



**Minutes of a Meeting of the Management Board  
of the Glasgow Centre for Population Health  
held on Thursday, 20 October 2005 at 9.30 am  
in the GCPH, Level 6, 39 St Vincent Place, Glasgow**

**PRESENT**

Sir John Arbutnott	..	Chairman, Greater Glasgow NHS Board (in the Chair)
Prof Phil Beaumont	..	Professor of Employment Relations, University of Glasgow
Cllr Jim Coleman	..	Chair of Health and Community Safety Committee, Glasgow City Council
Prof Margaret Reid	..	Head of Division of Community Based Sciences, University of Glasgow
Mrs Pam Whittle	..	Director of Health Improvement, Scottish Executive Health Department

**IN ATTENDANCE**

Ms Anne Clarke	..	Director, HeadsupScotland (Agenda items 1 & 2)
Prof Robert MacIntosh	..	Graduate School of Business, University of Strathclyde (Agenda item 6)
Ms Jennie Richardson	..	Office Manager/PA, Glasgow Centre for Population Health
Dr Pete Seaman	..	Public Health Research Specialist, Glasgow Centre for Population Health (Agenda item 5)

**ACTION BY**

**59. APOLOGIES**

Apologies for absence were noted from Prof David Barlow, Dean of Faculty of Medicine, University of Glasgow, Mr Ian Manson, Senior Depute Director of Development & Regeneration Services, Glasgow City Council, Dr Linda de Caestecker, Acting Director of Public Health, NHS Greater Glasgow and Dr Carol Tannahill, Director, Glasgow Centre for Population Health.

**60. MINUTES OF LAST MEETING**

The Minutes of the last meeting held on 10 May, 2005 were approved as a correct record.

**61. MATTERS ARISING**

Ms Richardson confirmed in Dr Tannahill's absence that all the actions for Dr Tannahill and Ms Millar arising from the last meeting were in order. The Centre has now received a business plan for the Glasgow 2020 project and the Centre's agreed contribution of £10K has been signed off. With regard to the communications actions, there are now some identified 'starred' items in the Communications Strategy, the newly developed website went live this morning (same address: [www.gcph.co.uk](http://www.gcph.co.uk)), and the second GCPH booklet has been produced and widely distributed.

With regard to the Commission on the Social Determinants of Health, Ms Whittle informed the Board there had been some confusion regarding Dr Ziglio's visit to Scotland in June. In fact he had been visiting to attend a conference and had not been scheduled to meet with the Minister as had been thought. Both Ms Whittle and Dr Burns had a discussion with Dr Ziglio earlier this week and he is still very keen for involvement.

**62. HEADSUPSCOTLAND UPDATE**

An update report from Ms Clarke [GCPHMB/2005/30] had been circulated. Sir John commented on the fact that the mental health agenda has become much more of a focus in recent years and in particular the new Mental Health Act had focussed health boards' attentions.

Ms Clarke made specific reference to the 'Children and Young People's Mental Health: A Framework for Promotion, Prevention and Care' and the workforce issues. The Framework was being launched by the Deputy Health Minister, Lewis McDonald on 24 October at the Young People's Mental Health Conference in Edinburgh along with the National Participation Discussion Document and the SNAP 2 Research findings. The Framework sets out what people need to do across the continuum of promotion, prevention and care across all sectors and at different levels re children and young people's mental health. It aims to make people feel competent to deal with mental health issues supported by CAMHS teams. In order to support this, it was reported that the Project has been asked to develop a set of Key Performance Indicators (KPIs) which would be performance managed by the Mental Health Division at the Scottish Executive with a supporting role by the Children and Young People's Health Support Group and HeadsupScotland. Discussions were also taking place with the Centre for Change and Innovation to help support this across the country.

A Workforce Report would be published in mid-November and was being published as an 'advisory report' to the Scottish Executive. This report addresses pre-service or under-graduate training, post-graduate and continuous professional development which can be very ad-hoc at the moment. A mapping exercise of the CAMHS workforce carried out by ISD for this report also provides some 'real' information about the size and composition of the current CAMHS workforce. The figures suggest that the current level of CAMHS is under resourced and the report outlines measures for addressing the gaps between now and 2015. (Note: Based on the English Framework, 15 WTE CAMHS Specialists would be needed per 100,000 of the population, rising to 20 if there are special needs such as deprivation, teaching commitments or rurality.)

The Board was very encouraged by all the work going on but expressed some concern re the financial implications of some of the issues discussed. There was recognition that children's mental health has not been included in psychology courses and introducing this into undergraduate psychology courses might attract people to the discipline.

Prof Beaumont expressed concern at the use of the term 'final report'. He also questioned if users and front-line workers had been involved. He suggested an ongoing forum for users and front-line workers should follow this to allow them to express what their competency and training needs are - they need to tell us what is needed not other way round. Ms Clarke clarified that all the key

competencies have been based on those NHS Education for Scotland (NES) have outlined in their report ‘Promoting the well-being and meeting the Mental Health needs of Children and Young People’ and have been working closely with Primary Mental Health Workers asking them what their training and career needs are.

There was some discussion of the involvement of schools and teachers. Ms Clarke confirmed the Project’s work with the Scottish Health Promoting Schools Unit (SHPSU) ensures this link is being made and that they were talking to ‘Teachers for a New Era’ and feeding into the curriculum redesign. Maria Dale (the Workforce Development Manager) has also been meeting with NES and key academic providers. Cllr Coleman stressed that dealing with schools can be difficult due to their autonomous nature. Mrs Whittle felt the link with the SHPSU would assist with this issue as all schools must be ‘health promoting schools’ by 2007 and would be monitored by HMI. Mrs Whittle offered to raise this with her colleagues in the Education Department which Ms Clarke welcomed.

*Mrs Whittle*

**63. DIRECTOR’S UPDATE**

A report from the Director [GCPHMB/2005/31] had been circulated, updating members on progress to date. In Dr Tannahill’s absence, the Board agreed the only item that needed discussion was whether an extension of the Centre’s tenancy of 39 St Vincent Place should be sought. There was consensus this should be sought if the Director was in agreement and Ms Richardson confirmed Dr Tannahill would like to pursue this option. Dr Tannahill to communicate this to Mr John Davidson.

*Dr Tannahill*

The Centre for Confidence and Well-Being had found new premises and would move out of St Vincent Place on 7 November which will free up additional desk space.

The Board was pleased by item 7 of the update paper which outlined the development plans for all core staff. They felt this was very encouraging.

Sir John made reference to the meeting scheduled with Steven Purcell on 24 October which he will be attending with Mr Tom Divers and Dr Tannahill.

**DECIDED:**

- i) The Board approved an extension to the Centre’s tenancy of 39 St Vincent Place should be sought until April 2009.

*Dr Tannahill*

**64. PROGRAMMES OF WORK**

A paper [GCPHMB/2005/32] had been circulated from Dr Tannahill. The Board noted the progress made and approved the changes made as highlighted in Dr Tannahill’s covering paper. The Board agreed this update was extremely useful and Prof Beaumont found it particularly helpful given the fact he had not attended in some time.

The Board noted that all projects seemed to be progressing well except the ‘Employment and employability’ project which has yet to be developed. Members requested an indication from Dr Tannahill if there was a particular issue that was restraining this and noted it may possibly be due to the fact a person has not been identified to lead on it. It was noted that both the Council and NHS are making a lot of progress getting those unemployed into

*Dr Tannahill*

employment and that these people are likely to have an interesting story to tell. The Dept of Work and Pensions have also just published a Health and Well Being strategy for working age people so the current environment and timing is right to make linkages. Prof Beaumont sits on the Glasgow Healthy Working Lives Group and suggested he could possibly make a contribution to this.

*Prof Beaumont*

**65. COMMUNITY ENGAGEMENT STRATEGY**

A proposal on the Centre's Community Engagement Strategy [GCPHMB/2005/33] had been circulated. Dr Pete Seaman joined the meeting and provided a presentation to the Board on the proposed strategy (the slides of which are attached).

A discussion and opportunity for questions followed during which the following points were raised. In general, the Board was supportive of the proposed Community Engagement Strategy. Members noted that accessing the views of the hardest to reach communities poses a real challenge but engaging with local communities is vital across all of the Centre's programmes of work. They agreed with the concept of training local people as 'peer researchers' and Cllr Coleman made reference to the full employment initiatives which use a similar approach to get to this grass roots level.

Prof Beaumont stressed the importance of getting the terminology right so as not to raise expectations unrealistically as the Centre cannot guarantee anything tangible at the end of the process. Prof Reid suggested further thought is needed on what to do with the outcome of this as it is likely the question 'how will this help the community' will be asked. Sir John stressed the importance of giving the community and people involved ownership of the process.

Dr Seaman acknowledged the danger of raising expectations and confirmed he is aware the offer the Centre can make is limited. It will be stressed from the outset that essentially the Centre is offering an opportunity to have a voice (and a voice local communities do not normally have) and if the opportunity is taken to exercise that voice it will be reflected in the Centre's work and may have an influence on an outcome. Dr Seaman stressed that the training of the 24 'peer researchers' is critical to ensuring the Centre has as many voices as possible from the community. It is hoped to have completed this training by February.

Sir John suggested contact should be made with the full employment initiative and Niall McGrogan who leads on Greater Glasgow's Community Engagement strategy to learn from their approaches.

*Dr Seaman*

**DECIDED:**

- i) The Board approved the approach as outlined in the proposed Community Engagement Strategy and Dr Seaman's presentation.

**66. ORGANISATIONS, HEALTH AND DISEASE – FRAMEWORK FOR ACTION**

A report on the above [GCPHMB/2005/34] had been circulated. Prof Robert Macintosh joined the meeting to discuss this with the Board.

Prof Macintosh explained from past experience, his colleague Donald MacLean and himself anticipate it would take approx 12-18 months to work through each of the stages as outlined on page 7 of their Framework for Action. One of the

questions Dr Tannahill had asked them was if this was applicable to an 'organisation' in terms of a company or 'organisation' in the wider sense. Prof Macintosh clarified it is in the wider sense but would have an organisational boundary. They suggest starting with small more neatly defined organisations or groups (eg a group of managers from a particular organisation or department) before moving on to the wider sense e.g. communities. The Board agreed with this approach and that there must be organisational boundaries.

During discussion a number of issues were raised particularly around how they will define health and its determinants in terms of the organisation and individuals. Prof Macintosh responded they want to approach it in terms of organisational health in the wider sense but will get participants to define what it means to them i.e. how would you know in 12 months time this is working/having an effect. Prof Beaumont was concerned at the words used in Phase 3 as outlined in page 10 of the Framework, as in general organisations do not tend to be 'joint enterprises' with 'shared repertoires' and 'mutual engagement' and presumably it would be necessary to choose an organisation predisposed to these things.

In terms of next steps, Prof Macintosh suggested Donald MacLean and himself should organise a seminar or forum to which potential organisations would be invited and from this they would hope to get a couple of organisations to pilot the Framework. In terms of future funding, Prof Macintosh felt there would be only relatively small resource implications (if any) for the Centre. More likely the approach would involve an exchange of resources between the researchers and the organisations with whom they would be piloting the Framework. They might require some funds from the Centre simply for some time and potential interventions. It was noted that any request for further funding would require to go through the Funding Committee route.

*Prof Macintosh/  
Dr MacLean*

**67. COMMUNICATIONS**

A report on the communications activity [GCPHMB/2005/35] had been circulated. The Board noted progress made and the actions taken based on the recommendations at the previous Board meeting held on 10 May. They agreed this item did not need further discussion.

**68. EXTERNAL ADVISORY GROUP**

A covering paper and the note of the External Advisory Group meeting held on 8 June 2005 [GCPHMB/2005/36] had been circulated. The Board found the comments made by the External Advisory Group members very encouraging and positive. It was confirmed that Dr Harry Burns will continue as a member of the External Advisory Group in his new role as CMO.

**69. FINANCIAL MONITORING REPORTS**

A report from the Director [GCPHMB/2005/27] had been circulated. The Board noted the Centre's and HeadsupScotland's financial statements.

**70. AOB**

There was no AOB discussed.

**71. DATE OF NEXT MEETING**

The next GCPH Management Board meeting will take place on Thursday, 16 February at 9.30 am at the Glasgow Centre for Population Health.

# Engaging with Communities in Glasgow

A proposed strategy

# Why?

- To ground the Centre's work within the experiences of the city population
- Can build capacity of people to address their own health concerns

# Purpose

- To enable local people to share their knowledge of their lives and local conditions to help plan, prioritise and make recommendations for changing these conditions to the end of improving health



# Aims

- To enable people beyond policy makers and practitioners to participate in a civic conversation about the future health of the city
- To uncover insights about the causes of health that may not emerge through research traditional channels

- To make contact with the Centre an empowering experience building the capacity of individuals to affect either personal or community change

# Objectives

- To recruit and train a body of peer researchers to explore a health related topic in their communities
- To stimulate dialogue within these communities about health and its determinants
- To incorporate the insights generated into the Centre's continuing programme of work

# Methods

- Participatory approach
- Will allow respondents to make priorities and enter into dialogue over decision making criteria
- Appropriateness of fit

# Mapping



# Mapping



# Reach

- Aim is to train 24 people
- Across the Healthy Living Network and community Health Projects
- Anticipate SIP areas to have highest representation in first year

# Outputs

- Local events
- Permanent resource for GCPH
- City wide event



# Analysis and Validity

- Rigorous not rigid
- Training to focus on reflexivity, self criticism, accountability to respondents and capturing diversity of views
- PA tools are a visible record of consultation – they are harder to fudge!

# SUGGESTED IMPROVEMENTS

- |  |  |   |  |
|--|--|---|--|
| Improve paths  |  | Information boards                        |  |
| Regularly collect litter                                 |  | play park                                 |  |
| Seats  |  | Bins                                      |  |
| picnic areas   |  | Art                                       |  |
| lighting   |  | Mountain bike area                        |  |
| toilets  |  | Remove leaves + organic debris from paths |  |
| Paint bridges  |  | Move felled/fallen timber                 |  |
| Leave it natural   |  | landscaping                               |  |
| tidy a bit   |  | More youth clubs                          |  |
| Signs to the glen  |  | Stronger police presence                  |  |
| Warden   |  | clean up burn                             |  |
| clean up burn  |  | Cut trees so no sharp stumps left         |  |
| cut back bushes from paths                               |  | Cut trees so more light enters            |  |
| talk to police, teachers conservation - community groups |  | Variety of trees + plants                 |  |
| Do Nothing   |  | info on noticeboard                       |  |
| More maintenance   |  |   |  |
| More views   |  |   |  |
| Cut burned trees   |  |   |  |

# What do you think of Cumborland Glen?



bridges are broken

Small Path

full of glass bottles

Not any

BMX  
Trail

lots of litter + rubbish at certain places

paths are full of dirties

More things should be included

There isn't a lot to do

Maintain it

clean up the litter + the mess

fix the bridge

Not

Maintained

to hidden

Nothing much but trees + weeds

Litter

long walk

fix bridges + build better paths

CHANGES + IMPROVEMENTS

Lots of Space



There is Paths

It is nice

Lots of adventures

lots of places to go

it is Relaxing

Good for riding your bike really fast

Lots of Space

Can Play Games

is a Stream

Good for going walks

Peaceful

Nice scenery

# What do you think of



crowded trees attract Neds so that they

A bit



# In context of Centre's work

- Strengthening Understanding of Health Determinants
- Create New Insights and Develop Fresh Thinking
- Sit alongside existing qualitative aspects of Centre programmes

# Next Steps

- Discussion with HLCs and CHP has started
- Training in the new year
- Discussion with programmes (e.g. observatory group) to ensure usability across GCPH

