

PHSC(M) 19/03

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Public Health Standing Committee
Held in the Board Room, J.B. Russell House, Gartnavel Royal Hospital
On 24th July 2019**

PRESENT

Mr J Matthews in the Chair

Dr D Lyons	Ms S Manion
Prof L de Caestecker	Ms A Khan
Mr A Cowan	Ms L Long
Ms A Harkness	Prof C Tannahill
Ms A Baxendale	Dr A McDevitt
Ms J Donnelly	

IN ATTENDANCE

Name	..	Title
Dr T Lakey	..	Health Improvement and Inequalities Manager - Mental Health, Alcohol and Drugs, NHSGGC
Ms F McLinden	..	Interim Director of Regional Services and Lead Officer for Dentistry, NHSGGC
Ms D Williamson	..	Health Improvement Lead – Prisons, NHSGGC
Dr J O'Dowd	..	Consultant in Public Health Medicine, NHSGGC
Ms C Ritchie	..	Director of Allied Health Professions, NHSGGC
Mr J Brown	..	Chair, NHSGGC
Ms F Moss	..	Head of Health Improvement, Glasgow City HSCP

		ACTION BY
1.	WELCOME AND APOLOGIES	
	Apologies for absence were intimated on behalf of Mr G McLaughlin; Dr E Crighton; Councillor M Hunter.	
	NOTED	
2.	DECLARATIONS OF INTEREST	
	Mr Matthews invited Board members to declare any interest in any of the agenda items being discussed.	
	Dr Lyons wished to declare an interest in relation to Agenda Item 5 given his role as a provider of training with NES. The Committee noted this.	
	NOTED	

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		ACTION BY
3.	MINUTES OF THE MEETING HELD ON 17TH APRIL 2019	
	<p>The Committee approved the Minutes subject to the following amendments.</p> <p>Dr Lyons' apologies had not been noted in the draft Minutes to the Board.</p> <p><u>APPROVED</u></p>	
4.	MATTERS ARISING FROM THE MINUTES	
	<p>Mr A Cowan noted that there did not appear to be many action points recorded in the previous minutes. He felt that it would be helpful to highlight this to assist with assurance and that it was important to ensure that items that require 'Action' were recorded for follow up.</p> <p>Professor de Caestecker advised that some actions re the Child Poverty Action Reports were missing. These included follow up action to inform the Board.</p> <p><u>NOTED</u></p>	Committee
5.	GGC Oral Health Department Performance Report and Review of Public Dental Service	
5.1	<p>Ms McLinden highlighted aspects of the report and provided context for the Committee.</p> <p>Mr Cowan asked why there was data available for public dental service but very little data available for the prison dental service. He also asked if there was any guidance on the standard of oral health care prisoners received.</p> <p>Ms McLinden advised that as NHSGGC does not manage the service within prisons, they do not have access to the data. She said that if the Committee want information recorded, she would liaise with their prison service colleagues. There are different levels of care within the prison population in Scotland as some care is given through the NHS and some through the private sector.</p> <p>Ms McLinden explained that the Caring for Smiles Programme in care homes was established in 2012/13 with NHSGGC receiving funding for oral health. The Care Commission applied standards at that time; one of which was that all staff should have a SVQ in oral health as part of their training.</p>	

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	ACTION BY
<p>Professor Tannahill asked about the relationship between oral health, nutrition and eating behaviours and programmes giving health and nutrition advice. Ms McLinden stated that nutrition and alcohol brief interventions were both discussed at dental visits.</p> <p>Dr McDevitt reflected that perhaps when a patient registered with a GP, staff could ask if the patient was registered with a dentist. GPs often advise patients to take their tablets when brushing their teeth so this would be a good opportunity and would help the dental service.</p> <p>Ms McLinden felt that this would be helpful. Health Visitors often phone the Child Smile Service to ask for information for families to register with a dentist. The Oral Health Team could give GP practices a list of dental practices within their area.</p> <p>Dr McDevitt said that this would be worth exploring further but the information for practice staff would have to be simple as they work in a busy area.</p> <p>Ms Khan asked why some 0-2 year olds were not being registered with a dentist. Ms Moss advised that no particular reasons were identified; it may be that registering with a dentist is not high on parents' priority list or they may be registered with a private dentist and the NHS cannot access this information.</p> <p>Mr Brown queried if it was possible to ask people why they were not registered with a dentist and the service could then capture the reasons for non registration.</p> <p>Ms McLinden assured him that the HSCPs have been asked about the barriers to registration and when the reasons were known, resources were targeted accordingly.</p> <p>Ms Moss advised that some parents do not register their child before they have teeth and work was being done to address this.</p> <p>Mr Matthews asked if there was less success in Glasgow on reducing barriers to primary school children brushing their teeth.</p> <p>Ms McLinden explained that volunteers had been trained to supervise tooth brushing in schools but as they had to be security checked this had deterred some people from volunteering.</p> <p>Ms Moss said that historically the Education Department received funding to carry out supervised tooth brushing in schools however when funding ceased, the Education Department was unable to continue to support the service.</p>	

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	<p>Professor de Caestecker advised that Directors of Education were supportive of the service but said that some Head Teachers were unable to provide the support due to competing priorities. Ms Long suggested that a representative could attend one of the Head Teachers' meetings and highlight the issues. Professor de Caestecker confirmed that this had been done on many occasions.</p> <p>Ms McLinden advised that there was a new programme and that each HSCP Chief Officer has been advised about non compliance and there has been an improvement.</p> <p>Professor de Caestecker suggested that compliance could be framed around the attainment gap which might help. She added that if there was no improvement in six months, she would take this forward. Ms McLinden advised involvement of the Consultant in Dental Public Health Dr McGrady on this issue.</p> <p>Ms Manion suggested thinking strategically and as a Community Planning Partnership issue rather than just one authority. She suggested engagement with schools to make sure it was a key priority for Joint Children's Plans across Community Planning Partnerships.</p> <p>Action:</p> <p>Professor de Caestecker to liaise with the Consultant in Public Dental Health and report back to the Committee on any further action required. Ms McLinden to report back on the other queries discussed.</p> <p><u>NOTED</u></p>	<p>Prof de Caestecker</p> <p>Ms McLinden</p>
5.2	Review of Public Dental Service	
	<p>Ms Manion advised the Committee that the review was part of the Oral Health Improvement Plan across Scotland. She welcomed any comments from the Committee as part of the engagement and consultation process. Ms Manion and Ms McLinden would be happy to return to the Committee at a later date with the final proposition.</p> <p>Mr Brown asked how the Review had been commissioned, the governance structure and who would approve the recommendations.</p> <p>Ms Manion advised that it was launched by the HSCPs as part of their delegated responsibility and provider of services and they would ask the Health Board for its decision on the recommendations. The Public Health Committee will be informed of the workstreams' output. The HSCP would then advise if the Health Board was in agreement with the recommendations.</p>	

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		ACTION BY
	<p>Ms Long stated that Inverclyde Council were piloting a volunteer policy and Professor de Caestecker said that she would be interested in more information about this pilot. It was agreed that a paper would be presented to the Corporate Management Team meeting in the first instance.</p> <p>Ms Manion suggested that Ms MacPherson, Director of Human Resources and Organisational Development, should be asked to sponsor the paper at CMT.</p> <p>Action:</p> <ul style="list-style-type: none"> • Professor de Caestecker to discuss mentoring by staff with Ms MacPherson. • Further updates to Committee at future meeting. <p>Dr McDevitt acknowledged that there was good work being done in perinatal mental health. He advised that the age range means that GPs do not have the same contact with the patient as perinatal mental health care was now carried out by nursing staff and GPs would only see them if referred by Health Visitors. He would like to see quicker access to services rather than a referral system.</p> <p>Dr Lyons emphasised that we should consider the mental health challenges facing the older generation and he would welcome information on public health work underway in that area.</p> <p>Mr Matthews highlighted that there were 13 recommended actions and how would the Committee and others know that actions were successful? Was the service concentrating on ones that work and discontinuing the others?</p> <p>Ms Moss advised that the 13 recommended actions were broad and that training was more specific. There were indicators which will provide information on success or what requires to be changed. The 13 recommendations were in addition to the ongoing work and that was where there remained a challenge.</p> <p>Ms Khan said that she would like statistics in black and minority communities and services available at future discussions. She indicated that there would be approaches that would be more culturally sensitive and what communication methods were available to highlight local community services known to HSCPs. She advised that linking in with faith based institutions would be helpful.</p>	<p>Prof de Caestecker</p>

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		ACTION BY
	<p>Actions: At future meetings, the Committee would like to hear about:</p> <ul style="list-style-type: none"> • The Intelligence Framework described by Dr Lakey. • Communities and Social Isolation which was a key area in the Public Health Strategy. <p>NOTED</p>	<p>Dr Lakey</p>
<p>7.</p>	<p>Update on implementation of smoke-free prisons policy in NHSGGC</p>	
	<p>Ms Williamson provided background on the implementation of the policy. She advised that there had been a successful working partnership between Health Scotland, local Health Boards and the Scottish Government. She spoke about the challenges and successes and highlighted one success which has been the peer support from prisoners who have volunteered to mentor other prisoners, for example with alcohol brief interventions and through working with Sandyford staff, to provide information on blood borne viruses (BBV). She explained that if the health improvement service could capitalise on the influencers (other prisoners), it would be a good opportunity to highlight health improvement messages as other prisoners will listen to their peers. She added that when the mentors leave prison, they were encouraged to gain an academic qualification in mentoring to help them with future employment.</p> <p>Dr Lyons asked Ms Williamson what support would be available to someone on remand who smoked 40 cigarettes a day. Ms Williamson advised that they would receive nicotine replacement therapy (NRT) to help them through the first 24 hours in prison and then they would receive support to quit. However there was a waiting list for those already in prison to receive support to stop smoking.</p> <p>Professor Tannahill asked what support prison staff receive if they wished to stop smoking.</p> <p>Ms Williamson advised that in the past support was offered to prison staff. However less than 20% of staff approached the service for help so health improvement staff signpost them to services in their local area.</p> <p>Ms Baxendale asked the Committee to note the content of the paper and to support the breadth of the issues Ms Williamson described in terms of wider health improvement issues and building capacity to tackle wider health issues within the prison population.</p> <p>Action: The Committee requested that a progress report for ongoing smoking cessation service delivery should be submitted at a future meeting.</p> <p>NOTED</p>	<p>A Baxendale</p>

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		ACTION BY
8.	Public Health Strategy – Performance Monitoring	
	<p>Professor de Caestecker provided an update on the monitoring framework and advised that the revision would be tabled at the Corporate Management Team meeting in August. The final draft would be brought back to the Committee.</p> <p>Dr O’Dowd advised the Committee that the revised version would be more focussed on the work being taken forward and that it would include a two part paper, one of issues that are accountable to Public Health and one for the wider Public Health family.</p> <p>Action: Committee to receive final draft of the monitoring framework.</p> <p><u>NOTED</u></p>	Dr O’Dowd
9.	Current Issues	
9.1	Public Health Inequalities Group (PHIG); Working DRAFT Terms of Reference	
	<p>The Committee was asked to note that the name of this group was the Public Health Implementation Group (PHIG) and not Inequalities Group.</p> <p>Professor de Caestecker explained that the PHIG’s Terms of Reference (TOR) had been revised to reflect the launch of the whole system Public Health Strategy across NHS GGC and emerging developments in relation to the national public health reform. The TOR had been presented to the Board’s Corporate Management Team who discussed membership. This also put the PHIG on a formal footing. Professor de Caestecker advised the Committee that they could ask the PHIG to take forward pieces of work.</p> <p>The Public Health Standing Committee was asked to note the recommendation from the Corporate Management Team</p> <p><u>NOTED</u></p>	
9.2	National Records of Scotland: Drug related Deaths in Scotland in 2018	
	<p>The Committee were advised of the purpose of the paper and Professor de Caestecker discussed the report briefly.</p> <p>Given the full agenda and the time constraints at the end of this meeting, the Committee advised that they wished to discuss this report in more detail at the next Committee meeting on the 23rd October 2019. The discussion in October should include information gathered from local areas; actions and recommendations.</p>	

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		ACTION BY
	<p>Mr Matthews will provide feedback to the Board that this report was being discussed at the next Public Health Standing Committee meeting. Committee.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Report to be tabled for discussion at next meeting on 23rd October 2019. • Mr Matthews will include this action in his report to the Board. <p>AGREED</p>	<p>Prof de Caestecker Mr J Matthews</p>
9.3	<p>Public Health Reform Programme</p> <p>Professor de Caestecker informed the Committee that Professor Jim McGoldrick has been appointed Interim Chair of Public Health Scotland. The next stage was to appoint a Chief Executive. The closing date for applications has now passed and there has been a good response received.</p> <p>Professor de Caestecker advised that the Scottish Directors of Public Health were reviewing their roles and how they will strengthen these.</p> <p>Professor Tannahill advised that in the short-term the structure will not change but indicated that it may change in the future.</p> <p>Professor de Caestecker highlighted a 6% reduction in health improvement staff within HSCPs.</p> <p>Action Mr Matthews advised that he will inform the Board of the risks associated with the potential reduction in health improvement staff.</p> <p>NOTED</p>	<p>J Matthews</p>
9.4	<p>Glasgow Summit</p> <p>Professor de Caestecker advised the Committee that draft Terms of Reference have been produced and a small, action focussed group established to take forward the actions from the Summit. There has been agreement of a health post.</p> <p>Glasgow Life continued to work with the Scottish Government and other agencies to find a more effective way of working in respect of public health, culture and sport. This may support effective working with Community Planning Partnerships.</p> <p>NOTED</p>	

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		ACTION BY
10.	Future Draft Papers	
	<p>Papers for Committee Meeting on 23rd October 2019</p> <ul style="list-style-type: none"> • National Records of Scotland: Drug Related Deaths in Scotland 2018 • Staff Flu/Vaccine Transformation Programme (VTP) • Internal Audit Plan for 2019-20 and Corporate Risk Register • Public Health Strategy – forward planning <p><u>NOTED</u></p>	
11.	A.O.C.B.	
	<p>Ms Claire Ritchie, Director of Allied Health Professions (AHP) of which there are 10 professions spread through the life course; acute, community, prison and primary care. She explained what work the allied health professionals carry out in relation to public health. This included having healthy living conversations and delivering public health messages, e.g. mental health, bereavement. She feels that there was an opportunity to use this staff base further to deliver the public health message.</p> <p>Ms Baxendale acknowledged that there had been a good working relationship between Health Improvement and AHPs for a number of years which they have found very helpful.</p> <p><u>NOTED</u></p>	
	The Chair thanked everyone for attending	