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PH(M) 17/03

NHS GREATER GLASGOW AND CLYDE

**Minutes of a Meeting of the Public Health Committee
NHS Greater Glasgow and Clyde Board
held in the Board Room, J.B. Russell House
1055 Great Western Road, Glasgow, G12 0XH
on Thursday, 31 October 2017 at 2pm**

PRESENT

Mr J Matthews (in the Chair)

Anna Baxendale
Morag Brown
Linda de Caestecker
Emilia Crighton

Jeanette Donnelly
Donny Lyons
Gerry McLaughlin
Carol Tannahill

IN ATTENDANCE

John Brown
Dr Trevor Lakey
Dr Stan Murray
Allan Boyd
Catriona Carson
Jackie Erdman

Chairman
Health Improvement and Inequalities Manager
Consultant in Public Health
Senior Analyst (Public Health)
Public Health Researcher
Head of Equality and Human Rights

ACTION BY**1. APOLOGIES AND WELCOME**

Apologies were intimated on behalf of Susan Manion

The Chair welcomed Ms Jeanette Donnelly to the Committee.

NOTED

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

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3. MINUTES OF PREVIOUS MEETING

The Public Health Committee were asked to agree that the minutes of the meeting held on Friday 25 July 2017. The minutes were agreed as an accurate record.

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ACTION BY**4. CHAIRMAN'S UPDATE**

The Board Chair was present to provide an update to the Committee. Mr Brown highlighted that a key aim of the Board was to ensure that appropriate governance was in place and to develop excellent health and care provision within NHSGGC. He noted the implementation of the transformational change programme and the delivery of health improvement and preventative medicine should be a priority.

Mr Brown underlined the importance of the Public Health Committee and its position within NHS Board governance. Mr Brown advised that regional planning had started. Mr Matthews raised issue on behalf of the Committee that Public Health should be represented more on a regional basis. Mr Brown acknowledged the concern and agreed that public health would gain involvement on a regional basis.

Dr Lyons asked for clarity around how the NHS Board decision making on how to delegate responsibilities to the Committee and how best the Committee could be effective. Mr Brown explained that the Board effectiveness group were looking at the ways in which all Committees were feeding into the Board and the most effective way to delegate to Committees.

Mr Brown concluded by reiterating the importance of the Public Health Committee and asked the Committee to keep pushing forward with all the work and change underway. Mr Brown advised he would return to the Public Health Committee in the near future for further update and remarked positively on the discussions which took place.

Future AgendaNOTED**5. DIRECTOR OF PUBLIC HEALTH'S BIENNIAL REPORT**

Dr de Caestecker reported that a number of Health and Social Care Partnerships had asked for a dedicated Director of Public Health (DPH) report.

Dr de Caestecker presented the DPH report for West Dunbartonshire focussing on domestic abuse. The Committee was shown data captured in this area, which included physical, sexual, mental, emotional and economic abuse. The data showed West Dunbartonshire had the highest incident rate in Scotland with the 26-30 year old age group having the highest incident rate.

The Committee was shown a list of recommendations. Some of the recommendations included were re-establishment of multi-agency risk conferences, prevention work with young people and increasing identification of domestic abuse by helping strengthen HSCP services.

Dr de Caestecker highlighted that Trakcare had been updated to feature domestic abuse alerts and explained the importance of logging domestic abuse correctly, allowing for accurate auditing.

Dr de Caestecker advised the report would be taken to partners in West Dunbartonshire to discuss and decide when the report would be implemented and who would assist in the implementation.

It was highlighted that the report should include the need to support staff who have suffered from previous or current abuse.

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The Committee was asked to note a draft Healthy Minds document produced by the Director of Public Health. The document outlined the major challenges faced, showing why mental health deserved a high priority and sustained focus, which would result in cost effective positive health gain.

Dr Lyons commented positively on the report produced and agreed to share detailed amendment suggestions in writing to Dr de Caestecker.

The Committee raised concern over the information that the Lesbian, Gay and Bisexual population was experiencing poorer mental and physical health compared to heterosexuals.

Dr Murray was present to update the Committee on an assessment of mental health within the NHS GGC population. Dr Murray spoke about different measures of mental health, death rates, psychosis in NHSGGC and mental health rates by different sexual orientation.

The Committee noted the report and Dr Murray's presentation.

Dr Lakey was present to give a presentation update on promoting public mental health and addressing inequalities in Greater Glasgow and Clyde.

Dr Lakey's presentation focussed on young people's mental health, giving examples of when mental health issues can first begin. Mr Lakey promoted the Early Years Project which targeted families at greater risk of having children who may develop emotional, social and behavioural problems. They provide information, guidance and support within the family home as well as building a confident social connection.

Dr Lakey reported that many partnership initiatives were underway across the six HSCP's to improve child and youth mental health. A range of support services were being set up including linking school and youth settings, curriculum based inputs on wellbeing, school ethos and anti-bullying initiatives.

He advised of an EU partnership programme called 'ayemind' and explained that it was a digital resource platform for young people which helped promote their mental health and wellbeing. The programme works with Young Scot, Snook and Mental Health foundation.

He also provided an overview of mental health initiatives within work places. Local Health Working Lives have assisted within over 200 employers, including the private sector, with a suite of mental health related interventions, including management training and stress policies.

Following this, Dr de Caestecker updated the Committee on twelve action areas for consideration.

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6. NHSGGC PUBLIC HEALTH STRATEGY CONCEPT MAP

Dr de Caestecker updated the Committee on the Public Health Strategy, and presented a strategy concept map which was noted.

The approach would be to routinely generate and address shared priorities with partners and undertake advocacy to address inequalities. Aims were to define prevention in all NHSGGC strategic programmes and develop NHSGGC as an

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exemplar Public Health organisation while considering the population health impact within decision making.

NOTED

7. ANY OTHER COMPETENT BUSINESS

There was no other competent business.

NOTED

8. DATE OF NEXT MEETING

The next meeting of the Public Health Committee to be held on 31st January 2018 2017, at 2 p.m. in the Board Room, JB Russell House.