

**Confirmed Minutes of the Public Health Wales
 Knowledge, Research and Information Committee
 Public Meeting 5 December 2023, 09:30
 Held in 3.2 CQ2 and via Microsoft Teams**

| Present: | | |
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| Sian Griffiths | (SG) | Committee Chair and Non-Executive Director (Public Health) |
| Diane Crone | (DC) | Non-Executive Director (University) |
| Nick Elliott | (NE) | Non-Executive Director (Data and Digital) (Left at 11:58) |
| In Attendance: | | |
| Sumina Azam | (SA) | National Director of Policy, and International Health, World Health Organisation Collaborating Centre |
| Iain Bell | (IB) | National Director for Public Health Knowledge and Research |
| Fliss Bennee | (FB) | Head of Data (For item 6) |
| Julie Bishop | (JB) | Director of Health Improvement (For item 4.1) |
| Liz Blayney | (LB) | Deputy Board Secretary and Board Governance Manager |
| Alisha Davies | (AD) | Head of Research and Evaluation (For item 5.2.1) |
| Helen Erswell | (HE) | Consultant In Public Health, Health Improvement Team (For item 4.1) |
| Rebecca Hill | (RH) | Senior Public Health Specialist, Policy and International Health, WHO Collaborating Centre |
| Dafydd James | (DJ) | Head of Digital Experience and Services (For item 5.1) |
| Elen De Lacy | (EDL) | Public Health Research and Development Manager. (For item 5.2.2) |
| Rick Lines | (RL) | Head of Programme Substance Misuse (For item 4.1) |
| Kirsty Little | (KL) | Consultant in Public Health, Health Intelligence, Knowledge Directorate. (For item 4.) |
| Jim McManus | (JM) | National Director Health and Wellbeing |
| Rebecca Masters | (RM) | Consultant in Public Health. (For item 4.2) |
| Louisa Nolan | (LN) | Head of Data Science |
| Paul Veysey | (PV) | Board Secretary and Head of the Board Business Unit |
| Apologies | | |
| Tracey Cooper | (TC) | Chief Executive |



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| Stuart Silcox | (SS) | Assistant Director of Integrated Governance |
| Jan Williams | (JW) | Chair |
| <i>The meeting commenced at 10:00</i> | | |
| KRIC 1/2023.12.05 | Welcome, Introductions and Apologies | |
| <p>The Chair opened the meeting welcomed all present and welcomed JM to his first meeting of the Committee.</p> <p>The Committee noted that the meeting was being recorded to support the accuracy of the minutes, the recording would be deleted once the minutes had been agreed at the following meeting in March 2024.</p> <p>The Committee noted the apologies.</p> | | |
| KRIC 2/2023.12.05 | Declarations of Interest | |
| <p>There were no declarations of interest made, in addition to those already declared on the Declarations of Interest Register.</p> | | |
| KRIC 3/2023.12.05 | Minutes, Action Log and Matters Arising | |
| <p>The Committee considered and approved the minutes of the meeting held on 13 September 2023.</p> <p>The Committee considered the open actions on the action log and noted the red colour indicated an action which had passed its specified action date, or an action which required a response or an agreed revised target date.</p> <p>The Committee approved the closure of four actions on the Action Log and approved an extension to 5 March 2024 for three actions on the Action Log to allow final work to be completed on these actions.</p> <p>There were no Matters Arising.</p> | | |
| KRIC 4/2023.12.05 | Deep Dives | |
| KRIC 4.1/2023.12.05 | Addictive Behaviours and Public Health | |
| <p>JM introduced the Deep Dive on addictive behaviours, which focused on drug use and gambling. He noted that the Committee had previously considered the addictive behaviours relating to alcohol and tobacco.</p> <p>The Organisation already had a tobacco and illicit drug use strategy in place and JM suggested the Organisation should additionally look to develop a drug dependency strategy. The development of such a strategy would require a programme of research, and this Committee would provide oversight for that work. It was noted that given the cross cutting nature of drug addiction, particularly links with the criminal justice system policy development in this area was within the jurisdiction of the UK Government at Westminster so any strategic response in Wales will need to take this into account .</p> | | |



JB, HE and RL gave a presentation to the Committee which highlighted the public health approach to preventing health harming behaviours .

Available databases maintained by the Organisation to record harm reduction data included - WEDINOS (a harm reduction and trends/checking program) blood-bourne viruses and policing data.

Regarding addictive gambling, work continued to build a gambling data profile in collaboration with Swansea University to target prevention work and to ensure the provision and delivery of treatment services. Partnership working with local public health teams and with regional Health Boards would ensure appropriate service level provision.

Areas for development had been identified and discussions continued with Welsh Government and academic partners for research and treatment opportunities in addictions work including better understanding of the evidence base for action on determinants and systematic reviews of risk factors had identified an opportunity to partner with academic research groups and work with the Communicable Disease Inclusion Health Programme to address populations to target.

HE informed the Committee that developing and understanding methods to increase protective factors and the collection and interpretation of data which highlighted the most at risk groups would ensure the best outcomes for the population. This would require a cross-organisational Public Health approach in the UK.

Monitoring and evaluation systems were in place to monitor the effectiveness of data collection for drug related programmes and an evaluation framework for gambling prevention and treatment was being developed.

Two case studies of Public Health Wales's approach were highlighted:

- Cannabis and tobacco co-use, in partnership with the University of Bath.
- Safer inhalation device development aimed at crack cocaine users, which resulted from concerns identified by service providers across Wales, demonstrated links with communal smoking practices. Sign off for a pilot programme was expected early in 2024.

The Committee discussed:

- Whether the Behavioural Science Unit had been involved with the work, the committee was told that that Unit would be engaged as the various programmes developed.
- How the teams were keeping pace with the digital interventions being promoted particularly by the gambling industry. The Committee were assured that this was an area of concern which the teams were monitoring and that this was an area of commercial sensitivity with evident conflicts of interest.

- The upcoming start of a statutory levy on profits in the gambling industry will be resulting in a change in ways of working between the industry and other sectors.
- The large number of health related apps already available from multiple app stores prevented a meaningful evaluation of the apps being undertaken. The Organisation and Digital Health and Care Wales was currently working to develop an accreditation process for future releases of the NHS-Wales app to allow links from commercial companies on the app.
- Whether Public Health Wales regarded itself as a systems leader or systems influencer on addictions? and what more should be done to develop work in this field? Closer cross-Directorate work was needed and this would be taken forward to report back.
- Discussion whether a single approach to all types of addiction and harm followed and how an-all-Directorate approach would facilitate the work across the Organisation.
- Developing an preventive approach across addictions was suggested and will be further considered and consideration given to development of a strategy.

SG thanked JM, and the team for a comprehensive and far reaching Deep Dive into the addictive behaviours of drug misuse and gambling and noted that JM and IB had agreed to collaborate further and develop the systems for monitoring addictive behaviours. She asked the Committee to send questions and suggestions covering the four areas of drug use, gambling, alcohol and tobacco to IB and JM.

SG asked IB and JM to bring a progress report on data required to develop the public health approach to prevention of health harming behaviours to the Committee at a future meeting. This should include consideration of cross-organisational co-ordination existing and needed.

Action: JM / IB

Break

KRIC 4.2/2023.12.05

Data, analysis and research in support of the public health impacts of climate change - strategic priority

SA introduced the Committee to a Deep Dive relating to data, analysis and research in support of the public health impacts of climate change strategic priority. The strategic priority impacted across the whole Organisation and SA asked for feedback from the Committee to provide a full breadth of views to take the work forward.

The presentation covered:

- The plan for action described in the presentation was derived from the International Association of National Public Health Institutes (IANPHI), and their aim to protect, promote and educate, to respond and take action to monitor and evaluate changes due to climate change.
- Public Health Wales had supported the Welsh Government’s ambition of achieving a net zero NHS Wales by 2030



- A report published by the Organisation in July 2023, “Climate Change in Wales: Health Impact Assessment” resulted from the declaration of a climate emergency by the Welsh Government in 2019. The report described vulnerabilities of people, communities, as well as the threat of the development of pathogens and also how the healthcare system needed to adapt to these changes. Climate change impacts on a wide range of diseases and population well-being across Wales. Measuring this is challenging but essential.
- The Health and Sustainability Hub within Public Health Wales had published more than twenty publications in the field of climate change in collaboration with many Public Health Wales Directorates (Public Health Knowledge and Research, Health and Wellbeing, Health Protection and Screening) and other collaborators.
- The development of the PHW Long Term Strategy had been influenced by reports on the impacts on the population and a Roadmap/Future focus has been developed and demonstrated the complexity of the topic.
- A link between climate change and health economics was proposed, noting that Public Health Scotland had an interesting approach and it was proposed that collaboration should be sought .
- Average Health Economics statistics estimated that a £1 invested, generated a £14 return in to the wider health care system, and it was suggested that a similar return might be seen for adaption and mitigation measures.

The Health and Sustainability Hub was established by SA in 2016 and now worked across the home nations and internationally to share resources and information on climate change. The Hub worked with all Directorates in the Organisation and welcomed feedback from this Committee:

- on research priorities;
- how the work could be developed and strengthened; and
- if the Committee thought keys areas of work were currently missing from the agenda.

The Committee discussed at length the boundary which existed between helping the population manage with the effects which climate change brought and who should take the responsibility for managing and reducing the impact on the planet. It was recognised that the Organisation had been seen to do as much as possible to be carbon neutral.

The Committee suggested the role for Public Health Wales was to support partners through systems leadership in developing decarbonisation strategies. The Committee also discussed the importance of leading by example; referencing recent initiatives in procurement to reduce carbon footprint by sourcing responsibly and in microbiology to review the use of single use plastics, which would impact on the Organisation’s carbon footprint.

The Committee noted how the climate change agenda work had been linked to the specific needs of communities and were encouraged by the Organisation’s commitment to directly address the needs of those communities who were adversely impacted due to climate change.

SG thanked SA and RM for their presentation and asked that the Committee be updated on the research work with a further presentation at a future date.

Action: SA / RM

KRIC 5/2023.12.05

Strategy Updates

KRIC 5.1/2023.12.05

Update on the Implementation of the Digital and Data Strategy

IB introduced the Committee to an update on the implementation of the digital and data strategy.

The Digital and Data Strategy was published on 4 October and internal communications were underway supporting the strategy. It has been well received.

The workplan for alpha and beta phases of internal digital systems reviews were detailed:

- The beta phase of the diabetic eye screening programme was estimated to free up 4,000 hours of staff time by automating referrals from GPs. Testing was planned for January ahead of launch in February 2024.
- The Alpha phase of the Web estate programme was wide ranging, and had involved collaboration across the Organisation, it involved all business functions and employed a ‘fit for purpose’ assessment. The phase highlighted accessibility and web standards issues in the use of the Welsh language to ensure compliance with Welsh Language Standards.
- Screening Services were moving from a bought-in system to using an in-house system for breast test cohort screening selection. This would allow the service to better adapt to its needs. A similar system for diabetic eye screening was planned for January testing and launch in February.
- Work with Registers included a recently completed alpha phase on suicide surveillance which would be progressed as soon as possible.
- A discovery recently started, based on Tarian, but would look at the wider aspects of Health Protection.

IB informed the committee he would submit a full paper to the Committee at its March meeting to give assurance on the progress with the implementation of the Digital and Data Strategy.

Action: IB, DJ

SG thanked IB and DJ.

The Committee asked if the data from the Suicide Surveillance Register could identify those on the register where gambling was identified as a possible contributor. The use of Coroner’s data and Office for National Statistics data would be sources of this

information but it was thought was unlikely to be available, IB agreed to investigate further.

Action: IB

The Committee asked if there were plans to publish a public version of the Strategy or an internal staff-only version of the strategy. The Committee suggested the use of section 2 of the Strategy could be used as a publishable precis of the Strategy for public consumption.

The Committee asked about plans to look at alternative models for digital eye screening which were more accessible to people living at considerable distance from fixed-site clinics. The Committee was told the use of phones to capture retinal images to send securely to the Diabetic Eye Screening Service was included on the list of items for future consideration in the Strategy.

SG thanked IB and DJ for the update and noted the plan to publish a public version of the Strategy.

Action: IB

KRIC 5.2/2023.12.05

Update on the Implementation of the Research and Evaluation Strategy

KRIC 5.2.1 /2023.12.05

Equality and Research - Digital inequalities and future use in health care setting

AD introduced the Digital Health and Equity report to the Committee and informed the Committee that Public Health Wales has led research in digital health inequity and has worked with the World Health Organisation (WHO) with research in this field.

The report documented the way the people who responded to the survey were using the internet to support their health, and the data was included on slide 4 of the presentation. The data was broken down further to determine noted differences in engagement, with results which were not unexpected, shown on slide 5. The engagement for 16-29 year olds was 87%, whereas only 24% of over 70 year olds were engaged. The results helped the Welsh Government's Digital Inclusion plan forming the Digital Inclusion Alliance Wales, comprising community groups and organisations which address barriers to digital exclusion both in health and in society in general.

Public Health Wales NHS had published a report on the 'Use of the internet and digital technology to manage health in Wales: past, current and future preferences.' The results, shown on slide 6, indicated an appetite for growth in the digital space to contact the Health Service and find information on health, but a lower percentage had appetite to receive clinical care by digital platforms.

The increase in future intentions were tracked by age groups (slide 7), with the greatest difference being found in the youngest populations whilst no difference was recorded between the genders. A marked increase in future intention was also noted in those with long term conditions.

The WHO acknowledged the expertise which existed within the team at Public Health Wales and the team has undertaken further work for the WHO, which resulted in the publication of 'Equity with digital health technology within the World Health Organisation's European region: a scoping review.' The review identified three domains of digital exclusion: Access, Skills (use) and Engagement. The report identified ten domains of equity which were detailed on slides 12, 13 and 14.

The Committee commended AD for the work shown in the presentation and asked her if lessons could be learned from other European countries who also had inequalities similar to those seen in Wales. AD advised that there was an appetite for sharing and learning from and with these countries, to help in understanding and addressing the socioeconomic inequalities and geographical issues which existed within Wales. The infrastructure and equipment needed could be assessed alongside potential roll-out of services which would lead to a better evaluation of impacts to services, and patients' outcomes.

The Committee agreed that the work highlighted the need to bring the lessons learned back to Wales for application. IB agreed, noting that digital solutions were often more cost effective than traditional interventions, although presented challenges to reach the whole population.

The Committee took **assurance** on the progress being made in the Digital inequalities and future use in health care setting work.

KRIC 5.2.2
/2023.12.05

Research Priorities

IB introduced the Areas of Research and Evaluation Interest 2024 paper documenting areas of research which would be crucial to the Organisation's role to deliver on its long term strategy.

EDL informed the Committee that the document would be regularly updated to reflect changing circumstances in the world, for example global warming and the cost of living. This demonstrated that the Organisation was proactive and related to the needs of the population it served. She sought input from the Committee on areas of work that should be included in the report before it was updated.

The Committee **considered** the paper and agreed to provide further comments on the Areas of Research Interest and **noted** that the Business Executive Team would finalise the areas of research interest following further discussion early in the New Year and publish the document.

KRIC 6/2023.12.05

Risk

The Committee **received** the report on Corporate Risk . IB informed the Committee he would conduct a review of risks under the remit of the Committee in early 2024. Risk was currently reviewed regularly by the Digital Data Design Authority



PV informed the Committee that all risks are currently under full review within the Organisation and the management of risk would be discussed at the January Board meeting.

The Committee **considered** the latest version of the Corporate Risk Register for the risks within the remit of the Committee and took **assurance** on the management of Corporate Risks within the Organisation.

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| KRIC 7/2023.12.05 | Committee Governance |
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| KRIC 7.1/2023.12.05 | Policies for Approval |
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There were no policies for approval.

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| KRIC 7.2/2023.12.05 | Summary of Policies Bi-Annual Update |
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The Committee **received** and **noted** the KRIC Corporate Policy Biannual Update and Appendix 1.

PV informed the Committee on the progress made to bring the Intellectual Property Policy to the Committee for approval. It was anticipated it would be on the agenda at the March 2024 meeting of the Committee.

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| KRIC 7.3/2023.12.05 | Committee Workplan |
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The Committee **considered** and **noted** Knowledge, Research and Information Committee Workplan.

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| KRIC 10/2023.12.05 | Closing Administration |
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Any other business: None.

The Committee were invited to provide feedback from the meeting via e-mail to LB, including any areas that worked well, and any areas for improvement.

Date of Next Meeting: 5 March 2024.

The meeting closed at 11:58