Minutes of a Meeting of the Management Board of the Glasgow Centre for Population Health held on Wednesday, 21 March 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)
Prof Phil Beaumont .. Professor of Employment Relations, University of Glasgow
Cllr Jim Coleman .. Deputy Leader, Glasgow City Council
Ms Morag King .. Health Improvement Strategy Division, Scottish Executive
Mr Ian Manson .. Chief Adviser to the Leader, Glasgow City Council
Dr Carol Tannahill .. Director, Glasgow Centre for Population Health
Mr Tim Warren .. Health Improvement Strategy Division, Scottish Executive

IN ATTENDANCE

Dr Judith Brown .. Researcher, University of Glasgow (item 113)
Ms Pauline Craig .. Public Health Programme Manager, Glasgow Centre for Population Health (item 113 & 118)
Prof Phil Hanlon .. Professor of Public Health, University of Glasgow (item 113)
Ms Valerie Millar .. Communications Manager, Glasgow Centre for Population Health (item 113)
Ms Jennie Richardson .. Office Manager/PA, Glasgow Centre for Population Health
Mr Bruce Whyte .. Public Health Programme Manager, Glasgow Centre for Population Health (item 118)

ACTION BY

112. APOLOGIES

Apologies for absence were noted from Prof David Barlow, Dean of Faculty of Medicine, University of Glasgow and Dr Linda de Caestecker, Director of Public Health, NHS Greater Glasgow and Clyde.

Tim Warren and Morag King attended on behalf of Pam Whittle, Director of Health Improvement, Scottish Executive.

As Sir John would not arrive until 2.20, Cllr Coleman chaired the first item.

113. SCOPING THE POTENTIAL FOR RESEARCH INTO EMPLOYMENT AND HEALTH RELATED INTERVENTION FOR PEOPLE ON INCAPACITY BENEFIT

Prof Phil Hanlon and Dr Judith Brown were welcomed to the meeting and introductions were made. They spoke to their paper [GCPHMB/2006/55] and gave a presentation, the slides of which are attached.
Dr Brown spoke about the study and highlighted some of the emerging key findings while Prof Hanlon talked about the proposal for Phase 2.

In discussion, the dynamic nature of the IB (incapacity benefit) population was highlighted, as was the complexity of ‘health’. The view that there is a clear distinction between those who are fit to work and those who are not was challenged. Mental health conditions are now the dominant category within the IB population, whereas historically it was musculo-skeletal disorders. This raises issues about what is included within ‘mental health’ and why this group of conditions is on the increase.

It was noted that so far most of the reduction in the IB population in Glasgow is being achieved through reducing the ‘inflow’ rather than the ‘outflow’. On this issue, Prof Beaumont suggested it would be useful for the research team to contact John Philpot (University of Glasgow) who argues that policy is turning off the inflow as opposed to reducing the outflow.

Members were reminded that this paper was brought to the Board today for information/discussion and also to make a decision on the request for continued funding.

The Board was supportive of the request but emphasised the importance to ensure that the work is not duplicating other developments (such as the tracking system being developed for the city strategy). Prof Hanlon acknowledged that this is a very crowded arena, both in terms of interventions and research but felt that through the different team members they have a good awareness of what else is going on. The Steering Group for the Centre’s various established employability projects also enables the necessary connections to be made to local and national policy developments and ensures there is no duplication. Membership of this includes representatives from the Scottish Executive, Glasgow City Council, NHS Greater Glasgow & Clyde, Scottish Enterprise Glasgow and others.

The Board felt the three main aims of the study were ambitious for a 7 month study and sought confirmation if all three were doable within the timescale. Prof Hanlon indicated that a much more in-depth study could be conducted if they had longer, and that the establishment of a sustainable ‘observatory’ structure was also a longer-term task. Within the seven months’ extension they would pursue all three aims concurrently as they build on each other but would treat the observatory development as the highest priority.

The Board approved the request for funding for Phase 2 of this work. Members were keen to see more robust explanations of definitions and answers to key questions, for example relating to the ‘mental health’ category. It was agreed it would be helpful to see if there are particular areas of the city with high levels of people on IB due to mental health, their prior employment history and sickness absence records. It was also suggested that in unpicking this it is important to have some primary care input to help understand it. The Chair suggested this could be done through the mental health partnership and with primary care links in CHCPs.

As this is strategically an important piece of work for the city and the Centre it was suggested that it should be extended for a longer study if possible. Dr Tannahill and Mr Manson to pursue discussions with the city strategy group and report back to the Board.
114. MINUTES OF LAST MEETING AND MATTERS ARISING

The minutes of the meeting held on 7 December 2006 were approved as a correct record.

115. MATTERS ARISING

Progress has still to be made on the creation of the post to lead on the translational aspects of the Centre’s work. As previously discussed this will be pursued through a secondment and members were reminded that any suggestions of people with suitable skills are welcome, along with suggestions on process. All other items are either in hand or dealt with under agenda items.

116. DIRECTOR’S UPDATE

A report from the Director [GCPHMB/2006/56] had been circulated, updating members on progress since the last meeting. Specific reference note was made to the following:

i) Communications and events
The GoWell annual event was held on 2 March at St Andrew’s in the Square and was attended by 81 delegates. Des McNulty (Deputy Minister for Communities) and Cllr Coleman both contributed to this event and it was the first opportunity to present the initial findings and the first annual report. Good media coverage was secured.

A half-day seminar will be held at the Teacher Building on 27 March to discuss the Centre’s research into healthy food provision in primary schools. In addition to presenting the findings this will include contributions from the Leader of the Council, Director of Direct and Care Services, Deputy Director of Education and the Director of Public Health. One of the main issues that has emerged is the unhealthy snacks that children are bringing with them into schools and the main debate is likely to be about how schools can influence this. It was noted that there are examples in Glasgow and beyond of schools acting on this issue.

ii) Commissioned Research
The next stage of the smoking cessation evaluation study will commence in April and will compare the pharmacy based and CHP-based cessation services. A health economics analysis will be included. The development work with the community pharmacies and smoking cessation service providers is underway.

Attention was drawn to Appendix 2 of the update report which provides a draft discussion paper on how the Centre is taking forward its research findings to influence policy and practice. It outlines a range of approaches that are being adopted both in terms of communicating and influencing.
The Chair suggested that some of the Centre’s work and outputs to date such as *Let Glasgow Flourish* and the GoWell annual event can be likened to building blocks which provide a good base of general knowledge of where the city is currently and how we got there as a population. He felt an issue to be addressed is how the Centre hangs some of these initiatives onto the broader work it is doing. Dr Tannahill agreed with this and hoped that the discussion paper goes some way in this direction by illustrating how our research is being used to change and influence policy and practice.

iii) **Forward look**

It was noted that data collection for pSoBid1 will finish at the end of April with the results becoming available in the autumn. A proposal will be put together for pSoBid2.

117. **FINANCIAL REPORT**

A report from the Director [GCPHMB/2006/57] had been circulated and the Centre’s financial position as at 31 January 2007 was noted. A full end-of year position and financial plan will be prepared for the Board meeting in June.

The Chair asked if the Scottish Executive was satisfied with the current financial reporting arrangements. It was confirmed that the financial reports that go to the Management Board, together with the update meetings between the Centre’s Director and Scottish Executive colleagues, provide satisfactory and regular updates and any concerns on either part are addressed through these mechanisms.

118. **UPDATE ON COMMUNITY HEALTH PARTNERSHIP PROGRAMME**

Bruce Whyte & Pauline Craig joined the meeting to discuss their paper [GCPHMB/2006/58] and give a presentation, the slides of which are attached.

Through the development of model plans, a framework for monitoring and reviewing the CH(C)Ps’ work to tackle health and social inequalities, and the development of community health profiles, the Centre is trying to support the building of capacity and enhance CH(C)P effectiveness in addressing inequalities in health. Pauline and Bruce will work closely on these projects to ensure that the profiles being developed inform the monitoring framework and CH(C)Ps’ future plans. It was acknowledged that this work makes a major contribution to the Centre’s overall remit in that it should result in CH(C)P plans that are more appropriate to the challenge of tackling health inequalities. There is also national interest in this programme of work.

In terms of the consultation on the development of the community health profiles, Board members stressed the importance of consulting those responsible for producing plans in each of the CH(C)Ps. As planning processes vary across CH(C)Ps the consultation documents are being sent to the Committee Chair, Director, Head of Planning & Health Improvement and Public Health Practitioners to ensure a wide reach within each organisation.
119. **AOB**

There was no other business discussed.

120. **DATE OF NEXT MEETING**

The next meeting will take place on Tuesday 12 June 2007 at 2.00 pm at the GCPH.
Scoping the potential for research into employment and health-related interventions for people on incapacity benefit

- Chief investigator Prof Phil Hanlon
- Researcher Dr Judith Brown
- Project Team Dr Ewan Macdonald, Prof Ivan Turok, Mr James Arnott, Mr David Webster
Aims of Phase 1

• Draw upon a range of statistical and other sources to build up a detailed picture of Incapacity Benefit (IB) claimants in Glasgow and compare with Scotland

• Summarise what is available from these sources
What we will deliver by May 07

- Report detailing the IB stock population in Glasgow, West of Scotland and Scotland and the ‘on’ and ‘off’ flow population over the past 5 years

- List of relevant references and places to seek further information on IB
Glasgow
IB Stock, On flow & Off flow

2000

15,000

67,910

14,510

2005

12,110 (-19%)

61,850 (-9%)

14,850 (2%)
Scotland
IB Stock, On flow & Off flow

2000
- IB Stock: 335,770
- On flow: 84,730
- Off flow: 81,870

2005
- IB Stock: 323,160
- Off flow: 70,650 (-17%)
- On flow: 81,860 (0%)
On Flows

Glasgow 2005

WAP not on IB
316,103

Payment claimants
5,310
1.7% per year

Total on flow
12,110
3.8% per year

Credits only claimants
6,800
2.2% per year

Stock
61,850
On Flows

Scotland 2005

WAP not on IB
2,852,226

Payment claimants
38,350
1.3% per year

Credits only claimants
32,300
1.1% per year

Total on flow
70,650
2.5% per year

Stock
323,160
Off Flows

Glasgow 2005

Total stock 61,850

Payment 34,070
Credits only 27,780

Payment claimants 7,420
12% of total stock per year
22% of payment stock per year

Credits only claimants 7,420
12% of total stock per year
27% of credits only stock per year

Total off flow 14,850
24% per year
Total stock: 323,160

Payment: 214,830
- Payment claimants: 48,730 (15% of total stock per year, 23% of payment stock per year)

Credits only: 108,320
- Credits only claimants: 32,930 (10% of total stock per year, 30% of credits only stock per year)

Total off flow: 81,860 (25% per year)
Other Key Findings

- More of Glasgows working age population are claiming IB than rest of Scotland (16.4% v 10.2%)

- 35% of 55-59 year olds in Glasgow are on IB

- Mental health as a reason for claiming IB has increased and now accounts for 50% of those claiming IB in Glasgow
Aims for Phase 2

- Explore the potential for further use of routine data
- Design and seek funding for descriptive and evaluation studies
- Make recommendations for the creation of an “observatory function” for the IB population in Glasgow
Method for Aim 1

- Make further enquires about the availability and potential uses of routine data
- Further cross-tab of DWP data
- Match IB data to other health data
Method for Aim 2

• A continuing analysis of IB population (as aim 1)

• More detailed cross-sectional, case control and cohort studies

• Specific evaluations of IB interventions

• Seek views of experts
Method for Aim 3

• Develop a methodology to allow the on and off flows from the IB population and assess changes in the stock of IB claimants to occur

• Evaluation of the impact of current and planned interventions

• Creation of “observatory function”
Resources, Timescale, Outputs

- Fund Judith Brown for 7 months p/t
- Start June 07 Finish Dec 07
- Plan for “observatory function”
- Research grant applications
GCPH and Community Health Partnerships

Pauline Craig
Public Health Programme Manager
CHP Programme

Aim:

To contribute to the development of CH/CP plans for health and social inequalities by maximising their access to, and use of, information and evidence.

Working in partnership with CH/CPs, GG&C NHS, GCC, University of Glasgow
Exploratory work

- Literature review
- Managing partnerships for health improvement
- Gender, mental health and primary care
- Children, inequalities and information
- Smoking during pregnancy
- GPs and social prescribing
- Primary care role in inequalities in mental health
Main findings from exploratory work

- New analyses of action to reduce health inequalities needs applied
- Mix of trepidation and optimism at all levels in the organisation as the CHP becomes established
- More work needs to be done to enable an organisation or a team to be fully “inequalities-sensitive”
- Complexity of applying a population concept of inequality at an individual level
- Capacity issue for CHPs for accessing, analysing and using population data
- Little recognition in policy or practice that major risk factors for poor mental health same as for physical health
- CHPs plans for health inequalities at early stages
Strategic response

Development of a framework for monitoring and reviewing work on health and social inequalities:

- Part of an evaluation which includes integration and joint performance management

- Create demonstration plans that incorporate inequalities-sensitive population perspective

- Use actual plans, community profiles and evidence base
Strategic contribution

- HV review groups – observing and contributing on health inequalities
- DPH Annual Report editorial group
- National CHP and Health Improvement Group (SE, CHPs, CPPs, NES)
- Funding proposal for GPs and Social Prescribing
And over to Bruce for plans for community profiles........
CHP profiles for Greater Glasgow and Clyde

Background & Developing Plans
Background

- Previous Community Profiles
- Let Glasgow Flourish
- Plans for new CHP level profiles
Background

Social Physical Genetic Environment

Individual Response - Behaviour - Biology

Health & Function

Disease

Well-being

A feasibility study of the potential for compiling a health related database
Community Profiles

- 66 across Scotland
- ~15 in Greater Glasgow and Clyde area
Maryhill, Woodside & North Glasgow Example
Maryhill/Woodside & N Glasgow
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Postcode sectors: AB39 3</th>
<th>Daldarnock</th>
<th>Indicator</th>
<th>Postcode sector: G40 4</th>
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<td>1,322 23.6%</td>
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<td>Population aged 0-15</td>
<td>501 19.5%</td>
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<tr>
<td>Population aged 16-64</td>
<td>3,825 68.8%</td>
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<td>Population aged 65+</td>
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<td>Migration - population inflow in previous year</td>
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<td>190 7.4%</td>
</tr>
<tr>
<td>Migration - population outflow in previous year</td>
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<td>+15 200 1</td>
<td>Migration - population outflow in previous year</td>
<td>382 14.9%</td>
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<td>Minority ethnic groups</td>
<td>53 1.5%</td>
<td>+6 200 1</td>
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<td>Proportion of 15 year-olds surviving to 65</td>
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<td>+12 200 1</td>
<td>Proportion of 15 year-olds surviving to 65</td>
<td>-21.2%</td>
</tr>
<tr>
<td>Proportion of 15 year-olds surviving to 65</td>
<td>-90.4%</td>
<td>+14 200 1</td>
<td>Proportion of 15 year-olds surviving to 65</td>
<td>-61.2%</td>
</tr>
<tr>
<td>Deaths²</td>
<td>23 200 1 350.0 0.3%</td>
<td>-11 200 1</td>
<td>Deaths²</td>
<td>52 1271.0 19.0%</td>
</tr>
<tr>
<td>Births²</td>
<td>59 4.5%</td>
<td>+12 200 1</td>
<td>Births²</td>
<td>37 6.8%</td>
</tr>
<tr>
<td>Average age of firsttime mothers</td>
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<td>25.6 yrs</td>
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<tr>
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<td>15 5.7%</td>
<td>+15 200 1</td>
<td>Teenage pregnancies (3 year total)</td>
<td>32 24.2%</td>
</tr>
<tr>
<td>Low birthweight babies (2 year total)</td>
<td>-2%</td>
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<td>Low birthweight babies (2 year total)</td>
<td>5 0%</td>
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<tr>
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<td>n/a</td>
<td>4 200 1</td>
<td>Attendance allowance (elderly) allowances n/a</td>
<td>111 26.9%</td>
</tr>
<tr>
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<td>-3 200 1</td>
<td>Unemployed claims</td>
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<td>Smoking during pregnancy (3 year total)</td>
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<td>-96.6%</td>
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<td>50.8%</td>
<td>-2 200 1</td>
<td>Immunization uptake²</td>
<td>-86.4%</td>
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<tr>
<td>Breastfeeding at 3 months²</td>
<td>&lt;2%</td>
<td>-2 200 1</td>
<td>Breastfeeding at 3 months²</td>
<td>&lt;5 9.0%</td>
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<tr>
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<td>1,064 19.4%</td>
<td>+5 200 1</td>
<td>Travel to workbndy by public transport</td>
<td>773 30.1%</td>
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<td>4 200 1</td>
<td>Pre-school overweight &amp; obese children (n/a)</td>
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<td>Drugs related deaths (3 year total)²</td>
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<td>79 2008.1 0.2</td>
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<tr>
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<td>Long term limiting illness</td>
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<tr>
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<td>1,696 57.2%</td>
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</table>
G22 5 – Hamiltonhill

Hospital admissions for alcohol-related & attributable conditions
(Age Standardised Rates per 100,000 popn.)

- 1990-1992: 2136
- 1993-1995: 2500
- 1996-1998: 3774
- 1999-2001: 3488
“Let Glasgow Flourish”

- Comprehensive report on the health & well-being of Glasgow/West of Scotland
- Collaboration with Glasgow Centre for Population Health
- Published in April
- 13 chapters
- 300+ graphs
Plans for new CHP level profiles

1. Consultation (internally and externally) *Jan-March*
2. Final agreement on plan *March-April*
3. Creation *Feb-***>
4. Publication & Dissemination *Autumn 2007*
5. *NB Should be possible to have a reasonable amount of information available on a website/in spreadsheets well before an official publication appears*
Plans for new CHP level profiles – Purpose

- Provide up-to-date public health intelligence for CHPs
- Highlight health and social inequalities
- Show trends in key indicators
- Provide local level information (ie. sub CHP) for targeting resources
- Identify gaps in current data collection?
- Developing knowledge of health as a system of complex interactions
- An educational role in helping to understand the complexities around health and health inequalities
Plans for new CHP level profiles – Relevant to:

- Inequalities
- Priority-setting/Targeting
- Performance monitoring
- Service reviews
- Developing health intelligence as a key component of the planning process
Plans for new CHP level profiles –
Key Audiences

- CHP management – Directors, Heads of Health Improvement, Council service planners
- CHP Boards - Councillors
- Community Planning
- Community Safety Partnerships – Locality Managers
- NHS Board Planners including: Director of Performance Management (D Walker currently) Corporate Inequalities Team (Sue Laughlin), DPH (Linda de Caestecker), Public Health Resource Unit (Norma Greenwood)
- Local Authority Health Improvement Officers
- Council Heads of Department (Social Work, Education, Culture and Leisure Service, DRS, Land Services)
- Public Health Practitioners
- Glasgow Housing Association
- Strathclyde Police
- Glasgow Council for Voluntary Sector and related organisations
- CHEX
Plans for new CHP level profiles – Content

- Based on socio-ecological model, thus broad range of indicators covering: social and physical environments, crime, population dynamics, health behaviours, child and maternal health, economic factors, prosperity/poverty, morbidity, mortality and well-being.

- Data presented as graphs at CHP and lower level -
  - Neighbourhoods in Glasgow City
  - Intermediate zones in rest of Greater Glasgow and Clyde

- Interpretation – e.g. description of main trends, inequalities, how CHP compares within the rest of Greater Glasgow & Clyde and nationally

- Maps of CHPs
- Picture of areas
- Notes on data
Plans for new CHP level profiles –
Data Sources

- Existing national sources, including the Census, SNS, ISD
- Local sources for community safety, violent crime, housing stock
- Potential new data e.g. injuries/accidents from PEACH Unit, developed by CHP, housing typologies from Go Well
Plans for new CHP level profiles – Data already or soon to be available

- SIMD deprivation
- Child health indicators (G McCartney)
- New version of SNS (6th Feb)
  - Hospital admissions data, cancer registrations, low birth weight data, breastfeeding data, mothers smoking at booking, prescriptions for anxiety, depression or psychosis and all immunisations; plus a range of other data that could be aggregated
- Life Expectancy (GRO, 6th Feb)
- New Smoking and smoking attributable deaths (early June)
- Potentially crime, vandalism, ASB data from police and community safety partnership
Life Expectancy at CHP level
(published 6th Feb)

Figure 3: Life expectancy at birth 95% confidence intervals for Community Health Partnership, 2003-2005 (Males & Females)

* Known as a Community Health and Care Partnership.
^ Known as a Community Health and Social Care Partnership.
Plans for new CHP level profiles – Structure

- Comparison of areas – within CHP and across CHPs
- Comparator area – Scotland, Glasgow City or NHS GGC
- Use of spine graphs
- Historical trends (where possible)
- Projections?
Plans for new CHP level profiles – Format

- Paper
- Excel – web-based tables/graphs
- Interactive? – using instant atlas or similar product?
- Powerpoint presentations
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For discussion

- Further contribution of the CHP Programme to the overall direction of travel and priorities of GCPH.
- How the Centre’s new health profiles can be used to greatest effect to address health inequalities and improve health within Greater Glasgow and Clyde.