

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Population Health and Well Being Committee held on 23 January 2024, at 2:00pm via MS Teams

PRESENT

Rev. John Matthews OBE (in the Chair)

Cllr Jacqueline Cameron	Cllr Martin McCluskey
Dr Emilia Crichton	Anne-Marie Monaghan
Ms Dianne Foy	Mr Francis Shennan
Mrs Jane Grant	Dr Lesley Thomson KC

IN ATTENDANCE

Ms Anna Baxendale	..	Head of Health Improvement, Public Health
Dr Helen Benson	..	Consultant in Public Health
Mr John Dawson	..	Head of Strategy and Transformation, Public Health Scotland
Ms Kim Donald	..	Corporate Services Manager - Governance/Board Secretary
Ms Katrina Heenan	..	Chief Risk Officer
Ms Heather Jarvie	..	Public Health Programme Manager
Dr Iain Kennedy	..	Consultant in Public Health
Ms Katie Levin	..	Senior Researcher
Dr Michael McGrady	..	Consultant in Dental Public Health
Ms Margaret McGranachan	..	Public Health Researcher
Dr Becky Metcalfe	..	Non Executive Board Member
Dr Catriona Milosevic	..	Consultant in Public Health Medicine
Ms Fiona Moss		Head of Health Improvement & Inequality
Ms Marion O'Neil	..	General Manager, Public Health
Dr Alison Potts	..	Consultant in Public Health
Uzma Rehman	..	Public Health Programme Manager
Ms Jennifer Rodgers	..	Deputy Nurse Director, Corporate and Community
Val Tierney	..	Chief Nurse West Dunbartonshire HSCP
Dr Beatrix Von Wissmann	..	Consultant in Public Health
Ms Beata Watson	..	Secretariat Officer (Minute)

		Action By
1.	Welcome and Apologies	
	The Chair welcomed those present to the January meeting of the Population Health and Well Being Committee.	

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	<p>Apologies for absence were noted on behalf of Dr Graham Haddock and Ms Christine Laverty.</p> <p>The Chair welcomed Dr Becky Metcalfe, who had recently become a Non Executive Board Member, to the meeting who was observing as were a number of Public Health colleagues.</p> <p><u>NOTED</u></p>	
2.	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>	
3.	Minutes of the Meeting held on 17 October 2023	
	<p>The Committee considered the minute of the meeting held on 17 October [Paper PHWBC(M)23/04] and were content to approve the minute as a full and accurate record of the meeting.</p> <p><u>APPROVED</u></p>	
4.	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>	
	<p>a) Rolling Action List</p> <p>The Committee considered the Rolling Action List [Paper 24/01]</p> <p>There was one action on the rolling action list for Christine Laverty, as she was not available to attend it was agreed that the update would be provided out with the meeting and the Committee would be updated in April.</p> <p><u>APPROVED</u></p>	
5.	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>	

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6.	<p>Revised Universal Pathways Children And Young People Mental Health</p>	
	<p>Dr Catriona Milosevic and Val Tierney provided the 'Child Health Update' [paper 24/02] presented for assurance.</p> <p>The Committee noted the following updates:</p> <ul style="list-style-type: none"> - Details on the uptake of child health assessments for the period and the proportion of children who were assessed during 2022/2023 and the first 6 months of 2023/24 (Q1 and Q2) across NHSGGC. - Continuity of care which was pivotal to promoting, supporting and safeguarding the wellbeing of children. Continuity of care over the first 3 assessments was stable between 2021/2022 and 2022/2023. - The implementation of the ASQ by the health visiting teams across NHS GGC from 1st April 2023. This resulted in the perceived increase in the developmental concerns in 2023 at the 13-15 months visits and was expected to help early interventions and lead to better outcomes. - The details of needs identified through assessments and services provided, most common included: breastfeeding, child healthy weight, smoking, and smoke free homes. - Increase in CAMHS referrals which was driven by increasing referrals for girls age 12-17 and increase in urgent rather than routine referrals. There was a focus work around distress, self-harm, and suicide prevention in response to this. - An introduction of 'online harms' LearnPro module to address the role of social media in mental health to support staff. A practice guidance and development will be shared with CAMHS. Additionally, a pilot self-harm capacity building programme for colleges and universities, to be trained in self-harm awareness and skills training, was being finalised <p>In the answer to the question regarding 'was not brought' policy Val Tierney advised that as part of a regular health visitor's caseload management children who had not been seen were being discussed with the team leader and action plan was put in place to ensure child was safe and cared for appropriately. Additionally the introduction of the dashboard would support team leaders to analyse the attendance data and provide information at a glance to be discussed with health visitors if there were any concerns.</p> <p>The Committee discussed the ways in which assessment of children born in the 2018-2019 cohort was being bridged with the current ASQ standard and what support was available as these children start school this year. The Committee were advised that some of the concerns that were now being picked up at the 13-15 months appointment would have been addressed at other stages but</p>	

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	<p>recognised that nationally there were signs that the period of covid pandemic had an effect on young children’s development especially as it concerned speech, language, communication, and behavioural issues. The Committee were advised that there was a Transformation Strategy being developed by the Scottish Government to address these issues on a national level.</p> <p>The Committee were advised that the test of change that was implemented would see children who were awaiting to be assessed by Specialist Children Services being given an appropriate GIRFEC support at an earlier stage as they wait. It was recognised that families were struggling to access support due to current assessment waiting times, the Neurodevelopmental Service Implementation Group had been convened to develop cross service systems that support families and children in accessing the support they need at the right time.</p> <p>The Committee discussed the impact of social media on increasing numbers of self-harm and suicide among the young people. This was an active area of focus among the national public health interest groups for mental health.</p> <p>The Committee were assured by the update and were content to note.</p> <p><u>NOTED</u></p>	
7.	Child Oral Health Indicators: Update Following Publication of National Dental Inspection Programme Report for 2022/23	
	<p>Dr Michael McGrady presented the ‘Child Oral Health Indicators: Update following publication of National Dental Inspection Programme report for 2022/23’ [paper 24/03] for awareness.</p> <p>The paper was presented to provide an update on the data contained in the most recent National Dental Inspection Programme (NDIP) which provided information on outcomes from Basic Inspections for Primary 1 and Primary 7 children and Detailed Inspections on Primary 7 children.</p> <p>The Committee noted that data indicated that there had been an overall continued improvement in child oral health in Scotland and NHS GGC, including improvements in inequality metrics, however health inequalities remained. Additionally, data from Primary 1 and Primary 7 age cohorts indicated that the impact of the pandemic had not affected the overall prevalence of dental decay experience, but suggested the severity of disease had worsened slightly for those with decay experience. There had also been a decrease in the proportion of obvious dental decay treated with fillings which might be a result of reduced access to dental services during the pandemic.</p>	

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	<p>The Committee were advised that the new data from the NDIP report for 2022/23 did not affect the work plan for NHSGGC towards addressing the actions within the Annual Delivery Plan and Operational Priorities for 2023/24, but rather provided an additional contextual information.</p> <p>The Committee discussed plans for mitigating the effects of the pandemic on children’s oral health. There were ongoing workstreams to support dental services and families as well as an ongoing engagement with school services and HSCPs.</p> <p>Answering a question regarding access for children to dental services in the areas with closed practice lists Dr McGrady advised that if the need for urgent care was identified there would be a referral to one of the managed services.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>	
8.	Epidemiology Update	
	<p>Dr Iain Kennedy provided a ‘Winter Infection Update’ presentation for awareness.</p> <p>The Committee noted update regarding current rates of reported Covid infections which had been decreasing, as well as, current estimated prevalence of Covid among the Scottish population which was also coming down, as were numbers of emergency hospital admissions due to Covid. An update on newest variants was also provided.</p> <p>The presentation provided an information about current reported influenza infections in Scotland. The Committee noted that the incidence rate for influenza decreased from high to moderate activity level overall in Scotland, however GGC remained at high activity. It was noted that the raise in influenza infections during the last few weeks of December 2023 was not as steep as it was in the last few weeks of 2022.</p> <p>There was an update on the Respiratory Syncytial Virus (RSV) incidence which remained low, however it was noted that it was most prevalent among over 75 age group. It was noted that there was an increase in the weekly number of new cases recorded in the preceding 20 weeks, compared to the figures identified in the corresponding weeks in 2022.</p> <p>The Committee noted ‘swab positivity’ comparison data for all respiratory pathogens tested through the CARI programme in NHSGGC, Week 1 and 2, 2024.</p>	

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	<p>There was also an update on the norovirus infections which were raising in January 2024 as compared with the end for December 2023.</p> <p>The Committee were advised that this type of information that was gathered by Public Health helped to illustrate the impact of vaccinations and adherence to infection prevention measures (like handwashing, use of appropriate PPE) on the overall numbers of infections. This data was also used to plan for periods of expected increase in infection incidence and resulting pressures on the whole of the health system.</p> <p>The Committee discussed the security alerts and recent media coverage of increasing measles infections in the UK and abroad. Dr Kennedy advised that there was a confirmed measles case in Scotland which was brought from elsewhere in the UK and there was no onward transmission after that. It was noted that the MMR vaccination rates were higher in the GGC then in some of the other areas of the UK however they were still slightly below the target of >95%. Both national measles elimination plan and local measles elimination plan had been recently updated and there were multiple initiatives to encourage MMR vaccination uptake. It was agreed that there would be an update on the uptake of the MMR vaccine and the impact of actions.</p> <p>The Committee noted the update.</p> <p><u>NOTED</u></p>	<p>Dr Kennedy/ Dr Crighton</p>
9.	Annual Screening Report	
	<p>Dr Alison Potts provided the 'NHSGGC Public Health Screening Annual Report 2023' [paper 24/04].</p> <p>The Committee were provided with a slide presentation and noted the following:</p> <ul style="list-style-type: none"> - Screening programmes activity summary for 2022/23 and the current position with regards to targets (where targets were set). - A background and summary of pregnancy, new-born and child screening programmes. It was noted that over 89 % of pregnant people were booking their screening within the first trimester. - The Committee noted a summary of each of the screening programmes and their current uptake rate against HIS targets (if these were set) including: haemoglobinopathies screening, infectious diseases, trisomy screening, newborn bloodspot screening, newborn hearing screening, pre-school vision screening, and P7 vision screening. - A background and summary of adult screening programmes and current uptake rate against HIS targets (if these were set). 	

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	<ul style="list-style-type: none"> - Nationwide challenges around cervical screening and risks associated with that. - An overview of challenges and lower rates of uptake depending on ethnicity and in more deprived areas as well among those reporting learning difficulties or long term mental health issues. <p>The Committee were advised there was a screening inequality action plan and a screening inequality fund to bridge these gaps and noted current activity and planned initiatives to increase uptake of screenings through education, community work and public engagement and communications strategies.</p> <p>The Committee discussed the relationship between the HPV vaccination programme and its effects on the cervical screening uptake and were advised that cervical screening programme would be adjusted overtime to account for the high rates of vaccinations among the younger age groups. DR Kennedy advised that recent HPV vaccination data was very encouraging and showed not only one of the highest HPV vaccination rates but also the lowest difference in uptake between SIMD 1 and SIMD 5 populations across Scotland.</p> <p>The Committee also discussed the effectiveness of the inequality work. Heather Jarvie advised that a lot of the issues were systemic and complex but the recent detailed analysis of the inequality data would help drive future solutions.</p> <p>The Committee discussed the support offered to those individuals and families who experience positive pregnancy screening results especially for trisomy screening. Dr Crighton advised that firstly an individual would be encouraged to make informed reproductive choices and provided information on third party support available when they decide to continue the pregnancy.</p> <p>The Committee discussed plans for inclusion of specific screening programmes for those experiencing learning disability and mental health issues as there were known comorbidities to those and were advised that there were no specific screening programmes planed for these populations however there were ongoing workstreams to improve the reach of the existing screening programmes among these populations. Ms Jarvie advised that a rollout of a Learning Disability Health Check was upcoming which included screening. It was agreed that the next iteration of this report would include update on approaches to screening outreach within the learning disability population.</p> <p>The Committee noted the update.</p> <p><u>NOTED</u></p>	<p>Ms Jarvie/ Dr Potts/ Dr Crighton</p>

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10.	Health And Wellbeing Survey Presentation	
	<p>Dr Emilia Crighton presented the 'Reframing our population health priorities through epidemiology evidence and community feedback' presentation for assurance.</p> <p>The Committee noted the importance of scientific health data gathering and analysis in addressing the issues of public health and wellbeing.</p> <p>Dr Crighton presented the background to the Health and Wellbeing (HWB) Survey and provided details of the latest 2022/23 survey which had a sample size of over 10,000 and explored the following topics: Health and Illness, Health Behaviours, Social Health, Social Capital, Financial Wellbeing, and Demographics.</p> <p>The presentation showed changes to the population of GGC which had been growing faster than Scotland as a whole. However both the life expectancy and healthy life expectancy indicators were declining.</p> <p>The Committee were advised that general physical and mental health indicators had been declining since the last survey. There was an increase in people living with long term limiting condition or illness. There might be a need for Public Health to reconsider what services were being delivered and how.</p> <p>The Committee noted the impact of health behaviours (smoking, drinking, nutrition etc.) on the overall increase of the risk of chronic illness and reduction of life expectancy. These behaviours could be managed in a population by education and community engagement programmes.</p> <p>The presentation illustrated the impact of disadvantaged childhood on preventable physical and mental health issues later in life. Additionally it illustrated the impact of the cost of living crisis on the financial situation of the population which could affect access to health services.</p> <p>The Committee noted that the strengthening of the local communities, by raising social capital and supporting good physical and mental health, could reduce health inequalities and minimise the impact of reduced public funding.</p> <p>The Committee were advised there were ongoing efforts to utilise online and digital technology to increase the existing services capacity and further reduce barriers for the population to engage with the health and social care services.</p> <p>The Committee noted the priorities for public health strategy and operational plans had been confirmed following the survey analysis.</p>	

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	<p>Dr Crighton advised that there were continuous efforts to address and mitigate significant post-pandemic challenges within public health.</p> <p>The Committee discussed impact of the declining population health on women who tended to take on carer roles within their families more often.</p> <p>The Committee discussed the realities of financial constraints within health and social care services which often were not sufficient to fully deliver preventative measures and early interventions where needed, as well as, impact on population health and wellbeing of wider cuts to public infrastructure (including well maintained and accessible outdoor play areas, public pools, libraries etc.). There was an agreement that there needed to be a greater community engagement and discussions on how councils planning can contribute to health prevention.</p> <p>Following an extensive debate the Committee agreed to schedule a Public Health development day to discuss these issues in more depth.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>	<p>Ms Donald</p>
<p>11.</p>	<p>Assurance Information Quarterly Report</p>	
	<p>The Committee considered the 'Quarter 2 Public Health Assurance Information Progress Report' [paper 24/05] presented for assurance.</p> <p>The Committee noted a quarterly update based on the public health priorities: weight management and type 2 diabetes, drugs related deaths, child health, mental health awareness, vaccinations, and premature mortality rates.</p> <p>As at end of September 2023, 20 of the 26 measures were delivering against trajectory and rated green, 1 was rated amber overall (<5% variance from trajectory), 2 had been rated red overall (>5% adverse variance from trajectory). Work stream 11: Proportion of eligible population immunised during autumn/winter campaigns Covid & Flu had been rated as Grey overall as the Autumn/Winter vaccination campaign had only just begun in the month of September thus it had not appropriate to assign a RAG rating at this point.</p> <p>The Committee noted key areas of improvement:</p> <ul style="list-style-type: none"> - Number of AWMS referrals who engage with Tier 2 services - Engagement rates with Control It Plus Structured education - Proportion of schools reported to be tooth-brushing (Childsmile Programme) 	

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	<p>And key areas in need of improvement:</p> <ul style="list-style-type: none"> - Percentage who engaged with Tier 2 services, completed 12 week membership and achieved a 5% weight loss. (amber) - The number of child development assessments completed within the assessment window (4-5 yrs.) (red) - Proportion of eligible population immunised during autumn/winter campaigns (projected to be red at end of March 23) - Number setting smoking quit dates (red) <p>The Committee were content to note the report.</p> <p><u>NOTED</u></p>	
12.	Extract From The Corporate Risk Register	
	<p>The Committee considered the 'Corporate Risk Register – Extract' [Paper 24/06] 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 October 2023, the risks had been reviewed by Risk Owners and the CMT, with no changes proposed.</p> <p>The Committee were content to approve</p> <p><u>APPROVED</u></p>	
13.	Closing Remarks And Key Messages For The Board	
	<p>The Chair thanked everyone for their attendance and contribution to the meeting.</p>	
14.	Date Of Next Meeting	
	<p>The next meeting would be held on Tuesday 16 April 2024 at 2.00 pm via MS Teams.</p>	