



THIRD SECTOR DUMFRIES AND GALLOWAY

REPORT OF MEETINGS

NHS Public Health Committee in Dumfries and Galloway

7th February 2022

THIRD SECTOR DUMFRIES AND GALLOWAY SUMMARY

KEY POINTS

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 Child Poverty Action report was approved following a discussion about the contribution of the partners in the health and social care partnership to child poverty.
2. The committee heard an update on Covid 19. While cases are higher than at any time in the pandemic, Covid related admissions to hospital are at their lowest at one per day. These are often diagnosed in young people who are in hospital for routine operations or treatment such as childbirth.
3. The discussion within the committee was about the recommended change in NHS strategic approach towards a more focussed individual approach.
4. In terms of long-Covid there are about 2500 cases in D&G. Of these about 1000 are experiencing a significant impact which affects their day-to-day life. These seem to be more common in deprived areas, in social care and education staff, both of which are under pressure already.
5. There is a multi-professional group looking at an integrated approach.
6. Vaccination levels of over 18s in D&G of three jags are at 87.8% compared to Scottish average of 74%.
7. The vulnerable and elderly are at 98% levels of three vaccinations.
8. There is a slightly lower level of uptake of vaccination in known deprived areas.
9. Various changes have been made to the availability and location of test centres and vaccination clinics to make them more accessible to, for example, the traveller community, alcohol and drug organisations and other charities working with vulnerable or at-risk groups
10. The resumption of the standard vaccination programmes will mean that the backlog will be caught up by 30 June.
11. There was discussion about the level of penetration of NHS messages in those areas of higher Covid incidence. A member of the committee pointed out the absence of Covid information about testing and vaccination in the local Upper Nithsdale papers. I offered the locality hubs as a vehicle for tailored responses to local communities. I agreed to raise this with Rod Edgar and our own staff.

12. I also asked about the participation of the third sector in the multi professional group looking at focussed approach to Long Covid. There is none at the moment though it is being considered. Again, I suggested that the locality hubs might be a useful channel for local response.
13. There was a presentation about the progress of the Alcohol and Drug Partnership by the new independent chair Penny Halliday.
14. The new chair has started by addressing the role and responsibilities of the board collectively and individually and reviewing how often it meets from quarterly to bi-monthly.
15. A needs assessment will lead to a strategic plan underpinned by a 'whole family' approach.
16. D&G and Scottish drug death rate has increased three-fold over 20 years.
17. The A&DP service in D&G is moving towards making services available and accessible in local communities where there is most concern. There is also an effort to move towards a new drug treatment which will replace methadone and will hopefully provide a safer alternative.
18. Additional resource will be needed to meet national standards. This will be negotiated with Scottish Government.
19. The committee heard from the director of Public Health that an internal audit had been conducted on the impact of services on health inequalities. Recommendations on how to connect this work within the NHS and with partners will be brought to the committee in August.
20. DGC commented that the report missed some health inequalities actions in the CPPB; for example, the role of the TSDG Tackling Poverty forum the contribution of those with lived experience, a tool kit for organisations.
21. There was an update on all screening programmes which are now planning how to catch up after the impact of Covid.
22. The Joint Health Protection Plan and assessment of public health risks were noted by the committee. A small working group is to be set up to address these.
23. There was an update on the impact of a recent restructuring in Public Health in particular, on programmes covering CoSync and delayed discharge. The contribution of TSDG and third sector organisations was noted by the committee. An update will be given in at the May meeting of the committee.

