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Glasgow City Public Health Oversight Board
6th April at 09:30

Via Microsoft Teams

1. **Welcome and Introductions**
2. **Minutes from Previous meeting**
3. **Revised TOR**
Fiona Moss
4. **Starter Workplan**
Fiona Moss
5. **The Child Poverty Pathfinder**
John Sherry
6. **HSCP Health Improvement Strategy Refresh**
Fiona Moss
7. **Cost of Living Crisis**
All
8. **AOCB**

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Minutes

Glasgow City Public Health Oversight Board

2nd February 2023

Via Microsoft Teams

Present

Emilia Crichton, NHS Greater Glasgow, and Clyde (Chair)
Bernadette Monaghan, GCC Community Empowerment Services
Fiona Moss, GCC HSCP
Matthew Lowther, Public Health Scotland
Roseann Logan, Health & Social Care Alliance Scotland
Shaw Anderson, GCC Community Empowerment Services
Ann Marie Burns, Glasgow Life
Ian Bruce, Glasgow Council Voluntary Sector
Mark Sutherland, Police Scotland
Irene Cree, Glasgow Life
Martin Tierney, Police Scotland
Pete Seaman, Glasgow Centre for Population Health
Nicola Kilbane, Police Scotland
Cormac Quinn, GCC, Chief Executive Department

In Attendance

Mary McPhail, GCC, Community Empowerment Services

Apologies

No apologies were submitted.

1. Welcome and Introductions

Bernadette welcomed everyone along to the meeting and introductions were made.

2. Minutes from last meeting

The previous minutes were accepted as an accurate record, with no matters arising.

3. TOR Update

Fiona advised that the TOR circulated was an updated version from the one at the last meeting. There are still some key areas around Glasgow Life and Police Scotland that need to be agreed for inclusion. There is still a question of the group having a role around some of the place-based work in terms of the health and equalities components. Shaw questioned if the food strategy element was consistent with the proposed TOR. Fiona spoke with Andrew Olney from Glasgow Life who thought that the Community Referral model (which feeds into the Flourish Glasgow Partnership) would be a good way of ensuring it comes back to the group and had reflected this in the TOR. Andrew also highlighted the need to move on a sports and physical activity strategy for the city and this too would be an appropriate strategy to link in with – this has also been added to the TOR.

Fiona spoke of the Suicide Prevention Partnership and the Gambling Harms Committee that link in directly with the group and of the other groups which we work alongside explaining how she's captured them in the diagram. As this doesn't include the Police Scotland Public Health Approach, Fiona asked how this should be represented. Mark stated he would prefer to see this moved under the 2nd group of bullet points rather than providing governance. On reading the remit, Mark thought

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that rather than having all this in a TOR, it's broken out into a control strategy or workplan that sits alongside as, in theory, over time things will drop off and others added.

Bernadette advised that Population Health has now been added onto the WECCE agenda. In reference to place-based work, a high-level strategic appraisal of Thriving Places will be carried out over the next year to see what's made it a success in some areas and not in others. Elected members want to know how locality planning will be supported in areas that aren't part of the Thriving Places programme. Bernadette will bring an update on this back to a future meeting.

Emilia advised the need to be specific on what we focus on.

In reference to Diagram 1, Pete thought wellbeing should be added as an outcome. In the 2nd column (prolonging life) he suggested capturing something relating to increasing the number of years lived with good health. He thought it'd be worth looking at what a realistic timeframe could be for this. Emilia noted that this was covered in Page 3 of the TOR, but Pete thought it would be good to get a clear summary of the outcomes in the table. Fiona will try to bring the wellbeing element out stronger.

Fiona advised that more work is needed on the workplan and at the next meeting she'll bring back a starter workplan a final TOR.

Agreed action

- Fiona will update and bring the final TOR to the next meeting.
- Fiona will bring a starter workplan to the next meeting.
- Fiona to circulate her slides.

4. Public Health Scotland Expectations

Matt stated that the program of work he's carrying out is still at an early stage and, once it's a bit more advanced, he'd come back to a future meeting to talk about it. The work is in connection to how PHA (Public Health Scotland) can support the local system. In 2016, the Public Health Review made a lot of recommendations around how the public health system could support colleagues in community planning. He explained how PHS had previously focused on supporting the Health and Social Care system throughout Scotland via the Local Health Support Team which provided detailed analytical support, they didn't provide a similar service to local government or community planning, and this is what the programme of work is around. Matt has been working with the Director of Public Health and health managers on how the programme would be structured and rolled out. Pathfinder sites have been identified and without going into detail, Matt advised that all the sites are different. An oversight group has been set up to pull out the learning from each of them and come up with recommendations by the end of March. This will be rolled out nationally in the future.

Given that the Public Health Review is 7 years old, the effects of the pandemic and the cost-of-living crisis, Emilia agreed that some background work was needing to be done before Matt comes back to the group.

Matt was heartened by the outcomes Fiona had presented that were in alignment with PHS's strategic priorities. As his role is to make the connection into and out of PHS, he'd take the learning from the group to help inform what PHS do. This can be used across the whole of Scotland, with learning from other areas being fed back into Glasgow. Matt advised that PHS is involved in a lot of national groups/structures that he could connect the group into, giving as examples the groups set up around the National Care Program, the National Community Planning Improvement Board and the Scottish Public Health Network that supports the Directors of Public Health as a group.

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Fiona welcomed the additional support from PHS as she felt that some of the work we do never gets known about at a national level and of how there's no awareness of who's doing what. Bernadette offered to facilitate an appearance for Matt at the Community Planning Executive Group as she thought it'd be invaluable to connect him into the community planning structures. Also, should Matt want anything circulated to the community planning partners, he could use them as an electronic post-box. Pete extended Bernadette's offer on behalf of GCPH and offered to facilitate any developments (or attend any workshops) to work out how this would work locally. Shaw thought that key thing was to establish a relationship and understand the others perspective and, as the relationship matures, then we'll be able to make specific asks of each other.

Agreed action

- Fiona (with Pete and Shaw initially) to meet with Matt to see how everything could be pieced together.

5. Live Well Community Referral expansion plans

Irene explained that the Livewell Community Referral programme is being carried out by a small team in Glasgow Life to test a transformation change in the way of working. It aims to create a one route into Glasgow Life's wellbeing activities – partners and the public will be able to refer themselves into the service where advisors will work with them to create a wellbeing plan.

Irene gave an update/presentation on the first 6 months of the pilot which is being run in the Calton area and of some of the expansion plans in moving forward. Irene spoke of the following in detail:

- Current activities:
 - *liaising with the community groups*
 - *establishing themselves as a support network in the area*
- Current position:
 - *pilot completed*
 - *internal communications and marketing plan ongoing*
 - *external engagement with key stakeholders*
 - *staff development via training*
 - *external partner secured and pilot evaluation underway*
- Live Well Community Referrals from July to December 2022 – numbers, reasons, and source/types of referrals
- Live Well Community Referral Dashboards – impact statements.
- Number of referrals by area.
- Testimonies from participants, partners, and staff.
- Moving forward:
 - *expanding into the wider North-East*
 - *developing plans for a citywide roll out*
 - *expanding external communications to include the new stakeholders*
 - *engaging with Glasgow Life development team on potential funding opportunities*
 - *continue with staff communications and training*

Irene advised that further information could be found at the Livewell Community Referral webpage which includes an activity finder, online L&D courses, a free-phone helpline, and a dedicated mailbox.

Matt asked how it connected into any national social prescribing programmes such as the SPRING Social Prescribing Programme and the Roundtable. Irene advised that she'd consulted with SPRING

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and that she'd continue to liaise with them - Ann Marie added that initial engagement with the SPRING consortium was intensive. As the words prescription or prescribing was seen to be a deterrent for a lot of our communities, these words were purposely left out. Ann Marie clarified Irene's earlier comment about transformational change in Glasgow Life as being about empowering communities to decide the activities they want and to be able to go on to build capacity within their community for sustainability of continuance of it. Sports officers will engage with the communities to allow them to decide what suits them – this is something Glasgow Life hasn't done before. Irene added that they've learned a lot about the services they're providing in the North-East.

Other questions and comments were around delivering the services in the right way, the relationship with community link workers, affordability, and other barriers. Irene and Ann Marie clarified their responses to these in detail.

Roseann spoke of a recent event held at the Emirates around Glasgow being the Capital of Sport for 2023 - one of its objectives was around health and wellbeing and the Panel members discussed how they could link in and raise the profile around physical activity. Pete spoke of some museum related work he'd been involved in with Glasgow Life around the health benefits of being exposed to beauty in terms of mental health. Irene advised that she's already working with museum colleagues to establish coffee and culture sessions in the Calton area.

In terms of funding, Bernadette spoke of about the GCF (Glasgow Communities Fund) and the National Lottery Communities Fund. She advised that the GCF has been over-subscribed with the level of need not going down. Bernadette offered to meet with Irene off-table to discuss potential funding from the National Lottery. Irene stated that it wasn't just funding for activities that was needed, but also for equipment.

Emilia thanked Irene for her presentation and asked her to return to a future meeting with an update.

Agreed action

- Bernadette and Irene to discuss funding from the National Lottery.

6. Cost of Living Crisis

Pete spoke of the motion that Cllr Cunningham took to the Full Council after reading the GCPH report on public health. The report specified the lack of improvement in terms of health inequalities, highlighting the impact of austerity particularly around income and reduction in services. The report made 40 policy recommendations at different levels and summarised local policy recommendations that the Council could adopt. These involved interventions like increasing the number of people trained in giving advice on income maximisation, progressive employment practices, community wealth building and diversifying economic ownership. The food plan, early years and housing were highlighted. It recommended that the Council should approve of being against the 2nd round of austerity cuts giving the impact that the 1st round had on population health, particularly on life expectancy. Although Cllr Cunningham took the motion to the Full Council, Pete was unaware of the outcome.

Cormac thought that the motion was tabled as a follow up to the June motion which outlined the cost-of-living crisis as a key area of focus for the Council and, as this was when the Strategic Plan was being finalised, thought this was to note it as its over-arching framework. He advised that a "cost-of-living lens" is being applied to public reporting to the scrutiny committee to allow them to look at how the services are responding to it. His colleagues from Economic Development will shortly issue a report noting the emerging issues/service responses.

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Reflecting on Cormac's comments, Ann Marie spoke of the amount of time colleagues in Glasgow Helps are spending in supporting people with fuel and food poverty. Ann Marie went on to speak about the services Glasgow Life are providing around this but although there are referral pathways to these, they aren't really being brought together. She thought it important to identify the expertise staff within able to support all these issues and bring them all together. She suggested that HSCP and GCC look at what each other are doing to work more cohesively.

Fiona thought it may be worth bringing the child poverty pathfinder work that the city is doing with the Scottish Government to a future meeting as it trying to pick up on some the issues that the that's being discussed. She saw the need for an easier way to navigate families to where they can get financial advice/support quicker. From a service provider's point of view, Bernadette asked how a case management type of approach could be brought. She thought an understanding of what it is that helps a family to move on is needed and suggested a discussion on the pathfinder approach may help to see how things could be made a bit slicker. Cormac thought it would be worth inviting Mike Burns and John Sherry along to a meeting as they're doing pathfinder work. Emilia agreed and asked that they be invited to the next meeting.

A discussion arose around the issues of data tracking of families.

Agreed action

- Mike Burns and John Sherry to be invited to a future meeting to talk about pathfinder work.

7. A.O.C.B.

Fiona asked if she could bring a refreshed Health Improvement Strategy to the next meeting for discussion.

Bernadette spoke of a presentation on the cost-of-living crisis by David Hays at a recent Planning Executive Group meeting and offered to circulate the slides he shared. She thought it'd be worth having him talk to the group about data sharing and how we can use it in our work. Bernadette will speak to David about this.

The cost-of-living will remain as an item on the next agenda.

Emilia thanked all for their contribution.

Agreed action

- Fiona to bring a refreshed Health Improvement Strategy to the next meeting.
- The above to be added to the agenda for the next meeting.
- Bernadette to circulate David Hay's slides.
- Bernadette to invite David Hay to talk to the group about data sharing.

GLASGOW COMMUNITY PLANNING PARTNERSHIP
GLASGOW CITY PUBLIC HEALTH OVERSIGHT BOARD
REFRESHED (DRAFT) TERMS OF REFERENCE

1. Background

The well-being ambitions of the city's Community Plan and Council's Strategic Plan both highlight the importance of focussing on what can be done to improve the city's health.

2. Purpose

This paper describes terms of reference for a high level partnership to provide coherence and governance for progressing the shared public health agenda of city partners, which in turn reflects the national priorities for public health and that of NHS GG&C 'Turning the Tide Through Prevention' Strategy. This partnership will be known as Glasgow City Public Health Oversight Board (GCPHOB).

3. Scope

The public health statement attached below has been agreed through Glasgow's Community Planning Partnership as the key driver for improving well-being. The GCPHOB will cover the scope of these ambitions and generate and capture the progress on these participatory, connected and inclusive city components.

It is expected that progress will be delivered through the existing infrastructure of partnerships where possible. Partners will avoid duplication of effort by enabling existing city partnerships to advance their public health action and impact, in most part, with new arrangements being agreed through GCPP Executive arrangements.

The oversight board will focus on aspects where the ability to work in partnership on public health themes can be most effectively jointly developed and delivered. The oversight board will enable co-ordinated feedback on progress to the CPP Board, the WECCE and where required City Administration Committee's and the NHS GG&C Corporate Management Team.

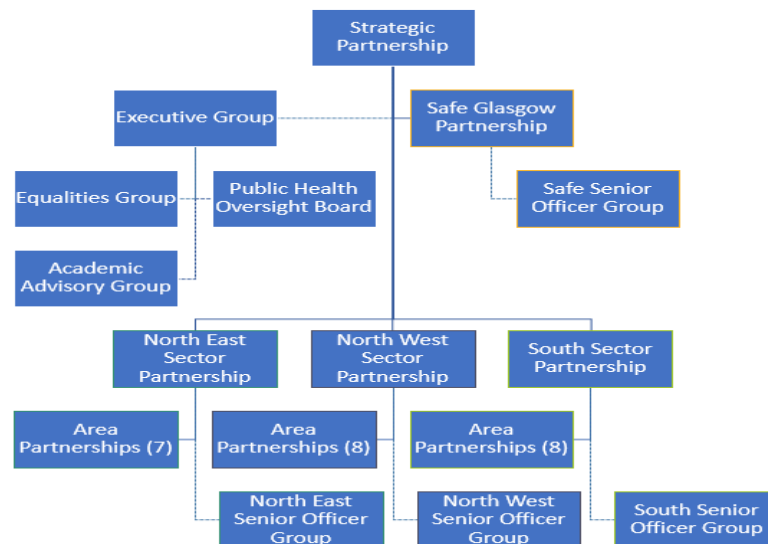
The GCPHOB will focus on preventing disease, prolonging life and improving health and well-being as shown in Diagram 1.

Prevent Disease	Prolong Life	Improve well-being
<p>More children having a healthy start and childhood</p> <p>Fewer children experiencing precarious trauma</p> <p>Fewer people getting vaccine preventable diseases.</p> <p>More people being active, eating and sleeping well for health</p>	<p>Fewer people in Glasgow dying from drug, alcohol and tobacco use</p> <p>More people in Glasgow being diagnosed early with life limiting health conditions</p> <p>Fewer people in Glasgow dying by suicide</p>	<p>Fewer people, particularly children, living in poverty</p> <p>More people describing their neighbourhood as a 'very good' place to live</p> <p>Fewer people experiencing discrimination and stigma</p> <p>Smaller differences in healthy life expectancy associated with income</p> <p>More people in Glasgow living longer in good health</p>

4. Governance

The GCPHOB is a partnership governed through Glasgow Community Planning Partnership with corporate accountability into Glasgow City Council and NHS GG&C

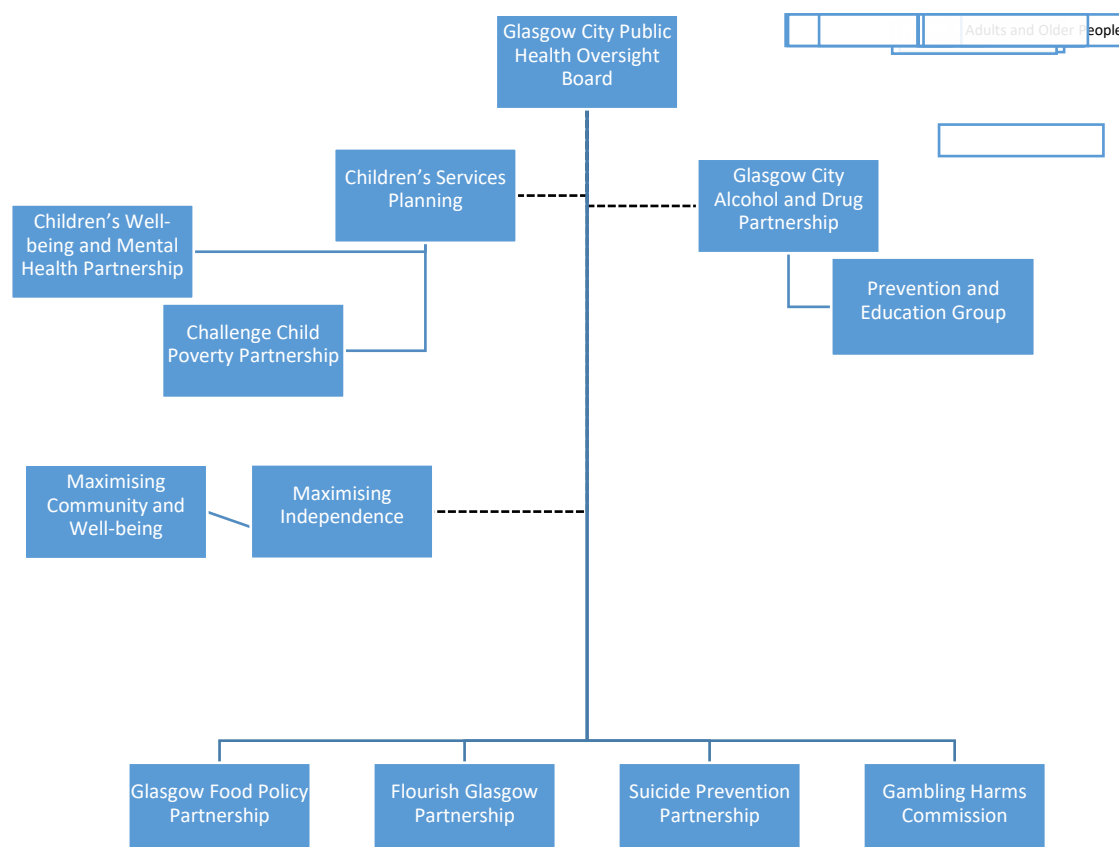




GCPHOB will provide periodic progress reports (at least annually) to the GCPP Executive on progress.

5. Remit

- To drive and monitor progress in realising the shared public health ambitions of Glasgow Community Planning Partnership.
- To enhance the collective impact of community planning partners on the health of citizens
- To share learning and evidence from within and beyond Glasgow to enhance the delivery of best practice interventions and approaches to health gain.
- To advocate locally and nationally for action to strengthen the health outcomes of residents, undertaken in collaboration with residents.
- To challenge partners to consider the impact of decisions on the health and well-being of residents and take action to maximise health gain.
- To describe a public health approach and how it can be applied to a range of health challenges in the city.
- To provide periodic reports on public health progress to city leaders, including Glasgow City Council, the NHS Board, and the Glasgow City Health and Social Care Partnership.
- Public Health Intelligence development – receive and consider public health needs assessment reports undertaken by CPP partners and respond



6. Culture and values

Working principles:-

- We take a rights based approach
- We prioritise defined need and inequalities in public health
- We work to the best available evidence and practice guidance
- We consider efficiency and cost effectiveness
- We take anti- stigma and discriminatory approaches
- We seek to build and maintain healthy collaborative approaches
- We will use the Concordat principles as a framework to further develop joint working with the Third Sector

7. Membership

Name	Title	Organisation
Bernadette Monaghan	Director of Community Empowerment	Glasgow City Council
Dr Emilia Crighton	Director of Public Health	GGC NHS Board

Andrew Olney	Director of Libraries, Sport & Communities	Glasgow Life
Pete Seaman	Interim Director	GCPH
Martin Booth	Executive Director Finance	Glasgow City Council
Ian Bruce	Chief Executive	Glasgow Council for Voluntary Services
Mark Sutherland	Chief Superintendent	Police Scotland
Fiona Moss	Head of Health Improvement and Equalities	GCHSCP
Sara Redmond	Chief Officer of Development	Health and Social Care Alliance
??	Interim Head of Policy	COSLA
Mathew Lowther	Head of Communities and Local Partners	Public Health Scotland
Shaw Anderson	Partnership and Development Manager, Community Empowerment Services	Glasgow City Council
Des McNulty	Academic Advisory Group Member	Glasgow University

Others will be asked to attend as required.

8. Meeting frequency

The group will usually meet every two months.

9. Meeting Administration

Glasgow City Council Director of Empowerment will co-chair the Board with NHSGGC Director of Public Health. The administration of the meetings will be undertaken by the community planning support team and meetings will be held in accessible locations within the city centre area or on teams. Requests for agenda items will be requested a fortnight in advance. Papers will be distributed a week before the meeting date.

Papers will be made available through the GCPP Web-site, the Public Health Committee of GGC NHS Board and the cities Integration Joint Board (Glasgow City Health and Social Care).

10. Review

The terms of reference will develop over the life of the partnership, with a review process for members annually.

Date of last review : March 2023