

NHS Greater Glasgow and Clyde	Paper No. 24/61
Meeting:	NHSGGC Board Meeting
Meeting Date:	25 June 2024
Title:	Public Health Strategy 2018-2028: Turning the Tide through Prevention Update
Sponsoring Director:	Ian Ritchie, Vice Chair Dr Emilia Crighton, Director of Public Health
Report Author:	Anna Baxendale, Head of Health Improvement Neil Irwin, Service Lead Public Health

1. Purpose

The purpose of the attached paper is to:

Provide a summary of the discussions from the board seminar held on 26 March 2024 and propose next steps and actions for board members to take forward.

2. Executive Summary

The paper can be summarised as follows:

The board seminar held on 26 March 2024 gave dedicated time for board members to discuss the population health challenges illustrated by the Director of Public Health (DPH) Report: Working Together to Stem the Tide and explore the role of the board and board members in addressing these challenges across Greater Glasgow and Clyde.

A summary of the initial considerations is included and aligned into 3 main themes: Internal ways of working, external ways of working and opportunities for development.

Recommendations for Action are given and aligned under 2 main areas: Understanding the evidence and current position of population health in the Greater Glasgow and Clyde area and the role of board members in Influencing and advocacy

3. Recommendations

The NHSGGC Board is asked to consider the following recommendations:

The Board are asked to reflect on the themes from the session and consider the areas of action outlined within the paper.

4. Response Required

This paper is presented for **approval**

5. Impact Assessment

The impact of this paper on NHSGGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows:

• Better Health	<u>Positive</u> impact
• Better Care	<u>Positive</u> impact
• Better Value	<u>Positive</u> impact
• Better Workplace	<u>Positive</u> impact
• Equality & Diversity	<u>Positive</u> impact
• Environment	<u>Positive</u> impact

6. Engagement & Communications

The issues addressed in this paper were subject to the following engagement and communications activity:

The paper summarises discussions from the board seminar held at the Teaching and Learning Centre on 26 March 2024. Board members engaged with colleagues and various partner agencies (Public Health Directorate, Public Health Scotland, Glasgow University, Police Scotland, HSCP Partners, Local Authority Partners and 3rd Sector).

7. Governance Route

The contents of this paper have been previously considered by the following groups as part of its development:

NHSGGC Board Seminar

8. Date Prepared & Issued

Prepared on 14 April 2024
Issued on 18 April 2024

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1. Introduction

The Public Health and Prevention Board seminar (held on 26 March 2024) acted as vehicle to discuss the population health challenges illustrated by the Director of Public Health Report: Working Together to Stem the Tide and explored the role of the board and board members in addressing these challenges across Greater Glasgow and Clyde. This paper provides a summary of the discussions and proposed next steps.

2. Background

Using 'Open Space Technology', the day allowed Board members and colleagues (Public Health Directorate, Public Health Scotland, Glasgow University, Police Scotland, HSCP partners, Local Authority Partners and 3rd Sector) to identify and discuss their own areas of interest related to population health and wellbeing. Participants were provided with background reading prior to the event and scene setting presentations from Ian Ritchie (Vice Chair) Paul Johnston (PHS Chief Executive Officer) and Dr Emilia Crighton (Director of Public Health).

Board Members were then invited to formulate questions and topics for discussion throughout the remainder of the day. The thematic discussions included:

- The role and responsibility of the board in improving population health
- Health board influencing upstream working across the public sector
- Understanding of Health Inequality and Equity
- How reflective the board is of the communities we serve

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- Driving innovation and evaluation
- New ways of working to encourage collaboration
- Better engaging with communities
- Harnessing local communities as stakeholders in their own health
- Adapting the NHS model to address increasing health care needs
- Doing less better
- Maximising support for staff
- Influencing wider determinants of health (e.g. housing)
- Better influencing health behaviours
- Balancing personal responsibility vs collective responsibility
- Focusing on children and encouraging parents to get on board with healthy eating from early years
- Influencing Addiction
- Effectiveness of current model mental health service model generally (actions to improve Mental Health in 18-24 year olds specifically)

3. Assessment

3.1 Feedback from the discussions

Broad feedback from the discussions was recorded and has been thematically analysed. Whilst they were aligned to the following three main themes, consistent actions emerged around communication and relationship building and prioritising mental health and the health of young people.

3.1.1 Internal Ways of Working

- Dedicating time to prevention and population health issues within Board business;
- Mapping Board priorities and aspirations in relation to prevention against a framework for health inequalities such as Marmot;
- Sharing areas of good practice and what works well particularly in deprived communities and communities of interest (particularly around food);
- Identifying specific role opportunities for Board members to support the process of engaging with communities (this included discussions reflecting the diversity of the GGC population);
- Strengthening the use of evidence (particularly prevention) plays in resource allocation and disinvestment.

3.1.2 External Ways of Working

- Adopting a multiagency approach to policy and strategy development (such as mental health strategy) to increase collaboration with partners, particularly for supporting vulnerable individuals and families such as those with addictions; mental health conditions and homelessness);
- Acknowledging the importance of wider socio-economic determinants of health, like housing policy; Local Authority Planning functions; role of education and early years partners in promoting health of children and families;
- Exploring further opportunities for the work of universities to inform decision making and make better use of tools such as Social Return On Investment (ROI) analysis for evaluating prevention activities.

3.1.3 Opportunities for Development

- Further developing existing mental health programmes and resources such as Trauma Informed practice; CBT resources for early intervention and young people; NHS employability programmes; early years programmes and staff health policies/ interventions.
- Developing best practice in 'locality working', learning from examples of good practice such as asset mapping and local needs assessment and working as part of Community Planning Partnerships to influence population health.
- Identifying opportunities for Board members to advocate for whole system multi-agency approaches to complex areas of population health
- Providing support to 'champion' partnerships and social prescribing / networks with partner organisations including Third sector to support mental health and wider wellbeing promotion.

3.2 Reflections from the Vice Chair

As a Health Board, and as Non-Executive members of the Health Board, there is a collective responsibility of **advocacy**, with the opportunity to influence policy change both locally with local authority partners and nationally with the Scottish Government. The role of elected members as non-executive Board members is an underdeveloped asset with potential to support joint working on key issues facing our population and to promote **healthy living**.

Our advocacy role with Scottish Government should support opportunities to influence regulation to create healthier environments for all e.g. minimum unit pricing or reformulation of foodstuffs. Such actions will affect the long-term health across our population regardless of disadvantage.

Recognising that lifestyle factors such as poor diet and low levels of physical activity are contributing to the enormous increase in non-communicable disease but equally recognising there are barriers and circumstances that make healthier lifestyles significantly challenging for many of our population. Our role is also to advocate for policies to remove barriers.

Any influence that we seek to have should be informed by **evidence**. Greater Glasgow and Clyde is well served by several academic institutions and by the Glasgow Centre for Population Health. Engagement and closer working with these institutions would strengthen the evidence base in relation to population health priorities.

Population health is **everyone's business**. Making Every (healthcare) Contact Count builds on the evidence that all healthcare professionals can provide preventative and person-centred interventions at key stages in clinical care. Training healthcare professionals with an increased focus on prevention across all education programmes would support the 'shift to prevention' and ground initiatives such as Waiting Well in routine care.

4. Recommendations for Action

4.1 Understanding the Evidence and Current Position

- 4.1.1 Develop a programme of shadowing opportunities and visits for Non-Executive Board members to expand understanding of population health challenges and build relationships with key partners.
- 4.1.2 Commission a Board briefing paper on Mental Health and Wellbeing to maintain our focus on prevention and early intervention.
- 4.1.3 Convene a workshop to inform Board members on best practice to mitigate the impact of poverty on healthcare utilisation.

4.2 Influencing and advocacy

- 4.2.1 Reinforce links with academic partners to build the evidence base for population health and optimise implementation in policy development and decision making across Greater Glasgow and Clyde.
- 4.2.2 Build opportunities to develop the role of Non-Executive Board members in strengthening our links with communities and place-based work within localities.
- 4.2.3 Undertake public advocacy by getting involved in health and wellbeing initiatives (in year examples include supporting the development of multi-agency local Good Food Nation plans).

5. Conclusions

Capitalising on the enthusiasm and commitment shared at the seminar for improving population health and wellbeing, this paper presents opportunities for Board members to strengthen the focus on prevention within the business of the Board and raise the profile of health and wellbeing across its key partners.

6. Recommendations

The Board are asked to reflect on the themes from the session and consider the area of action outlined above.

7. Implementation / Evaluation

Next steps to be determined in due course