

PHWBC (M) 22/01
01 - 09

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Population Health and Well Being Committee
held on 19th January 2022, at 2:00pm
via MS Teams**

PRESENT

Mr John Matthews OBE (in the Chair)

Prof John Brown CBE	Ms Anne-Marie Monaghan
Prof Linda de Caestecker	Mr Ian Ritchie
Ms Jane Grant	Mr Frank Shennan
Ms Mhairi Hunter	

IN ATTENDANCE

Ms Susan Manion	..	Associate Director of Delivery & Child Health Commissioner
Ms Fiona Moss	..	Head of Health Improvement and Inequality, Glasgow City HSCP
Mr Peter Seaman	..	Associate Director, Glasgow Centre for Population Health
Ms Anna Baxendale	..	Head of Health Improvement, Public Health
Dr Emilia Crighton	..	Deputy Director of Public Health
Dr Alan McDevitt	..	GP
Dr Mairi Young	..	Public Health Research Specialist
Dr Katherine Timpson	..	Public Health Research Specialist
Dr Ben Hall	..	Public Health Registrar
Dr Michael McGrady	..	Consultant in Dental Public Health
Dr Jayshree Bagaria	..	Consultant in Public Health Medicine
Dr Lee Savarrio	..	Consultant Restorative Dentistry
Mr George Dodds	..	Public Health Scotland Chief Officer
Mr Bruce Whyte	..	Public Health Programme Manager
Ms Lorraine Fleming	..	Health Improvement Lead (Sexual Health)
Ms Gillian Duncan	..	Secretariat
Ms Amy White	..	Secretariat (Minute)

		ACTION BY
01.	WELCOME AND APOLOGIES	
	<p>Mr Matthews welcomed those present to the meeting of the Population Health and Well Being Committee within the Boardroom of JB Russell House and those who joined via video conferencing.</p> <p>Mr Matthews welcomed Mr Dodds for attending on behalf of Public Health Scotland and welcomed Ms Fleming, Health Improvement Lead for Sexual Health who was invited to observe the meeting.</p> <p>Apologies for absence were intimated on behalf of Ms Angela Leitch.</p> <p><u>NOTED</u></p>	
02.	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>	
03.	MINUTES OF THE MEETING HELD ON 13 OCTOBER 2021	
	<p>The Committee considered the minute of the meeting held on 13 October 2021 [Paper No. PHWBC (M) 21/02] and were content to approve the minute as a full and accurate record of the meeting.</p> <p><u>APPROVED</u></p>	
04.	MATTERS ARISING	
a)	<p>Rolling Action List</p> <p>The Committee reviewed the item detailed on the Rolling Action List [Paper No. 22/01].</p> <p><u>Screening Inequalities Plan</u> Dr Dodds agreed to follow up the action with Dr Ward and provide an update at the next meeting.</p> <p><u>LCPAR Reports</u> Ms Moss confirmed the feedback on the data was reported to Glasgow City. Glasgow City Council had analysed the data with information based on their records of the benefits they administer which was used to</p>	Dr Dodds/ Dr Ward

	<p>ensure those not accessing benefits they were entitled to were able to be approached. Ms Moss was pleased with the ongoing work.</p> <p>Mr Ritchie recorded appreciation for the efforts of the Public Health Department and all teams involved in COP26 ensuring it was a safe event for everyone.</p> <p>There were no further matters arising that were not on the agenda.</p> <p>Secretary to update the list.</p> <p><u>NOTED</u></p>	<p>Secretary</p>
<p>05.</p>	<p>COVID-19 UPDATE</p>	
	<p>The Committee considered the 'COVID-19 Update' presented by Professor Linda de Caestecker, Director of Public Health.</p> <p>Professor de Caestecker reported there was a considerable increase in the number of infections which had contributed to the rate being extremely high. This had an impact on staff absences and hospital cases. In the past two weeks there had been a decline in cases which could be as a result of testing as there had been a reduction in the use of PCR tests and greater use of Lateral Flow Tests (LFTs). Professor de Caestecker noted that although LFTs were counted within the numbers, it was dependent on the public registering their results.</p> <p>Professor de Caestecker advised the rate of infection was under 1000 and was showing a decline. The Estimated Dissemination Rate (EDR) was previously over 2 and had now decreased to 0.53. Hospital cases remained high although there was an expectation these would continue to increase in the coming weeks. Professor de Caestecker noted the situation was manageable, however, this would put pressure on services. The reduction in cases had been identified across all age groups with the exception of the youngest age groups 1-3 years and 4-10 years. A lower rate of infection was identified in the over 65 years which was welcomed as they were the most at risk of severe disease or hospital admission.</p> <p>Professor de Caestecker noted there had been challenges in recent weeks with the change in guidance for Test and Protect, Public Health teams and for staff understanding the guidance on returning to work. Although rates were reducing it remained a busy time for NHSGGC services and Public Health teams, particularly responding to queries from care homes with increased outbreaks and additional challenges around visiting and admissions.</p>	

	<p>Members had queried how long it would take to see the reduction in hospital numbers if there had been a significant reduction in cases. Professor de Caestecker confirmed modelling indicated 2-3 weeks after the peak in hospital admissions. Modelling had suggested NHSGGC would continue to see hospital admissions at the current rate until the beginning of February.</p> <p>Mr Matthews thanked Professor de Caestecker for the COVID-19 update. The Committee welcomed the update and were assured by the information provided.</p> <p><u>NOTED</u></p>	
06.	HEALTH IN A CHANGING CITY: GLASGOW 2021	
	<p>The Committee considered the paper 'Health in a Changing City: Glasgow 2021' [Paper No 22/02] presented by the Public Health Programme Manager, Mr Bruce Whyte, Public Health Research Specialist, Dr Mairi Young and Public Health Research Specialist, Dr Katharine Timpson.</p> <p>Mr Whyte advised the report provided a comprehensive analysis of changes in population, socioeconomic, environmental and health factors over the last 20 years within Glasgow and in comparison with Scotland. Since the Glasgow Centre for Population Health had been set up in 2004, the aim had been to generate insights and evidence, support new approaches, and inform and influence action to improve health and tackle inequality.</p> <p>Mr Whyte reported Glasgow's population had grown substantially in the last 15 years with the strongest population growth in the least deprived parts of the city. Glasgow had a relatively young population but the city's age profile was likely to get older in the next 25 years. Glasgow had become an ethnically diverse City with 25% of young people now from a Black, Asian or minority ethnic background. Mr Whyte reported that female life expectancy had reduced in recent years and both male and female life expectancy had reduced in the most deprived areas of the city which had led to widening health inequalities. The COVID-19 pandemic had an impact with a significant number of deaths and hospitalisations in Scotland and this was likely to exacerbate existing health inequalities. Research highlighted how Glasgow's population was changing and had worsening trends in life expectancy which was a key marker of societal health.</p> <p>Mr Whyte highlighted the measures that had been introduced by the Scottish Government including the Scottish Child Payment, increased Carers Allowance, Scottish Welfare Fund, free school lunches, Public Sector Pay Policy, winter heating allowance, free nursery education and free bus travel for under 22 year olds.</p>	

Dr Young reported that mental ill health in Scotland had been challenging before the pandemic and in Glasgow the rate of prescriptions and hospitalisations associated with mental ill health was higher than the national rate. In the last two years there had been an additional increase in mental ill health across many population groups with increased pressure on NHS and Social Care Services. Inequalities in access to support had been recognised; children and young people were waiting longer than adults to start treatment with only 61% receiving treatment within the 18-week guideline compared to 89% of adults. Dr Young noted the concerted effort in to increase mental ill health support and funding across Scotland and said there needed to be greater and sustained investment in community mental health care including within CAMHS. Dr Young advised a further recommendation was to reassess the current wait for mental health treatment and address the inequalities in waiting times between children and young people and adults.

Dr Young reported the findings on Gender and Equalities noting gender based violence had increased. It was highlighted that Glasgow had the highest rate of domestic abuse in Scotland with reported sexual crimes having doubled in the last decade and Glasgow had a high proportion of women working in prostitution who experienced threats to their safety and harassment on a regular basis. It was recommended that there should be a greater focus on gendered perspectives and lived experiences when planning public spaces and services which could be achieved by 'place based participatory planning' with females from the local community.

Dr Young reported that racism was a social determinant of physical and mental health and a driver of ethnic inequalities at an individual and structural level. Studies of the relationship between racism and health were limited as they focused on major experiences and not every day microaggressions. It was reported that COVID-19 had an unequal impact on individuals from minority ethnic groups with an increase in mental ill health, increase in food insecurity and a higher proportion seeking re-employment. Dr Young noted the recommendations were around data which should be collected routinely and comprehensively across all public services. Dr Young advised collecting better data was a first step and people from minority ethnicities should be in decision making roles when designing services.

Dr Timpson reported that both the disabilities and children and young people population groups were frequently highlighted within the report. Around a quarter of adults in Glasgow in 2011 had a limiting health problem and 9% of school pupils in 2019 noted an illness or disability which limited what they could do. Disabled people were more likely to experience poverty and housing issues and the gap between the employment rate of the disabled and non-disabled population was around 20% in Glasgow in 2019. The recommendations focused on the need to tackle digital exclusion which would mean providing affordable

digital access to all and alternative ways to access services and information. Dr Timpson advised children and young people aged 0-14 years were more likely than any other age group to live in the most deprived areas in Glasgow. Figures from 2019 suggested that 22% of adolescents in Glasgow had emotional or mental illness. The recommendations were to highlight the need of further expansion of flexible childcare options and to improve affordable digital access to combat exclusion.

Dr Timpson advised that within the economy and housing and homelessness there was an unequal impact for the population. The recommendations for the economy included seeking to maintain the benefit increases which had been implemented during the pandemic, improved pay for essential workers, sustainable economic policies and involving people with experience in decision making. Dr Timpson noted the recommendations for housing and homelessness were homelessness prevention, building on partnerships between local authorities and the third sector and ensuring housing was affordable for everyone.

Members responded to the query of providing assistance with data collection noting ethnicity data from General Practice was collected from those registered and those with chronic diseases. Although not comprehensive it should be progressively more accurate and linked to CHI to improve the quality of the data. Dr Young advised there were excellent resources on ethnicity data that allow data linkage however the pressing challenge was to consider racial discrimination and systematic racism than categorising on biological difference and ethnic data alone. He said it was important to use people's experiences of services to heighten the data to look at service use in a different way.

Dr Young responded to a query on what would make the biggest difference now and highlighted gender inequalities noting the importance of women's participation in the workforce and women's safety on the streets of Glasgow. This could be achieved at a Local Authority level too with access to childcare and ensuring public spaces and access to services. Dr Timpson added partnership working was vital and had been positive particularly with homelessness ensuring everyone was involved with a high level of participation.

Professor de Caestecker noted the report demonstrated the urgency for the Public Health team to focus on community planning and with national groups to influence change with both Scottish Government and UK Government.

Mr Matthews thanked Mr Whyte, Dr Young and Dr Timpson for the comprehensive report. The Committee welcomed the update and were assured by the information provided.

NOTED

07.	ANNUAL REPORT ON SCREENING	
	<p>The committee considered the paper 'NHSGGC Public Health Screening Report 2020-2021' [Paper No 22/03] presented by Deputy Director of Public Health, Dr Emilia Crighton.</p> <p>Dr Crighton advised the annual report presented information about NHSGGC screening programmes for the period 1 April 2020 to 31 March 2021. During 2020, as the result of the COVID-19 Pandemic screening programmes for adults were paused on March 2020 with a phased remobilisation in late summer. The report had reflected on the reduced activity carried out within the year. Programmes had to adapt their delivery to take account of the changes to the way the service was delivered. It was possible for some programmes such as Bowel and Breast screening to reflect the reduced capacity in the calculated uptake rates while other programmes such as Cervical and Diabetic Retinopathy Screening could not include the reduced capacity in their uptake calculations which explained the differences in uptake.</p> <p>Dr Crighton advised there were challenges with resuming the Abdominal Aortic Aneurysm (AAA) programme with access to clinics and the impact of social distancing. The capacity had now recovered and the trajectory indicated screening would be available to all those eligible by March 2022. A recovery programme had been introduced for the school programme which estimated that the screening for the 2020/2021 cohort would also be completed by March 2022.</p> <p>Dr Crighton reported Significant Adverse Events continued to be identified and noted the reduction in face to face activities due to infection precautions and the reassignment of public health staff to support the directly related pandemic activities had led to inequality initiatives including those aimed at people with learning disabilities or people from ethnic minorities being postponed until full recovery was in place.</p> <p>Members highlighted the complexities of the paper and noted appreciation to Dr Crighton for producing the report during the additional pressures experienced.</p> <p>Dr Crighton responded to a query regarding bowel screening capacity noting that initially the capacity for colonoscopy was a concern however the capacity had been able to be increased with the access collaborative and the ongoing recovery work. Although not a current challenge, there was work ongoing nationally to increase colonoscopy throughout Scotland.</p> <p>Dr Crighton advised the team would continue to capture the impact of COVID-19 on screening within the next report.</p>	

	<p>Mr Matthews thanked Dr Crighton for the annual screening report. The Committee welcomed the update and were assured by the information provided.</p> <p><u>NOTED</u></p>	
<p>08.</p>	<p>WATER FLUORIDATION</p>	
	<p>The committee considered the paper 'Establishing a Water Fluoridation System' [Paper No 22/04] presented by Consultant in Dental Public Health, Dr Michael McGrady.</p> <p>Professor de Caestecker reported oral health inequalities persisted in Greater Glasgow and Clyde despite improvements made from national oral health improvement programmes. Evidence had shown water fluoridation can reduce the social gradient and narrow the differences in dental disease between more and less deprived communities. Professor de Caestecker noted, that if the Committee agree to progress with the scheme, it would be a lengthy process and there would be a need for robust community engagement and a technical feasibility study, working with partners including Scottish Water, Scottish Government and Local Authorities.</p> <p>Dr McGrady advised community water fluoridation schemes involved adjusting the natural levels of fluoride in drinking water to 0.7-1.0ppm with a view to provide protection against dental decay. Dental decay was a preventable condition and remained a significant public health problem which had a broad impact not only on health and wellbeing but on the services NHSGGC provided. Community water fluoridation schemes existed worldwide, predominately in North America, Australia, the Republic of Ireland and in England. There had been multiple systematic reviews and the most significant identified was the 'York Review' published in 2000, which was updated by the Cochrane Oral Health Group in 2015. The review highlighted the strong evidence on reducing and preventing dental decay with decay levels identified in children reduced by a third. There was further evidence for the effect on the social gradient by reducing inequalities across the population with health benefits for adults.</p> <p>Dr McGrady reported that there were adverse associations between much higher levels of natural fluoride in drinking water and the prevalence of dental mottling, referred to as dental fluorosis. Dental mottling was a low risk from the levels used in public health and recognised as more of an aesthetic challenge.</p> <p>Dr McGrady noted many systematic reviews highlighted that research studies on water fluoridation were dated and based on schemes implemented and evaluated in the 1940-1960s and therefore there was</p>	

	<p>a need to update the evidence base and improve the quality of the research. However, there was a study in progress in water fluoridation across Cumbria called CATFISH (Cumbria Assessment of Teeth – a Fluoride Intervention Study for Health).</p> <p>There had been previous attempts to introduce water fluoridation in Scotland in the past, most notably the 1978 attempt by Strathclyde Regional Council which led to a legal challenge which became one of the longest-running civil actions in Scottish legal history.</p> <p>Dr McGrady noted that oral health inequalities persisted in GGC despite improvements made from national oral health improvement programmes, such as Childsmile. A third of Primary 1 children still had significant dental disease. Referrals into Board services for children requiring urgent dental care including extractions under general anaesthetic remained high with over 300 cases per month, with significant waiting times for treatment. COVID-19 had increased pressures on services and the impact of COVID-19 and the endorsement by the Chief Medical Officers had provided an opportunity to review the position on fluoridation.</p> <p>Dr McGrady highlighted there was strong scientific evidence for water fluoridation as a safe, cost-effective public health intervention. This, in addition to existing strategies, would contribute towards improving oral health for the population of NHSGGC. The Committee were asked to consider exploring the possibility of establishing a water fluoridation scheme and undertaking a technical feasibility study to inform this process, prior to wider public consultation.</p> <p>Members thanked Dr McGrady for the comprehensive presentation and agreed that resourceful engagement would be an important factor in helping the wider population understand the differences in dental disease between more and less deprived communities and how water fluoridation could make a difference. There was discussion around the timing of moving forward, questions on whether this should be a national approach and the need to ensure the Scottish Government would be supportive of any process to implement this.</p> <p>Therefore, whilst the Committee supported the principle of exploring water fluoridation, they agreed that it would not be appropriate for NHSGGC to lead on taking this forward as they felt this was a national issue that needed to be subject to discussions between the Chief Medical and Dental Officers, Public Health Scotland, the Scottish Government and the other NHS Boards in Scotland to establish the way forward across Scotland. Professor de Caestecker advised that she had approached the Scottish Government to ask their views on the national position.</p>	
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OFFICIAL SENSITIVE

	<p>Mr Matthews thanked Dr McGrady for the report on Water Fluoridation. The Committee welcomed the update and were content to note the report.</p> <p><u>NOTED</u></p>	
09.	CLOSING REMARKS	
	<p>The Chair advised the Committee that it would be Professor de Caestecker's last meeting. The Chair congratulated Professor de Caestecker for completing her tenure with utmost dedication and whom was a valuable asset to the organisation. The Chair on behalf of the Members thanked Professor de Caestecker for all the great work she had completed for NHSGGC throughout the years.</p> <p>The Chair thanked everyone for their attendance and contribution to the meeting. The date of the next meeting was scheduled for the 13th April 2022 at 2pm.</p>	
	DATE OF NEXT MEETING	
	Wednesday 13 th April 2022 at 2.00 pm, via MS Teams.	