	
	<p>The Committee considered the paper ‘Test and Protect Service’ [Paper No. 20/15] presented by Prof Linda de Caestecker. The paper provided an update on the Test and Protect Tracing Service provided by the Board.</p> <p>Ms Anne Harkness, Director, provided an overview of the service, which was resourced by a number of Public Health and Health Improvement team staff. She noted the increase in the volume of demand on the service, the recent recruitment of staff and the development of a training programme for newly recruited staff. She highlighted the performance targets associated with initial</p>	

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	<p>contact with COVID-19 positive individuals, and subsequent contact with individuals they have been in contact with. She highlighted that the number of cases reported this week was 350, which represented a reduction on the previous week, and indicated that current restrictions were reducing the number of infections. Ms Harkness highlighted that the service linked closely with national services and with Local Authority colleagues in respect of the impact of self-isolation and ensuring financial wellbeing of individuals.</p> <p>The Chair thanked Prof de Caestecker, and Ms Harkness for the update and invited comments and questions from members.</p> <p>In response to a question regarding the number of staff required to resource the service, Ms Harkness advised that a significant number of staff required to resource the service were reassigned staff from other areas such as Public Health and Health Improvement. Furthermore, there was a positive response to the recent recruitment with over 360 applications received from a wide range of individuals. Ms Moss added that there were a range of different roles within the service including team leader roles, and contact tracers. She highlighted the achievements of the Public Health and Health Improvement Teams working together to provide this service, and thanked all colleagues, both internal and external, who have been instrumental in all aspects of delivery of the service.</p> <p>In summary, the Committee were content to note the update provided on the Test and Protect Service; were assured of the work underway in respect of the expanded role of contact tracing; and commended all staff and partners across NHSGGC for their role in delivery of the Test and Protect Service.</p> <p><b><u>NOTED</u></b></p>	
25.	<b>AOCB</b>	
	There was no other business noted.	
	<b><u>NOTED</u></b>	
26.	<b>CLOSING REMARKS AND KEY MESSAGES FOR THE BOARD</b>	
	<p>The Chair summarised the key messages for the Board including:</p> <ol style="list-style-type: none"> <li>1. The Committee received an update on current position in respect of the COVID-19 vaccines, and noted that both the Courageous (Pfizer) vaccine and the Talent (Oxford/AZ) vaccine were currently being reviewed by the JCVI and the MHRA, and it was anticipated that the Courageous vaccine would soon be available. The Committee were assured by the information provided in respect of the emerging plans for delivery of COVID-19 immunisations.</li> <li>2. The Committee received an update on progress of the staff flu immunisation programme, and were assured by the reported increase in uptake of the flu vaccination. The Committee noted that further work would be undertaken to evaluate the staff vaccination programme and to ascertain the reasons for increased uptake.</li> <li>3. The Committee received an update on the Extended Seasonal Flu Immunisation Programme and were assured by the information provided that earlier issues had been resolved.</li> </ol>	

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	<p>4. The Committee received an update on the Test and Protect Service and were assured of the work underway in respect of the expanded role of contact tracing; and commended all staff and partners across NHSGGC for their role in delivery of the Test and Protect Service.</p> <p><b><u>NOTED</u></b></p>	
<p><b>27.</b></p>	<p><b>DATE OF NEXT MEETING</b></p>	
	<p>Tuesday 20<sup>th</sup> January 2021, 2pm, MS Teams.</p>	