

HEALTH NEWS



The Biennial Report of the Director of Public Health 2009-2011

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The credit crunch ... an opportunity or threat to health?



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Amidst the gloom of an economic recession, a real opportunity has arisen to create a fairer and healthier society for the future

WHEN the credit crunch rocked the world's economy and recession took hold, the impact was there for all of us to see ... and many of us to experience.

The impact on unemployment has been savage and the effects continue to be felt, and will be for some time yet.

The consequences of recession are many – from worry and stress about debts, to unemployment and insecurity.

On the face of it the effects on health can be profound.

But as we negotiate our way through this current recession, Greater Glasgow and Clyde's Director of Public Health believes much can be done to win sustainable health benefits for individuals, families and whole communities.

There is some evidence that people are re-evaluating what is important in their own lives during times of economic difficulty. There are opportunities to change



NHS Greater Glasgow and Clyde's Director of Public Health Dr Linda de Caestecker launches her second report - *An Unequal Struggle for Health*

priorities and encouragement to alter lifestyles.

Consuming less fuel, spending less on cars and alcohol and tobacco ... spending more time with friends and family, walking and playing more and re-aligning life priorities can deliver long lasting health benefits.

The second report of the Director of Public Health *An Unequal Struggle for Health* sets out the key public health challenges faced by the people of Greater Glasgow and Clyde in 2009 and beyond and the actions needed to tackle these challenges.

And in these turbulent financial times, it calls for concerted action from individuals, communities and public and private sector organisations to address the problems that confront us.

In this special edition of Health News, we provide a chapter by chapter summary of the report. We also tell you how we can get involved and give the Director of Public Health your views.

The full report is available both online at www.nhsggc.org.uk/dphreport or a printed copy can be obtained by calling the Public Health Resource Unit on 0141 201 4915.

UNEQUAL STRUGGLE FOR HEALTH

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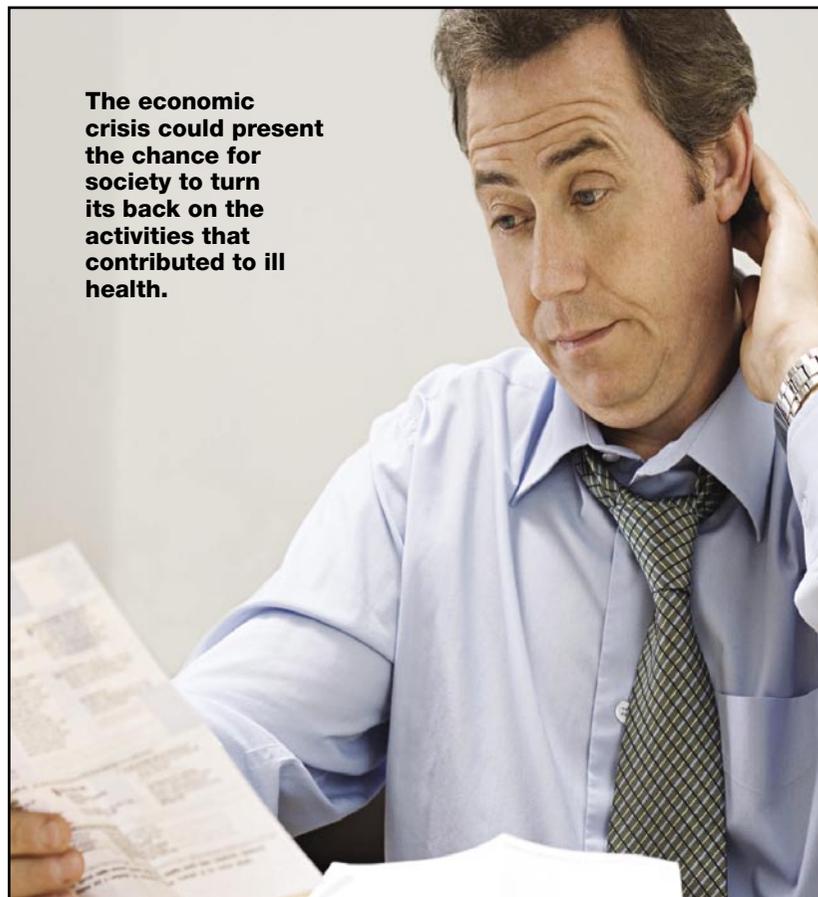
“ I PUBLISH a report on the health of the population of Greater Glasgow and Clyde every two years.

“This year I wish to start with some personal reflections on the challenges of improving health in these turbulent times.

“There have been major changes since my 2007 report: A Call to Debate: A Call to Action.

Positive opportunity in time of adversity

“WE have to think where the current economic climate is likely to take us. It could lead to more unhealthy diets, increased alcohol consumption and poorer health



The economic crisis could present the chance for society to turn its back on the activities that contributed to ill health.

through unemployment and these problems are explored more fully later in this edition of Health News.

“However, experience from previous recessions would tell us that there are also opportunities in

the current economic climate. Could this be a chance to reduce some of our inequalities? Turn our backs on the consumerism that has made so many of us unhappy? Encourage more active forms of travel?

“There is research suggesting that recessions can lead people to spend less time on unhealthy activities and more on healthy activities, such as walking instead of driving.

“The risk is the young will be hit the hardest. If young people fail to find employment they can carry this scar through their lives. The media is reporting fears of ‘another lost generation’ and I would say they are right to worry.

“I am encouraged, therefore, by recent discussions of the high priority being given to preventing unemployment in young people by our community planning partners.

“Many of the initiatives discussed in my previous report and progressed over the past two years around employability, financial inclusion services, drug and alcohol services and family support are now more important than ever.

“As we see some signs that the recession is reducing, the public sector in Greater Glasgow and Clyde must do all that it can to prevent youth unemployment – even if this is at the expense of some overall economic growth.

“Traditionally, public health experts have argued for levelling

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up of the circumstances of the poor to those of the rich to address inequalities. The experience of the recession and our growing concerns about climate change show that this strategy is unsustainable. It would require consumption of more resources than are available globally.

“We all need to change the way we live and not to be fearful that this will be a bad thing.

“During this time of change we have an opportunity to develop a vision for a different Greater Glasgow and Clyde – a vision of a more equal and compassionate society, a more sustainable way of living with a greater sense of community, a society where it is easier to cycle than to get in your car and where we produce more of our own food.

“We should plan now to ensure that economic recovery comes about in a way that will support equality and sustainability.

Together we can take effective action

“In many ways, people living in Greater Glasgow and Clyde have never been healthier and I am excited to see how many of the



actions in my previous report have been progressed (see pages 25/26).

“Deaths from coronary heart disease have significantly reduced over the last ten years through improved treatment and better prevention. Cancer survival is getting better due to better treatment and improved screening.

“Despite this progress our health challenges remain considerable. Social disparities and poverty continue to harm and kill many in our population – as do the experiences of discrimination faced by different groups.

“Effective solutions to the problems of inequality and poor

health will require societal change involving many different agencies, policy makers, economists and politicians. My own joint role as Director of Public Health for NHS Greater Glasgow and Clyde and Glasgow City Council provides valuable opportunities for public health leadership in a local authority setting. I would like to see this model extended to other local authorities.

“Ideally we want a responsible society that makes healthy choices but many people do not have real choices. I therefore remain an advocate for stronger national and local government roles in encouraging healthy choices to improve health.

“We need more progress in making it easier and safer for people to get out of their cars and onto bikes or public transport and walking. When about 2% of all journeys across the UK involve a bike, we need to be much more committed to making cycling a mainstream form of transport.

“I strongly support the Government’s move to minimum pricing for alcohol and I want also to see further restrictions on advertising and marketing.

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"I have had the privilege of being elected the convenor of the Glasgow City Licensing Forum and I intend to work with the Forum and the local licensing boards on these issues.

Helping the next generation

"Despite many improvements, some aspects of child health are not improving. Mental health problems in young people are worryingly high. Recent surveys of schoolchildren showed high levels of mood disturbance and use of alcohol.

"I am in no doubt of the crucial nurturing role of parents as we reflect on these problems. There is growing evidence that not only extreme abuse and neglect profoundly affect a child's brain and wellbeing. More common problems and poor parent-child attachment also have long term effects.

"I have been working with Triple P International over the past year. This is a positive parenting programme that has been proven to produce improved child behavioural outcomes. Implementing this programme across the population could be one of the keys to



unlocking the true potential of the next generation.

Positive change in a modern world

"New research by Professor Phil Hanlon at Glasgow University is showing that problems like obesity, inequalities, addictions and loss of wellbeing are influenced – not solved – by modern culture. They argue that the mindset of the modern period is itself intrinsic to the problem. We have benefitted from clean water, vaccinations, better nutrition, faster transport and much else. But these gains offer little to combat problems like obesity.

"If we are to successfully confront problems like addictions or obesity, transformational change will be needed. Hanlon and colleagues believe that the twin threats of climate change and the imminent peaking in global oil production will change our society as profoundly as the industrial revolution changed lives during the 1820s.

"They believe the Glasgow area is particularly vulnerable to the impending changes but their hope is that if we act soon enough we will outgrow some of our problems and create less inequality, less obesity and an enhanced sense of wellbeing.

"I intend to encourage our community planning partners to

use this work to create conditions conducive to positive change.

"In the midst of a world recession, national elections and preparations for the London Olympics and Glasgow Commonwealth Games, I want this report to be my manifesto for improving health and wellbeing over the next two years. I want it to encourage all public and private sector organisations to step up to the challenge to support the most vulnerable in our population if we are to create vibrant cities, towns and communities.

"And I want it to inspire some different ways of thinking about the complex problems that confront us, for example through the work of Glasgow Centre for Population Health and the work of Professor Hanlon and his colleagues.

"I hope you enjoy my report. The report will now be debated by public health colleagues and others involved in community planning and I would encourage anyone with views on the issues I have raised to contribute to that debate."

You can input your ideas and comments by visiting the NHSGGC website: www.nhsggc.org.uk/dphreport

THE PEOPLE HAVE SPOKEN

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IN setting priorities for action to improve the health of our population, it is vital that we listen to the people themselves to find out how they think their health could be improved.

Between August and December 2008, more than 8000 adults living throughout Greater Glasgow and Clyde were interviewed about their health and illness and their use of health services.

A series of street interviews were also carried out to get people's views on these issues.

These surveys provide a stark picture of significant differences in perceptions of health depending on where people live. And they show that our most deprived areas continue to be different from our other neighbourhoods in many other respects including financial wellbeing, alcohol consumption, obesity and physical activity.

Here the Director of Public Health presents the key findings and gives her views on what these results tell us.



People are more likely to participate in physical and social activities if they feel safe in their area.

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THE PEOPLE HAVE SPOKEN

How good is your general health?

When asked about their general health in the past year, 71% felt their health was good or excellent. This figure fell slightly amongst those in deprived areas to 66% and amongst older people it fell significantly to 46%.

When asked to rate their emotional wellbeing and overall quality of life, 85% viewed this positively. Again, amongst people in deprived areas this figure was slightly lower; 80% of interviewees expressed a positive view.



“ The Director of Public Health says: “It is encouraging that the percentage of people from deprived areas who rate their health as good or excellent has increased by 5% since the last survey in 2005 but concerning that there is still a gap between the perceptions of those living in deprived areas and those living elsewhere.”

Have you ever tried to stop smoking?

One third of people interviewed said they were smokers. Those from deprived areas were more likely to smoke (42%) as were men (36%) and those under 65 years of age (38%).

Encouragingly one third of smokers intended to stop and 18% had tried some form of nicotine replacement therapy in the previous year.



“ The Director of Public Health says: “There has been an overall reduction of 4% in smoking prevalence and 8% in the most deprived areas. Exposure to second-hand smoke has fallen by 16% between 2005 and 2008, 14% in the most deprived areas.

“It is very likely the legislation on smoking in public places is having a positive effect on smoking behaviours and people’s exposure to second-hand smoke, especially in the most deprived areas.”

Nearly two fifths of people in our survey stated that they were exposed to second-hand smoke at least some of the time. Again, people from the most deprived areas were much more likely to experience this (48%) as were men (42%).

Just over one third of people questioned were never exposed to second-hand smoke.

What concerns you most about your neighbourhood?

We asked about a range of issues that might affect people in their neighbourhood.

The issues of most concern were unemployment, drug activity and alcohol consumption - all of which were of greater concern to those from deprived areas than elsewhere.

Just over one third of people from the most deprived areas were concerned about levels of alcohol and drug misuse compared to one fifth from other areas.

Half of those from deprived areas were concerned about the level of unemployment in their area compared to a little over a quarter questioned in other areas.

We also asked if people were concerned about their physical environment. Once again, there are stark differences between the proportion of people concerned about issues such as rubbish, noise and traffic levels living in deprived areas and those living elsewhere.



“ The Director of Public Health says: “As studies have shown that a person’s physical environment can affect their health, it is concerning that differences remain in the ways people from our most deprived areas view their local neighbourhood compared to those from other areas.

“There are some encouraging signs, however, that things are improving. Fewer people expressed concerns over the levels of alcohol, drugs, traffic and safe play areas than when questioned in 2005. More people feel safe too – whether that’s at home, on public transport or walking about after dark.”

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THE PEOPLE HAVE SPOKEN

Neighbourhood safe?

Overall, 85% of people were positive about their neighbourhood. This dropped to 77% for those in our most deprived areas. In general, older people were more likely to be positive about their neighbourhood than younger people.

The majority of people interviewed felt safe in their own homes and using public transport and this was the same picture in all areas.

When it came to exploring feelings of safety when walking alone after dark, there was a marked difference in perception; only around half of those from deprived areas felt safe compared to two-thirds from other areas.

“ The Director of Public Health says: “This is an important finding as people are more likely to participate in physical and social activities if they feel safe in their neighbourhood.”



How survey will help us

THE 2008 health and wellbeing survey provides evidence of significant differences in the way people view their health. Comparisons with the findings from the 2005 survey show that in many ways the situation is improving. Despite these improvements, however, substantial differences remain between NHSGGC's most deprived and other areas.

Over the next few months, we will organise a series of local health summits to present these findings to local people to gain local perspectives on why these differences exist.

These views will then be used to help shape decisions about future local health priorities.

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THE PEOPLE HAVE SPOKEN... WHAT THEY HAD TO SAY

Louise Convey, Newton Mearns

Q: Do you think where you live affects your life?

A: "If you are in a more affluent area it's easier to be healthy.

There are more opportunities to be healthy where I live, there's a gym. Also I think fruit and vegetables can be quite expensive so if you are living in a more affluent area that can be easier to get hold of – if you are in a poorer area things can be a bit more difficult."



Karen Gordon, Kirkintilloch

Q: Do you think where you live affects your health?

A: "I maybe don't feel it so personally because

Kirkintilloch is a really good place to stay but if you look at places like Bearsden and Drumchapel, which are geographically so close to each other, yet the levels of deprivation are from one end of the spectrum to the other. That must have an impact on the health of the people who live there."



Sandra Donnelly, Glasgow

Q: Does where you live affect your health?

A: "As I live near Glasgow Green I think it does in that it has a positive influence on me. There are a lot of exercise activities on the green and because it's close to me I can join in and see what's going on and feel that I want to be part of it."



David MacDonald, Dennistoun

Q: How has the smoking ban affected your life?

A: "The biggest way the smoking ban has affected my life is when you go out to a pub or whatever, you don't come back stinking of fags which was always unpleasant. I quit before the smoking ban came into place, I was glad I did."



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THE Director of Public Health Report 2009-2011 investigates the impacts of the financial crisis and subsequent recession on the population and its health, comments on governmental and organisational responses and discusses different short and long-term responses to the crisis.

In attempting to understand the local

effects of the financial crisis, we need to reflect on its rapid development and global consequences – stock market crashes, emergency financial support for many banks, cuts in UK interest rates to historically low levels, large-scale and sharp rises in unemployment – culminating in the UK economy officially going into recession in January 2009.

HOW THE ECONOMY AFFECTS OUR HEALTH

THE most immediate impacts so far have been on unemployment and the availability of jobs but it is expected that the full extent and impact of the crisis is probably still to be felt due to the lag effects of recession and many impacts are likely to persist even after the economy moves out of recession.

The findings of a study into the recession in the 1990s shows that it took more than six years for the rates and levels of unemployment

to fall back to pre-recession levels.

From 1993 to the start of 2008 when the global economy started to feel the effects of the credit crunch the number of people claiming unemployment benefit across the six local authorities in NHS Greater Glasgow and Clyde moved consistently downward. However, from January 2008 until August 2009 the numbers claiming unemployment benefit doubled.

The steepest rise in unemployment has been amongst younger adults (18-24

years) although the age group of between 25 to 49-year-olds make up more than half of all claimants.

Men claiming unemployment benefits outnumber women claimants by three to one in Glasgow City.

Between August 2007 and August 2009 the following increases in claimants by occupation in Greater Glasgow and Clyde have been recorded: skilled trades + 5,200 on benefits; admin and secretarial + 2,430 on benefits; sales and customer services + 3,495 on benefits; process plant and machine



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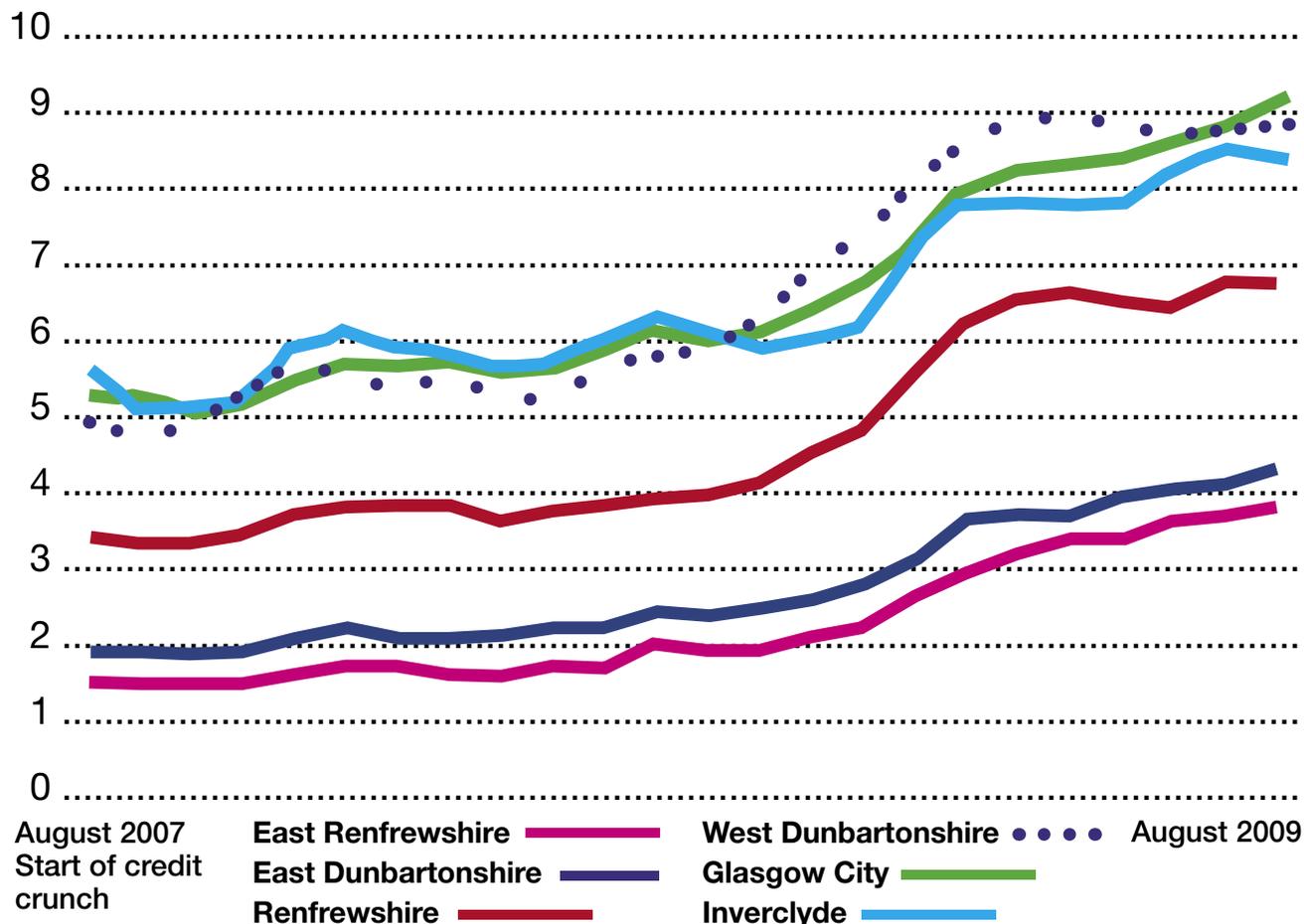
operatives + 3,410 on benefits; managers and senior officials + 1280 on benefits and professionals + 1270 claiming benefits.

From associated professional and technical occupations; personal services and elementary occupations a total of 9,485 more workers are now claiming benefits in that two-year period.

In addition to redundancies, the number of job vacancies across Greater Glasgow and Clyde from the start of the credit crunch in August 2007 till August 2009 has plummeted by 30%.

The impact of the recession can be clearly seen by the increase in benefit claimants and the sharp fall in job vacancies. Another aspect is the overall effect on the ability of those people who were

Percentage of working age men claiming unemployment benefits



This graph shows the percentage of men of working age claiming unemployment benefits in six council areas within the NHS Greater Glasgow and Clyde area. The graph shows the steady trend upward in the 24 months from August 2007 when the credit crunch began to bite, until August 2009.

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already unemployed – many long-term – who now have to compete with a growing number of more experienced jobseekers in the open market place.

In this regard the Greater Glasgow and Clyde area entered this period of recession with a backdrop of high levels – compared to elsewhere in the UK – of unemployment or of low income, particularly in Glasgow itself where one in five working age adults was not in work in 2006 and one in four of the population was dependent on income-related benefits.

The upward trend has continued toward the end of 2009 and the effects of the recession on unemployment are expected to continue well beyond when the current recession is officially over... not least as public sector jobs may be shed in the immediate years ahead as a result of the recession and the constraints of government funding.

Citizens Advice Bureau Scotland reports that the economic crisis has had a wide range of effects including unemployment problems (everything from reduced hours, redundancy and non-payment of wages).

They also report difficulties for home owners ranging from falling behind in mortgage payments; the eviction of private renters after property repossession and increasing debt and problems with unsympathetic creditors. A survey

conducted into Scottish Citizens' Advice Bureau clients showed that their total debt had increased by 50% over the five years from 2003 to 2008... and that concerns about debt had been heightened further by the financial crisis when it began to be felt in Scotland during the summer of 2008.

Further evidence pertinent to the Director of Public Health's Biennial Report is the clear link evidenced in the CAB survey between these debt problems and health. The report states that more than 33% of clients surveyed had an illness, disability or health problem and within client households three in every five households had at least one person with health issues.

Some other key negative impacts of the recession include:

- One study shows that in middle-aged men who had been made redundant in the late 1970s, mortality doubled in the five years after redundancy
- Evidence suggests that the mental health effects of job loss can be greater for women than for men
- We know that fast food outlets have flourished in the initial stages of this financial crisis suggesting that more people may be turning to convenience foods
- A Which? Survey of 2000 adults in the UK showed that 25% of people said the crisis had made healthy eating less of a priority.



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THE ECONOMIC CRISIS ... PRIORITIES FOR ACTION

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vulnerable to the effects of the recession and to support schemes that encourage volunteering and that effectively remove barriers for any population groups to gain the benefits of volunteering

- NHS Greater Glasgow and Clyde has accepted and implemented the Scottish Government's Procurement Policy which promotes opportunities for Small and Medium Enterprises (SMEs) to compete for public contracts. Community Health (Care) Partnerships and other NHS organisations should ensure that when procuring goods and services, they apply the policy in ways that benefit local economies

In a period of increasing financial constraint, services will have to be prioritised but those that promote resilience should be protected. Enhanced support should be directed to services that address the social and health problems that arise as a result of unemployment, job insecurity and low income. These services would include those that:

- Provide information and advice for families and individuals on how to cope with the mental health effects of unemployment and related problems
- Increase awareness of the potential social impacts on families, such as child and domestic abuse
- Promote debt advice and advice on managing on low income and money saving activities such as how to eat healthily on a low income; advice on energy saving measures; cheap public transport options and free or low cost leisure activities for adults, children and families.



WHAT THE PEOPLE SAID

**Graham Kerr, Paisley**

When asked if the recession had affected him or his health Graham Kerr of Paisley said that he wasn't sure of the direct health effects it could cause people but added that stress would maybe affect a person's health. He added that just trying to find another job could cause stress and health effects. "If you look in the job centre I think it's on average about 70 people going for every job and there's a lot of people out of work."

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MOST people in Scotland are not active enough. Only one in three of us achieve the recommended levels of 30 minutes moderate activity five or more times per week.

And importantly, sport lags behind our jobs, housework and walking as a source of physical activity – accounting for only 8% of activity carried out by adults.

But with obesity remaining one of the biggest health problems challenging our communities, and with experts estimating that it could cost our local economy almost £1billion by 2050 if left unchecked, it's more important than ever to encourage people to become active.

An Unequal Struggle for Health investigates current trends in physical activity and sets out key priorities for action to encourage more adults and children to get active.



TIME TO GET ACTIVE

RESEARCH shows that physical activity levels are affected by our age, where we live and even our gender.

Greater Glasgow and Clyde's 2008

health and wellbeing survey found that people aged 65 and over are less likely to be physically active than younger people.

Half of men aged 16 to 64 said they regularly participated in physical

activity compared to just over a third of women in the same age group.

People living in our most deprived areas are more likely to travel by active means or use public transport, but overall are less likely to meet

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TIME TO GET ACTIVE

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the physical activity recommended levels compared to people who lived in our other areas.

And whilst many children living in NHSGGC take either public transport or walk to school, the proportion of children being driven to school by car is above the Scottish average in Glasgow City, East Renfrewshire and Inverclyde.

A national target has been set that by 2022, 50% of adults and 80% of children will meet the recommended levels of physical activity.

Dr Linda de Caestecker acknowledges that much is already underway to tackle this but believes that more needs to be done, particularly with the least active groups, if we are going to achieve the target.

She said: "The 2008 survey was the fourth undertaken since 1999. Trends from these surveys show that, whilst there was an increase in physical activity amongst both men and women between the period of 1999 and 2002, in subsequent



years this levelled out and then, by 2008, fell sharply.

"These trends indicate that renewed leadership and drive is required if we are to meet the national targets for physical activity.

"The Commonwealth Games in 2014 offer unprecedented opportunities to focus on physical activity before, during

and after the Games. We need to work together with our partner local authorities to ensure that the Games are relevant and encourage participation in sport in all sectors of the community, including older people and those living in our most deprived areas.

"Walking has been described as the 'nearest activity to perfect exercise'. An important key to promoting this may lie in changing the environment. I am therefore calling for action on the environment as well as action at an individual, community and organisational level."

Priorities for action

THE Director of Public Health identifies three specific challenges to be tackled.

These are:

- To increase participation amongst the least active groups of people
- To maintain active levels of those currently active
- To increase uptake across the entire population at all ages

To meet these challenges the priorities for action include:

- Support the implementation of the Glasgow Health Commission recommendations including car-free days in city and town centres and a cycling summit
- Develop a sustainable transport infrastructure which promotes active travel, including cycling and walking
- Encourage transport operators to participate in a transport card scheme that will allow people to use a single ticket for different modes of transport, such as are available in other major cities
- Develop escorted cycling schemes to encourage commuters to use their bike
- Roll out free bikes to schools, following the successful Glasgow pilot
- Ensure the opportunities presented by the 2014 Commonwealth Games in Glasgow benefits us all, not only our elite sportsmen and women
- Reducing the barriers to walking by ensure that all communities have access to greenspaces.

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CHILDREN ARE THE FUTURE

Children are the future ... and so our priority for improving population health must lie with them.

Recent research has shown that bad experiences at an early age can cause significant damage to a developing child's brain. Children who are exposed to highly stressful situations, household chaos

and absent parents are at greater risk of damage.

Death in childhood is now, thankfully, rare. The biggest threats to children's health and wellbeing in Greater Glasgow and Clyde today are the social ills that prevent children from developing the strengths, capabilities and confidence to engage fully in society as

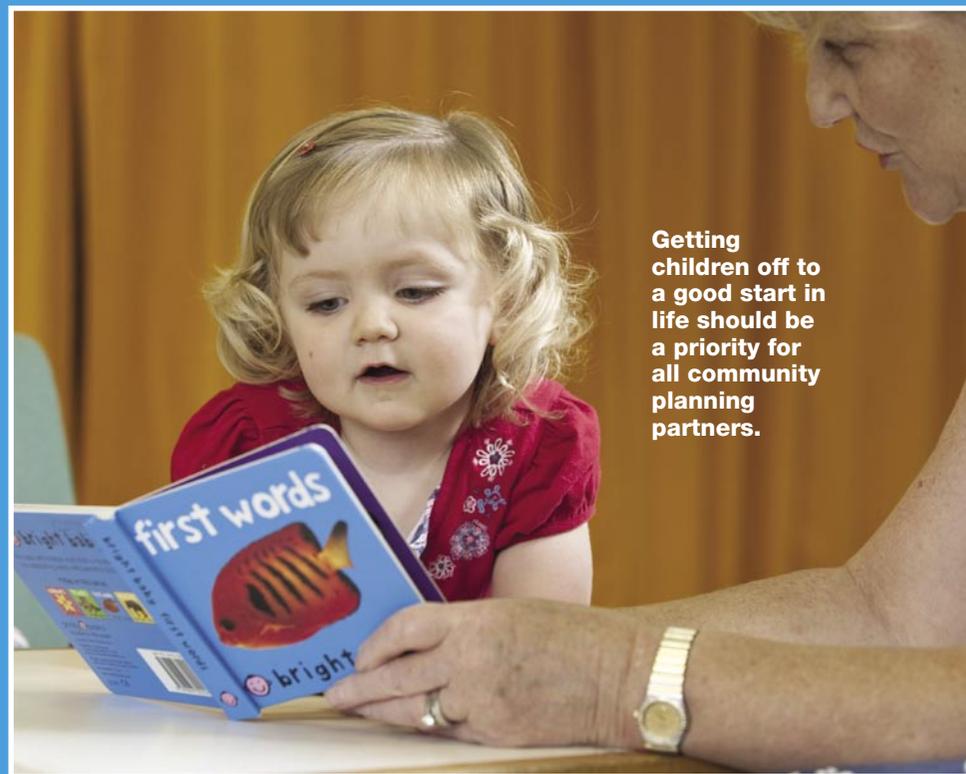
children and as adults.

In her report, the Director of Public Health argues that such is the importance of helping children to start off and continue their lives well that this priority needs to be better resourced across the whole public sector.

CHILD poverty is a significant problem in Greater Glasgow and Clyde. One in four families are out of work and one in two are on a low income. Even in our more affluent areas, there are sizeable proportions of children living in low income families.

Whilst child deaths are at an all-time low, babies born to poor women have a higher risk of dying or illness throughout childhood and adolescence. Poverty in childhood continues to have an effect throughout life and into future generations through pregnancy, and cannot be separated from the circumstances of parents or carers.

Another adverse effect of poverty on a family is the stress it causes parents and the lengths that they have to go to in order to make ends meet. In addition to the physical and emotional impact on the parents, stress can take their attention away from their parenting role, reducing the time and opportunity for the development of a strong parent-child bond, which is crucial to a child's healthy development particularly in the early months and years as the brain develops.



Getting children off to a good start in life should be a priority for all community planning partners.

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CHILDREN ARE THE FUTURE

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Other factors that threaten the development of a strong parent-child bond include domestic violence and substance misuse where the parent's physical compunction for safety, or to feed an addiction, overrides the ability to develop their relationship with the child.

Domestic abuse can have a devastating effect on children's lives and there is evidence that suggests that a substantial proportion of children in NHSGGC could be at risk. Scottish figures in 2008 for incidents of domestic abuse recorded by the police were highest in West Dunbartonshire and Glasgow (1,800 and 1,518 per 100,000 people respectively) with Renfrewshire and Inverclyde also amongst the ten council areas in Scotland with the highest rates.

In the Glasgow City Council area there could be up to 20,000 children affected by parental substance misuse, many of whom are thought to be unknown to specialist services.

A number of influential and innovative actions are being taken forward to tackle these major



problems. The Glasgow City Health Commission, launched in August 2009, has recommended that a key goal for the city and its partners should be to become a child-friendly city which would include treating children as an asset, not as a problem.

NHSGGC has agreed that the principle of re-focusing mainstream services towards early years is one that it will prioritise. Actions proposed are to establish

more intensive family support for vulnerable families, sustainable parenting programmes and development of the early years workforce.

Parenting support has been identified nationally and locally as one of the key drivers for improving educational, social and health outcomes for children. Triple P (positive parenting programme), which is now being introduced by NHSGGC and Glasgow City Council, has a strong track record of demonstrating improved outcomes for child behaviour and parental confidence and wellbeing. The programme offers increasingly intensive levels of interventions to children and families. Evidence has shown that it can reduce child abuse, out-of-home placements, admissions or attendances at hospital for non-accidental injuries and has the potential for preventing severe conduct disorders.

The resource implications of these early years initiatives are significant but such is the importance of helping children to start off and continue their lives and lifestyles well that this priority needs to be better resourced across the whole public sector.

Priorities for action

The shocking statistics about the extent of child poverty in our neighbourhoods show that we must be unrelenting in our bid to help children get the best start. To build on the measures already being taken to improve the early years, the following further priorities for action are recommended:

- Continue to work to change the culture of NHS GGC towards becoming child-friendly by focusing more resources and energy on early years
- Implement Triple P throughout Glasgow City and seek to work with other local authorities to roll it out throughout Greater Glasgow and Clyde
- Community Planning Partnerships should focus more directly on the causes of health and social inequalities and on early intervention. This will require a shift in the use of resources and in priorities, making early intervention and support for vulnerable families at the core of our joint work.
- All organisations and agencies should aim to challenge the societal cultural influences that perceive children as a threat, nuisance or source of commercial profit, for instance by creating more opportunities for children and young people to engage with their peers, older adults and their local communities.

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WE'RE STILL DRINKING TOO MUCH

Enough alcohol was sold in Scotland in each of the last three years to enable every man and woman over 16 years of age to exceed the sensible weekly guideline... on each and every week.

Far too many people are drinking far too much and far too often. The results of this alcohol misuse can be seen and felt in almost every aspect of Scottish life - physical harm to the drinker, accidents involving others as a result of drunkenness and mental health effects on the drinker and often on those close to them.

Violence, litter and fear are a few other consequences that so blight many parts of our communities as a result of alcohol misuse. Here the Director of Public Health examines some of the key issues and how they must be tackled ... and how councils, government and health boards must do more to empower communities to have a say in changing the way things are.

Dr de Caestecker also explores what more must be done to intervene and help those who are drinking too much.



New local surveys show growing alcohol misuse problem

TO help get a measure of the alcohol misuse problem the Director of Public Health has taken very fresh information from two specific and localised quantitative and qualitative surveys.

Firstly: An NHS Greater Glasgow and Clyde

health and wellbeing survey of more than 8000 people showed that 65% of the sample group drank alcohol at least sometimes ...

The more concerning finding is that 37% of those who drank alcohol exceeded the weekly recommended drinking limits in the week prior to taking part in the survey.

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STILL DRINKING TOO MUCH

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It appears no matter how you choose to examine the findings the detailed results make for deep public health and social concern.

The statistics just put into sharp focus the scale of Scotland's cultural association with the consumption of alcohol – and in particular the significantly higher alcohol misuse statistics in the Greater Glasgow and Clyde area.

In our population area of the 65% who said they drank alcohol a disturbingly high number had “binged” at least once in the week before questioned: 65% of men and 51% of women had “binged” on booze. The definition used in this DPH Report for “binge drinking” is a man drinking more than eight units of alcohol in a single day or a woman drinking more than six units.

Secondly: A separate survey of school pupils in three council areas –

NHSGGC and Scottish Alcohol Consumption Patterns

Area	NHSGGC		Scotland	
	Males	Females	Males	Females
% exceeding weekly units	43%	29%	34%	23%
% binge drinking in last week	65%	51%	40%	33%



Glasgow City, Renfrewshire and also in West Dunbartonshire – reinforced why we should have particular concern about young people's alcohol consumption.

The data indicate that between 14% and 20% of all secondary pupils in the three council areas covered drank alcohol regularly.

Among pupils who drink alcohol, 27% of Glasgow children are drunk at least once a week, 22% of Renfrewshire children are drunk at least once a

week and 23% of West Dunbartonshire pupils are drunk at least once or twice a month.

Impacts on health

Alcohol related deaths have more than doubled in the past 15 years. Alcohol was the underlying cause of death for 1,399 people in Scotland during 2007... But this is only part of the toll on health.

NHS audits show there were more than 10,700 emergency admissions to acute hospitals in Greater

Glasgow and Clyde for adults aged over 16 years with an alcohol related problem – in a 12 month period spanning 2007/08.

Alcoholic liver disease is one long term physical health effect of excessive alcohol consumption.

Another significant health outcome is mental health. We now see more than 4,000 alcohol related discharges from psychiatric hospitals in Scotland and alcohol related brain damage is one of the most disabling forms

of psychiatric morbidity. Examination of the data for this condition shows that a disproportionate number of these individuals live in our most deprived communities and many are comparatively young.

And then there's the impact of alcohol misuse on our communities on the scale that we currently experience in Greater Glasgow and Clyde. The vast majority of people regard it as having a significantly negative effect in their area. Fears of abuse, violence, anti-social behaviour, litter, vandalism, violence and gang fighting are the most common negative experiences.

There is much work to be done to manage the problem of alcohol misuse and the spectrum of negative impacts it delivers upon individual, families and communities. Some are highlighted on pages 21 and 22 in the Priorities for Action. Others are detailed in the full DPH Report which is also available online.

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DRINKING... PRIORITIES FOR ACTION

National priority

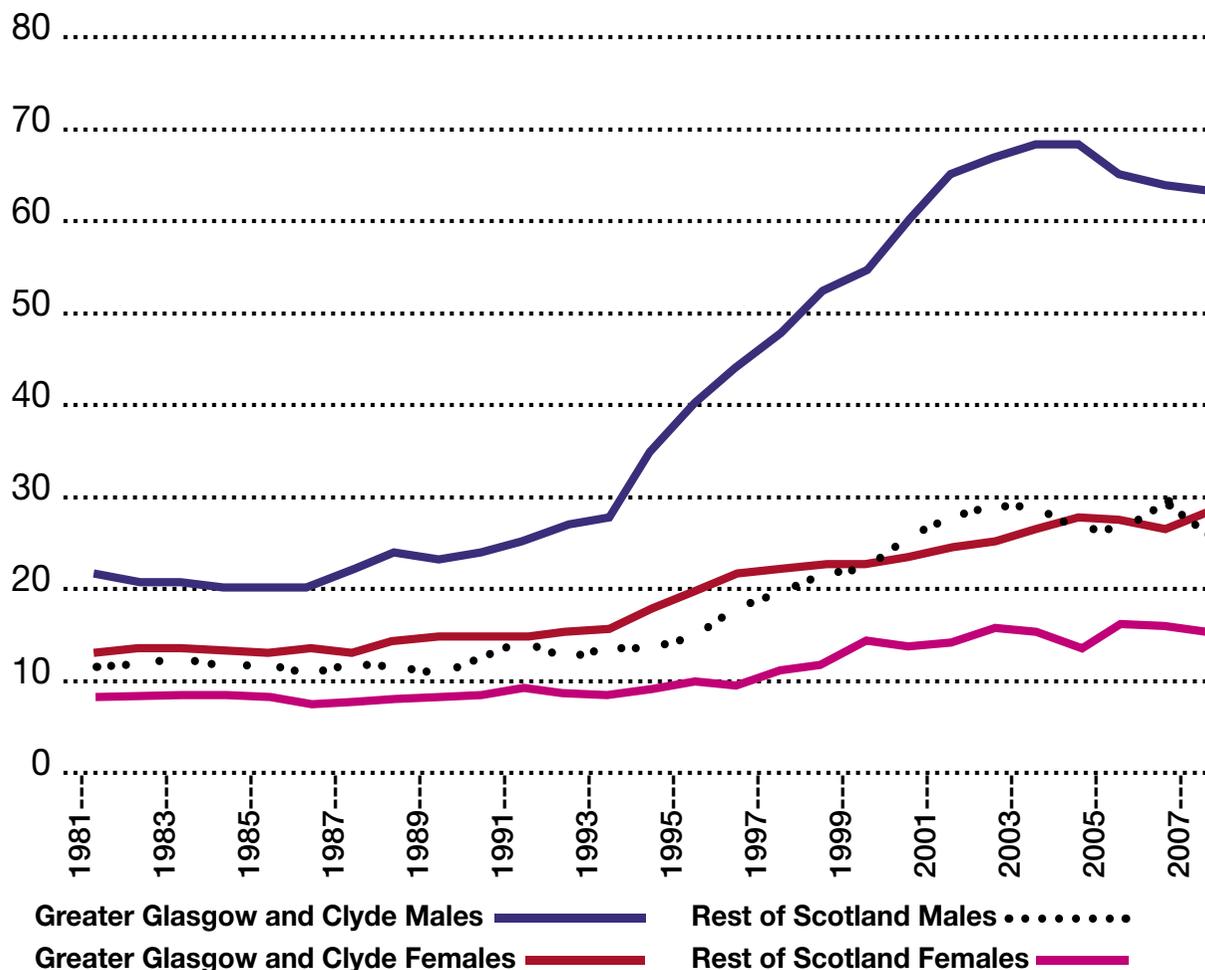
Scotland as a nation is consuming far more alcohol than is safe. The most effective means of decreasing alcohol consumption is to increase the price of alcohol relative to income. The Health Board and its partners must support the government proposals on taking action to restrict promotions of alcohol beverages and introducing a minimum retail price for a unit of alcohol.

Local Authority and Licensing Board priorities

- Licensing Boards should draw up specific plans to meet the objective of promoting and protecting public health. The core content of these should include policies on special offers, over-provision and meaningful consultation with communities. Any extensions to current licences or applications should be assessed in the light of concerns of local communities.

- Local authorities should ensure that arrangements for community representation on licensing forums are sufficiently robust to

Liver Cirrhosis deaths - rate per 100,000 population per year



The above graph shows the age standardised mortality rates from alcoholic liver disease, males and females, aged 15 to 74 years in Greater Glasgow and Clyde and the rest of Scotland.

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DRINKING... PRIORITIES FOR ACTION

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enable the concerns of the population to be adequately represented.

- Information about the level of alcohol related incidents investigated by the police should be made known routinely to the licensing boards – especially in relation to specific premises. A zero tolerance of these issues in local communities should be expected.

- Alcohol related violence is associated strongly with the number of licensed premises in the area. The Public Health Team of Greater Glasgow and Clyde will offer licensing boards guidance on analysis of alcohol related violence and licensed premises.

- Proof of age should be required by all young people under the age of 25 years who wish to purchase alcohol. Proof of age cards should have the date from which the young person is entitled to purchase alcohol rather than a date of birth, and must be of a form that is not easily forged.

- Existing offences of supplying alcohol to someone who is drunk should be enforced and detections regularly reported to the licensing board. Sanctions should be publicised as a means of encouraging other premises to adhere to best practice.

- Community Health (Care) Partnerships should engage with local communities and their community planning partners in

drawing up and implementing an evidence based action plan which provides communities with the support they need to tackle alcohol misuse. Communities and individuals who have experienced the adverse health effects of alcohol misuse should be supported in raising objections to the application for further alcohol licences in their area.

The National Health Service

Screening and brief interventions allow people who drink at hazardous levels to think about, and curtail, or otherwise modify their drinking habits. Screening and referral for brief intervention should be expanded to include community planning partners.

NHS Greater Glasgow and Clyde should trial alcohol screening and brief interventions in an out-patient setting to assess effectiveness.

Occupational Health

Responsible employers who are working towards Scotland's Healthy Working Lives Awards must be supported in their efforts to introduce alcohol policies into the workplace, train occupational health staff in educating employees to prevent alcohol misuse and in the conduct of screening and brief interventions for employees and ensuring that those employees who require treatment are supported in accessing this.



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HALF OF ALL EARLY DEATHS ARE PREVENTABLE

MORE than half of premature deaths (before the age of 75) are potentially preventable.

If the risk factors can be changed on a big enough scale the health status of our population could be transformed.

Many diseases that cause premature death share common preventable factors and pockets of our population carry the largest burden of those diseases.

The challenge we face is to concentrate on reducing the risk factors on the population groups who carry the biggest burden of ill health and premature death.

Therefore it is vital that our prevention activities are as powerful, effective and accessible as we can possibly make them.

Throughout this Report it is evidenced that that the health experience of our population is far from evenly distributed. Apart from deprivation there are many other complex factors contributing to poorer health status and premature death – such as age and gender. Other parts of the DPH Report focus on the wider complexities but what we do have evidence of is that smoking cessation support, blood pressure lowering medication, statins and many other preventative strategies are effective.

We need to address the issues that make it more difficult for some sections of our communities to access and maintain preventive measures.

Keep Well is a national initiative originally launched in 2006 to prevent or delay the onset

of disease. In NHSGGC we have implemented Keep Well in several areas within Glasgow City and in Inverclyde and West Dunbartonshire. We have concentrated on detailed cardiovascular screening; data recording; practice-based lifestyle counselling; referral to relevant services where appropriate; follow up of referrals and systematic documentation of outcomes.

More ambitiously Keep Well seeks to influence patients' life circumstances in a range of ways by offering practical help with financial issues, employability and literacy as well as smoking, healthy eating, physical activity and mental health support.

We are working closely with our community planning partners to support healthy active ageing which optimises older people's opportunities for health, participation and quality of life as they age.

Interventions and help to improve access to support is key. The proportion of pensioners in relative poverty is increasing and older people are the least likely of all social groups to claim benefits they are entitled to (many pensioners being unaware of available services and entitlements).

One initiative that has proved highly successful is the Quick Guide booklet to services produced by Glasgow City Council and distributed to older people. In just six months more than 50 patients and carers secured benefits totalling £200,000 to help stroke patients.



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EARLY DEATHS ... PRIORITIES FOR ACTION

- The Health Board must start planning now for anticipatory care Board-wide after the end of the Keep Well pilot schemes
- An evidence based debate is required on the appropriate balance between individual level cardiovascular risk reduction delivered through health checks and intensifying our current actions to create health promoting communities and environments
- In addition to maximising the Health Board's effectiveness in relation to preventative measures, it needs to consolidate and step-up joint working with its partners, which focuses on addressing the structural, financial and social barriers which people face when trying to prevent health problems.
- We must continue the process of learning from and continuously improving successful prevention programmes, including screening and vaccination, ensuring that their equity dimensions are actively monitored and appropriate action taken to deliver the programme in ways that reach those who are less likely to take part
- Community Health (Care) Partnerships and their community planning partners must ensure that older people, irrespective of their personal circumstances or where they live, can access services and their opportunities for health, active participation and quality of life as they age.

The NHS and its partners must help those who face a social barrier to accessing health.



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I hope that you've enjoyed reading this summary of my biennial report, *An Unequal Struggle for Health*. If you've found it interesting and want to read more, you'll find the full report at www.nhsggc.org.uk/dphreport

On the website, there's also an

opportunity to give your ideas, comments and suggestions on the content of the report and you can view video clips of some of the many people we interviewed.

If you'd like a printed copy of the full report, phone the Public Health

Resource Unit on 0141 201 4915.

Finally, I would like to thank the many colleagues who have contributed to the report. Their input, ideas and expertise have been invaluable.

Dr Linda de Caestecker
Director of Public Health

PROGRESS SINCE 2007

DR de Caestecker's first biennial report *A Call for Debate: A Call for Action* identified various priorities for action. Here we highlight just a few of the initiatives introduced since the report was published two years ago.

Smoking

A single, easy-to-access service was launched in 2008 to help people who want to give up smoking. SmokeFree Services (tel no: 0800 84 84 84) are available to all adults in the Greater Glasgow and Clyde area who want help to quit. In 2008-09 5,082 attempts were made to quit, with 33% of these still smoke free after one month.



With local authorities, we are delivering a smoking prevention programme in all primary and secondary schools throughout Greater Glasgow and Clyde.

In West Glasgow we have been working with community and faith leaders in the South Asian and Chinese communities to raise awareness of tobacco issues.

Screening

The national screening programmes continue to be offered to all eligible groups within the population. Specific initiatives are in place to offer screening to disadvantaged groups, including people with learning difficulties, ethnic minorities and prisoners.

The Human Papilloma Virus (HPV) immunisation programme, which aims to protect girls from developing cervical cancer in later life, has been implemented with good uptake levels.

Tackling inequalities

NHSGGC has developed action plans to address many of the key issues that affect health outcomes, including employability, financial inclusion and child poverty.

NHS and councils have worked together to improve the experience of our most unhealthy communities. For example, in Inverclyde, a 12-week programme, Girl Power, has been introduced for 13-18 year old girls which explores issues such as healthy relationships, sexual health, self-esteem and confidence. In Renfrewshire, a community health event inspired a number of suggestions including cooking classes, allotments and an 'age-fest' - these are all now being introduced.

A new NHS GGC Parenting Support Framework is being implemented to improve outcomes for children through support for parents.

Alcohol

In West Glasgow, local teenagers have produced a DVD on the effect

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of alcohol on their lives, their families and their communities. The DVD is being used to support individuals and communities to reduce alcohol-related harm.

In East Renfrewshire, a joint policy statement has been agreed between the NHS and the council, making tackling alcohol a key local priority.

Sustainability

NHSGGC is signing up to the Glasgow Climate Change Partnership with Glasgow City Council and other public sector organisations to work jointly on a response to climate change and carbon emissions.

Obesity

Healthier vending options are now being promoted within Glasgow City Council's public facilities. The Council also plans to develop a healthy in-house tuck policy for all its schools and after school clubs.

A child healthy weight programme has been developed by NHSGGC for obese children and their families.



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