

# **NHS Greater Glasgow and Clyde**

**Board Meeting**  
**Tuesday, 26 October 2010**

**Board Paper No. 10/54**

**Director of Public Health**

## **Update on Progress with Action from DPH Report, October 2010**

### **Recommendations:**

The Board is asked to note the update on progress with key actions from An Unequal Struggle for Health, report of the Director of Public Health 2009-2011.

The Board is asked to note that Renfrewshire CHP & Renfrewshire Council will jointly host an event to review action from the report on the 10th November to which members are invited to attend.

### **Introduction:**

An Unequal Struggle for Health was published in November 2009 and called for new ways of thinking and action to improve health and reduce inequalities in health. Central to the report was a commitment to ensure that we were able to engage with the population of NHS Glasgow and Clyde and interviews were conducted with local people in their communities to ask them what their key concerns were in relation to their own health and the health of their families. In addition, data from the NHSGGC Health and Well Being study has been used to capture individual perceptions of health and utilise the information from the survey to inform health improvement policy and planning.

The report focussed on early years, the impact of the recession, alcohol, physical activity and the potential of preventative health programmes in improving well being and preventing disease.

The Board requested regular updates on progress in taking forward the priority areas for action. The aim of this report is to review progress on addressing these issues. The report focuses on some key areas rather than describing all the activity on each topic, taking each chapter of the report in turn;

### **1. Early Years:**

#### **Focussing Resources**

The Director of Public Health co chairs the child poverty group of the Children and Families Services of Glasgow City Council. This group coordinates the activities of key partners and agencies working on child poverty. The Child Poverty Act 2010 will be a key enabler in producing an anti poverty strategy for the City. The group has made significant progress toward the development of this strategy, which brings together actions that will increase incomes, reduce outgoings and mitigate the impact of poverty on physical and mental health.

The child poverty group brings together financial inclusion and debt management strategies, GCC child care strategy and Glasgow Works Strategy.

Key papers from this working group are available on.  
<http://www.nhsggc.org.uk/content/default.asp?page=s1657>

### **Supporting Parents**

**Triple P** a public health approach to parenting is currently being implemented. This multi level system designed to improve the quality of parenting advice is a joint programme with Glasgow City Council. Over 580 staff have now been trained in Glasgow City and there have been 358 interventions delivered. Approximately 2,690 parents have attended seminars with the majority rating these positively. Public Health is leading on a comprehensive evaluation of this work. Further plans are in development with Renfrewshire, Inverclyde and West Dunbartonshire and there have been encouraging discussions in other areas with a view to roll out this parenting programme.

### **Addressing the social circumstances of families and children 'Healthier, Wealthier Children'**

This initiative aims to strengthen and develop knowledge and expertise within financial inclusion services and health services for addressing child poverty. This £1m initiative is funded through the Scottish Government Employability and Tackling Poverty Division, a partnership project involving NHSGGC, GCPH & GCC. The official launch will take place on the 9<sup>th</sup> November at St Andrews in the Square.

For further information on this visit  
[http://www.nhsggc.org.uk/content/default.asp?page=home\\_hwc](http://www.nhsggc.org.uk/content/default.asp?page=home_hwc)

### **Changing Attitudes toward Children**

The Health Commission advocated that Glasgow should create a vision of a child friendly City. Work is underway to identify the key elements of a child friendly City.

## **2. Implications of the Financial Crisis for Health – Understanding the Impact of the recession**

An NHS recession planning group has been established to analyse the likely effect of the recession on service demand for example there has been an increase in first diagnoses for depression. This work is linked to financial planning and also developing tools to understand and monitor the impact of budget decisions. Discussions are ongoing in relation to the implications of the Living Wage Campaign for the NHS.

## **3. Alcohol: The Burden of Harm**

Extensive work has been completed on assessing overprovision of licensed premises in relation to alcohol-related crime and health data. The results are being fed into the consultation on local authority overprovision statements. A comprehensive health impact assessment with full consultation of all parties has been undertaken. The health benefits and harms of alcohol use have been articulated and improvements to licensing process are in place with the potential to improve health. There is a need for the relevant groups to work together to achieve maximum impact.

The Public Health and Health Improvement Directorate has continued to advocate for minimum pricing of alcohol and to provide briefings and information for local and national politicians.

### **Alcohol and Drug Prevention and Education Model**

This programme aims to create a strategic and sustainable approach to best practice focusing on long term structural development for alcohol and drugs prevention and education. There are four main components to the model; an overarching definition for Prevention and Education, An Alcohol and Drug Prevention and Education Tiered Model that compliments the existing Treatment and Care Tiered Model for Addiction and 12 core elements of activity which include, training, education, parenting and harm reduction. This programme is being rolled out across NHSGGC and an outcome framework is currently being developed by the Mental Health Partnership's Health Improvement team using a logic model approach.

### **4. The population of NHSGGC needs to get more active**

There are many examples of progress and good practice in all Local Authority areas and examples are given in appendix one to this paper. There has also been progress in key areas including active transport, information campaigns and Health at Work.

#### **Active travel**

In 2008, the Glasgow Centre for Population Health established a programme of work in order to monitor travel patterns and provide evidence on active modes of travel.

The programme is now in the process of finalising several outputs. To date it has:

- Collated and analysed a range of routine and survey data to provide information on levels of walking, cycling, public transport and car use for different population groups and at various geographies to monitor trends and patterns. Data analysis of pedestrian road casualties by age group and geography;
- Published a literature review regarding perceptions and attitudes towards travel and transport;
- Commissioned qualitative research to explore attitudes, expectations and behaviour relating to transport and travel in the Glasgow area and produced a briefing paper and DVD on findings;
- Conducted a policy review and appraisal to assess how revealed priorities reflect the aspiration of vision statements in relevant strategies, policies and plans.

Feedback indicates that this programme of work has raised awareness and helped to build consensus regarding the impact of current policies, strategies and plans amongst decision makers and stake holders in Glasgow and Clyde Valley local authorities, NHS Greater Glasgow and Clyde and elsewhere. Further information regarding the programme of work can be found at [http://www.gcph.co.uk/work\\_programmes/healthy\\_sustainable\\_transport](http://www.gcph.co.uk/work_programmes/healthy_sustainable_transport).

NHS Greater Glasgow and Clyde and partners, teamed up with the Evening Times to promote physical activity as part of their Glasgoals campaign. This aimed to target a series of health goals, including basic fitness, obesity, diet and smoking. Help Glasgow stub out a million cigarettes, run or walk a million miles, lose hundreds of thousands of pounds off the city's waistlines.

The Glasgoals campaign has helped raise awareness of a number of physical activity programmes including Walk Glasgow and Sky Ride (cycling).

Sky Ride is a partnership between Glasgow City Council, British Cycling and Sky and is a free, mass participation cycling event for families. It takes place on traffic-free streets to encourage people of all ages and abilities to get on their bike.

New tourist signage has been added throughout the city which provides walking times to points of interest. This will be extended to the east end to take into account Commonwealth Games' venues.

### **Health at Work**

Health at Work (HAW) has 228 organisations across GGC registered for the HLW award - this covers 189,723 employees. Of the 228 organisations in GGC registered for the HWL award to date; 70 achieved bronze, 26 achieved silver and 21 gold. Those who have achieved silver and gold have in place a Physical Activity (PA) statement of intent. This confirms the organisation's commitment to facilitating and promoting PA to their employees and details how they will do this. Those who have achieved bronze are now working towards silver and developing a statement of intent and a further 123 organisations are currently working towards bronze.

Recognising the workplace setting as a community, the HAW team have provided information and delivered training for workplaces on improving the workplace environment and providing physical activity and healthy eating initiatives. This is often built around the criteria framework of the HWL award. It has included engaging with Paths for All/Cycle Scotland/Jog Scotland/Envirowise.

The HAW team have developed a "How to Guide" to workplace health and this resource contains information about and signposting to support available to promote active commuting. HAW have developed a Physical Activity resource pack and Stair climbing pack and have worked closely in partnership with Paths for All/ Jog Scotland/Health Scotland to do this. This pack is currently being distributed to all registered workplaces.

Working in partnership with Glasgow Life, HAW has successfully delivered 20 Shape up taster sessions in the workplace in the past six months. This project has evaluated well and as a result Glasgow Life will continue to offer taster sessions with a further 20 currently planned for the next two months.

## **5. Preventive Health Approaches**

### **Anticipatory Care**

NHSGGC Keep Well programme is in its 4<sup>th</sup> year, and has expanded to 59 practices across the 5 participating CH(C) P's.<sup>1</sup> All participating practices focus on primary prevention of cardiovascular disease, targeting 45-64 year olds living in our most deprived communities. To date, over 29,000 individuals have attended a Keep Well cardiovascular health check. Keep Well secondary prevention programme ended on 31<sup>st</sup> March 2010 and has been replaced by NHSGGC Coronary Heart Disease Local Enhanced Service. From 1<sup>st</sup> April 2010, Keep Well in Inverclyde and West Dunbartonshire targets patients without established CHD.

The Scottish Government has committed to mainstreaming Keep Well cardiovascular health checks from April 2012, and has recently concluded a national consultation to inform future Keep Well delivery model and wider anticipatory care policy.

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<sup>1</sup> East Glasgow, North Glasgow, South-West Glasgow, Inverclyde & West Dunbartonshire.

A new NSGGC Anticipatory Care Planning Group, chaired by the Director of Public Health, has been established to lead planning for the mainstreaming of Keep Well and Board wide anticipatory care approaches. NHSGGC have a stakeholders' event planned for October 27<sup>th</sup> 2010 to disseminate learning and evidence from the national and local evaluations of Keep Well, and will inform NHSGGC planning priorities.

### **NHS GGC Falls and Fracture Liaison Service - Evaluation**

The strategy for osteoporosis and falls prevention has shown that integrated services, established on a strong evidence base with realistic timescales can produce significant results in preventing hip fractures and reducing hospital admissions. From 1998-2008 the number of admissions for hip fractures was reduced by 3.6%, while across Scotland there has been a 5.1% increase. Over the same period there has been a decrease in hospital admissions due to falls in the home by 32%, falls in residential institutions by 27% and in the public realm by nearly 40%. There are several strands including; direct GP referrals for bone scans, clinical nurse specialist assessment and treatment advice for all fracture patients, community falls prevention programme which undertakes home assessment of falls risk factors, making home adaptations and referral to other services as appropriate e.g physiotherapy led exercise classes.

### **Smoking Cessation Services**

The Board projects to reach 85% of the HEAT target by March 2011<sup>2</sup>. Statistics show that between April 2009 and March 2010, the second year of H6, we had 7,702 quitters at 4 weeks, 48% of our target. Several service development measures have now been put in place to try and address the 15% shortfall

- Dual NRT therapy made available to smokers fitting criteria.
- Structured follow up of clients attending any NHSGGC stop smoking service who have relapsed are invited by telephone to re-enter.

Evidence from our services indicates that people living on low incomes have a lower success rate. The dual therapy initiative should contribute to reducing the inequalities in tobacco related mortality and morbidity, as evidence demonstrates that withdrawal/nicotine cravings were better managed compared with nicotine patch alone.

There is wide variance from the target across the CH(C) P's ranging from almost 23 % below the target in the North CHP, compared to South West CHP achieving their target. The quit rate varies also from 40% quit at 4 weeks compared to East CHP at 27%. This variation has been addressed by the Tobacco Planning and Implementation group resulting in sharing of good practice and improvement plans being put in place.

### **Conclusions**

There has been substantial progress in taking forward the actions from an 'An Unhealthy Struggle for Health' including initiatives to promote physical activity, implementation of the Positive Parenting Programme; Triple P, smoking cessation numbers but also areas where progress is more challenging particularly around the use of alcohol.

- The hosted event in Renfrew on the 10th November will allow for focussed discussion and debate on how NHSGGC in partnership with Local Authorities can tackle the challenges together.

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<sup>2</sup> H6: Through smoking cessation services, support 8% of the Board's smoking population in successfully quitting (at one month post quit) over the period 2008/09-2010/11

## Appendix One Additional examples

### East Dunbartonshire

- Vitality Programme implemented.
- Training programme implemented to train instructors to relevant standard for each level of class. Programme operated in partnership with, and Quality Assured by NHS GGC. Instructor training ongoing to train additional instructors to enhance programme.

#### “Encourage walking in East Dunbartonshire”

- Appointment of one full time co-ordinator to promote walking across East Dunbartonshire Full time Walking Development Officer appointed
- Appointment of two part time life style coaches and the development of the Healthy Lifestyle intervention programme.

### East Renfrewshire

#### Go Barrhead

Scottish Government funding secured to promote healthy weight anchored under ‘Go Barrhead’ Progress to date;

- Health weight project officer appointed,
- Shape Up weight management programme launched in April 2010 in partnership with Culture Leisure Sport.
- Aces programme commenced.

‘**Weigh to go**’ community based weight management programme that combines a weekly workshop on a different nutritional topic with an easy exercise class and weigh in.

The current model evolving is one of a community led health initiative, where significant links are being made with the community and other agencies. A major component of this is around *community capacity building* for example:

- Volunteers training in food and weight management knowledge and support skills
- Volunteers identified who wish to train as future walk leaders.

### Glasgow Centre for Population Health

In August 2009, Glasgow City Council launched ‘The Big Eat-in’ a pilot project involving eight Glasgow secondary schools where S1 pupils were encouraged to stay on school premises for lunch. Each school adopted a holistic approach to lunchtime and, supported by partners, offered a package of initiatives to provide a positive incentive for pupils to stay in school during lunchtime during the course of the academic year. GCPH facilitated an evaluation of this initiative, exploring impacts on school meal uptake and on attitudes and behaviour of pupils, school staff and parents. An evaluation report detailing qualitative and quantitative findings is being finalised and a research seminar is planned for November of this year where findings will be presented and discussed.