



**Minutes of a Meeting of the Management Board  
of the Glasgow Centre for Population Health  
held on Thursday, 7 December 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 Phil Beaumont	..	Professor of Employment Relations, University of Glasgow
Cllr Jim Coleman	..	Deputy Leader, Glasgow City Council
Mr Ian Manson	..	Chief Adviser to the Leader, Glasgow City Council
Dr Carol Tannahill	..	Director, Glasgow Centre for Population Health
Mrs Pam Whittle	..	Head of Health Improvement, Scottish Executive

**IN ATTENDANCE**

Prof Ade Kearns	..	Prof of Urban Studies, University of Glasgow (agenda item 1)
Andrew Lyon	..	Glasgow Centre for Population Health/International Futures Forum (agenda item 6)
Ms Jennie Richardson	..	Office Manager/PA, Glasgow Centre for Population Health

**ACTION BY**

**102. APOLOGIES**

Apologies for absence were noted from Prof David Barlow, Dean of Faculty of Medicine, University of Glasgow and Dr Linda de Caestecker, Director of Public Health, NHS Greater Glasgow and Clyde. It was acknowledged that Dr de Caestecker has been appointed as the new DPH at which the Board expressed their delight. Mr Manson's apologies at having to leave at 3.00 were noted.

**103. GOWELL UPDATE**

Prof Ade Kearns joined the meeting and gave a presentation on GoWell (slides attached), providing an update on progress since the last presentation to the Board in February 2005.

There was discussion of the early impressions of the survey particularly around the impression that health is poorer than the Scottish average and worse than in regeneration areas in England. The Board asked how this was measured and if it includes invalidity benefits. The Board also queried whether the difference related to health behaviours or to health outcomes. Prof Kearns confirmed that this would be explored further, as access to data on health service use has been requested and will be analysed for those participants who have consented.

In terms of the Neighbourhood Audits, the Chair questioned the robustness of the methodology, and whether it would stand up in a similar way to the audits

carried out by Audit Scotland. It was noted that it will certainly provide good quality aggregated data on environmental quality for the five area-types in the study.

There was consensus that the study provides a real opportunity to test the hypothesis that 'control' can improve health. It was suggested that as there are some communities in Glasgow that have been in control of their housing etc for ten to fifteen years it may be important and interesting to explore some historical information around this. If there is evidence that the policy objective of improving health through improving physical environment and increasing tenant involvement, participation and control is being achieved, this could have a huge impact in terms of future investment etc.

It was noted that the tracking aspect of the study is critical as it will help determine whether people and their lives have benefited from the regeneration processes in addition to the physical living conditions and environment. Prof Kearns explained it had originally been planned to track 1,000 study participants but that the team is now considering tracking everybody who moves house, as it is so critical to the study to understand these changes and there will inevitably be difficulties in maintaining contact over time. The Board agreed that this aspect of the study is critical.

With regard to additional developments, the Board agreed that the issue of young people is very important and that additional work to incorporate their experiences would add greatly to the study. Some possible ways of doing this were discussed. The Chair highlighted a project called 'The Class of 93' which studied a group of people who graduated in 1993 and tracked them for 8 years. This generated some extremely interesting data.

The Board thanked Prof Kearns for his very interesting presentation and expressed their interest in hearing how GoWell progresses. It was noted that the GoWell annual event will be held on 2 March 2007 in the morning. Members will receive invitations to this and all were asked to put the date in diaries if interested in attending. Prof Kearns left the meeting.

#### **104. MINUTES OF LAST MEETING AND MATTERS ARISING**

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

#### **105. MATTERS ARISING**

- i) Smoking Cessation in Glasgow  
A proposal for the next phase of evaluation has been received from Dr Bauld. Dr Tannahill and Dr de Caestecker will take this forward. Sir John reported on very encouraging recent cessation figures from Starting Fresh.
- ii) Two discussion seminars have been held on James Arnott's report on socioeconomic change in Glasgow, with the final seminar taking place on 8 December. These have been well attended and generated a lot of interest. The discussions will be distilled to form the narrative which will accompany the data in a final report from this work.

*Dr Tannahill,  
Dr de Caestecker*

It was suggested it is important to disseminate this to a wide audience, not just within the health and academic sectors. It was confirmed that a range of people have been invited to and have been attending these seminars. The Chair suggested that the private sector should also be engaged and Cllr Coleman suggested John Devine of the Greater Easterhouse Development Company as a useful contact. Dr Tannahill will pursue this useful suggestion.

***Dr Tannahill***

**106. DIRECTOR'S UPDATE**

A report from the Director [GCPHMB/2006/51] had been circulated, updating members on progress since the last meeting. Specific reference/note was made to the following:

- i) International links are developing associated with the WHO Commission on the Social Determinants of Health. Over the last few months the Director has been interfacing with this in a number of ways as outlined in the update paper.

This week the Scottish Executive co-hosted an event in Edinburgh with WHO which focussed on leadership for action to address the social determinants of health. Dr Tannahill attended as a 'participant observer'. This was a useful meeting with some follow up likely.

The other main route is through Dr Sue Atkinson's work looking at how cities can contribute to the Commission. She is bringing together a collaboration between London, New York and Glasgow.

The Board agreed this is an important aspect of the Centre's work and the Chair suggested it may be useful to try to promote it more widely, through local media. It was felt it is slightly too early for this at this point in time and may be more appropriate post-election.

- ii) The Minister for Health and Community Care visited the Centre on 20 November. This went well with the discussion centred around the strategic messages from Let Glasgow Flourish, GoWell and pSoBid. One message from the meeting is that it is crucial to build up evidence about the difference the Centre is making. A formal review of the Centre is anticipated towards the end of the summer/start of autumn 2007.

In relation to the alcohol theme, the Chair highlighted an interesting exemplar study on alcohol interventions with staff in NHS Dumfries and Galloway. Dr Tannahill to contact Derek Cox regarding this.

***Dr Tannahill***

- iii) It was noted that following the Funding Committee meeting held on 7 November, at which only two applications were received, it has been decided that this mechanism of an open call for proposals will not be used in the future. Attention was drawn to the note of the External Advisory Group meeting held on 8 November, appended to the update report.

The Chair suggested that in pursuing collaborative agreements on specific issues with Universities which are not members of the core partnership, the importance of these to the Centre should be highlighted.

- iv) There was a brief discussion of the Food in Schools study. The difficulty of implementing the Scottish Executive's guidelines in schools was highlighted as there is a feeling in the city council that these do not allow local flexibility. There has been a substantial fall in the number of children taking school meals and a real concern they are making unhealthy choices elsewhere e.g. local shops, chip shops etc. The next steps in terms of the Centre's work on this is that a report will go to a committee meeting, along with an action plan. This will include some very specific recommendations in response to the research findings.

## **107. PROGRAMMES OF WORK UPDATE**

A paper [GCPHMB/2006/52] had been circulated from Dr Tannahill with an updated Programmes of Work document attached. The Board noted the progress made with implementation of the Centre's programmes of work.

In terms of Project 1: Integrated Public Health Data Sets – it was noted that timescales had slipped slightly with regard to the production of James Arnott's report on socio-economic change, due to the decision to hold a series of seminars in advance of producing the final report. It was also noted that a housing and health taxonomy as part of the ecological monitoring component of GoWell will be produced in Spring next year and CHCP profiles will be produced in the summer.

The timescales for the CHCPs and Population Health Improvement programme have also slipped slightly, largely due to the stage of development and size of agendas being taken forward by the CHCPs. It was noted that an action research programme has now been agreed with three CHCPs, namely the East, South-East and East Renfrewshire.

It was noted the Food in Schools work is a good example of how the Centre's research can directly inform policy and practice and a seminar will be held in early Spring to disseminate the findings of this.

There was a brief discussion of the Closing the Opportunity Gap report which is out for comment at the moment. This reports the number of vulnerable children living with parents with addictions and gives an indication of the actual scale of the problem, which is much bigger than thought. It was agreed that this will require a multi-disciplinary approach to try to tackle it. Dr Tannahill to obtain a copy of the report.

*Dr Tannahill*

It was noted the Frontline Scotland programme on pSoBid won an award for the best broadcast programme from nations and regions from the Medical Journalism Association. It was noted the success of the programme in terms of ensuring it was an accurate and positive reflection of the study and in developing good relationships with the producers was a credit to Valerie Millar and the hard work she put in ensuring this occurred. Horizon have now approached the Centre regarding doing a project in the new year on ageing.

Attention was drawn to the summary of outputs appended to the end of the Programmes of Work paper.

**108. FINANCIAL REPORT**

A report from the Director [GCPHMB/2006/53] had been circulated. It was noted that expenditure is in line with plans for staffing, running costs and supplies while programme expenditure (for both in-house and commissioned programmes) is slower than planned.

There was a brief discussion of the creation of a post for an additional senior member of staff to lead on the translational aspects of the Centre's work. This will partly focus on taking forward some of the existing work but will also focus on sustainability, make the links to transport and the city's economy and the employment and employability work. It was agreed a secondment opportunity is appropriate for this and should be advertised. All members were asked to consider possible suitable secondees and to forward details to Dr Tannahill. As Mr Manson had left prior to this discussion, Dr Tannahill to discuss with him. It was agreed this role would require someone with local government or public health experience. The Board approved using the Funding Committee allocation to fund this new post and advised it be taken forward as soon as possible.

*All  
Dr Tannahill*

*Dr Tannahill*

**109. CIVIC CONVERSATION**

Mr Andrew Lyon joined the meeting and spoke to his paper [GCPHMB/2006/54] which had been circulated.

After providing some background to the civic conversation proposal, which emerged from the initial lecture in the Centre's seminar series by Anthony Grayling, Mr Lyon provided an update on progress. Since August he has been having individual conversations with a number of the city's leaders and key stakeholders. This is now in the region of 45 people and most have been clearly in favour of the idea. A list of stakeholders currently engaged is appended to the paper. These individuals have now been invited to take part in one of four small group conversations to explore issues of substance and process further. Following this a series of three conversations will be organised for 2007, dates of which will be confirmed shortly. Alongside this there will be an attempt to get three or four local conversations going and it was suggested it would be worth pursuing the voluntary sector in this regard.

*Mr Lyon*

Mr Lyon highlighted that those attending will be asked to speak as individuals and not from the perspective of the organisations they work in. The Board agreed this is important. Mr Lyon also highlighted that it is not the Centre's or his role to drive the conversation but rather the role is one of opening up the space for a strategic conversation about Glasgow's role in the 21<sup>st</sup> century.

In discussing the schematic appended to the paper, there was some concern the process would be formulaic, and the Chair advised against this. Mr Lyon assured members that he had no fixed formula and in fact the challenge would be in rising to the uncertainty of the process. However, he did stress that there is a feeling that there needs to be some sort of analytical framework within which to process the outcomes from the conversations, and the Board agreed with this.

**ACTION BY**

In terms of stakeholders involved it was suggested it would also be useful to invite some Trade Union representatives, Elizabeth Moynard, Dean of the Faculty of Arts at Glasgow University, Lord McFarlane and some representatives from architecture and design. Mr Lyon to explore.

***Mr Lyon***

The Board were supportive of the general approach described by Mr Lyon and approved the draft budget. It was noted that further funding may be necessary for the production of a report at the end of the process.

**110. AOB**

There was no other business discussed.

**111. DATE OF NEXT MEETING**

The next meeting will take place on Wednesday 21 March 2007 at 2.00 pm at the GCPH.



**Glasgow Community Health and Well-being  
Research and Learning Programme:  
Investigating the Processes and Impacts of Neighbourhood Change**

*GoWell is a collaborative partnership between the Glasgow Centre for Population Health, the University of Glasgow and the MRC Social and Public Health Sciences Unit, sponsored by Communities Scotland, Glasgow Housing Association, NHS Health Scotland and NHS Greater Glasgow & Clyde.*

# GoWell Progress

GCPH Mgt Board

December 2006



# GoWell Activities 2006

- Baseline Reports
- Community Survey
- Neighbourhood Audits
- Theories of Change Interviews
- Community Ownership
- Participation in Change Processes
- Ecological Monitoring
- Nested Studies
- Dissemination



# Structure of GoWell Study Areas

Type of Area	Study Area(s)
1. Large-scale, multi-dimensional, transformation of areas.	Major Regeneration Sites
2. Smaller-scale regeneration.	Local Regeneration Sites
3. Uni-dimensional improvements.	Core Stock Refurbishment Sites
4. Ongoing, incremental change within an area	Peripheral Estate
5. Retrospective multi-dimensional change plus some ongoing adaptations.	Regeneration Estate From Previous Era



# Community Survey

- Conducted May-July 2006.
- 6,016 interviews with randomly selected adults in 12 study areas.
- Covers renters (including 3,650 GHA tenants), owners and shared owners.
- Contains interviews with 900 ethnic minorities, refugees and asylum seekers.
- Survey to be repeated regularly over 10 yr



# Early Impressions of the Survey

- Two or three of the study sites seem much more problematic than other places.
- Health is poorer than Scottish avg and worse than in regeneration areas in England.
- There is under-reporting of health behaviours.
- Neighbourhoods appear to have a more negative effect upon self-esteem than houses.
- People don't yet have much sense of influence over change processes.



# Neighbourhood Audits

- Carried out at over 100 randomly selected addresses across the 12 study areas plus three contrasting areas in the conurbation.
- Survey tool for measuring environmental quality.
- Plus over 400 photographs.
- Count of amenities.
- Desk based assessment of accessibility.
- Will be able to compare survey responses with independent assessments.



# Theories of Change

- Around 15 interviews to be conducted with local and national policy-makers and practitioners.
- Exploring their understanding of the links between regeneration and health.
- Over half have been completed.
- Compare the findings with policy itself.



# Community Ownership

- A key plank of stock transfer and of regeneration policy- 'empowerment'.
- Completed 17 interviews with policy makers and practitioners about the centrality of this objective.
- Now holding discussions with 9 LHO Boards, plus discussions with tenants to come.
- Policy makers interested in an independent view of what residents want and how they see their power being exercised.



# Participation in Change

- Have held discussions with community groups involved in discussing regeneration plans in three locations.
- Also interviewed consultants and developers designing/implementing change.
- Examining the development and use of community engagement processes in community planning structures in two areas.



# Ecological Monitoring

- We are developing a housing taxonomy for Glasgow using data from the Council Tax Register.
- Aim to characterise data-zones in the city according to dwelling types, housing tenure, property values, residential densities.
- Then link this to health data at same level to explore links.
- Also to track change in housing structure of the city over time.



# Nested Studies

- We have commenced a study of the impacts of an environmental improvement and employability scheme.
- We are in the process of establishing studies of two other programmes:
  - Provision of cheaper financial credit
  - Youth diversionary activities



# Communication & Dissemination

- Recent presentations on GoWell:
  - Scottish Executive group on housing research and statistics
  - Regeneration practitioners conference
  - Sustainability conference
- Feedback to the study communities.
- Newsletters and events
- GoWell annual event in March 2007
- [www.gowellonline.co.uk](http://www.gowellonline.co.uk)



# Next Steps: Immediate

- Complete baseline reports on study areas.
- Clean and check survey data & conduct own analysis.
- Benchmark results against national data and other studies of deprived areas.
- Prepare annual report and findings reports for annual event.



# Next Steps: Medium Term

- Begin process of tracking participants.
- Consider alternative ways of measuring obesity, physical activity, social interaction, wider social integration, area reputation.
- Design Wave 2 survey content, to include more on psycho-social domain such as confidence, aspirations, self esteem, happiness, control etc.
- Form link with pSobid study.
- Develop proposals for supplementary studies of young people in regeneration areas and social integration of asylum seekers and refugees.



# Go Well

