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Growing a Healthier Glasgow

A report and recommendations of the Glasgow Health Commission





Forewords

Winning the right to host the Commonwealth Games in 2014 has given us the best chance in a generation to raise the aspirations of every Glaswegian and improve their lives. Improving our city's health record would be a powerful legacy from the Games.

Glasgow has undergone significant economic and physical regeneration in recent years, and I believe we now have a historic opportunity to transform the health of the city.

The root causes of ill health and health inequalities lie beyond the scope of health services alone. Improving the quality of employment, housing, transport, the environment, leisure and education can have a major impact on the health of our citizens.

I established the Health Commission to look at these very issues and report back with recommendations for action. I was clear that nothing should be ruled out and the Commission was given free reign to consider any issues which it felt impacted upon the health of Glaswegians.

This report sets out the Commission's proposals to improve the health of the city. The challenge for all of the major partners is to turn these recommendations into action, and ensure that we can grow a healthier Glasgow, not just for those living in the city just now, but for many generations to come.

Cllr Steven Purcell, Leader, Glasgow City Council



It was a privilege to be asked to address the issue of health improvement as Chair of the City of Glasgow Health Commission. Our City has always been honest with itself. It has acknowledged the existence of longstanding and deeply rooted health and social inequalities which blight lives and stifle opportunities for far too many. Some good progress has been made in recent years towards reducing levels of inequalities but the Health Commission believes the time is right for us to be bold and engage in activities that will quite simply transform the health and wellbeing of all our citizens and, especially, of those in the most difficult circumstances.

This report contains 20 straightforward recommendations based on good evidence which, if implemented, will make a significant contribution in this area. The evidence base is extensive and is presented on our website at www.glasgow.gov.uk/healthcommission.

The recommendations invest in our young people; build on the talents and strengths of our communities; challenge our services to work together in new ways; enhance the excellent work of our cultural and sports activities and demand further actions for a greener Glasgow.

I would like to thank the 15 Health Commissioners drawn from diverse backgrounds, who worked tirelessly over the last year on this report, for their time, good sense, passion and commitment. All of the professional and local people who gave evidence to the Commission also made a major contribution to our work and the Centre for Population Health provided an outstanding underpinning to our decision making by expertly sourcing, collating and synthesising information. Lastly I would like to thank the Secretary to the Commission, Duncan Booker, whose skills as rapporteur were pivotal to our success.

The Health Commissioners' work is not finished with this publication. We are all determined to measure the impact of this report and continue to work together and with others, to grow a healthier Glasgow.

Professor Pamela Gillies, Chair of Health Commission



Executive summary

This report presents the recommendations of the Glasgow Health Commission. There are 20 recommendations which relate to the key health issues for Glasgow's communities.

The Health Commission was established by the Leader of Glasgow City Council in 2008 and it was challenged to come up with innovative recommendations to tackle Glasgow's record on health. It held its first meeting in June 2008 and published its final recommendations in June 2009.

Membership of the Health Commission is detailed on the next page. Members have been drawn from a broad range of backgrounds and sectors and the Health Commission is independent of the city's main agencies. At the same time, it has worked closely with such agencies so that there is a good chance of its recommendations being implemented.

The focus of the Health Commission has been on:

- > Looking at Glasgow's main health challenges
- > Making recommendations for sustainable health improvement
- > Keeping attention on tackling health inequalities.

The Health Commission has considered evidence on Glasgow's health challenges from a number of presenters. It has aimed to offer recommendations which can be implemented in a relatively short timeframe, as well as ones which can build sustainable long-term health improvement.

The recommendations have a strong focus on the city's assets as the basis for progress and on action which it is within the power of the city itself to take. This sets the context for many of the recommendations, particularly those relating to communities and services. Recommendations are grouped according to three themes, which draw together the Health Commission's thinking:

- > People and culture
- > Environment
- > Services.

Some key areas have emerged where recommendations are focused. There is particular interest in creating a child-friendly city and seeing greater investment in interventions and support for the early years. The Health Commission also believes that more engagement with our city's communities is a key means of improving health.

Members of the Health Commission took draft recommendations out to community groups for discussion. This report has therefore incorporated a strong community perspective. The next step for these recommendations is for them to be implemented by the city's partners. Health Commission members think that it is within the power of our city to do that and that they can make a real difference to people's lives for the better.



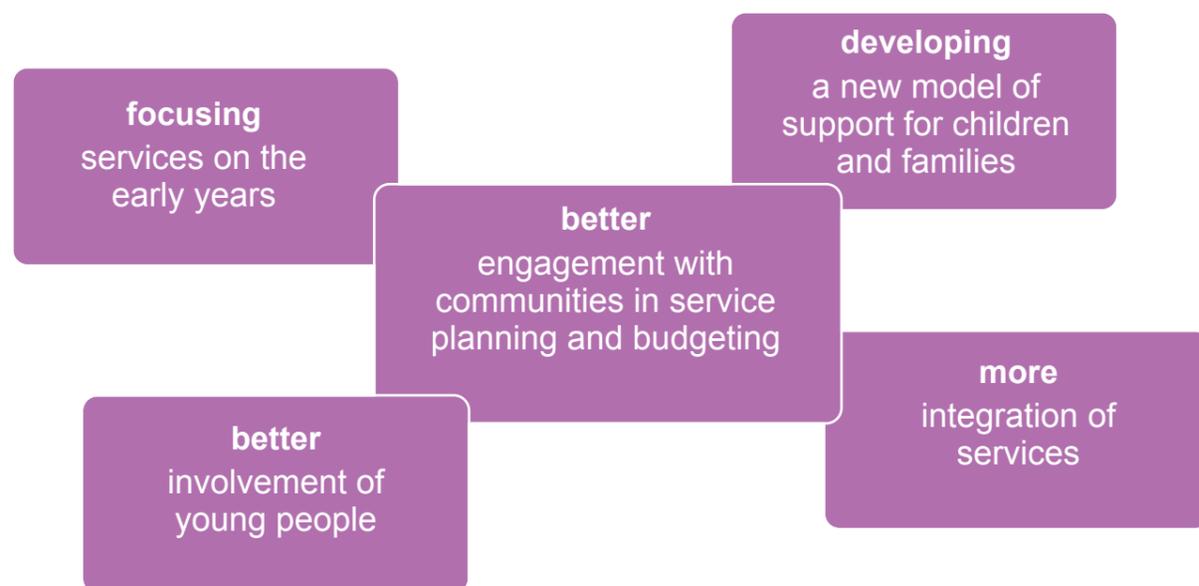
Summary of Health Commission recommendations

There are twenty recommendations, grouped as follows:

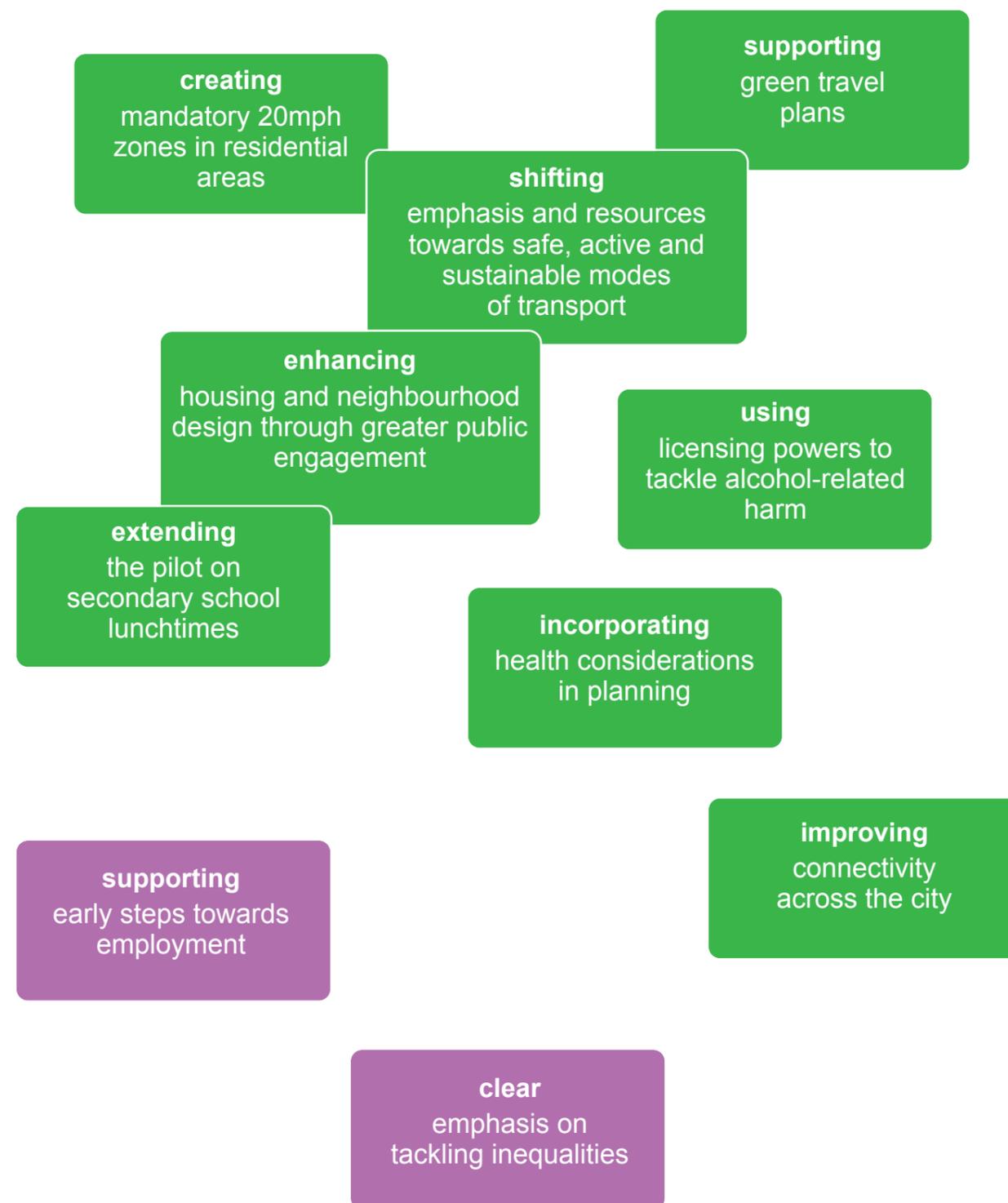
People and Culture



Changing services



The Environment





A picture of the Health Commission members with Steven Purcell, Leader of Glasgow City Council, at the first meeting of the Health Commission.

Health Commission membership

Prof Pamela Gillies, Principal, Glasgow Caledonian University (Chair)

Neil Baxter, Secretary, Royal Incorporation of Architects in Scotland

Dr Linda de Caestecker, Director of Public Health

Ian Galloway, Gorbals Parish Minister

Dr Colin Guthrie, former GP

Alastair Ireland, A & E Consultant, Glasgow Royal Infirmary

Peter Kelly, Director, Poverty Alliance

Lee McConnell, Athlete

Tony McElroy, Corporate Affairs Manager, Tesco plc

Ros Micklem, Director Scotland, Equality and Human Rights Commission

Helen Puttick, The Herald

Patricia Rainey, Marriott Hotels/Glasgow Employers' Coalition

Sheila Richard, Executive Director, The Coach House Trust

Graham Robertson, Chief Executive, NHS Health Scotland

Alan Sinclair, The Work Foundation/Centre for Confidence and Wellbeing

Professor Carol Tannahill, Director, Glasgow Centre for Population Health

8 Also in picture: Fiona Crawford of Glasgow Centre for Population Health

1 What we have done

- 1.1 The Glasgow Health Commission was established to take a fresh look at our city's health challenges and to come up with proposals on how to tackle them. The recommendations which follow are directed to the city's Community Planning partners. We expect them to be implemented by them in partnership with communities.
- 1.2 The city of Glasgow has much to be proud of, but the poor health experienced by many of its people affects everyone's well being and the perception of our city as a whole. Our people are one of our greatest assets. The Health Commission believes that their talents, skills and the communities they live in lie at the heart of tackling this problem. We have tried to acknowledge the strengths within our communities which the city can build on.
- 1.3 It is well known that some of our communities experience severe levels of heart disease and other illnesses, alcohol abuse, accidents and violence. Our recommendations are intended to help address these entrenched threats to health and wellbeing. We have tried to acknowledge the problems which our communities face and which the city needs to help them to tackle.
- 1.4 The Health Commission has also recognised the significant scale and quality of the city's cultural, sporting and leisure resources. Many of these are the envy of other cities. Glasgow has always taken the view that these resources should be accessible to everyone. The Health Commission thinks that Glasgow can do even more with these assets to reach out to people in ways that can help to improve their health and wellbeing and enrich their lives. The recommendations which follow develop this view.
- 1.5 The Health Commission has used evidence whenever possible to guide our decisions about where and how changes can be made in our city which will have the best chance of success. We have tried to ensure that our recommendations are practical and that – with planning and hard work – they are not beyond the power of our local partners to achieve. If these recommendations are adopted in Glasgow, the evidence shows that they will make a cumulative difference for the better. The Health Commission strongly believes that it is within our collective power – and that it is our duty - to act on this evidence for the benefit of all our citizens and to reduce health inequalities.
- 1.6 We think that the city's organisations, businesses, public services and communities can work together to achieve better health for our citizens. They will need to do this in an integrated and cooperative way to make this happen. This will not be easy and the Health Commission harbours no illusions about the challenge of this task. We realise the difficult economic times which face the city and country. Yet these are just the sort of times for us all to think hard about who we are as a community, where we want to go as a city, and how we might plan - and most importantly act - to lay the foundations for improvement in the longer term. If these recommendations are implemented, then the Health Commission believes that we will help to grow a Glasgow that is more resilient and better equipped for an uncertain, but healthier future.
- 1.7 The Health Commission has aimed its recommendations at shifting certain health damaging features of Glaswegian life. We also believe that all of the recommendations which follow will contribute significantly to improving mental health and wellbeing. They will do this by:
- > Focusing on our people and culture, thereby enabling the potential of all Glaswegians to be unlocked
 - > Changing the environment to facilitate healthier ways of living
 - > Getting decision-making closer to our communities
 - > Improving the behaviours and life opportunities of future generations by concentrating on parenting and the early years.

These aims set a context for the recommendations. We have particularly looked to improve our city's future through investing more in children and young people. There is very strong evidence that such investment will not only improve health, but also help to tackle other social issues. We also want to see a greater emphasis on strengthening Glaswegian communities.



2 Our approach

- 2.1 The Health Commission agreed certain key principles at its first meeting. These have shaped the approach which we have taken and the recommendations which we are proposing. Our commitment has been to make sure that:
- > Our recommendations relate to the social determinants of health (more on this in section 3)
 - > Our work and recommendations are based on evidence as far as is possible
 - > All recommendations aim to tackle inequalities.
- 2.2 At the first meeting, Health Commission members considered some of the history about health in Glasgow. We looked at different ways in which good and bad health has been experienced across our city's communities up to the present day. In particular, the Health Commission has been able to draw upon a rich vein of statistics and analysis provided by the Glasgow Centre for Population Health in its report called Let Glasgow Flourish. Members also heard more about the key challenges facing Glasgow from the city's Director of Public Health. This allowed the Health Commission to have a general discussion about the areas where it wanted to hear more evidence and where it felt that it needed to focus its attention.
- 2.3 In this light, Health Commission members agreed that they would invite people to speak to them about specific areas that affect health in Glasgow. These speakers are noted in Appendix I. They were asked to share their expertise and to offer suggestions for doing better in particular areas of policy and practice. The discussions which these speakers helped to promote have been used to inform our recommendations which the Health Commission is proposing. The Glasgow Centre for Population Health also provided briefings for Health Commission members to consider. These briefings have drawn upon the best available evidence from elsewhere in the UK and around the world on which actions might make a positive difference to health.
- 2.4 Health Commission members wanted to make sure that they engaged with Glasgow's communities on our recommendations and more about this is given in section 5. The recommendations in this report have been significantly altered and developed as a result of the comments which have been made by Glasgow's people.
- 2.5 Draft recommendations were also presented to some of the key organisations in Glasgow, including the Community Planning Partnership. The Health Commission will be calling on these organisations to implement the recommendations.
- 2.6 We have tried to present this report in a way that will be readily accessible to the general reader and to those who are involved with health issues on a professional basis. Detailed evidence for our recommendations can be accessed via a weblink
- 2.7 The Health Commission does not claim that the recommendations which follow cover everything required to improve health in Glasgow. We have tried to focus on the issues where we think we can add value. This is by:
- > emphasizing the importance of existing work
 - > drawing attention to actions where the evidence is strong, but plans do not currently reflect that evidence
 - > highlighting the need to address aspects of city life that are not currently acting in the best interests of the city's health.
- 2.8 The Health Commission has looked to propose actions or policies that are likely to make an immediate difference to health in Glasgow. Some of these – such as mandatory 20mph zones – will have immediate, life-saving benefits as well as improving health and wellbeing. We have also looked further into the future and made recommendations for longer-term action. Some of these – particularly relating to the early years – need to take place over the lifetime of several political cycles. The poor health experienced by many of Glasgow's people has become established over a significant period of time. Solutions to our city's challenges will therefore need to be applied over the medium and long term.
- 2.9 The full extent of the current economic problems which face Glasgow and the UK emerged over the lifetime of the Health Commission discussions. This has reinforced the sense in which we can never quite be sure what the future holds. But it has also underlined the Health Commission's determination to help build a healthier city – one where our communities and the agencies which serve them are resilient in the face of future challenges and are best equipped to take future opportunities when they arise.

3 A social model of health

- 3.1 Lots of things affect our health. They include how we behave, our relationships, our gender and ethnic group, our education and work, the conditions and communities in which we live, and how we feel about ourselves. The experience of discrimination – such as racism or homophobia - can be an added factor which affects our physical and especially mental health. The Health Commission has considered such things in our approach so that all our thinking has been based on a broad understanding of health.
- 3.2 This approach helps us to identify what influences health and therefore what might be a barrier to our health, as individuals or as communities. It also alerts us to the fact that it is more than just our individual behaviour that has an impact on our health. A community's culture and belief system is also important as it makes a difference to how communities respond to initiatives and messages around health. For this reason, we have referred to Glasgow's culture and the ways we might alter it. However, a broad understanding of health also illustrates the complexity of the challenge facing Glasgow. There may be no single intervention that will improve health; multiple approaches working together and across sectors are needed. In this light, we think that partners should take our recommendations collectively if our city is really to make a difference to health for the long term.
- 3.3 We do not list all the statistics about Glasgow's health in this report. The reader can get as much information as s/he needs from Let Glasgow Flourish, which can be accessed via the website of the Glasgow Centre for Population Health at www.gcph.co.uk. Overall, Glasgow's health has improved. However, the issue for Glasgow is that health in other areas is improving faster. This means that Glasgow's health has become relatively worse in comparison to the rest of Scotland and other UK cities. Estimates of life expectancy suggest that many Glaswegians not only live shorter lives, but also succumb to disease and illness earlier in life. Differences in health within the city are also stark. For example, while a Glaswegian boy born today might live to 70, this estimate alters dramatically depending on his socio-economic circumstances. A boy born in an affluent area of Glasgow is likely to live 14 years longer than one born in a deprived area. Challenging such inequalities is a key element of this report.
- 3.4 We know that some groups tend to have much higher rates of illness, disease and death than others. Glasgow's key health challenge relates to the inequalities experienced by the members of its various communities. These do not just affect parts of the city already known to be areas of deprivation. Health inequalities are experienced in various ways amongst individuals and communities across the whole city. These reflect differences in gender, race, disability, age and sexual orientation. The Health Commission believes that it is not just the experience of poverty which determines health, but other forms of inequality and discrimination too. Indeed, different types of inequality can interact together to damage health. Any sustainable approach to improving Glasgow's health will need to take these factors into account just as much as social and economic ones. We expect that the recommendations that we have made may need to be refined in order to respond to the different needs of different groups amongst Glasgow's people. What we have tried to do in this report is:
- > To be absolutely sure that inequalities do not increase as a result of these recommendations
 - > To propose actions which are sensitive to the different needs of Glasgow's people and have a realistic chance of narrowing health inequalities over time.

4 Our themes and the recommendations



- 4.1 As the Health Commission debate developed, it became clear that our recommendations could be grouped in certain areas. These have formed the key themes for this report and they are:
- > People and culture
 - > Environment
 - > Services.
- 4.2 We need to acknowledge that Glasgow has some long-standing issues around alcohol and violence. They have become part of our culture. But we do not believe that Glasgow's communities should have to accept this. We think that our city can take action to make sure that these do not continue inevitably to be part of our culture. Our recommendations under the theme of 'People and culture' look especially at how we can challenge such health-damaging features of Glaswegian life. They also aim to build on the positive aspects of our culture – the strengths within our communities and the assets which they can draw on. Our recommendations reflect the potential for doing more with Glasgow's resources to support communities. They acknowledge that there are many good things about our city and its people which should be celebrated and strengthened.
- 4.3 The Health Commission recognises that people's choices can be constrained or helped by the environment in which they live. Our recommendations under the theme of 'The Environment' therefore look at how the city's communities and agencies can change the physical environment we live in to improve opportunities for healthier choices. For instance, they aim to respond to strong levels of community concern about the kinds of shops that are allowed to open in their local areas. There is also a lot of evidence which shows links between people's health – especially their mental health – and their physical surroundings. The quality of design for housing, streets and neighbourhoods can make a crucial difference to how people feel about their lives and how connected they are with the life of their communities. We make recommendations about better involvement for people in decisions about such things. There are also recommendations about how people can get out and about on our streets and transport system. We look especially at sustainable transport like walking and cycling. These are 'green' ways of moving around our city and they are also a crucial part of tackling a general trend towards overweight and obesity. For these reasons, our city's future has to be one where we shift our emphasis away from the privileged position which the car currently holds and towards the interests of the pedestrian and cyclist.
- 4.4 Glasgow is fortunate in having strong public sector services and a vibrant voluntary sector. The Health Commission wants to acknowledge the progress which has been made in the city to bring agencies together so that they work better for our people. We also think that there is more that can be done here – particularly in a time when budgets are incredibly tight. Our recommendations under the theme of 'Services' aim to build on what we already have in Glasgow. We also want to see if we can get those services to change in ways that have a better chance of improving health. Our recommendations have a really strong emphasis on investing in the early years and this has significant implications for the ways in which our agencies plan and deliver services. We also believe that more can be done to engage with our communities in creative and meaningful ways. This will help to connect people with the agencies which are there to serve them and it will help those agencies to make better decisions with and for our communities.
- 4.5 The Health Commission is well aware that most of its recommendations are going to sound fairly familiar to readers. This is not the first time in Glasgow that statements have been made about things like tackling community concerns or focusing investment on the early years. We want to add our weight to the work already going on to address these major issues. But we also want to be clear that we do intend to challenge partners with our recommendations. It will not be good enough to respond to a recommendation by stating that 'We're already doing that'. There is a lot of impressive work going on in Glasgow, but we can do better.



5 How we consulted on the draft recommendations

- 5.1 Health Commission members have been keen to engage with Glasgow's communities in their thinking. A set of draft recommendations was taken to Glaswegians across March to May 2009. This was especially with a view to testing out how such recommendations might best be implemented in the specific circumstances of Glasgow's various communities.
- 5.2 Health Commission members presented their recommendations to the 13 Community Reference Groups in Glasgow, supported by Local Community Planning Partnerships. Discussion took place with community members from some of the city's most deprived neighbourhoods through links with Faith in Community Scotland. Recommendations have also been shared with the Public Partnership Forums (PPF) established by each of Glasgow's five CHCPs.
- 5.3 The Health Commission has wanted to ensure that all its work is informed by an equalities perspective. It has therefore also presented recommendations to the Equalities Networks Forum and sought to disseminate them through the links provided by this group.
- 5.4 Further work has been undertaken to seek the views of Glasgow's children and young people through facilitated discussion with the Pupil Councils, looking especially to explore what the idea of a child-friendly city means to them.
- 5.5 The Health Commission recommendations were made available on the Council website via a dedicated page. This allowed members of the public to say which recommendations were their priorities and to add their own comments on anything they thought was missing.
- 5.6 Communities raised a number of key points with Health Commission members. As a result the original draft of 18 recommendations was increased to 20. Further detail on many of the recommendations was also added and the text in section 7 directly represents community views in several places.
- 5.7 Draft recommendations were also presented to some of the key organisations in Glasgow, including the Community Planning Partnership. Presentations have been given to the Council's senior management team and to Greater Glasgow & Clyde NHS Board. The Health Commission is independent of the city's main agencies, but at the same time we have worked closely with such agencies so that there is a good chance of our recommendations being implemented.



6 Measuring the impact of the recommendations

- 6.1 The Health Commission has identified twenty recommendations for consideration. These are supported by a robust evidence base. We know that we need to measure progress on them.
- 6.2 The Health Commission will work with the Glasgow Centre for Population Health to develop measures of progress on the above. We will identify meaningful measures in relation to a child-friendly city and focusing services more closely on the early years, for instance. This will mean that partners' commitment to the recommendations can be monitored. The Centre will also help to compare Glasgow with other UK and European cities so that we can assess how we are doing in relation to their approach to issues such as transport, the early years and so on.
- 6.3 Our recommendations are based on evidence provided by the Glasgow Centre for Population Health and other colleagues. We have tried to make this report accessible to as wide an audience as possible and, in that light, have chosen not to present all of this detail in the main text. Interested readers can access evidence briefings, minutes of Health Commission meetings, and copies of presentations at a weblink which we have created for this purpose. It is www.glasgow.gov.uk/healthcommission. We also intend to use this weblink to provide updates on progress towards our recommendations. It will be a key means of communicating how such progress is planned and whether/how it actually takes place.
- 6.4 The Health Commission is committed to ensuring that all its work fully takes into account the needs of different communities across Glasgow. We expect that the various organisations and services which will be responsible for taking forward Health Commission recommendations will comply with their legal duties and build Equalities Impact Assessment into their planning and design processes. Furthermore, we recognise that such a process may conclude that our recommendations need to be adjusted and refined. The Health Commission welcomes further development of its recommendations so that they challenge inequalities and promote equality for all Glaswegians.



7 Implementation

- 7.1 These recommendations build on the strengths which the city and its people already possess. We need to be persistent in pursuit of them. If these recommendations are implemented then the Health Commission believes that a healthier and fairer Glasgow is possible - and that this is within the power of Glasgow's people and the organisations which serve them.
- 7.2 The recommendations which follow have been presented to Glasgow City Council's Executive Committee. They were brought to the Committee by the Council's Executive Member for Health and Wellbeing, and the Health Commission looks forward to working closely with elected members and communities to ensure that the city's partners implement these recommendations.
- 7.3 Communities have expressed support for these recommendations. However, they have also expressed scepticism about the chances of these recommendations actually being implemented. This is in many ways a reflection of the trust - or lack of it - which communities have in our city's agencies to get on with the things they want to see happen. The Health Commission is only too conscious that this report must not end up gathering dust on shelves. Rather, it must gather momentum within Glasgow's organisations and in the lives of our communities as they see changes being made. We therefore intend to:
- > Challenge the city's partners to prepare detailed action plans within six months of the publication of these recommendations to show how they intend to implement them
 - > Bring reports back to the city's Community Planning Partnership with these action plans
 - > Hold an annual review of how progress is being made towards the recommendations, which will draw upon community views.
- 7.4 Communities have stated a wish to push for these recommendations through their own local links to agencies and elected members. We think there is a really strong potential to ally the Health Commission with communities and with other, similar bodies such as the Poverty Truth Commission. These recommendations can make the difference to Glasgow's health which we all want to see. Now we need to push ourselves forward to make sure we get on with the hard work of implementing them.

8 The Health Commission's recommendations

People and Culture

The Health Commission believes that:

Recommendation 1

The city's partners should have a key goal at the heart of all their thinking for Glasgow: to be a **child-friendly city**.

The main features of this are that:

- > All the city's leaders embrace this overarching goal and take responsibility for making it happen at senior political, service, business and local community levels
- > We ensure that all plans and strategies across all sectors clearly prioritise the needs of children and young people and their parents
- > We treat young people as an asset, and not as a problem
- > We make opportunities for young people to have their voices heard
- > We create informal spaces where young people can socialise.

The Health Commission especially wants to see a greater concentration of resources and effort on supporting parents and children in the early years, from pregnancy to primary school. The city's agencies will need to develop enhanced ways of engaging with parents and carers to see what support would best help them and their families.

Glasgow's children and young people are also well placed to tell us more about the detail of what a child-friendly city should look like. When the Health Commission consulted school children on their priorities, some clear messages emerged:

- > They often feel unsafe on our streets and in our public places – they want more to be done to tackle alcohol and drug misuse, gang fighting, and intimidation on public transport
- > They are very concerned at the state of their environment – litter and graffiti make them feel bad about where they live and they want more done to deal with these problems
- > They like our city's parks and play spaces – and want to see more safe and attractive places for children to get together in their neighbourhoods.

Many of the Health Commission recommendations that follow will contribute to the aim of creating a child-friendly city, but we believe that organisations and communities should think more about what this aim means for them and how they act in Glasgow.

Recommendation 2

The city can **make changes in the use of its resources** to reduce inequalities and promote health.

These include:

- > **cultural and sporting resources** - the Health Commission recommends that further work is undertaken to engage current non-users with Glasgow's cultural, sporting and leisure facilities and services, and to support the sustained use of these resources. This will involve a particular emphasis on:
 - > supporting parents and children in areas such as creative forms of musical or artistic expression, literacy and play
 - > engaging young men in a wider range of activities
 - > supporting people through difficult transitions, such as redundancy, retirement or coming to Glasgow for the first time as a refugee or asylum seeker.

We have begun discussions with Culture & Sport Glasgow about a new referral system for partners in the community and voluntary sectors, which will act as one route for delivering on these objectives. We strongly support Culture and Sport Glasgow's commitment to reaching out to excluded communities across the city and would support an increase in this activity.



8 The Health Commission's recommendations

- > **community resources**, such as schools, community centres and other formal spaces that bring people together. The Health Commission recommends that our city's community facilities should be used more flexibly, including the extension of school usage into the evenings and weekends. We want, for example, community cooking skills to be supported through school kitchen facilities as one element of this approach. Where possible, any charges levied for using such facilities should be examined to ensure that they are not blocking use which could bring about health gains.
- > **the legacy of Glasgow's Commonwealth Games assets**. The city has an extraordinary opportunity to harness the Commonwealth Games as a means of spreading employment and volunteering benefits throughout Glasgow; seeking increased community usage of the physical infrastructure of Games facilities; helping people to be more active; and crucially engaging communities in a spirit of hope and confidence in their city's future. The Health Commission recommends that the Games' partners, and particularly the Council as leading the city's approach to legacy, continue and deepen their dialogue with communities so that Glaswegians are able to shape this legacy and feel part of it.
- > **greenspace resources**, such as parks, play areas and allotments. These are rightly a source of pride for the city and highly valued by its communities. There is evidence that contact with natural outdoor environments can enhance health and wellbeing. We therefore urge the city's partners to do all they can to protect and maintain these environments and to develop more of them.

Recommendation 3

The city should focus even more effort on tackling violence, drugs and alcohol-related harm.

The Health Commission believes that a culture of violence and excessive drinking should not be seen as a normal way of life for Glaswegians. The evidence supporting this view is compelling and these issues clearly emerged as the most important priorities for communities when we discussed draft Health Commission recommendations with them. We believe that a focus on support for the early years is the most significant way of shifting attitudes and behaviour away from such a culture. There is strong evidence that Glasgow really can change our future for the better if we invest in the early years and sustain our efforts over the long term. More detail is given on this aim below. Greater support for the current generation of Glasgow's young people and parents is also required. In this light, the Health Commission recommends that partners:

- > focus on prioritising the early years
- > invest greater resources in tackling tobacco and alcohol use during pregnancy
- > support young people away from gang membership and into more positive forms of participation in group activities – with a major focus on addressing the different needs of young men and women who are caught up in gangs or at risk of doing so.

Communities also expressed concern about the impact of drugs on them. The Health Commission is aware that, although access to integrated health and social work addiction services has doubled in recent years, the city's services remain in contact with only 50% of the estimated population of drug users. This is a major resource challenge and so we recommend that partners:

- > make further efforts to enhance access to these services - in recognition of the fact that investment in these services can make significant savings in terms of budgets and people's health by reducing dependency on street drugs
- > target support for vulnerable children in the care system – especially those who have experienced parental substance misuse - so that they can have better opportunities for the future.

The Health Commission wants to acknowledge that communities are concerned about the city's methadone programme. There is a perception that local issues are not well enough heeded by professionals in delivering this service. The evidence strongly supports the benefits and improved outcomes achieved by the methadone programme. We do think, however, that services could do more to raise awareness about what they are doing to progress rehabilitation, employability and recovery amongst people with drug problems.

Recommendation 4

Supporting carers. A healthy city is one whose communities care for and support vulnerable or isolated people of all ages. Thousands of Glasgow's people work day after day in often difficult circumstances to care for loved ones. Carers themselves can, however, experience poverty, poor health, and isolation. The Health Commission wants partners to take all possible opportunities to acknowledge and support the role of carers.

Health Commission members have been especially struck by the commitment of kinship carers – who have to cope with the impact of drugs on the lives of their own children and who effectively become parents again in later life by looking after their grandchildren. We want to add our voice to local and national campaigns to recognise and adequately support kinship carers.

Recommendation 5

Leadership at political, civic, and community levels is required to make change happen. Support should be given to community champions in particular to allow local solutions to emerge within communities. Political leadership should aim to provide means of ensuring that communities get their voice heard and that resources follow locally-generated ideas. Councillors have a key role to play in representing local communities' views and interests and the Health Commission would welcome further discussion to support them as champions for these recommendations at a local level. Recommendations for a renewed focus on the strengths of Community Planning are made below.

8 The Health Commission's recommendations

The Environment

One key aspect of our recommendations on improving health through the physical environment is for the city to exercise greater confidence in the powers it already has to influence change. Areas such as planning, licensing, building design and the duty of care it has for school children all offer opportunities to do better. We believe that the actions recommended below can make a major difference to health through:

- > encouraging play and getting people to be more active, thereby combating rising levels of obesity
- > tackling inequalities in amenities across neighbourhoods
- > involving people in decisions about their local area.

The Health Commission recommends:

Recommendation 6

The introduction of **mandatory 20mph zones in residential areas**, especially those near schools. There is clear evidence that this will save young lives, reduce the severity of injuries and prevent accidents in our more deprived neighbourhoods. This measure will also benefit elderly and disabled residents. It will help to put a clear emphasis in favour of people rather than the car.

Recommendation 7

A greater emphasis on **safe, active and sustainable modes of transport** as the main features of the city's future transport growth. The Health Commission believes that Glasgow should aim to:

- > Increase its spend on walking and cycling as a proportion of overall transport investment towards average EU levels. This will help to shift our focus away from the car and towards modes of transport which are good for health and good for the environment.
- > Hold a summit to agree on getting more progress towards this aim and to encourage cycling amongst all our communities – we need especially to change our culture so that cycling in Glasgow is seen as an activity for all
- > Ensure that issues around safety and accessibility do not discourage communities from walking or using buses
- > A 'pick up & go' bike loan scheme is implemented at both ends of the new cycle route from the city centre to the East End
- > An annual car free day is established for the city when public transport is free for all. We know that this will be a challenge and will require agreement with transport operators, but we think its benefits for the city will be great. This suggestion was made to the Health Commission by school children who wanted to link it to environmental awareness by calling it 'North Pole Awareness Day'.

Recommendation 8

Further support for **Green Travel Plans**. These are plans which employers make with their staff to try to optimise the use of active and sustainable transport to and from work and during the working day. They focus on public transport usage and especially encourage cycling and walking. The Health Commission believes that public bodies can set a good example for private employers by making the use of such plans mandatory across the public sector. Planning guidance should be adopted to require developers to include such considerations in their proposals.

Recommendation 9

Enhancing housing and neighbourhood design through greater public engagement. The Health Commission was convinced by the evidence of the positive impact of community involvement in the new housing and public realm developments in the Gorbals. We believe that good design and good community engagement are entirely compatible with the economics of housing development - never more so than in the midst of the current downturn. We therefore call on planners and private developers alike to develop and apply standards for engaging local people in design decisions and to re-emphasise the significance of planning for people. The Health Commission will expect the Council to set a leading example with the design quality and public involvement of the Commonwealth Games Village.

Recommendation 10

The greater use of **licensing powers to tackle alcohol-related harm**. There is an apparent cultural acceptability of drunkenness in Glasgow and this needs to be challenged. The Health Commission believes that there is much scope for the city to tackle our damaging relationship with alcohol through the exercise of its existing licensing powers.

We want the city's partners to make sure that they enforce existing laws. Indeed, there is a widespread perception amongst communities that more needs to be done in this respect. This will mean:

- > stricter enforcement of the law on underage drinking in clubs and pubs, including acceptable forms of ID to access clubs
- > enforcement of the law on serving people who are clearly drunk and making sure that drunk people are removed from the premises
- > preventing sales to or for under-age drinkers, using the experience of a recent approach in Govan on this issue.

There are also some new or enhanced powers which we think the city can take. We recommend that:

- > licensing and planning powers are used to help get a balanced mix of outlets, particularly in the city's most deprived neighbourhoods, where there is often a high level of public houses and off-sales premises
- > greater account is taken of local issues within neighbourhoods where there may be evidence of trouble around licensed premises
- > support is given to communities so that they can be more confident in using the right to object to license applications which is in the new legislation
- > there are clear messages in bars and off-sales to advise against pregnant women drinking alcohol.

Some of the above require the Scottish Government to grant more licensing powers to the Council and the city's Licensing Board. The Health Commission therefore calls on the Council and Board to ask the Scottish Government for these powers and then to exercise them. In the meantime, we think that the city should make clear its reservations when it grants a licence because it is within the current law, but which it believes is not in the best interests of the community.

Recommendation 11

A stronger role for the city in exercising its powers in relation to the **school lunchtime**. The Health Commission commends the Council's pilot work with selected secondary schools to make lunch a key part of the school day for new S1 pupils from August 2009. This will encourage pupils to stay on the school premises at lunchtime, where they are more likely to eat a healthy lunch, as well as gaining access to other opportunities. The Health Commission also wishes to see the Council explore its licensing powers to either prevent unhealthy mobile food outlets siting next to schools or to shift their products towards much healthier options. If the first year pilot with schools is judged to be a success, the Health Commission will expect the Council to exercise leadership and introduce the approach across more secondary schools. Future progress will depend on getting meaningful involvement of young people in helping to determine what happens around food in school.

8 The Health Commission's recommendations

Recommendation 12

Enhancing the role of **health considerations in planning decisions**. The Health Commission believes that there are real opportunities for planning and associated professionals to include health as a much more explicit aspect of their role. This includes, for instance, a focus on play areas, access to greenspace, and ensuring that walking is a key means of getting about. The Health Commission supports the work which the Council has begun in this area through its planners, which links to the Scottish Government's own strategy on health inequalities. The Health Commission will expect to see the development of clear guidance on incorporating health within planning in the next City Plan and further emphasis on the importance of community engagement as a key element of that.

Supporting a diverse provision of health-related outlets in neighbourhoods should also be part of this approach. The Health Commission received a very clear message from communities that they wish to see planning and licensing powers used to seek a more even balance of retail premises in neighbourhoods (corresponding to a perception that communities are powerless to prevent their streets becoming dominated by betting shops, off-sales, and fast food outlets). We believe that the Council and the city's Licensing Board need to take a more robust approach to these matters and to be confident that they are doing the right thing.

Recommendation 13

Improving connectivity across the city. Health Commission members have heard about a number of issues which communities want to see represented in these recommendations around connecting better with each other. Physical connections emerged as important to people and better bus services in particular were called for by the communities. Where these connections are not good our city's communities will not be able to benefit from opportunities in Glasgow. Some communities feel isolated from the life of their city as a result. We therefore recommend that:

- > Community Planning partners should work with the Scottish Government to address the problems caused by de-regulation of Glasgow's bus services
- > The cultural referral programme which is proposed in our recommendation 2.2 should focus on ensuring that Glasgow's communities can actually get access to the city's cultural resources.

A strong wish was also expressed for better connections within communities and especially between generations. Children wanted our city to be a warm and welcoming place to people from all cultures and backgrounds. Older people wanted to forge better understanding with young people and to share their experience with them. We recommend that more opportunities are taken to connect children and young people with elderly residents through local schools, housing associations, and other community facilities.

Changing Services

The Health Commission has considered a wide range of views and evidence on how services from the public and voluntary sectors could work better to improve health and reduce inequalities. Our recommendations focus on areas in which the city has a realistic opportunity to make changes. They are:

Recommendation 14

All of the city's partners should increase the focus of their services on **the early years**. There has been an overwhelming weight of evidence to the Health Commission in support of the future dividends which intense investment in the early years can realise. The fundamental point is that the most important four years of a person's development are from the ante-natal period up to the age of 3. The Health Commission believes that this focus will be the greatest contribution which the city itself can make in the long term to tackling inequality of opportunity. We will expect to see this objective emerge as a key feature of all Community Planning partners and for progress to be made.

Recommendation 15

Greater **involvement of communities** in service planning and budgeting. The Health Commission has been struck by the consensus in favour of a much stronger role for the community in determining the kinds of service which are responsive to local need. We think that there is a significant and reinvigorated role for the voluntary sector in connecting with Glasgow's people and helping them to articulate their views on the things that matter to their lives. The Health Commission recommends that:

- > Local Community Planning Partnerships are used to explore further means of shifting power and resources directly to communities. In doing this, we think these structures should develop to accommodate more locally sensitive forms of engagement. The Health Commission believes that partners should review the evidence for community budgeting. This is a way of identifying what public agencies spend in an area and seeing where it can be better used by drawing upon local community views. We think it can be a key means of ensuring that there are stronger connections between communities and the agencies which exist to serve them.
- > Funding is focused on the same outcomes to which Health Commission recommendations are directed. We believe that strong local levels of participation and budgeting are a key means of ensuring that this happens.
- > Equalities issues are given a central role in any structures and processes for community engagement. The Health Commission believes that active steps should be taken to ensure that everyone's voice gets heard at a community level. There is therefore a continuing need to ensure that all members of the community (especially those who traditionally are not involved) can participate in the life of their city.
- > We do not wish to be prescriptive on the best ways of doing these things, as they may vary across the city according to local circumstances, and the Health Commission especially wishes to engage with communities to help determine how best to follow through this recommendation. We do think that the city's organisations can do more to help our communities realise their huge potential - and that our organisations should be prepared to take risks in building greater trust with people and transferring decision-making powers to them.

Recommendation 16

More **integration of services**. The Health Commission believes that the Council and NHS have created a good model for better and more integrated services with the five Community Health and Care Partnerships. We need, however, to see further progress in service integration in Glasgow, including with Education services, and we also believe that this should include a strong role for the voluntary sector. Many of the Health Commission's recommendations will best be achieved if partners themselves can make real changes to their own ways of working together. This is particularly so if the city is to do more for the early years. The Health Commission strongly recommends that partners use Community Planning structures to drive further change, led especially by the emerging views of communities from the point above. The Commission also recommends that the implementation of new ways of working is evaluated to ensure that active changes are made.

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Recommendation 17

Developing a **new model of support for children and families**. The Health Commission has considered a system successfully adopted in other EU countries which trains experts specifically to support families and children from their first years of life. In Denmark these workers are known as pedagogues. They work with struggling families and look after the whole child - their physical, mental and educational development. They can be based in private homes and schools. We believe that Glasgow should start to move its own current services towards such a model. The city has great resources to draw upon to do this, in particular its Health Visiting service and the many other professionals who work in the early years. The Health Commission recommends that:

- > professionals are supported and trained in both their caring and educative roles with parents and children. We would anticipate that greater joint training of staff and a new approach to basic training will be required.
- > For instance, this model should focus very strongly on the months during pregnancy as much as on the initial years of infancy and childhood to help parents to get a good start in life for their child. We know that low birth weight is a key predictor of future health problems and so this approach should support parents during pregnancy to improve birth weight.
- > a key element of this model would be that all families and those involved in 'parenting' can access appropriate, sensitive and meaningful parenting support through parenting programmes and advice. The Health Commission is aware of existing developments in this area and would advocate that this must continue to be a priority for resources.
- > one of the additional areas where this new emphasis might start to make an immediate difference is in the provision of life skills training for children in nurseries so that they can get the best possible start when they make the move to primary school. We would expect that such an approach is appropriate for the different needs of boys and girls and for different social and cultural backgrounds.

Recommendation 18

Involving young people. The Health Commission believes that the city's partners need to do more to engage with young people's views across Glasgow. As an initial step towards this, the Health Commission recommends that partners allocate a proportion of existing grant funding to community-based initiatives which will be determined by young people themselves, and then to involve young people in the planning and delivery of them. We expect partners to develop mechanisms to engage directly with young people in Glasgow on the issues that matter to them. Particular attention will need to be taken to involving those young people who do not traditionally engage with such moves, and the city already has a variety of successful approaches to build upon in this respect. The Health Commission proposes that Councillors and other local community leaders should take a lead in advocating for such arrangements so that a clear message of support is given to young people in Glasgow.

Recommendation 19

Providing a greater focus on the **early steps towards employment**. The Health Commission is acutely aware that some Glaswegians of working age need help to get work and keep it. Work remains the best way for families to be lifted out of poverty – yet many Glaswegians are a long way from being able to enter the world of work. We know that the type of skills that employers want are the so-called 'softer' skills. These include talking and listening skills, working together and with customers. Our focus on the early years looks to ensure that all children acquire these skills at an early age. We need to ensure also that we support people of working age to acquire them where that is what is needed to help them in the jobs market. The Health Commission wants to see:

- > partners focus greater energies on supporting Glaswegians to gain confidence and acquire the basic life skills to help them compete for jobs in these difficult times. We want partners to develop a 'Glasgow Guarantee' that provides a statement of commitment to support that is tailored to people's individual and family needs to help them on the road to employment.
- > the Health Commission also commends the development of support for social business in Glasgow through, for example, the innovative use of micro-credit facilities, and believes that partners should invest more in this sector if there is evidence of its success. This will help to draw on the entrepreneurial skills of Glaswegians in positive ways and focus on people developing their own solutions to the challenge of poverty. It will encourage collective forms of working and enhance trust within communities, providing forms of social benefit that we know can lead to improved health.

Recommendation 20

Overarching all of the above should be a **clear emphasis on tackling inequalities**. The Health Commission believes that all services should take into account the effects of their planning and their work on all members of our Glaswegian community. We expect to see more explicit commitments from the city's partners to tackle inequalities. This will include:

- > Ensuring that services are appropriate for the needs of different groups
- > Re-distributing resources to tackle inequalities
- > Assessment of the extent to which investment genuinely reduces inequalities.

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