

Health News

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Building Momentum for Change

Report of the Director of Public Health on Population Health
in NHS Greater Glasgow and Clyde 2013-2015

NHS Greater Glasgow and Clyde's Director of Public Health outlines the continuing focus on link between poverty and health... and her report describes a range of initiatives having an impact

THIS special edition of Health News gives a summary account of the fourth biennial report on the health of people living in Greater Glasgow and Clyde by Dr Linda de Caestecker, Director of Public Health, NHS Greater Glasgow and Clyde.



THE full version of Dr de Caestecker's 2013-2015 Building Momentum for Change Report is available online at www.nhsggc.org.uk

Her previous three biennial reports - A Call to Debate: A Call to Action (2007), An Unequal Struggle for Health (2009) and Keeping Health in Mind (2011) are also available online at the same website.



Young need assets for good health

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Improving health in our prisons

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Positive path to old age

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Let's start at the beginning

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Why we must find ways to help those most at risk

“MY focus in this report is on poverty and health, recognising that health is shaped by the many life circumstances, behaviours, environments and cultural contexts that we encounter throughout our lives.

Given the critical importance of these influences on our life courses, I focus on three key life stages – the early years, adolescence and older age and I identify priorities for action in addressing these in the context of poverty and disadvantage.

My report also focuses on two specific population subgroups which face a greater risk of poverty and disadvantage.

The first group are “Looked After” young people - a particularly vulnerable group with many failing to reach their full potential and going on to experience major problems in later life.

The second group is the prison population, a substantial proportion of whom have experienced the formal care system.

Since taking up my post in 2006, I have

published a report on the health of the population of NHS Greater Glasgow and Clyde every two years. The first of these reports - “**A Call to Debate: A Call to Action**” (2007) presented information on health in west central Scotland around the themes from “**Let Glasgow Flourish**” (Hanlon et al 2006). These themes were:

- There are lessons to be learned from what is getting better
- Health inequalities are increasing
- Our least healthy communities are unlike our healthy communities in every way
- Significant changes are taking place in our population
- The obesity epidemic must be taken seriously
- Alcohol is an increasing problem
- Sustainability should be a more explicit consideration

Since then, two further reports have been published - “**An Unequal Struggle for Health**” in 2009 and “**Keeping Health in Mind**” in 2011. These reports provided

more detail and progress on specific aspects of the original seven themes and now this current report explores the theme of inequalities in health in relation to poverty.

Many of the issues outlined in my previous reports remain public health challenges for Greater Glasgow and Clyde. One important example is alcohol-related harm. There is evidence of a reduction in alcohol related mortality in some age groups but the level of harm caused by overconsumption of alcohol to our population remains significant.

There has been real progress in areas for action described in the three previous reports, including the use of alcohol brief interventions, influence on local licensing policies and national developments on access and price. However, all community planning partnerships must continue to progress the priorities for action on alcohol described in previous reports. I decided there was limited value in repeating these recommendations here but I refer readers to the previous reports (see page 2).

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Tackling obesity is a similar issue in terms of continuing the need for action on priorities identified in previous reports.

The 2011 report “**Keeping Health in Mind**” focused on mental health. Again, there is a strong relationship with the issues in this report. In the current financial climate there is stress about money, work and debt. Stress has a particular impact on both pregnant women and parents. The effects on their children can be life-long. Michael Marmot’s report “**Fair Society, Healthy Lives**” suggests: “To have any impact on health inequalities we need to address the social gradient in children’s access to positive early experiences.”

I have been struck by stories told by parents at events this year: at the Poverty Truth Commission, at a Poverty Alliance workshop in June 2013 and at a Glasgow Centre for Population Health seminar on lone parents in October 2013. The stories came from lone parents struggling through welfare reforms and finding employment; kinship carers talking about trying to give grandchildren a better life but struggling to make ends meet; and also from parents who have experienced and benefited from a positive parenting intervention. Stories can give circumstances a reality that statistics and graphs are unable to do. These stories of people’s lives, struggles and resilience were moving and informative.

Author Philip Pulman said: “After nourishment, shelter and companionship, stories are the things we need most in the world.” Stories are important to families because reading them to children is nurturing and supports their language development. This is an important part of parenting. I remain committed to the implementation of the evidence-based parenting programme **Triple P**, despite some media and journal reports questioning progress. I have heard inspirational stories of parents and practitioners benefiting from



the programme. Parents who complete groups or one to one **Triple P** interventions are showing significant improvements to their own mental health and their child’s behaviours. As part of the national early years collaborative approach, we are utilising improvement science to support true engagement with families. We are ensuring that more staff have dedicated time to deliver parenting support. The topic of the first chapter of the report is early years.

Actor, writer and presenter Stephen Fry once said: “No adolescent ever wants to be understood which is why they complain about being misunderstood all the time.”

We need specific approaches for young people. It is not uncommon for teenagers and young adults to suffer from mental ill health and - as reported recently by Jacqueline Campbell (2013) - once smoking is excluded, depression, stress and anxiety are the conditions most closely associated with physical

ill health. Chapter 2 explores the transitions of adolescence. It makes ambitious recommendations for improving coordination and linkages between health services, the youth sector and local communities. Service responses should be locally relevant but there needs to be greater consistency across Greater Glasgow and Clyde.

As I reflect on my career in public health, it can seem as if we have identified the poor health of looked after children and young people for most of that time. While it is right to continue to highlight this issue, it is also important to describe the real, practical progress that partner agencies across Greater Glasgow and Clyde have made.

There is evidence that structured, systemic family-based programmes can reduce the risks for vulnerable children at home and improve the care they receive if the local authority takes the child into substitute care. These interventions meet the exacting standard of “**Blueprints**”, a US quality measure used by Federal Government. Examples include Functional Family Therapy and Multi Systemic Therapy both of which provide intensive interventions to improve young people’s behaviour and functioning. These programmes are now being delivered by local authorities with NHS clinical support.

Many of the issues about poverty and inequality discussed in this report can only be addressed in a fairer, more equal society. However, much can be done to improve health through the development of productive therapeutic relationships between professionals and patients or clients. It is vital that the NHS and other public sector agencies support front-line staff in dealing with the emotionally demanding aspects of working with people experiencing disadvantage and in building positive relationships with their patients.”

Poverty trap facing one in every five children

SIGNIFICANT numbers of children are born into poverty, for many it's a family legacy, but many kinds of early interventions and lobbying to change government policies can make a difference.

Child poverty in Scotland is expected to increase by around 50,000 between now and 2020-2021.

The rise is due to a complex set of circumstances, but mainly lack of income.

Increasing numbers of families are dependent on welfare benefits, living on low wages, are headed by a single parent, or have disabled parents or a parent with a long term limiting illness.

Minority ethnic communities are disproportionately affected, with children from these backgrounds at an increased risk of persistent poverty, defined as youngsters living in households where income is below 60 per cent of the average income during the last three of the previous four years.

These are families living in an income trap of irregular work, with pay below the minimum wage, and dependent on welfare benefits to survive.

The poorest families also pay the most for key necessities and the highest proportion of their income in tax.

In Scotland it is estimated that around 13 per cent of children live

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in persistent poverty, and that figure rises to 19 per cent in Glasgow city, compared to nine per cent for the UK.

Jackie Erdman, NHSGGC's Corporate Inequalities Manager, said: "In the current recession families must accept low wages with no hope of wage rises, and juggling budgets in response to rapid welfare benefit changes."

Children in poor households are more likely to live in unsafe environments; find that their circumstances are barriers to education success; experience poorer health; and while parents' aspirations for their children are high, their life chances are low.

Poverty is also associated with higher levels of infant mortality and stillbirth, exacerbated by smoking in pregnancy and after birth.

Jackie added: "The foundations for almost every aspect of human development, physical, intellectual and emotional, begin in early childhood.

"What happens during this time, starting in the womb, has a lifelong effect on health and wellbeing."

Compared to children born into affluent families, those born into poverty are more likely to die in the first year of life, three times more likely to suffer from mental health problems, and more likely to live with a life-limiting illness.

Experts suggest that two sets of policies are needed to reduce this inequality.

One is to improve education and sustainable employment opportunities. When people can't access either, then benefits must be set at a level to provide an adequate standard of living.

The biggest challenge for NHS Greater Glasgow and Clyde is the geographic variation in health disadvantages.



Men living in the affluent west end of Glasgow can expect to live to 75 years and it is estimated that 87 per cent of 15-year-olds in Eastwood and Bearsden will reach their 65th birthday.

In the east end of the city life expectancy for men drops by almost two decades, with only 53 per cent of 15-year-old boys in Bridgeton and Dennistoun estimated to celebrate their 65th birthday.

Programmes and services are already in place to tackle these health inequalities, including Healthy Babies, a scheme involving early intervention and targeting families in need.

It covers a pilot where family nurses work alongside midwives to improve outcomes for first time young teenage mothers and their children.

The award-winning Special Needs in Pregnancy Service (SNIPS) adopts a multi-agency approach of

comprehensive care for women with substance abuse, asylum seekers, refugees, teenagers and homeless families.

The Healthy Children Programme aims to look at the intergenerational effects of poverty by supporting vulnerable families to care for children from birth to 19 years of age.

And the Ready to Learn 30 month health surveillance is an opportunity for health visitors to work with parents to identify children whose social, emotional and behavioural development may have a detrimental effect during their early years.

Once identified, children at risk are supported through appropriate services to give them the best start in education.

NHSGGC also supports employability schemes to break down barriers to work around health issues, particularly the 70 per cent of people on incapacity benefit who have mental health related difficulties, and those with addictions problems.

Also, the Healthier Wealthier Children, a children and families financial inclusion project, gives advice about welfare entitlements, including applying for crisis loans reducing stress and improving budgeting skills.

Dr Linda de Caestecker, NHSGGC's Director of Public Health, said: "Through community planning partnerships we will work to reduce the impact of poverty on health and some initiatives such as Healthier Wealthier Children already show that NHS Staff can support families to access better financial advice and support.

"Unfortunately changes to welfare are already impacting on parents and families and clinicians and health staff need to be aware of benefit changes and understand their impact so that they can ensure families receive appropriate support."

How behaviour in the adolescent years can have a significant impact on health in adulthood

- AN estimated 212,598 young people reside within NHSGGC, 75,000 of whom live within the most deprived communities.

- YOUNG people born in the area, on the whole, have a significantly lower life expectancy than the rest of Scotland but where you are born within NHSGGC also has an impact.

- WHILST damaging lifestyle behaviours among young people have decreased across Scotland in recent years, data from lifestyle surveys show this decrease is less in NHSGGC.

- ALTHOUGH many young people experiment with risk taking behaviours, children from more affluent areas are more likely to modify their behaviours as they mature.



THE years between the age of 11 and 24 are a time of significant change in a person's life.

From dependent child to independent adult, it is a period when they progress from primary to secondary education and on to employment, from the family home to independent home and possibly to becoming a parent themselves.

It is also a time when, due to the physical aspects of puberty and ongoing brain development, a person is most susceptible to risk-taking behaviours and peer influences.

These behaviours tend to cluster, further increasing the vulnerability of the young person involved. A young person who regularly smokes is more likely, for instance, to drink alcohol and to have taken drugs.

This clustering of behaviours carries on into older adolescence and adulthood with multiple risk-taking behaviours most prevalent in the most deprived areas.

Adolescence can therefore have a significant impact on a person's health in adulthood.

The US-based Search Institute has developed The Developmental Assets® - 40 research-based, positive qualities that influence young people's development, helping them become caring, responsible and productive adults (see page 9).

Dr Linda de Caestecker explained: "Studies of more than four million young people have shown that the more assets young people have, the less likely they are to engage in a wide range of high-risk

Helping our youngsters to develop assets for good health

Research shows that young people with the most assets are least likely to engage in patterns of high-risk behavior, including problem alcohol use, violence, drug misuse and sexual activity. They are also more likely to do well in school and become involved in their community.

- DR LINDA DE CAESTEKER

behaviors and the more likely they are to thrive.

"Research shows that young people with the most assets are least likely to engage in patterns of high-risk behavior, including problem alcohol use, violence, drug misuse and sexual activity.

"They are also more likely to do well in school and become involved in their community.

"Increasingly it is therefore recognised that it is as important for agencies and services to create the environment to proactively encourage the development of these assets in young people as it is to develop services that respond to poor health and vulnerabilities."

Education is key to delivering this asset-based approach to improving health and wellbeing in children and young people.

The Curriculum for Excellence provides a robust foundation for schools to develop programmes and experiences that seek to increase knowledge and skills and create an environment in which young people can exercise healthier choices and maximise their potential.

There's an important role too for the NHS

to support young people to adopt healthy behaviours, to help them develop and engage in a healthy culture and to develop social skills and to reduce the impact of health inequalities in young people.

Already in NHSGGC there are many good examples of projects delivering on these objectives.

The **Big ShoutER** aims to actively involve young people in decisions affecting them to help them to become effective contributors, successful learners, confident individuals, and responsible citizens, all of which contributes to and impacts upon a young person's physical, mental and emotional health and wellbeing. The programme is led by the health improvement team, East Renfrewshire CHCP, working in close partnership with the young person's services team of East Renfrewshire Council.

NHS Greater Glasgow and Clyde's Modern Apprenticeship scheme offers young people between the ages of 16 and 24, the opportunity to work and learn at the same time as developing skills for their future employment. The on-the-job training includes working as nursing assistants,
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clerical workers, receptionists, youth and technical workers, and in engineering.

For specific groups, such as pregnant young women, there are also good examples of approaches tailored to developing specific life skills being effectively delivered alongside universal programmes such as mainstream curriculum for excellence.

Dr de Caestecker continued: “Adolescence is such a critical life stage to determining health in adulthood.

“Good practice in supporting our young people is evident but we need to ensure that these examples are scaled out sufficiently to achieve impact across our entire Board area.

“In my report I therefore call for action in three priority areas.

“These are: to develop a clearer focus on youth health as a priority, involving all community planning partners; to strengthen evaluation, innovation and improvement activities, adopting a common approach and rolling out best practice; and to develop a robust youth health promotion programme delivered jointly by health improvement, education and third sector agencies.”

40 assets every young person needs

HERE are the 40 Developmental Assets® as developed by the US-based Search Institute that influence young people’s development...

1. Has family support.
2. Has positive family communication.
3. Other adult relationships.
4. Caring neighbourhood.
5. Caring school climate.
6. Parent involvement in schooling.
7. Feels valued by adults in community.
8. Plays useful role in community.
9. Serves in the community.
10. Feels safe at home and at school.
11. Family has clear rules and consequences.
12. School has clear rules and consequences.
13. Neighbours take responsibility for monitoring behaviour.
14. Positive adult role models.
15. Best friends model responsible behaviour.
16. Parents and teachers encourage young person to do well.
17. Spends time in music, theatre, or other arts.



18. Spends time in sports, clubs, or organisations at school and/or in the community.
19. Spends time in activities in a religious institution.
20. Out with friends “with nothing special to do” two or fewer nights per week.
21. Motivated to do well in school.
22. Actively engaged in learning.
23. At least one hour of homework every school day.
24. Cares about their school.
25. Reads for pleasure.
26. Places high value on helping other

people.

27. Places high value on promoting equality and reducing hunger and poverty.
28. Acts on convictions and stands up for her or his beliefs.
29. Tells the truth even when it is not easy.
30. Accepts and takes personal responsibility.
31. Believes it is important not to be sexually active or to use alcohol or other drugs.
32. Knows how to plan ahead and make choices.
33. Has empathy, sensitivity, and friendship skills.
34. Has knowledge of and comfort with people of different cultural/ racial/ethnic backgrounds.
35. Can resist negative peer pressure and dangerous situations.
36. Seeks to resolve conflict non-violently.
37. Feels he has control over “things that happen to me.”
38. Has a high self-esteem.
39. Feels that life has a purpose.
40. Positive view of personal future.

SCOTLAND has one of the highest rates of imprisonment in Europe and a rising prison population.

Many prisoners experience higher levels of mental and physical illness, compared to the general population, because of poor lifestyles, addictions, and have experienced physical, sexual, or emotional abuse.

Also 80 per cent of prisoners are unemployed at the time of sentencing, but less than 10 per cent find jobs after liberation.

The NHS took over prison health services in 2011 and NHS Greater Glasgow and Clyde (NHSGGC), is responsible for delivering healthcare in HMPs Barlinnie (pictured right), Greenock and Low Moss.

And since then an ambitious health improvement programme has been developed between NHSGGC and Scottish Prison Service (SPS) colleagues, with 30 objectives.

These include addressing health issues around drugs and alcohol, smoking, physical activity, health education, blood borne viruses, parenting, and oral health.

Lee Knifton, Health

Why improving health in prison is NHS priority

Programme to address range of issues will benefit community



Improvement Lead for Prisons and Offending, Glasgow City Community Health Partnership (CHP), said: “The underlying problem is poverty. Following their release from prison substantial numbers of prisoners have lost contact with their families, are homeless, unemployed and are socially isolated.

“It is vital to enhance programmes for effective re-integration by making sure that employment, health, accommodation and other needs are met when prisoners leave, because prison is an intensively supported environment.”

Prison-based teams deliver the **Keep Well** programme of anticipatory health care checks, and in addition there are broad **CONTINUED ON NEXT PAGE**

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based health checks called **Well Man** and **Well Woman**.

A physical activity project is being piloted for prisoners including those with disabilities, mental health problems or with chronic disease based on our existing exercise referral model in the community.

Smoking rates are more than three times higher in prison, compared to the general population, but many offenders want to quit.

We are training and mentoring prison staff in smoking cessation programmes, similar to community services, and are working to significantly increase support groups to meet demand.

Half of prisoners are drunk when they commit offences and so the capacity to deliver alcohol brief interventions is being increased by training NHS and SPS staff, while nurses have been recruited to support offenders, including those on remand sentences.

Problem drug use is linked to imprisonment, mental illnesses, and homelessness.

To address this a review of sexual health and blood borne virus (BBV) treatment services is being carried out with the **Sandyford Initiative** and the **Brownlee Centre for Infectious Diseases**.

NHSGGC is supporting several multi-agency initiatives to improve health in community settings to help reduce offending.

Together with partners we are working to promote public health by supporting the health of victims of crime, prisoner families, crime prevention and early intervention for individuals at risk.

We will also be reaching out to prisoner's families, alongside **Families Outside**, by increasing access to support services and parenting programmes in the community.

There will also be a drive to make parenting programmes more widely available in local prisons, building on the successful use of **Triple P** in Barlinnie and facilitate family contact.



The offending statistics

SEVEN OUT OF TEN PRISONERS HAVE PREVIOUS CONVICTION



Most offenders are re-offenders – 78 per cent have previously been on remand and 70 per cent have served a prison sentence.

EIGHT OUT OF TEN WERE UNEMPLOYED WHEN JAILED



80 per cent of prisoners are unemployed at the time of sentencing and under 10 per cent gain employment after liberation.

WOMEN PRISONERS - NUMBERS DOUBLE IN TEN YEARS



Females comprise five per cent of the prison population, but this has doubled in the past decade. In 2010/11, 19,500 women were convicted of a criminal offence and the female prison population is growing at a rate of five per cent a year.

ALMOST HALF OF ALL PRISONERS HAVE AN ALCOHOL PROBLEM



Overall, 44 per cent of men and 48 per cent of women in prison were found to have an alcohol problem compared to 13 per cent of men and 9 per cent of women in the general population.

SEVEN OUT OF TEN OFFENDERS USED ILLEGAL DRUGS



70 per cent of prisoners report use of illegal drugs in the 12 months before going to prison. More than 40 per cent said that they were under the influence of drugs at the time of their offence, often committed to get money for drugs.

DRUG TREATMENT SERVICE TREATS 10,000 EVERY YEAR



More than 10,000 new clients access drug treatment services in Scotland each year and 20 per cent funded their drug use by crime and 20 per cent had been in prison.

THREE QUARTERS OF PRISONERS SMOKE



Smoking prevalence overall is 76 per cent in the 2011 Scottish Prisoners Survey compared to a Scottish population rate of 26 per cent for men and 25 per cent for women.

LONG TERM ILLNESS IS COMMON



In the 2011 Scottish Prisoners Survey, 29 per cent of prisoners in HMP Barlinnie and 28 per cent in HMP Greenock reported having one or more long-term illnesses.

HEPATITIS C RATE HIGH



A national study in 2012 found a prevalence of 24 per cent of prisoners in HMP Greenock infected with Hepatitis C Virus (HCV) and 29 per cent in Barlinnie. This compares to one per cent in the general population and many of these infections remain undiagnosed.



Bid to reduce the rising number of female offenders

IT is a concerning statistic that the female prisoner population in Scotland has doubled in the last 10 years.

Many have a history of emotional, sexual or physical abuse as well as an addiction problem.

Mental illness rates are also very high among female offenders. In 2007, Her Majesty's Inspectorate of Prisons reported that 80 per cent of women in Cornton Vale had mental health problems.

The same study found that 75 per cent of the prisoners had used drugs in the 12 months prior to coming into prison compared to 61 per cent of male offenders; 60 per cent had been under the influence of drugs at the time of the offence compared to 42 per cent of men; and 35 per cent of women had committed their offence to obtain money for drugs, again a higher proportion than males (16 per cent).

While they make up five per cent of the prison population, females are therefore amongst the most vulnerable of offenders and often have the most complex health needs.

Dr Linda de Caestecker explained: "I believe that the conviction rates for

women reflect a level of need and chaos in their lives. These women are often involved in drug taking and alcohol abuse, and many have been abused in the past with a history of trauma and violence.

"Their lives are so chaotic that they don't turn up for appointments and court appearances and this can be part of the reason that they receive custodial sentences rather than an alternative."

With their chaotic lifestyles, short custodial sentences have little impact on these women with 70 per cent being reconvicted within two years.

There are also financial barriers to making a new start. They leave prison with only around £40 in their pockets and then have a six week wait for benefits.

This can potentially create a new crisis with the women facing homelessness and their children maybe taken into care.

In view of the crucial role of health in supporting female offenders, Dr de Caestecker was invited to sit on the Commission on Women Offenders in 2011.

The Commission was set up to consider the evidence on how to improve outcomes for women in the

criminal justice system and to make recommendations for practical measures to reduce their reoffending and reverse the recent increase in the female prisoner population.

It recommended alternatives to custody including the development of community justice centres for women offenders to enable them to access a consistent range of services to reduce reoffending and bring about behavioural change.

A pilot Glasgow Women's Justice Centre, chaired by Dr de Caestecker, has now been set up where offenders receive a holistic form of treatment and care.

It is staffed by multi-disciplinary teams who will support women with practical and psychological issues.

She explained: "Mentoring is crucial and the justice centre offers someone to work alongside the women, supporting them to deal with health and addictions issues, and help restore some kind of order to their lives by not missing important appointments for example.

"These justice centres have been found to be successful in other countries and if we can do as well and more women can get access to this kind of service we may be able to make a difference."

For women in prison, we are working with colleagues in the Scottish Prison Service to enhance health services available.

Some of the achievements include:

- Providing well women health checks in prison
- Supporting a programme of care using psychiatric help through Cognitive Behavioural Therapy (CBT) and trauma counselling
- Improved the sexual health service provision for female offenders through the development of a service at HMP Greenock.

A key issue for female prisoners is their role as parents and the health and welfare of prisoners' families is a clear priority.

Approximately 30 per cent of children with imprisoned parents go on to develop physical health, mental health and addictions problems and have substantially greater chance of offending.

Priorities for the future are therefore to work with partners to tackle the physical and mental health needs of female offenders as well as their addictions, and work with their families, in line with recommendations from the Commission on Women Offenders.

Everyone wants to live longer and healthier lives... and NHSGGC believes much can be done to help

Choosing positive paths to old age

WE all hope to live long lives and that our retirement years will be spent in good health with our loved ones, taking walks along the beach, remaining productive and purposeful as well as enjoying relaxation and leisure.

But what if our old age isn't quite as golden as we would want?

We are living longer – that's the good news. But how healthy will we be during those extra years?

Although the average life expectancy of an NHS Greater Glasgow and Clyde resident is rising - it is the lowest in Scotland and among the lowest in Europe. Not only do our residents have, on average, shorter lives compared with other Scottish residents they also spend more years in ill-health.

The number of people aged over 65 in Scotland is expected to increase by 60 per cent by 2035. However the number

of people aged 65 and over living in Greater Glasgow and Clyde is only expected to increase by 50 per cent - largely due to the number of people in the area who will die prematurely.

The Scottish Government has stated that the life expectancy of people in Scotland is 75, therefore anyone who dies before this age is classed as a premature death - the average life expectancy for a man from the NHSGGC area is just 70.

What about living longer and healthier? A healthy life expectancy is an estimate of how many years someone is expected to live in a healthy state – free from medical conditions, chronic diseases or disability.

People from Orkney can expect to live until approximately 75 and they will only begin to develop medical conditions at the age of 71.

Glasgow and Clyde residents, however, **CONTINUED ON NEXT PAGE**



IT'S never too late to improve your health with regular exercise.

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live until they are roughly 71 but will begin to develop medical conditions at the age of 62.

So the average NHSGGC resident will experience nine years of ill-health while their Orcadian neighbour will experience only four.

So are people from Glasgow and Clyde just more prone to ill-health?

Health inequalities are not inevitable and they can be reduced. Deprivation and poverty play a major part in increasing the risk of poor health. The major causes of chronic ill-health and disease are smoking, obesity and not taking enough exercise. If people live healthy lifestyles and make healthy choices on diet, exercise and smoking, then the following would be prevented:

- 80 per cent of all new heart disease cases
- 80 per cent of all new Type 2 diabetes cases
- 70 per cent of new stroke cases
- 50 per cent of all new cancer cases

But not everyone's health is equal in Glasgow. A man living in East Dunbartonshire where the per centage of people who have a low-income is 8.5 per cent can expect to live to almost 78 – while in neighbouring West Dunbartonshire where the per centage of people living with a low-income is 21.3 per cent a man's life expectancy is only 71.

The health of a person which is directly related to their income or level of deprivation is health inequality.



Greater Glasgow and Clyde NHS Board Member Appointments

NHS Greater Glasgow and Clyde is looking for up to five new members to join its Board. If you are interested in a challenging and rewarding role which will have a lasting impact on the delivery of healthcare to the people served by NHS Greater Glasgow and Clyde, we would like to hear from you.

An application pack and full details on this and other public appointments can be found at our dedicated public appointments website: www.appointed-for-scotland.org

If you experience any difficulties accessing our website, please contact the Public Appointments Centre of Expertise (PACE) on Freephone 0800 015 8449 or fax on 0131 244 3833, by email at paapplicationsmailbox@scotland.gsi.gov.uk, or by writing to PACE, Scottish Government, E1 Spur, Saughton House, Broomhouse Drive, Edinburgh EH11 3XD.

Completed applications must be received on or before **Friday 11 April 2014**.

Appointments to the Greater Glasgow and Clyde NHS Board are regulated by the Commissioner for Ethical Standards in Public Life in Scotland.

We particularly welcome applications from groups currently under-represented on Scotland's public bodies, such as women, disabled people and people aged under 50.

Appointed on merit; committed to diversity and equality.

Report highlights action on health inequalities

THE Director of Public Health's report sets out actions which NHS Greater Glasgow and Clyde can take to reduce health inequalities while calling on society to also consider its role in tackling deprivation in Scotland.

As people get older they are more likely to develop long-term conditions. These can range from arthritis and diabetes to heart disease and Chronic Obstructive Pulmonary Disease (COPD). However, statistics show that people who live in more deprived areas are more likely to develop long-term conditions at an earlier age.

Having a long-term condition affects people's healthy life expectancy. NHS Greater Glasgow and Clyde is committed to tackling health inequality along with our partners in local authorities, housing associations and the independent and third sector organisations.

To help tackle deprivation we work in partnership to fund financial inclusion services. These services offer free and impartial advice to residents of NHSGCC

on a range of financial issues including financial capability, welfare and debt advice.

These services are available to people both in their local communities and within hospitals. Our hospital-based financial inclusion services received 2,544 referrals between 1 April 2012 and 31 March 2013. Of these referrals, a total of 1,751 were people over the age of 55 years.

We are committed to ensuring that older people have access to information and help on how to increase their income. If you would like further information on financial inclusion services please contact your local authority:

East Dunbartonshire Citizens Advice 0141 775 3225

East Renfrewshire Income Maximisation 0141 577 3071

Inverclyde Money Matters 01475 715965

Renfrewshire Advice Works 0141 618 6383

West Dunbartonshire Advice Centre 01389 737050

In Glasgow City, the GAIN Helpline is a freephone helpline for clients living and/or working in Glasgow who have debt and associated legal and housing problems. Callers to the helpline will receive initial advice (including a full benefit check if appropriate) and will be referred to the most appropriate GAIN agency for more in depth advice if required.

Glasgow Advice & Information Network (GAIN)
Freephone helpline: 0808 801 1011

Website: www.gain4u.org.uk

Are you or do you know of anyone who has been diagnosed with cancer, a chronic obstructive pulmonary disease (COPD), coronary heart disease, stroke, or an adult living with cystic fibrosis? The Long Term Conditions and Macmillan Service is a partnership which provides a free and confidential income maximisation and money advice service to Glasgow citizens who have a long term health condition.

Call on 0141 287 5901.



Still game for fun and activity

Alex and friends prove there's lots to life after 60

PHYSICAL activity plays an important part in preventing diseases and conditions which are the main reason that older people can develop long-term conditions and lose their independence.

With only one in three people aged over 65 taking enough exercise, we are committed to providing people with access to local services and projects to encourage physical activity and at the same time providing people with the opportunity of meeting and socialising with new people.

One of these projects is Still Game in East Renfrewshire. This offers people over 60 the opportunity to take part in two-hour long weekly activity sessions at St Mirren Football Club. During 2013, 58 people from East Renfrewshire signed up to the project which is supported by Community Health Development

Worker Belinda Arthur from the Health Improvement Team of East Renfrewshire CHCP.

One former member of Still Game is Alex Storrie who enjoyed the experience so much he has since gone on to help set up an activity group in his local area – Barrhead Men's Shed.

Barrhead man Alex (71) is married with three children. He said: "My brother-in-law saw the advert in the local paper advertising Still Game. We were interested to see what it was so we found out more about it and ended up going along.

"I would have to say that Still Game has completely changed my life. I think the social aspect of the group and meeting new people has been the best. We all enjoyed each other's company and would end up having a good laugh together.

"We would have visitors along to give



Alex Storrie and Belinda Arthur are Still Game at St Mirren Football Club ground.

us talks – I found the one from Fire Scotland the best. They even ended up coming out to my house to give it a fire safety check. We also took part in activities and afterwards we'd have a cuppa and some healthy fruit.

"I used to spend my days sitting around the house, reading newspapers

and watching television and putting on weight. Once I started going to Still Game I actually couldn't wait until the next session. Being part of the group even encouraged me to join a slimming group and I ended up managing to lose a stone and a half.

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ANYONE for a cuppa? Some members of the Still Game group enjoy a cup of tea before the activities begin.

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“I have so much enthusiasm now - I’ve even taken up skiing and am at a level four which for a man of 71 isn’t bad at all. I am due to move up a level and will soon be tackling the big slope.”

Alex and six other past members of Still Game have now set up their own group – Barrhead Men’s Shed. The group will offer wood-working and other practical activities for men (and women) aged 50 and

over from the East Renfrewshire area.

Alex added: “We had our official opening the other week and are finalising the details of how many sessions we will run. Each committee member is bringing some of their own life skills to the group. We have one who is going to teach pottery, one with soft furnishings experience and I’ll be teaching guitar if anyone wants to learn.

“I just can’t believe how much my life has changed since responding to that advert in the newspaper.”

Belinda Arthur, Community Health Development Worker for East Renfrewshire Community Health and Care Partnership (CHCP), commented: “Social isolation and a lack of activity can really affect an older person’s health. These types of groups are a great way of encouraging people to meet new people and find new hobbies, while at the same time improving their physical health and their mental wellbeing. It is so rewarding to see members come along and get as much from the groups as Alex did.”

Looking to the future

NHSGGC is committed to building the momentum for change.

We will continue to work to improve the health of our residents. Our priorities going forward are:

- Encourage older adults to become more involved in physical activity.
- Together with our partners we want to make it part of our jobs to enquire about a person’s health and offer support to prevent health or social issues becoming worse.
- Improve the way in which services for older people and their informal carers are provided by offering a single point of access to health, social care and community services.

Let's start at the beginning

Helping those born into a tougher life

A HUGE focus is placed on helping children get the best start in life.

We know that the early years have a huge bearing on adult life outcomes - everything from education and employment opportunities, mental and physical health outcomes, happiness and ultimately life expectancy.

And while your health board and other agencies such as your local council is committed to a wide range of services that come under the umbrella "Getting It Right For Every Child" there remains a group of **CONTINUED ON NEXT PAGE**



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children who are destined for significantly poorer outcomes because of the circumstances they are born into.

These children have circumstances that mean the local authority has taken over responsibility for their care and upbringing either in foster care, supported to stay at home with a parent or parents, are looked after by a relative such as a grandparent or are in residential care. As a group they are referred to as Looked After Children and Young People (LACYP).

THE MOST DISADVANTAGED YOUNGSTERS IN OUR COMMUNITIES

THIS group of youngsters in our communities are at the sharp end of the inequalities divide - they suffer greater inequalities and have much poorer outcomes on almost every level compared to other young people.

One stark example is smoking. One of the most influential determinants of poor health is smoking and we know that “looked after” children are four times as likely to smoke tobacco as other children.

Mental health is another area of concern. They are more likely to have emotional problems such as anxiety or depression as well as conduct disorders. The Fatal Accident Inquiry into the deaths of two girls on the Erskine Bridge highlighted the poor mental health of many young people in care.

Poorer outcomes, however, do not just apply to health and wellbeing, they are also evident in educational attainment which has lifelong implications in terms of employability, housing tenure, and for teenagers especially, their engagement with risk-taking behaviours such as poor diet, smoking (as previously mentioned), alcohol and substance use, and sexual activity.

Young people who are looked after tend to leave school



at a lower age than others and this and other reasons they tend to have fewer qualifications. In Glasgow 76 per cent of looked after children left school under the age of 16 in 2011 compared to 30 per cent for the rest of the school population.

But there are encouraging signs that the academic achievement gap is narrowing. School exclusions for “looked after” children have dramatically reduced and the latest statistics show around 75 per cent of “looked after” children achieve a “positive destination” after school, either further education or a workplace or training scheme. Glasgow has invested in some innovative new schemes, including a mentoring scheme to support them individually and to help them access higher education and training opportunities.

In Scotland there are more than 16,000 “looked after”

youngsters, which represents about 1.5 per cent of all under 18-year-olds.

Across NHS Greater Glasgow and Clyde the per centage of “looked after” children is higher and represents 2.4 per cent of all children under 18, but in Glasgow City the per centage is even greater - rising to 3.2 per cent of youngsters under 18 years.

If you convert these per centages to individual youngsters within our communities that translates to around 5,600 young people in our health board area in this severely disadvantaged group.

And of growing concern is the evidence that this number is rising at an accelerated rate every year.

WHAT FACTORS CAUSE CHILDREN TO BECOME “LOOKED AFTER”?

THERE are multiple reasons why a child or young person may need local authority care. Lack of parental care is the most frequently cited reason (37 per cent in Glasgow) with parental drug and alcohol misuse as a contributory factor in almost a quarter of all cases.

There are also a number of protection reasons why a child may be taken into compulsory care - either to a kinship care, foster care or residential unit. These include a child experiencing severe neglect, abuse or trauma, or a child with social, emotional or behavioural difficulties, or that the young person is considered to be at risk as a result of such things as substance misuse or involvement in prostitution.

Another route into compulsory care is through being charged by the police and referred through the Children’s Reporter or Procurator Fiscal.

The balance in relation to offending is that less than 10 per cent of children are looked after due to offending behaviour and in virtually all of those cases it relates back to a care and protection issue

Importance of finding an adult that vulnerable child can trust

IN Glasgow City there are over 3,500 children and young people in care... two thirds of them as a result of parent/carer drug or alcohol misuse as a contributory factor.

Children and young people enter the care system in various ways, with a large proportion coming through the Children's Hearings System - the care and justice system for children in Scotland, and children are referred into this system when any aspect of their care or welfare gives cause for concern.

The overwhelming majority of children come to the attention of the children's reporter because of parental neglect, issues with parental alcohol or substance use or a combination of issues that give rise to concern for the child's safety and/or care.

Children and young people who are deemed to be in need of statutory care, protection, guidance or treatment are made subject to compulsory measures of supervision, or a compulsory supervision order as it is known.

By Linda Morris, NHS Greater Glasgow and Clyde Child and Young People Health Improvement Lead and Children's Panel Chair

Children entering the care system may have no secure attachment, (to a parent/carer or other significant adult), may be suffering the physical effects of neglect, and might well be manifesting symptoms of mental stress or trauma.

Children who are "looked after" are some of the most vulnerable in society. Many of them do not have comfort or security at home, their relationships with parents or carers may be dysfunctional and some of their most basic needs may not be met.

Evidence shows that children and young people who are "looked after", experience poorer physical, mental and emotional health than their peers. A combination of factors including poor parenting, neglect, trauma, bereavement and social deprivation all contribute to markedly poorer health outcomes in "looked after"

children and young people, especially in relation to their mental health and wellbeing.

In addition, chaotic life circumstances very often mean that care placements change frequently, and often suddenly, causing increased anxiety and stress for the young people involved. Studies in Ireland have highlighted that in times of uncertainty, instability and change, young people value having a significant adult whom they trust and who can provide consistent and enduring support.

Of serious concern is that very often this poor start in life leaves a legacy of poor educational attainment, low self-esteem, and long term mental health problems, which in the longer term have an impact on skills development, employability and future deprivation/poverty. For some more unfortunate youngsters, this might well pave the way for more anti-social behaviours and entry into the youth justice system.

There is widespread agreement that intervening early and targeting support at **CONTINUED ON NEXT PAGE**



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the most vulnerable children and families, offers the best chance of improving health outcomes in the longer term.

To achieve this outcome, it is essential to engage young people who are in the care system, to identify their self-reported health needs, and use this information to develop a strategy for support.

We need to ensure that children and young people entering the care system have had a health check carried out, and that vital information is shared across health and social

care to make sure that children and young people do not fall through the 'cracks' in their care journey, and can seamlessly travel through the care pathway.

Future integration of health and social care, coupled with investment in information management and effective engagement of young people themselves are all priority areas for the health services that should go a long way to improving the long term health outcomes for those children who just happen to be unfortunate enough to warrant state intervention.

So what can we all do to help?

RECOGNISING the vulnerabilities of these young people, understanding the need to support them, nourish their lives and showing them respect are the most important things.

There is clearly a job for those in schools, the NHS, social work professionals and other care support workers... but crucially, society in general needs to become more aware of the needs of this group of children who find themselves in desperate need of care and support.

In Dr Linda De Caestecker's Director of Public Health Report she recognises the importance of developing resilience and of "one good adult" to support and protect the mental health of a child or young person (usually through mentoring, guidance and befriending initiatives).

There is strong evidence that having a dependable adult to turn to if the youngster has concerns or needs guidance can have a significant beneficial effect.

This becomes all the more important for young people who have experienced troubled or traumatic home environments - and research shows that often a child will have experienced significant emotional and/or physical trauma before the need for care is identified.

There is clearly a role for more people to reach out and offer support to young people - to be a listening ear - whether a relative, or a youth worker, sports coach, neighbour or family friend.

Perhaps we, as individuals, could do more to raise our own awareness of the issues facing so many of our young people and take a little time to find out more.

One step might be to log onto www.respectme.org.uk (the national anti-bullying campaign) and click on the video "You Can Make A Difference". For another good source of information on awareness and training simply put Safe Talk into your search engine.

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Children in care are our top priority

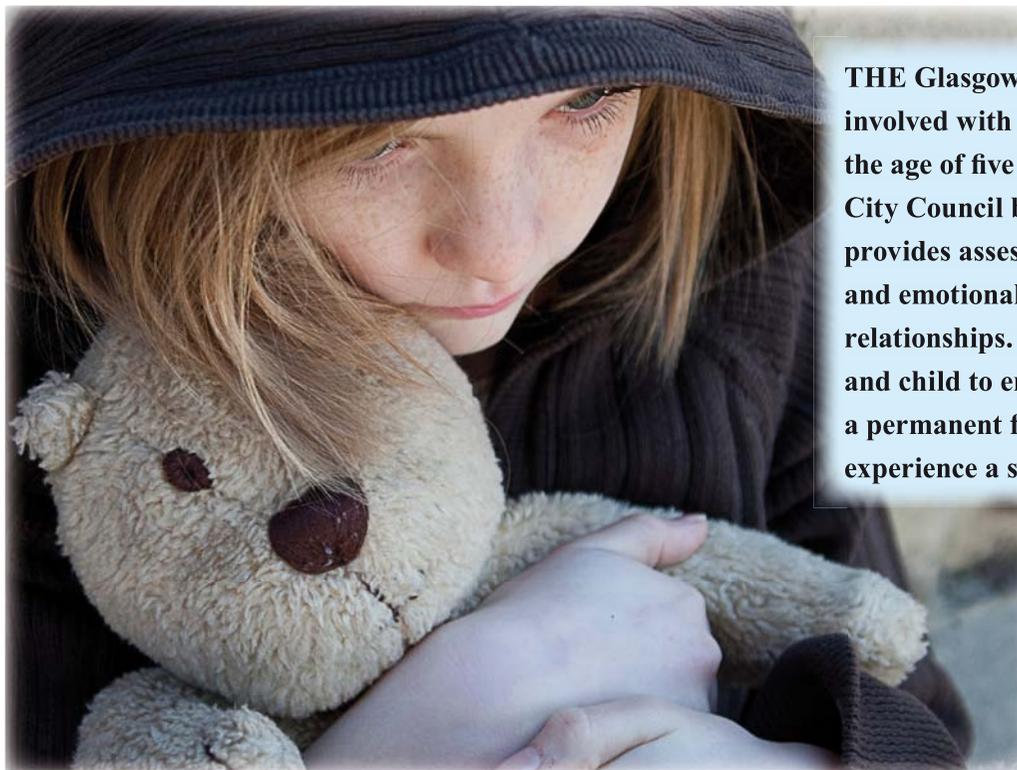
PROVIDING effective and high quality care to children and young people is a critical priority for NHS Greater Glasgow and Clyde.

This care includes early intervention and support for vulnerable families. It has been known for many years that the health of children in care is poorer than for other children in the population. This is often the result of neglect or trauma in their early lives and the NHS working with social work and other agencies has to try to reverse these poor beginnings.

Our specialist children's services have therefore been reorganising and improving to be able to respond better to these children's needs. Recent service improvements have seen increased access to specialist child and adolescent mental health services for vulnerable children requiring intensive or highly specialist input and support, promoting and improving mental health.

NHSGGC Specialist Children's Services are also improving their assessments of children in residential care and other looked after children to identify physical and mental health needs as early as possible.

The service provides all looked after children/young people with a



THE Glasgow Infant and Family Team (GIFT) is involved with families and children from birth to the age of five who become Looked After by Glasgow City Council because of maltreatment. The service provides assessment and treatment of the child's social and emotional needs and to support healthy family relationships. The service aims to support the family and child to enable the child to return home or achieve a permanent family placement to enable the child to experience a stable family life as early as possible.

comprehensive health assessment which has a general, physical and mental health component. The medical, nursing and allied professional staff in specialist children's services undertake a great deal of joint work with health visitors, GPs and social work services. A plan for each child or young person is developed so that all staff can work in a coordinated way to care for the child.

NHSGGC and Glasgow City Council are forging the way in Scotland to provide innovative and effective services, supports and programmes to improve the lives of the most highly vulnerable looked after and accommodated children in Glasgow City.

A good example is the Multi-Dimensional Treatment Foster Care Team which provides foster care, treatment,

education and social work support and family therapy for the child's birth family.

The service looks after children and young people with severe emotional and /or behavioural problems and is an alternative to residential care. Children and young people themselves, as well as the foster families, have a major say in how the care is organised and what the goals are of treatment. Children and young people who have participated in the service have had life changing experiences, namely: leaving residential institutions, living with a foster family, having positive contact with their own families and attending mainstream schools.

Foster care team's multi-dimensional approach is working

CASE STUDY - JOHN (13)

JOHN is 13-years-old and already he has been in care for three years following a range of concerns including parental drug use, lack of school attendance, poor parental supervision and risk taking behaviours.

As a 10-year-old he was taken into foster care and later to residential care and then, aged 13, onto the Multi-Dimensional Treatment Foster Care Team. John's story is real so his identity cannot be revealed. His tale is not terribly unusual but this young boy is unique in his own way.

From the age of 10 he had been placed in two separate foster placements - once with a younger sibling and the other time with two older siblings but neither worked out due to his aggressive behaviour either to siblings or other young people.

John was then placed in a residential setting outside of Glasgow. In the residential care home things appeared to be going relatively well and positive relationships were being built up with the staff there - however, at times he was verbally abusive to them. The trigger for bad behaviour seemed to be the word "no" and when being told to

do something. His mood seemed flat and he showed little interest in personal hygiene or presentation and he didn't sleep well.

During his time there he absconded three times - each time to run away to be with family. While in care he had been attending school regularly and he was described as intelligent, however, due to an earlier lack of school attendance there were learning gaps.

This was a young teenager who enjoys playing football, yet he was reluctant to join a football team. He also has a close relationship with his mother and he sees her during a supervised visit once per month and while these contacts are positive he worries a lot about his mum and disliked being so far away from her.

John was then referred to the Multi-Dimensional Treatment Foster Care Team to help him develop skills to live within a family environment. He needed to be placed within a family on his own to enable him to focus on skill development - away from peer pressures from other teenagers.

THE PROGRAMME

THIS specialised foster care team (MTFC) provides foster care, treatment,

education and social work and family therapy for the child birth family.

The team creates weekly targets based on information from from carers, education resource and clinical staff. Our teenager is also closely involved with the programme supervisor, individual therapist and skills coach.

The team focus on such things as:

- Presentation and personal hygiene - morning routine, showering, teeth brushing, personal style.
- Night time routine - winding down at bedtime and how to sleep better.
- Social skills - good eye contact, starting a conversation, discussing a range of topics.
- Developing friendships - attending extra-curricular activities, choosing friends, opportunities to develop links with pro-social friends such as having a friend over for dinner.

Other key areas included learning how to identify, rate and talk about his feelings.

John learned about coping skills - such as thinking before acting and weighing up pros and cons of decisions.

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He learned how to accept the word no; how to follow instructions and stick to a programme of checking in with his carer.

The team's education worker liaised with our youngster on a weekly basis and also gave him weekly tutoring sessions for maths and literacy.

His mother met weekly with one of the team's family therapists to focus on weekly targets and parenting skills.

OUTCOMES

BY the end of the programme John has established routines around morning, night and meal times. He still finds difficulties with sleeping at night but he goes to bed at a consistent time and reads and uses relaxation techniques to help fall asleep.

He has more pride in his appearance - showering every morning and his confidence has grown. His eye contact is good, he can sustain a conversation and he's joined a local football club.

He's proactively made two friends and checks in with his carer as requested.

He's able to talk about how he's feeling and recognise a range of feelings. There are still moments when he can be verbally abusive but this does not last for long and he is more able to follow instructions and accept the word "no". His mum has worked well with the family therapist.

Contact between the boy and his mum is now increased and is unsupervised and this young teenage boy is now managing well.



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