

The role of the Glasgow Centre for Population Health:

Building understanding, evidence and
new thinking for a healthier future

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Overview

- Context
- The Centre and its purpose
- Monitoring inequalities
 - Let Glasgow Flourish
 - Health profiling
 - Research on Scottish/Glasgow effect
 - Understanding Glasgow
- Theory, Interventions and Evaluation
 - Inequalities Framework
 - Equally Well test sites
 - Healthier Wealthier Children
- Miniature Glasgow film









DEEP FRIED



SOLD HERE

Glasgow Scotland[®]
with style



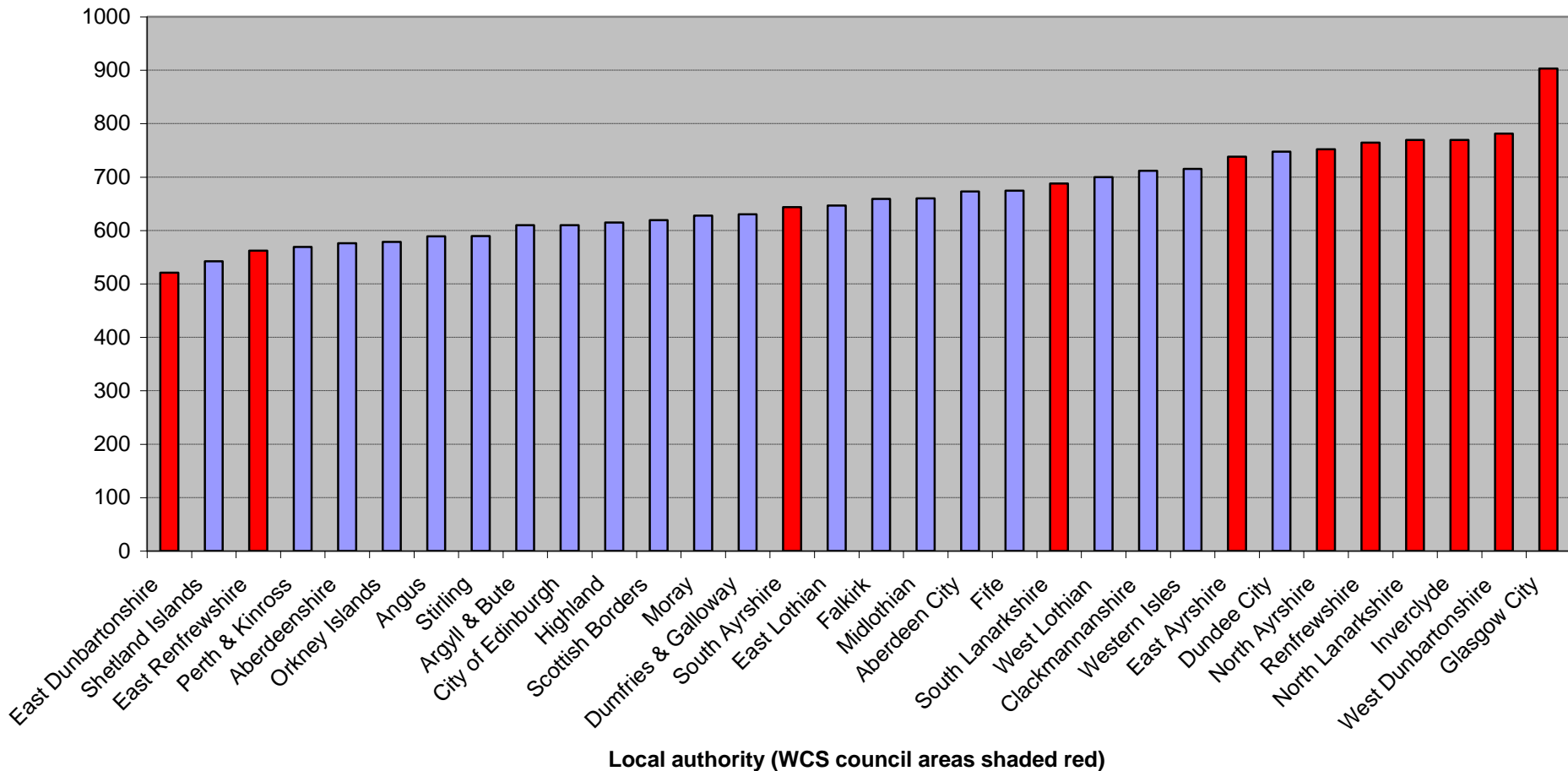
Glasgow

- Scotland's largest city (population \approx 588,500; Scotland \approx 5,194,000)
- After years of decline the population has grown slightly over the last 10 years
- Households – and notably single households and lone parent households - are rising
- 5% of population are minority ethnic (largest concentration in Scotland; 2001 census)
- Relatively young population
- Becoming more 'middle class' (% SC I&II increased from 18% in 1981 to 38% in 2001)
- Post-industrial, largely service economy: emphasis on tourism, leisure, hospitality
- Most deprived city in Scotland but also one with greatest health and social inequalities

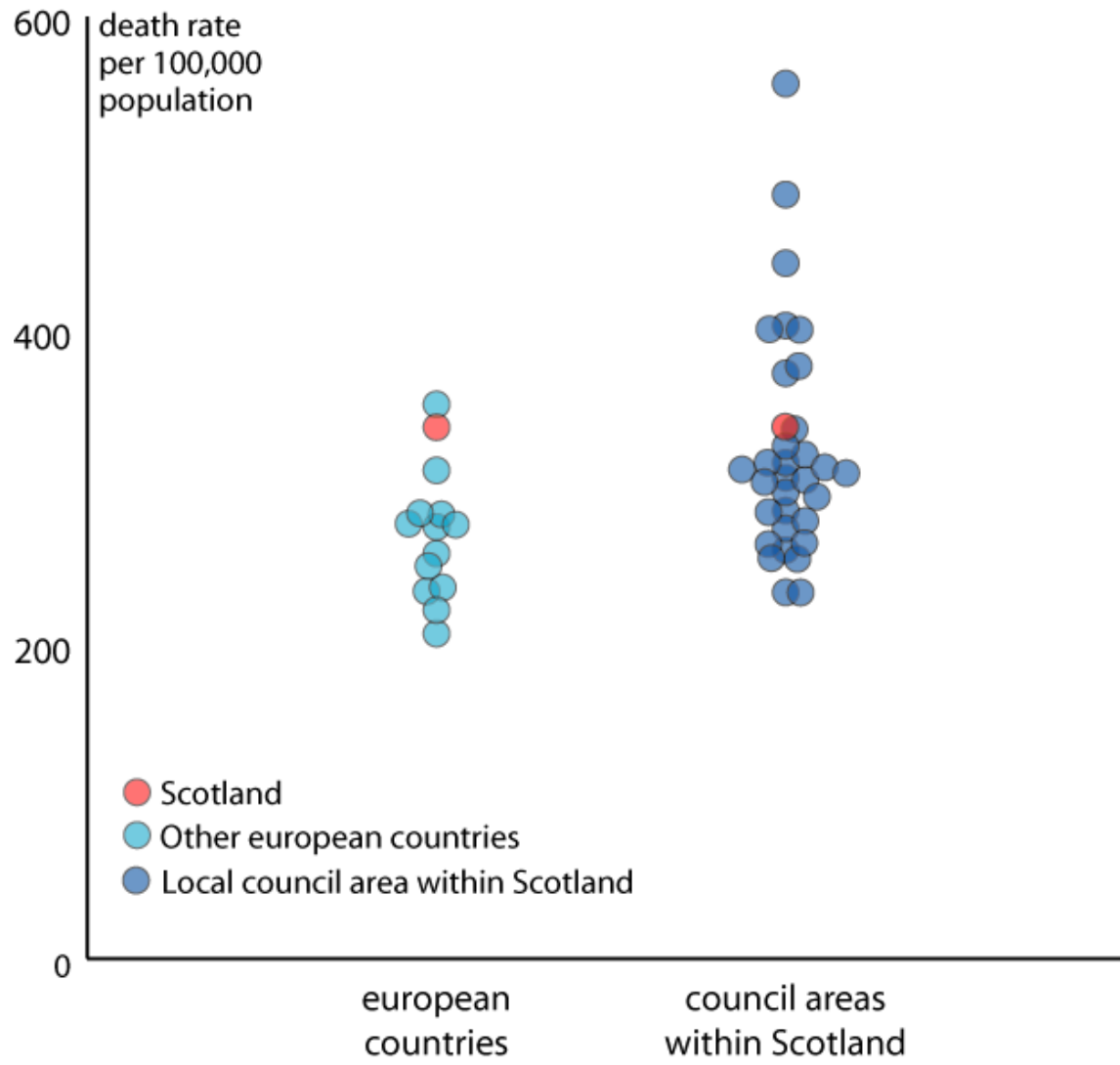
All-cause mortality, 2009

**All-cause mortality by Scottish LA, 2009:
age/sex standardised rates per 100,000 population**

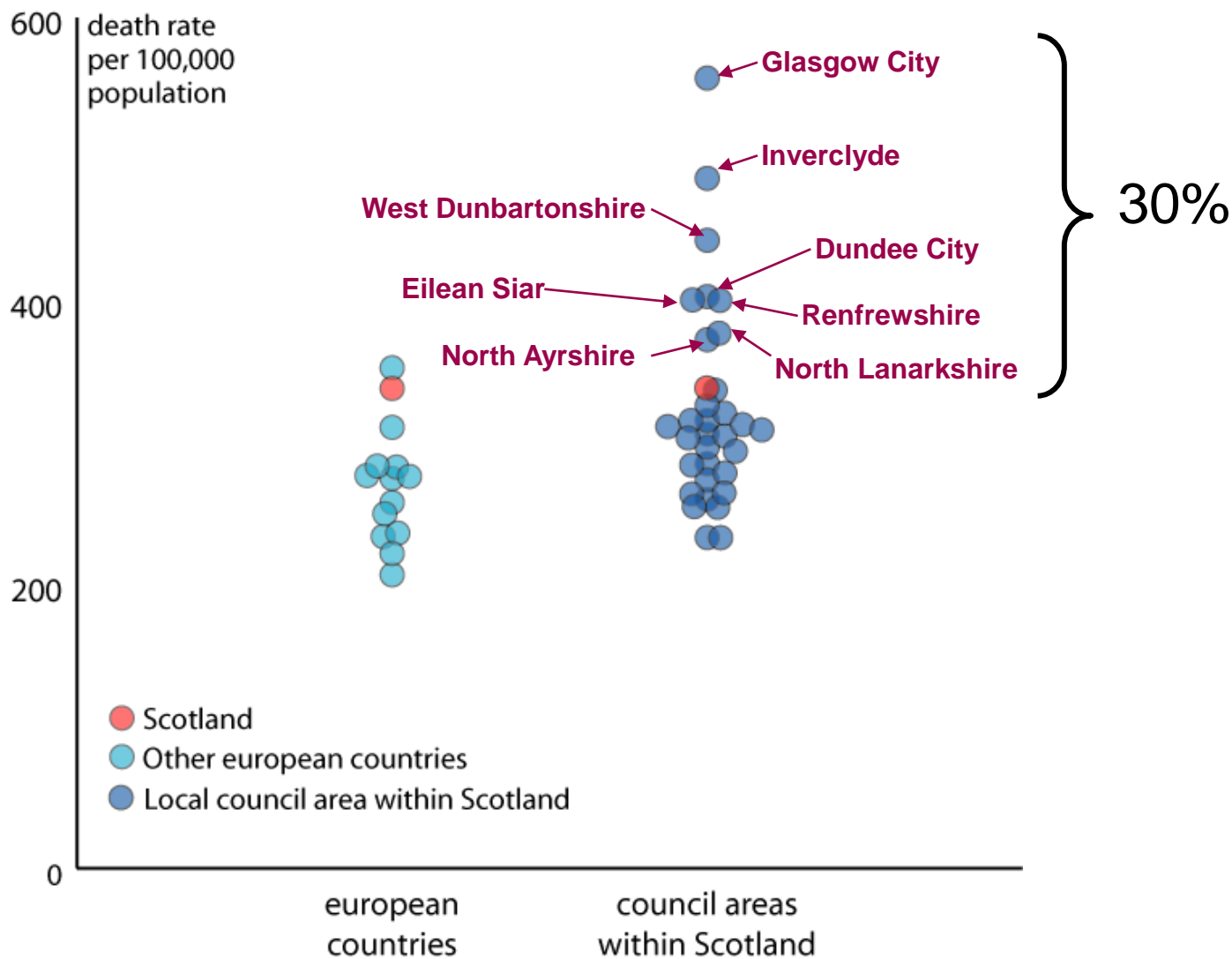
Source: GRO(S)/ScotPHO



All cause death rates, Men 0-64, 2001 (Leyland et al, 2007)



All cause death rates, Men 0-64, 2001 (Leyland et al, 2007)



The Glasgow Centre for Population Health

The background

**Health is a limiting factor to a successful Scotland.
Scotland's health record is driven by health in WoS.
Health inequalities are increasing.
These issues need focussed, sustained consideration.**

- What are the causes of Scotland's poor health, health inequalities and of 'the Glasgow Effect'?
- **BUILDING UNDERSTANDING**
- What effects are current policies and approaches having?
- **BUILDING EVIDENCE**
- What might change things for the future?
- **FOSTERING FRESH THINKING**

↓
21st Century population health

The Glasgow Centre for Population Health

- A setting where academics, policy-makers, practitioners and local people come together to understand and improve population health in the Glasgow city region, working in a sustained way to yield fresh thinking and mobilise new solutions.
- A resource to generate insights and evidence, propose new ways forward, and provide leadership for action to improve health and tackle inequality.

Who?

- A partnership between NHS Greater Glasgow & Clyde, University of Glasgow and Glasgow City Council, supported by Scottish Government. Time-limited core funding. Additional income generated for specific programmes.
- A small core team of ~ 18 staff, ~ 3 attached staff, and wide network of 'associates'. Over 1500 on GCPH network.
- Executive Management Team (meets monthly, involves local partners), Board of Management (meets 4 times per year), External Advisory Group (meets twice a year), Steering Groups for individual programmes.

The GCPH role

- Having a strong analytical base, synthesising intelligence and insights from range of disciplines & perspectives
- Working at interface between research, policy and practice with a particular focus on health inequalities
- Establishing an orientation towards the future, exploring different ways of doing things
- Showing change is necessary and achievable, building the trust and relationships necessary to deliver change
- Engaging a wide body of people, building capacity for good decision-making and action on health inequalities

Influencing health inequalities policy and implementation

Some examples:

- **Equally Well**: Task Force, evaluation, local implementation, planning and measurement
- **Glasgow Health Commission**: Membership, evidence summaries, consultation, monitoring and evaluation
- Development and application of **Framework for action on health inequalities**: local implementation in different settings, now contributing to national guidance

Large research programmes

Some examples:

- **GoWell**: 10-year programme researching the processes of regeneration, and their health impacts in 15 communities in Glasgow. Mixed methods study, with strong learning and dissemination focus. See www.gowellonline.co.uk
- **pSoBid1**: Cross-sectional study examining the psychological, social and biological determinants of health among a more affluent and a more deprived group of patients (sampled from primary care) in Glasgow. Distinctive in its efforts to look at the mechanisms linking deprivation and poor health, and in the bringing together of different academic and medical disciplines.
- **'Glasgow Effect' analyses**: European regional comparisons and three-cities work. Associated PhD studentships and range of spin-off research projects.

... and smaller research programmes

Some examples:

- **Food provision in schools:** a multi-stage programme that is building up evidence (qualitative and quantitative) about different aspects of school meal provision, environmental influences, and pupil/parent/teacher perspectives
- **Smoking cessation:** a multi-stage programme, evaluations of effectiveness and cost-effectiveness of different models of smoking cessation service in Greater Glasgow, not moving to commence a trial of use of incentives for cessation in pregnancy
- **Influences on young people's drinking:** JRF-funded qualitative research raising issues about the drinking environment, the role of alcohol in young people's social lives, and influences on drinking behaviour

Debate and fresh thinking

Recognising that the challenges have so far refused to yield to current knowledge and associated efforts, we need to do different things and build a consciousness of a different future.

Some examples:

- **Winter Seminar series:** 7 series (43 seminars) to date. Summaries, podcasts and videos on www.gcph.com
- **Healthier Future Forums:** 11 held. Longer events. Focus on policy and practice implications of new intelligence.
- Research and thinking about **the resilient city:** feeding into city vision process
- Agenda-setting research on eg **active, sustainable travel; culture and wellbeing; social regeneration**

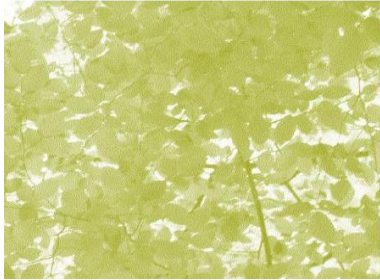
And also

- **Innovations in health information:** increase accessibility to and usability by non-specialist audiences, help maximise the impact of information available from different sources, and contribute to addressing the recognised lack of capacity in data analysis within many services
- **Bringing a concern with health firmly into the decision-making processes of non-health services:** eg Health Impact Assessments on strategic plans, Healthy Urban Planning, placemaking.

Monitoring inequalities

- Let Glasgow Flourish,
- Health Profiling...
- Scottish/Glasgow Effect
- Understanding Glasgow

Let Glasgow Flourish



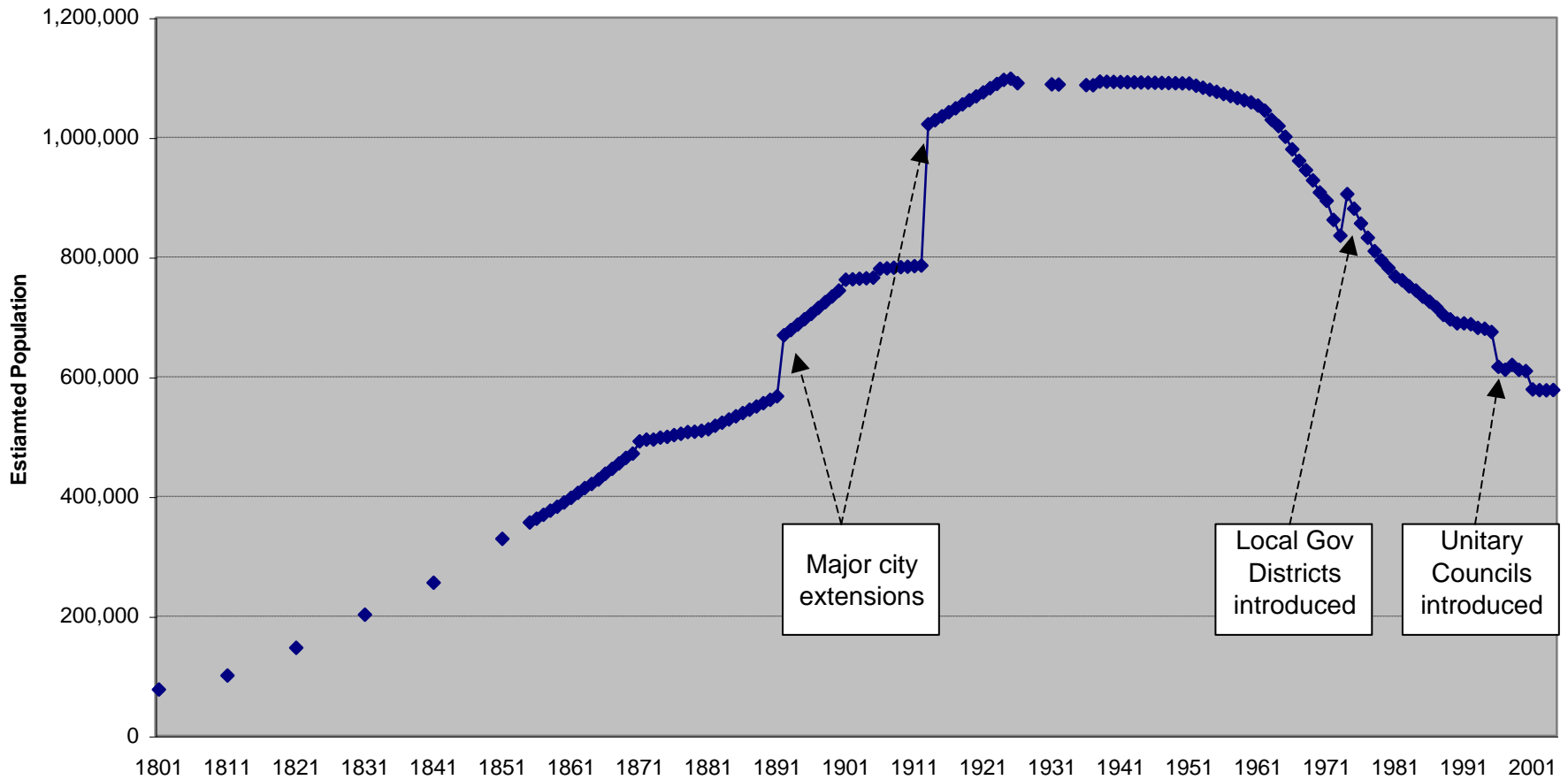
Let Glasgow Flourish: Chapters of report

1. Introduction
2. Historical context
3. Population/Life Expect
4. Economy
5. Social environment
6. Physical environment
7. Behaviour
8. Pregnancy/childbirth
9. Children's health
10. Health & function
11. Illness & disease
12. Future trends
13. Summary/Discussion

Population

Glasgow's Population; 1801-2004

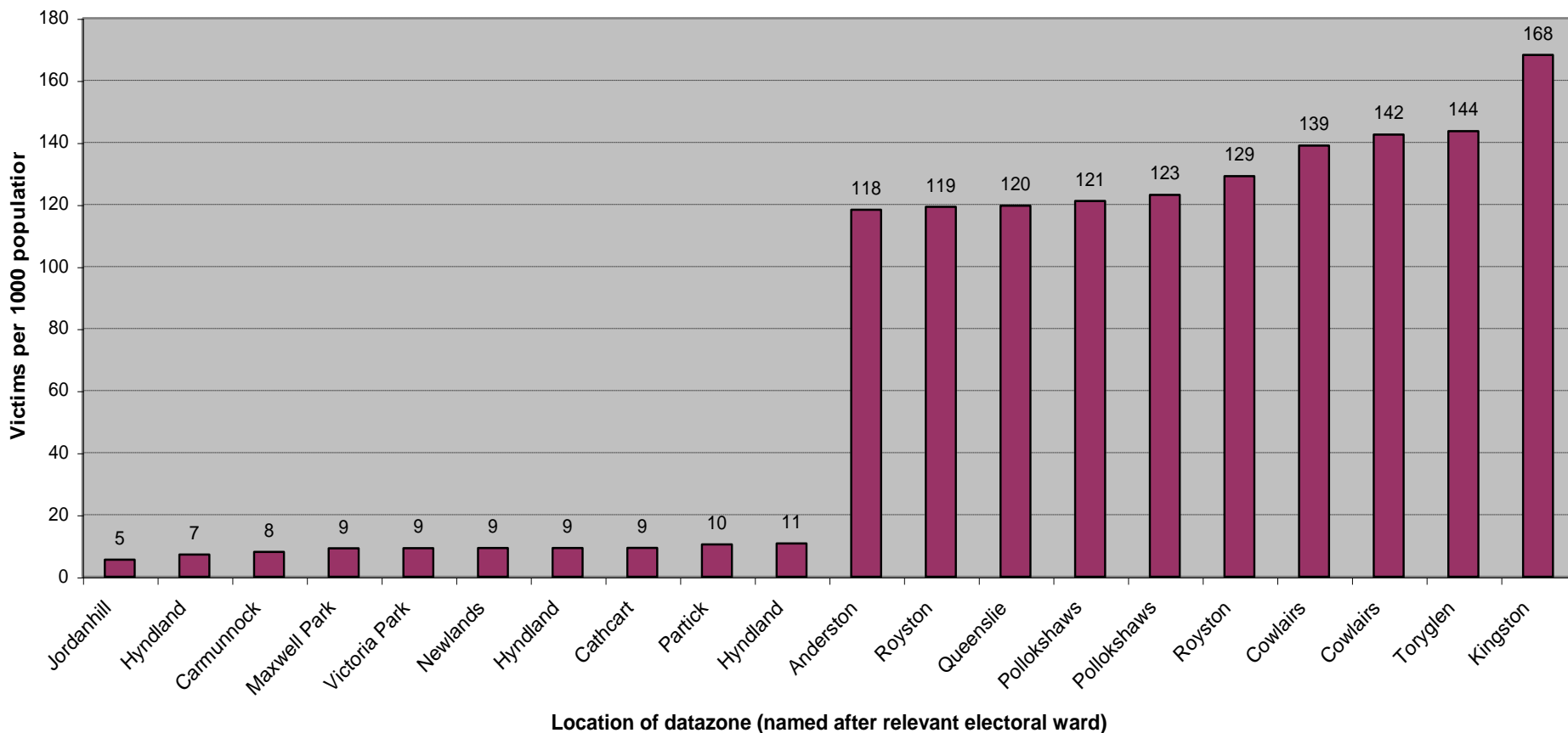
Source: Reports of Medical Officer of Health (1898, 1925,1926,1972);
Registrar General of Scotland's Annual Reports (1973-2004)



Violent crime - victims

Victims of violent crime per 1,000 population, Glasgow City, July 2002 - June 2005
 Datzones with 10 highest rates vs. datzones with 10 lowest rates (over 3 years)

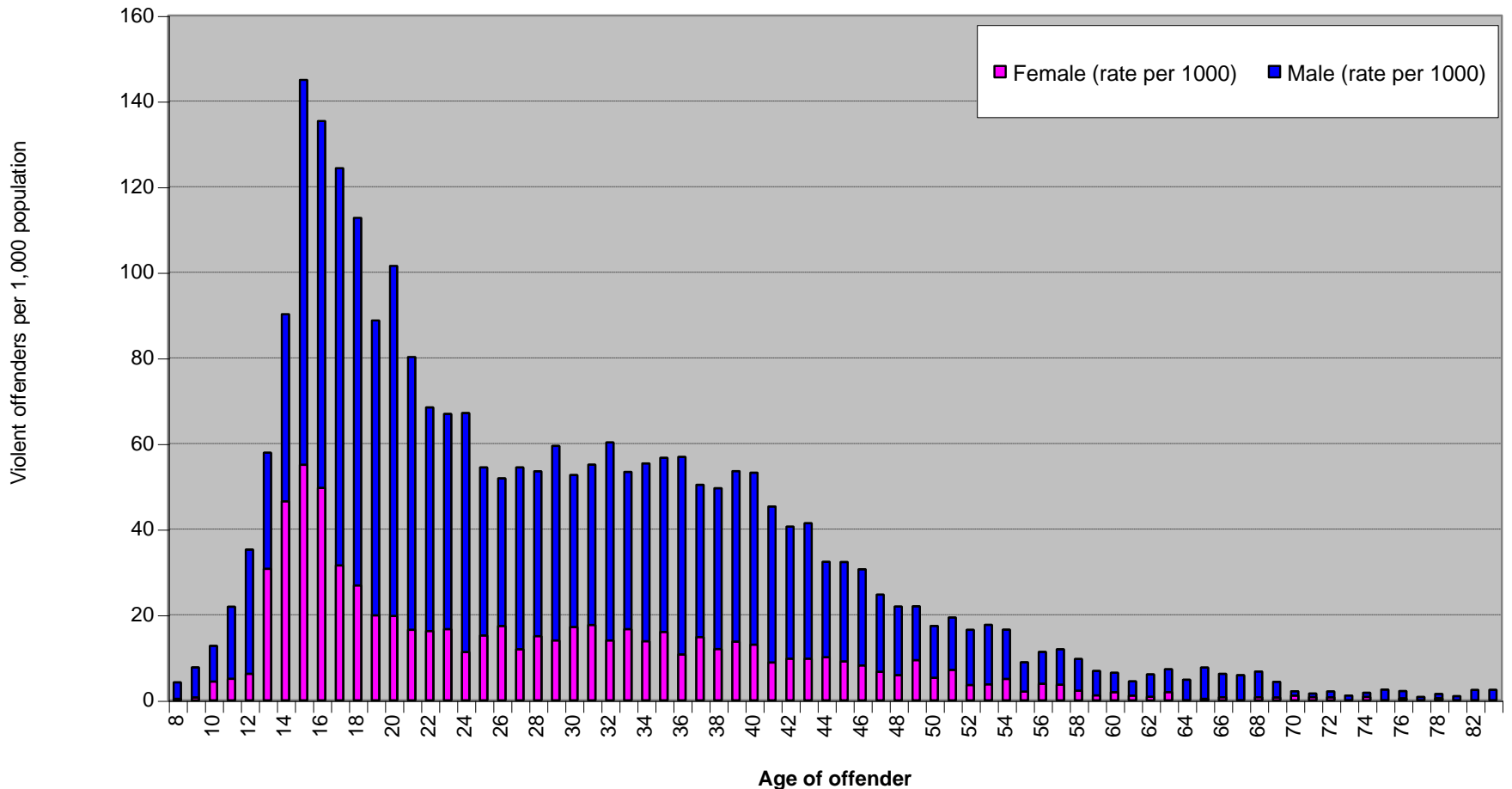
Source: Violence Reduction Unit, Strathclyde Police



Violent crime

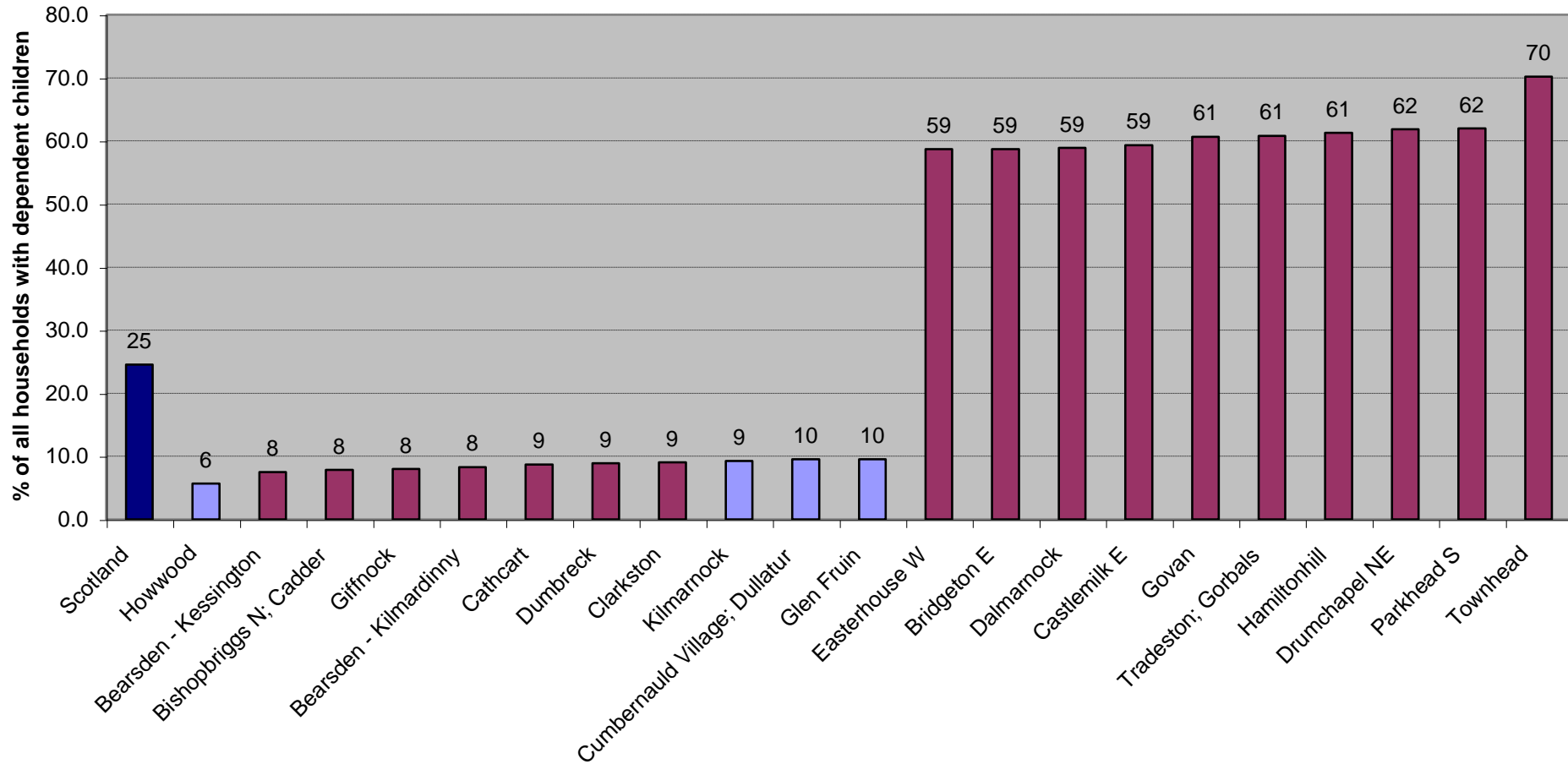
Violent offenders per 1,000 population by age and gender over a 3 year period, July 2002 - June 2005, Glasgow City

Source: Violence Reduction Unit, Strathclyde Police



Lone parents

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



Infant deaths

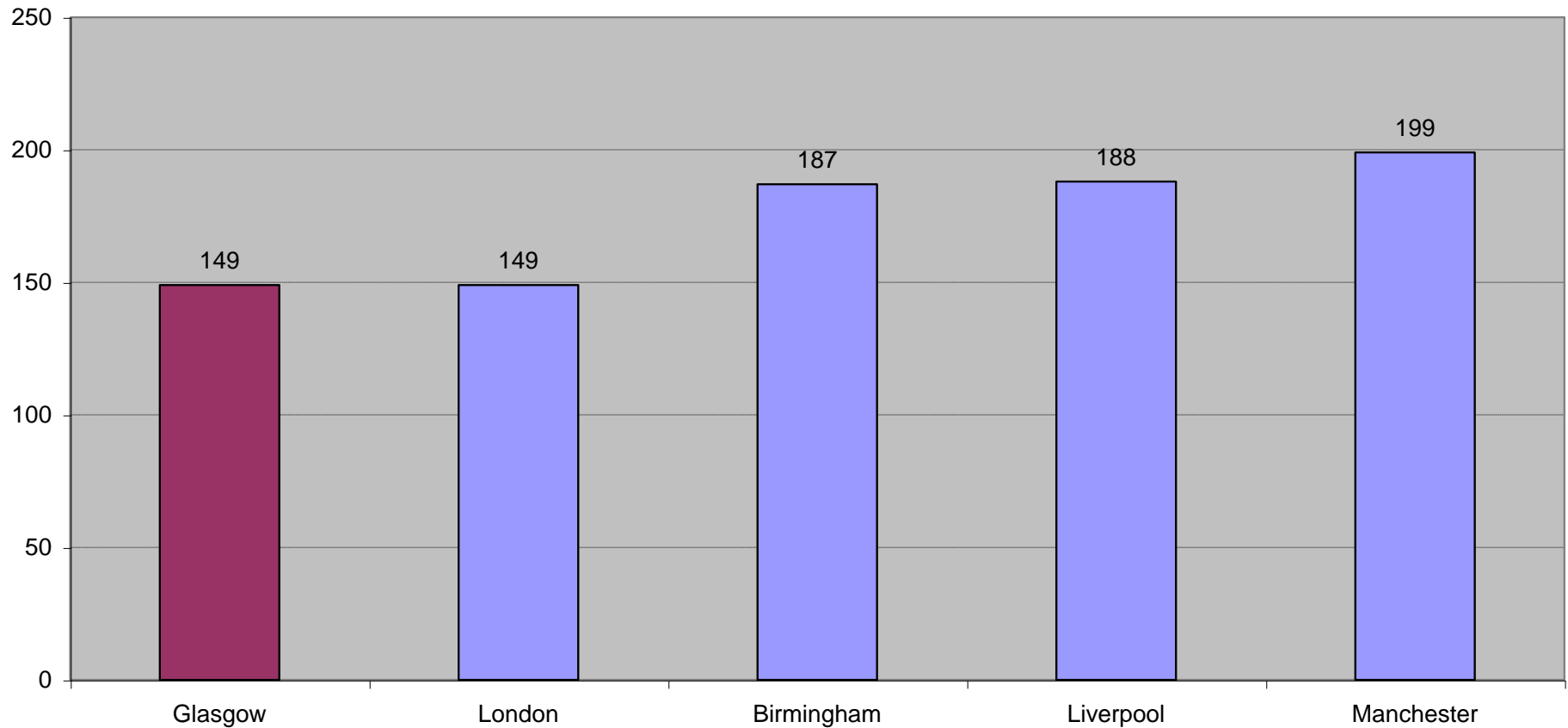
Infant Deaths (under 1 year) per 1,000 live births in Glasgow; 1971 - 2004

Source: Reports of Medical Officer of Health, Glasgow (1898, 1925, 1926, 1972);
Registrar General of Scotland's Annual Reports (1973-2004)



Infant deaths (per 1,000 births), 1901 - Glasgow & selected English cities

Report of Medical Officer of Health of the City of Glasgow, 1901

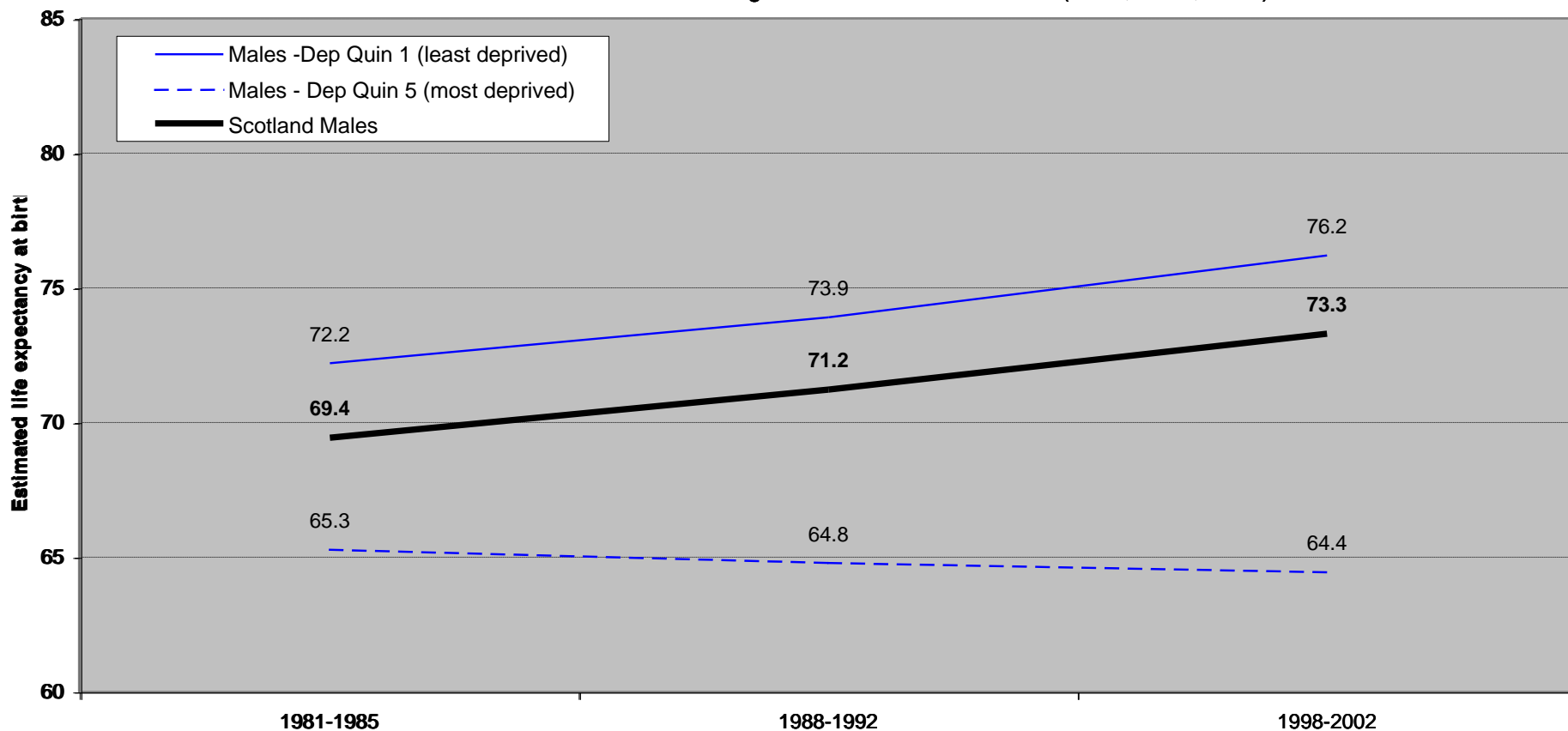


Life expectancy trend by deprivation

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

Greater Glasgow

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

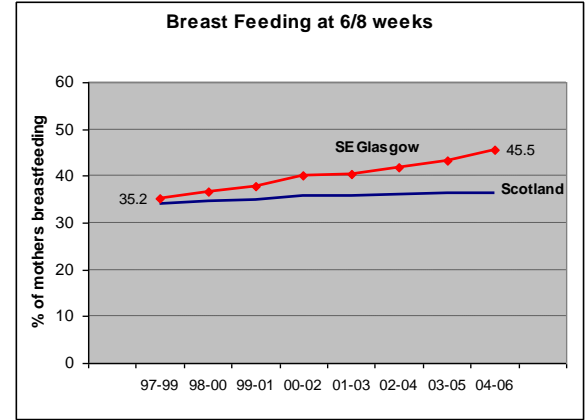
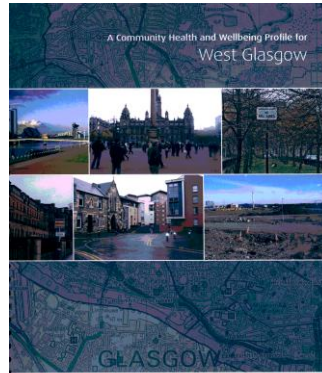
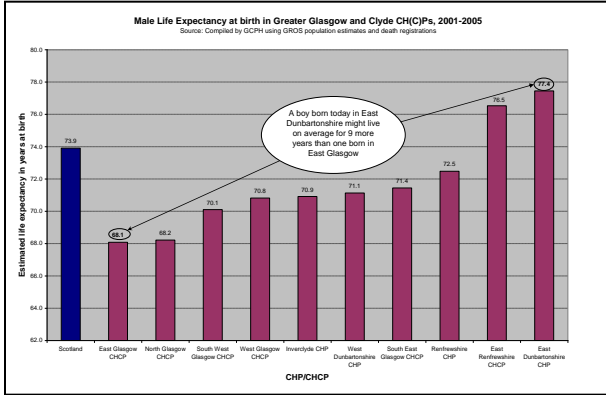


Health profiling

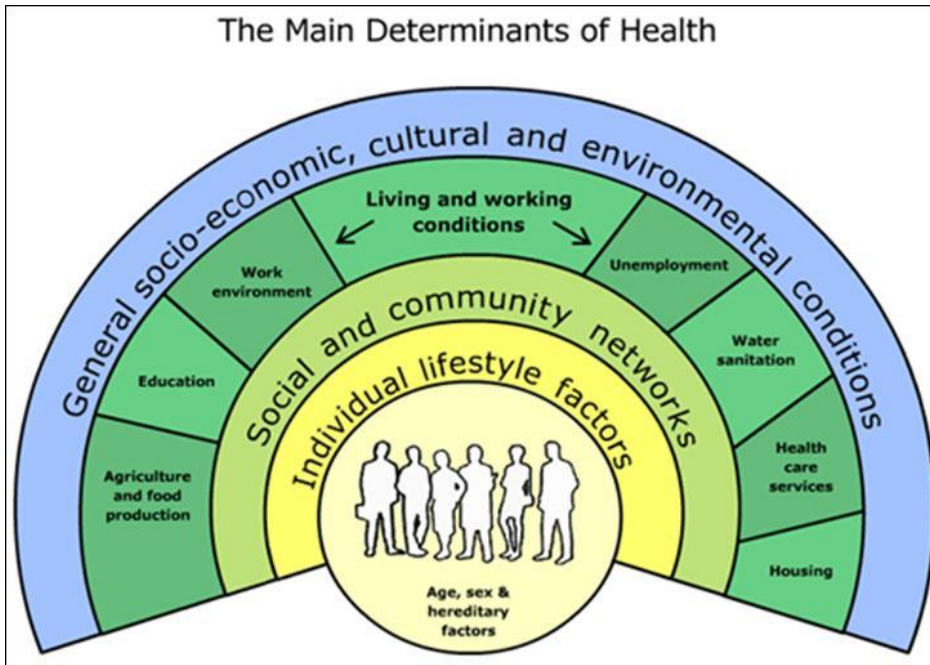
Provide CHP/CHCPs and communities with up-to-date and locally-relevant public health intelligence

Show trends in key indicators

Highlight health and social inequalities



Developing knowledge and understanding of the complexities around health and health inequalities



Provide local level information to aid priority-setting and the targeting of resource

Indicator	Number	Measure	> (Worst) Scottish Average (%)	< (Best) (%)	Year
Population Change	14,730	18.1%	18.1%	18.1%	2006
Population Change (aged 15+)	12,744	16.1%	16.1%	16.1%	2006
Population Change (aged 65+)	1,986	17.2%	17.2%	17.2%	2006
Population Change (aged 75+)	762	18.2%	18.2%	18.2%	2006
Population Change (aged 85+)	201	18.2%	18.2%	18.2%	2006
Population Change (aged 95+)	100	18.2%	18.2%	18.2%	2006
Population Change (aged 100+)	100	18.2%	18.2%	18.2%	2006
Population Change (aged 105+)	100	18.2%	18.2%	18.2%	2006
Population Change (aged 110+)	100	18.2%	18.2%	18.2%	2006
Population Change (aged 115+)	100	18.2%	18.2%	18.2%	2006
Population Change (aged 120+)	100	18.2%	18.2%	18.2%	2006
Population Change (aged 125+)	100	18.2%	18.2%	18.2%	2006
Population Change (aged 130+)	100	18.2%	18.2%	18.2%	2006
Population Change (aged 135+)	100	18.2%	18.2%	18.2%	2006
Population Change (aged 140+)	100	18.2%	18.2%	18.2%	2006
Population Change (aged 145+)	100	18.2%	18.2%	18.2%	2006
Population Change (aged 150+)	100	18.2%	18.2%	18.2%	2006
Population Change (aged 155+)	100	18.2%	18.2%	18.2%	2006
Population Change (aged 160+)	100	18.2%	18.2%	18.2%	2006
Population Change (aged 165+)	100	18.2%	18.2%	18.2%	2006
Population Change (aged 170+)	100	18.2%	18.2%	18.2%	2006
Population Change (aged 175+)	100	18.2%	18.2%	18.2%	2006
Population Change (aged 180+)	100	18.2%	18.2%	18.2%	2006
Population Change (aged 185+)	100	18.2%	18.2%	18.2%	2006
Population Change (aged 190+)	100	18.2%	18.2%	18.2%	2006
Population Change (aged 195+)	100	18.2%	18.2%	18.2%	2006
Population Change (aged 200+)	100	18.2%	18.2%	18.2%	2006

Indicators

70+ indicators are included covering a range of health outcomes (e.g. life expectancy, mortality, hospitalisation) and health determinants (e.g. smoking levels, breastfeeding, income, employment, crime, education).

Indicators lie within the following themes:

Population demographics

Drugs, alcohol and smoking

Mental health and function

Prosperity/Poverty

Crime

Child and maternal health

Mortality

Hospitalisation and injury

Social work

Education

Housing and transport

Examples of the smaller geographies

Intermediate zones within East Dunbartonshire

Neighbourhood	Population (2006)
Auchinairn	4,922
Barloch	3,084
Bishopbriggs North and Kenmure	5,658
Bishopbriggs West and Cadder	5,703
East Clober and Mains Estate	3,489
Harestanes	3,410
Hillhead	3,972
Kessington East	2,852
Kessington West	3,222
Keystone and Dougalston	3,957
Kilmardinny East	2,833
Kilmardinny West	3,443
Kirkintilloch South	3,126
Kirkintilloch West	3,918
Lennoxton	4,376
Lenzie North	5,738
Lenzie South	3,545
Milton of Campsie	4,015
North Castlehill and Thorn	4,539
Rosebank and Waterside	3,340
South Castlehill and Thorn	4,328
Torrance and Balmore	2,943
Twechar and Harestanes East	2,994
West Clober and Mains Estate	3,037
Westerton East	3,217
Westerton West	2,729
Woodhill East	2,567
Woodhill West	4,503

Neighbourhoods within East Glasgow

Neighbourhood	Population (2006)
Baillieston & Garrowhill	17,670
Calton & Bridgeton	12,960
Dennistoun	10,816
Easterhouse	9,239
Haghill & Carntyne	8,490
Mount Vernon & East Shettleston	12,203
Parkhead & Dalmarnock	6,200
Riddrie & Cranhill	10,749
Ruchazie & Garthamlock	6,929
Springboig & Barlanark	13,271
Tollcross & West Shettleston	15,297

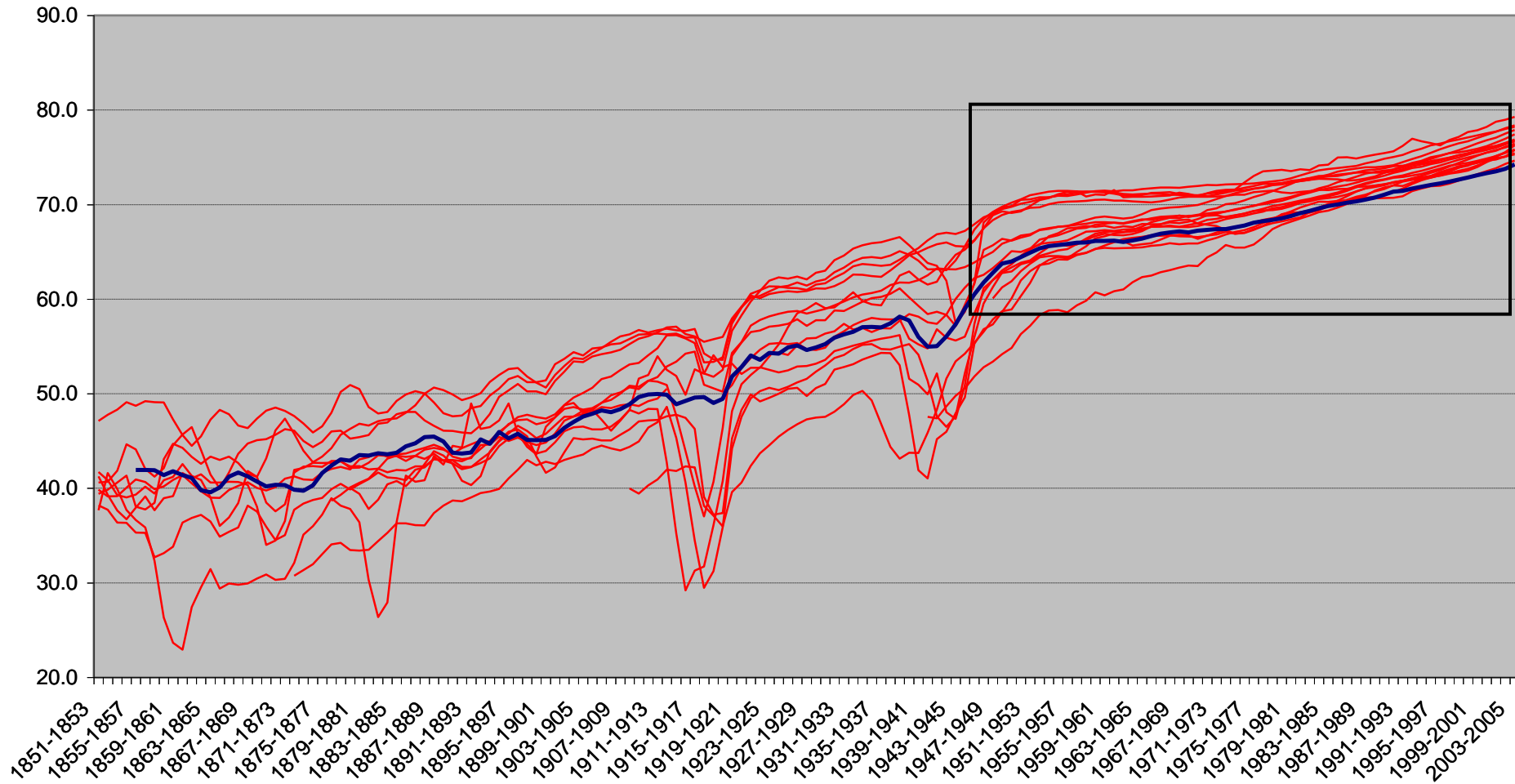
Spine Graphs

Research on Scottish / Glasgow effect

Not always the 'Sick Man of Europe'

Male life expectancy: Scotland & other Western European Countries, 1851-2005

Source: Human Mortality Database



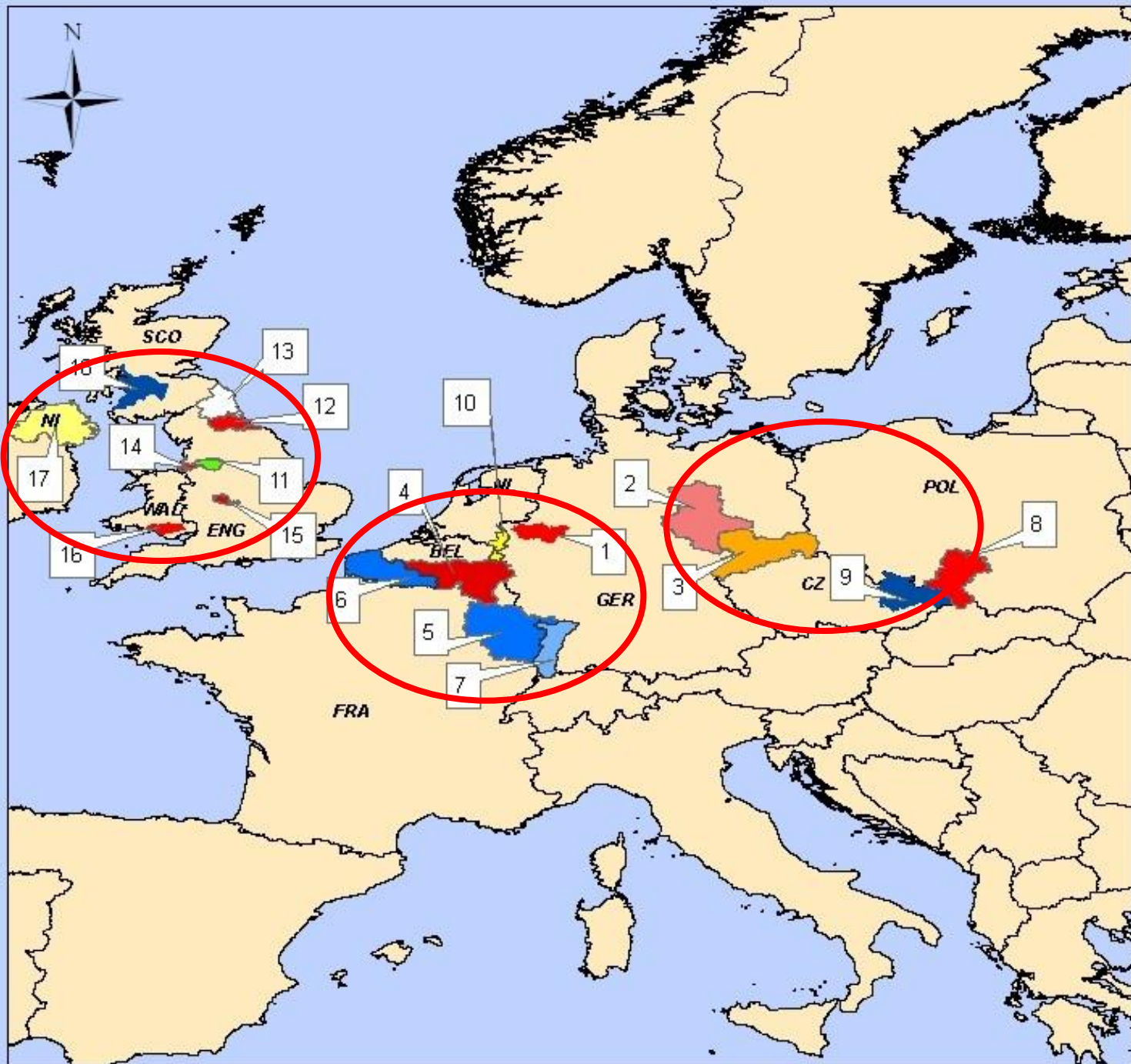
Why?

‘Traditional’ explanations:

1. Deprivation
2. Underlying cause of deindustrialisation

Regional comparisons

- Post-industrial decline cited as underlying cause of deprivation and associated poor health
- But GCPH-led project identified number of similarly deprived deindustrialised regions in Europe
- Socio-economic profiles of many of the regions are worse than West Central Scotland
- ...but mortality rates are generally lower and improving faster...



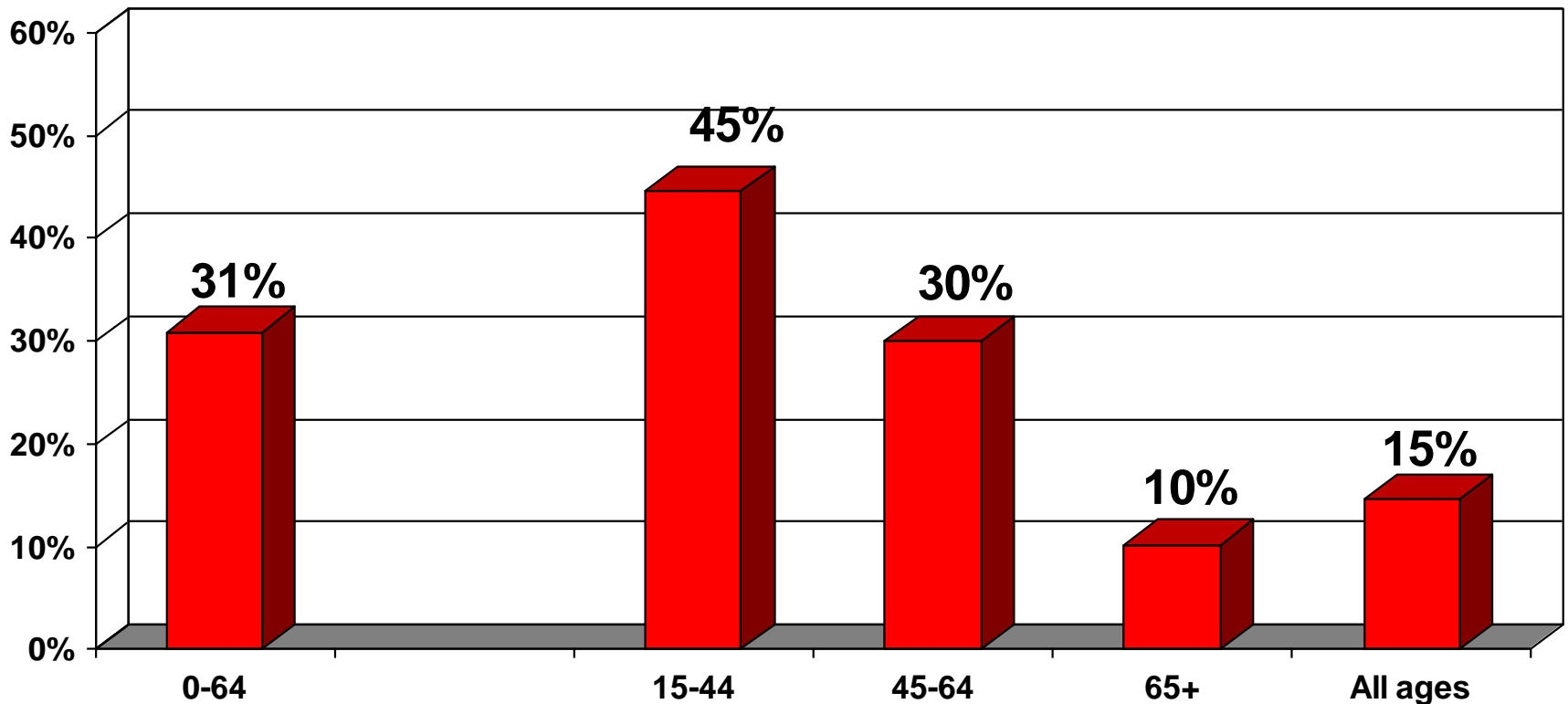
1. Ruhr (D)
2. Saxony-Anhalt (D)
3. Saxony (incl. Chemnitz and Leipzig regions) (D)
4. Wallonia (B)
5. Lorraine (incl. Moselle) (F)
6. Nord-Pas-de-Calais (F)
7. Alsace (F)
8. Silesia (incl. Katowice) (P)
9. N. Moravia (Cz)
10. Limburg (NL)
11. Greater Manchester
12. Tees Valley & Durham
13. Northumb'd, Tyne & Wear
14. Merseyside
15. West Midlands
16. Swansea & S. Wales coalfields
17. N. Ireland
18. West of Scotland

'Glasgow Effect'

- Strong evidence of a 'Glasgow Effect', even in relation to its two most comparable (and equally deprived) UK cities - Liverpool & Manchester
- 'Effect' (excess mortality) seen across all population:
 - Males and females
 - All ages (except very young)
 - In deprived and non-deprived areas

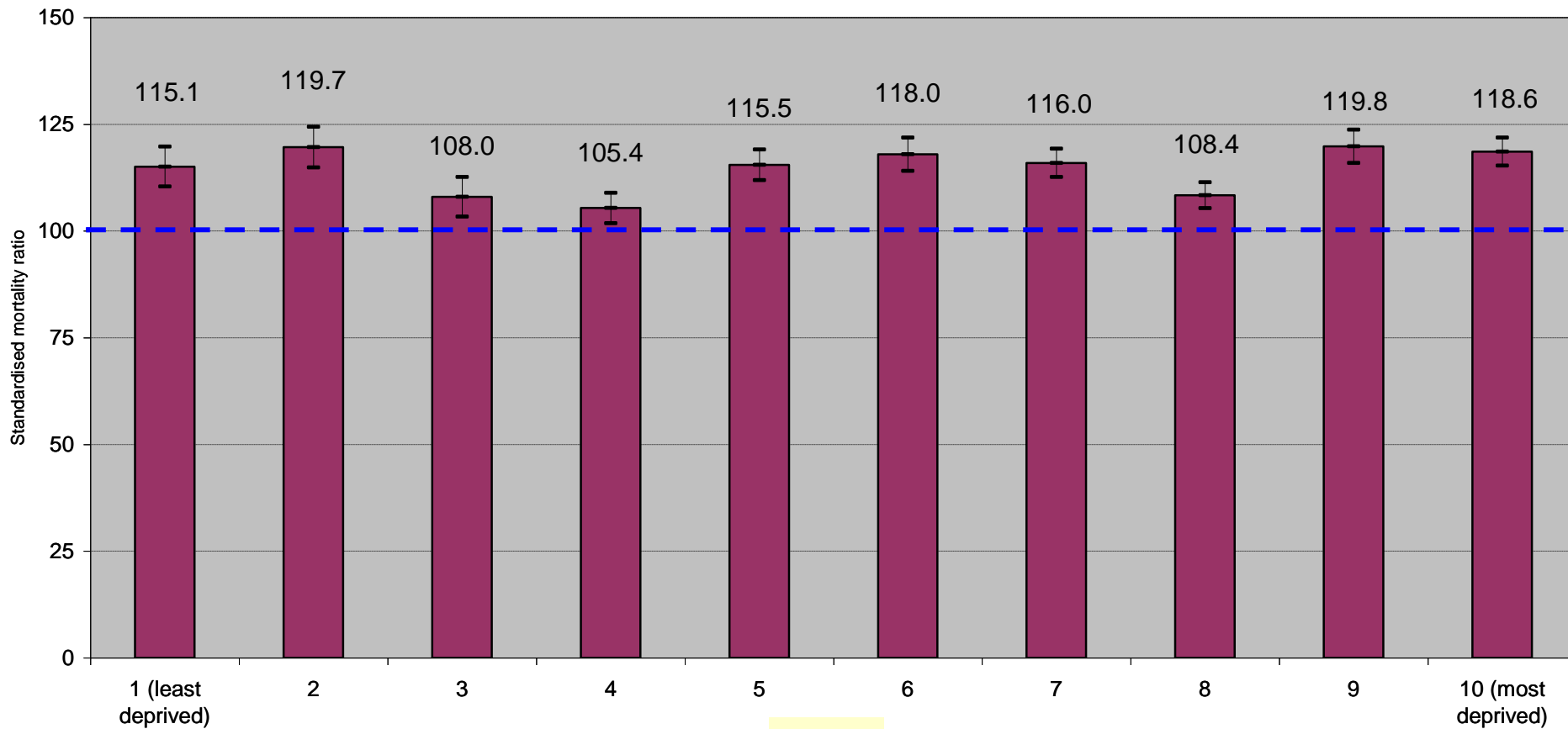
Excess mortality, Glasgow relative to Liverpool & Manchester

**Excess mortality in Glasgow, standardised by age, sex and
3-city deprivation decile, 2003-07**



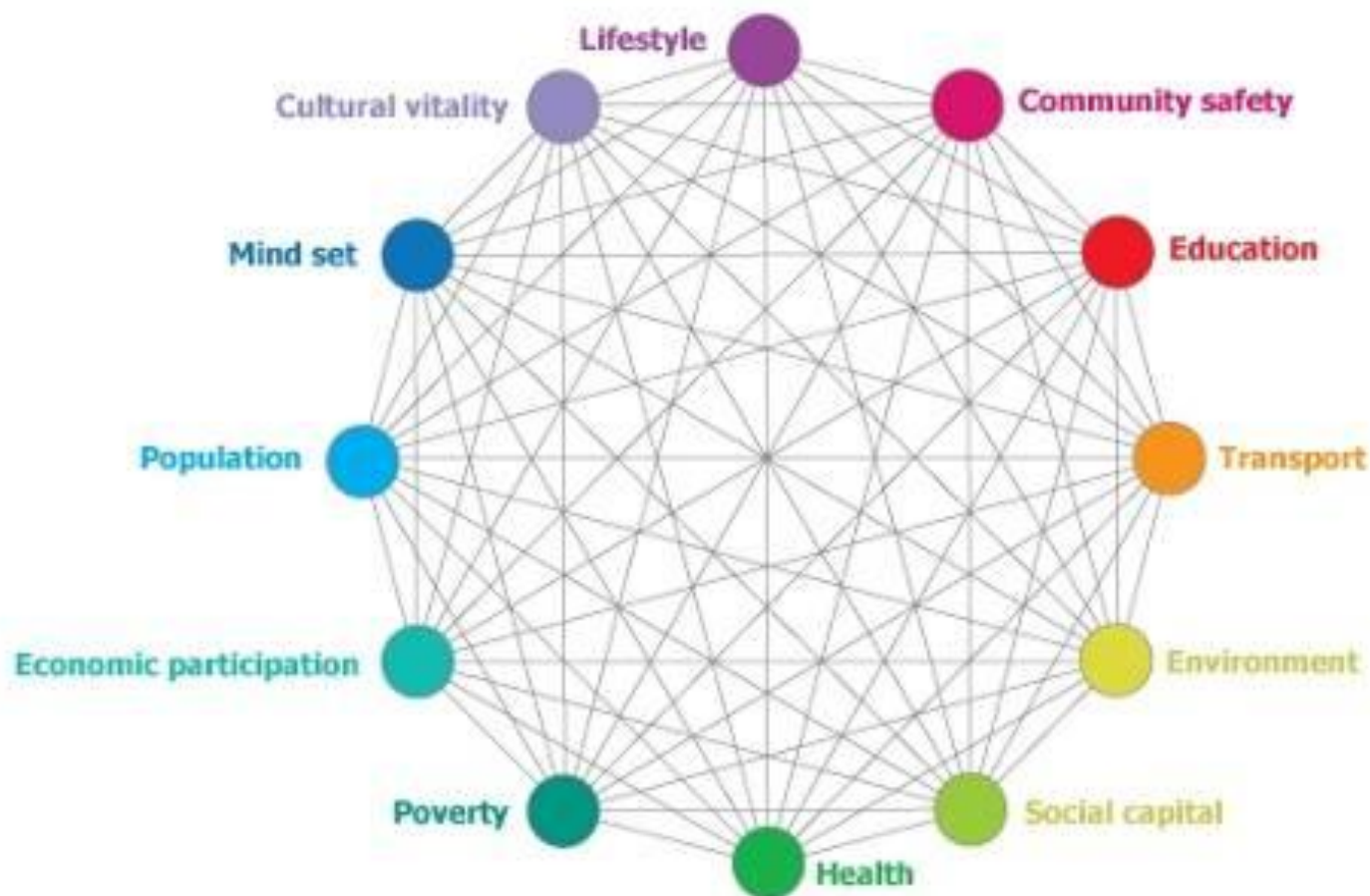
By deprivation decile – all ages

Age/sex standardised mortality ratios (all-cause deaths 2003-07),
Glasgow relative to Liverpool & Manchester, by 3-city deprivation decile
Calculated from various sources



Understanding Glasgow

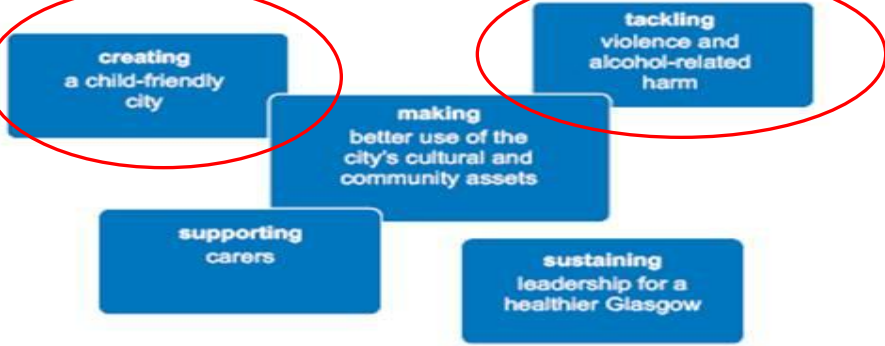
Understanding Glasgow: the Glasgow Indicators project



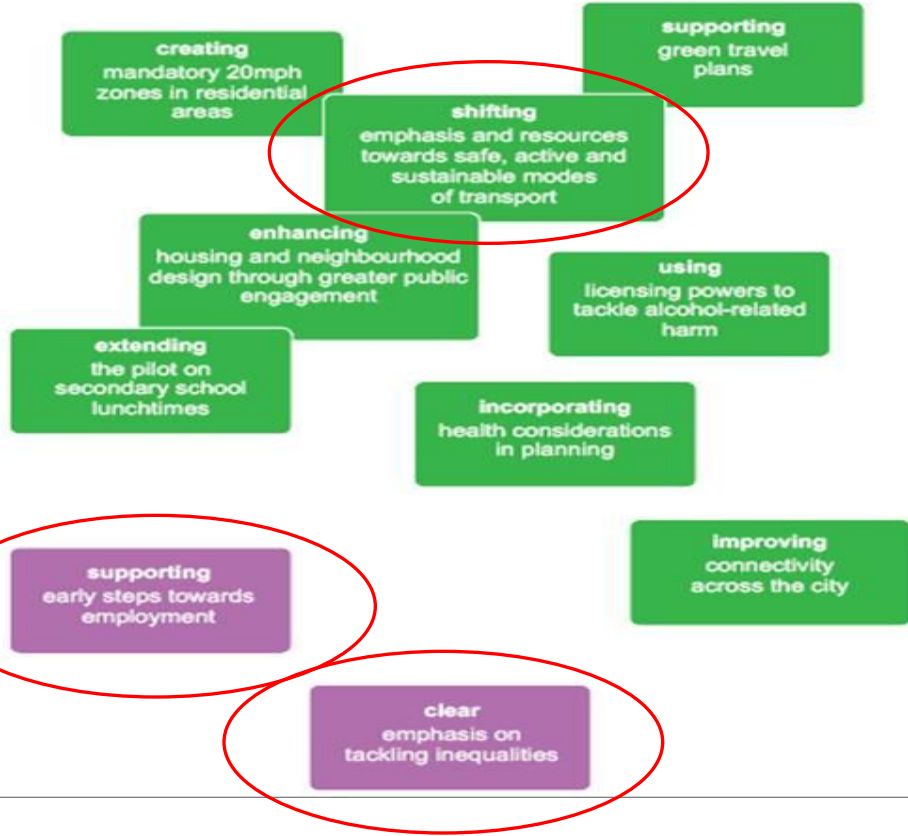
Growing a Healthier Glasgow

There are twenty recommendations, grouped as follows:

People and Culture



The Environment



Changing services



Globalization...



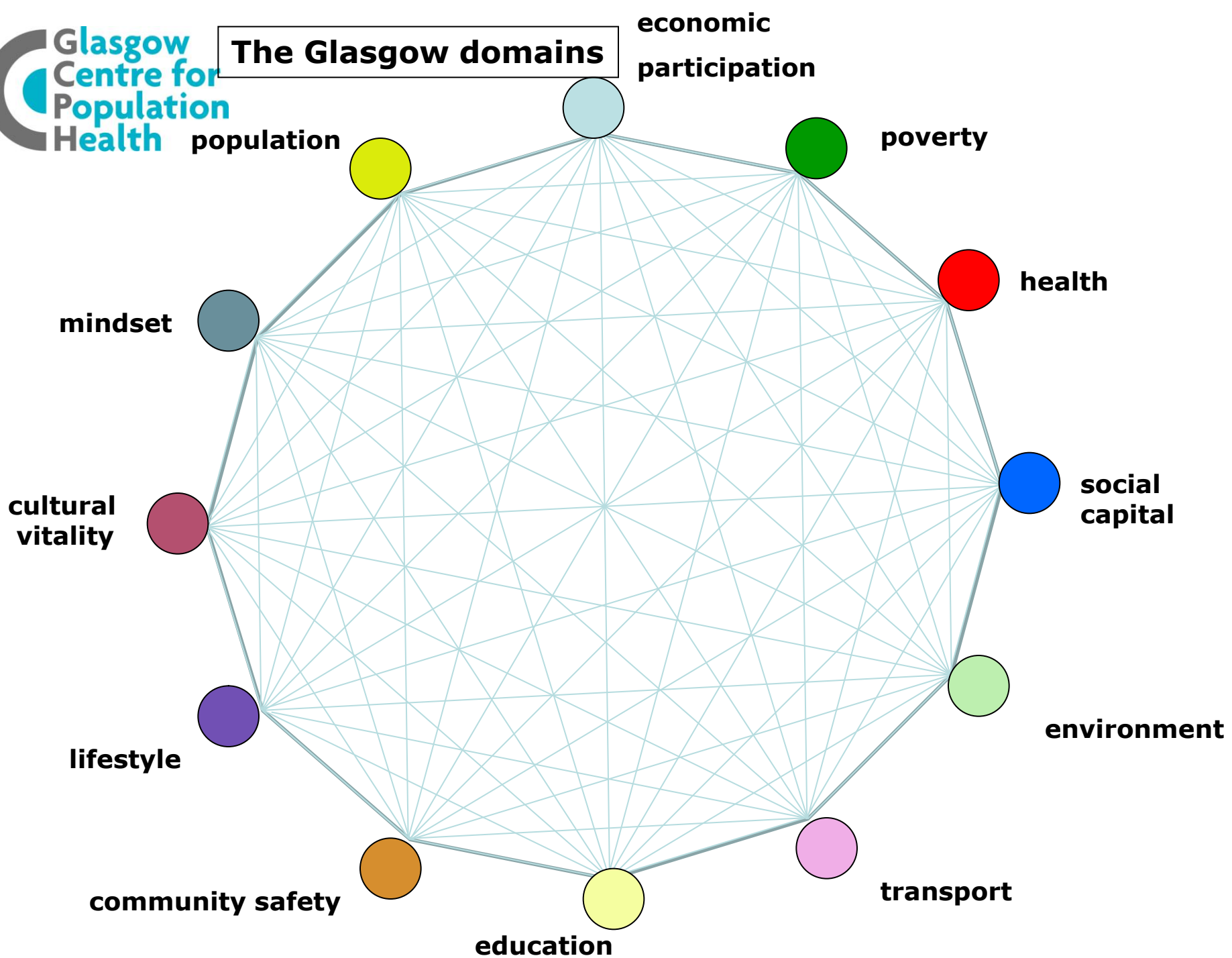
...complexity

Aims

To create an accessible resource that will:

- inform a wide audience about the wellbeing of Glasgow's population across a range of domains
- allow progress to be monitored
- encourage civic engagement in the cross-cutting issues that face the city

The Glasgow domains



Guiding Principles

A ***basket of indicators***, rather than one index, representing a dynamic interlinked view of the city

Focus on **themes** that are clear priorities for the city

Providing a **strategic** overview

Trends to be monitored over time

Inequality, or difference, within the city to be monitored

Comparisons to be made to other comparator ***UK cities*** and to ***European cities*** where possible

Progress

- 4 seminars through 2010
- Led by GCPH with support and commitment from a range of partners:
 - Glasgow City Council
 - Glasgow's Community Planning Team
 - Community Safety Glasgow
 - Glasgow Life
 - The International Futures Forum
 - NHS Greater Glasgow and Clyde
 - ...and many others through the seminars
- Site launched on 18th January 2011



Glasgow Indicators

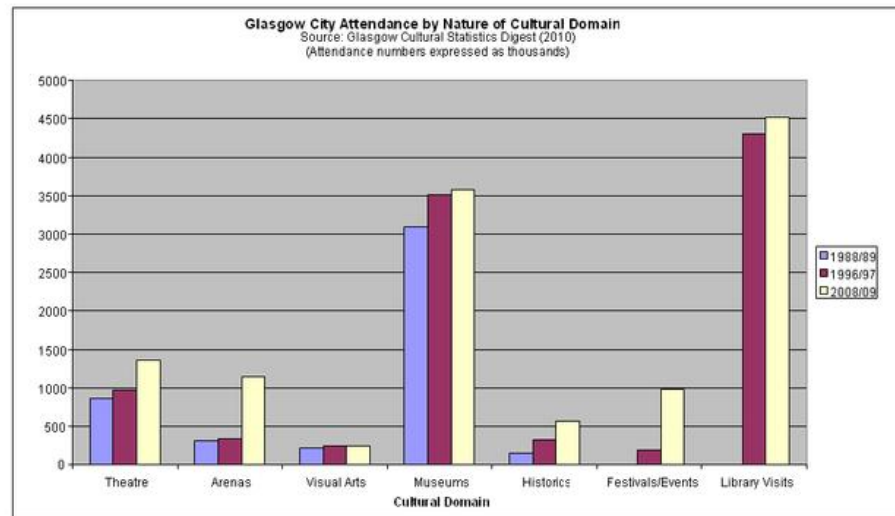
- ▶ Population
- ▶ Economic participation
- ▶ Poverty
- ▶ Health
- ▶ Social capital
- ▶ Environment
- ▶ Transport
- ▶ Education
- ▶ Community safety
- ▶ Lifestyle
- ▶ Cultural vitality
- ▶ Mindset

Cultural vitality

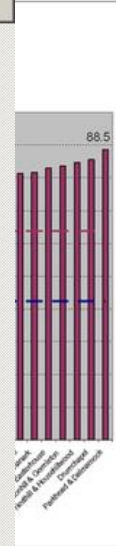
- ▶ Overview
- ▶ Attendance at cultural events
- ▶ Comparison between Glasgow and Scotland
- ▶ Age comparison
- ▶ Long standing illness, health problem or disability
- ▶ Annual household income comparisons
- ▶ Sports participation
- ▶ Presence
- ▶ Support
- ▶ Targets & Strategies
- ▶ Resources

Attendance at cultural events

Glasgow City Cultural Attendance (000's) by nature of cultural activity



Click on graph to expand





INITIAL THOUGHTS

- NAVIGATION EASY / INTUITIVE
- CLEAR SIMPLE EASY TO GRASP
NAVIGATION EASY, OVERVIEW CLEAR
- KEEP AN EYE ON AVERAGE VISIT TIME
(LIVE - 0 BE COST)
- (LOOKS GOOD, LIKE HEADING)
- SUB SECTOR PERSPECTIVE
HOW COULD THIS BE INCLUDED?
MAYBE FORWARD ASKING BE DEVELOPMENT
- LOVE 1979 - FEELS LIKE IT BOUND
DEL 3D -
DATA - WE ARE KEY FORWARD
E.G. CC LINK TO V.O. U
DATA + WHO!
- ACCESS TO PRIMARY DATA
ON THE - 2.9 SPREADSHEETS
AVAILING ON
FINITE => MANAGEABLE - AS LINK TO
RAW DATA OUTSIDE SITE

INITIAL THOUGHTS

- KEEP TRACK ON NEW DATA - UP TO DATE
(NUMBER OF WORKS / PROJECTS TO MONITOR)
- LINK LINE TO TARGET + STRATEGIES
- SCALE + NUMBER OF DATA
+ DASHBOARD +
- COULD INTELLIGENCE A KEY CHARACTERISTIC
VARS, + LINK TO BIGGER PICTURE
- AIMING AT WHOM? - PARTNERS
- DEMOGRAPHIC INFORMATION
- BUILDING CONVERSION
- LINKS, BETWEEN ISSUES -
HOW TO ADDRESS THESE POSSIBLE -



Some reflections on the Glasgow Indicators project

Why ?

- To make people – the public, planners, policy makers, politicians - aware of the health, social, economic and environmental issues facing the city and how they link together
- This is the 'democratisation of information' but it is also the generation and sharing of 'city intelligence'

The website is:

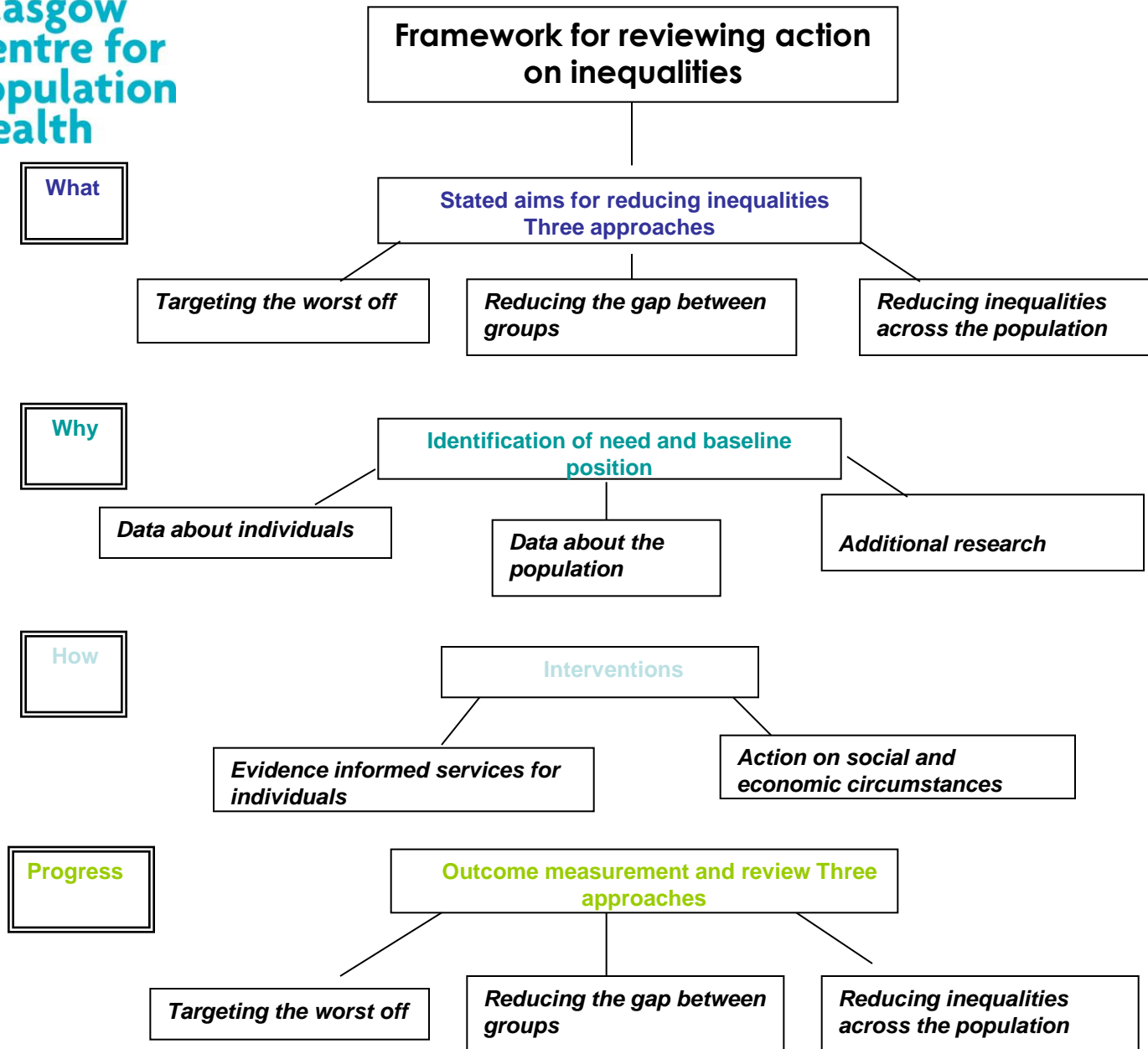
- a 'one-stop' source of credible, non-judgemental information (but also)
- a potential catalyst for change (through debate, discussion and engagement)
- a resource for governance, especially in relation to inequalities

Could this be an approach that is it relevant in other cities?

- Edinburgh is interested.....
- This is a flexible, affordable and accessible form of community health profiling
- Can be used to identify assets as well as problems
- Provides a baseline from which to translate policy into action

Inequalities Framework

developed by Pauline Craig
(Health Scotland, formerly of
GCPH)



Framework summary

- ***What***
 - Aims, objectives, which approach: targeting, closing the gap or reducing the gradient?
- ***Why***
 - Prevalence/issue, baseline, know the population, impact of social inequalities on health etc
- ***How***
 - Services for individuals together with action on social circumstances
- ***Progress***
 - Measurement depending on “what” above

Examples in practice

- Primary care mental health team (SE Glasgow): exploring their roles in addressing inequalities in mental health
- Children's services (East Glasgow)
- Three *Equally Well* test sites (SE Glasgow, East Lothian and Fife)
- Parenting framework evaluation (Glasgow City)
- Diabetes (GG&C)

equally
well
report of the ministerial task force on health inequalities

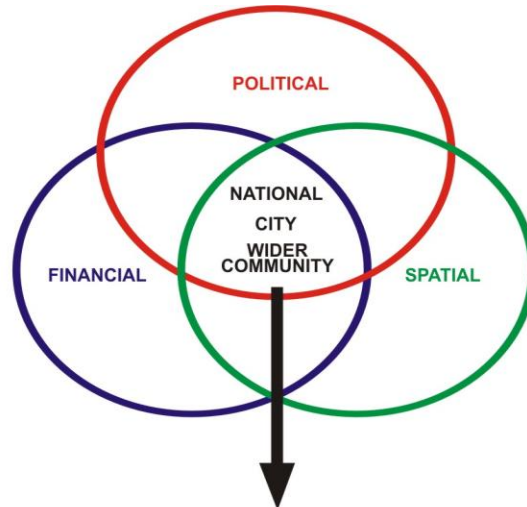
Glasgow City Test Site Vision

“We believe that urban planning can be more about people”

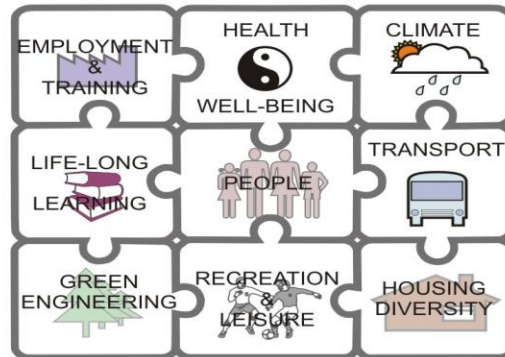
Long-term project to address health inequalities with a focus on:

- Partnership working – Between Local Authority Planners/Public Health professionals
- Changing the way in which Planning services are delivered.
- Sustainability, rolling out practice, engaging a number of different service providers.
- Giving the community a greater voice within the planning process.

What is a healthy sustainable neighbourhood?



**HEALTHY
SUSTAINABLE**



NEIGHBOURHOOD

**Less within
Planning Control**

- ◆ Political Agenda
- ◆ Market Forces
- ◆ Access to Funding
- ◆ Climate Change

**More within
Planning Control**

- ◆ Living and Working Conditions
- ◆ Social and Community Network
- ◆ Safe, stimulating Neighbourhoods
- ◆ Housing Diversity
- ◆ Integrated Transport
- ◆ Green Engineering
- ◆ Access and Connectivity
- ◆ Employability Gap
- ◆ Training
- ◆ Competitive Space
- ◆ Education
- ◆ Flexible Design
- ◆ Air Quality
- ◆ Water Quality

Test Site Components

- **Projects** (community, public sector, private sector involvement)
- **Community led projects**
 - Testing innovative community engagement techniques (asset mapping ,scrapbooks around determinants of health) and giving local people more of a say in terms of the planning decisions within their area.
- **Capacity building workshops**
 - Designed to bring together planners and health professionals – Based on Health impact Assessments (HIAs)/ Opportunities for joint working/ toolkits/ examples of best practice.
- **Tool development**

Healthy Sustainable Neighbourhood (HSN) MODEL – toolkit being developed to encourage planners to think more carefully about how the different components of the built and natural environment impact on our health and wellbeing. Based on examples of best practice and placemaking principles

HSN PLACEMAKER TOOLKIT – Interactive toolkit being developed which will allow planners/related professionals to engage with community members. Toolkit allows you to make alterations to neighbourhood slides to allow people to visualise change. Change options are varied and have incorporated examples of placemaking principles and sustainability options.
- **Monitoring and evaluation**

Continuous monitoring and evaluation to ensure that work completed is worthwhile. 2 year report is influencing work completed in year 3, although feedback on work completed is regularly provided.

Govanhill

what is different about Govanhill?

- diverse community, small businesses
 - strong community networks
 - architecturally rich
 - park, local green space
-
- poor quality housing, high % privately rented housing
 - poverty, worklessness, alcohol and drugs
 - crime- low level and organised (fear of crime)
 - fly-tipping and refuse disposal

equally
well

“ scotland's health is improving rapidly but it is not improving fast enough for the poorest sections of our society. Health inequalities ... remain our major challenge. ”

equally well

Insanity: doing the same thing over and over again and expecting different results. Albert Einstein.

- public service partnership with community on range of factors
- service redesign- collective response to multiple needs
- tailoring services- effective in local context
- targeting most in need- equity in engagement and outcomes
- promote early intervention and upstream solutions
- aligning public service resource around local issues

Ambitious policy agenda

Test-site approach designed to highlight challenges

equally
well

“ scotland's health is improving rapidly but it is not improving fast enough for the poorest sections of our society. Health inequalities ... remain our major challenge. ”

What can be learned from the partnership approaches adopted in Govanhill?

What challenges exist when trying to implement the type of approaches endorsed in Equally Well?

How can we track impact of working on health inequalities faced by Govanhill?

Further reading: Interim Evaluation of the Govanhill Equally Well Test-site

http://www.gcph.co.uk/publications/240_interim_evaluation_of_the_govanhill_equally_well_test-site

Healthier, Wealthier Children (HWC)

- **15 months project - from SG *Achieving our Potential* Programme for NHS Greater Glasgow and Clyde (NHS GGC) in partnership with GCPH, GCC and CH/CPs**
- **Universal health & other services to identify need and access to income maximisation**
- **Target high risk of child poverty - pregnant women & families with young children; older children with high risk family circumstances e.g. disability, kinship carers**
- **Development workers in all 10 CH/CPs to link with Income Maximisation services across NHSGG&C. Discrete HWC Addictions post**
- **Local links to children and families services, ante-post natal, addictions, early years, childcare, employability, fuel poverty and other financial inclusion support services**

Outcomes:

Income maximisation

- Higher numbers of families with young children receiving financial information, advice and support
- Improved financial awareness for pregnant women, new families and families with young children
- Additional income generated for families using the service
- Benefits assistance plus identifying other issues and referring on as appropriate
- Provision of advice, assistance and training to service providers supporting the client group

Case studies

- illustrating the range of potential gain achieved by service users, after their contact with local Income Maximisation services.

Case	Background	Outcomes
Low gain	An unemployed couple with two dependent children are living in local authority rented housing. The mother is pregnant and expecting a third child. The monthly household income range is £1100 - £1399.	Successfully claimed for Healthy Start Vouchers at £3.10 per week.
Moderate gain	A lone parent, with a dependent child less than 3 months old, is living in local authority rented housing. The monthly household income is £620.	Successfully claimed for three weekly payments (Child Tax Credit, Healthy Start Vouchers and Child Benefit) totalling £81 per week, and a one-off £500 payment (Sure Start Maternity Grant).
High gain	A lone parent, in receipt of Income Support, has two dependent children with disabilities. The monthly household income is £908.	<p>Successfully claimed Disability Living Allowance for both children – resulted in Child Tax Credit increase. Carer’s Allowance was also awarded for both children.</p> <p>Overall, this resulted in significant one-off backdated payments totalling £5969 and an increase in weekly household payments, totalling £286.</p>

Other gains or action taken

In additional to financial gains, a range of softer - but equally important gains or actions - were recorded in the monitoring forms by the Income Maximisation workforce:

- Investigating eligibility for a social tariff from a utility supplier
- Specific Child Support Agency Advice
- Support to replace electric heating to reduce fuel poverty
- Liaise with a housing provider to address re-housing needs; offer support to a client moving into a homeless unit
- Advice on the use of savings vis-à-vis Care in the Community; impact of kinship payments on other income
- Charitable application for a pram (mum expecting twins and expecting Sure Start grant but not eligible)
- Immigration advice.

Healthier Wealthier Children web link -

http://www.nhsggc.org.uk/content/default.asp?page=home_hwc

The background

- BUILDING UNDERSTANDING

Research and making health intelligence accessible and relevant

- BUILDING EVIDENCE

Testing new approaches and models.
Finding out what works.

- FOSTERING FRESH THINKING

Encouraging engagement and new thinking about what needs to change in the future?



Miniature Glasgow

**Bruce Whyte,
Glasgow Centre for
Population Health**

**Andrew Lyon,
International Futures
Forum**

**Sace Lockhart,
Sasquatch
Productions**



- The result of a chat in the office....
- and encouraged by our ‘conversations’

- **Inspired by Miniature Earth**
<http://www.miniature-earth.com/index.html>



Further Information

GCPH

www.gcph.co.uk

Go Well

www.gowellonline.com

Understanding Glasgow

www.understandingglasgow.com

Miniature Glasgow

www.miniatureglasgow.com

Healthier Wealthier Children

http://www.nhsggc.org.uk/content/default.asp?page=home_hwc

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