PH (M) 19/01
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, 30th January 2019 at 2pm

Present

Mr J Matthews in the Chair

Mr A Cowan	Professor L de Caestecker	Ms S Manion
Ms J Grant	Ms J Donnelly	Cllr M Hunter
Dr E Crighton	Ms M Brown	Ms A Baxendale
Professor C Tannahill	Dr A McDevitt	Dr D Lyons
Dr E Crighton		

In Attendance:

Mr A Boyd, Senior Analyst (Public Health) (To Item 4)
Ms M McGranachan, Public Health Researcher (To Item 4)
Ms F Crawford, Consultant in Public Health (To Item 7.2)
Dr J O'Dowd, Consultant in Public Health Medicine (To Item 7.2)
Ms F Moss, Head of Health Improvement, Glasgow City HSCP

Item		Action By

1. Apologies

Apologies for absence were received from Mr G McLaughlin, Mr D Williams, Ms A Harkness and Dr P Moultrie.

Dr A McDevitt was in attendance on behalf of Dr P Moultrie.

2. Declarations of Interest

There were no declarations of interest.

NOTED

Item		Action By
3.	**Minutes from previous meeting on 24th October 2018 and Rolling Action List**	
3.1	The Minutes of the Public Health Standing Committee meeting held on 24th October 2018 were approved as a complete and accurate record subject to the following comment: Page 5, paragraph two: Dr McDevitt asked for the note to reflect that whilst some patients do not always engage well with general practice, many of them do. **APPROVED**	
3.2	**Rolling Action List** Professor Tannahill advised that she had agreed to provide more information about the Tobacco in Prisons Study. She asked the Committee if they would like the information brought to a future meeting or circulated. Ms Moss advised that there was an update on the Smokefree Prison Service work available and asked if the Committee would like to hear this at a future meeting at the same time as the Study. The Committee agreed that they would like both items brought to a future meeting. Professor de Caestecker advised that an EQIA was carried out on the strategy and had been circulated with papers for this meeting. There were no questions. This item can be closed. Other items on the Rolling Action list were included on the agenda for this meeting.	Chair
4.	**Adult Health and Wellbeing Survey Report 2017-2018** Link to copy of main report http://hdl.handle.net/11289/579899 The Committee thanked Mr Boyd and Ms McGranachan for their presentation from the Adult Health and Wellbeing Survey Report 2017-2018. Dr Lyons asked why the survey was restricted to four out of the six Health and Social Care Partnership (HSCP) areas. Mr Boyd said that the survey was carried out in all HSCP areas and that each HSCP was given the opportunity to pay for an enhanced boost. East Renfrewshire HSCP and West Dunbartonshire HSCP opted out of the boost.	

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Ms Moss advised that for Glasgow HSCP, the sample from the survey would not provide sufficient information at a local level, therefore they ask for a larger boost. Ms Moss added that it was important that local partnerships carry out local analysis of the data in the report. The information was available, and, if not included in the report, partnerships could request that the raw data be interrogated.

Ms Manion said that it was crucial that this information was used across Community Planning and Local Authorities to build into local outcome improvement plans, as this is how it is utilised in work streams. There were pockets of deprivation in East Dunbartonshire HSCP and it was important for them to look at the detail so that they can work with communities

Dr Lyons said that he had been at a meeting with Renfrewshire HSCP to discuss the data from the survey and asked if people were being honest about their alcohol consumption. He said that he would welcome information on trends over time to see any improvements or decline. He would also like information of any interventions that had increased success and if these could be replicated elsewhere. This would inform actions at HSCP level as well as the Public Health Strategy.

Professor de Caestecker advised that data was being refined and questions about alcohol consumption were being improved. Trends over time would also be available for physical activity. She highlighted that physical activity in one area of Glasgow was better than other areas. This may be linked to walking and manual labour.

Mr Boyd said that only the significant difference in trends had been reported, given the size of the report. Interactive tables would be provided to help look at trends across the Board area.

Mr Cowan said that this was a very good report and added that the summary was a good leverage for our work with local authorities. There were good baseline metrics within the report and he suggested looking at these alongside the Public Health Strategy.

Committee Members were asked to note content of the summary report.

NOTED

5. Annual Screening Report 2017-18 (Paper No. 19/05)

The Chair thanked Dr Crighton for her presentation.

Ms Brown felt that key areas of data for women's health were not included e.g. uptake in breast screening in deprived areas. She asked about the accuracy of screening programmes in detecting cancer early as there appeared to be a lack of data about this. She welcomed the increase in screening appointments and asked about interrogation of results.

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She also asked what provisions were in place for women with learning disabilities attending cervical screening. She felt that there was a need to rethink ways of communicating, in particular, being told about a positive result. She advised that some verbal language needs to be changed.

Dr Crighton advised that public health works closely with screening services but this had not been detailed in the report. There was data available nationally and public health does have access to this. There was however, no information/data locally at the present time due to changes in the IT system. Work was ongoing to ensure local data was available as soon as possible.

Dr Crighton said that screening staff were trained how to carry out tests on patients with learning disabilities and how to communicate with different groups. They were also aware of what information materials should be used with the patient and their carer. Dr Crighton advised that NHSGGC allocates longer slots when testing and for decision making. Staff also explain what the results mean and if they will be recalled for another test.

Dr Lyons advised that he felt that there was a degree of inequality in screening programmes. He said that there were other positive actions that could be taken. For example, the involvement of the 3rd Sector, as many patients were supported by these organisations and they could work with the patient and their families.

Dr Crighton advised that screening services worked closely with the 3rd Sector. Professor de Caestecker highlighted partnership working with cervical cancer charities and that there was a programme of training in bowel screening in the 3rd Sector, to facilitate work with patients with learning disabilities.

Going forward, Dr Lyons said that he would like to see what actions were already being taken in the inequality action plan.

Dr Crighton asked that her thanks to NHSGGC staff who work to make the programmes successful were minuted.

Committee members were asked to approve the Annual Report (Summary at Appendix A); agree the proposed Adult Screening Inequalities, Action Plan 2019-21: Key actions (Appendix B); recommend the inclusion of proposed activities within the relevant teams' work plan priorities for 2019/20; and identify key issues to highlight for the NHSGGC Board meeting.

APPROVED

Item		Action By

6. Health Promoting Health Service (HPHS) Benchmarking Outline (Paper No. 19/06)

Anna Baxendale, Head of Health Improvement presented the paper.

Dr Lyons said that it was good to see more information about Mental Health Services included in this outline.

Mr Cowan asked if any of the other key Committees had this information, e.g. Acute Services Committee and Clinical & Care Governance Committee.

Ms Baxendale advised that HPHS was taken to the Corporate Management Team and Senior Management Team but not Acute Services Committee. However officers from other key Committees attend the Corporate Management Team and would be aware of this information.

The Chair thanked Ms Baxendale and her team for their work.

Committee Members were asked to note the new requirements for the Health Promoting Health Service and the outlined process for completion of the baseline self-assessment and action plan development

NOTED

7. Public Health Strategy

7.1 Professor de Caestecker advised that she had provided a verbal update to the Board Meeting. She spoke about Year 1 actions from the Strategy and described the year 2 priorities which were discussed at the Board Development Session and would be incorporated into the Corporate Objectives for 2019/20.

7.2 **Monitoring Framework (Paper No. 19/07)**

John O'Dowd spoke to this paper and thanked Fiona Crawford, Directorate colleagues and also colleagues at the Glasgow Centre for Population Health for their help with this work.

Professor Tannahill asked about the place indicator and suggested there should be a clearer emphasis on this to support work at community level.
Ms Crawford said there would be the opportunity to pick this up more explicitly as the programmes were developed.

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Dr O'Dowd advised that from a health service perspective, place-based has not been a focus so this is redressing the balance.

Professor de Caestecker advised that the Adult Health and Wellbeing Survey provides measures of social health and well-being.

Professor Tannahill said place based measures were important for social wellbeing. She does not mind where they sit but these are missing and should be included.

Ms Moss said that there were proxy measures in place and that Glasgow HSCP was doing some work at a place-level with data that may compliment this framework.

Ms Manion advised that it would be helpful to give consideration to specific indicators for HSCPs. These would include the impact of training for existing staff and current resourcing.

Ms Grant asked what question was being answered and asked how the Board could be kept informed about tangible change within the strategic direction. She stated that the measures needed to reflect the agreed priorities of the strategy.

Mr Cowan said that it was quite theoretical and that we should translate the framework to be more influential.

Ms Crawford advised that the framework was broad and inclusive with a view to reducing it down. The feedback has been helpful but she would welcome advice on how to reduce it to be more specific.

Dr O'Dowd proposed that key indicators be developed to reflect the strategy's priorities.

Ms Grant advised that the Board set the objectives so focus was on these. Priorities in the Performance Framework should be focussed around the Board's Objectives. Ms Grant suggested that a meeting with the Performance Team take place to develop the Monitoring Framework.

Professor de Caestecker said that priorities in corporate objectives can be measured and were able to show changes in short time.

Dr McDevitt said that there needed to be more focus. In relation to Programme 5, GP contracts need redefined to look after people in the community. How well would the NHS monitor older people in their own homes? The more people kept at home, the better for them. We therefore could include a measure of people staying in their own homes. This would link to realistic medicine.

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Professor de Caestecker said that while this was a good point, we have to listen to Ms Grant's point about the measures being for the Board's priorities in public health.

Ms Brown said that we need to gather information to show our priorities were obtaining results.

Dr McDevitt asked how to make it the responsibility of the whole system and Mr Matthews asked how this would be taken forward?

Professor Tannahill said that the Public Health Strategy was a strategy for NHSGGC, for all the different parts of the system to deliver. There was a need for a Framework to reflect the totality of the work. She further advised that if we lose the overall thinking and breadth of the monitoring framework we were not considering the whole of the strategy. We should identify indicators for the different parts of the system.

Dr Lyons agreed with Professor Tannahill and said that we must be able to demonstrate how actions from the Public Health Strategy take pressure off Acute Services. He also made a plea to include Dementia within the monitoring framework.

Ms Brown stated that public health was a function of the Board and therefore the framework should include all parts of the system not just the Public Health Directorate.

Ms Moss emphasised that many of the measures can be reported through DPH Report.

Professor de Caestecker would take onboard the comments on the framework and make clear there was a distinction with a performance framework for the Corporate Objectives which would also be developed. LdeC

Actions

Professor de Caestecker would take forward Ms Grant's offer of a meeting with the Performance Team. She would also work on the Corporate Objectives required for monitoring by the Board which would be taken to the CMT.

The Committee were content to note the direction of the work that had been done on the framework so far and look forward to an early update on this work.

7.3 **Equality Impact Assessment of Public Health Strategy (Paper No. 19/08)**

This paper was circulated for information only. There were no questions from Committee members.

Item **Action By**

8. Current Issues

8.1 **Corporate Risk Register (Papers No. 19/09)**

Professor de Caestecker advised that the risk scores from the previous submission of the extract from the Corporate Risk Register, related to risks that fall under the remit of the Public Health Committee, had been incorrect. However the scores in this paper were correct.

The Committee were asked to note the risks and satisfy itself that the risks and controls were captured appropriately and the further actions were sufficient to mitigate the risks.

The Committee agreed that they were satisfied that the mitigating actions were correct and advised Professor de Caestecker that they want to be made aware of reports of any issues.

NOTED

8.2 **Partnership work with Clyde Gateway**

Professor de Caestecker provided a verbal update from the recent meeting in November 2018. She advised that Saturday drop-in screening sessions had been arranged for patients who were unable to attend other venues and this had been successful.

Referrals to Live Active and a separate piece of work would link into Clyde Gateway and she advised that she would provide an update on these at a future meeting.

The CAMH Service at St Mungo's Primary School was noted as an example of positive working partnership.

8.3 **GCC Summit**

Mr Matthews asked for his thanks to Councillor Hunter to be minuted for her work in bringing this work together with the Council.

Councillor Hunter thought that the summit had been very useful and it brought a clear direction of travel. It has had buy-in from senior staff across departments.

Ms Donnelly enjoyed the presentations and discussions but was not sure of the action points at the end.

Ms Moss advised that it was very rare to get that combination of attendees together so she felt positive about the event.

Item **Action By**

The challenge was now the next steps, to move forward and build upon this opportunity. Carol Tannahill and Linda de Caestecker would prepare a report from the event.

9. Draft Future Committee Papers (Paper No. 19/10)

9.1 **Papers for future Committee meetings**

Detailed in Appendix 1.

9.2 **Papers to Board Meetings**

1. Public Health Strategy Monitoring Framework.
2. GCC Summit.
3. National Screening Programme – Inequality actions from Bowel Screening' Cervical Screening and Breast Screening.
4. Public Health Reform Programme.

Date of Next Meeting

Wednesday, 17th April 2019 at 2pm in the Board Room, J.B. Russell House

Appendix 1

Meeting Date	Paper
17/04/2019	Child Poverty – 6 Local Authority Reports for agreement
	A Fairer NHS: meeting the requirements of equality legislation monitoring report 2018-19 including update on the Fairer Scotland Duty
	HPHS - Reporting guidance for baseline self-assessment for 18/19
	Smoking in Prisons
24/07/2019	Mental Health
	Drugs and Alcohol
	Diabetes and Weight Management
23/10/2019	Homelessness
	Staff Flu/Vaccine Transformation Programme (VTP)
	Public Health Strategy – forward planning