



**Minutes of a Meeting of the Management Board  
of the Glasgow Centre for Population Health  
held on Wednesday, 23 February 2005 at 9.30 am  
in the GCPH, Level 6, 39 St Vincent Place, Glasgow**

**PRESENT**

Sir John Arbuthnott	..	Chairman, Greater Glasgow NHS Board (in the Chair)
Dr Harry Burns	..	Director of Public Health, Greater Glasgow NHS Board
Cllr Jim Coleman	..	Chair of Health and Community Safety Committee, Glasgow City Council
Mr Ian Manson	..	Senior Depute Director of Development & Regeneration Services, Glasgow City Council
Prof Margaret Reid	..	Head of Division of Community Based Sciences, University of Glasgow
Dr Carol Tannahill	..	Director, Glasgow Centre for Population Health

**IN ATTENDANCE**

Ms Jennie Richardson	..	Office Manager/PA, Glasgow Centre for Population Health
Prof Ade Kearns	..	Department of Urban Studies, University of Glasgow
Ms Frances Wood	..	Scottish Executive Health Department

**ACTION BY**

**37. APOLOGIES**

Apologies for absence were noted from Prof David Barlow, Dean of the Faculty of Medicine, University of Glasgow; Prof Ian Greer, Deputy Dean of the Faculty of Medicine, University of Glasgow and Ms Pam Whittle, Director of Health Improvement, Scottish Executive Health Department.

Sir John welcomed Ms Frances Wood to the meeting representing Ms Pam Whittle.

It was noted Dr Burns had to leave the meeting early.

**38. MINUTES OF LAST MEETING**

The Minutes of the last meeting held on 25 November, 2004 were approved as a correct record with the following amendment:  
Minute 30.1 – ‘Ian Mason’ should have read ‘Ian Manson’.

**39. MATTERS ARISING**

Dr Tannahill assured the Board all actions and matters arising from the last meeting on 25 November were in hand and/or covered in the agenda items.

**40. DIRECTOR'S UPDATE**

A report from the Director [GCPHMB/2005/20] had been circulated, updating members on progress to date. Dr Tannahill made specific reference to:

- i) **Communications, awareness-raising and involvement** – The website has been developed by the Graphics Department, Development and Regeneration Services, Glasgow City Council. This will go live at [www.gcph.co.uk](http://www.gcph.co.uk) when the layout and content has been approved by the Executive Management Team.

The Centre's seminar series is now underway. Two lectures/seminars have taken place with the next one scheduled for 24 February, to be delivered by Sholom Glouberman.

Proposals have been developed for the 'annual report event' and this is likely to be held on Wednesday, 15 June. The event would involve an outline and update on the Centre's work, and use the outputs from the seminar series to build discussion and test their usefulness. It is proposed to gear the event largely toward practitioners and community representatives. This proposed format was approved and it was suggested it would be useful to clarify before the event what specific ideas and themes the Centre would like discussed.

*Executive  
Management Team*

Dr Burns provided an update on the proposed international meeting building on his visit to Atlanta, as discussed at the last Board meeting. The Scottish Executive is interested in supported a Scotland-wide symposium and Dr Burns is in the process of negotiating dates and a meeting schedule for the visit which would incorporate a meeting with various people working in and with the Centre.

Dr Burns informed the Board he had recently received an email from Prof Michael Marmot (Professor in Epidemiology, University College London), who has been asked by the Director-General of the World Health Organisation to set up and chair a Commission for the Social Determinants of Health. This will be launched in South America in two weeks and he has asked if Glasgow would be the first in a series of cities to pilot new work on social determinants of health. Dr Burns clarified he thought this would be quite research-focussed, trying to establish what works by looking at cities that are doing 'something different'. It was agreed this is potentially a very interesting and exciting opportunity but needs further exploration and clarification.

Dr Burns to discuss further with Prof Marmot to clarify what this would involve and feed back to the Board. It was noted this would also need to be checked with the Scottish Executive.

*Dr Burns*

There was some discussion of the Scottish Executive's Health Inequality Targets, particularly in cancer. The target is to increase the rate of health improvement by 15% for the most deprived communities by 2008. Sir John suggested it would be useful if material on this could be circulated for discussion at a future meeting and Ms Wood confirmed this material could be circulated to the Board. The short timescale for meeting the target was noted and Dr Burns confirmed he cannot find evidence of any society that has improved inequalities in this short timescale.

Bruce McEwen has expressed an interest in coming over towards the summer. Dr Burns will try to coordinate this visit with the national symposium.

- ii) **Staffing** – The core staff team is growing with three Public Health Programme Managers now in post and two PhD studentships. Recruitment is also continuing for the agreed posts.

Agenda for Change job descriptions have been developed for all staff.

Information and procedures re Freedom of Information have been disseminated to all staff and the NHS Board has agreed to include the Centre in its publication scheme.

The first meeting of the funding committee is being held on 8 March. The two External Advisory Group members attending are Prof John Coggins and Sir David Carter.

**DECIDED:**

- i) The Board approved the proposed format for the annual report event. The organisation of this event to be pursued.
- ii) Dr Burns to discuss the Commission for the Social Determinants of Health further with Prof Marmot and feed back to the Board.

**41. INVOLVEMENT MECHANISMS**

A paper from the Director [GCPHMB/2005/21] had been circulated. As previously discussed there has been a lot of interest expressed in how to become involved with the Centre. The paper outlines mechanisms for involvement at three different levels. The first is at a project level: a ‘hands-on’ level of involvement/collaboration with clear outputs. The second is at a partner level. The third level is through various mechanisms outlined in the communications strategy such as the annual event, seminar series and discussion forum which will be accessed via the Centre’s website.

There was discussion of the level of understanding about the Centre in the partner organisations. When the Centre was being established, a number of discussions and presentations took place at a corporate level in each of the partner organisations and these were important to establish support and understanding. As it has been some time since these, the Board was asked to consider the need to go round the partner organisations again with an update on progress.

Prof Reid clarified there is a good level of awareness at the University about the Centre. A lot of people know about it (but not in huge detail) and it is very strongly supported. Cllr Coleman stated the situation is much the same in the Council with all elected members aware of the Centre.

Mr Manson suggested the annual report event would be ideal for this level of involvement and communication. The Board agreed with this. Dr Tannahill to contact Board members for a list of those to be invited to the annual event.

Sir John stressed the importance of using a targeted mailing for the Centre’s newsletters etc and Dr Tannahill assured him that a database of contacts is in place.

**DECIDED:**

- i) Further development of partner organisation involvement will be pursued through the annual report event. Dr Tannahill to contact Board members re suggested invitees from each of the partners.
- ii) The Board approved and agreed the three levels of mechanisms for involvement outlined and to these being included on the website.

*Dr Tannahill*

**42. MONITORING FRAMEWORK**

A paper [GCPHMB/2005/22] had been circulated from the Director setting out the Centre's priorities for the next year.

Dr Tannahill explained that the paper set out the Centre's main aims, its programmes of work and the aims of each of these programmes. Appendix 1 outlined the aim, personnel involved, costs, timescales and milestones for each project. Appendix 2 summarised the expected outputs for the next financial year in the form of a timeline. The Board was asked to consider if this is a useful presentation and if further development is required.

Mr Manson proposed developing this as the Centre's work plan, and felt that it was an extremely useful document. He suggested it would be useful to include it on the agenda at every second board meeting to hear an update on progress, and also in the annual report event. He further suggested it would be useful to be more specific about interim and final reports. There was consensus in approving the framework and the suggested additions.

**DECIDED:**

- i) In acknowledgment of the changing and evolving nature of many of the Centre's projects, it was agreed this would be put on the agenda at every second Board meeting with additions/changes highlighted.
- ii) The Board approved the document as it stands with no further development required apart from Mr Manson's suggested additions.

*Dr Tannahill  
Chair*

**43. FINANCIAL PLAN**

A paper [GCPHMB/2005/23] had been circulated from the Director. Figure 1 of this paper was tabled in colour for ease of reading, along with a financial statement of expenditure to-date for the Centre. It was noted that resources carried forward from this financial year are required to fund projects agreed in the work programme over the next three years. The Board approved the use of these resources in this way and suggested the following additions to the financial statement and Director's paper:

- A footnote should be added to the financial statement outlining how much of the under-spend is already committed next year.
- Staff and running costs should be split in Figure 1 of the Director's paper and administrative salaries should be included separately.

*Dr Tannahill  
Ms Richardson*

*Dr Tannahill*

It was noted the anticipated expenditure for 2005/06 is based on an assumption of the partners' contributions remaining the same as in the current year.

**ACTION BY**

Having had a conversation with Mr Divers, Dr Burns confirmed that the NHS Board's contribution will remain the same for next year. Dr Tannahill confirmed she had spoken to Mr Manson who also confirmed the Council's contribution will remain the same. Prof Reid will discuss the University's contribution and will send in a statement to clarify this contribution. She reassured the Board that it will remain at least at the same level as the current year (with a possible increase).

*Prof Reid*

A financial statement of the National Project for Children & Young People's Mental Health Project expenditure to date was also distributed. In addition to its core funding, the National Project has received an additional £500K for workforce development and £100K for the template and participation strands of work. It was suggested inviting Anne Clarke along to the next meeting to provide an update on progress.

*Ms Richardson*

Ms Wood stated that the Scottish Executive's main interest is in the Centre's outputs and that it would be useful if running costs could be allocated across the projects and programmes of work. Dr Tannahill confirmed this would be possible for some of the large projects but would be quite difficult for some of the smaller ones. Dr Tannahill and Ms Wood to discuss further.

*Dr Tannahill  
Ms Wood*

The EMT to discuss further how to relate the financial statement to the monitoring framework.

*Executive  
Management Team*

**44. THE GOWELL PROGRAMME (housing, health and regeneration)**

Prof Ade Kearns (Department of Urban Studies, University of Glasgow) joined the meeting, was welcomed by the Chair and introductions were made. He then gave a presentation to the Board on the Gowell Programme (slides attached).

Discussion ensued with the following points being made:

- Sir John asked approximately how much of the population this study will cover. It was thought this will be approximately 30% of the population but as the study progresses this will shift. Figures could be more accurately looked at and quantified if requested.
- In relation to Slide 9 outlining the 5 research components, the Board was interested in issues of sustainability and emphasised the importance of seeking to embed the lessons of the research.
- In relation to Slide 11 outlining the indicators of health and well-being, Dr Burns referred to the Biological Determinants Group who are planning a pilot study and which will look at what indicators are most useful and viable. It was noted there is potential linkage between these studies. Unfortunately the timing is such that the pilot study will not be completed before Gowell starts but it was agreed it would be useful to hold a meeting between the Housing & Health Group and the Biological Determinants Group.
- It was suggested including some of the GCPH External Advisory Group members in the membership of the Gowell Programme Steering Group.
- Dr Burns and Prof Reid highlighted the importance of all projects and programmes of work sharing information as they are developing and getting results, even tentative conclusions.

*Ms Richardson*

- Prof Kearns stressed the engagement that had already taken place and was planned with stakeholders and agreed it is important to get mechanisms in place to ensure communication of progress, findings etc. [Dr Burns left the meeting at this point – 11.15am].
- The Board recognised what a fascinating and hugely ambitious piece of work this is and although the research team are hugely experienced, expressed some concern at the manageability of the timescales. Prof Kearns assured the Board the first full-time member of staff will be coming on board shortly and detailed project development would have to start in April.
- It was suggested that Donald MacLean and Robert MacIntosh’s research could link to issues of governance and accountability
- Mr Manson stressed that the methodology must take account of a possible dip in people’s health due to the stress of change/moving and the whole psychology of change process. He also stressed the importance of taking into account the other initiatives and policies taking place in the city.
- Cllr Coleman spoke about the new Glasgow Fort and the employment programmes put in place by John Wheatley College resulting in many people from the locality now in employment there. A similar exercise will take place in Pollock. A lot of these jobs are in retail and he felt it is important to track whether people stop in these starter jobs or move on. He also spoke about the Hostel Closure Programme which means residents from hostels will be moved into accommodation in some of the areas to be studied. Gerry Gormal can keep the group updated.
- It was noted that 75% of those going into rented accommodation are single-parents or single households. Due to this there was concern this study should not just concentrate on the rented accommodation population. Prof Kearns confirmed the research will be made up of mixed tenure.
- It was suggested it would be useful to establish a shared feedback mechanism so that every six months or so a discussion forum could be held to share and disseminate information.
- Sir John noted the fact that this is only one of the Centre’s research projects and that there had been a great deal of discussion and interest in it by the Board. He expressed some concern about how the Board will get a steer on what is going on when there are six or seven similarly large projects. It was agreed it would be impossible to arrange meetings with all of the project teams but other means of communication and involvement will be developed.
- Prof Kearns thanked the Board for their helpful comments, and assured the Board that he will give them careful thought and feed back to the rest of the research team.

**45. AOB**

There was no AOB discussed.

**46. DATE OF NEXT MEETING**

The next Management Board meeting will take place on Tuesday, 10 May at 3.00 PM at the Glasgow Centre for Population Health.

# The Gowell Programme

Glasgow Centre for Population Health

Management Board Meeting

23rd February 2005

# The Gowell Programme

Glasgow Community Health and Well-Being  
Research Programme:

Investigating the Impacts of Community  
Regeneration and Neighbourhood Change

A Collaboration Between the GCPH and the  
University of Glasgow

# Context

- Poor health: 54% tenant households have someone with long term illness.
- Interest in the social and public policy determinants of health and well-being.
- GHA investment programme of £2billion.
- Combination of housing development, wider neighbourhood actions and community empowerment.
- What impact on health inequalities?

# Gowell Aims

- To investigate the health and well being impacts of regeneration activity associated with the Glasgow housing stock transfer and investment programme over the next ten years.
- To understand the processes of change and implementation which have contributed to those impacts.

# Aims... continued

- To contribute to community awareness and understanding of health issues and enable community members to take part in the programme.
- To share best practice and knowledge of ‘what works’ with regeneration practitioners across Scotland on an ongoing basis.

# 3 Levels of Change

Individual & Hhd.

Physical Health  
Biological Markers  
Mental Health  
Health Behaviours  
Social Networks  
Social Support  
Safety & Trust  
Com Engagement  
Learning Activity  
Employment

Community

Social interaction  
Collective action  
Civic engagement  
Collective efficacy  
Empowerment  
Sense of community  
Nhood Changes  
Future Orientation

City

Bridging and linking  
btwn. communities  
Perceptions of areas  
Relative performance  
of neighbourhoods:  
- e.g. turnover;  
tenure mix;  
employment levels;  
health gap.

# Mechanisms of Change

Fixed Capital:                   Improvements to natural environment  
  Enhancements to built environment  
  Provision of amenities and services

Human Capital:                 Uptake of learning opportunities  
  Acquiring employment or other activity

Financial Capital:             Income enhancement via jobs or benefits  
  Reduction in fuel bills

Social Capital:                 Expansion of social networks  
  Community development  
  Empowerment

# Vehicles of Change

Glasgow Housing Association  
Local Housing Organisations

+

Community Organisations  
Glasgow City Council  
Other Public Agencies  
Community Planning Partners  
Community Health Partners

Housing Providers  
Neighbourhood Managers  
Community Enablers  
Service Coordinators  
Effective Networkers &  
Partners

# 5 Research Components

Focus on Places People & Processes:

- Community health & wellbeing study
- Tracking study of movers
- Ecological monitoring
- Evaluation of synergistic interventions
- Study of Governance & Participation

# Community Study

7+ GHA  
Investment Areas  
Up to 5,000

2 Comparison Areas  
Total of 1,200  
(social housing)

2 Barometer Areas  
Total of 1,200  
(owner occupation)

4 Survey Waves At 2 Year Intervals  
Covering Before, During and After Major Investment

Repeat Nhood Census:

- original residents
- new residents

Focus Groups:

- views on nhood change;
- to target specific groups,  
e.g. young people;

Repeat Sample Survey:

Original residents  
New residents

# Indicators of Health & Well-Being

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Physical Health & Illness	Mental Health & Well-Being	Health Behaviours
Self reported health	Anxiety & Depression	Smoking
Change in health	GHQ12	Alcohol Consumption
Long term illness	Self Esteem	Use of Drugs
Asthma module	Mastery	Physical Activity
Accidents	Fear of Crime	
Common symptoms	Use of anti-depressants	Diet : fruit and veg; fast food; comfort food
Child Illness Episodes	Sense of control	
Blood pressure	Optimism	Prescribed and non-prescribed medications
Measures of: height; weight; hips; waist	Hopefulness	
Biological markers	Sense of coherence	Use of NHS Services

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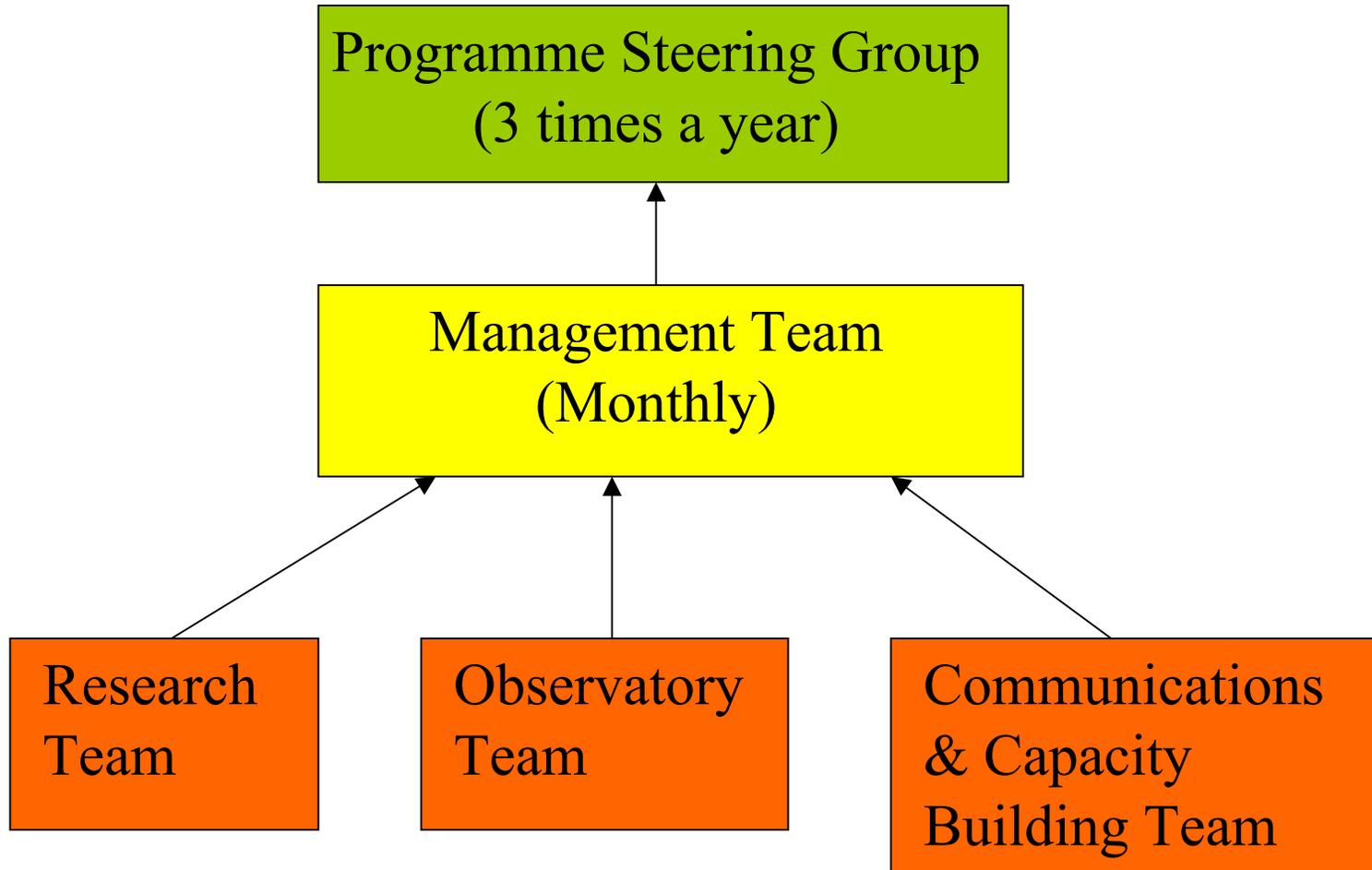
# 3 Wider Components

- Resident Involvement & Capacity Building
- Dissemination
- Co-ordination

# Structure & Resources

Component	Leader	Other Staff & Inputs
Community Survey	Ade K / Mark P	1 Senior Researcher 1 Other Researcher
Tracking Study	Ade Kearns	Survey Costs
Evaluating Initiatives	Mark Petticrew	0.5 Researcher Research Costs
Governance & Participation	Robina Goodlad	0.5 Researcher Research Costs
Ecological Monitoring	Phil Hanlon	GCPH Staff
Capacity Building	Carol Tannahill	1 Staff Member
Dissemination	Carol Tannahill	Scottish Centre for Regeneration (SCR);
Coordination	Carol Tannahill	GHA; LHOs.

# Management of the Programme



# Progress to-date

- Significant stakeholder engagement & support
- Progress with research design with GHA
- Some staffing resources in place via GCPH
- Communities Scotland considering staff funding
- GHA investigating survey funding
- Arranging talks with UoG re: senior staff input and overheads costs