

Progress against priorities for action in the DPH report 2009-2011

This chapter presents progress on the implementation of priorities for action described in 'An Unequal Struggle for Health: Report of the Director of Public Health into the health of the Population of Greater Glasgow and Clyde and Priorities for Action 2009 – 2011.'¹

Progress is summarised under each of the chapter headings in the previous report:

1. Alcohol: the burden of harm
2. The population of NHSGGC needs to get more active
3. Implications of the financial crisis for health
4. The early years: the foundation for future health and wellbeing
5. The potential of preventative health programmes in improving wellbeing and preventing disease

Section 1: Alcohol: the burden of harm

1.1 **Action point:** Scotland 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.

Update: The Scottish Parliament is expected to introduce a minimum price per unit of alcohol within this parliamentary term. NHSGGC and its partners will continue to support this, as well as other potential regulations e.g. separate checkouts.

1.2 **Action point:** Alcohol related violence is associated with the number of licensed premises in the area. Public Health will offer Licensing Boards guidance on analysis of alcohol related violence and licensed premises.

Update: We provided information on outlet density and alcohol related crime to all Licensing Boards. Combined with Health Board data, this gave a comprehensive picture of acute and chronic alcohol related issues. In

most cases where there was a problem with alcohol related crime, there was also a high rate of alcohol-related chronic health problems. West Dunbartonshire Council is to be commended on its overprovision policy.

1.3 **Action point:** Each CH(C)P should engage with local communities and their community planning partners in drawing up and implementing an action plan, which provides communities with the support they need to tackle alcohol misuse based on good evidence. Communities and individuals who have experienced the adverse health effects of alcohol misuse should be supported in raising objections to any application for further alcohol licences in their area.

Update:

The statutory consultation period for the application for a new licence is 21 days. This is insufficient time for a Community Council to be able to consider this. Further work needs to be undertaken in this area. Some of it can be achieved at local level, but other aspects would be

more appropriately addressed at national level and through legislation.

	Communities are involved in licence applications	Health data is used in defining assessment of overprovision	Health impact of licensing policies is assessed
East Dunbartonshire	✓	X	X
East Renfrewshire	✓	X	X
Glasgow	✓	Limited	✓
Inverclyde	✓	In progress	X
Renfrewshire	✓	Limited	X
West Dunbartonshire	✓	✓	In progress

1.4 **Action point:** Screening and brief interventions allow people who drink at hazardous levels to think about and curtail their drinking habits. Screening and referral for brief intervention should be expanded to include community planning partners.

Update: HEAT targets for screening and brief interventions have been extended to facilitate the expansion and embedding of this process. The targets for screening and brief interventions were met by NHSGGC last year. Training of community planning partners has been extended.

Section 2: The population of NHSGGC needs to get more active

2.1 **Action point:** Support and develop a sustainable transport infrastructure which promotes active travel, including cycling and walking.

Update: These examples demonstrate progress and good practice in promoting active communities throughout the Health Board and local authority areas:

- [Go Barrhead](#) is a three-year project led by East Renfrewshire Council. It is funded by the Scottish Government through the Smarter Choices, Smarter Places Initiative. The project aims to create more opportunities for residents in Barrhead to walk, cycle and use public transport, in order to encourage people

to lead more active and environmentally friendly lifestyles.

- [Walk Glasgow](#) is the city's community walking programme, delivering over 60 led walks each week. The programme commenced in January 2009, recording over 13,000 attendances by December 2010.
- [Active Environments](#): Glasgow City Council has started work on the segregated Copenhagen-style cycle track on James Street and London Road in Bridgeton. The track will link from Glasgow Green to the Commonwealth Games site at Parkhead as part of the Smarter Choices Smarter Places project.

Section 3: Implications of the financial crisis for health

3.1 **Action point:** In order to understand the impact of the recession, we need to monitor not only economic indicators but also changes in health service use and potential adverse health outcomes over the period of the crisis and beyond. We should therefore be monitoring use of primary care, mental health and hospital services, trends in suicide, prevalence of mental distress, health behaviours and overall mortality, and potential secondary effects such as levels of violence and child abuse.

Update:

- A small group has been meeting to develop a set of indicators which can be used to monitor the impact of the recession to ensure that decision makers in NHSGGC are forewarned of any risks. The group has selected the most useful indicators to form a baseline which can be measured annually as part of the planning cycle. This will enable local areas to take any concerning trends into account in their development

plans combined with their local knowledge of the impact on their patients.

- [Understanding Glasgow](#) is a new web-based resource, which covers a range of issues, including poverty related indicators for the city and surrounding local authorities. Poverty indicators specific to children will be added later this year.
- Reports published by the [Scottish Observatory for Work and Health](#) detail population level trends and patterning relating to health-related worklessness benefit claims.
- A project to describe patterns and trends in mental health led by GCPH and the Mental Health Partnership in Greater Glasgow and Clyde is nearing completion. A detailed report describing mental health and wellbeing within Greater Glasgow and Clyde will be published by GCPH in autumn 2011.
- The Scottish Government implemented the [Scottish Living Wage](#) across the NHS in April 2011. Other employers will be encouraged to adopt the living wage and to provide support for their direct and indirect

employees to help mitigate the effects of the economic downturn.

- We are working with our partners on employment and financial inclusion for groups particularly affected by the current financial crisis. An example of this work is the Healthier, Wealthier Children pilot, which aims to reduce child poverty by helping families with money worries.

Section 4: The early years: the foundation for future health and wellbeing

4.1 **Action point:** The evidence for parenting interventions is overwhelming. We can support parents much more effectively by widespread implementation of the agreed parenting programme for NHSGGC, [Triple P](#). Core to the programme should be a strategy to engage parents fully in the process of delivery. There are opportunities to work with academic partners to establish a world-leading research group on parenting programmes and their effectiveness in a Scottish context.

Update:

- Triple P is designed to improve the quality of parenting advice. Implemented as a joint programme in Glasgow City, it is now being rolled out to Renfrewshire Community Health Partnership.
- A Triple P for baby trial will be launched in autumn 2011. Forty practitioners have been trained to deliver an antenatal and postnatal parenting support programme to 160 couples with a control group of 160 receiving standard support. This is being led by the Department of Psychology at Caledonian University and Triple P international.
- Five groups have been delivered in HMP Barlinnie since November 2009. In total 25 fathers have taken part (21 completed the programme). From the 25 fathers who took part in the Triple P groups, 19 partners also took part.
- Since November 2009, 700 staff trained in different levels of Triple P and over 10,000 parents (including grandparents and other caregivers) have taken part in the programme. Most of these have been parents of

children starting primary school in 2010 and 2011 attending Triple P seminars as part of school induction but there have also been hundreds of parents who have completed group Triple P or four session one-to-one interventions in primary care Triple P. Early indications from the evaluation show positive outcomes for parents, e.g., reduced anxiety, depression and stress after taking part in a group. We are continuing with our robust monitoring and evaluation process to make sure we provide the most effective, appropriate and timely parenting support across NHSGGC.

Section 5: The potential of preventative health programmes in improving wellbeing and preventing disease

5.1 **Action point:** NHSGGC must start planning now for board-wide anticipatory care after the end of the Keep Well pilots. This planning must incorporate evidence from the project to identify and deliver the most appropriate practical actions for providing anticipatory

care services to those who remain unengaged with health services and are likely to be most in need.

Update:

- Now in its sixth year, the [Keep Well Programme](#) has expanded to 89 practices across five CH(C)Ps. The focus of Keep Well has been broadened from cardiovascular disease (CVD) to the wider range of modifiable risk factors that can contribute to health inequalities in later adult life. The lower age limit has been reduced from 45 to 40. By March 2011, over 37,000 individuals had attended a Keep Well health check. The Keep Well secondary prevention programme in NHSGGC ended on 31st March 2010 and has now been replaced by the standard Coronary Heart Disease Local Enhanced Service. Since 1st April 2010, Keep Well in Inverclyde and West Dunbartonshire has focussed exclusively on people without established CVD in order to reduce the likelihood of the condition developing.
- The Scottish Government has asked us to mainstream Keep Well health checks from April 2012.

To do this, we have established a new NHSGGC Anticipatory Care Planning Group, chaired by the Director of Public Health. The group's work was informed by a stakeholders' event in October 2010 to disseminate learning and evidence from the national and local evaluations of Keep Well.

5.2 **Action point:** 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.

Update: The NSGGC Anticipatory Care Planning Group is developing a framework to guide the planning and prioritisation of the different elements of preventive healthcare. The framework is based on three principles:

- Focus on the factors that make the biggest contribution to our total burden of disease and to inequalities in health.
- Promote an integrated spectrum of prevention activities woven throughout all clinical care.

- Encourage prioritisation of activities, which offer the strongest evidence of effectiveness.

5.3 **Action point:** 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.

Update: These reports detail our commitment to improving uptake and access to screening programmes: [NHSGGC Public Health Screening Annual Report 2010](#), [ISD Cancer screening](#), and [ISD Immunisation by health board](#).

5.4 **Miscellaneous updates on preventative health programmes:**

[NHSGGC Falls and Fracture Liaison Service](#): the number of admissions for hip fractures was reduced by 3.6% between 1998 and 2008. This compares with a

5.1% increase across Scotland as a whole. Over the same period, there has been a 32% decrease in hospital admissions due to falls at home, a 27% reduction in falls in residential institutions, and almost a 40% reduction in falls in public spaces. The strategy has several strands: direct GP referrals for bone scans; clinical nurse specialist assessment and treatment advice for all fracture patients; a community falls prevention programme, which undertakes home assessment of falls risk factors and arranges home adaptations; and referral to other services as appropriate e.g. physiotherapy led exercise classes.

Smoking Cessation Services: for HEAT 6, the board's three-year target (1/4/08-31/3/11) was that 21,240 smokers should have stopped smoking, four weeks after their quit date. By the end of year two, there was a projected short fall of 15% in meeting the target. Service development measures were put in place to address this:

- Dual NRT therapy for four weeks made available to smokers fitting criteria

- Structured follow up: clients attending any stop smoking service who have relapsed, are invited by telephone to re-enter
- Communication with GPs to try to ensure all patients prescribed therapy for smoking cessation were linked into our services
- By the end of year 3, 25,455 smokers had stopped smoking four weeks from their quit date, a variance of 19.8% from the target

People living on low incomes have a lower success rate than those on higher ones. We introduced a dual therapy initiative for some patient groups to help reduce the inequalities in tobacco related mortality and morbidity. Evidence demonstrates that withdrawal is better managed with two products, compared with nicotine patches alone. There is variability in success rates across different CH(C)Ps, ranging from almost 23% below the 4 week quit target in the North Sector, Glasgow City CHP, compared with East Dunbartonshire, which superseded its target by 70% in 2010. The Tobacco Planning and Implementation Group are

sharing good practice and the implementation of evidence based initiatives in order to address this variation.