



**Minutes of a Meeting of the Management Board
of the Glasgow Centre for Population Health
held on Tuesday, 30 May 2006 at 2.00 pm
in the GCPH, Level 6, 39 St Vincent Place, Glasgow**

PRESENT

Sir John Arbuthnott	..	Chairman, NHS Greater Glasgow & Clyde (in the Chair)
Prof David Barlow	..	Dean of Faculty of Medicine, University of Glasgow (from agenda item 5)
Prof Phil Beaumont	..	Professor of Employment Relations, University of Glasgow
Dr Linda de Caestecker	..	Acting Director of Public Health, NHS Greater Glasgow & Clyde
Mr Ian Manson	..	Chief Adviser to the Leader, 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
Mrs Pam Whittle	..	Head of Health Improvement, Scottish Executive

IN ATTENDANCE

Mr James Arnott	..	Senior Policy Development Officer, Glasgow City Council (agenda item 1&2)
Ms Janet Ferguson	..	Researcher, Tackling Smoking in Glasgow study (agenda item 1)
Ms Valerie Millar	..	Communications Manager, Glasgow Centre for Population Health (from agenda item 2)
Ms Jennie Richardson	..	Office Manager/PA, Glasgow Centre for Population Health

ACTION BY

83. APOLOGIES

Apologies for absence were noted from Cllr Jim Coleman, Chair of Health and Community Safety Committee, Glasgow City Council.

84. CURRENT AND FUTURE RESEARCH OF SMOKING CESSATION IN GLASGOW

A report from the Director [GCPHMB/2006/43] had been circulated, with the Executive Summary of the Tackling Smoking in Glasgow study. This item was carried forward from the last meeting (March 2006), at which the Board was unable to consider the issue due to time constraints. Janet Ferguson was welcomed to the meeting and gave a presentation to the Board, the slides of which are attached.

Following the presentation, discussion ensued regarding the next steps to be taken. It was agreed the report has obvious implications for services and links to Prevention 2010, and Dr de Caestecker reported progress in these areas. The Board was interested to know whether the findings from the evaluation of smoking cessation services in England could help inform future service

provision in Glasgow, and particularly if a more intensive one-to-one type service should be incorporated. It was also noted that the relationships between the different cessation services offered in Glasgow is vitally important, but that the particular niche of each is not strategically clear at the moment. Mr Manson expressed interest in the cost effectiveness of the services and Dr de Caestecker agreed to forward costs to him.

Dr de Caestecker

It was agreed that further analysis is crucial and noted that a feasibility proposal had been developed. Priority issues for the next stage were agreed as being: the relative effectiveness and cost-effectiveness of the two services, consideration of different types of outcome measures and success rates, and quantification of the dose of services needed to achieve national targets.

The Board agreed the Centre should coordinate a plan for the next stage and pull together a funding package to take it forward. A final figure to be brought back to the Board for approval.

Dr Tannahill

85. SOCIOECONOMIC CHANGE IN GLASGOW

A report from James Arnott [GCPHMB/2006/44] had been circulated. Mr Arnott was welcomed to the meeting and gave a presentation to the Board, the slides of which are attached.

There was discussion about the robustness of the data, and also about whether the data should stand alone (as was done in *Let Glasgow Flourish*) or be accompanied by more of an explanatory narrative. It was agreed that a narrative was necessary, and that this should be formulated through further discussion with Board members and other stakeholders. The suggestion that the 'narrative' could take the form of 'questions and answers', was generally supported. It was agreed this requires further discussion between Mr Arnott, the Director and the City Council.¹

*Mr Arnott,
Dr Tannahill,
Mr Manson*

86. MINUTES OF LAST MEETING AND MATTERS ARISING

The minutes of the last meeting held on 1 March 2006 were approved as a correct record. All actions from this meeting are in hand and/or picked up in agenda items. The Chairman will explore the possibility of a seminar by Tom Hunter.

Chair

87. DIRECTOR'S UPDATE

A report from the Director [GCPHMB/2005/45] had been circulated, updating members on progress since the last meeting.

The Board noted there have been discussions with Mark O'Neill, the Head of Arts and Museums at Glasgow City Council and colleagues regarding the development of a health exhibition for the Kelvingrove Art Galleries in 2009. This has the potential to reach a large amount of people and it is estimated that a

¹ Since the meeting it has been agreed the next step is to get the analysis peer reviewed, followed by 2-3 small seminars to discuss the implications and interpretation, the output of which will inform the narrative to go alongside the analysis. The 'launch' will then take place in the autumn.

ACTION BY

temporary exhibition for 5 months would attract upwards of 600,000 visitors. The Board approved the Centre's involvement in this, subject to the proposal being supported by the Council and the development of options for the format of such an 'exhibition' in collaboration with Mark O'Neill.

*Dr Tannahill,
Ms Millar*

88. PROGRAMMES OF WORK

A paper [GCPHMB/2005/46] had been circulated from Dr Tannahill with an updated 'Programmes of Work' document attached. The Board noted the significant changes that have occurred since this was last discussed by the Board at its meeting in October 2005 as highlighted in the covering paper.

It was noted that progress was on schedule and clear in the vast majority of projects. Only three were identified where next steps had not been agreed. It was agreed that these will be reviewed in six months' time.

The Board expressed interest in hearing more about Glasgow 2020, which is due to have a final event in June after which a range of materials will be produced. Dr Tannahill to bring an update on this to the next meeting. It was suggested that this work might contribute to and link with the exhibition at Kelvingrove.

Dr Tannahill

There was a brief discussion regarding the capacity to expand some of the existing programmes of work and become involved in new areas of work. The Director informed the Board that one-to-one reviews of progress with all staff have taken place and workplans agreed for the coming year. It was noted that all staff are working to capacity and making good progress in their areas of work. In terms of space, there is no capacity in the current office to take on additional staff. However, as a number of the Centre's projects are exploratory, there will be scope to take on others in the future. The Director suggested that as there is a lot of expertise and interest in each of the partner organisations, more could possibly be made of this within the existing arrangements. More collaborative work with partners could be developed, for example, similar to the secondment arrangement of James Arnott. Dr Tannahill and Mrs Whittle to discuss possible future direction further.

*Dr Tannahill,
Mrs Whittle*

There was consensus that the 'Programmes of Work' document is an excellent way of reporting progress to the Board and Scottish Executive. It was requested that the Figure 4, which shows the various programmes of work should also represent the movements in and out as projects come to an end and new projects start.

89. COMMUNICATIONS STRATEGY

A paper from Valerie Millar [GCPHMB/2006/47] had been circulated. Ms Millar highlighted the progress made with the 'starred items' from the communications strategy which the Board approved at its meeting in May 2005.

Two of the Centre's major projects were launched within the last six months (pSoBid and GoWell), both of which received positive media coverage (press and broadcast) with front page of the Herald and supportive leader. The Board was pleased by the Frontline Scotland programme on pSoBid which they felt depicted the study well. A copy of the DVD of the programme will be sent to each partner organisation and the Scottish Executive. Ms Millar highlighted that one newspaper article had unfortunately not painted an accurate picture of

Ms Millar

the study despite clear explanations and interviews with the journalist and recognised that this highlights the potential for this study to be misinterpreted. Ms Millar, Dr Tannahill and Prof Packard are meeting shortly to establish 'key messages' about the study. In terms of GoWell, the website is now live at www.gowellonline.co.uk and a communications plan for the study will be considered by the GoWell Steering Group in June.

The launch of the *Let Glasgow Flourish* report was equally successful and also obtained significant media coverage. The report is in the process of being disseminated to a wide identified group of stakeholders and the Centre is receiving a high volume of requests for copies of the report. A series of discussion seminars is being organised for Edinburgh, Glasgow and Paisley and recipients of the report are also being offered the opportunity for tailored or more focussed discussions within their own organisations.

The large number of events the Centre achieved during the year was recognised, notably a second seminar series, three Healthier Future Forums and a scientific meeting (Midspan). The Board noted how much the communications function has evolved, with a large network of over 1000 individuals and strong relationships with the communications teams in each of the partner organisations now established. The Centre is regularly approached for comment from the media. The revamped website is also attracting increasing numbers of visitors with over 2,000 visitors in April and over 60,000 hits.

Ms Millar referred to the priorities for 2006/07 as outlined in her paper. These were approved by the Board. It was suggested it would also be useful over the next year to pay increasing attention to making links with similar Centres, both nationally and internationally. In addition to receiving communication updates at Board meetings and annual reports on progress, the Board expressed interest in receiving electronic copies of media coverage the Centre receives.

Ms Millar

The Chairman informed the Board the Royal Society of Edinburgh will be holding a major conference on urban poverty early next year. Initial meetings have discussed who might take part and it is likely the Centre will have a key role in this.

90. FINANCIAL PLAN

A report from the Director [GCPHMB/2006/48] had been circulated. The Board noted the Centre's end of 2005/06 financial position and the expenditure plans for the coming financial year 2006/07. There remains a carry-forward from year 1 of the Centre's funding, which was the start-up year. Expenditure during the 2005/06 year had also been slightly less than predicted. The Board however noted that the Centre had used its resources well in securing matched funding and buy-in from other organisations. It was agreed that this approach is important and has been crucial to the success of the Centre to-date.

The partner organisations are in the process of formally confirming their contributions but conversations with the Health Board and the Council have indicated these will remain at the same level. Written confirmation of these contributions was requested. The University has confirmed an increased contribution from previous years.

*Mr Manson,
Dr de Caestecker*

It was suggested a formal presentation is made to the Minister before the end of this calendar year to provide an update on progress and future plans. A date to be sought for this.

91. AOB

Prof Barlow was congratulated on his well-received lecture at the City Chambers on 8 May.

92. DATE OF NEXT MEETING

The next meeting will take place on Wednesday 30 August at 2.00 pm at the GCPH.

Tackling Smoking in Glasgow: Evaluation Findings

Linda Bauld, Janet Ferguson,
Louise Lawson, John Chesterman
and Ken Judge

Methods

- **Glasgow Tobacco Strategy** - Interviews and documentary review to assess progress in implementation
- **Evaluation of group support services:** interviews with staff, collection of detailed client data and analysis of this data
- **Exploratory study of pharmacy services:** interviews with staff and secondary analysis of existing client database.

Glasgow Tobacco Strategy

- It is not a plan for action. Instead it is descriptive:
 - The extent of the tobacco epidemic in Glasgow
 - Principles and objectives of tobacco control agreed by key agencies
 - Examples of the wide range of activities already underway to prevent or treat smoking
- Questions need to be asked about ‘next steps’ for the strategy.
- Useful multi-agency statement of Glasgow’s commitment to addressing tobacco use.

Evaluation of Group Services

- 14 of Glasgow's 16 LHCCs were delivering smoking cessation services
- Detailed client monitoring form agreed, staff trained in its use.
- Data was collected using this form for all smokers accessing the service between July 2004 and May 2005.

Client Sample

Sample	No. of records
Number of records between July 2004 and May 2005	689
Number of records excluding those with no consent given	545
Sample for analysis: number of records excluding those with no quit date recorded	448

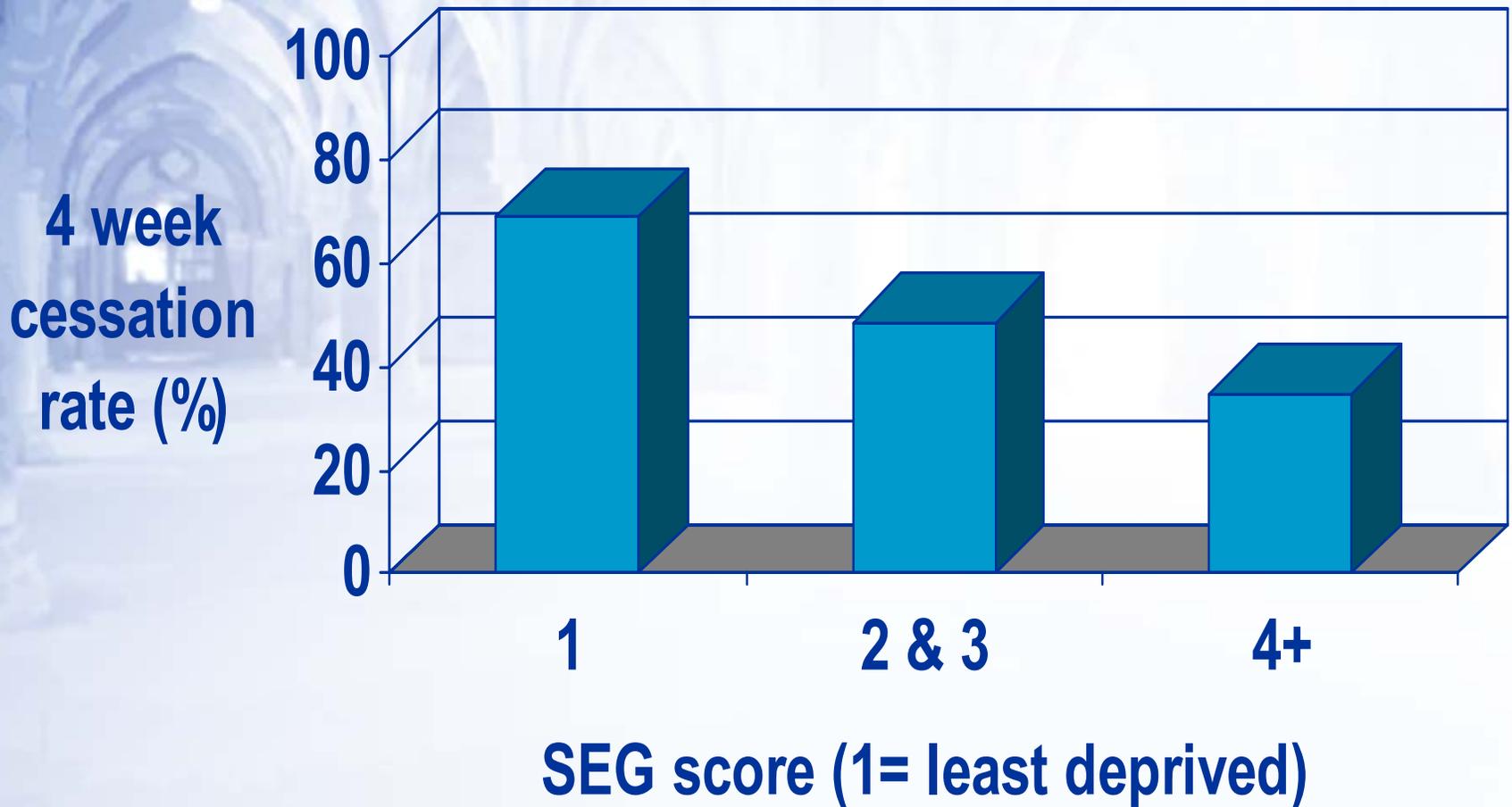
Smoking status at four weeks after quit date

Smoking status	N	%
CO-validated quitter (CO reading of 1-10)	199	44.4
Unvalidated quitter	12	2.7
Smoker	75	16.7
Lost to follow-up	162	36.2
Total	448	100.0

Characteristics of smokers and CO-validated 4 week cessation rates

Characteristics	4 week cessation rate (%)
Male (n= 139)	53.2
Female (n= 309)	40.5
Age	
21 – 30 (n= 19)	36.8
31 – 40 (n= 70)	41.4
41 – 50 (n= 37)	46.7
51 – 60 (n= 97)	42.3
61 – 70 (n= 108)	46.3
71 – 80 (n= 13)	61.5

Glasgow: 4 week outcomes by socio-economic group score



4 week cessation rates by LHCC

LHCC	4 week cessation rate (%)	LHCC	4 week cessation rate (%)
NE1	54.1	S4	42.1
NE3	40.9	S5	35.5
NE4	34.2	W1	69.8
NE5	25.0	W2	34.5
NE6	11.8	W3	54.9
S1	35.9	W5	46.2
S2	47.4	Workplace	50.0 (12 cases)
S3	44.8		

Smoking History

Cigarettes smoked daily	4 week cessation rate (%)
10 or under	61.1
11 – 20	46.5
21 – 30	44.0
31 and over	24.1
Time elapsed between waking and first cigarette	
Within 5 minutes	34.7
6 – 30 minutes	51.1
31 – 60 minutes	48.6
More than 60 minutes	71.4

Determination to quit	4 week cessation rate (%)
Not at all determined	0.0
Quite determined	35.0
Very determined	47.1
Extremely determined	44.1

Smoking History

Do you smoke mainly for pleasure or to help you cope?	4 week cessation rate (%)
Mainly for pleasure (n= 115)	53.0
About equally (n= 98)	32.7
Mainly to cope (n= 226)	44.3
Health in last 12 months	
Good	48.6
Fairly good	50.9
Not good	31.3

Factors positively and negatively affecting success of quit attempt

Characteristics	Factors
Female	-
Smokes 31 or more cigarettes daily	-
Smokes first cigarette within 5 minutes of waking	-
Self-reported health poor	-
Smokes 10 or fewer cigarettes daily	+
At least 1 attempt to quit in previous year	+
Socio-economic group score 1 (least deprived)	+

Key Findings: Groups

- Intensive group services in Glasgow are effective but serve a largely deprived client group, many of whom are heavily addicted and less likely to quit.
- Less than half of participants were employed, most had low levels of education and a significant proportion were entitled to income support.
- Differences in key indicators of dependence were found between those accessing services in Glasgow and those in the English national evaluation. (smoking within 5 mins, more 'mainly to cope', more previous quit attempts)

Exploratory Study of 'Starting Fresh'

- Interviews with service managers and 26 randomly selected pharmacists
- Lots of issues raised regarding service structure, training, role of NRT, inequalities, monitoring, links with other services –too much to cover today, happy to discuss

Exploratory Study of 'Starting Fresh'

- Secondary Analysis of Client Database for all of 2004
- Limited data collected from clients at the time
- Impressive throughput: 167 pharmacies treated 13,035 smokers in 2004
- At the time, quit date was week one of NRT.
- Success rates – 20% CO validated quit rate at 4 weeks, rising to 28% for self-report cases.

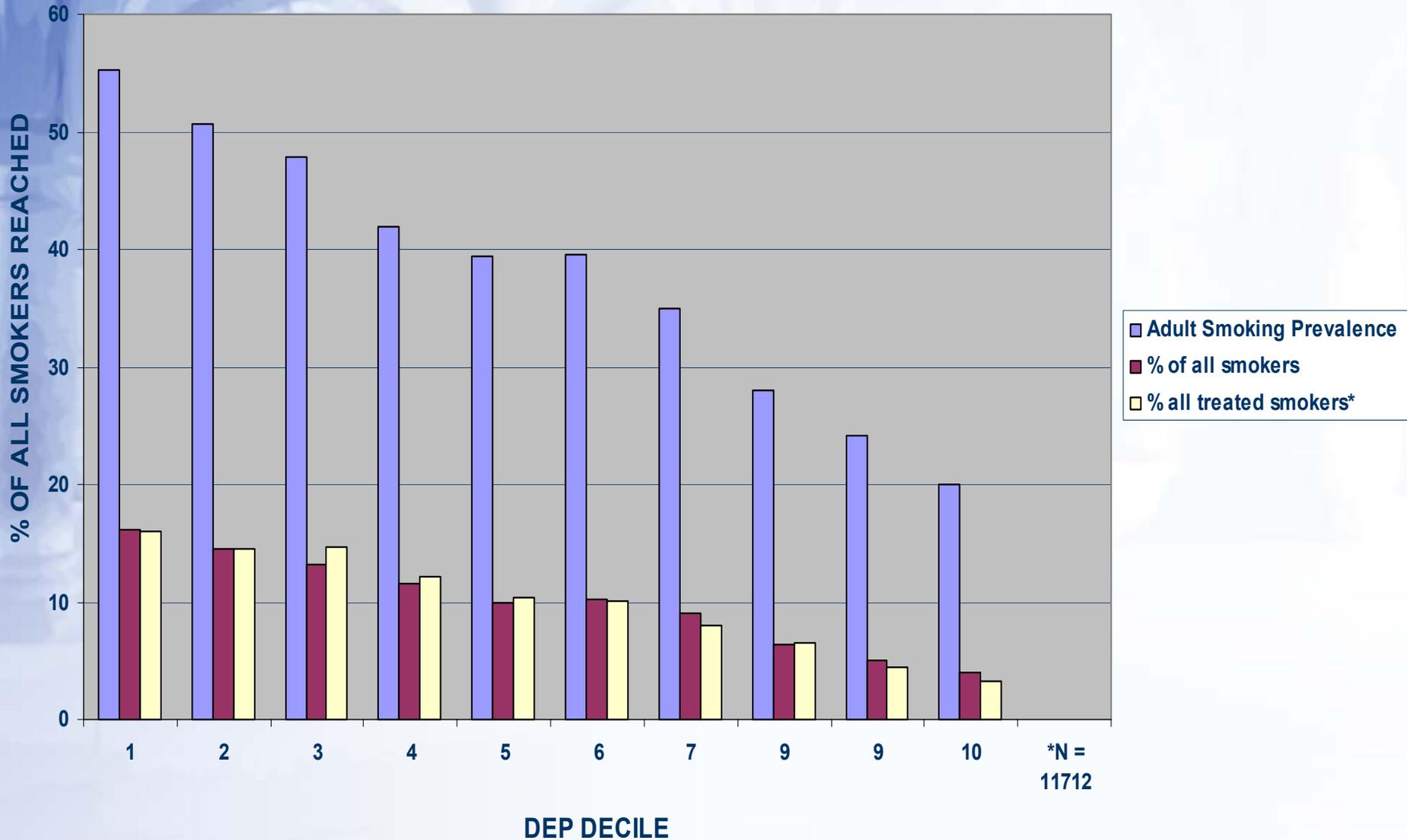
Group & Pharmacy Services

- Intensive group services are more effective than briefer one-to-one interventions delivered by pharmacists in Glasgow.
- CO validated four-week cessation rates for clients attending groups were more than double those accessing pharmacy support – although there are a number of caveats that should be taken into account.

Group & Pharmacy Services

- Number of smokers accessing group support services in Glasgow is still small compared with the reach of pharmacy services.
- Estimates suggest that group services, at mid 2005 levels of throughput, could achieve between 90 and 120 quitters in one year.
- Starting Fresh would realise 645-860 quitters in one year.

Inequalities: Estimates of Reach Glasgow 2004



Addressing Inequalities

- Services in Glasgow are reaching smokers living in disadvantaged areas but there is no significant evidence of positive discrimination.
- Quit rates are significantly lower amongst more disadvantaged smokers.
- Services may need to expand and be more specifically tailored to the needs of disadvantaged, heavily addicted smokers. Group services are probably more appropriate for these smokers than pharmacy support. Yet even for group services more may need to be done to make services responsive and flexible and address issues such as relapse prevention.

Future Research

There is scope for further research in Glasgow that would contribute to the growing smoking cessation evidence-base. Ideally we need:

- more evidence about effective methods of helping disadvantaged, heavily addicted smokers to quit.
- a robust evaluation of pharmacy-based services
- further research about the relationship between different models of service and the relative costs of different models – the model that smokers access should be tailored to their needs.

Future Research

- Review commissioned by GCPH has consulted with key stakeholders and experts across the UK
- Key aims & objectives of a new study agreed
- RCT or observational study?

Future Research

- In depth review of both group and pharmacy one to one schemes required to review relative roles in relation to
 - Long term effectiveness
 - Cost-benefit
 - Characteristics of clients using each service
 - Impact on health inequalities

Future Research

- Challenges
 - Over 200 pharmacies participate and would need to collect extra data on each client
 - Client cooperation
 - Staff cooperation
 - High cost of study
 - Length of study

Future Research

Gains

- Better informed
 - Smoking services in Glasgow (and across the UK) are competing for scarce resources, what is the optimum service for clients with different characteristics & needs?
 - This sort of research has not been done before and key experts are concerned that service development is not evidence based
 - Glasgow probably has the largest pharmacy based service in UK, it is an excellent site to conduct such large scale research and will be valued across the UK

Socioeconomic change in Glasgow

James Arnott

Glasgow City Council

Presentation

- Analysis: outline the main findings
- Interpretation: a wider debate around the issues and their implications
- Future direction: how to develop the work

Data Analysis

- Analysis of secondary data to show the socioeconomic and demographic change in Glasgow
- Link with the observatory function
- Input into the New Economic Strategy

Background

- Use the improved quality of data to track socioeconomic and demographic change
- Policy often can be pragmatic, focussed and outcome-related
- Can overshadow the wider context and be at the expense of a holistic approach
- Separate issues generic to UK cities from those specific to Glasgow

ANALYSIS

Main Findings

The amount of social, economic and demographic change in Glasgow since the 1980s has been considerable, more far-reaching and compressed into a shorter period of time than any other comparable city in Scotland and the UK

SOCIAL CLASS I&II

	I&II 1981	I&II 2001	% Change
Glasgow	18%	38%	+111%
Rest of Conurbation	28%	37%	+32%
Scotland	28%	37%	+32%

25-44 AGE GROUP

	1981 25-44	2001 25-44	% change
Glasgow	23%	31%	35%
Rest of Conurbation	26%	28%	8%
Scotland	26%	29%	12%

INTERPRETATION

Implications

- Underestimated the scale of the change in Glasgow since the 1980s
- Many changes have been mutually reinforcing and have not been restricted to particular areas
- Key to understanding problems around deprivation and social exclusion

Narrative

- Deurbanisation linked with deindustrialisation
- Reurbanisation linked with reindustrialisation
- Simultaneous and not sequential

FUTURE DIRECTION

Fundamentals

- Focus on strengths
- Get the basics right
- Improve the physical environment
- Retain the middle class
- Create good neighbourhoods

Implications of Change

- View that the way the city used to portray itself no longer applies
- But there is a vacuum: not sure if, or with what, attitudes have been replaced
- City defined by external factors: tourism, events, promote for inward investment

Specific to Glasgow

- Legacy of change can be made into an asset: understand the recent history
- Social innovation and commitment to social justice: highlight existing strengths
- Strong outward focus: but balance with self-generated drivers of change

Summary

- Analysis: dissemination
- Interpretation: fitting this narrative with others
- Future direction: linking with wider policy