

PH(M) 18/03

**NHS GREATER GLASGOW AND CLYDE**

**Minutes of a Meeting of  
NHS Greater Glasgow and Clyde  
Public Health Committee  
Held in the Boardroom, J.B. Russell House  
Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow G12 0XH  
On Wednesday, 25<sup>th</sup> July 2018 at 2pm**

**PRESENT**

Mr J Matthews (Chair)

Mr A Cowan	Dr L de Caestecker
Ms J Donnelly	Dr D Lyons
Ms A Baxendale	Mr G McLaughlin
Prof C Tannahill	Ms M Brown
Mr D Williams	Dr P Moultrie
Ms A Harkness	Councillor M Hunter
Dr E Crighton	

**IN ATTENDANCE**

Mr I Manson, Chief Executive, Clyde Gateway (For Item 4)  
Mr B Garrett, Director of Sport and Events, Glasgow Life (For Item 4)  
Mr J Brown, Chair, NHS Greater Glasgow and Clyde  
Ms C Stevenson, Internal Auditor, Scott-Moncrieff  
Dr J O'Dowd, Consultant Public Health Medicine (For Item 6.1)  
Ms D Schofield, Programme Manager (For Item 5)  
Ms J Erdman, Head of Equality and Human Rights  
Ms A Walsh, Final Year Medical Student, University of Glasgow  
Ms F Moss, Head of Health Improvement, Glasgow City HSCP

	<b>ACTION BY</b>
<p><b>1. Welcome and Apologies</b></p> <p>The Chair welcomed everyone to the meeting and introductions were made for those attending for the first time.</p> <p>Apologies were received from Ms S Manion, Chief Officer, East Dunbartonshire HSCP and Ms C Ritchie, Director of Allied Health Professions.</p> <p>The Chair advised that Ms McConnell, Chief Executive, Glasgow Life, was indisposed and that Mr Garrett was representing her for Item 4.</p>	

	ACTION BY
<p><b>2. Declaration of Interest:</b></p> <p>The Chair asked Members to declare any interests in any of the topics being discussed.</p> <p>Ms J Donnelly wished to note an interest in relation to Item 5 - Health Promoting Health Services Report 2015/16-207/18, in particular access to Weight Management Services as she is a Weight Management coach.</p> <p>The Chair advised that he felt there was no conflict.</p> <p><b><u>NOTED</u></b></p>	
<p><b>3. Minutes of Previous Meeting on 18th April 2018</b></p> <p>The Minutes of the previous meeting on 18<sup>th</sup> April 2018 were approved subject to the following amendments:</p> <p>Dr de Caestecker asked for the insertion of the words, 'one third' instead of '3<sup>rd</sup>' on page 5, paragraph 5.</p> <p><b>Matters Arising from the Minutes</b></p> <p>The Rolling Action List (Paper No. 18/10) was noted with 5 items recommended for closure.</p> <p><b><u>NOTED</u></b></p>	
<p><b>4. Partnership work with Clyde Gateway</b></p> <p>Mr Manson and Mr Garrett's presentation, 'Planning the Future of Glasgow' was well received by the Committee. The presentation provided an overview of work being done by Clyde Gateway, Glasgow Life and the HSCP and Board Public Health Teams, to improve the health of Glasgow residents and to create a vibrant city.</p> <p>Dr de Caestecker advised that the Public Health Directorate was keen to continue to support the ongoing work. Some Members asked that a similar approach be extended to other areas of need such as Possilpark. There was already health improvement activity in other areas but it was hoped that there would be learning for other areas through the Clyde Gateway Population Health Partnership.</p>	

Committee Members agreed that a place based approach was crucial for this work. There was then a discussion on the importance of engagement with individual communities. Ms Moss advised that strong local champions made a significant difference to improving engagement with communities.

Ms Donnelly advised that there were no local shops in the former athletes' village. Mr Manson said that three units had been built and that following community consultation, had led to their allocation to a GP, Pharmacy and a Dentist.

Ms Brown welcomed the focus of action in local areas and the recognition of the needs in other areas including Possilpark. She asked about free amenities including swimming. Mr Garrett explained the new pricing policy and its rationale and that there are plans to extend the criteria for free swimming.

Dr Lyons asked if there would be information and support available to replicate this work in other areas, e.g. Ferguslie Park or Gibbs Park and if so, what is the timescale and process for availability of this information.

Mr Garrett advised that an evaluation of the work in the east end would be carried out before this was replicated in other areas.

Mr Williams stated that he was supportive of the project and stressed the importance of linking to existing structures such as Community Planning.

Mr McLaughlin advised that there was evidence to support this model of working. Robust evaluation must be carried out of the work in the East End. He raised the possible addition of Early Years and Education to the Clyde Gateway Committee, given that these themes were a public health priority. Mr Manson advised that through work at St Mungo's, mental health had been identified as a priority and Clyde Gateway were funding work on this.

Mr Matthews noted that partners were not detailed in the presentation therefore there may be other agencies that were contributing to the public health agenda and could be involved in this work.

Councillor Hunter agreed with Mr Matthews and said that work was underway within Glasgow City Council to ensure that all departments within the organisation understand their impact on public health and were aware of the contributions that their service could make to the public health agenda. She also agreed that it was crucial to have a place-based approach and Community Planning involved.

Mr Manson stated that Ms McConnell would be delighted to hear the expressions of interest and support.

<p><b><u>ACTION:</u></b></p> <p><b>It was agreed that the Committee and the Public Health Teams would continue to support this work and the Committee would receive regular updates on progress.</b></p>	JM/LdeC
<p><b>5. Health Promoting Health Service Report 2015/2016 – 2017/2018</b></p> <p>Ms Schofield advised the Committee that this programme had been in place since 2012. There have been many changes over the years as the programme continued to evolve, moving from detailed reporting on specific actions towards reflective reporting in relation to outcome measures. It was a challenge to reflect the large volume of information and activity undertaken across NHSGGC into a single report. The report presented was still draft format and any comments on gaps or areas which could be strengthened were welcomed from Committee Members.</p> <p>There were six key themes and areas of significant improvement outlined within the report and these were highlighted to the Committee.</p> <p>Ms Donnelly asked how the number of referrals to the Community Weight Management Services could be increased. She was interested to hear Mr Manson say that there was capacity available in the Live Active Programme and asked what could be done to increase the number of referrals.</p> <p>Mr Matthews asked Dr Moultrie if she had any information regarding GP referrals. Dr Moultrie replied that many GPs would prefer a model of self-referral.</p> <p>Ms Baxendale advised that referral opportunities had been widened to include not only GP referrals but referrals from a wider range of clinicians to both the Live Active and Weight Management Services. Self referral was also available for some patient groups. She further stated that there was greater scrutiny of referral figures to ensure information was targeted to practices or clinical teams as required.</p> <p>Prof Tannahill found the report interesting however noted that it appeared to focus on the Acute Sector and asked how work with Social Care Services could be developed. She further suggested that it would be helpful to add denominators to give a sense of numbers and advised that the table on page 24, Travel Plan Scheme, should be changed so that dates were shown in the same way as other tables.</p> <p>The Committee would be interested to note what proportion of the activity took place in areas other than Acute Sector, e.g. Paediatrics and HSCPs. Ms Moss</p>	

advised that Glasgow City HSCP was involved in work within mental health and this would be included in the report going forward.

Ms Schofield advised that this had historically been a 'hospital' report and that the report was requested on Health Promoting Hospitals, however there had not been a request to report activity within HSCPs as yet.

Dr Lyons indicated that although the staff engagement report mentioned mental health staff, there was no indication that Mental Health Hospitals were included in the activity.

Ms Baxendale advised that a number of work streams include mental health hospitals as well as Acute and the Children's Hospital. Information on mental health is in its early stage however this information would be reported back to the Committee at the next meeting and would be added to the report.

A point was raised from Mr McLaughlin about the public health community influencing employment within local communities. Dr de Caestecker advised that NHSGGC supported the local community into entry level jobs at the QEUH and this was a further area for inclusion in the report.

Mr Matthews, on behalf of the Committee, thanked the whole team for the significant amount work done in pulling together the draft report.

**ACTION:**

**Ms Schofield advised that she would take the Committees' comments into account in the final version.**

DS

**6.1 Moving Forward Together Through Prevention**

Dr O'Dowd presented 'Moving Forward Together Through Prevention' to the Committee.

Dr de Caestecker advised the Committee that it was important to view this paper along with the Public Health Strategy, How Can We Turn the Tide on our Population's Health?

Mr Matthews felt a much greater focus on prevention was required and questioned how this could be achieved.

Dr O'Dowd felt that leadership of a cultural change was crucial to achieving a greater focus on prevention.

Ms Harkness advised that work had begun to ensure patients were aware of the most appropriate service to visit to maximise the use of the wide range of health care professionals available to reduce the number of inappropriate visits.

Councillor Hunter felt that one of the key drivers to patients visiting hospital services was the probability of being examined by a doctor.

Mr Williams mentioned that a survey had been carried out in a deepend Practice and patients noted positive responses regarding consultation with a Pharmacist rather than a GP.

Prof Tannahill and Mr Williams were encouraged by the organisational thinking and wondered if there was a connection with the first presentation from Mr Manson and Mr Garrett in that conversations should not come only from health professionals but that partner organisations could provide input also.

Mr Cowan noted that the Board had significant pressures in relation to resources and as such had a responsibility to ensure that those resources were utilised in the most effective way.

Dr Lyons complemented Dr O'Dowd on his report and made the plea that when referring to inequalities to ensure that this term was used in its broadest sense, not just referring to socio-economic inequalities.

Dr O'Dowd said that the comments were helpful.

Mr Matthews thanked everyone for their contribution to discussions.

**NOTED**

**6.2 Public Health Strategy, How Can We Turn the Tide on our Population's Health**

Dr de Caestecker presented the latest version of the Public Health Strategy to the Committee.

The Committee discussed the latest version and agreed that the strategy should be presented at the August Board meeting.

Ms Baxendale advised the Committee of the engagement process which would be delivered in three phases.

Dr Moultrie issued a plea not to use the term public health as she felt that it could often be confusing for members of the public. Dr de Caestecker suggested 'your health, everybody's health' as an alternative.

Ms Brown and Dr Lyons felt that the strategy and the Moving Forward Together Through Prevention Report should be seen as closely linked and this should be more explicit in the paper.

Dr O'Dowd advised that he had the strategy in mind when writing the report and was conscious to keep them linked. He would welcome any further comments from the Committee before the report is finalised.

The Committee expressed general agreement with the strategy, subject to some minor changes.

Mr Matthews thanked all staff who had been working on the strategy.

**APPROVED**

## **7. Current Issues**

Mr Matthews invited Members of the Committee to raise any significant issues not already covered, for brief discussion and the following items were noted:

### 7.1 Hiding in Plain Sight: Treating Tobacco Dependency in the NHS

Discussion on Clinical Leadership into our services will be an agenda item at a future meeting for discussion.

### 7.2 Summary on the BBC website health section on report from Public Health England on more fast food outlets in deprived areas.

Fast food and obesity are public health issues. Mr Matthews asked members to consider their role in tackling this.

### 7.3 Alcohol Related Brain Damage

As with item 7.2, the Chair asked what further action is required and how the Committee can support this.

### 7.4 Proposed Public Health Summit with Glasgow City Council

The proposal would be discussed with Dr De Caestecker, Prof Tannahill and Councillor Hunter and brought back to the Committee. Councillor Hunter asked that gambling was included as one of the priority issues for the Committee.

**ACTION:**

<p><b>Dr de Caestecker and Mr Matthews will add this item, Current Issues, as substantive items to a future agenda.</b></p> <p>In relation to Current Issues, Prof Tannahill asked what this would mean for the Committee and how it should work. There was benefit of hearing from front-line clinicians and others, e.g. Licensing Committees, so there is greater understanding of issues. We need to hear other perspectives so we can respond.</p> <p>Councillor Hunter advised that there were restrictions on Licensing Authorities however Ms Moss felt that further partnership working with Local Authorities was required to maximise their full influence in these matters.</p> <p>Ms Brown asked about engaging with other organisations with an important public health role such as Police Scotland.</p> <p>Mr McLaughlin asked what was in the Committee's gift to do or make decisions about to enable different outcomes. If areas are not within our gift, there was still an advocacy role.</p> <p>The Chair thanked everyone for attending the meeting and their contributions.</p>	LdeC/JM
<p><b>8. Date of Next Meeting</b></p> <p>Wednesday, 24<sup>th</sup> October 2018 at 2pm in the Board Room, J.B. Russell House</p>	