

Board Official
Approved as a correct record

Public Health Standing Committee

Meeting on Tuesday, 18th April 2017
2pm in the Board Room, J.B. Russell House

Minutes from Meeting

Present: Rev J Matthews (Chair) Mr A Cowan (Vice Chair) Dr L de Caestecker
 Dr S Scott Mr G McLaughlin Mr J Legg
 Ms A Baxendale Professor Tannahill Dr D Lyons

Apologies: Dr E Crighton Ms S Manion Mr D Williams

In Attendance: Dr D Morrison Mr P Cannon Ms P Innes

Item		Action
1	<p>The Chair welcomed those attending and introductions were made.</p> <p>Professor Tannahill and Mr McLaughlin provided background about themselves and their organisations.</p>	
2	<p>Membership of the Committee</p> <p>The Chair asked the committee if they felt that the correct membership was in place.</p> <p>John Legg proposed that a GP or with a GP background should be included.</p> <p>Linda de Caestecker suggested another option could be a Consultant in Primary Care; the Director for Primary Care or a Clinical Director.</p> <p>Gerry McLaughlin felt that others without a public health role had a part to play in health and wellbeing, e.g. planners, engineers and architects.</p> <p>Carol Tannahill suggested that the core group should be kept small and that others could be invited along to speak to specific items on the agenda.</p> <p>Donald Lyons felt that as most HSCPs were well represented on the committee, someone from an HSCP that is not represented should be invited to join the committee</p> <p>Linda de Caestecker will approach the GP group for a nomination to the committee.</p>	LdeC

Item		Action
3.	<p>Purpose of the Committee and Terms of Reference</p> <p>Following the Board meeting in December when the paper ‘Moving Upstream’ had been presented, Paul Cannon had pulled together the terms of reference for the group. Linda de Caestecker took the committee through these.</p> <p>The Chair and Vice Chair had met with Dr de Caestecker and had developed four extra key duties of the Public Health Committee to sit along with the Terms of Reference.</p> <p>The Committee were asked if they had any comments about the Terms of Reference.</p> <p>Carol Tannahill informed the committee that Glasgow Centre for Population Health sits separately from this group. The Centre produces research linked to practice but lacks forums to present results. She would welcome the opportunity to discuss results at this committee and asked if GCPH could take forward work or their experience feed into the committee.</p> <p>Carol Tannahill also said that it was important that the committee generated recommendations that allowed the Director of Public Health a mandate to take forward public health priorities.</p> <p>Donald Lyons commented that because of the financial situation, public health and health improvement work will not have the resources for the work, which would have to be reduced. The committee needs to look at the work and how it will take the pressure off acute services.</p> <p>John Legg stated that the committee should concentrate on the evidence for a project but be aware of cost/savings. It would be helpful to have occasional input from the finance team at this committee to show what the financial outcome would be if money was invested in a project.</p> <p>Alan Cowan said that it was challenge to approach long-term mindset and long-term patience.</p>	

Item		Action
4.	<p>Presentation and Discussion on Health Issues in Greater Glasgow and Clyde</p> <p>This presentation was split into sections with input from Linda de Caestecker, Sonya Scott and Anna Baxendale.</p> <p>Linda de Caestecker provided information to the committee about the health in Greater Glasgow and Clyde. She then invited questions from the committee about this section.</p> <p>John Legg said that he felt there was small scale success in smoking cessation and asked if there were any graphs showing the numbers attending smoking cessation services.</p> <p>Linda de Caestecker informed him that numbers were available and that the smoking cessation services in pharmacy are effective. Work is underway to link the pharmacy and smokefree services.</p> <p>She informed the committee that some of the HSCPs were removing resources from these services as they had hit the targets required. However, Glasgow City HSCP will continue to invest and were seeing improvements in their targets. There is a proposal to the Chief Officers that the smokefree service becomes city-wide rather than HSCP based. Glasgow HSCP wants to continue with their work.</p> <p>Dr Sonya Scott then presented the Child Public Health Priorities.</p> <p>Discussion took place and points raised.</p> <p>Carol Tannahill mentioned that 200 new health visitors were being employed and how could the committee influence education.</p> <p>Donald Lyons stated that bullying is a major cause of poor mental wellbeing in younger people. Linda de Caestecker confirmed said that this was confirmed in the School Survey in which young people highlighted LGBT bullying; prejudice and oppression.</p> <p>Anna spoke about the local GGC Public Health Review and the information that was going to be presented to the IJB Chief Officers.</p>	

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4.	<p>Presentation and Discussion on Health Issues in Greater Glasgow and Clyde (continued)</p> <p>Further questions and comments following presentations:</p> <p>David Morrison commented that inequality in health is a political issue and he is of the opinion that the role of public health is to mitigate inequalities rather than change them.</p> <p>Strategies:</p> <ul style="list-style-type: none"> • Optimise mitigating the effect of inequalities • Setting out impacts of secondary and tertiary effect on public health. Cost and effectiveness • Set out non party perspective on how we achieve better equality <p>John Legg asked which actions the committee were going to take forward as there were a lot of actions in the presentations. He was keen to look at Realistic medicines. He would also want clear and best evidence and suggested looking at countries which have evidence and where it works and have a look at these areas.</p> <p>The final slide was about the role of this committee.</p> <p>Carol Tannahill said that it was important to remember that the committee is not running the public health function. She felt that the committee needs a steer on the issues they can help with the most.</p> <p>Linda de Caestecker asked if it would be helpful for the committee to receive information on specific topics and challenges on which the public health directorate needs advice.</p> <p>John Matthews asked what they thought the Board expected of the committee.</p> <p>Alan Cowan suggested:</p> <ul style="list-style-type: none"> • Focus and encourage the Board to set public health evidence at the heart of decision making. Support their decision making on public health. • Promote the Board’s ambition around public health 	

Item		Action
4.	<p>Presentation and Discussion on Health Issues in Greater Glasgow and Clyde (continued)</p> <p>Gerry McLaughlin felt that the role of this committee was one of communication one, to endorse the DPH's recommendations and hold the Board to account.</p> <p>John Matthews suggested that the Board should be invited to agree the direction of travel for the committee.</p> <p>Donald Lyons asked how would deliberations at this meeting influence IJBs, especially as members of this committee sit on IJB Boards.</p> <p>Linda de Caestecker said that there may be areas where the committee could influence the IJBs and cited two examples:</p> <ul style="list-style-type: none"> • Development of board-wide approaches to Health Improvement • The potential impact of savings from school nursing. <p>Donald Lyons said that it had been helpful to hear about the school nursing example and felt that Linda de Caestecker should advise non executive board members of these large issues and to make sure that the Board is briefed on these.</p> <p>Carol Tannahill felt concerned about the school nursing example and that the committee would welcome more information about this.</p> <p>Carol Tannahill asked if the Minutes will go to the Board and will the Chair be asked to speak to the Minutes. The Chair was not sure about this. Donald Lyons felt that an annual report from the Standing Committee and the Chair speaking to this would be the best way forward.</p> <p>John Legg mentioned that as new councillors join the new IJBs after the election, it might be good to send them this presentation with a narrative to inform them about public health. Gerry McLaughlin advised that NHS Health Scotland worked with COSLA to provide briefing to local authority elected members.</p>	
5.	<p>Work Plan of the Committee</p> <p>Revise the programme of Public Health Papers to the Board and Seminar Meetings based on conversations at this meeting.</p>	

Item		Action
6.	<p>Actions from the meeting</p> <ul style="list-style-type: none"> • Revise programme of Public Health Papers to the Board and Seminar meetings and circulate to members • Review Terms of Reference • Approach the GP group for a nomination to the committee • Invite the Board to agree the standing committee's direction of travel • For discussion at the next meeting: Realistic Medicine – the public health stance on screening • Scope Inductions for new councillors in IJBs 	<p>LdeC LdeC LdeC Chair</p> <p>DM</p>
7.	<p>Date of Next Meeting</p> <p>Tuesday, 25th July 2017 at 2pm in the Boardroom, J.B. Russell House</p>	