PHWBC (M) 23/01
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NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Population Health and Well Being Committee held on 18th January 2023, at 2:00pm via MS Teams

PRESENT

Mr John Matthews OBE (in the Chair)

Professor John Brown CBE	Ms Anne-Marie Monaghan
Dr Emilia Crighton	Ms Susanne Millar
Ms Dianne Foy	Mr Ian Ritchie
Cllr Martin McCluskey	Mr Francis Shennan

IN ATTENDANCE

Ms Anna Baxendale		Head of Health Improvement, Public Health
Ms Rebecca Campbell		Consultant in Public Health Medicine
Professor Chik Collins		Director of the Glasgow Centre for Population Health
Ms Kim Donald		Corporate Services Manager - Governance
Mr Andrew Gibson		Chief Risk Officer
Dr Ben Hall		Public Health Trainee
Mr Neil Irwin		Service Lead
Ms Heather Jarvie		Public Health Programme Manager, Adult Screening
Dr Iain Kennedy		Consultant Public Health Medicine
Mr Trevor Lakey		Health Improvement and Inequalities Manager
Matthew Lowther		PHS
Julie Metcalfe		Clinical Director CAMHS
Dr Catriona Milosevic		Consultant in Public Health Medicine
Ms Fiona Moss		Head of Health Improvement and Equalities, Glasgow City HSCP
Dr Alison Potts		Acting Screening Co-ordinator for adult programmes, Specialty Registrar in Public Health
Ms Debbie Schofield		Public Health Programme Manager
Ms 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. Apologies for absence were noted on behalf of: Mrs Jane Grant and Cllr Jacqueline Cameron. **NOTED**		
2.	**DECLARATIONS OF INTEREST**		
	The Chair invited Committee members to declare any interests in any of the items to be discussed. No declarations were made. **NOTED**		
3.	**MINUTES OF THE MEETING HELD ON 12 OCTOBER 2022**		
	The Committee considered the minute of the meeting held on 12th October 2022 [Paper No. PHWBC (M) 22/04] and were content to approve the minute as a full and accurate record of the meeting. **APPROVED**		
4.	**MATTERS ARISING**		
	The Chair invited those present to raise any matters not otherwise on the agenda. **NOTED**		
a)	**Rolling Action List**		
	The Committee considered the Rolling Action List [Paper 23/01] The Committee noted the following updates: 12.10.22 42 NHS GGC Child Oral Health Department Performance Report – the data regarding the child oral health would be included in the quarterly assurance information report following the publication of the inspection data. **APPROVED**		

5.	**URGENT ITEMS OF BUSINESS**		
	The Chair Invited the Committee to raise any urgent items of business. There were no urgent matters arising.		
6.	**WINTER EPIDEMIOLOGY UPDATE**		
	Dr Iain Kennedy, Consultant in Public Health Medicine, Health Protection, presented an update on a current position with regard to winter infections including: Group A Streptococcal infections (GAS), Covid-19, Influenza, Respiratory Syncytial Virus (RSV), and Norovirus. The Committee noted the following: <u>Group A Streptococcal infections</u> - There was a significant increase in a total number of upper respiratory GAS infections being detected in the current season, as compared with previous years, partly as a result of increased testing. - Numbers of invasive GAS infections (iGAS) for 2022 had been generally stable when compared with years prior. These were severe infections which could require hospitalisation and extensive treatment. There was a legal requirement for these infections to be reported to the Public Health Scotland. - There was a recent spike in the number of iGAS infections in Scotland during the final weeks of 2022 and the first week of 2023, including infections in children. - Local data for NHS GGC followed a similar pattern to Scottish data. <u>Covid-19</u> - The Office for National Statistics (ONS) data was the most appropriate for comparison due to changes to testing policies throughout the pandemic. A recent trend of increasing prevalence had been observed since the end of November 2022, but was lower than previous years. - Prevalence in Scotland was at 4.05 % (1 in 25 people) in the week ending 28th December. - Public Health Scotland data showed a trend of increasing hospitalisations due to Covid-19 infections through December 2022, however numbers started to fall during the first week of January 2023. <u>Influenza</u> - The incidence over December 2022 was at an Extraordinary level, when compared with data from previous years. The activity dropped to High level in the first week of January 2023. - The general incidence of Influenza infections in the current year had been consistently higher than in recent previous years. There were various speculations as to the nature of this increase but any		

	conclusions could only be made when the data for the whole year became available. - Local data for NHS GGC mirrored the national data. - The data presented showed the number of new cases in a given week which did not account for the amount of time and care required per each individual which would vary depending on the severity of the infection. <u>Respiratory Syncytial Virus</u> - Affected mostly young children. - Surveillance data of laboratory confirmed RSV tests showed that incidence rate of RSV in whole of Scotland was currently at a Moderate level. - In NHS GGC the incidence of RSV had decreased to a Low level in recent weeks. - There were 20 new confirmed cases of RSV in the week 1 of 2023 – this followed a static trend of weeks 50-52 of 2022. <u>Norovirus</u> - The PHS data on laboratory reports showed an increase in laboratory confirmed cases on Norovirus in Scotland, both in community an healthcare settings, as compared with last year's numbers, as well as, five year average (2015-2019) for the same time period. - Laboratory confirmed cases represented a proportion of true incidence in community as Norovirus could present as a mild self-limiting illness which did not require medical attention and laboratory testing. During the follow up discussion Dr Kennedy advised that the efficacy data relating to influenza and covid vaccines was still being gathered. However data from the Southern Hemisphere suggested poor match for this year's strains of influenza. Population's willingness to receive those vaccines was a multifactorial issue. Dr Kennedy to share data relating to average influenza inpatient stay with the Committee to allow for this information to be incorporated into the future winter planning. The Committee noted, regarding mask wearing that there was a recommendation from Scottish Government that masks should be worn in social settings but the decision was down to individuals. Local initiatives and messaging promoting mask wearing and other infection control measures would be discussed to ensure the messaging was being reinforced via local radio stations, GP's and other healthcare settings. The Committee were content to note the update **<u>NOTED</u>**		I. Kennedy E. Crighton, S. Bustillo
7.	**CHILDREN AND YOUNG PEOPLE**		

	a) Universal Pathways		
	The Committee considered the 'Revised Universal Pathway' report [paper 23/02] presented by Dr Catriona Milosevic, Consultant in Public Health Medicine and Val Tierney, Chief Nurse, West Dunbartonshire HSCP. The report presented a background, planning and implementation of the evidence based Revised Universal Pathway across NHSGGC. The Committee noted the following: - The role of health visitors had been emphasised as crucial in delivering the Getting It Right For Every Child (GIRFEC) and Health for All Children (Hall 4) policies. - The focus for health visiting teams was relationship building with the families ensuring appropriate assessment of each family's needs in a person-centred and supportive way. - Programme consisted of 11 home visits (8 within the first year and 3 further reviews between 13 months and 4-5 years). Visits were structured in a way that enabled formal assessment of child's development progress. - Families were supported by health visitors in areas such as feeding, parenting, child development concerns, mental health, smoke free environment, and signposting to other services (dental, speech and language, financial advice and support, food banks). - Data from SAER and SCR showed that frequent changes of the family's health visitor correlated with increased risks of serious events. - £8M investment from Scottish Government allowed for an increase of numbers of Health visitors by 200 WTE to enable the delivery of the programme. - The uptake and delivery coverage of the Pathway was at 90 % and above for all the key points, with the exception of the 4-5 year old point which was at around 80%. - There was a local work on the impact of the pandemic on children and families in addition to the national evaluation. - Priority areas identified included: increasing the proportion of 'on time' reviews, increasing the uptake of the 27-30 months and 4-5 years assessments, antenatal review to be fully embedded, increasing proportion of visits by the same health visitor, working towards improving outcomes, recognising the impact of poverty and hardship on child's development, linking health improvement with areas such as smoking cessation, right nutrition, and healthy weight, as well as, improving reporting capabilities to provide data. These priority areas would form the basis of an action plan which was currently under development. - The Pathway was one of the aspects of the work to support preschool children development, in addition to targeted interventions, family nurse partnership, etc. Multiple attendees praised the work that had been completed so far however there were worries regarding the longevity and sustainability of the service and wider issues that still remained to be addressed, including poverty. In the response Dr Milosevic assured that the positive		

	impact of the work being done would be instrumental in supporting child development via the whole system approach championed by the Universal Pathway in all areas. The ability to link the service with the outcomes would be instrumental for the future of the service and provide the ongoing evidence base. There was an ongoing work with Chief Officers including Chief Finance Officers to ensure the funding gap which had been identified in the paper would not inhibit the service delivery. There were number of workforce planning tools available and these were being utilised to support service delivery. However it was recognised that in light of current fiscal challenges there would be difficult decisions to be made. The Committee were assured in regard to lower uptake for 4-5 year old children that they were not being missed and the robust caseload management would trigger a response from a team leader who would follow up with GP to ensure there were no issues and ensure children were in early education. Often the reason for declined appointments were parents' work commitments and a lack of developmental concerns. The Committee noted that the high percentage of developmental concerns identified at the 27-30 week assessment was due to this age correlating with a number of concerns to manifest in children. There were ongoing efforts to address some of these concerns earlier to reduce the number of developmental issues and to improve children outcomes. It was recognised that improvements within community services and strengthening of the relationship between health visitors, health and community services and families was beneficial to improving children's health and wellbeing later in life. A further report to be presented to the committee which would include details of the Whole Family Wellbeing Fund and how it linked with the work of the health visiting team. Additionally it was noted that the inclusion of equality data would be beneficial to the future presentations of the report. The Committee noted the update and were assured by the information provided. **NOTED**		C. Milosevic C. Milosevic.
	b) Mental Health		
	The Committee considered the 'Children and Young People – Mental Health' report [paper 23/03], presented by Fiona Moss, Head of Health Improvement and Equalities – Glasgow City HSCP and Julie Metcalfe, Clinical Director CAMHS. The report presented a current position of the NHSGGC with regard to child mental health and the Children's Services commitment to support early intervention and prevention strategies to improve mental health and wellbeing outcomes among children. The Committee noted the following:		

	- Mental health problems were identified as a key cause of morbidity in children and young people with most adult mental health issues beginning in childhood. - All areas and stages of child's life (including pregnancy) had an impact on child's mental wellbeing. Improving mental health among children and young people required whole system approach. - The importance of prevention and early intervention and support was recognised as a key element of improving mental health outcomes. - The work to improve community services, including school counselling, was ongoing, however wider health service pressures and effects of the pandemic on healthcare services provision were an ongoing challenge. - There was an awareness that there were inequalities in mental health relating to characteristics such as gender, level of deprivation, disability status, as well as, being a looked after child, young carer, LGBTQ person, or a young offender. - Mental health and wellbeing matters should be treated as a high priority and be supported by long-term programmes and resources for promotion, prevention an early intervention. - The development of the youth and young adult suicide prevention subgroup under the suicide prevention strategy for Scotland. - There was a notable rise in self harm by young people and this was a growing area of concern. In the response a programme of suicide and self-harm prevention, 'What's the Harm' was developed. The need for a Board-wide mental health training delivery for educational settings, to recognise and address self-harm, was highlighted. During the follow up discussion it was recognised that there was a need to review how the mental health outcomes were measured among children and a follow up update would include reviewed and updated data including, the mental health census data as well as the Scottish Index of Multiple Deprivation (SMID) data. It was recognised that identifying and addressing root causes of mental health issues among children was a complex topic and included poverty, discrimination, gender stereotypes, school environment (including bullying) etc. In terms of online and social media the potential for harm was recognised but so were the benefits for young people struggling with mental health issues. The Committee discussed rejected referrals to Child and Adolescent Mental Health Services (CAMHS) and signposting to alternative services, so that young people were receiving the right intervention at an early stage. It was noted that there were ongoing efforts in that area. This included working with families and redirecting to other, more appropriate services. Public Health Scotland had devised Children Services Plans in collaboration with HSCPs and local authorities. However, it was recognised that waiting times for CAMHS and other services was an ongoing issue for families. The Committee were assured that reducing CAMHS referrals was a long term goal for the Board through prevention programmes rather than a short term metric		C. Milosevic

	and it was anticipated the numbers of referrals would be rising in the immediate future. It was proposed that the topic of mental health was presented to the Board members at the upcoming Board Seminar due to its status as one of the most important issues faced by health, community and social care currently. The Committee noted the update and were assured by the information provided. **NOTED**		E. Crighton/ K. Donald
8.	**ANNUAL SCREENING REPORT**		
	The Committee considered the 'NHSGGC Public Health Screening Annual Report 2021-2022' report [paper 22/04] presented by the Interim Director of Public Health, Dr Emilia Crighton. The Committee were asked to note the report which provided an update relating to a number of screening and monitoring programmes across Greater Glasgow and Clyde and Argyll & Bute which NHSGGC's Public Health Directorate was responsible for coordinating. The purpose of these programmes was to detect early disease or risk factors before symptoms had developed which contributed to early detection of some diseases. The report included analysis of local variations in uptake as well as variations in terms of some protected characteristics such as age, ethnicity, learning disability and mental health status. There were a number of priority actions resulting from the report which included: Equality Impact Assessment of the screening programmes, the need for implementation of an annual health check, including screening, for people with learning disabilities, and continued support of minority ethnic populations to participate in screening programmes. The Committee noted that with the exception of cervical cancer screening (which was temporarily paused due to Covid-19 measures) all screening programmes had seen an increase in uptake. The main area of improvement was ensuring that any learning from adverse incidents in screening was implemented. The Committee were content to note the update. **NOTED**		
9.	**ASSURANCE INFORMATION QUARTERLY REPORT**		

	The Committee considered the 'Public Health Assurance Information Framework' report [paper 23/05], presented by Interim Director of Public Health, Dr Emilia Crighton. The Committee were asked to approve the report which presented progress report on the public health priorities including type 2 diabetes, drug related deaths and child health indicators for Q2 2022/23. Following the previous presentation of the report additional metrics and data analyses were incorporated into the current version. The Committee were asked to review the performance and progress and to discuss and agree suitable targets and formats to ensure relevance of these routine reports to the Committee. The Committee discussed the child oral health data which had previously been requested. It was noted that the data from the inspection was expected to be published imminently and would be analysed and incorporated into a future report. The Committee were content to approve the report. **APPROVED**		
10.	**EXTRACT FROM CORPORATE RISK REGISTER**		
	The Committee considered the 'Corporate Risk Register – Extract' report [paper 23/06], presented by Chief Risk Officer, Andrew Gibson. The Committee were asked to review and approve the report which presented the current Corporate Risk Register entries aligned to this Committee. These were: - 2199 Pandemic Response - 2060 Breakdown of failsafe mechanisms for Public Health screening These risk were reviewed since the last session of this Committee and there were no proposed changes to the risk scores for either entry and there were no new risks proposed for escalation. The Committee noted that following the approval of a new Risk Management Strategy the format of the risk register had been altered to align it with the new strategy. There were now three parameters being reported: - initial risk score - risk score at the time the risk was first identified, - current risk score – risk score based on current controls in place, - target risk score – risk score to be aimed by implementing further recommended controls. The Committee were content to note the report and endorse the recommendations outlined within the paper.		

	APPROVED		
11.	**ANNUAL CYCLE OF BUSINESS 2023/24**		
	The Committee noted that as part of the Assurance Information Framework all board standing committees were required to review their annual cycle of business which would be then circulated to all Board members for assurance. It was recognised that these were dynamic documents and depended on current priorities. Dr Crighton assured that the Public Health Directorate had initiated the engagement with wider stakeholders to agree priorities for the upcoming year. **NOTED**		
12.	**CLOSING REMARKS AND KEY MESSAGES FOR THE BOARD**		
	The Chair thanked everyone for their attendance and contribution to the meeting.		
13.	**DATE OF NEXT MEETING**		
	Tuesday, 18th April 2023 at 2.00 pm, via MS Teams.		