

**NHS GREATER GLASGOW AND CLYDE**

**Minutes of the Meeting of the  
Population Health and Wellbeing Committee  
held on 23 October 2025 at 2.00 pm  
via MS Teams**

**PRESENT**

Mr Charles Vincent (in the Chair)

Ms Libby Cairns	Ms Ketki Miles
Cllr Jacqueline Cameron	Cllr Robert Moran
Dr Emilia Crighton	Ms Dianne Foy
Mr David Gould	Dr Lesley Thomson KC
Cllr Colette McDiarmid	Ms Karen Turner
Mr Jamie Kinloch BEM	

**IN ATTENDANCE**

Ms Anna Baxendale	Head of Health Improvement
Dr Daniel Carter	Consultant in Public Health
Mr John Dawson	Head of Strategy and Transformation, Public Health Scotland
Ms Kim Donald	Corporate Services Manager, Governance
Ms Gillian Duncan	Corporate Executive Business Manager (Minutes)
Mr Neil Irwin	Service Lead, Public Health
Dr Iain Kennedy	Acting Lead Clinician for Health Protection
Ms Maša Mekina	Senior Public Health Information Analyst
Ms Fiona Moss	Head of Health Improvement & Inequality, Glasgow City HSCP
Ms Nicola Munro	PA to Chair
Ms Lesley Nish	Child and Maternal Health Programme Manager
Ms Marion O'Neill	General Manager, Public Health
Mr Derrick Pearce	Chief Officer, East Dunbartonshire HSCP
Ms Elaine Vanhegan	Director of Corporate Services and Governance
Dr Beatrix von Wissmann	Interim Deputy Director of Public Health

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<b>46.</b>	<b>Introductory Remarks, Welcome and Apologies</b>	
	<p>The Committee Chair, Mr Charles Vincent, welcomed those present to the October 2025 meeting of the Population Health and Wellbeing Committee. Apologies for absence were noted on behalf of Professor Jann Gardner.</p> <p>The Chair also welcomed Mr Jamie Kinloch who had recently joined the Board of NHS GGC and was now a member of the Committee.</p> <p>The Chair noted that Ms Maša Mekina, Senior Public Health Information Analyst, was shadowing Ms Anna Baxendale and attending to observe. Ms Lesley Nish, the new Child and Maternal Health Programme Manager, was also attending to observe.</p> <p><b><u>NOTED</u></b></p>	
<b>47.</b>	<b>Declarations(s) of Interest(s)</b>	
	<p>The Chair invited members to declare any interests in any of the matters being discussed. There were no declarations made.</p> <p><b><u>NOTED</u></b></p>	
<b>48.</b>	<b>Minute of Previous Meeting held on 17 June 2025</b>	
	<p>The Board considered the minute of Population Health and Wellbeing Committee held on 17 June 2025 [Paper PHWBC(M)25/03] presented for approval.</p> <p>The Committee were content to accept the minutes of the meeting as a complete and accurate record subject to amending the format of the names noted in Item 35 – Minutes of Previous Meeting.</p> <p><b><u>APPROVED</u></b></p>	
<b>49.</b>	<b>Matters Arising</b>	
	<b>a) Rolling Action List</b>	
	<p>The Committee considered the Rolling Action List [Paper 25/26] presented by Ms Kim Donald, Corporate Services Manager – Governance, for approval.</p>	

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	<p>Ms Donald said that there were 8 actions on the RAL and 2 were ongoing with 6 proposed for closure. The following updates were provided.</p> <p><u>Item 19a - Rolling Action List</u> Ms O'Neill advised that one further practitioner had applied to the Access to Dentistry Scheme. This had been successful and the practice had accepted the terms and conditions. This item could now be closed.</p> <p><u>Item 39 - Joint Health Protection Plan 2025/2027</u> It had previously been agreed to hold a workshop around Community Planning Partnerships and this would now be taken forward as part of the Population Health Framework. This item could now be closed.</p> <p>The Committee were content to approve the Rolling Action List.</p> <p><b><u>APPROVED</u></b></p>	
<b>50.</b>	<b>Urgent Items of Business</b>	
	<p>The Chair invited members to raise any urgent items of business. There were no issues raised.</p> <p><b><u>NOTED</u></b></p>	
<b>51.</b>	<b>Epidemiology Update</b>	
	<p>The Committee considered the Epidemiology Update, which was a presentation by Dr Daniel Carter, Consultant in Public Health Medicine, for awareness. As part of this discussion, the Committee also considered the Update on Drug-Related Deaths and Drug Harms in Greater Glasgow and Clyde [Paper 25/31] presented by Dr Emilia Crighton, Director of Public Health, for assurance.</p> <p>Dr Carter provided an overview of drug use and drug harms in NHS Greater Glasgow and Clyde detailing the status and prevalence, the rates of drug-related deaths and the burden of disease associated with drug use disorders. He also provided an overview of partnership working through the Alcohol and Drugs Partnerships (ADPs) to address drug harms.</p> <p>Dr Carter also provided a presentation outlining the key themes from the update provided in the Update on Drug-Related Deaths and Drug Harms in Greater Glasgow and Clyde. Drug related deaths in Greater Glasgow and Clyde had reduced to 299 in 2024 which was the lowest</p>	

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	<p>level since 2017, however, rates remained higher than Scotland overall. The Thistle Centre, Safer Drug Consumption Facility, had opened in January 2025 and by the end of August 2025 there had been 6,147 uses by 418 individuals. All ten Medication-Assisted Treatment (MAT) Standards had been rated green/blue across all six ADPs. Overall there had been improvements in Blood-Borne Virus (BBV) but there remained some challenges.</p> <p>Dr Crighton provided assurance that there was continuing action on joint health protection planning which had been outlined both in the epidemiology update and the paper. She acknowledged that Glasgow had the highest rate of drug related deaths in the UK and western Europe and there continued to be significant work to ensure national policy enabled measures to be put in place to address the impact both directly and indirectly on health and the considerable partnership effort that was in place to tackle this.</p> <p>In response to a query, Dr Crighton said that it was not intended to replicate the safer consumption model across Greater Glasgow and Clyde as different areas had different challenges and services developed through local ADPs would require to be tailored to their own local needs. She acknowledged that stigma reduction was a significant issue and advised that addiction was a public health issue in Scotland which had helped with the shift in perception.</p> <p>In terms of prevention, it was recognised that individuals had better outcomes if they were accessing and maintaining contact with services.</p> <p>In response to a query about our role in primary prevention, Ms Moss said that poverty work was critical as well as controlling the influx of drugs. There were also particular pockets of work around primary drug prevention, for example, young people in Local Authority care were at a higher risk and there were multiple risk services in Glasgow for young people. Dr Crighton said that there was further understanding of the addictive personality and while deprivation had a role there were other factors, for example, trauma.</p> <p>It was noted that the first priority in the Public Health Framework was about embedding prevention in our systems. Dr Crighton highlighted the balance between what was a priority for the Committee and what were the biggest challenges facing population health.</p> <p>In response to a query about supporting staff who were dealing with challenging patients as well as having the potential to be exposed to bloodborne viruses, Dr Crighton said that there were a number of immunisations that members of staff received and infection control</p>	
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	<p>procedures were in place and crucial in ensuring staff were not exposed to any risk.</p> <p>The Committee were assured by the significant work ongoing and were content to note the update.</p> <p><b>NOTED</b></p>		
<b>52.</b>	<b>Annual Cycle of Business</b>		
	<p>The Committee considered the Annual Cycle of Business (Paper 25/27) presented by Kim Donald, Corporate Services Manager – Governance for approval.</p> <p>Ms Donald said that this was an updated timetable of the items of business that would be considered over the next six months noting that this was a dynamic process and subject to change based on Committee priorities.</p> <p>The Committee were content to approve the Annual Cycle of Business noting that any changes would be advised to the Committee.</p> <p><b>APPROVED</b></p>		
<b>53.</b>	<b>Quarter 1 Public Health Assurance Information Progress Report</b>		
	<p>The Committee considered the Quarter 1 Public Health Assurance Information Progress Report [Paper 25/28] presented by Ms Marion O'Neill, General Manager, Public Health, for assurance.</p> <p>Ms O'Neill said that the report provided the quarterly progress update on the key priorities agreed through the Assurance Information Framework and provided a short overview of the Quarter 1 report. Ms O'Neill said that the workstreams and indicators were reviewed annually to ensure alignment with local and national priorities and set out the changes that had been made. A key change was the removal of the utilisation of the frontline equality assessment tool has that had been completed in 2024/25 and future reporting on inequalities would be through the People Committee. Other changes related to child developmental concerns, reporting on early intervention mental health services and a focus on cancer screening activity. As these had been developed before the publication of the Population Health Framework they were subject to change.</p>		

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	<p>The Committee discussed the financial constraints within the Board and IJBs and it was agreed that the IJB budget changes document would be updated and circulated to Non-Executive Board Members.</p> <p>Ms O'Neill advised that there had been improvements in the number of schools participating in the toothbrushing campaign; the number of Alcohol Brief Interventions delivered remained strong; and the number of people opting into the Type 2 Diabetes programme was increasing. However, the target quit date for smoking was still lower than expected and there was a comprehensive action plan to move this forward; the number of individuals starting Hepatitis C Virus (HCV) treatment was below target; and the percentage of people receiving Opioid Agonist Therapy (OAT) who have had blood-borne virus (BBV) testing in the past 12 months was lower than planned.</p> <p>In response to a query about targeting the percentage of children with one or more developmental concerns, Ms O'Neill said that this measure was in the Board's Assurance Framework to ensure that when children were assessed as having a developmental concern this was being acted upon.</p> <p>It was agreed that the overall changes to the document would not be approved until there had been further consideration of the Population Health Framework. Ms Donald reminded report authors that for governance purposes and to enable tracking against the Scheme of Delegation it was important that the Committee received all necessary information in advance for consideration, prior to discussion and approval.</p> <p>The Committee were assured by the update.</p> <p><b>NOTED</b></p>	Ms O'Neill
<b>54.</b>	<b>Local Child Poverty Action Plan Reports</b>	
	<p>The Committee considered the Local Child Poverty Action Plan Reports [Paper 25/29] presented by Dr Emilia Crighton, Director of Public Health – for approval. The four reports presented were for East Renfrewshire, Glasgow City, Renfrewshire and West Dunbartonshire.</p> <p>Dr Crighton advised that these were statutory annual reports required by the Child Poverty (Scotland) Act 2017 which were co-produced jointly by the NHS and Local Authorities. The reports described measures to address child poverty and the themes across the reports included financial inclusion and income maximisation; economic empowerment and employability; early intervention and prevention; and, the promotion of health and wellbeing, noting the importance of</p>	

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	<p>partnership working. There were two reports in the process of being finalised, East Dunbartonshire and Inverclyde, and these would be presented to a future meeting of the Committee.</p> <p>The Committee agreed that the addition of the overview report enabling comparison across the HSCPs had been a significant improvement. Ms Baxendale said that this was reflective of the engagement that was now in place both locally and with the national teams.</p> <p>In response to a query on the methodology for calculating housing costs, Ms Baxendale explained that only a small sample in Scotland had been used which may not have been sufficient to provide a full picture. Ms Moss added that the Department of Work and Pensions (DWP) were looking at developing a more robust measure.</p> <p>It was agreed that it would be useful to understand the NHS role versus the IJB role and asked if there were other statutory requirements then new members would appreciate clarity on these offline.</p> <p>Ms Baxendale said that HSCPs had been actively involved in the development of the reports and these would be presented to the Integration Joint Boards (IJBs). Dr Crighton said that it was pragmatic for each area to develop their own plans outlining what was important in their local area. Poverty had a significant influence on health and had been identified as a key public health issue for a long time.</p> <p>The Committee were content to approve the reports.</p> <p><b><u>APPROVED</u></b></p>	Ms O'Neil
<b>55.</b>	<b>Corporate Risk Register Extract</b>	
	<p>The Committee considered the Corporate Risk Register Extract [Paper 25/30] presented by Dr Emilia Crighton, Director of Public Health, for approval.</p> <p>Dr Crighton said that there were two risks assigned to the Committee and 100% of risks had been reviewed and there were no changes proposed to the risk scores. There were 5 actions for these risks, 2 were overdue and there was a proposal to change the due date of one of the overdue actions.</p> <p>The Committee were content to approve the Corporate Risk Register.</p> <p><b><u>APPROVED</u></b></p>	

<b>56.</b>	<b>Update on Drug-Related Deaths and Drug Harms in Greater Glasgow and Clyde</b>		
	<p>The Update on Drug-Related Deaths and Drug Harms in Greater Glasgow and Clyde [Paper 25/31] was considered as part of the discussion under item 51 – Epidemiology Update.</p> <p><b>NOTED</b></p>		
<b>57.</b>	<b>Vaccination and Immunisation Annual Report (1 September 2024 – 30 August 2025)</b>		
	<p>The Committee considered the Vaccination and Immunisation Annual Report [Paper 25/32] presented by Dr Iain Kennedy, for assurance.</p> <p>Dr Kennedy stressed the importance of working across organisational boundaries and corporate functions with the key involvement of staff partnership colleagues and the governance structures. The report detailed the performance and the activities taken to improve uptake and engagement with last year's winter vaccine campaign. He reported that in the first week of this year's staff flu campaign 2,000 more staff had been vaccinated than in the same period last year. Similarly, peer immunisers had already delivered over 1,000 vaccinations 3 weeks into this year's campaign compared to a total of 1,300 over the whole of last year's campaign.</p> <p>Testing of text message reminders had been undertaken during the spring campaign and these had now been rolled out for all flu and COVID vaccination appointments. There had been no formal targets last year but there was one this year which was aiming for 75% of over 75s vaccinated. There had also been the introduction of RSV vaccinations for the elderly and in maternity settings. From next year, the upper limit of 80 for RSV vaccinations would be removed and this would therefore be delivered to that cohort. The four nations worked to co-administer a responsive national government process with Boards be given the flexibility to best meet the needs of their own population. Delivery of operational changes to the childhood vaccination programme was ongoing with the first stage implemented at the end of June. There had also been developments from a communications perspective, including the establishment of a communications group and newsletter as well as changes in how communication with the public was developed, including the ability for members of the public to speak to vaccinators even if their appointment was not on that day.</p>		



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	<p>The five year vaccination delivery framework was about to move to the implementation plan phase with indicators for best practice which would impact how this report looked next year.</p> <p>The Committee discussed the staff flu vaccination uptake and were concerned that the rate remained low. Dr Kennedy said that there was a working group focused on improving this with a number of actions underway including staff flu weeks, peer immunisation, improved staff communication and dedicated time for staff to be away from their workplace to receive the vaccine. He acknowledged that there had been a drop in uptake nationally in last couple of years but provided assurance that the current flu campaign had more uptake than at the same point last year. Ms Miles said that this had been noted at the Staff Governance Committee as it affected staff absence rates. The concerns on the uptake for this year were noted and it was agreed to escalate to the NHS Board next week to request further communication in an effort to improve this while ensuring that the messaging did not detract from the improvements that had been seen already.</p> <p>In response to a query as to whether there were any areas of particular concern that certain groups were not engaging with the vaccination process, Dr Kennedy said that the vaccination programme was equality led and there would be further information on the inclusion work provided in the April vaccination update. Dr Kennedy also provided assurance that alternative provision was in place for the vaccination venues that were no longer in use and that all venues were reviewed regularly with a focus on accessibility and attendance.</p> <p>The Committee noted the performance of the vaccination programme over the last year and were advised of the work that would continue over the next year to improve uptake across all programmes, including this year's winter vaccination campaign. The Committee were assured by the update noting that the uptake in staff flu vaccinations would be highlighted in the report to the Board for escalation.</p> <p><b>NOTED</b></p>	
<b>58.</b>	<b>Population Health Framework</b>	
	<p>The Committee received a presentation on the Population Health Framework from Dr Emilia Crighton, Director of Public Health, for awareness.</p> <p>Dr Crighton said that the Framework set out the long-term approach to improving Scotland's health and reducing health inequalities. The presentation set out the structure of the Framework,</p>	

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	<p>its vision and aim, initial priorities, drivers for health and guiding principle. The initial priorities for 2025/26 were embedding prevention in our systems and improving healthy weight. Initial actions had been identified and the NHS Board role for 2025/26 priorities and what this meant in practice as well as the synergy with NHSGGC delivery plans.</p> <p>Mr John Dawson, Head of Strategy and Transformation, Public Health Scotland, added that the ten year strategy for Public Health Scotland would be launching in January 2026 with ambitious targets. What was being seen on a national basis was also reflected nationally and locally. There had been considerable work between NHSGGC and Public Health Scotland and the briefing paper which Dr Crighton would share with the Committee, covered the Population Health Framework, service and new reform, operational plan, which all fit in well with what NHSGGC was aiming to achieve. Mr Dawson said that that guidance was expected to be provided to each territorial board by the end of November 2025 on how the Framework fitted into integrated planning.</p> <p>The Board Chair said that the Board had appointed three Non Executive Board Members to work with the Executive Directors on the implementation of the Framework. she advised that the Framework would need to be aligned with Board priorities and the governance arrangements approved.</p> <p>The Committee noted that the presentation and discussion had provided clarity on the Framework, however, further announcements were awaited including the Scottish Government direction on what that would mean for the next planning cycle and the Public Health Scotland 10 year plan. It was agreed that the previously agreed workshop on Community Planning Partnerships would also be combined with this work to take stock across the whole population health agenda.</p> <p>The Committee noted that this would be a significant piece of work and it was agreed that an update would be provided to the next meeting of the Committee.</p> <p><b>NOTED</b></p>		Dr Crighton
<b>59.</b>	<b>Closing Remarks and Key Messages for the Board</b>		
	<p>The Chair thanked colleagues for attending and closed the meeting. A report on the key items of discussion would be prepared for the next meeting of the NHS Board.</p> <p><b>NOTED</b></p>		

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<b>60.</b>	<b>Date of Next Meeting</b>		
	The next meeting would be held on Thursday 22 January 2026 at 2.00 pm hybrid in the Board Room, JB Russell House and via MS Teams.		