



**Minutes of a Meeting of the Management Board
of the Glasgow Centre for Population Health
held on Wednesday, 30 August 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 2)
Prof Phil Beaumont	..	Professor of Employment Relations, University of Glasgow
Cllr Jim Coleman	..	Deputy Leader, Glasgow City Council
Dr Linda de Caestecker	..	Acting Director of Public Health, NHS Greater Glasgow & Clyde
Ms Morag King	..	Scottish Executive Health Department
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

IN ATTENDANCE

Ms Fiona Crawford	..	Public Health Programme Manager, Glasgow Centre for Population Health (agenda item 1)
Ms Valerie Millar	..	Communications Manager, Glasgow Centre for Population Health (agenda item 1)
Dr Pete Seaman	..	Public Health Research Specialist, Glasgow Centre for Population Health (agenda item 1)
Ms Jennie Richardson	..	Office Manager/PA, Glasgow Centre for Population Health

ACTION BY

93. APOLOGIES

Apologies for absence were noted from Mrs Pam Whittle, Head of Health Improvement, Scottish Executive and Morag King was welcomed in her place.

94. GLASGOW 2020

Gerry Hassan, Head of Glasgow 2020 joined the meeting and tabled two papers on Glasgow 2020. He spoke to his progress paper and provided some background to the project which stemmed from the Demos Scotland 2020 project. Glasgow 2020 aimed to develop creative ways of imagining and thinking about the future to yield a different (non-institutional) view of the city.

The project involved 38 events in total both in Glasgow and elsewhere, international connections, short story competitions, and new uses of public space such as 'future-salons' on Glasgow-Edinburgh trains and setting up a workplace of the future sailing down the Clyde. The project received 1,000 Wish Cards from six year olds and 1,000 wishes in the Glasgow Wish Book.

The final event, *The Big Dream*, was held at Kelvingrove Art Gallery on Saturday 26 August and was attended by 700 people over the course of the day. An estimated 4000 people in total took part in Glasgow 2020 over the course of the year. Creative materials have been commissioned, including a range of short stories, videos, animation, poetry and music.

A huge amount of material has been collected and the process of cataloguing, analysing and interpreting it is now underway. Mr Hassan identified some themes that appear to be emerging, including:

- Hope and progress: The processes used seemed effectively to tap into people's sense of hope for the future. A significant finding was that people even in the most disadvantaged communities rarely give up a sense of belief that their lives can be better. That said, more affluent groups tended to have a more optimistic view of the future, seeing the whole city rising in material prosperity. Poorer people tended to have a more sceptical view.
- A tale of two cities: Within Glasgow, two very different cities sit side by side, and barely seem to know each other. Both poorer and more affluent groups seemed to see their experience as the majority view. There was a feeling that Glasgow has a sense of mono-culture, ill at-ease with diversity. Mr Hassan commented that there were larger numbers of women than men at the events and there was a distinctively feminine view of the future.
- Power and voice: The local council was regarded as being the most significant body responsible for the well-being of the city. Participants wanted politics and institutions to be as localist as possible, accessible and transparent, and without institutional clutter.
- Official stories and emergent tales: At the start of the project a set of 'official stories' about the city was identified. These emphasised enterprise, culture, and tourism. Glasgow 2020 found little evidence that these stories reflected the city that participants lived in or felt they wanted for the future.

In terms of next steps it was noted a Glasgow 2020 Demos book will be launched at the end October/beginning November with the possibility of a second book – a collection of the best stories – being published in the spring.

In discussion, the Board found the 'power and voice' issues relating to localised systems very interesting. Given the current investment in community planning and CHCPs, this is exactly what is being established and presents a good opportunity to engage with people.

The Board was also interested that the 'official stories' did not match people's experiences or perceptions. Following further questions about this, Mr Hassan explained that the 'city of enterprise' view just didn't get mentioned while culture, tourism and shopping were occasionally mentioned but not in the quantities one would expect. Possible explanations for this were discussed.

Dr Tannahill felt there are lessons to be learned about the methodology and process of engagement and that this is something the Centre would like to discuss further with Mr Hassan. She noted that health wasn't an issue that seemed to have been mentioned and would be interested to explore this further also.

The Chair thanked Mr Hassan for his update which all members agreed was

very interesting with real relevance for the future of Glasgow.

95. MINUTES OF LAST MEETING AND MATTERS ARISING

The minutes of the meeting held on 30 May 2006 were approved as a correct record.

96. MATTERS ARISING

i) Smoking Cessation in Glasgow

Since the last Board meeting Dr Tannahill and Dr de Caestecker have met with the researchers involved in the 'Tackling Smoking in Glasgow' study and have received a proposal for the next stage. The lead investigator has now moved to Bath and final costs are awaited. At the last meeting Dr de Caestecker had agreed to produce further information about the costs of these services. She reported that while it was relatively straightforward to identify the costs of the Starting Fresh pharmacy-based service it was more difficult for the intensive group service. Last year, 12,800 people accessed the pharmacy-based service as opposed to 950 using the groups so over 80% are using the pharmacy-based service (and 60% of these are from deocat 6/7). Mr Manson expressed further interest in the cost effectiveness issue and it was noted again that this would be a key component of the next phase of evaluation.

ii) James Arnott's report on socioeconomic change in Glasgow is currently being edited and will then go out for peer review. This will be followed by some discussion seminars in the autumn before the formal launch.

iii) Due to the recent re-opening of the Kelvingrove Art Gallery, no further discussions have taken place regarding the development of the health exhibition. Proposals will be further developed over the coming months.

*Dr Tannahill
Ms Millar*

iv) Dr Tannahill met with Mrs Whittle to discuss the Centre's work and next phase of development, the outcome of which is reflected in Dr Tannahill's presentation under agenda item 5. Mrs Whittle agreed to seek a date with the Minister for a formal presentation before the end of the calendar year.

Mrs Whittle

v) The Frontline Scotland pSoBid programme has been sent to each partner organisation and the Scottish Executive. As per the request to receive electronic copies of media coverage on the Centre, a scanner has been purchased to allow this. There have been no media reports since the last Board meeting to send.

vi) Written confirmation of the Health Board's contribution to the Centre has been received, which remains at the same level as last year. Confirmation of the Council's contribution to the Centre is still awaited. Mr Manson and Cllr Coleman will pursue this and keep Dr Tannahill up-to-date on progress.

*Mr Manson
Cllr Coleman*

97. DIRECTOR'S UPDATE

A report from the Director [GCPHMB/2005/49] had been circulated, updating members on progress since the last meeting. Specific reference/note was made to the following:

i) Infrastructure, staffing and governance

Prof Reid is taking sabbatical shortly and Prof Beaumont has agreed to take her place on both the EMT and Management Board for this period. Prof Reid was thanked for her many contributions.

Following the interviews for the two Public Health Programme Manger posts in health information, two candidates have been appointed.

ii) Work Programme

Following comments made on the Programmes of Work diagram at the last meeting, a summary of this was attached to the update paper reflecting work completed, new work added, and key ongoing components of each programme. The Board found this extremely useful.

iii) The Board noted that a full update on GoWell would be presented at the next meeting.

Dr Tannahill

iv) The Executive Summary of the Social Capital final report had been circulated for information. The full report is available on the Centre's website. This piece of work looked at existing data on social capital and also gathered some primary data through focus groups and one-to-one interviews with Glasgow stakeholders. Glasgow is seen to be enjoying relatively high levels of social capital with regard to networks and support, reciprocity and trust, and also views of the local area while it does not do so well on issues of social and civic participation. Glasgow is also regarded as having relatively high levels of bonding social capital but is much weaker when it comes to bridging social capital (across different social or age groups). Employment seems to be an important route to generating bridging social capital.

Looking at the implications of this report, the Board was particularly interested in the appetite for improvement and the enthusiasm for interacting with others. Cllr Coleman described the benefits already seen in parts of Glasgow where new communities have been integrated with established residents, to great benefit. Discussion followed about the opportunities emerging from migration into the city together with area-based regeneration processes.

98. FINANCIAL REPORT

A report from the Director [GCPHMB/2006/50] had been circulated. It was noted that expenditure during the first quarter has been in line with plans and the amendments in terms of income and finalised project costs were noted.

99. MESSAGES FROM LET GLASGOW FLOURISH, AND NEXT PHASE OF DEVELOPMENT

Dr Tannahill gave a presentation to the Board, the slides of which are attached. This summarises the main messages and associated implications of *Let Glasgow Flourish*. Board members were asked to consider whether they agreed that these were the key messages to be disseminated, and to discuss the implications of each. Discussion ensued as follows:

Message 1: Health inequalities are increasing

Essentially the data shows that although health is getting better the inequalities gap is widening. It was agreed that the headline message should be edited to reflect this complexity. The strategic implications that flow depend on which is seen as the more important issue. The Board felt it is important to emphasise that health is improving and although inequalities are widening, the population sizes in the least healthy communities are reducing. It was suggested that this opens up an opportunity to take a more focused, and person-based approach and that CHCPs are ideally placed to take this approach. It was noted that this is a huge strategic shift and similar to the approach now being taken on unemployment.

Message 2: Our least healthy communities are unlike our healthiest communities in every way

This suggests a need to address the causes behind the causes. It was agreed that attention needs to be paid to the common factors that underpin less healthy outcomes. Dr Tannahill also introduced the idea that social patterning is becoming less predictable. In other words, some health-related behaviours and outcomes seem not to be so clearly associated with a social gradient. The Board suggested that this point needs to be explained more fully.

Prof David Barlow gave his apologies and left at this stage. Dr Tannahill to meet him to discuss further.

Dr Tannahill**Message 3: Glasgow has an atypical population structure, and major changes are taking place**

The Board agreed that this has a wide range of implications for services, planning processes, and the social networks in the city. Specifics of these implications were not clear though, and further development of the discussion on this issue is required. It was suggested that a link with the Health Board and Council processes for future planning was needed. Sir John highlighted the similar major changes that have taken place in Dublin.

Message 4: The obesity epidemic needs to be taken seriously

The Board felt that this was a very important message, and an issue on which the Centre could make a real difference, in collaboration with all of its partners. Achieving an increase in physical activity levels seems to be a huge challenge and one that spans across the population. It was noted that a common issue for many seems to be work-life balance. As people do not have time to exercise this needs to be incorporated into the workplace and an opportunity exists for the large public sector employers to address this and take leadership.

Message 5: Alcohol is now one of the most common causes of death

It was noted that consumption above recommended levels is a problem across the population as a whole, but that alcohol-related harm and death is more common in disadvantaged communities. Discussion about the politics of

addressing alcohol issues followed and some possible priorities identified. It was agreed that the Centre needs to keep highlighting the message about alcohol, but that it was not best equipped to provide leadership for action on this

Message 6: Sustainability should become a more important and explicit consideration

The Board agreed the importance of this message and the possible implications.

Message 7: There are lessons from what's getting better

The Board agreed this is an important message.

The Board agreed with the key themes and implications, subject to the points raised in discussion being incorporated. The next step is to develop the presentation for other targeted audiences. Sir John also suggested incorporating a scorecard system for each of the seven themes.

Dr Tannahill

CHCPs are a priority for dissemination and discussion of these messages. It was suggested it will be important to integrate these issues more explicitly into the CHCP development/delivery plans. Dr de Caestecker agreed to work on this with Pauline Craig and Sue Laughlin to incorporate today's discussions and bring these messages together with the development of the CHCPs inequalities monitoring framework in a more integrated way.

Dr de Caestecker

It was noted that further comments or reflections on the themes and implications are extremely welcome and should be sent to Dr Tannahill.

All

Due to time constraints the second part of the presentation on next phase of development was not discussed. This will be discussed at a future meeting.

100. AOB

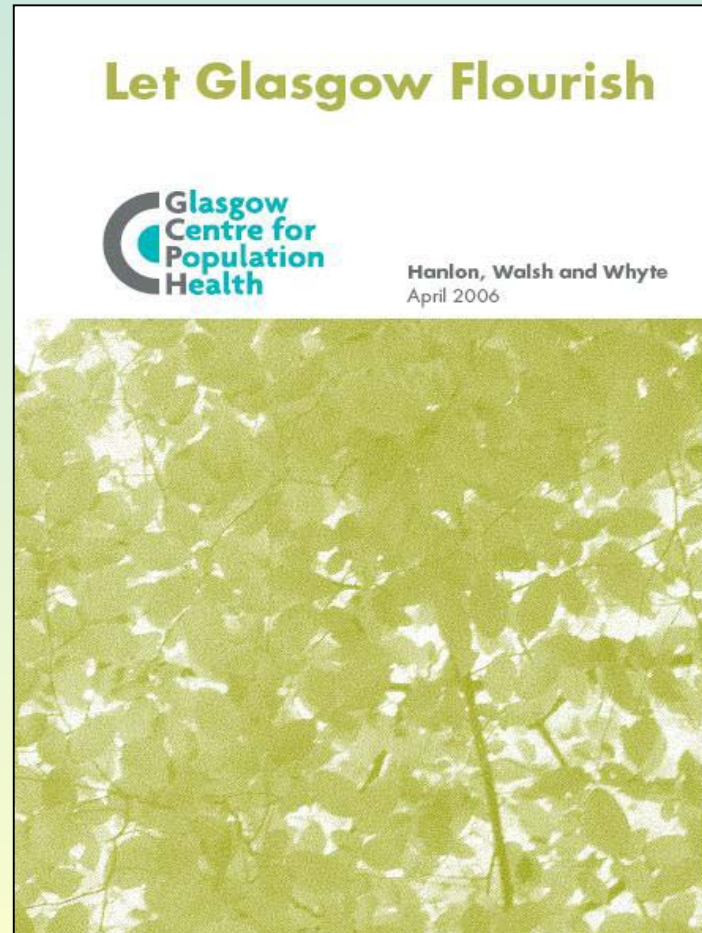
There was no other business discussed.

101. DATE OF NEXT MEETING

The next meeting will take place on Thursday 7 December at 2.00 pm at the GCPH.

Let Glasgow Flourish

Main messages and implications



An overview of trends

What's getting better?

What's getting worse?

What's proving intractable to
change?

What's getting better?

- Life expectancy increasing overall
- Downward trends in:
 - smoking
 - unemployment
 - teenage pregnancies
 - some crimes
 - some specific causes of death
- Improvements in some aspects of housing
- More entrants to higher education

What's proving resistant to change?

- Some behaviours e.g.
 - dental health of children
 - breastfeeding
- Many features of the circumstances in which people live e.g.
 - Poverty/low income
 - Looked after children
- Levels of disability
 - adults unable to work
 - healthy life expectancy

What's getting worse?

- Alcohol related illness
- Obesity levels
- Sexually transmitted disease
- Traffic levels
- Violent crime
- **Inequalities** in many health related areas

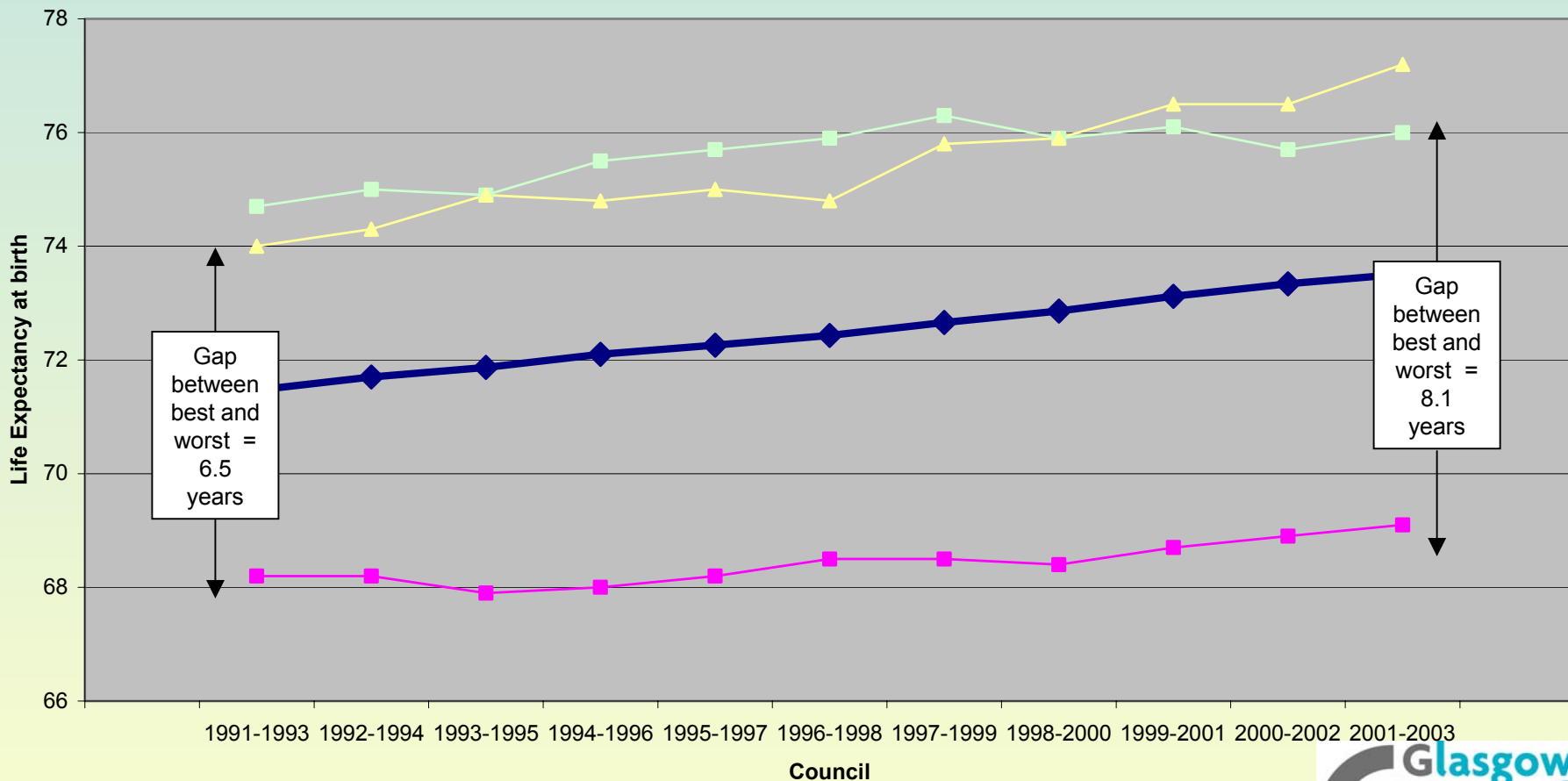
All distilled down to
7 strategic messages

1. Health inequalities are increasing

Life expectancy by council

Male Life Expectancy at Birth (years); West of Scotland Council Areas vs Scotland;
1991-1993 to 2001-2003

Source: Office for National Statistics



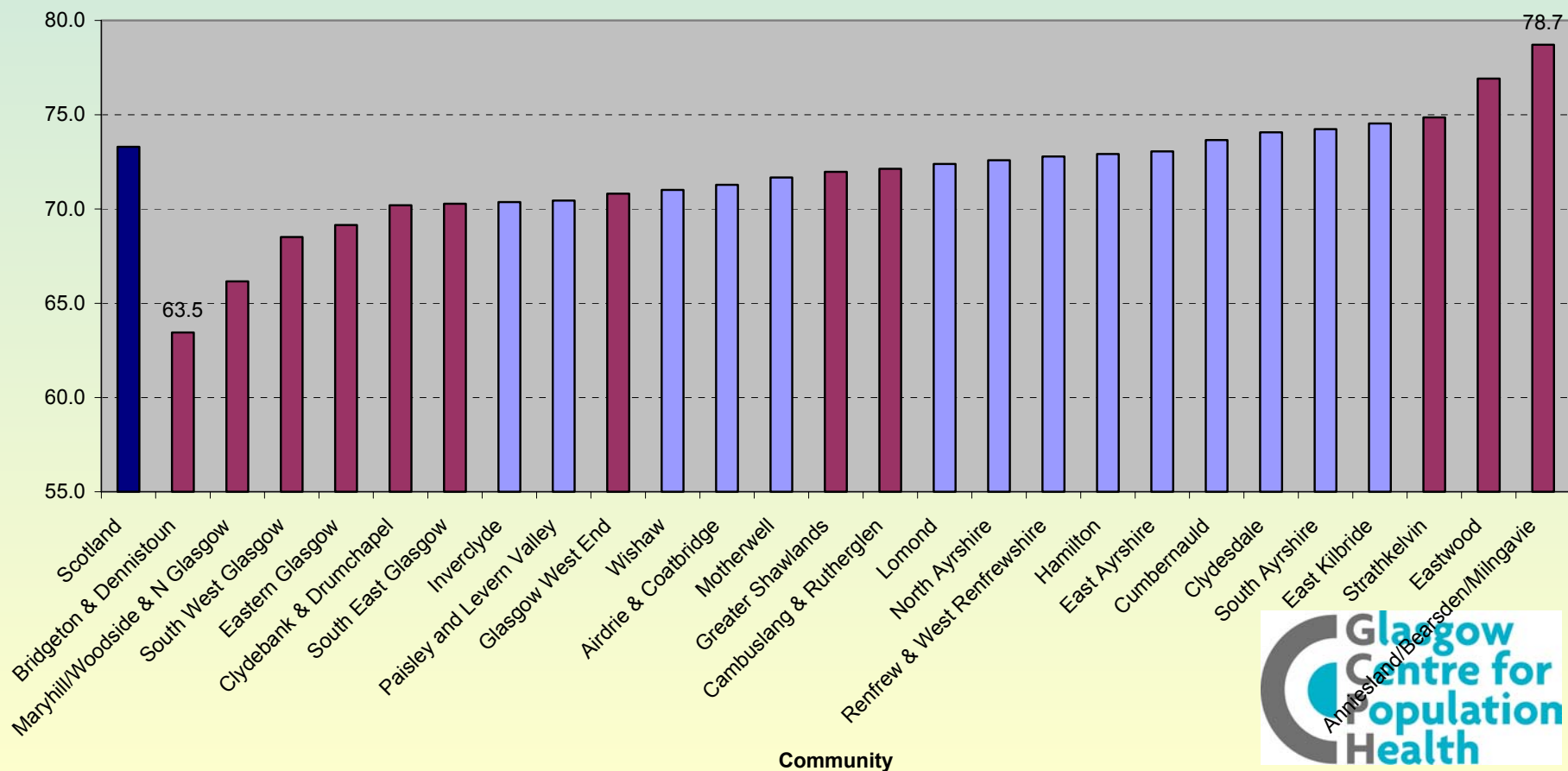
Scotland Glasgow City East Renfrewshire East Dunbartonshire



Life expectancy by 'community'

Male Life Expectancy at birth: West of Scotland & Glasgow communities, 1998-2002

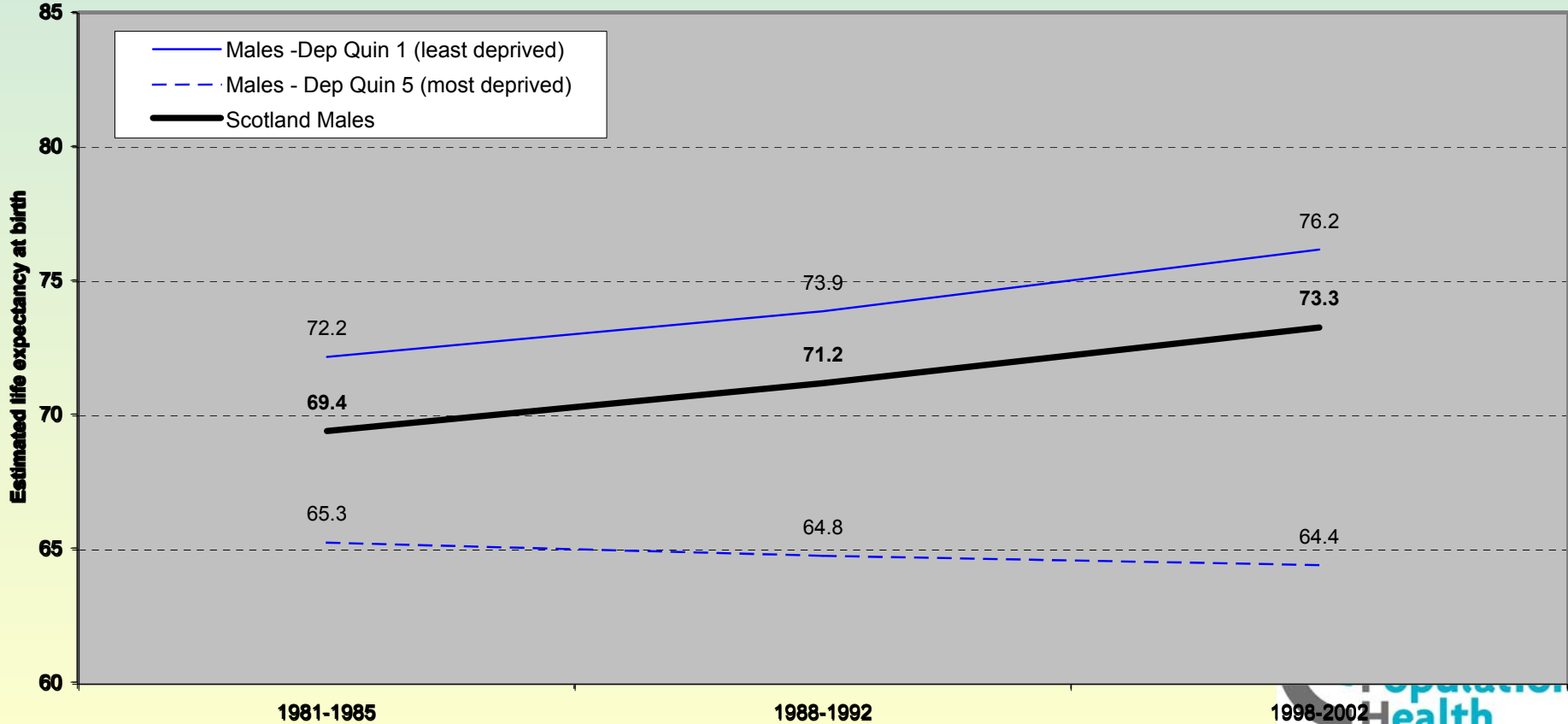
Source: NHS HS - Community Health Profiles, 2004



Life expectancy trend by deprivation

Estimates of male life expectancy, least and most deprived Carstairs quintiles, 1981/85 - 1998/2002 (areas fixed to their deprivation quintile in 1981)
Greater Glasgow

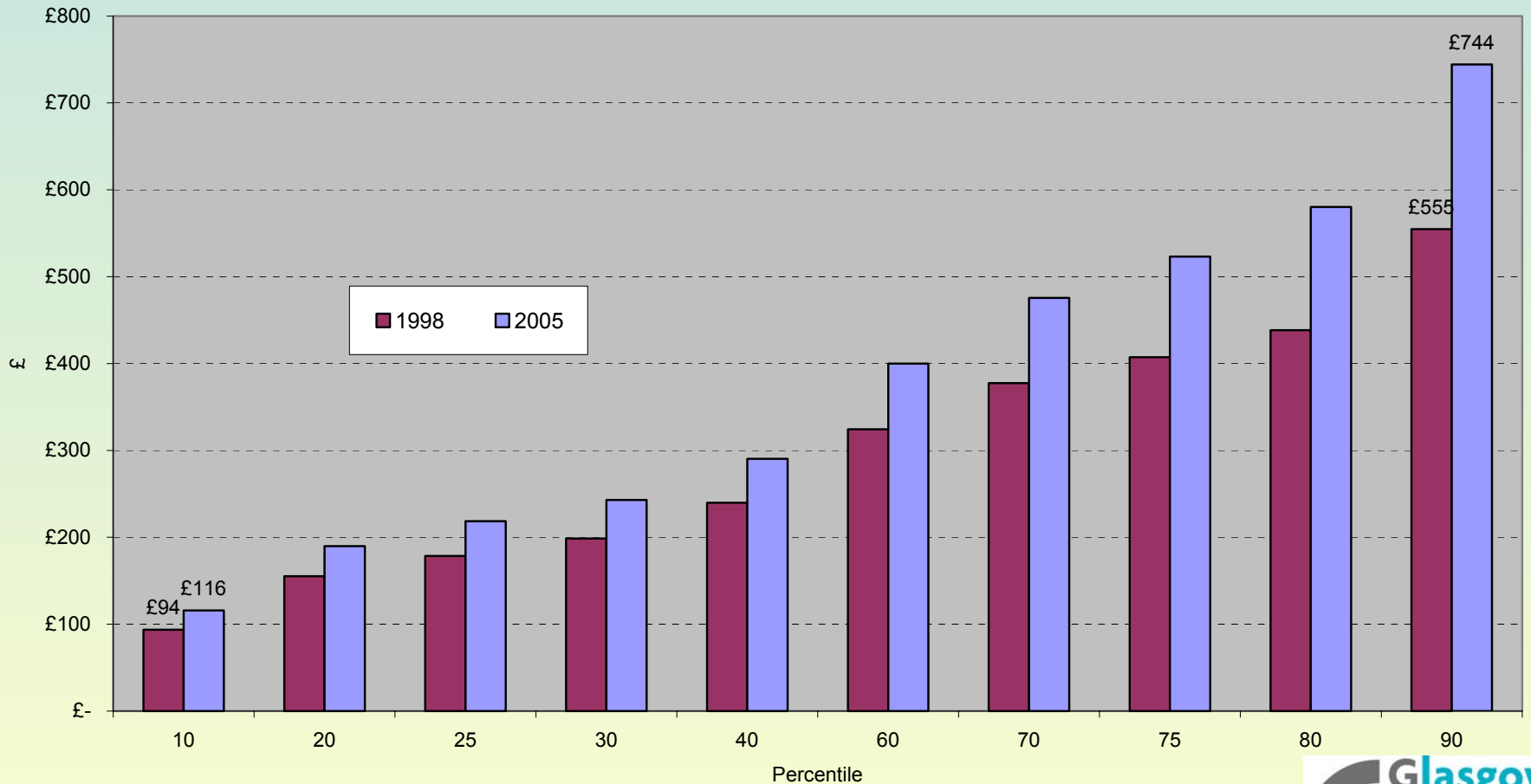
Source: calculated from GROS death registrations and Census data (1981, 1991, 2001)



Income inequality

Gross Weekly Pay for all Employees, Glasgow, 1998 versus 2005

Source: Annual Survey of Hours and Earnings, Office for National Statistics



Discussion

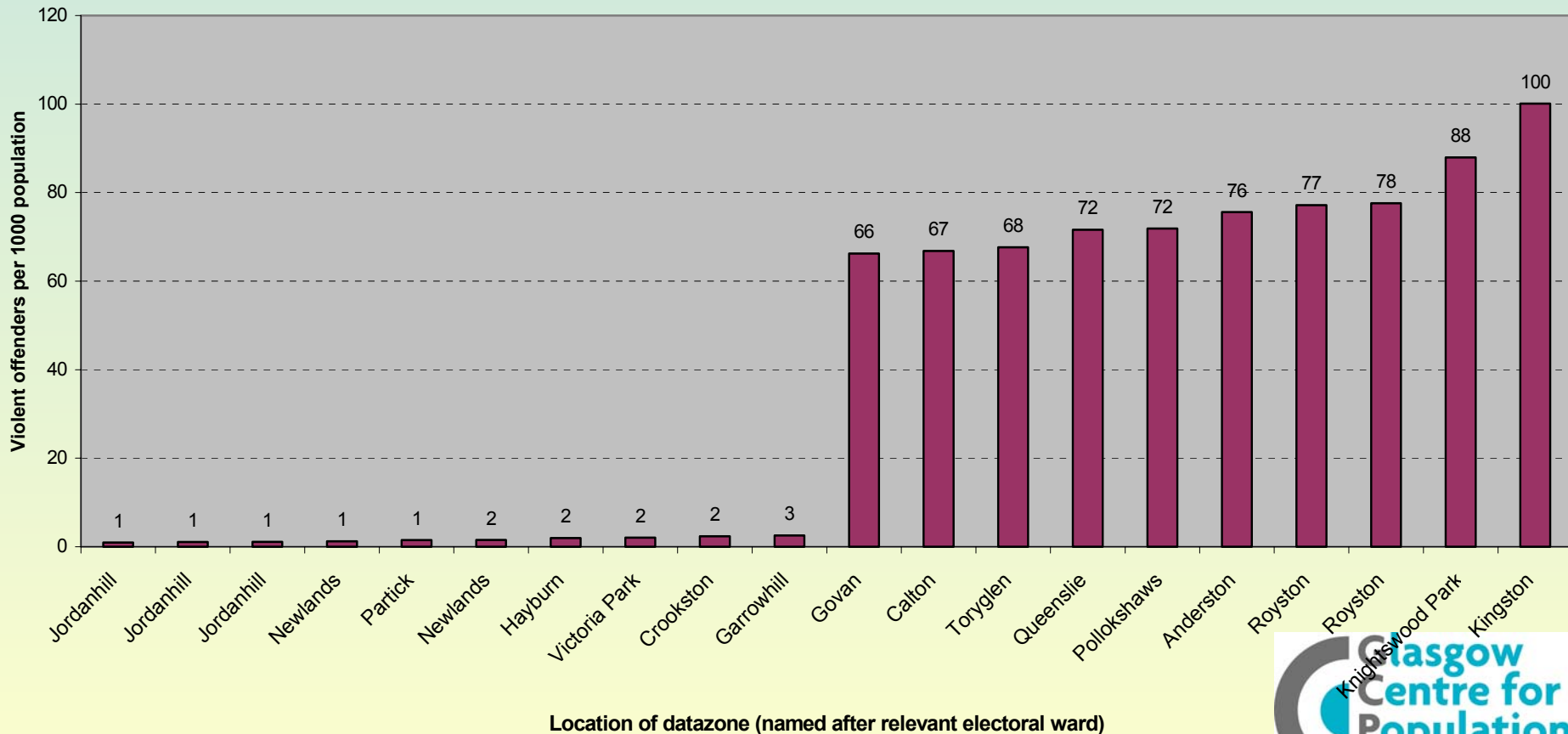
- Difference between ‘average’/whole population picture, and the ‘range’/inequalities picture
- We have been delivering strategies which target poorer areas and address material determinants – yet gap not reducing. What now?
- Determinants of health inequalities are different to the determinants of health

2. Our least healthy communities
are unlike our healthiest
communities in every way

Violent crime - offenders

Violent offenders per 1,000 population, Glasgow City, July 2002 - June 2005
Datazones with 10 highest rates vs. datazones with 10 lowest rates (over 3 years)

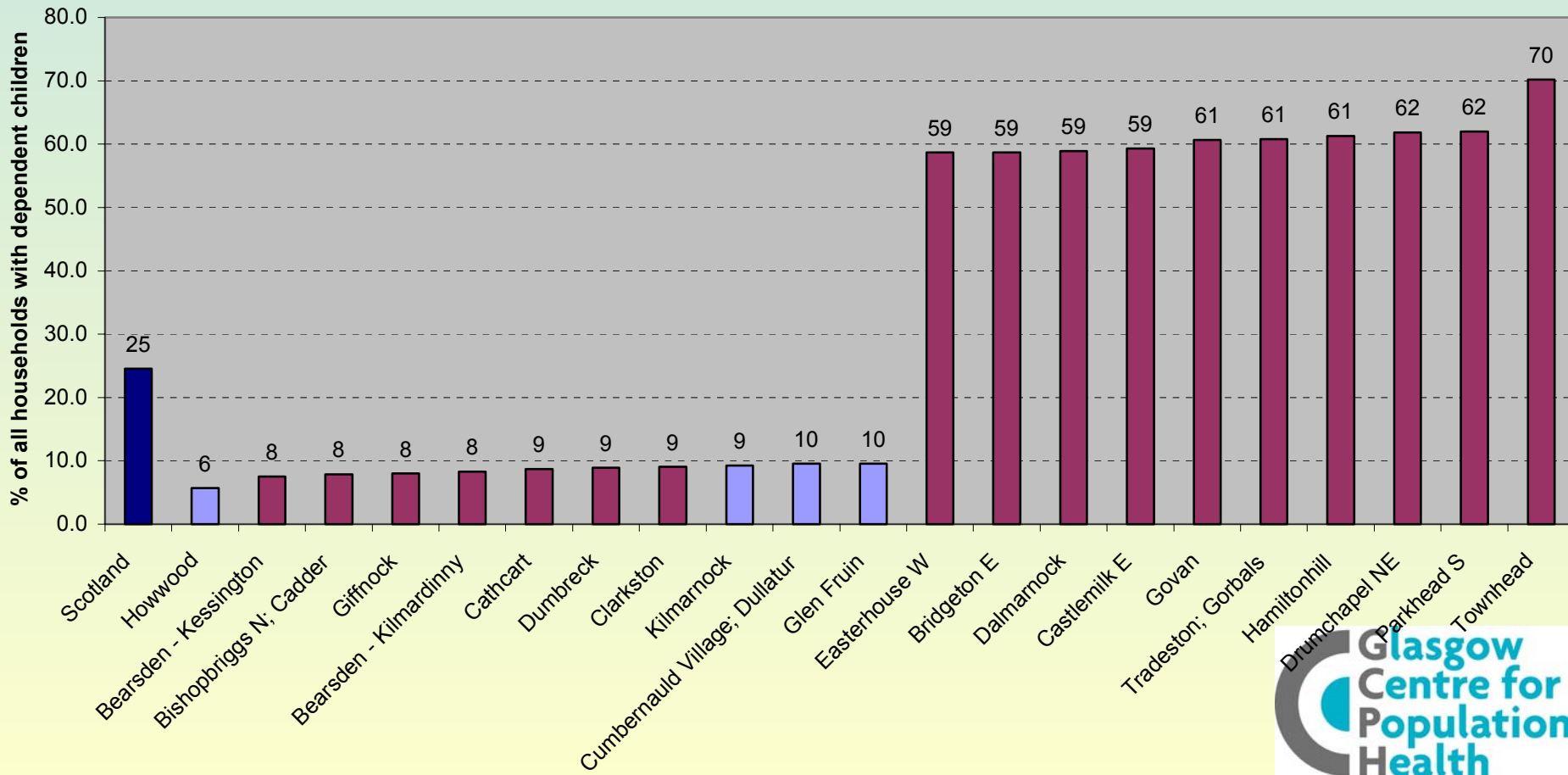
Source: Violence Reduction Unit, Strathclyde Police



Location of datazone (named after relevant electoral ward)

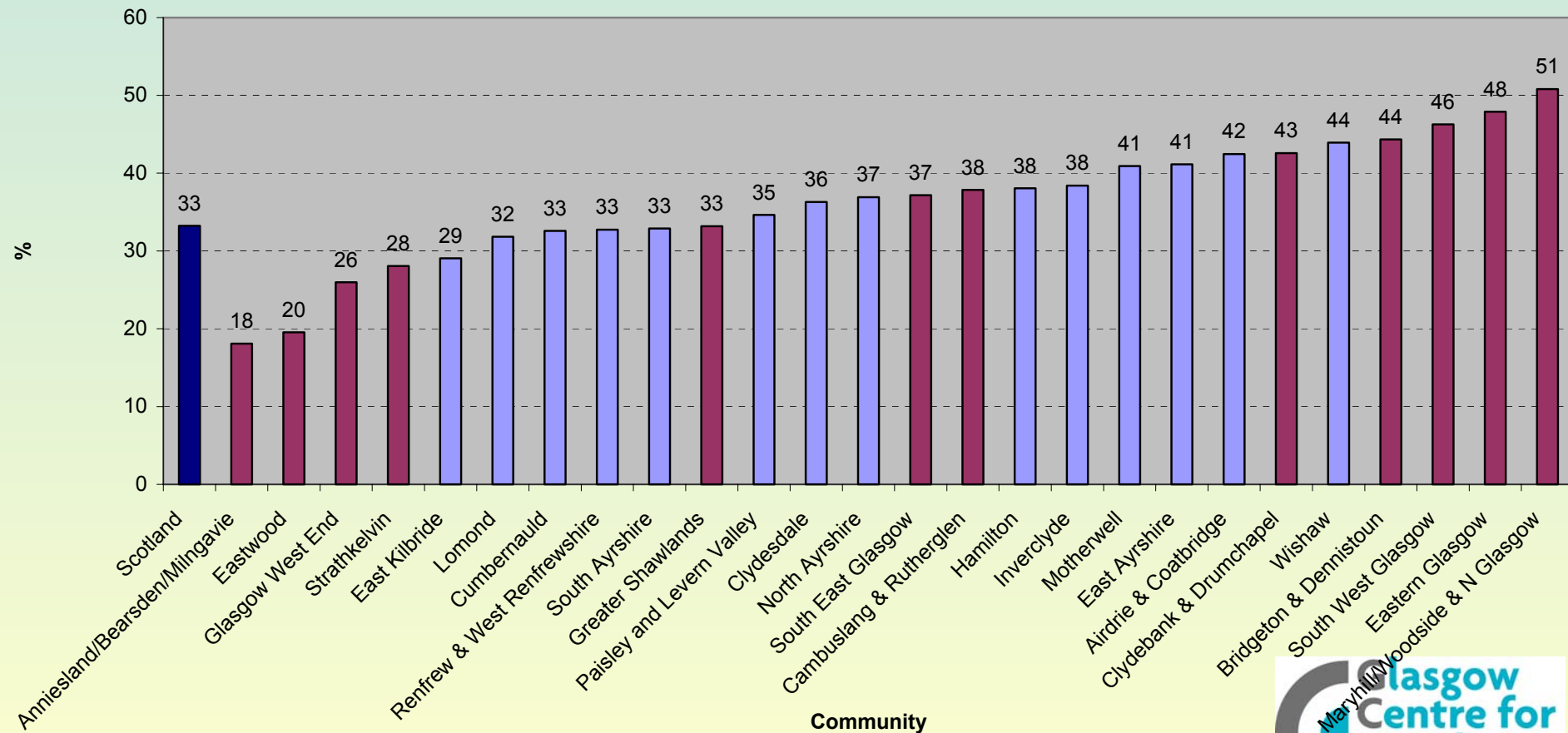
Lone parents

Lone parent households with dependent children
Glasgow & West of Scotland small areas with 10 highest, and lowest, rates, 2001
Source: 2001 Census



Education – no qualifications

% of adults (16-74) with no qualifications, 2001
West of Scotland and Greater Glasgow communities
Source: NHSHS Community Health Profiles (from 2001 Census data)



Discussion

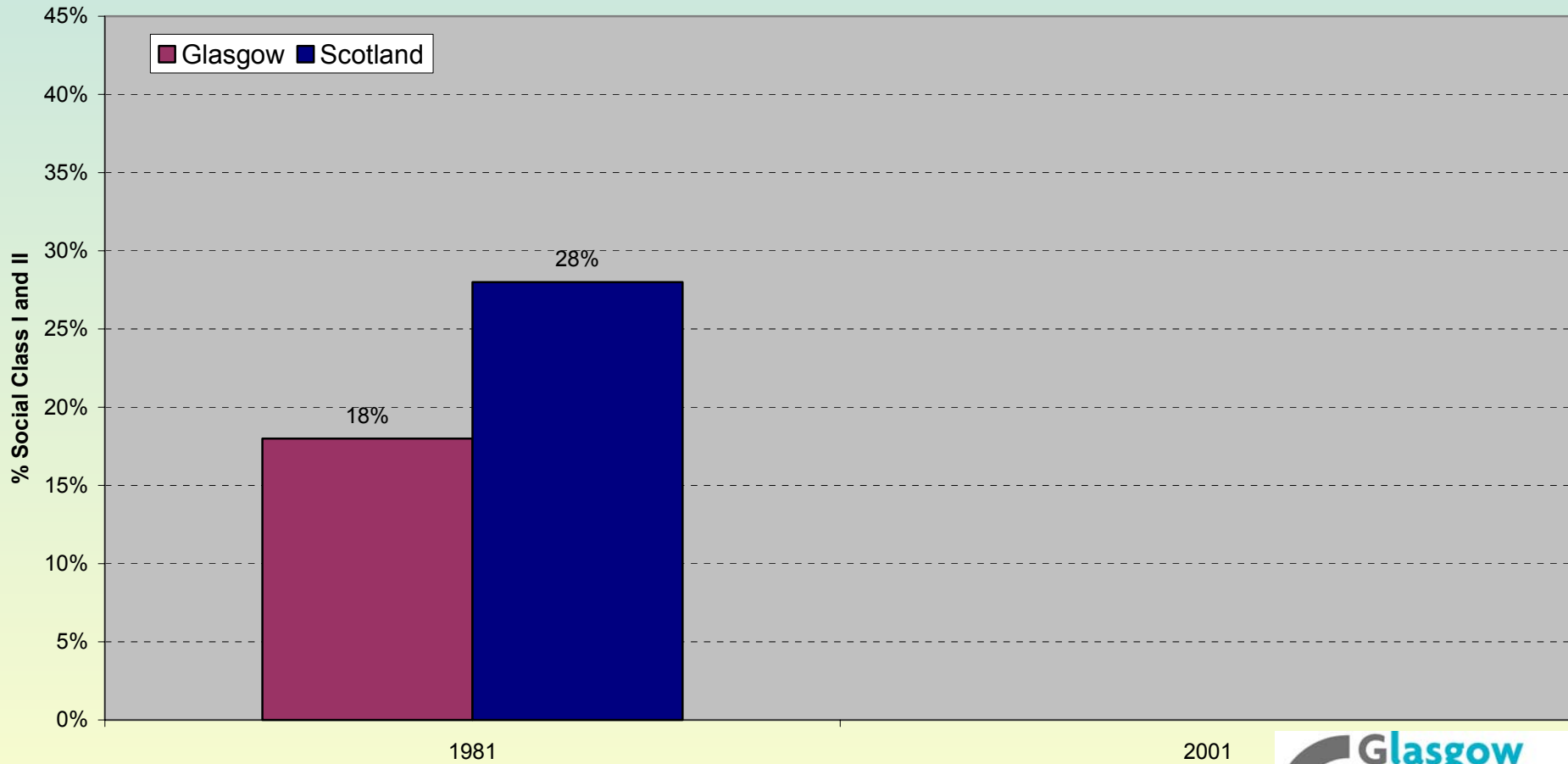
- Highlights the need to address the causes behind the causes – not just a house and a job
- No communities are bucking the trend – but some individuals do
- Social mobility (together with regeneration/new housing) is resulting in the worst health being concentrated in smaller areas
- Does this make new approaches feasible?
- Also note that patterning by SES may be becoming less clear cut for some issues.

3. Glasgow has an atypical population structure, and major changes are taking place

Social Class

Social Class I and II in 1981 and 2001

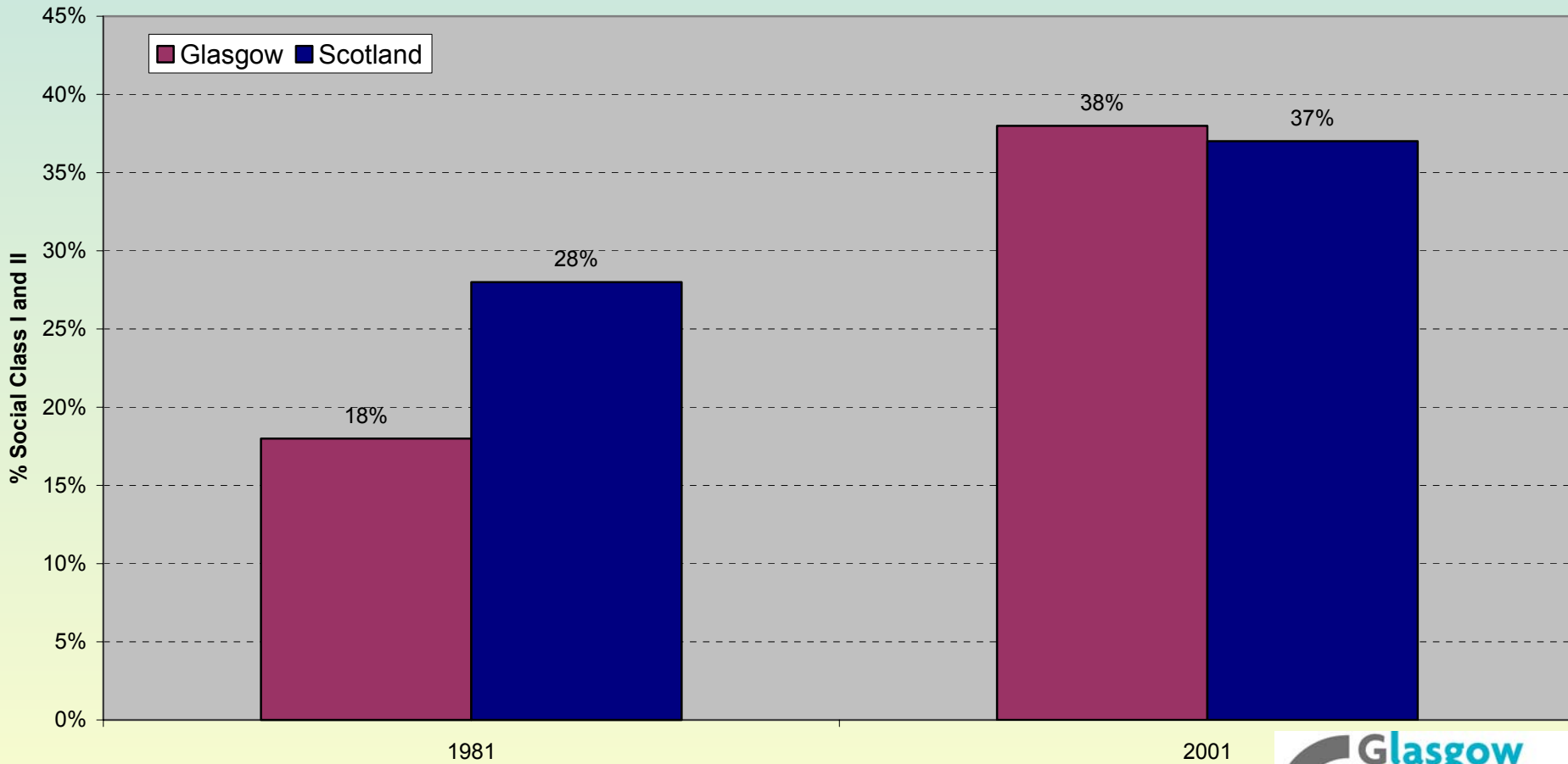
Source: GCPH (from census data)



Social Class

Social Class I and II in 1981 and 2001

Source: GCPH (from census data)



Other factors

- Growth in single parent households
- Growth in single person households
- Increasing ethnic diversity
- Increasing life expectancy, but no shift in Healthy Life Expectancy
- Population ageing, but still relatively young

Implications

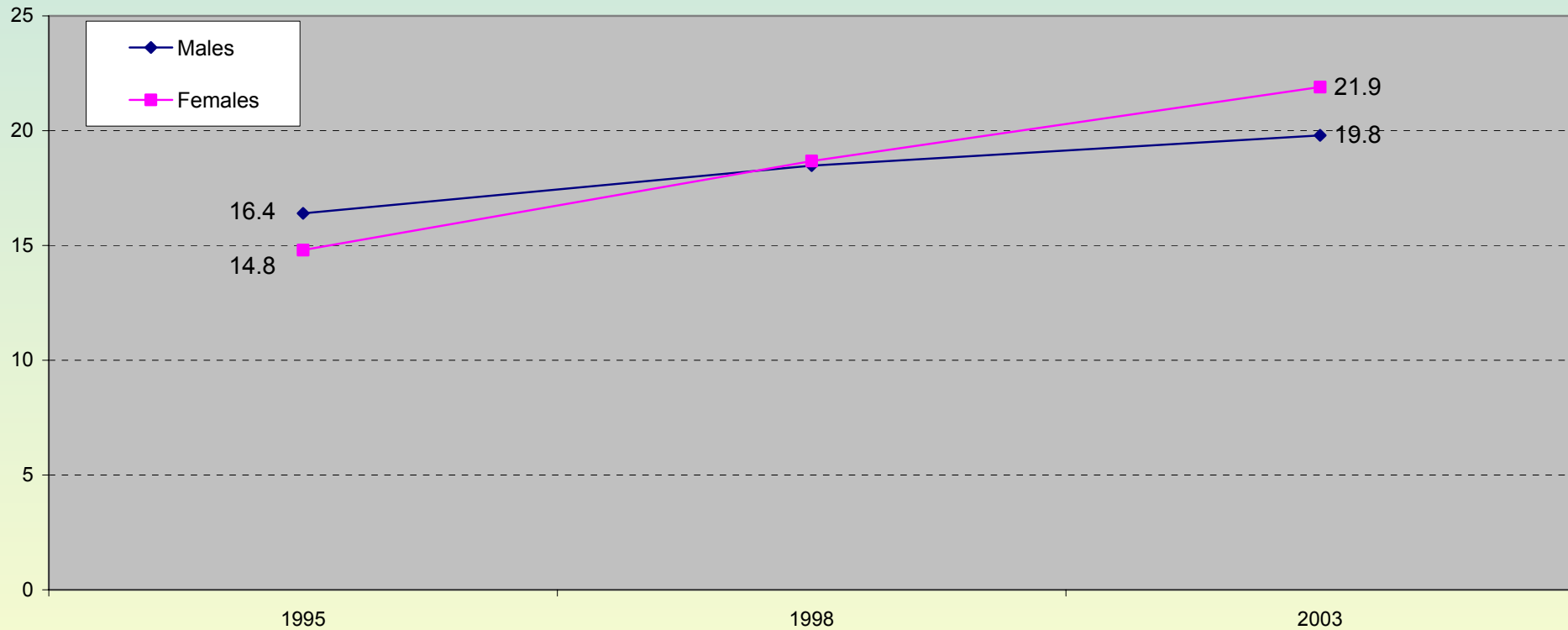
- For services
- For social capital and support
- For city planning (2-way effect here)
- For workforce and types of jobs
- As Glasgow becomes more 'middle class' what do we expect the health implications to be?

4. The obesity epidemic needs to be taken seriously

Obesity

% of adults (aged 16-64) classed as obese (BMI>30),
Greater Glasgow, 1995, 1998 & 2003

Source: Scottish Health Surveys



Traffic Growth

Background traffic growth from 2001, Scotland & Glasgow*

Source: Scottish Executive



* all traffic originating from Glasgow City

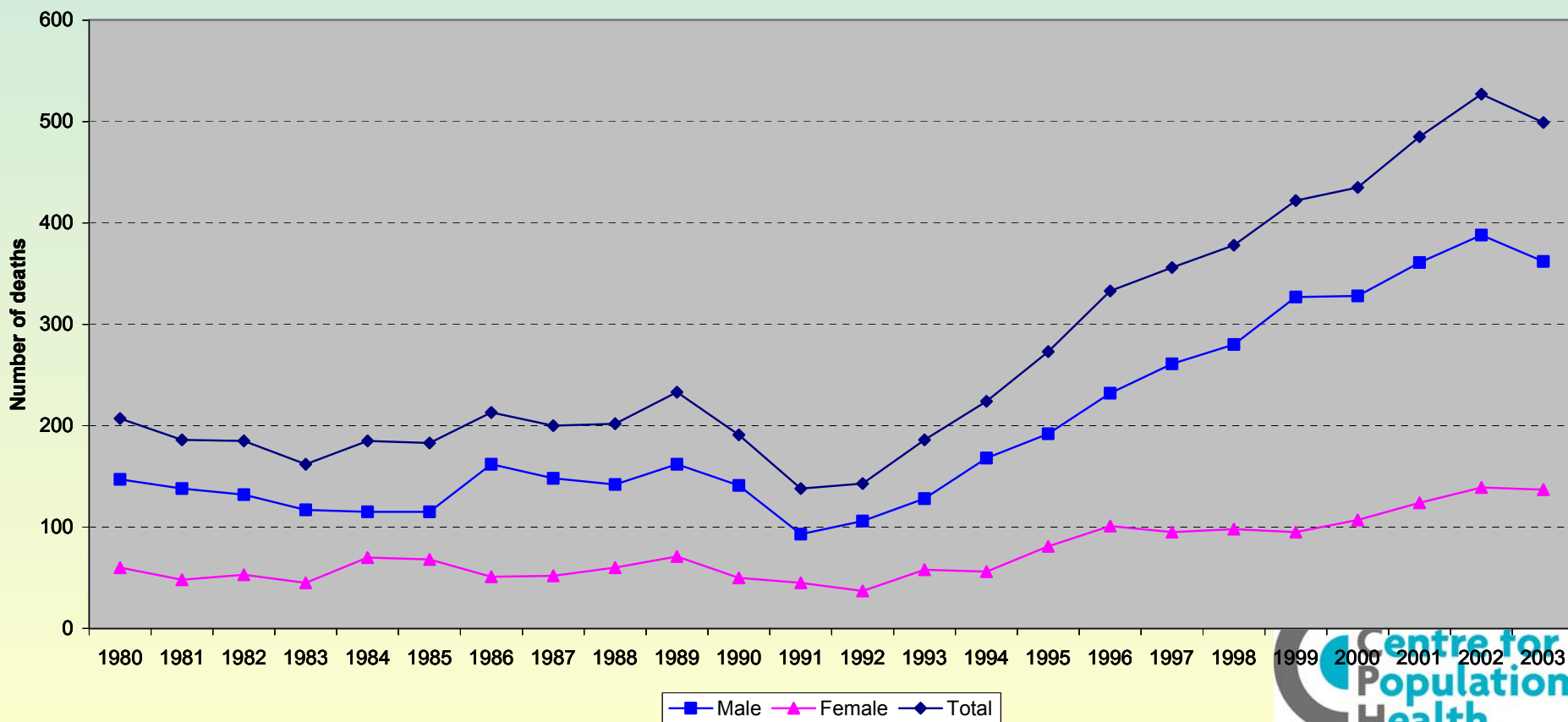
If Glasgow were to take obesity seriously – what would it do?

- Reduce obesogenic environments – eg through planning processes
- Invest in encouraging active living – transport policy, physical activity strategy, etc
- Support intake of fewer calories – in schools, for people looked after and in care, for people using council outlets, etc
- Consider how the city markets itself (as a consumer city or an active city?)

5. Alcohol is now one of the most common causes of death

Alcohol related mortality

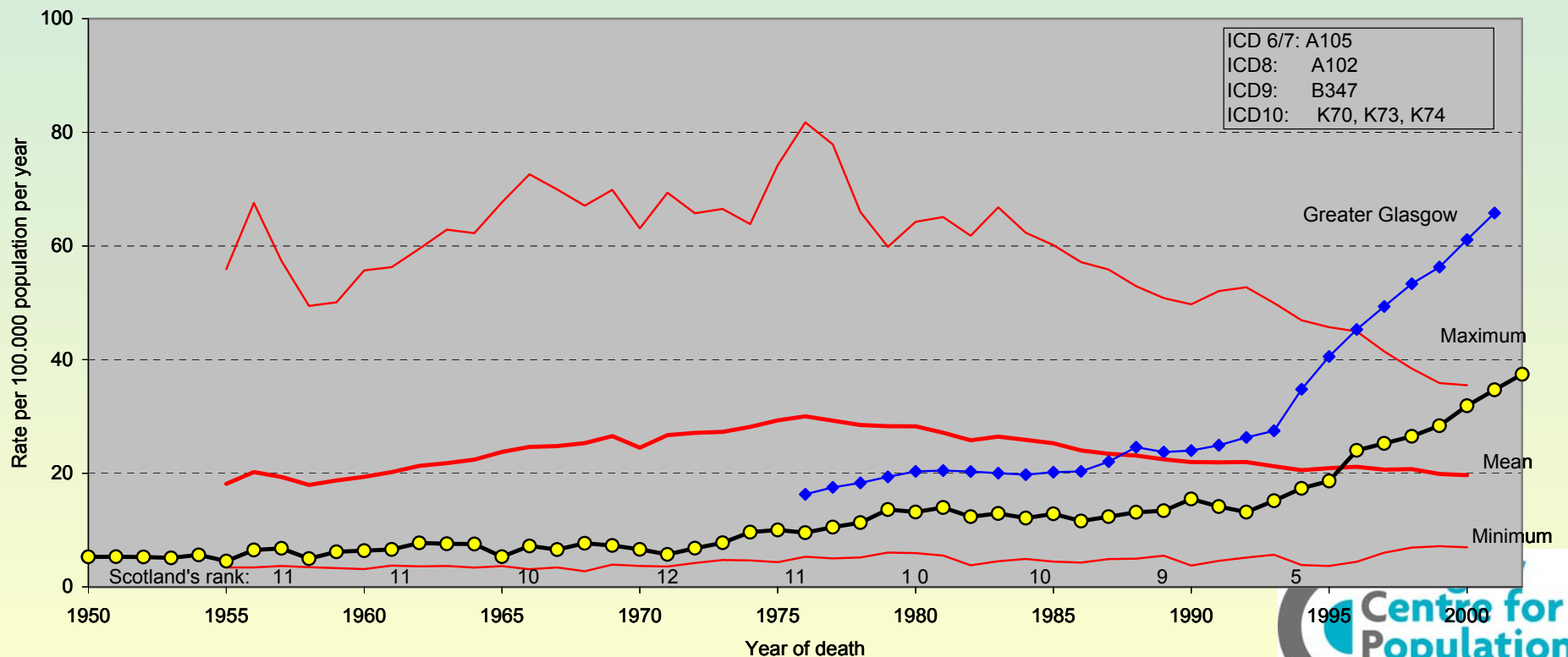
Numbers of alcohol related deaths, NHS Greater Glasgow, 1980-2003
Principal ("underlying") and secondary ("contributing") causes of death
Source: GRO(S)



Liver cirrhosis mortality

Liver cirrhosis mortality age standardised rates among men aged 15-74 years
Scotland in context of maximum, minimum, and mean rates for 16 Western European countries

Source: WHOSIS (Dec 2004)



Implications

- Price and availability as key factors: implications for licensing board
- ‘Culture’ important: implications for how Glasgow markets itself (and how it is perceived)
- Implications for services, employers, carers etc
- Community concern – can this be mobilised?

6. Sustainability should become a more important and explicit consideration

Several trends reflect increasing consumption of energy

- Travel
- Obesity
- Alcohol

Implications

- Learn from Glasgow's past dependence on heavy industry.
- Lack of diversification brought greater levels of joblessness and social breakdown during 1970s & 1980s.
- Rapid collapse of industry has profound impact on health
- Glasgow now has a heavy dependence on jobs that grow out of the 'consumer economy'.
- Combination of oil price increases/reduced availability and global warming could bring about a sudden change to the whole global consumer phenomenon. If that happened, Glasgow could be very vulnerable.

7. There are lessons from what's getting better

What's getting better?

- Life expectancy increasing overall
- Downward trends in:
 - smoking
 - unemployment
 - teenage pregnancies
 - some crimes
 - some specific causes of death
- Improvements in some aspects of housing
- More entrants to higher education

Implications

- Where there are technical fixes, apply them – and stop doing things that cause harm
- Need for concerted national and local strategies rather than projects
- Social mobility is an important route to health .. How can opportunities be opened-up and people supported more? (eg for children in care)
- It's not just an issue of poverty/material circumstances
- Is there a new more person-centred approach (delivered eg by CHCPs, and focusing on the small communities being 'left behind?')
- Not a single 'policy initiative' (eg employability) – recognise complexity

Discussion

- Do you agree with these key themes?
- What about the implications?
- Next steps would be (i) to move dissemination from general to more specific, targeted processes, (ii) to produce discussion document to accompany LGF, and (iii) to discuss next stage of GCPH development.