

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Population Health and Wellbeing Committee
held on 22 January 2026 at 2.00 pm
via MS Teams**

PRESENT

Ms Karen Turner (in the Chair)

Ms Libby Cairns	Mr Jamie Kinloch BEM
Cllr Jacqueline Cameron	Cllr Colette McDiarmid
Dr Emilia Crighton	Ms Ketki Miles
Ms Dianne Foy	Cllr Robert Moran
Mr David Gould	Mr Charles Vincent

IN ATTENDANCE

Ms Anna Baxendale	Head of Health Improvement
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
Ms Heather Jarvie	Public Health Programme Manager
Dr Trevor Lakey	Health Improvement and Inequalities Manager, Mental Health Alcohol and Drugs
Dr Iain Kennedy	Acting Lead Clinician for Health Protection
Dr Michael McGrady	Chief of Dentistry/Consultant in Public Health
Ms Jennifer McLean	Interim Director, Glasgow Centre of Population Health
Ms Maša Mekina	Senior Public Health Information Analyst
Dr Catriona Milosevic	Consultant in Public Health
Ms Fiona Moss	Head of Health Improvement & Inequality, Glasgow City HSCP
Ms Nicola Munro	PA to Chair
Dr John O'Dowd	Interim Deputy Director of Public Health
Ms Marion O'Neill	General Manager, Public Health
Mr Derrick Pearce	Chief Officer, East Dunbartonshire HSCP
Dr Alison Potts	Consultant in Public Health/Screening Coordinator
Dr Beatrix von Wissmann	Interim Deputy Director of Public Health

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1.	Introductory Remarks, Welcome and Apologies		
	<p>The Committee Vice Chair, Ms Karen Turner, welcomed those present to the January 2026 meeting of the Population Health and Wellbeing Committee. Apologies for absence were noted on behalf of Professor Jann Gardner and Dr Lesley Thomson KC.</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 23 October 2025		
	<p>The Board considered the minute of Population Health and Wellbeing Committee held on 23 October 2025 [Paper PHWBC(M)25/04] 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 26/01] presented for approval.</p> <p><u>Item 39 - Joint Health Protection Plan 2025/2027</u> It was agreed that this item would be closed and the presentations from different agencies would be added to the Annual Cycle of Business as a standing item. The Population Health Framework would also remain a standing item on the agenda.</p> <p><u>Item 54 – Local Child Poverty Action Plan Reports</u> It was noted that there was now clearer commentary around governance and this action could therefore be closed. The Committee noted that there was a wider action on creating an</p>		

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	inventory of statutory obligations as there had been a number of changes in legislation since the IJBs were created. This would be added to the RAL as a separate item.		Ms O'Neill
	Ms Turner asked about the flu vaccination uptake for staff and Dr Kennedy said that there had been an increase of nearly 6% since last year and he would bring further detail on this to the next meeting of the Committee.		Dr Kennedy
	The Committee were content to approve the Rolling Action List.		
	<u>APPROVED</u>		
5.	Urgent Items of Business		
	The Chair invited members to raise any urgent items of business. There were no issues raised.		
	<u>NOTED</u>		
6.	Epidemiology Update		
	Dr Catriona Milosevic, Consultant in Public Health, and Dr Alison Potts, Consultant in Public Health/Screening Coordinator, provided a short presentation on maternal and child health in Greater Glasgow and Clyde.		
	Dr Milosevic said that the Greater Glasgow and Clyde population aged 0-17 had increased between 2020-24 with migration the key driver of change. There remained longstanding challenges related to poverty, with one third of children experiencing poverty once housing costs had been taken into account. Recent maternity trends had indicated a shift towards a more complex maternity population, with high rates of obesity, an increase in older mothers as well as challenges in relation to ethnicity and language barriers. Alcohol and substance use also continued to be challenging, however, there had been a reduction in maternal smoking. Deaths in childhood remained relatively rare, however, Scotland still had one of the highest mortality rates for under 18s in Western Europe. There were ongoing challenges in primary one weight and child developmental issues. Mental health remained a significant concern, with census data highlighting concerns around depression, diet and exercise, confidence, and body image as well as factors related to bullying, school pressures and caring responsibilities at home. There was also an increasing demand for services supporting children with neurodevelopmental disorders.		

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	<p>Persistent school absence was also a concern, with ongoing efforts within Education services to address the issue. Presentations for self-harm in primary care were being seen in both older and younger children. The priorities raised by the Children's Commissioner, which were based on conversations with children, closely aligned with the majority of concerns currently being addressed. Efforts remained focused on responding to these issues and ensuring that children's voices were reflected in service development and provision.</p> <p>Dr Milosevic addressed a query regarding preventable deaths, outlining ongoing initiatives focused on sudden infant deaths, deaths related to drowning, and suicide prevention. She highlighted that many infant deaths were related to congenital conditions and preterm deaths were also reported within this category. Dr Milosevic suggested that further examination of child deaths and child injuries would be beneficial including the need incorporate findings from SAERs (Serious Adverse Event Reviews) and child death reviews. She said that this was a complex picture which required further addressing given Scotland's position compared to the rest of Western Europe. Dr O Dowd agreed and said that some interventions, such as SUDI (Sudden Unexpected Death in Infancy) training, had already been implemented but suggested that further consideration was needed on how the Board and its partners could actively promote a good childhood for all.</p> <p>Mr Pearce added that children's services teams used this data to plan and improve services locally. He noted that there had been a significant increase in disordered eating which was a significant area of demand in Child and Maternal Health Services (CAMHS).</p> <p>Dr Crighton acknowledged that the Committee was in a good position with a better understanding of the key issues affecting children and families and she emphasised the importance of the Committee continuing to support vulnerable groups.</p> <p>The Committee were assured by the update.</p> <p><u>ASSURED</u></p>		
7.	a) Child and Maternal Health Update		
	<p>The Committee considered the Child and Maternal Health Update [Paper 26/02] presented by Dr Emilia Crighton, Director of Public Health, for assurance.</p>		

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	<p>Dr Crighton invited Dr Milosevic and Dr Potts to provide a short presentation on the child and maternal health public health programme emphasising that maternal and child health inequalities were crucial for the future health of the population and were a key component of the Population Health Framework. Dr Potts set out the components of the Nurturing Care Framework noting the considerable interdependency between different areas and the importance of providing comprehensive support across these programmes on the long-term wellbeing and development of children. Dr Potts highlighted that pregnancy played a vital role in the healthy development of children and the report provided a detailed overview of the wide range of activities undertaken by the teams to promote family and maternal health. A Maternity and Public Health Forum had been established to facilitate greater collaboration. The priorities of the child health team were to reduce developmental concerns, improve pathways of support for children and families and take forward other public health approaches including financial inclusion, sleep and child safety.</p> <p>In closing, Dr Milosevic said the child health agenda sat alongside ongoing local and national work and the report outlined the key actions and next steps, most of which were a continuation of existing programmes and initiatives.</p> <p>In response to a query about the workforce not reflecting the diversity of the community it served, Dr Milosevic said that while staff were trained to engage with different groups, it was important for patients to see a workforce that reflected their own backgrounds and experiences. Maternity services had undertaken significant work to encourage individuals into the service and to retain staff, including work with the University of the West of Scotland on overcoming barriers for attending university. This provided valuable learning for other areas on how best to support diverse communities and remove barriers to access. Dr von Wissman added that the antiracism plan was in place and an update would be provided at the next meeting of the People Committee. There were a number of key elements in this plan including staff experience, supporting staff development and training for management staff to act against racism. The Committee asked about services for women experiencing Gender Based Violence (GBV) and it was noted that there was a coordinated multiagency approach to providing support noting the importance of identifying women who were subject to GBV and ensuring they were aware of and able to access the services available.</p>		

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	<p>In response to a query about whether moving to “opt out” approaches for some services had made a difference, Dr Crighton said that there was evidence that when an “opt out” approach was implemented there was more engagement and this had been seen in CO2 monitoring and weight management.</p> <p>There was a query on whether there were any practical barriers to accessing healthcare, particularly for larger families. Dr Milosevic said that maternity services were trying to deliver local services with consistent continuity of care. Ms Baxendale said that there was a range of infrastructure providing support in a number of areas including transport and financial inclusion, however, optimising appointment setting was a critical component of this and there was ongoing work in progress. Dr Potts added that maternity services were a significant users of interpreting services and information was available in a number of different languages as well as outreach in communities to provide support.</p> <p>In response to a query about financial inclusion services for women during pregnancy, Dr Potts said that there were different routes to access this, for example, in Glasgow women identified as vulnerable were referred to the Blossom Team and financial inclusion was part of that service. She provided assurance that in maternity services in general midwives were trained to ask appropriate questions and refer women to services.</p> <p>Ms Turner said it was clear from the report that this was a significant area of work and asked Committee members who were also members of IJBs to be mindful of the importance of child and maternal health services during discussions.</p> <p>The Committee were assured by the update.</p> <p><u>ASSURED</u></p>		
	b) Child and Maternal Health Screening Programme Annual Report		
	<p>The Committee considered the Child and Maternal Health Screening Programme Annual Report [Paper 26/03] presented by Dr Emilia Crighton, Director of Public Health, for assurance. Dr Crighton invited Dr Alison Potts, Consultant in Public Health/Screening Coordinator, to provide an overview of the report.</p>		

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	<p>Dr Potts provided a comprehensive overview of the screening programmes currently in place for pregnancy, newborns, and preschool children. She outlined three key screening programmes available during pregnancy, along with two screening programmes for newborns. There was also a dedicated screening programme for children in preschool. Dr Potts highlighted the specific challenges and priorities associated with each of the different programmes and discussed the ongoing evidence-gathering which aimed to provide a clearer understanding of what an effective population-based screening programme should look like. Dr Potts advised that the screening programmes for pregnancy and newborns had a consistently high level of participation. There were ongoing efforts to adapt to evolving data systems, implement necessary system upgrades and incorporate screening for emerging conditions. The process of transitioning to new electronic systems was underway to ensure compliance with national data standards. These enhancements reflected the commitment to continuous improvement and the delivery of high-quality, population-based screening.</p> <p>In response to a query about the decrease in pre-school vision screening, Dr Potts said that there was no national data around this screening programme and therefore it was not possible to compare this with other Boards, although it was acknowledged that screen time, may be contributory factors. Ms Turner highlighted the importance of vision screening for children and said that there should be further discussion and assurance on this important issue.</p> <p>There was a query about the recurring theme of health inequalities, particularly the finding that children from SIMD1 backgrounds were more likely to experience illness and there were also challenges in pre-emptively screening these children as they were less likely to be identified early. Dr Crighton agreed and noted the importance of ensuring effective support for this population. Ms Turner asked that Dr O'Dowd consider how this could be added to the Annual Cycle of Business to ensure the Committee addressed this over the coming year.</p> <p>The Committee were assured by the update.</p> <p><u>ASSURED</u></p>		

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8.	Child Oral Health Indicators and Publication of National Dental Inspection Programme Report for 2024/25		
	<p>The Committee considered the Child Oral Health Indicators and Publication of National Dental Inspection Programme Report for 2024/25 presented by Dr Michael McGrady, Chief of Dentistry/Consultant in Dental Public Health, for assurance.</p> <p>Dr McGrady delivered a short presentation outlining the key findings of the report. Following a request to Public Health Scotland (PHS) data was now being provided at Health and Social Care Partnership (HSCP) level. The data showed steady improvements in dental registration and, although there was still progress to be made, NHSGGC was performing well compared to the rest of Scotland. Dr McGrady said that in Inverclyde there had been a significant increase in dental registration for very young children, however, he acknowledged that there was further work required in that area. A new dental practice had been established in Inverclyde as part of the Scottish Dental Access Scheme (SDAS) with the expectation that a specific number of NHS patients would be registered and NHS care would be delivered for a period of seven years. Another dental practice in the locality had expressed an interest in opening a new practice and work was underway to support this under the existing scheme. There had been a slow rate of reuptake in Childsmile post Covid, and there was ongoing efforts to increase engagement and participation within schools. There had been significant progress since the previous report with just under 90% of schools delivering sustained participation in the programme and targeted work with SIMD1 and SIMD2 schools. The number of children added to the General Anaesthetic (GA) waiting list had remained stable over the reporting period and work was underway with academic and public health colleagues across Scotland to validate this approach. The outcomes from the National Dental Inspection Programme (NDIP) were now approaching pre-pandemic levels for both Primary 1 (P1) and Primary 7 (P7) cohorts, narrowing the gap to the rest of Scotland.</p> <p>Dr McGrady concluded by asking the Committee to continue to support engagement with Public Health Scotland (PHS) for continued improvement of reported data; support and advocate for the delivery of sustained toothbrushing activities within educational establishments; and support activities to reduce GA referrals.</p> <p>The Committee were concerned about the schools who were not participating in the Childsmile programme and, while Dr McGrady</p>		

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	<p>shared the Committee's concerns, significant improvements had been made although he acknowledged that further effort was required. He said that a pragmatic approach being taken being cognisant of other challenges in schools but there was close working with partners and he highlighted that had been some really good work undertaken with the quality improvement team in Glasgow City. He added that the Childsmile branding was a strong point and they were current reviewing their focus within the programme based on evidence coming through from Scotland and worldwide. The Committee asked if there was a practical role that this Committee could take on, for example, further discussions with Education colleagues in the areas where uptake was low. Ms Turner said that there were a number of areas where this could be helpful and she would take advice from Dr O'Dowd and colleagues on how to work with Education departments to influence public health.</p> <p>In response to a question about the SDAS bids and whether there was anything further that could be applied for, Dr McGrady said that the scheme was linked to rurality and remoteness and the Scottish Government had indicated that the programme was being changed. However, he provided assurance that he would continue to take forward the issue of inequalities and deprivation with the New Chief Denal Officer.</p> <p>The Committee were assured by the update.</p> <p><u>ASSURED</u></p>		
9.	Public Mental Health Progress Report		
	<p>The Committee considered the Public Mental Health Progress Report [Paper 26/05] presented by Ms Fiona Moss, Head of Health Improvement & Equalities, Glasgow HSCP, for assurance. Ms Moss invited Dr Trevor Lakey, Health Improvement and Inequalities Manager, Mental Health Alcohol and Drugs, and Dr Rebecca Campbell, Consultant in Public Health, Mental Health, to provide a short presentation.</p> <p>Dr Lakey said a combined approach had been taken to consider both child and adult mental health together which offered a perspective on trends and challenges across the whole life course as addressing mental health throughout an individual's lifetime had a significant role in overall mental wellbeing. Recent Scottish census data had shown a substantial increase in reported mental health issues over a ten-year period. Although suicide rates in</p>		

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	<p>Greater Glasgow and Clyde had declined significantly, this figure remained too high and ongoing efforts were needed to further reduce this. Dr Lakey emphasised the importance of working in partnership to address poor mental health and noted the work with Strathclyde University which was actively involved in supporting mental health initiatives, training school-based staff and working across different sectors to improve outcomes. He also highlighted the importance of perinatal and early years interventions, the Neurodevelopmental Disorders (NDD) pathway and the self-harm network as key areas of focus as well as the development of digital interventions, such as the iMind programme, which was designed to support young people from diverse backgrounds.</p> <p>Dr Campbell said that over the past year considerable effort had been spent in narrowing down adult mental health priorities in collaboration with colleagues within Health and Social Care Partnerships (HSCPs). The report highlighted progress in four key areas - promoting social connection; improving wellbeing and self-care; tackling distress; and tackling inequalities and discrimination. Training and development was key and there was a particular focus on addressing gaps within acute services in suicide prevention training for staff. When this reported to the Committee last year, the variability in governance across different HSCPs had been noted and Dr Campbell advised that this had now been addressed with each area having a process in place.</p> <p>Dr Lakey and Dr Campbell concluded by setting out the key actions for 2026/27 and emphasising that improving public mental health relied on strong collaboration across organisations, including the third sector and local communities.</p> <p>Ms Turner said that the presentation and paper had raised some important issues and as part of her role as the Board's Mental Health Champion she would give further thought to these and the overall mental health agenda in her discussions with Bord members and senior staff.</p> <p>The Committee were assured by the update.</p> <p><u>ASSURED</u></p>		
10.	Local Child Poverty Action Report – Inverclyde		
	The Committee considered the Local Child Poverty Action Plan Report - Inverclyde [Paper 26/01] presented by Dr Emilia Crighton, Director of Public Health – for approval.		

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	<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 and this was the fifth of the reports that had been presented to the Committee for approval. Ms Turner said that this was a very comprehensive report and extended her appreciation to everyone involved.</p> <p>The Committee were content to approve the report.</p> <p><u>APPROVED</u></p>		
11.	Population Health Framework		
	<p>The Committee received a verbal update on the Population Health Framework from Dr Emila Crighton, Director of Public Health, for assurance.</p> <p>Dr Crighton reported that since the previous meeting of the Committee in October 2025 there had been a national meeting with Scottish Government and Public Health Scotland colleagues to look at what activity was already happening across Scotland. She said she had been particularly inspired by the child and maternal health services theme at today's meeting and assured the Committee that the content discussed today, particularly around early years, was a priority in the Population Health Framework with healthy weight and diet key elements.</p> <p>The Committee were assured by the update and noted that further updates would be provided when more information was available.</p> <p><u>ASSURED</u></p>		
12.	Quarter 2 Public Health Assurance Information Progress Report		
	<p>The Committee considered the Quarter 2 Public Health Assurance Information Progress Report [Paper 26/07] 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 noted that this was an interim report as the performance framework from Public Health Scotland was awaited. She noted two key areas, the smoking targets and the implementation of Blood-Borne Virus (BBV) testing and the report</p>		

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	<p>set out the actions to address these targets. She also reported that the uptake of the Spring COVID vaccination programme had been positive and a full report detailing staff vaccination uptake would be provided during the next calendar year.</p> <p>Dr Kennedy added that there had been success in high-intensity test and treat Blood Borne Virus (BBV) programmes conducted in collaboration with multiple agencies. A programme for BBV testing and treatment in prisons had resulted in a 90% uptake rate among participants and the outcomes and findings from this would be discussed in more detail at a future meeting. Dr Kennedy also emphasised that vaccination remained a fundamental component of the Population Health Framework but there were challenges including cost pressures from changes in the types of vaccines.</p> <p>The Committee were assured by the update,</p> <p><u>ASSURED</u></p>		
13.	Annual Cycle of Business 2026/27		
	<p>The Committee considered the Annual Cycle of Business 2026/27 [Paper 26/08] presented by Ms Marion O'Neill, General Manager, Public Health, for approval.</p> <p>Ms Turner said that due to time constraints it was not possible to discuss this in detail today and she proposed reviewing this offline with the Committee Chair and Ms O'Neill to ensure that the focus over the next year was on areas where there were the greatest health inequalities as well as incorporating any further issues that had been discussed during today's meeting.</p> <p>The Committee were content with the proposed course of action.</p> <p><u>ONGOING</u></p>		Ms O'Neill
14.	Corporate Risk Register Extract		
	<p>The Committee considered the Corporate Risk Register Extract [Paper 26/09] 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 with no changes proposed to the risk scores. There were 5 actions for these risks,</p>		

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	<p>two actions were open and three were overdue with further detail on these provided in the report.</p> <p>The Committee were content to approve the Corporate Risk Register.</p> <p><u>APPROVED</u></p>		
15.	Closing Remarks and Key Messages for the Board		
	<p>Ms Turner thanked members for attending and said that that there had been a significant amount of information and papers presented with a number of actions which would be taken forward. A report on the key items of discussion would be prepared for the next meeting of the NHS Board.</p> <p>Ms Turner noted that this was Dr Emilia Crighton's last meeting before she retired as Director of Public Health. The Committee thanked Dr Crighton for all her support and wished her well in her retirement.</p> <p><u>NOTED</u></p>		
16.	Date of Next Meeting		
	<p>The next meeting would be held on Thursday 23 April 2026 at 2.00 pm hybrid via MS Teams and in the Board Room, JB Russell House</p>		