



THIRD SECTOR DUMFRIES AND GALLOWAY

REPORT OF MEETINGS

NHS Public Health Committee in Dumfries and Galloway

15th August 2022

THIRD SECTOR DUMFRIES AND GALLOWAY SUMMARY

PLEASE NOTE: THIS IS A PERSONAL RECORD BY THE CHIEF EXECUTIVE OF TSDG, NORMA AUSTIN HART. IT IS BASED ON MY OWN OBSERVATIONS. IT IS NOT A FORMAL MINUTE OF THE MEETING.

1. The board heard a report from the director of Public Health Valerie White which set out actions to address health inequalities. The report proposes to bring together three strands: the health inequalities audit; the health inequalities strategy partnership; public sector equality duty responsibilities under a single steering group. This group is entirely made up of NHS staff. I offered to make our contacts in the third sector available if we were brought in sooner rather than later.
2. The serious state of oral health especially for children was recognised by the PHC
3. Re water suppliers, around 5000 homes in D&G have private water suppliers and these are experiencing water shortage in the hot summer. Scottish Water is meeting the gap. This is important in maintaining safe water for swimming and consumption.
4. In this rural area we have quite a high level of E-Coli which is currently on the increase which is linked to a wider UK cluster for this and salmonella.
5. There was a paper about mental health and well-being and how we address the growing issues post-Covid. It is relatively easy to measure outputs and outcomes when people are within the system but once they leave it is much harder. 'This can be done by trusting partners we may not have worked with before. This requires courage. But we still need to know how to measure what would have happened that didn't because of our intervention.'
6. Kate Gibbons asked everyone to pause during the meeting and think about how the prospect of giving up control feels and to acknowledge that it may be part of the problem. This was acknowledged by the director of PH.
7. This paper provides many opportunities for the TS and I suggested that there were several ways in which we could support the recommendations in the report: bringing our work with people with lived experience in the CMH&WBF back to the PHC; the role of Home Teams in the locality hubs; and the use of the DGLocator in TS services with early intervention.
8. Kate Gibbons talked positively about her work with the TSDG H&SCF and the work with carers and with UWS on same subject.
9. Kate also mentioned her work with TSDG and PHS to measure the impact of CMH&WBF as useful for informing this work
10. The PHC agreed to have future updates on this work and these will be added into the PHC agenda matrix.
11. The challenges of the increasing alcohol and drug death rates in D&G was recognised as was the work of the Alcohol and Drug Partnership. These are probably exacerbated by poverty and threats posed by the increasing cost of living. The emotional impact of this on staff was also

mentioned. This is a long-term challenge and needs to be addressed multi-agency groups and the Poverty and Inequalities Partnership

12. There was also a report on the annual report on pregnancy and new-born screening for 2021/22. The IT issues relating to recording data are created at national level and these have to be made up by local staff. It will take some time for these to be resolved.
13. There was a report from DGC on the mid-term review of the Local Outcome Improvement Plan (LOIP). There is likely to be a greater emphasis on the Poverty and Inequalities work and place planning. The important role of the locality hubs was recognised. Food sharing work will also feature in the review. A final position is planned for November.
14. This item also discussed the gap between the development of the ten-year Regional Economic Strategy and the H&SCP strategic approach to health and well-being. I argued for closer working between NHS colleagues and the reviews and development of the RES over the next nine years.
15. Valerie White did point out that work is underway to appoint an NHS representative to the Regional Economic Partnership. This should help to facilitate joint working.
16. It will be illegal to smoke on NHS grounds from 5 September. This will be a sensitive area to police.

