

PHWBC (M) 23/04
38 - 53



NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Population Health and Well Being Committee
held on 17 October 2023, at 2:00pm
via MS Teams**

PRESENT

Rev. John Matthews OBE (in the Chair)

Mr Chik Collins	Ms Christine Lavery
Dr Emilia Crighton	Ms Fiona Moss
Ms Dianne Foy	Mr Nicholas Phin
Ms Jane Grant	Mr Francis Shennan
Mr Graham Haddock OBE	

IN ATTENDANCE

Ms Anna Baxendale	..	Head of Health Improvement, Public Health
Dr Daniel Carter	..	Consultant in Public Health
Ms Kim Donald	..	Corporate Services Manager, Governance/ Board Secretary
Katrina Heenan	..	Chief Risk Officer
Mr Neil Irwin	..	Service Lead
Michael McGrady	..	Consultant in Dental Public Health
Linda Morris	..	Public Health Programme Manager
Marion O'Neil	..	General Manager, Public Health
Dr Beatrix Von Wissmann	..	Consultant in Public Health
Ms Beata Watson	..	Secretariat Officer (Minute)

BOARD OFFICIAL

		ACTION BY
38.	WELCOME AND APOLOGIES	
	<p>The Chair welcomed those present to the October meeting of the Population Health and Well Being Committee.</p> <p>Apologies for absence were noted on behalf of: Cllr Jacqueline Cameron, Cllr Martin McCluskey, Ms Anne-Marie Monaghan, and Mr Ian Ritchie.</p> <p><u>NOTED</u></p>	
39.	DECLARATIONS OF INTEREST	
	<p>The Chair invited Committee members to declare any interests in any of the items to be discussed. No declarations were made.</p> <p><u>NOTED</u></p>	
40.	MINUTES OF THE MEETING HELD ON 18 APRIL 2023	
	<p>The Committee considered the minute of the meeting held on 04 July 2023 [Paper PHWBC(M)23/03] and were content to approve the minute as a full and accurate record of the meeting.</p> <p><u>APPROVED</u></p>	
41.	MATTERS ARISING	
	<p>The Chair invited those present to raise any matters not otherwise on the agenda – no matters were raised.</p> <p><u>NOTED</u></p>	
a)	Rolling Action List	
	<p>The Committee considered the Rolling Action List [Paper 23/20]</p>	

BOARD OFFICIAL

	<p>There were no ongoing actions and the Committee were content to approve.</p> <p><u>APPROVED</u></p>	
42.	URGENT ITEMS OF BUSINESS	
	<p>The Chair Invited the Committee to raise any urgent items of business. There were no urgent matters arising.</p> <p><u>NOTED</u></p>	
	a) Safer Drug Consumption Facilities	
	<p>Dr Crighton advised the Committee that the required process to allow opening of safer drugs administration facilities in Glasgow City had been completed and approved.</p> <p>The Committee were advised that following an outbreak of HIV in 2015 among the drug injecting population, an assessment had been carried out and recommendations included the access to safer drug consumption facilities for that population.</p> <p>The Committee noted that the implementation plans would be undergoing an evaluation process to ensure safe and robust implementation.</p> <p>The Committee discussed the ongoing issue of discarded needles across Glasgow City and noted that the Glasgow City Environmental Health was responsible for removal of any improperly discarded needles within 24h of a reported sighting. Ms Fiona Moss advised that the Glasgow City Alcohol and Drug Partnership had been piloting needle drop bins which were being well used so far and there was scope for expanding this to other areas, subject to available funds to provide and manage this. Ms Christine Lavery advised that HSCP service users who were enrolled in the needle exchange programme were being issued with sharp boxes for needle disposal. Following concerns raised by the Committee regarding current process for discarded needles to be left for the councils to collect in areas where children and pets could</p>	<p>Ms Lavery</p>

	<p>come across them, Ms Lavery would raise that with HSCP and Glasgow City colleagues and provide further information to the Committee regarding councils' response times to these incidents.</p> <p>In a response to a question if there were any further plans to challenge the anti-smoking legislation which had prevented the inclusion of drug inhalation rooms, Dr Crighton advised that there was a need to look at the current evidence before challenging the legislation.</p> <p>The Committee were content to note and commended the effort of all involved in the process so far to enable the development of these facilities.</p> <p><u>NOTED</u></p>	
<p>43.</p>	<p>OBESITY AND PREVENTION AND EARLY INTERVENTION FOR TYPE 2 DIABETES UPDATE</p>	
	<p>The Committee considered the 'Obesity, Prevention and Early Intervention for Type 2 Diabetes (T2DM) Update' [paper 23/21] presented by Dr Emilia Crighton, Anna Baxendale, and Linda Morris.</p> <p>The Committee noted that the prevention of overweight and obesity which were directly linked to the development of T2DM, required a multi-level approach. There were five priority areas identified, as follows:</p> <ul style="list-style-type: none"> – Universal delivery of HENRY to families with pre-five children. – Delivery of tailored Weight Management Services for adolescents (Weigh to Go). – Development of robust local Community Food Networks to build community capacity; cookery skills and food literacy and reduce food insecurity for vulnerable families including Thrive into 5. – Provision of weight management services at a size and scale to impact across the population and address clinical need. – Provide early intervention education and weight management interventions to newly diagnosed patients with 	

	<p>T2DM or Gestational Diabetes with a view to increasing remission rates.</p> <p>The Committee were asked to advocate and support the investment into these 5 priority areas.</p> <p>The Committee noted the slide presentation which summarised the key drivers for action, selected case studies, service user testimonials, progress and achievements made within the service over the last year, and next steps based on the 5 priority areas.</p> <p>The Committee discussed the financial support for families of children experiencing poverty and were advised that the initial assessment of needs was done via central hub which then directed individuals to the relevant services and support available in their local area.</p> <p>The Committee discussed the ability of local councils to promote healthier eating via alcohol and food licensing and were assured that this was being considered however local authorities were currently limited in what they could influence. The Committee were advised that Public Health directorate was advocating for national changes to legislation to encourage and promote better public health.</p> <p>The Committee were assured by the update and were content to note.</p> <p><u>NOTED</u></p>	
<p>44.</p>	<p>EPIDEMIOLOGY UPDATE</p>	
	<p>Dr Daniel Carter presented a slide presentation to update the Committee with regards to Epidemiology update.</p> <p>The Committee noted different methods for detecting aberrations in time series data including Farrington Flexible algorithm and the Generalised Likelihood Ratio for Negative Binomial Distribution algorithm (GLRNB), as well as, the examples of their use, and benefits of using aberration detection algorithms in Public Health.</p>	

	<p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>	
45.	NHSGGC VACCINATION PROGRAMME: PROGRESS REPORT	
	<p>The Committee considered the ‘Autumn/Winter Vaccination Programme Update’ [paper 23/22] presented by Dr Emilia Crighton.</p> <p>The Committee noted the following:</p> <ul style="list-style-type: none"> – The Autumn/Winter campaigns for both Covid and Flu commenced in September with aim to have majority of vaccinations completed by mid-December. There were 17 local community sites available. – COVID priority groupings included those in care homes, those unable to leave their home and frontline health and social care workers. – A national and NHSGGC internal communications plan was in place to improve uptake and included information for other languages spoken in local communities. – Data was being routinely reported through Vaccination Programme governance groups. <p>The Committee noted the update.</p> <p><u>NOTED</u></p>	
46.	LOCAL CHILD POVERTY ACTION PLANS:	
	<p>The Committee considered the ‘Local Child Poverty Action Reports (LCPARs)’ [paper 23/23] for the areas of West Dunbartonshire, Glasgow City, and Inverclyde, presented by Dr Emilia Crighton.</p> <p>The Committee were advised that all reports submitted had been scrutinised through the usual Governance route and were presented for Committee’s approval. The reports were completed jointly by the NHS GGC and local authorities for each area.</p>	

	<p>The Committee noted that each of the local authority areas received an advice from the Scottish Government with regard to areas to be included and expanded upon in the reports which formed the basis of the reports presented to the Committee.</p> <p>The Committee asked if there were plans for developing a standard template to allow for all reports to follow similar structure and enable easier comparisons between different areas. The Committee were advised that this would not be feasible due to the reports being a joint work between local authorities and the Health and Social Care services, as well as, due to differing recommendations from the Scottish Government for each area.</p> <p>The Committee approved the Local Child Poverty Action Reports.</p> <p><u>APPROVED</u></p>	
47.	CHILD ORAL HEALTH INDICATORS: PROGRESS REPORT	
	<p>The Committee considered the ‘Child Oral Health Indicators: Progress Report’ [paper 23/24] presented by Michael McGrady.</p> <p>The Committee noted the following updates since the last presentation of this report:</p> <ul style="list-style-type: none"> – Dental registrations for young children had become a fundamental target for improvement. – Without registration with a dentist there was limited opportunity to address the significant challenges in improving child oral health and reducing inequalities. – Since the pandemic, there had been a reduction in dental service capacity which had limited access and resulted in significant reductions in dental registrations. – Despite steady progress during the 2022/23 period in relation to the Childsmile tooth brushing programme, there remained significant barriers for many schools. – Dental treatment under general anaesthetic (GA) was a traumatic experience and there were continued efforts to 	

	<p>provide alternative treatment pathways, although it was recognised that GA treatment was sometimes unavoidable.</p> <p>The Committee were advised of mitigation efforts and actions to improve levels of child registrations, increase Childsmile uptake, and reduce the need for GA extractions. It was recognised that prevention played a major role in dental health improvement therefore it would take years for any major improvements to take effect.</p> <p>The Committee discussed the Childsmile survey participation conducted across all schools. The Committee were advised that the response rate was around 30% and included settings that incorporated Childsmile programme fully, intermittently or not at all, this would allow for a robust evaluation of the challenges and barriers, as well as, improvement actions to be developed.</p> <p>Ms Lavery advised the Committee that the education sector colleagues within the local authorities were approached with regards to addressing the gaps in Childsmile programme in Renfrewshire.</p> <p>In a response to a question regarding current trajectory for availability of NHS dental services Mr McGrady advised that there were ongoing recruitment and retention issues within dentistry. There were plans in place to increase recruitment however it was uncertain if this was enough to offset the rate at which practitioners were leaving the service.</p> <p>In a response to a question regarding addressing the backlog for general anaesthetic procedures the Committee were advised that theatre capacity was limited and that any ad hoc additional capacity was being taken advantage of where available.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>	
<p>48.</p>	<p>FIVE YEAR MENTAL HEALTH STRATEGY, PREVENTION PROGRESS REPORT</p>	

The Committee considered the ‘Five Year Mental Health Strategy: Prevention Progress Report’ [paper 23/25] presented by Fiona Moss.

The Committee noted the summary of progress for promoting and primary prevention around mental health, collectively referred to as ‘public mental health’.

The Committee were advised that the population and local health surveys continued to show challenges to the public’s mental health, and that there remained significant issues within mental health with some populations were experiencing higher risk of poor mental health. It was recognised that gaps in funding and staffing restraints could jeopardise existing commitments to address health inequalities, prevention and early intervention opportunities to address wider mental health.

The Committee noted the following 2023/24 priorities in line with recommendations in the Tide and Adult Mental Health Strategy (ADMH) for public mental health:

- Review existing adult public mental health framework
- Programme of data analysis for effective targeting of interventions.
- Programmes of work addressing communities inequalities.
- Explore how people seek support for mental health to improve navigation of supports.
- Review and refine online resources.
- Develop key interventions that promote connectedness
- Support the use of the Communities Mental Health and Wellbeing Fund.

Answering the question regarding involvement and role of the Third Sector Interfaces (TSI) within the mental health strategy, Ms Moss advised that the Scottish Government set aside £50m to invest in TSIs to provide community support around mental health which was being utilised by the community voluntary services in the form of grants across the system. TSIs were also involved in the local partnership mechanisms and collaborating on issues around public mental health and providing education and training.

	<p>The Committee discussed the concerns around the loss of valuable mental health resource in Glasgow city IJB area due to loss of funding. Ms Moss advised that there were weekly meetings with the Scottish Government to look at ways to address this with intentions to continue the full programme across Glasgow City, however the lack of funding commitment could prevent some of the improvement work that was in place – the discussions were ongoing. It was recognised that the financial restraints were ongoing and the need to find alternative solutions within the current budgets was being encouraged.</p> <p>The Committee were content to note the report.</p> <p><u>NOTED</u></p>	
49.	ASSURANCE INFORMATION QUARTERLY REPORT	
	<p>The Committee considered the ‘Public Health Assurance Information Quarterly Report’ [paper 23/26] presented by Dr Emilia Crighton and Ms Marion O’Neil which provided a quarterly progress report on the public health priorities.</p> <p>The Committee noted that, at July 2023, 7 of the 11 measures that could be rated against target were delivering against target and rated as green, 3 were rated as amber (<5% variance from trajectory), and 1 had been rated as red (>5% adverse variance from trajectory).</p> <p>The Committee noted key areas of improvement and key areas of challenge/requiring improvement.</p> <p>The Committee were advised that following the most recent Board meeting there would be some changes made to the format of this report including additional indicators (with regards to alcohol interventions and smoking cessation rates). Ms O’Neil invited feedback from Committee Members with regards to the format of the report.</p> <p>The Committee were content to note the report.</p> <p><u>NOTED</u></p>	

50.	PHWB OBJECTIVES AND ANNUAL CYCLE OF BUSINESS	
	<p>The Committee considered the ‘PHWB Objectives and Annual Cycle of Business’ [paper 23/27] presented by Kim Donald for approval as part of active governance.</p> <p>The Committee were asked to review and approve the presented timetable of topics/discussion for 2023/24, the business items that would be considered, and their Corporate Objective alignment. The Committee were advised that the topics considered were in line with our Corporate Objectives.</p> <p>The Committee were content to approve.</p> <p><u>APPROVED</u></p>	
51.	EXTRACT FROM THE CORPORATE RISK REGISTER	
	<p>The Committee considered the ‘Corporate Risk Register – Extract’ [Paper 23/28] presented by Katrina Heenan.</p> <p>The Committee were asked to review and approve the report which presented the current Corporate Risk Register entries aligned to this Committee. These were:</p> <ul style="list-style-type: none"> - 2199 Pandemic Response - 2060 Breakdown of failsafe mechanisms for Public Health screening <p>Since the last Population Health and Wellbeing Committee in July 2023, the risks had been reviewed by Risk Owners and CMT, with no changes proposed.</p> <p>In addition, the following updates have been completed for risks aligned to the Population Health and Wellbeing Committee:</p> <ul style="list-style-type: none"> – Target date for actions reviewed for all risks – Controls and mitigating actions reviewed throughout – Risk scores reviewed and remained static for this reporting period <p>The Committee were content to approve</p>	

BOARD OFFICIAL

	<u>APPROVED</u>		
52.	CLOSING REMARKS AND KEY MESSAGES FOR THE BOARD		
	The Chair thanked everyone for their attendance and contribution to the meeting.		
53.	DATE OF NEXT MEETING		
	Tuesday, 23 January 2024 at 2.00pm, hybrid JBR Boardroom and via MS Teams.		