

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Population Health and Wellbeing Committee
held on 17 June 2025 at 2.00 pm
via MS Teams**

PRESENT

Mr Charles Vincent (in the Chair)

Ms Libby Cairns	Ms Dianne Foy
Dr Emilia Crighton	Ms Karen Turner
Cllr Colette McDiarmid	

IN ATTENDANCE

Ms Anna Baxendale	Head of Health Improvement
Dr Helen Benson	Consultant, 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)
Ms Katrina Heenan	Chief Risk Officer
Mr Neil Irwin	Service Lead, Public Health
Ms Fiona Moss	Head of Health Improvement & Inequality, Glasgow City HSCP
Ms Marion O'Neill	General Manager, Public Health
Dr Iain Kennedy	Acting Lead Clinician for Health Protection
Ms Linda Morris	Public Health Programme Manager

		Action By
33.	Introductory Remarks, Welcome and Apologies	
	The Committee Chair, Mr Charles Vincent, welcomed those present to the June meeting of the Population Health and Wellbeing Committee. Apologies for absence were noted on behalf of Cllr Jacqueline Cameron, Professor Jann Gardner, Mr Graham Haddock, Cllr Robert Moran, Ms Carron O'Byrne, Mr Derrick Pearce and Dr Lesley Thomson KC.	
	NOTED	

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34.	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>		
35.	Minute of Previous Meeting held on 15 April 2025		
	<p>The Board considered the minute of Population Health and Wellbeing Committee held on 15 April 2025 [Paper PHWBC(M)25/02] presented for approval.</p> <p>On the motion of Ms Cairns and seconded by Ms Foy, the Committee were content to accept the minutes of the meeting as a complete and accurate record.</p> <p><u>APPROVED</u></p>		
36.	Matters Arising		
	<p>a) Rolling Action List</p> <p>The Committee considered the Rolling Action List [Paper 25/20] presented for approval.</p> <p>Ms Donald said that there were four actions on the RAL and three were ongoing with one proposed for closure. The following updates were provided.</p> <p><u>Item 37 – Local Child Poverty Action Reports (LCPARs)</u> Ms Baxendale said that a workshop had been organised with local leads to review the LCPARs and, as influencing the format for this round was challenging, a thematic report would be created to identify common themes across all LCPARs. Four LCPARs were expected to be presented to the Committee in October and these would be framed to make it easier to read across</p> <p><u>Item 28 – Assurance Information Quarterly Report</u> Dr Crighton said that the information on HSCP funding changes was being collated and Ms O'Neill was presenting an interim table later in the meeting.</p> <p>The Committee were content to approve the Rolling Action List.</p> <p><u>APPROVED</u></p>		

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37.	Urgent Items of Business		
	<p>The Chair invited members to raise any urgent items of business. There were no issues raised.</p> <p><u>NOTED</u></p>		
38.	Epidemiology Update		
	<p>The Committee considered the Epidemiology Update, which was a presentation by Dr Iain Kennedy, Acting Lead Clinician for Health Protection, for awareness.</p> <p>Dr Kennedy focussed on the remit and work of the Public Health Protection Unit (PHPU) including its responsibility for statutory functions under the Public Health etc. (Scotland) Act 2008. Dr Kennedy set out all the areas that the PHPU was involved in and the different agencies, both local and national, that it worked with including Local Authorities' Environmental Health Departments, SEPA, Scottish Water and Public Health Scotland. He said that the Civil Contingencies Planning Unit was also hosted within the PHPU although this was a Board-wide function.</p> <p>In response to a query about how to contact the PHPU, Dr Kennedy said that they had a website and all health and social care partners were aware of the contact details. He said that members of the public also called directly with concerns or to seek further information.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>		
39.	Joint Health Protection Plan 2025-2027		
	<p>The Committee considered the Joint Health Protection Plan (JHPP) 2025-2027 [Paper 25/21] presented Dr Emilia Crighton, Director of Public Health, for endorsement prior to being presented to the NHS Board.</p> <p>Dr Crighton invited Dr Kennedy and Dr Benson to provide a presentation setting out the key themes from the report. Dr Kennedy said that the JHPP was a statutory document that Boards were required to produce and publish in consultation with their Local Authority partners. He said that this was a descriptor of agreed health protection priorities and structure and the Board's resource to respond to those. The workplan set out the work that would be taken forward over the two years and action plans would be developed for each of the items. The content relating to health protection priorities had</p>		

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	<p>been reviewed and some areas had been expanded to take account of emerging issues, for example, food security and fuel poverty, and included climate change and sustainability which were of increasing importance.</p> <p>Dr Crighton asked if it would be helpful to provide a small case study showing how the different agencies worked together to discharge their duties. The Chair agreed and said it would be helpful if there was a presentation at each Committee meeting. The Committee also suggested a visit to port health at Greenock to better understand it and the potential impact on colleagues. Ms Donald would feed that back to consider if it could be part of the Board visit programme.</p> <p>In response to a query, Dr Crighton said that the system for identifying TB and prevention was robust to ensure all contacts were traced. She said that they were looking at how to engage populations who had come through the relocation programme for where higher prevalence and a proposal for a pilot on TB screening had been submitted to the Scottish Government.</p> <p>In response to a query about the higher prescribing rate for antibiotics, Dr Crighton said that there had been spikes and they were trying to understand why behaviours had changed.</p> <p>Following a detailed discussion regarding the plan and its link to the wider Public Health Framework, the Committee requested minor amendments to the document in advance of the Board given the complexity and timing.</p> <p>The Committee were content to endorse the Plan to be presented to the NHS Board.</p> <p><u>ENDORSED</u></p>	<p>Dr Crighton/Dr Kennedy</p> <p>Ms Donald</p> <p>Dr Kennedy</p>
40.	Healthy Weight Obesity and Prevention and Early Intervention for Type 2 Diabetes (T2DM) Update	
	<p>The Committee considered the Healthy Weight Obesity and Prevention and Early Intervention for Type 2 Diabetes (T2DM) Update [Paper 25/22] presented Dr Emilia Crighton, Director of Public Health, for assurance. Dr Crighton invited Linda Morris, Public Health Programme Manager, to provide a short presentation.</p> <p>Ms Morris said that overweight and obesity continued to present a challenge to the NHS and she outlined the programme of activity across NHSGGC for both children and young people and adults. She said that the first report from the Henry programme was now available with encouraging results. Adult weight management continued to be a</p>	

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	<p>busy service. Type 2 Diabetes engagement had gone down this year but there was work underway to strengthen that for next year. As well as weight management services there was also wraparound support available, e.g., vitality classes and health walks. The Active Glasgow strategy had been launched recently in which NHSGGC was a full partner and West Dunbartonshire and East Renfrewshire were about to embark on developing their strategies and NHSGGC would be a full partner in those as well.</p> <p>In response to a question about whether the thrive under five programme would be expanded to all HSCPS, Ms Morris said that the programme was now looking to put a bid into a UK fund to maintain activity in those areas that had the pilot and start the programme in other areas.</p> <p>There was a query about whether the popularity of weight loss injections was having an impact on engagement with traditional weight lost programmes. Ms Morris said that so far there had been no downturn in referrals and the evidence base was that lifestyle change was required to support injectables. Ms O'Neill said that they were in the early stages of working with financial colleagues to review acceptability and affordability of GLP1s and how they fit in the services to support achievement of healthy weight.</p> <p>In response to a query about the scale of the problem and the assurance that the outcomes required would be delivered, Dr Crichton said that this was a national priority and we needed to identify other ways of working with Scottish Government colleagues, Public Health Scotland and other Directors of Public Health to reduce the impact and prevalence of obesity.</p> <p>Ms Baxendale acknowledged that the size and scale of the problem remained challenging and a range of different interventions was required. She said that the national Good Food Nation was expected to be published in a few weeks and NHSGGC and its six Local Authority partners would then have 12 months to produce good food plans. As part of that, there would need to be collaboration to bring in environmental changes to make healthy eating a right not just a choice.</p> <p>Mr Dawson provided assurance that improving healthy weight was a key priority of the Public Health Framework which was being published later today.</p> <p>The Committee were assured by the report.</p> <p><u>NOTED</u></p>	

41.	Quarter 4 Public Health Assurance Information Progress Report		
	<p>The Committee considered the Quarter 4 Public Health Assurance Information Progress Report [Paper 25/23] 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 key areas from the Quarter 4 report. She said that there were notable successes including the delivery of MAT standards and Alcohol Brief Interventions. The areas in need of improvement included the number of newly diagnosed Type 2 Diabetes patients opting into the structure education programme, the number of smokers setting a quit date and the number of child development assessments completed for the 4-5 year age group.</p> <p>Ms O'Neill said that last year there had not been national campaigns for vaccination and smoking cessation and there needed to be further discussion on what could be done locally and nationally, recognising the size and impact of national campaigns. Mr Dawson said that there were a range of items from today's discussion that he would feedback to Public Health Scotland.</p> <p>In response to a query about child development assessments, Ms O'Neill explained how the data was collated and said that there was work being undertaken with Health visitor colleagues to try and understand whether this measure was accurately reflecting performance and further information on this would be included in the paper for the next Committee.</p> <p>Ms O'Neill said that following the last meeting a mapping exercise was being undertaken with HSCPs to try and understand where the financial challenges might be this year and what mitigations could be put in place. She presented the initial findings and she would circulate the final version to the Committee.</p> <p>The Committee were assured by the update.</p> <p><u>NOTED</u></p>		
42.	Public Health Action Plan		
	<p>The Committee considered the Public Health Action Plan [Paper 25/24] presented by Ms Marion O'Neill, General Manager, Public Health, for assurance.</p>		

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	<p>Ms O'Neill said that the paper provided an update on the proposed actions from the Public Health Seminar held in March 2024 noting that the oversight of this action plan had been added to the Terms of Reference for the Committee.</p> <p>The Chair said that the visits/shadowing could not sit out with the visiting programme that had been agreed with the Board and asked how these would be prioritised. Ms Donald said that she would take any suggestions and feedback to the Board Chair and the Director of Communications and Public Engagement who were developing a programme of Board visits, and it was therefore agreed that this action could be closed as it was now part of the wider Board visiting programme.</p> <p>Ms O'Neill said it priority areas for learning and development sessions needed to be identified and it was agreed to refer to the KPIs for the Committee to ensure that the Committee ultimately supported the Board's aims and objectives. This would be revised when the Population Health Framework was published and national priorities identified. Dr Crighton said that there needed to be more differentiation between the business of the Board and the role of Board Members on Committees and all of these different elements needed to dovetail into the learning and development part of the plan.</p> <p>The Chair noted that there was likely to be a Board briefing on the Population Health Framework following publication, however, he said that the Committee would require a more in depth briefing and asked that this be planned for the autumn following the initial Board briefing</p> <p>The Committee were assured by the update.</p> <p><u>NOTED</u></p>	Ms O'Neill
43.	Extract from the Corporate Risk Register	
	<p>The Committee considered the Extract from the Corporate Risk Register [Paper 25/25] 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 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. Dr Crighton noted that there had been recent discussions on some of the overdue actions and Ms Heenan would pick this up offline.</p>	Ms Heenan

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	The Committee were content to approve the Corporate Risk Register.		
	<u>APPROVED</u>		
44.	Closing Remarks and Key Messages for the Board		
	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.		
45.	Date of Next Meeting		
	It was noted that Board and Committee business was moving to Thursdays and the next meeting therefore would be held on Thursday 23 October 2025 at 2.00 pm.		