

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Population Health and Wellbeing Committee
held on 22 October 2024 at 2.00 pm
via MS Teams**

PRESENT

Mr Charles Vincent (in the Chair)

Ms Libby Cairns	Mrs Jane Grant
Cllr Jacqueline Cameron	Mr Graham Haddock OBE
Ms Cath Cooney	Cllr Robert Moran
Ms Dianne Foy	Ms Karen Turner

IN ATTENDANCE

Ms Anna Baxendale	..	Head of Health Improvement, 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)
Mr Bryan Forbes	..	Service Manager
Ms Katrina Heenan	..	Chief Risk Officer
Ms Fiona Moss	..	Head of Health Improvement & Inequality, Glasgow City HSCP
Ms Marion O'Neill	..	General Manager, Public Health
Mr Derrick Pearce	..	Chief Officer, East Dunbartonshire HSCP
Dr Iain Kennedy	..	Consultant in Public Health
Dr Alison Potts	..	Consultant in Public Health
Ms Linda Morris	..	Public Health Programme Manager
Dr Beatrix Von Wissmann	..	Interim Deputy Director of Public Health
Ms Christine Laverty	..	Chief Officer, Renfrewshire HSCP
Dr Catriona Milosevic	..	Consultant in Public Health
Mr Daniel Carter	..	Consultant in Public Health

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		Action By
30.	Introductory Remarks, Welcome and Apologies	
	<p>The new Committee Chair, Mr Charles Vincent, welcomed those present to the October meeting of the Population Health and Wellbeing Committee. Mr Vincent also welcomed the new members to the Committee.</p> <p>Apologies for absence were noted on behalf of Mr Chik Collins, Dr Emilia Crighton and Dr Lesley Thomson KC.</p> <p><u>NOTED</u></p>	
31.	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>	
32.	Minute of Previous Meeting held on 16 April 2024	
	<p>The Board considered the minute of Population Health and Wellbeing Committee held on 16 April 2024 [Paper PHWBC(M)24/02 presented for approval.</p> <p>On the motion of Mr Graham Haddock and seconded by Ms Dianne Foy, the Committee were content to accept the minutes of the meeting as a complete and accurate record.</p> <p><u>APPROVED</u></p>	
33.	Matters Arising	
	<p>a) Rolling Action List</p> <p>The Committee considered the Rolling Action List [Paper 24/07] presented for approval. The following updates were provided:</p> <p><u>Minute No 08/20 – Epidemiology</u></p> <p>The Measles Elimination Plan had been added to the agenda for this meeting and this item was now closed.</p> <p><u>Minute No 09 – Annual Screening Report</u></p> <p>The timing of this would be discussed further.</p>	

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	<p><u>Min No 23 – A Fairer NHSGGC – Interim Monitoring Report</u></p> <p>The actions that had been undertaken in relation to the Amma Report and the publication of the Fairer Scotland Duty were included in the appendix to the RAL and this item was now closed.</p> <p>There were no further matters arising and the Committee were content to approve the RAL.</p> <p><u>APPROVED</u></p>	
34.	Urgent Items of Business	
	<p>The Chair invited members to raise any urgent items of business.</p> <p>Mrs Grant advised that Dr Crighton was taking a period of leave and Dr von Wissman had agreed to cover the Director of Public Health’s responsibilities during this time.</p> <p><u>NOTED</u></p>	
35.	Measles Elimination Plan	
	<p>The Committee considered the Measles Elimination Plan, which was a presentation by Dr Iain Kennedy, Acting Lead Clinician for Health Protection.</p> <p>Dr Kennedy provided a short presentation which set out the data on measles and discussed the NHSGGC position with the Measles Elimination Plan. It was reported that there was a higher MMR uptake rate in Scotland and, because of the low number of cases, the response to any new cases was more comprehensive. He said that Public Health Scotland calculated what proportion of the population were susceptible to measles and NHSGGC was sitting on the national average for that. He said that the data mapped from Public Health Scotland was utilised by HSCP and local immunisation team colleagues to target specific areas with additional vaccination offered in those communities where required. Dr Kennedy also advised that all territorial NHS Boards in Scotland had a Measles Elimination Plan that and the NHSGGC Plan was due to be reviewed and updated in February 2025.</p> <p>In response to a query about the reason for the gap in uptake between MMR1 and MMR2 vaccinations, Dr Kennedy advised that there were a number of different reasons for this. He said that there was an MMR catch-up in high school and there was ongoing discussion about what actions could take place in the 6-12 age group by the Elimination Group.</p>	

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	<p>In response to a query about financial constraints on IJB services and any potential impact on maintaining the vaccination rates this would be discussed as part of the Vaccination and Immunisation Annual Report presentation to the Committee.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>	
36.	Vaccination and Immunisation Annual Report	
	<p>The Committee considered the NHSGGC Vaccination Programme [Paper 24/16] presented by Dr Iain Kennedy, Acting Lead Clinician for Health Protection, for assurance.</p> <p>Dr Kennedy outlined the size and complexity of the NHSGGC vaccination programme which successfully delivered more than 750,000 vaccines every year across the full range of vaccination programmes for children and adults. This success had also been noted by Public Health Scotland following their assurance visit to NHSGGC in June 2024. He said that internal governance around immunisation and vaccination programmes was being reviewed and there had also been significant changes nationally around immunisation programmes. Dr Kennedy also outline the work that was underway to promote the staff COVID and flu vaccination campaign.</p> <p>In response to a query about whether there were any concerns that the IJB financial position may have an impact on vaccination delivery, Mrs Grant said that the Board received ringfenced funding from the Scottish Government for a large number of areas that NHSGGC would want to promote and support, and vaccination was a key priority.</p> <p>In response to a query about travel vaccinations, Dr Kennedy said that this was current policy and had been a longstanding NHS service. Delivery of these had moved from GP practices to being more centrally delivered and although NHSGGC had been using a private provider this was moving back inhouse.</p> <p>In response to concerns about the uptake of the COVID and flu winter vaccinations among staff groups, Ms O'Neill said that a number of actions were being taken to increase the uptake, including a communications campaign, ensuring staff understood they were eligible and releasing staff members to attend appointments.</p> <p>The Committee were content to note the report.</p> <p><u>NOTED</u></p>	

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37.	Local Child Poverty Action Reports	
	<p>The Committee considered the Local Child Poverty Action Reports [Paper 24/17] presented by Dr Bea von Wissman, Interim Deputy Director of Public Health, for approval. The paper included the reports for East Renfrewshire, Glasgow City, Inverclyde and Renfrewshire HSCPs.</p> <p>Dr Milosevic advised that these reports were produced annually for each HSCP area and set out the actions undertaken by the NHSGGC and its Local Authority partners to mitigate child poverty. Successes had been reported across all four of these HSCP areas with a wide range of activities to maximise support to children and families living in poverty. The reports also set out the priorities for 2024/25.</p> <p>In response to a query, Dr von Wissman said that there were priority groups for child poverty, e.g., single parents, supporting individuals having to take a step back from work to support children in the home environment and trying to ensure financial inclusion support for bigger families. Dr Milosevic said that many of the areas had a family support approach. Ms Moss added that a programme for Health Visitor referrals to be able to access financial support had been developed and was active across 5 of the 6 HSCPs and this had been extremely successful in terms of number of families reached in all circumstances.</p> <p>In response to a query about collaborative working across Local Authority boundaries, Dr von Wissmann agreed that it was important to work across different areas but recognised the complexity of local structures and commission of services. She said that the Local Child Poverty Action Plans were part of the Community Planning Partnership structures which brought together the multiple partners ensuring engagement across the community. Ms Moss added that there was a Board-wide group on financial insecurity which brought together the six HSCPs and Acute to discuss and share practice on poverty and child poverty and there were a number of areas of overlap and learning. In response to a query about hidden poverty, Ms Lavery said that in Renfrewshire they were very conscious of the need to reach families not known to services and were advertising what support was available in GPs, pharmacies, schools and community centres to reach a wider population of parents.</p> <p>In response to a query about the variability in the length and layout of the reports which had made it difficult to compare across areas, the Committee were advised that the challenge was that each area submitted their reports nationally and received separate feedback from the national team about what they should include in their next report. Dr Milosevic said that the Improvement Service led an active network nationally that shared learning across areas and Public Health Scotland also chaired an NHS focused network so there was sharing between Board areas. She said that there</p>	

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	<p>had been a change to the reporting format over time and there was more participation in reports. Mr Dawson said that Public Health Scotland would be happy to link with the Improvement Service and NHSGGC to look at whether it was possible to have more consistency and clarity across the reports.</p> <p>In response to a query about Inverclyde, Dr von Wissmann said that she was a member of the Community Planning Partnership for Inverclyde and confirmed that there was a coordinated programme to bring partners together and strong links with wider employability programmes and she was confident that Inverclyde were developing a coherent programme of work. As Chair of the IJB in Inverclyde, Councillor Moran provided further reassurance that there was a significant amount of collaborative work underway in Inverclyde.</p> <p>The Committee were content to approve the reports noting that further discussions would take place on whether it was possible for there to be more consistency in the format of reports in future.</p> <p>APPROVED</p>	<p>Mr Dawson/ Dr Milosevic</p>
<p>38.</p>	<p>Update on Drug-Related Deaths and Drug Harms in Greater Glasgow and Clyde</p>	
	<p>The Committee considered the Update on Drug-Related Deaths and Drug Harms in Greater Glasgow and Clyde [Paper 24/18] presented by Dr Bea von Wissman, Interim Deputy Director of Public Health, for assurance.</p> <p>Dr von Wissmann said that drug-related deaths and drug harms remained a significant public health concern and a priority for NHSGGC. The data presented showed that while there had a decrease in drug deaths in 2021 and 2022, the number of deaths had risen again in 2023. Dr von Wissmann outlined the measures in place to address this and provided an update on NHSGGC's Framework for Addressing the Health Harms Associated with Drug Use in Greater Glasgow and Clyde, recognising the role of the six Alcohol and Drug Partnerships (ADPs) in developing these services. She said there had been a significant piece of work last year to bring all the different policies and strategies together into an overarching framework.</p> <p>In response to a query about stigma, Dr von Wissmann said that work was ongoing around stigma and building trusting relationships to provide people with appropriate support. She said that this was embedded in the Alcohol and Drug Partnerships approach.</p> <p>In response to a query about the appropriateness of the continued distribution of naloxone kits in relation to the current trends in drug use and</p>	

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	<p>the pilot of secure sharps bins, Dr Carter said that the main challenge was multidrug use and there had been an underlying shift whereby opioid injection was diminishing but people may still have this in their system for other reasons, therefore, naloxone remained a key immediate emergency measure. He said that the sharps bins pilot had been a success and there was an active process underway to look at scaling this up. In response to a further query, Dr Carter added that residential treatment was an important part of the overall approach to tackling drug harms in NHSGGC.</p> <p>The Committee were content to note the report.</p> <p><u>NOTED</u></p>	
<p>39.</p>	<p>Obesity and Prevention and Early Intervention for Type 2 Diabetes (T2DM) Update</p>	
	<p>The Committee considered the Obesity and Prevention and Early Intervention for Type 2 Diabetes (T2DM) Update [Paper 24/19] presented by Ms Anna Baxendale, Head of Health Improvement and Inequalities, for assurance.</p> <p>Ms Baxendale said that reducing obesity in the population was critical in reducing the impact of long-term conditions such as T2DM, the rates of which continued to increase. She invited Ms Linda Morris to provide a short presentation setting out the five priorities to address this issue, including the HENRY programme for under 5s, and the different weight management services that were in place to support young people and adults. Ms Morris said that there had been a significant increase in the demand for weight management referrals. She said that there were national benchmarks for success and NHSGGC had met all of those.</p> <p>In response to a query about monitoring the results, Ms Morris said that quarterly reports had been provided to the Scottish Government for the last five years against weight management services.</p> <p>The Committee were content to note the report.</p> <p><u>NOTED</u></p>	
<p>40.</p>	<p>United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill (UNCRC)</p>	
	<p>The Committee considered the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill (UNCRC) [Paper 24/20] presented by Dr Bea von Wissman, Interim Deputy Director of Public Health, for approval.</p>	

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	<p>Dr von Wissmann advised that the UNCRC legislation which had come into effect in July 2024 set out compliance requirements for public bodies on children’s rights. Dr Milosevic reported on the work that had already been undertaken to provide an overview of the compliance already in place and an action plan had been developed identifying further actions required in NHSGGC to ensure compliance. She said that local discussions were developing to understand the challenges and how best take these forward, alongside national discussions and learning as other Board areas and partners unpick the implications of UNCRC.</p> <p>The Committee acknowledged the work underway across the system and were content to approve the report which would now be presented to the NHS Board.</p> <p><u>APPROVED</u></p>	
41.	Assurance Information Quarterly Report	
	<p>The Committee the Assurance Information Quarterly Report [Paper 24/21] presented by Ms Marion O’Neill, General Manager Public Health, for assurance.</p> <p>Ms O’Neill provided an update on quarterly progress against the key priorities as outlined in the Public Health Assurance Information Framework. Ms O’Neill advised that the priority areas had been endorsed by the Committee previously, and were aligned with the Board objectives. She said that there were impact assessments in place, as well as robust improvement plans. She noted that there had been key areas of improvement around some of the child health assessments and work was ongoing with Health Visiting colleagues around the smoking cessation work.</p> <p>The Committee were assured by the report and it was agreed that a separate session for new members of the Committee to review the data in more detail would be arranged.</p> <p><u>NOTED</u></p>	Ms O’Neill
42.	Extract from the Corporate Risk Register	
	<p>The Committee considered the Extract from the Corporate Risk Register [Paper 24/22] presented by Ms Katrina Heenan, Chief Risk Officer, for approval.</p> <p>Ms Heenan advised that there were two risks aligned to the Committee. Changes had been proposed to the pandemic response risk to reflect the</p>	

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	<p>current position, and this was agreed by the Committee. She said that following feedback at a previous Committee that the pandemic risk focused on COVID, this risk had been widened to include all pandemics with the risk score reduced from 16 to 12 and revised wording and actions.</p> <p>In response to a query about external suppliers and how NHSGGC could be assured that arrangements would meet demand if required, it was clarified that this was undertaken on a national basis but there would be input from Boards into any process.</p> <p>The Committee were content to approve the Corporate Risk Register.</p> <p>APPROVED</p>	
43.	Committee Annual Cycle of Business	
	<p>The Committee considered the Committee Annual Cycle of Business [Paper 24/23] presented by Ms Kim Donald, Corporate Services Manager – Governance, for approval</p> <p>Ms Donald said that as the July meeting of the Committee had been cancelled, the items scheduled for that meeting had been redistributed. She said that she would discuss the sequencing of the annual screening report with Ms O’Neill out with the Committee.</p> <p>The Committee were content to approve Annual Cycle of Business.</p> <p>APPROVED</p>	Ms Donald/ Ms O’Neill
44.	Closing Remarks and Key Messages for the Board	
	<p>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.</p>	
45.	Date and Time of Next Meeting	
	<p>The next meeting would take place on Tuesday 21 January 2025 at 2.00 pm.</p>	