Minutes of a Meeting of the Management Board
of the Glasgow Centre for Population Health
held on Tuesday 12 June 2007 at 2.00 pm
in the GCPH, Level 6, 39 St Vincent Place, Glasgow

PRESENT

Sir John Arbuthnott .. Chairman, NHS Greater Glasgow & Clyde (in the Chair)
Ms Kay Barton .. Public Health & Wellbeing Directorate, Scottish Executive (up to item 128)
Prof Phil Beaumont .. Professor of Employment Relations, University of Glasgow (up to item 129)
Cllr Jim Coleman .. Deputy Leader, Glasgow City Council
Dr Linda de Caestecker .. Director of Public Health, NHS Greater Glasgow & Clyde
Mr Ian Manson .. Chief Adviser to the Leader, Glasgow City Council (up to item 127)
Prof Margaret Reid .. Professor of Women’s Health, University of Glasgow
Prof Carol Tannahill .. Director, Glasgow Centre for Population Health

IN ATTENDANCE

Dr Linsay Gray .. Medical Research Council, Social & Public Health Sciences Unit (item 121)
Prof Alastair Leyland .. Medical Research Council, Social & Public Health Sciences Unit (item 121)
Ms Valerie Millar .. Communications Manager, Glasgow Centre for Population Health (up to item 128)
Ms Jennie Richardson .. Office Manager/PA, Glasgow Centre for Population Health

ACTION BY

121. GLASGOW: SCOTLAND DIFFERENCES IN HEALTH – THE ROLE OF SOCIO-ECONOMIC DEPRIVATION

Linsay Gray and Alistair Leyland were welcomed to the meeting and introductions were made. Linsay gave a presentation, the slides of which are attached, and tabled a briefing paper.

Discussion of the findings and possible implications of these ensued. It was noted that there were a large number of analyses and it would be important to distil these into smaller chunks with key messages. There was recognition that this report makes a useful contribution to the debate following the recent Federation of Small Businesses report which highlighted health as a driver of Scotland’s economic performance.

A press launch is proposed for July, using the approach adopted for some of the Centre’s other complex reports. The Board approved this approach, and emphasised the need to be clear about headline messages.

Prof Tannahill, Prof Leyland, Ms Gray, Ms Millar
122. APOLOGIES

Apologies for absence were noted from Prof David Barlow, Dean of the Faculty of Medicine, University of Glasgow and Pam Whittle, Director of Public Health & Wellbeing, Scottish Executive.

123. MINUTES OF LAST MEETING AND MATTERS ARISING

The minutes of the meeting held on 21 March 2007 were approved as a correct record.

124. MATTERS ARISING

Item 113 – Following the Board’s approval at the last meeting to extend the research on the incapacity benefit population, and the suggestion this could be extended further through a link with the city strategy group, Prof Tannahill and Ian Manson are meeting with Richard Cairns tomorrow (13 June).

Item 115 – A draft specification for the new senior level post has been produced and is currently with the HR department at the health board who will take forward the recruitment process. This will be a secondment at current grade for 18 months and will be circulated to all health boards, local authorities and the Scottish Executive. It is hoped to have someone in post by autumn. Members were again asked to alert prospective individuals within their organisations.

125. DIRECTOR’S UPDATE

A report from the Director [GCPHMB/2007/60] had been circulated, updating members on progress since the last meeting. Specific reference/note was made to the following:

i) External Advisory Group (EAG)

The minute of the EAG meeting on 14 May was appended to the update paper. Members remained pleased with both the quality and direction of the Centre’s work. A number of late apologies were submitted resulting in a disappointing attendance. However, it was highlighted that this does not reflect a lack of interest or commitment, and that members remain keen to be involved.

ii) Review Process

Ms Barton provided an update on the review process for the Centre. This will not take the form of a traditional academic review but rather will be a practical review. The Scottish Executive will appoint someone to manage the process and Prof Tannahill will be heavily involved. The review will look at the content and quality of the work of the Centre, its communication and role in influencing practice, and at forward plans. Views of stakeholders will be sought, and the context in which the Centre is operating will be considered. It is hoped that the review will commence in early autumn, with an outcome by March 2008 which will give a clear decision on future funding.
The Chair asked if the Council could provide any advice in terms of how they review services. It was agreed that economic indicators would not be applicable, but Mr Manson will pass some ‘Best Value’ case studies on to Prof Tannahill. It was agreed that a priority will be to ensure that appropriate criteria are agreed for the review.

It was agreed that the Management Board needs to discuss the future direction of the Centre. This will either be a significant agenda item at the next meeting or an extraordinary meeting will be called.

iii) WHO Commission on the Social Determinants of Health - cities collaboration
A workshop of the three cities involved in this (Glasgow, London, New York) will take place on 4/5 July. Each city will have a delegation of six people and Glasgow’s delegation will include delegates from each of the partners. Prof Tannahill will report back on this at the next meeting.

iv) Glasgow 2020
The Board was reminded that the Centre had supported Glasgow 2020 to a level of £10,000 and Gerry Hassan had fed-back the emerging findings to the Board last August. The launch of the final report was discussed and it was noted that the press release and final sign off was not handled in the way partners had hoped. This caused some problems for some of the funders, particularly for the Council. Prof Tannahill and Shona Stephen, Glasgow Director of Communities Scotland (another co-funder) are meeting with Gerry Hassan on 13 June to address some of their concerns and discuss the recommendations of the report more generally.

It was agreed that overall the report is very good and has some very positive things to say. The Chair felt that the message portrayed over the last few years generally has been down-beat which does not truly reflect what is happening on the ground. He hoped that the three cities collaboration will help showcase some of the positives and provide a more informed and balanced view.

126. PROGRAMMES OF WORK UPDATE

A report from the Director [GCPHMB/2006/61] had been circulated. Members were reminded that the Programmes of Work document is routinely on the agenda at every second Board meeting. It was noted that the budget for each project reflects current ‘live’ projects and so many span more than one financial year. Costs associated with completed projects are not shown. The covering paper highlighted projects whose shape is changing or where there have been significant developments over the past six months. Specific mention was made of the following:

Project 1 – It had originally been planned to produce the community health profiles by the summer but these will not be produced until the autumn. This reflects the complexity of obtaining data from a range of local authority, health and other sources.
Project 2 – In light of some of the concerns re Glasgow 2020, Prof Tannahill and Andrew Lyon are reflecting on the civic conversation process.

Project 11 – The data collection for pSoB id1 is complete with quality assurance checks currently taking place. The findings will be ready in autumn with a scientific meeting planned for the end of the calendar year. Discussions for pSoBId2 are underway and a meeting will take place on Friday with Prof Tannahill, Chris Packard (the Principal Investigator), Keith Millar and Harry Burns to ensure any plans are in line with national thinking.

The Chair checked with members if this sort of update was useful and all confirmed that it was.

It was agreed that it is important to update the new Cabinet Secretary on the work of the Centre and both Nicola Sturgeon and Shona Robinson will be invited to the Centre.

127. COMMUNICATIONS STRATEGY

Valerie Millar spoke to her paper [GCPHMB/2007/62]. Progress in relation to the agreed priority actions for 2006/07 was highlighted and specific note was made of the following:

- The first GoWell annual event was held in March 2007. The first annual report and baseline findings report are now produced.
- The GCPH website was re-launched in summer 2005 and has developed since then. A website user survey is currently being carried out, the findings of which will inform further improvement and development of the site.
- A large range and number of events were held over the year namely: Let Glasgow Flourish discussion seminars, a third seminar series, a fourth Healthier Future Forum, a series of discussion seminars on James Arnott’s report on socio-economic change, the launch of the Healthy Food Provision in Schools findings and a number of civic conversation meetings. It was noted that the Positive Deviance workshop was well received and a follow-up seminar to see how people are using it will take place on 13 June. Glasgow’s Healthier Future Forum 5 will take place on 19 June, and will showcase a spectrum of work from the Centre. This is fully booked with 120 delegates.
- In terms of the Centre’s networks, there are currently 1,200 people on the GCPH network who receive regular communications. GoWell now also has an established learning network of 700 people.

Priorities over the next year include continued general awareness raising through events, outputs and media coverage. A third GCPH booklet will be produced shortly and over the summer months a total of 25 briefing papers will be completed. A number of specific pieces of work will also report over the next year including: pSoBId1, second stage of the food in schools research, community health profiles, the incapacity benefit population report and the primary care data synthesis. Media coverage will be sought for each of these. A third seminar series is being planned for the autumn.

Valerie will also continue to work with the partner organisations’ communications teams. It was noted that the link with the Council’s communications department had been strengthened through the Food in Schools
work and a continued strengthening of this relationship will be pursued over the next year.

The Centre will also try to strengthen its connectedness and links with communities. Pete Seaman leads on the Centre’s community engagement strategy and the Scottish Poverty Information Unit has recently been commissioned to collect community responses to the Let Glasgow Flourish report. The second civic conversation will take place in the coming week and the third in October. GoWell has a commitment to feedback findings to its communities and a series of newsletters in a number of different languages will be produced in August.

The ‘starred’ items against which progress in terms of communications should be judged and the communications forward plan for the next six months was noted and approved. It was noted that the Scottish Faculty of Public Health conference will be held in November at which it is important to have a GCPH presence. A number of abstracts will be submitted and there will be a GCPH stand.

The Board felt that the communications strategy is complex and covers a large range of audiences and forums. Members felt that it is extremely well managed, with the Centre remaining on top of its communications activities. It was highlighted that communications are always customised to the audience and this deserves credit and praise. Ms Barton confirmed that the Scottish Executive remain very happy with communication from the Centre and find the format of communications and reports clear and helpful.

Members were reminded that in terms of branding it had been agreed at the outset that when the Centre’s brand is used it encompasses each of the partner organisations and does not need to be accompanied by each partner’s logo or the strapline about the Centre’s partnership. There has been some feedback that partners are seeking more explicit recognition in media coverage, and that it would be appropriate to try to ensure that individuals’ organisational affiliations are recognised. Ms Millar to meet to discuss further with partners.

128. FINANCIAL PLAN

A report from the Director [GCPHMB/2007/63] had been circulated and the Centre’s financial position at the end of the 2006/07 financial year was noted as were the expenditure plans for 2007/08.

The key points highlighted and noted were as follows:

- The 2006/07 expenditure was commensurate with the annual income, although slightly down on the level estimated for the year. This was largely in relation to commissioned projects and due to 2 main issues: the lead in time for most projects has been longer than anticipated, and the lag in time between authorising payments and payments actually being made.
- The projected expenditure for 2007/08 is £700k on staff and running costs and £1 million on commissioned projects. It was noted that as the majority of staff have not received their agenda for change bandings the staff costs are subject to significant change.
- The rolling costs into the 2008/09 year leave approximately 500k uncommitted (if there are no great differences in this year’s projected expenditure).
The financial position was noted and the financial plan for 2007/08 approved.

A large international conference building on the work of the three cities collaboration to be considered for autumn 2008.

129. **PROJECT APPLICATION: MANAGING PARTNERSHIPS FOR HEALTH IMPROVEMENT**

The covering letter and proposal to extend the work being carried out with the East CHCP, along with an outline of the work completed to date, project findings and evidence of ongoing co-operation had been circulated to members.

It was noted that the current research looks at the management structures and processes and the extension would allow the researchers to look at some of the longer term implications and also to include the views of independent contractors and service users. Prof Tannahill had sought the views of the CHCP and provided feedback on those to the Management Board.

Following discussion it was agreed that an extension should be supported, and that the following points should be discussed with the research team:

- Timescales for delivery of the full range of commitments in the first phase of the research
- Securing mechanisms to ensure regular feedback and discussion of implications with the CHCP
- Reassurance on the ongoing senior academic commitment to this project at the level specified
- Ensuring that the proposals set out for phase 2 are deliverable within the timescale agreed
- Ensuring that the focus remains on population health improvement rather than clinical activity.

Prof Tannahill will have further discussion with the CHCP Director, including seeking a contribution from the CHCP to this next phase.

130. **AOB**

There was no other business discussed.

131. **DATE OF NEXT MEETING**

The next meeting will take place on 13 September 2007 at 2.00 pm at the GCPH.
Comparisons of health-related behaviours and health measures between Glasgow and the rest of Scotland

Linsay Gray
Social and Public Health Sciences Unit

GCPH board meeting 12th June 2007
Presentation overview

- Project aim
- Scottish Health Survey data
  - Determinants
  - Health outcomes (morbidity)
- Mortality data
- ♂  ♀ subgroups
- Current work
Background

- Elevated rates of negative health-related behaviours and health outcomes in Glasgow\(^1\)
- Socially patterned
- Socio-economic composition of Glasgow vs rest of Scotland\(^2\)
- Differences explained by socio-economic factors?

Aim

To compare data on determinants of health and health outcomes in the Glasgow/West Central Scotland area with national data, to test hypotheses about the causes of Glasgow’s enduring ill health
Approach

- Use Scottish Health Survey data to compare distributions of health-related behaviours, health measures in West Central Scotland/GGHB/Glasgow City to rest of Scotland
- Use death records to compare mortality in GGHB with the rest of Scotland
- Determine whether differences are explained by socio-economic differentials
Health-related behaviours

- Alcohol consumption (weekly/binge)
- Cigarette smoking
- Diet
- Physical activity
- Obesity
Health measures

- Cardiovascular disease
- Diabetes
- Self-assessed health
  - bad/very bad general health
  - long-standing illness
  - acute sickness
- Psychosocial health
- Health-related quality of life
Mortality

- all-causes combined
- coronary heart disease
- stroke
- cancers
  - all
  - lung and
  - breast
- chronic liver disease
- mental and behavioural disorders
  - alcohol
  - drugs
- suicide/self-harm
Socio-economic measures

- Carstairs area deprivation index
  - car ownership,
  - household overcrowding,
  - low social class, and
  - male unemployment;
- Occupation based social class of household chief income earner;
- economic activity; and
- educational qualification attainment
## FINDINGS – persistent excesses in MEN

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<tr>
<td>low green vegetable consumption</td>
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### FINDINGS – persistent excesses in WOMEN

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<tr>
<td>High salt consumption</td>
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FINDINGS – Sub-groups

- Glasgow excesses most common in individuals with
  - ♂ & ♀ no qualifications
  - ♂ 45-64 year old
  - ♀ most deprived areas
  - ♀ social classes IV and V
  - ♀ retired or economically inactive and
  - ♀ below degree level qualifications
FINDINGS – deprived vs other areas within GGHB

- Within-Glasgow deprivation excesses larger than Glasgow (compared with Scotland) excesses
- Exceptions to within-Glasgow deprivation excesses:
  - alcohol consumption (excess and binge drinking)
  - meat consumption
  - physical activity
  - mortality from mental and behavioural disorders due to the use of alcohol
  - diabetes (♂)
  - green vegetable consumption (♀)
  - obesity (♀)
  - coronary heart disease (♀)
  - mortality from breast cancer (♀)
  - mortality from chronic liver disease (♀) and
  - mortality from mental and behavioural disorders due to the use of drugs (♀)
Current work

- Comparisons of health behaviours and measures with areas elsewhere in Europe
- Greater Glasgow, Greater Manchester, Cheshire and Merseyside, Tyneside and Northumberland, Belfast (Eastern Northern Ireland Health Board area), Dublin, Cardiff, Malmo, Helsingborg, Lund, Stockholm, Madrid, Barcelona, Valencia, Seville, Malaga, Brussels, Antwerpen, East Flanders, Hainaut, Liège, West Flanders, Namur, Southern Finland, Lisbon, and Oslo
Comparisons of health-related behaviours and health measures between Glasgow and the rest of Scotland

Linsay Gray
Social and Public Health Sciences Unit

GCPH board meeting 12th June 2007
Effect of Greater Glasgow residence compared with the rest of Scotland on mortality in men age 16 years and over, before and after controlling for effects of age, survey year, Carstairs area deprivation score, occupation based social class, educational qualification attainment and economic status

- Unadjusted odds ratio and 95% confidence interval
- Odds ratio and 95% confidence interval adjusted for age, survey year and socio-economic factors

Main causes of death:
- All cause
- CHD
- Stroke
- All cancers
- Lung cancer
- Breast cancer
- Mental and behavioural disorders - alcohol
- Liver disease
- Mental and behavioural disorders - drugs
- Suicide
Effect of Greater Glasgow residence compared with the rest of Scotland on health measures in men, before and after controlling for effects of age, survey year, Carstairs area deprivation score, occupation based social class, educational qualification attainment and economic status.

- Cardiovascular disease
- Diabetes
- Bad/very bad general health
- Long standing illness
- Acute sickness
- Psychological distress
- Poor quality of life - mental
- Poor quality of life - physical

Unadjusted odds ratio and 95% confidence interval vs. Odds ratio and 95% confidence interval adjusted for age, survey year and socio-economic factors.
Effect of Greater Glasgow residence compared with the rest of Scotland on health-related behaviours in men, before and after controlling for effects of age, survey year, Carstairs area deprivation score, occupation based social class, educational qualification attainment and economic status.

Unadjusted odds ratio and 95% confidence interval

Odds ratio and 95% confidence interval adjusted for age, survey year and socio-economic factors

- Excess weekly alcohol consumption
- Binge drinking
- Smoking
- Additional salt
- High meat intake
- High meat product intake
- High soft drink intake
- High fruit and vegetable intake
- High green vegetable intake
- Recommended physical activity
- Obesity
Effect of Greater Glasgow residence compared with the rest of Scotland on mortality in women age 16 years and over, before and after controlling for effects of age, survey year, Carstairs area deprivation score, occupation based social class, educational qualification attainment and economic status.

The image shows a chart with odds ratios and 95% confidence intervals for different causes of death, including all cause, CHD, stroke, all cancers, lung cancer, breast cancer, mental and behavioural disorders, alcohol-related liver disease, and mental and behavioural disorders - drugs.

The chart includes two types of markers:
- □ Unadjusted odds ratio and 95% confidence interval
- ○ Odds ratio and 95% confidence interval adjusted for age, survey year and socio-economic factors

The x-axis represents the odds ratio ranging from 0 to 3, and the y-axis lists the various causes of death.
Effect of Greater Glasgow residence compared with the rest of Scotland on health measures in women, before and after controlling for effects of age, survey year, Carstairs area deprivation score, occupation based social class, educational qualification attainment and economic status.

- Cardiovascular disease
- Diabetes
- Bad/very bad general health
- Long standing illness
- Acute sickness
- Psychological distress
- Poor quality of life - mental
- Poor quality of life - physical

Unadjusted odds ratio and 95% confidence interval

Odds ratio and 95% confidence interval adjusted for age, survey year and socio-economic factors.
Effect of Greater Glasgow residence compared with the rest of Scotland on health-related behaviours in women, before and after controlling for effects of age, survey year, Carstairs area deprivation score, occupation based social class, educational qualification attainment and economic status.

![Graph showing odds ratios for various health-related behaviours.](image-url)
Statistical methods

- Logistic regression models
- Compare unadjusted and socio-economic adjusted results
- Mortality data in relation to 2001 census population estimates
- Compare unadjusted and area deprivation adjusted results