

**Minutes (including discussion notes) of the Public Health and Health Services Research Group Meeting held in the Campbell room, Dundee Dental School on Tuesday 21st January 2020 2.00-4.00pm**

**Present:** LM, LY, AS, AR, DC (by phone link), DK

**Apologies:** JB, EG, JC

1. **Minutes of meeting held on Thursday 7th November**

**The** minutes were confirmed as correct.

1. **Matters arising: Website**

DK is working on updating the website. Images which reflect the work of the group are needed. All group members should think about images they could contribute and send suitable items to DK.

**Action All**

1. **Child oral health**

AR reported that “FACTORS- (Fluoride Application: a Co-designed Toolkit of ORganisational Strategies)” began in Glasgow on 1st January with data sharing, ethics and PDPP (??) approvals all in place. Bill Wright is the 80% research assistant. The launch of the toolkit will take place on 6th February. Documentation will be provided to attendees and other interested parties and go live date is 1st March.

LY reported that “Co-designing National Clinical Audits to improve population oral health” will start in Dundee on 1ST March. They are in process of obtaining approvals and are interviewing for a research assistant on 7th February. AR will be invited to attend.

**Action RF**

The Group full-day meeting in October will look at the findings from both of projects and consider how these could lead to a potential large project funding application.

1. **Discussion: A feasibility study of peer-health Coaching in Prisons in Scotland (ChiPS)**

RF led the discussion. The Scottish Government had rejected the application and provided the feedback noted below.

* the entry to the peer health coaching programme was through oral health: the committee could not understand why oral health should be involved in the programme
* the felt it would be too much of a burden to the people in custody to take part
* the did not understand why the choice of peer health coach would be with the prison officers
* they felt there should be a control prison
* they felt that a traditional RCT design would be appropriate and did see why this would be something that would be investigated in the feasibility study
* poor value for money
* but good that intervention was conducted by and within the system.

**The discussion focussed on revising and improving the application and included the following:**

Should the project focus on oral health only?

Could it be broadened to include general health?

Are the benefits to health sustained after release?

How could future support be provided?

Does the project add value to existing social work programmes?

Who are the peer health coaches?

How is the behavioural intervention different from other interventions?

Would the intervention work in another prison?

How easy would it be to obtain data about ex prisoners?

What are the best outcome measures?

Should the project focus on long-term prisoners instead?

Does peer coaching lead to improvements in general health and behaviour inside prisons – prison behaviour?

RF and LY will rework the project focussing on the long-term prisoner and then bring the application back to the Group for further discussion. DC suggested consulting Humza Yousaf, the Cabinet Secretary for Justice.

**Action LY and RF**

1. **Date of next meeting**

DK will consult LY and RF to arrange another meeting.

**Action DK**