

PH(M) 18/04
DRAFT MINUTES

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, 25th July 2018 at 2pm**

PRESENT

Mr J Matthews (Chair)

Ms M Brown	Mr A Cowan
Dr D Lyons	Mr G McLaughlin
Dr L de Caestecker	Prof C Tannahill
Ms A Harkness	

IN ATTENDANCE

Ms L Carroll	Programme Manager (For Item 5)
Dr C Chiang	Consultant Public Health Medicine (For Item 8)
Ms J Grant	Chief Executive
Ms G Lucas	Health Improvement Senior (For Item 4)
Ms K Mather	Health Improvement Senior (For Item 4)
Dr A McDevitt	GP, representing Dr P Moultrie
Dr C Milošević	Consultant in Public Health Medicine (For Item 5)
Ms F Moss	Head of Health Improvement, Glasgow City HSCP
Dr J O'Dowd	Consultant Public Health Medicine (For Item 6.2)
Dr S Scott	Consultant Public Health Medicine
Ms E Vanhegan	Head of Board Administration and Corporate Governance
Ms P Innes	Business Manager

	ACTION BY
<p>1. Welcome and Apologies</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 A Baxendale; Dr E Crighton; Ms J Donnelly; Councillor M Hunter; Ms S Manion; Dr P Moultrie; Mr D Williams.</p>	
<p>2. Declaration(s) of interest(s)</p> <p>The Chair invited Committee Members to declare any interest(s) in relation to agenda items. No declarations were made.</p>	

	ACTION BY
<p>Ms Moss advised that there had been an increase in demand for services in Glasgow City and that they are looking at a wider range of staff delivering the service. Ms Moss said that Glasgow HSCP intended to keep their existing target rate despite the challenges.</p> <p>The Chair asked if requests for funding and resources should be made.</p> <p>Ms Lucas advised that there would be no requests at the moment. The service had received an endowment grant for a year for the incentives in pregnancy pilot. The efficiency of the pilot would be studied before any more funding requests are made. There are no requests in relation to staffing.</p> <p>Dr de Caestecker stated that if using incentives increases the smoking quit rate, then we need to make sure this model of service was within future financial plans of the Board.</p> <p>Mr McLaughlin said that the Tobacco Control Strategy - Creating a Tobacco-Free Generation (2013) altered society's attitude towards smoking. If Ms Moss advised that the current way of working was successful, then we should be encouraged. A long term approach had shown a reduction in the number of smokers over the last 4 to 5 years and this had been encouraging. E-cigarettes have helped.</p> <p>Ms Brown had several questions regarding the challenges facing the implementation of a total smoking ban in prisons. In particular what would be the legal challenges from prisoners and the impact on prison culture. She asked about evidence from elsewhere in the world, support required from prison staff and how support was provided and maintained.</p> <p>Dr de Caestecker advised that the implementation of a smoking ban in prisons was a national policy and must be delivered. There was evidence that many other countries have been successful with implementation and this was because of good planning and preparation. There was a need to consider staff and non-smoking prisoners right not to be exposed to second-hand smoke.</p> <p>Professor Tannahill said that there were challenges and agreed with Dr de Caestecker that planning for this work had taken place. She further stated that a large study had identified the issues Ms Brown had raised and she offered to bring this information to the Committee. She agreed that it was a very important setting in which to support people to quit and not to start smoking.</p> <p>Ms Moss advised the Committee that she Chairs the Community Justice Group and that work had been done to support prisoners in their attempt to quit smoking. The feedback she had received was more optimistic about becoming smokefree in prisons.</p> <p>Mr Cowan said that he found the comments from Professor Tannahill and Ms Moss helpful. He felt that the intervention in Glasgow City had been particularly successful and asked if there were areas of good practice in the community setting that could be replicated in the prison and other hard to reach settings?</p>	<p>Prof. Tannahill</p>

	ACTION BY
<p>Ms Lucas advised that a development day had been held and was attended by representatives from the prison service and health improvement and there was the opportunity to share information. There were also links with other groups, e.g. pharmacy services who support smoking cessation in the community.</p> <p>Dr Lyons said that one of the issues in prisons was that prisoners often smoke because there was nothing else to do and this should be tackled. Dr de Caestecker advised that this issue was recognised and was being looked at within prison settings.</p> <p>The Chair thanked Ms Mather and Ms Lucas on behalf of the Committee for their presentation and the work they do.</p>	
<p>5. Current Priorities in the Blood Borne Virus (BBV) Programme</p> <p>Dr Milosevic presented on work on preventing and managing infection with BBV.</p> <p>The Chair thanked Dr Milošević, Consultant Public Health Medicine, for her presentation on current priorities in the BBV Programme.</p> <p>Ms Brown suggested that an integrated report on homelessness across all public health programmes, for example, vaccinations, addictions, should be an agenda item at a future Public Health Committee meeting and with a specific look at how the Board would address homelessness as a public health issue.</p> <p>Dr de Caestecker advised that work was being carried out by a Public Health Trainee which could be included and that homelessness could be the subject of a future Director of Public Health Biennial Report.</p> <p>Mr Cowan advised that the Chair, Dr de Caestecker and he had spoken about this subject at a pre agenda meeting whilst looking at themes for meeting agendas over the next few years. They agreed to bring this information to the Committee for discussion.</p> <p>Ms Vanhegan advised that all Board Committees were being encouraged to forward plan for meetings.</p> <p>Action by: Chair, Vice Chair and Dr de Caestecker</p> <p>The Chair asked about funding for services.</p> <p>Dr Milošević advised that for the HIV Outbreak, Acute Services had funded one outreach nurse; one nurse had been funded by Public Health and another by non-recurring funding. Management of the outbreak would not be a short-term initiative due to the social and drug use issues involved.</p> <p>Ms Harkness advised that Acute Services were being as flexible as possible.</p> <p>Dr Milošević said that there was development within Glasgow Addiction Services and new ADP money was available from Scottish Government for outreach addictions response so teams would engage individuals.</p>	<p>Dr. de Caestecker</p> <p>Mr Matthews/Mr Cowan/ Dr de Caestecker</p>

	ACTION BY
<p>Dr McDevitt said that individuals do not engage well with general practice so it would make sense that one local area could deliver all issues together.</p> <p>The Chair thanked Dr Milošević, Ms Carroll and the team for their work and for the concise report to the Committee.</p>	
<p>6. Public Health Strategy</p> <p>6.1 Public Health Strategy Engagement Plan</p> <p>Dr de Caestecker said that the Public Health Strategy’s Engagement Plan set out the Public Health Directorate’s approach to engagement with formal partners and stakeholders. She asked the Committee if they felt that there were any gaps in the information.</p> <p>Ms Brown said that she welcomed the plan and that there would be engagement with the third sector and individual communities of interest.</p> <p>In the next version, Mr Cowan would like to see timescales, outcomes, any costs and who would deliver the work. Dr de Caestecker stated that the monitoring framework would set some of this out and that plans would be presented to the next meeting of the Committee.</p> <p>Ms Moss asked if an Equalities Impact Assessment had been carried out on the Strategy. Dr de Caestecker advised that she would report back on this.</p> <p>Actions: Dr de Caestecker to report back on the EQIA and to include timescales, outcomes, costs and delivery of work to be included</p>	<p>Dr de Caestecker</p> <p>Dr de Caestecker</p> <p>Dr de Caestecker</p>
<p>6.2 Monitoring Framework (Presentation)</p> <p>Dr O’Dowd thanked other colleagues for their help and advice when creating this framework and advised the Committee that this was work in progress. He asked the Committee to advise him if they felt that the Monitoring Framework provided the information they wanted to see. The framework would then be updated and brought to the next Committee meeting.</p> <p>Ms Brown thanked Dr O’Dowd and his colleagues for the helpful information. She said that she was unclear about the arrows between fair fundamental, life expectancy and inequalities. Dr O’Dowd explained this to the Committee.</p> <p>Dr Lyons was concerned that the model might be over complicated if presented in this format. He felt that the approach in general of how change was driven made sense.</p> <p>Dr O’Dowd advised that the purpose of the framework was to move away from short term actions. The model was only a way of looking strategically at future years.</p>	

	ACTION BY
<p>Dr McDevitt felt that the monitoring framework was important if the strategy was going to work. This seemed a sensible way of doing it. He asked what was being done differently from before that would aid change.</p> <p>Dr de Caestecker advised that it would make more sense once the indicators were available. It would provide a different approach to how things were done and would enable us to work with our partners to make a difference.</p> <p>Dr McDevitt said that the framework could be used to see if something was working and then change direction if it was not.</p> <p>Professor Tannahill advised that transparency was helped by the framework. Ms Vanhagen said that she felt that the logic model as a process was a more holistic approach. Dr McDevitt stated that there was a transparency in data being gathered and shift in performance management. Dr Lyons advised to take care with the language used and not to over-complicate the engagement process.</p> <p>Ms Grant advised that the logic model was a good start but it was not for engagement purposes. There needed to be visibility for the Corporate Management Team. If the Board was to make investment, then it needed tangible actions and outcomes.</p> <p>Mr Cowan reassured Ms Grant that the Monitoring Framework would deliver clarity of understanding of measurable areas. This process was at the start and was being developed.</p> <p>The Chair thanked Dr O'Dowd and his colleagues for the work carried out already and stated that this item would be an agenda item for the Committee meeting in January 2019.</p> <p>Action: The Committee agreed that the Monitoring Framework would be presented at the meeting on 30th January 2019</p>	<p>Mr Matthews/Mr Cowan/Dr de Caestecker</p>
<p>7. Current Issues</p> <p>7.1 Proposed Public Health Summit with Glasgow City Council</p> <p>Planning is underway for the proposed public health summit with Glasgow City Council on the 28th January 2019. Information from the summit would be shared with other local authority areas.</p>	
<p>7.2 Corporate Risk Register</p> <p>Dr de Caestecker explained to the Committee that the Board's Audit and Risk Committee has responsibility to ensure that there were effective risk management systems in place throughout the organisation. This Committee sought assurance from other Board Committees that risks were being managed appropriately. She said that the Committee was being asked to consider the attached extract from the Corporate Risk Register, note the risks, and satisfy itself that the risks and controls were captured appropriately and that further actions were sufficient to mitigate the risks.</p>	

	ACTION BY
<p>Mr Cowan said that it was good that major incident plans were being exercised but that this should be mentioned in the document and asked what process was in place to keep the plans up-to-date? He also said that it would be helpful to have the legend on one page.</p> <p>The Committee advised that they needed clarity on aspects of the Risk Register. They required clarity of the Committee's responsibility; how often they have to review the Risk Register and what actions they should be undertaking. They also requested that this should be an agenda item in advance of the audit so that there was the opportunity for planning. If there were changes in the risk register from the previous year, e.g. changes to the level of risk, then this should be detailed in the comments on the register.</p> <p>Action: The Committee agreed that this should be on the agenda for the meeting on the 30th January 2019.</p>	<p>Mr Matthews/Mr Cowan/Dr de Caestecker</p>
<p>8. Briefing on Physical Health Issues for Patients within Mental Health Services</p> <p>The briefing had been circulated to Committee Members before the meeting and Dr Chiang was present to discuss aspects raised by the Committee.</p> <p>Dr Lyons felt that the paper did not give a picture of physical health in the broader mental health community.</p> <p>The Chair felt that the paper was useful in identifying gaps and that the next version of the paper should include information on the health of people being cared for in the community.</p> <p>Dr McDevitt said that work had been carried out under the QOF and many Practice Nurses were fully trained in offering support on physical activity.</p> <p>The Chair thanked Dr Chiang for the briefing paper and advised that it had got us to a second stage but it should come back to a future meeting.</p> <p>Action: A further update on the paper would be presented to a future meeting.</p>	<p>Dr Chiang</p>
<p>9. Future Agenda Items</p> <p>The Chair noted that obesity, alcohol and gambling were the current issues that come into the public domain and should be on the Committee's radar.</p> <p>Dr de Caestecker said that the Committee had identified these issues as they wanted to hear more about them. She asked the group if there were any other particular issues about which the Committee would like to hear.</p> <p>Dr Lyons agreed he would like to hear more about these issues and advised that he would like to hear them in that order.</p> <p>Professor Tannahill said that it might be useful to look at the monitoring framework at the January meeting and work through one of the issues mentioned in relation to the framework, e.g. obesity. She felt that it would be helpful to see the connection.</p>	

The Chair thanked everyone for their attendance for taking part in good discussions.	
10. Date of Next Meeting Wednesday, 30 th January 2019 at 2pm in the Board Room, J.B. Russell House	