

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Population Health and Wellbeing Committee
held on 21 January 2025 at 2.00 pm
via MS Teams**

PRESENT

Mr Charles Vincent (in the Chair)

Ms Libby Cairns	Dr Lesley Thomson KC
Ms Dianne Foy	Ms Karen Turner
Cllr Robert Moran	

IN ATTENDANCE

Mr John Dawson	..	Head of Strategy and Transformation, Public Health Scotland
Dr Rebecca Campbell	..	Consultant in Public Health (Mental Health)
Ms Gillian Duncan	..	Corporate Executive Business Manager (Minutes)
Ms Katrina Heenan	..	Chief Risk Officer
Mr Neil Irwin	..	Service Lead, Public Health
Mr Trevor Lakey	..	Health Improvement and Inequalities Manager (Mental Health, Alcohol and Drugs)
Ms Fiona Moss	..	Head of Health Improvement & Equalities, Glasgow City HSCP
Ms Marion O'Neill	..	General Manager, Public Health
Dr Iain Kennedy	..	Acting Lead Clinician for Health Protection
Dr Alison Potts	..	Consultant in Public Health
Dr Michael McGrady	..	Consultant in Dental Public Health
Ms Val Tierney	..	Chief Nurse, West Dunbartonshire HSCP (for Item 10)
Dr Beatrix Von Wissmann	..	Interim Deputy Director of Public Health
Ms Christine Laverty	..	Chief Officer, Renfrewshire HSCP
Dr Catriona Milosevic	..	Consultant in Public Health
Ms Julie Tomlinson	..	Chief Nurse, East Renfrewshire HSCP (for Item 10)

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		Action By
1.	Introductory Remarks, Welcome and Apologies	
	<p>The Committee Chair, Mr Charles Vincent, welcomed those present to the January meeting of the Population Health and Wellbeing Committee.</p> <p>Apologies for absence were noted on behalf of Ms Anna Baxendale, Mr Chik Collins, Dr Emilia Crighton, Ms Jane Grant, Mr Graham Haddock OBE and Mr Derrick Pearce.</p> <p><u>NOTED</u></p>	
2.	Declarations(s) of Interest(s)	
	<p>The Chair invited members to declare any interests in any of the matters being discussed. There were no declarations made.</p> <p><u>NOTED</u></p>	
3.	Minute of Previous Meeting held on 22 October 2024	
	<p>The Board considered the minute of Population Health and Wellbeing Committee held on 22 October 2024 [Paper PHWBC(M)24/03] presented for approval.</p> <p>The Committee were content to accept the minutes of the meeting as a complete and accurate record.</p> <p><u>APPROVED</u></p>	
4.	Matters Arising	
	<p>a) Rolling Action List</p> <p>The Committee considered the Rolling Action List [Paper 25/01] presented for approval. The following updates were provided:</p> <ul style="list-style-type: none"> • <u>Item 37 – Local Child Poverty Action Plan Reports</u> Discussions were underway to enable easier comparison between the plans for the next financial year. It was agreed that this item would remain open meantime. • <u>Item 41 - Assurance Information</u> Work to streamline the report was underway and the session to review this in more detail would be arranged in advance of the April meeting. 	<p>Marion O'Neill/ Catriona Milosevic/ Fiona Moss</p> <p>Marion O'Neill/ Charles Vincent/ Bea von Wissmann</p>

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	<ul style="list-style-type: none"> <u>Item 43 – Committee Annual Cycle of Business</u> The Screening Report had been moved to the April meeting. It was agreed that this action could now be closed. <p>The Committee were content to approve the Rolling Action List.</p> <p><u>APPROVED</u></p>		
5.	Urgent Items of Business		
	<p>a) Committee Vice Chair</p> <p>The Chair reported that Ms Karen Turner had been proposed as Vice Chair of the Population Health and Wellbeing Committee and the Committee were content to approve this.</p> <p>b) Other Items of Business</p> <p>The Chair invited members to raise any further urgent items of business. There were no further issues raised.</p> <p><u>APPROVED</u></p>		
6.	Epidemiology and Vaccination Winter Update		
	<p>The Committee considered the Epidemiology and Vaccination Winter Update, which was a presentation by Dr Iain Kennedy, Acting Lead Clinician for Health Protection, for awareness.</p> <p>Dr Kennedy reported that there was not a significant number of COVID cases at present; there had not been a significant change in variants over recent weeks and hospital admissions remained steady. It had been a significant flu season this year, however, the downward trend in cases that had been seen in recent weeks was continuing. It had also been a relatively significant RSV season but this was also on a significant downwards trend. Norovirus had been a typical winter season this year and was also on a downward trajectory which had continued further downwards this week. The number of cases of pertussis notified to the Public Health team had peaked in the middle of 2024 where 185 had been notified in a week, this was now down to between 5-15 notifications per week. The epidemic in 2024 had been the highest in around 20 years but was now returning to manageable levels. The full vaccine performance report was due to be presented to the next Committee.</p>		

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	<p>In response to a question about the effectiveness of the flu vaccine this year, Dr Kennedy said the data was analysed on a UK-wide basis and it was too early for this to be available.</p> <p>In response to a query about vaccination appointments, Dr Kennedy said that opportunities for vaccination were offered until the end of January for COVID and the end of March for flu and while the majority vaccinations were delivered in October and November, later vaccinations may still have an impact.</p> <p>The Committee were content to note the update.</p> <p>NOTED</p>	
7.	Child Oral Health Indicators and Publication of National Dental Inspection Programme Report for 2023/24	
	<p>The Committee considered the Child Oral Health Indicators and Publication of National Dental Inspection Programme Report for 2023/24 [Paper 25/02] presented by Dr Michael McGrady, Consultant in Dental Public Health, for assurance.</p> <p>Dr McGrady provided a short presentation summarising dental registration data, the Childsmile programme, the General Anaesthetic (GA) waiting list and data from the National Dental Inspection Programme (NDIP). There had been a significant impact on dental services and the ability to register young children since COVID but there had been improvements since March 2022 with a steady increase in registration rates and the registration of young children had stabilised. The NDIP data showed relative stability in tooth decay levels among the Primary1 populations, although there had been a slight increase in Category A levels nationally and locally. Following the pandemic, the NDIP had shown a continued improvement in most the most deprived demographic. In response to a query, Dr McGrady provided a short update on the alternative treatment modalities to GA sedation. Dr McGrady also set out the summary of actions that were being taken forward in each of these areas.</p> <p>In response to a query about the availability of dentists in Inverclyde, Dr McGrady said that he was aware of the challenges and was working closely with the HSCP, elected members, practitioners and stakeholders. He said that following a recent meeting with Public Health Scotland there was agreement that data by HSCP area would resume which would be helpful moving forward. Inverclyde had also been included in the Scottish Dental Access Initiative and expressions of interest were being</p>	

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	<p>processed. The decrease in the number of dentists was also a UK-wide concern and this was being discussed at a national level.</p> <p>In relation to Childsmile, Dr McGrady said that work was ongoing with the Scottish Government and the national Childsmile team on improving data collection. He acknowledged that there was a variation across HSCPs due to a number of challenges and a survey had been undertaken to better understand the barriers and develop quality improvement methodologies. It was noted that Inverclyde HSCP had reported 100% compliance and Dr McGrady said that while there would be times during the calendar year that schools may be unable to deliver the programme, as a whole Inverclyde was doing well. Ms Laverty said that she had asked the team in Renfrewshire to reach out to the Inverclyde team to look for any learning opportunities and she would also raise this at the Chief Officers meeting. Dr McGrady said that there had been some improvement in Renfrewshire since the new school year and it was agreed that the Chair would ensure the Committee would not lose sight of this work.</p> <p>In response to a query, Dr McGrady said that there was no data available for non-NHS dentistry, therefore there may be some children registered with private dentists and he was also mindful that there would also be some individuals who chose not to engage with dental services, although Health Visitor teams would always encourage registration. The decrease in the number of dentists was a UK-wide concern and this was being discussed at a national level.</p> <p>The Committee were content to note the paper.</p> <p><u>NOTED</u></p>		
8.	Five Year Mental Health Strategy Prevention Progress Report		
	<p>The Committee considered the Five Year Mental Health Strategy Prevention Progress Report [Paper 25/03] presented by Dr Bea von Wissmann, Interim Deputy Director of Public Health, and Ms Fiona Moss, Head of Health Improvement & Equalities, Glasgow City HSCP, for assurance</p> <p>Dr von Wissmann said there had been a significant decline in mental health and wellbeing since the pandemic and public mental health sat within the governance structure of the overall Mental Health Strategy Board and the Mental Health and Wellbeing Subgroup. Ms Moss provided a short presentation outlining the ongoing work and the four key areas of focus:</p>		

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	<ol style="list-style-type: none"> 1. Promoting social connection - tackling isolation, loneliness and stigma 2. Improving wellbeing and self-care - enhancing access to listening and self-help services/resources 3. Tackling distress - improving access to distress support, reducing self-harm and preventing suicide 4. Tackling inequalities and discrimination - focused actions and equality designed delivery embedded across all priority areas. <p>Ms Moss said that inequalities in mental health needed to be addressed and there were actions under each of the four priority areas which would involve working effectively with others, particularly community planning, and building on volunteering and other initiatives. Taking this forward was depending on whole system working and identifying structures in each HSCP area to support public mental health. Mr Lakey added that there were suicide prevention leads in all areas and while there was some infrastructure already in place, it was important to make the most of the current resource as well as building on what was already there.</p> <p>In response to a query, Mr Lakey agreed that suicide prevention was everybody's business and outlined the importance of including other business colleagues in suicide prevention work and training citing good examples of positive work previously. Ms O'Neill said that the Employment and Health team were hosted in the Public Health Directorate with staff engaging workplaces locally, with a number of mental health focused training sessions delivered recently. Breathing Space webinar was a specific resource though broader teams picked up on this issue. Dr Campbell said that the Employment and Health Team in Health Improvement provided training for managers working with key partners and there were plans to increase training for businesses with a focus this year on prison services, police, the DWP and construction. Ms Moss said that the that the Director General for Economy from the Scottish Government was visiting Glasgow later in the week and she would advocate the link between mental health and employment. There was a clear direction from the Scottish Government that it was a duty on everyone to participate and there would need to be further thought given as to how the Committee could have an impact in this space.</p> <p>In response to a query, it was acknowledged that there were challenges in terms of pressure throughout mental health services. Social prescribing was also extremely valuable although it was noted that this could be difficult to evidence.</p> <p>Mr Lakey thanked all the voluntary sector partners who we work with across the six HSCPs as reports were showing an increasing burden of people in more acute distress. The Committee echoed that tribute and thanked for the paper.</p>		

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	The Committee were content to note the report. <u>NOTED</u>	
9.	Local Child Poverty Action Report	
	<p>a) West Dunbartonshire</p> <p>The Committee considered the West Dunbartonshire Child Poverty Action Report [Paper 25/04] presented by Dr Bea von Wissman, Interim Deputy Director of Public Health, for approval.</p> <p>Dr von Wissman said that these reports were part of the duty placed on NHS Boards and Local Authorities to report actions taken to reduce child poverty. The report highlighted strategic oversight and coordination of effort and focused on issues and feedback on areas of priority actions to alleviate crisis, maximise income and address cost of living.</p> <p>Dr Milosevic provided assurance that although the development of the reports were led by the Local Authorities the key joint and NHS work was highlighted within the report. As discussed at the previous meeting, there would be an opportunity this year to develop a template to read across at across the six HSCPs to compare outcomes, identify areas of change and demonstrate the impact more clearly. Part of that action would look at consistency and being clearer that these are joint reports.</p> <p>In response to a query about the data on free school meals, Dr von Wissmann said that the eligibility criteria would be verified. There was also a discussion on the education maintenance allowance and concerns about barriers to accessing this. Dr Milosevic would feed those concerns back to colleagues as well as providing more information to the Committee on the criteria.</p> <p>The Committee were content to approve the paper.</p> <p><u>APPROVED</u></p>	<p>Dr von Wissmann</p> <p>Dr Milosevic</p>
10.	Child Health Update	
	The Committee considered the Child Health Update [Paper 25/05] presented by Dr Bea von Wissman, Interim Deputy Director of Public Health, for assurance.	

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	<p>Dr von Wissman said that child health was a significant priority and prevention needed to start at the youngest age with the first 1,000 days being a particularly critical period. Dr Milosevic said that child health was important for population health outcomes and there were many areas of inter-dependency which it was important to recognise, identifying the overlaps and ensuring there was joined up work and planning. The report reflected the areas of responsibility for this committee.</p> <p>Dr Potts said that information on maternity services had now been included in the report with the aim to improve maternal health and support better baby and infant health. The report summarised the workstreams, the interventions offered to pregnant woman and highlighted recent activity. A range of public health teams and services supported pregnant women on their journey through pregnancy, for example, smoking cessation, healthy eating, alcohol, diabetes and healthy weight. These were all underpinned through resources and training to midwives who were the first stage of intervention. Ms Tierney provided a short update on health visiting outlining key improvement areas including ensuring pathways of care were robust and supporting child development. Children and young people’s mental health was an issue for everyone as not adequately supporting children would leading to more presentations to services. Over the next year work would be progressing on sleep prescribing, work on children’s weight, diet and oral health as well as work around breastfeeding.</p> <p>In response to a query about the universal health visiting pathway, Ms Tierney said that this was required to be offered to families but families were not obliged to accept; some families were more challenging to engage with and a relatively small number opted out completely but the risk around opting out would always be assessed and the option for families to re-engage was always there. In relation to sleep, all areas across Scotland had seen a significant increase in melatonin prescribing and demand for sleep services and there was work to support families in this area. Mr Lakey said that there was also work around social media and the effect on child health with a particular focus on self-harm and suicide as well as the sleep disrupting effects of social media use.</p> <p>In response to a query about measuring the effect of longer maternity appointments and more Health visitor appointments, Dr von Wissman said that longer maternity appointments were also related to outcomes for neonates so this was closely monitored through the maternity strategy. The impact of increased Health Visitor inputs would not necessarily be seen quickly but it was anticipated that there would be changes in the longer-term. Work was ongoing alongside maternity colleagues on KPIs and measuring progress, however, data reporting and monitoring across the system needed to be better defined recognising the complexities around this. The Chair asked if the next report in 12 months could include</p>		

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	<p>a specific section on how this was being monitored, the impact so far and the expected impact.</p> <p>The Committee were content to note the paper.</p> <p><u>NOTED</u></p>		
11.	Assurance Information Quarterly Report		
	<p>The Committee considered the Assurance Information Quarterly Report [Paper 25/06] presented by Ms Marion O'Neill, General Manager, Public Health, for assurance.</p> <p>Ms O'Neill said that the report provided a quarterly progress update on the key priorities agreed through the Assurance Information Framework and although each meeting received indepth papers, this provided an overview of the trajectories in each area. She said that there had been good progress overall and highlighted some of the notable successes since the previous meeting including smoking cessation and compliance with the MAT standards. She said that there were challenges in relation to diabetes but recruitment for a diabetes nurse was underway and she was confident this would get back on track.</p> <p>The Chair thanked Ms O'Neill for the update and said that the report contained a significant amount of information and the indepth session which had been agreed previously to review this in more detail would help the Committee's understanding.</p> <p>The Committee were content to note the paper.</p> <p><u>NOTED</u></p>		
12.	Extract from the Corporate Risk Register		
	<p>The Committee considered the Extract from the Corporate Risk Register [Paper 25/07] presented by Ms Katrina Heenan, Chief Risk Officer, for approval.</p> <p>Ms Heenan 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. She said that one action had been completed and there were no actions overdue. All actions would continue to be progressed.</p> <p>The Committee were content to approve the paper.</p> <p><u>APPROVED</u></p>		

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13.	Committee Annual Cycle of Business		
	<p>The Committee considered the Committee Annual Cycle of Business [Paper 25/08] presented by Ms Marion O'Neill, General Manager, Public Health, for approval.</p> <p>Ms O'Neill said that the previous ACOB had been reviewed to identify where reports could be brought together into themes and the same principle had been applied for 2025/26.</p> <p>The Committee were content to approve the paper.</p> <p><u>APPROVED</u></p>		
14.	Closing Remarks and Key Messages for the Board		
	<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>		
15.	Date and Time of Next Meeting		
	<p>The next meeting would be held on Tuesday 15 April 2025 at 2.00 pm.</p>		