Urban Programme Application
November 1993
Supporting Documentation
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The Healthy Clydebank Project was established less than a year ago in October 1992 with co-funding from the Greater Glasgow Health Board and Strathclyde Regional Council and with office space and administrative support provided by Clydebank District Council. In the space of nine months the Project has secured the Co-ordinator's post and Project accommodation for a further three years.

Healthy Clydebank operates as a fully constituted, voluntary organisation managed by a committee of local politicians, health professionals and community representatives (see appendix A for membership of Steering Group).

A development plan for Healthy Clydebank which identifies three broad areas of activity has been approved by the Project management. The plan will be expanded and refined in the light of experience and changing demands but it usefully sets down the early objectives of the Project. The three priority areas are as follows: Policy Development, Information and Training and Local Action.

1. **Policy Development** will involve the Project in promoting strategic health planning within the local authorities in Clydebank to achieve a greater overall contribution to health from the public services delivered locally.

2. **Information and training** programmes will encourage politicians and policy makers to be aware of the effects of their decisions on people's health and will validate the community's role in defining health related services by encouraging initiatives which enhance the community's influence.

3. In particular a programme of **local action** will be devised in collaboration with existing groups and organisations to begin to engage the community in decision making about health. Working parties on housing, youth and environment will soon be established.

In summary, the Project has committed itself over the next three years to: developing intersectoral co-operation; advancing a new public health; and raising awareness of health throughout Clydebank. In achieving these ends the Project will function as an enabler, mediator and advocate for health.
Urban Aid

The existence of the Urban Aid Programme, however, creates an opportunity to expand the operational base of the Project into the community and to deploy Project resources within the most deprived areas in Clydebank.

In the light of the Urban Aid Programme it is proposed that the Healthy Clydebank Project incorporate a community development health unit which will operate within the most deprived communities in Clydebank and in partnership with the most vulnerable groups in order to create the opportunities for better health for all.
SECTION 2

THE PROPOSAL - HEALTH FOR ALL UNIT

Community Development

Community development in health can be defined as "the process by which a community defines its own health needs and organises to make these needs known in order to bring about change" (Sommerville 1985). This concept is encapsulated in the 'health for all' principles of redressing inequalities, encouraging community participation, and promoting intersectoral collaboration.

Healthy Clydebank has applied these guiding principles in proposing an innovative health project which will target particularly vulnerable groups such as, single parents and their children, elderly people living alone, the long term unemployed, the young homeless, families in sub-standard or temporary accommodation, those in need of care and their carers, and people with disabilities.

The proposal consists of establishing a Healthy Clydebank Community Health Support Unit - or preferably a Health For All Unit - employing one community health development worker, an administrator / resource worker and a unit co-ordinator. (See Appendix B for function of Unit and role of Unit staff.)

The Aim of the Health for All Unit

The Health for All Unit will be a community facility, providing the resources and staff support to help local people help themselves. The project will raise community awareness of health and the means by which it can be created. It will provide opportunities for citizens to influence the health debate locally and will motivate departments and agencies responsible for health and related services to participate in local health initiatives.

Outcomes

The Unit will be managed to achieve results. For instance better communication, promoting 'good community practice', breaking down professional barriers, finding common ground and shared objectives, targeting resources, re-orientating policies, and focusing effort on practical outcomes will be some of the benefits which will accrue to all agencies and groups interested in health issues and working within the sphere of influence of the Unit. This will translate into more effective health promotion, health prevention and self-help activities which will ultimately result in an improvement in the health of the community.
**Unit Location**

The Unit will be located in its own office adjacent to the Area of Priority Treatment and close to the existing Healthy Clydebank Project office.

Siting of the office reflects the need for easy access by the public to facilitate a 'drop-in' pattern of usage by groups and individuals. In addition to providing office accommodation for the staff, the Unit will also have space for literature, videos and display materials along with an advice-shop area open at selective times during the week.

**Unit Management**

The daily running and administration of the Unit will be the responsibility of the Unit Co-ordinator and Unit Administrator. Supervision of the Unit staff will be provided by the Healthy Clydebank Project Co-ordinator.

Regular meetings between the Healthy Clydebank Co-ordinator and the Health for All Unit staff will be an essential part of the management of the Unit and will ensure effective liaison between the two offices. Furthermore, the proposed Healthy Clydebank Working Parties will provide additional mechanisms for co-ordinating the Health for All Unit and the other Healthy Clydebank Project partners.

Strategic management of the Unit will be provided by the existing Healthy Clydebank Steering Group with officer support and advise being available through the Healthy Clydebank Implementation Group.

The Unit Co-ordinator will attend Steering Group meetings and Implementation Group meetings and will submit reports on a regular basis.

**Unit Evaluation**

Formal evaluation of the Unit will be undertaken with assistance from the Public Health Unit of Glasgow University which has considerable experience of project evaluation of this kind and have agreed to investigate the opportunities which exist for the establishment of a local evaluation team within Clydebank.
SECTION 3
HEALTH INDICATORS

Deprivation in Clydebank

An analysis of the 1991 Census output is currently underway to determine the boundaries of the most deprived areas in Scotland. Once identified, these areas will provide the basis for determining eligibility for Urban Programme support.

However, until such time as the analysis is complete, the eligible areas for this year's Urban Programme will be taken to be the same as in previous years. For Clydebank, the eligible areas are the Areas of Special Need defined by the Urban Renewal Unit of the Scottish Office as being in the worst 10% of all areas in Scotland and also those consolidated by Strathclyde Regional Council in the areas designated as Areas for Priority Treatment.

Output from the 1991 Census is available for Clydebank on a post code basis only at the present time, and will be used here in this form for illustrative purposes. The post codes which best describe the eligible areas are as follows: G81 1, G81 2, and G81 5. They are also the post codes which correspond to category 5 of the Neighbourhood Type index of deprivation according to the Greater Glasgow Health Board analysis of Clydebank statistics. (Table 1)

Client Groups Served

Client groups within the eligible areas will be those most vulnerable to the effects of deprivation and therefore most likely to suffer from poor health such as lone parents and their families, the elderly living alone, young people and particularly those who are out of work, the unemployed and their dependents.

Figures 2. a) b) c) illustrate 'single parent', 'elderly people living alone' and 'unemployment' statistics for the different post code sectors in Clydebank.

Table 3 has been included to illustrate further the level of deprivation in the project area. The percentages of children receiving free school meals and clothing grants in Faifley (postcode G81 5) and the Clydebank Area of Priority Treatment (G81 1 & G81 2) are by far the worst in the Dunbarton Education Division.
### TABLE 1.

DEPRIVATION INDICES FOR CLYDEBANK POSTCODE SECTORS

GREATER GLASGOW HEALTH BOARD

**CARSTAIRS, JARMAN AND NEIGHBOURHOOD TYPE**

<table>
<thead>
<tr>
<th>PC SEC</th>
<th>AREA</th>
<th>CAR STAIRS</th>
<th>JARMAN NTYP</th>
<th>POP'TION PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>G60 5</td>
<td>OLD KILPATRICK</td>
<td>4</td>
<td>11.41</td>
<td>3</td>
</tr>
<tr>
<td>G81 1</td>
<td>WHITECROOK</td>
<td>6</td>
<td>33.94</td>
<td>5</td>
</tr>
<tr>
<td>G81 2</td>
<td>DRUMRY/LINNVALE</td>
<td>6</td>
<td>18.96</td>
<td>5</td>
</tr>
<tr>
<td>G81 3</td>
<td>RADNOR PARK</td>
<td>5</td>
<td>4.75</td>
<td>4</td>
</tr>
<tr>
<td>G81 4</td>
<td>DALMUIR</td>
<td>5</td>
<td>23.93</td>
<td>4</td>
</tr>
<tr>
<td>G81 5</td>
<td>FAIFLEY</td>
<td>6</td>
<td>24.00</td>
<td>5</td>
</tr>
<tr>
<td>G81 6</td>
<td>DUNTOCHER</td>
<td>3</td>
<td>8.29</td>
<td>2</td>
</tr>
</tbody>
</table>

AVERAGE 5 17.81 4

NEIGHBOURHOOD TYPE  POP'TION PERCENT

| 2     | 7674  | 15.9 |
| 3     | 3371  | 7.0  |
| 4     | 15807 | 32.7 |
| 5     | 21495 | 44.5 |

48347 100

![Bar chart showing single parents by postcode sectors. Source: SRC Census Data 1991.]

Very Elderly People Living Alone in Clydebank (People over 75 as % of all households with pensioners)

![Bar chart showing very elderly people living alone by postcode sectors. Source: SRC Census Data 1991.]

Unemployment statistics in postcode sectors of Clydebank 1992

![Bar chart showing unemployment by postcode sectors. Source: SRC Census Data 1991.]

Post Code Sectors by District Ward
G81 1: Whitecrook/Central; G81 2: Drumry/Linnavale/Kilbowie; G81 3: Radnor Park; G81 4: Dalmuir/Mountblow; G81 5: Faifley North/South; G81 6: Duntocher; G60 5: Old Kirkpatrick.
## TABLE 3.

### % UPTAKE OF FREE SCHOOL MEALS AND CLOTHING GRANTS FOR SCHOOLS IN DUNBARTON DIVISION

**STRATHCLYDE REGIONAL COUNCIL**

### DEPRIVATION FACTORS 1990 / 91

<table>
<thead>
<tr>
<th>SCHOOL</th>
<th>ROLL</th>
<th>FREE MEALS %</th>
<th>CLOTHING GRANT %</th>
<th>Position in D.D. League Table for Clothing Grants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faifley</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Edinbarnet Primary</td>
<td></td>
<td>59.9 %</td>
<td>68.4 %</td>
<td>1st</td>
</tr>
<tr>
<td>Faifley Primary</td>
<td></td>
<td>61.5 %</td>
<td>68.3 %</td>
<td>2nd</td>
</tr>
<tr>
<td>St. Joseph’s Primary</td>
<td></td>
<td>50.6 %</td>
<td>53.5 %</td>
<td></td>
</tr>
<tr>
<td>A.P.T. Clydebank</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Linnvale Primary</td>
<td></td>
<td>46.2 %</td>
<td>52.8 %</td>
<td></td>
</tr>
<tr>
<td>Whitecrook Primary</td>
<td></td>
<td>36.1 %</td>
<td>42.6 %</td>
<td></td>
</tr>
<tr>
<td>Our Holy Redeemers</td>
<td></td>
<td>44.1 %</td>
<td>49.1 %</td>
<td></td>
</tr>
<tr>
<td>St. Eunan’s Primary</td>
<td></td>
<td>46.5 %</td>
<td>63 %</td>
<td>4th</td>
</tr>
<tr>
<td>Non-A.P.T. Schools</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kilbowie Primary</td>
<td>322</td>
<td>22.9 %</td>
<td>59.6 %</td>
<td>5th</td>
</tr>
<tr>
<td>Hillhead Primary</td>
<td>182</td>
<td>53.5 %</td>
<td>63 %</td>
<td>3rd</td>
</tr>
<tr>
<td>Kirkintilloch</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### DEPRIVATION FACTORS 1991 / 92

<table>
<thead>
<tr>
<th>SCHOOL</th>
<th>ROLL</th>
<th>CLOTHING GRANT %</th>
<th>Position in D.D. League table for Clothing Grants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faifley</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Edinbarnet Primary</td>
<td>346</td>
<td>68.2 %</td>
<td>3rd</td>
</tr>
<tr>
<td>Faifley Primary</td>
<td>176</td>
<td>76.7 %</td>
<td>2nd</td>
</tr>
<tr>
<td>St. Joseph’s Primary</td>
<td></td>
<td>64.3 %</td>
<td>4th</td>
</tr>
<tr>
<td>A.P.T. Clydebank</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Linnvale Primary</td>
<td>211</td>
<td>61.6 %</td>
<td>6th</td>
</tr>
<tr>
<td>Whitecrook Primary</td>
<td>234</td>
<td>46.6 %</td>
<td>21st</td>
</tr>
<tr>
<td>Our Holy Redeemers Primary</td>
<td></td>
<td>52.8 %</td>
<td>14th</td>
</tr>
<tr>
<td>St. Eunan’s Primary</td>
<td>335</td>
<td>56.7 %</td>
<td>10th</td>
</tr>
<tr>
<td>Other Non-A.P.T. Schools</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kilbowie Primary</td>
<td>322</td>
<td>90.1 %</td>
<td>1st</td>
</tr>
<tr>
<td>Hillhead Primary, Kirkintilloch</td>
<td>182</td>
<td>63.7 %</td>
<td>5th</td>
</tr>
</tbody>
</table>
Population Profile

Target populations can be estimated using the census data for the three most deprived postcodes as shown below. The figures illustrate a sample of vulnerable groups within society and provide estimates of the numbers of people who, by virtue of their age, gender, and economic circumstances will form part of the target population for the Health for All Unit.

<table>
<thead>
<tr>
<th>QUANTIFIED TARGET GROUP</th>
<th>G81.1</th>
<th>G81.2</th>
<th>G81.5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>6376</td>
<td>7949</td>
<td>7170</td>
</tr>
<tr>
<td>Single Parents under 25</td>
<td>53</td>
<td>40</td>
<td>99</td>
</tr>
<tr>
<td>Unemployed over 1 year</td>
<td>1119</td>
<td>1168</td>
<td>1027</td>
</tr>
<tr>
<td>Elderly over 75 years old</td>
<td>380</td>
<td>483</td>
<td>247</td>
</tr>
<tr>
<td>Permanently sick</td>
<td>477</td>
<td>446</td>
<td>301</td>
</tr>
<tr>
<td>16/17 yr old not students</td>
<td>78</td>
<td>132</td>
<td>113</td>
</tr>
<tr>
<td>Children in non-earner homes</td>
<td>496</td>
<td>504</td>
<td>832</td>
</tr>
</tbody>
</table>

Health Indicators

Figures 4 a) - f) illustrate mortality statistics by postcode sector for Clydebank. They are expressed as Standardised Mortality Rates for a range of causes. The statistics show that for some diseases the Clydebank rate of mortality is 60% greater than that for Scotland.

The Standardised Mortality Rate gives a measure of the number of expected events if the observed population were to behave like the average population across Scotland. The Standard Rate is taken as 100, therefore a figure over 100 expresses an above average rate whereas a figures below 100 expresses a below average rate.

The health of the Clydebank population can also be expressed using other statistics such as those which quantify lifestyle factors. Compared with Greater Glasgow for instance more mothers in Clydebank smoke, less breastfeed their infants and a higher percentage are under 20. A greater percentage of fathers also smoke.
Figure 4. a) Standardised Mortality Ratio by Post Code Sector (Clydebank)
Source: GGHB Dept of Public Health 1992
Cause of Death: All Causes

Figure 4. b) Standardised Mortality Ratio by Post Code Sector (Clydebank)
Source: GGHB Dept of Public Health 1992
Cause of Death: Ischaemic Heart Disease
Figure 4. c) Standardised Mortality Ratio by Post Code Sector (Clydebank)
Source: GGHB Dept of Public Health 1992
Cause of Death: Lung Cancers

<table>
<thead>
<tr>
<th>Post Code</th>
<th>Standard Mortality Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>G81(6)</td>
<td>100</td>
</tr>
<tr>
<td>G81(5)</td>
<td>128.6</td>
</tr>
<tr>
<td>G81(4)</td>
<td>125</td>
</tr>
<tr>
<td>G81(3)</td>
<td>107.7</td>
</tr>
<tr>
<td>G81(2)</td>
<td>128.6</td>
</tr>
<tr>
<td>G81(1)</td>
<td>156.2</td>
</tr>
<tr>
<td>Scotland</td>
<td>100</td>
</tr>
</tbody>
</table>

Figure 4. d) Standardised Mortality Ratio by Post Code Sector (Clydebank)
Source: GGHB Dept of Public Health 1992
Cause of Death: All Cancers

<table>
<thead>
<tr>
<th>Post Code</th>
<th>Standard Mortality Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>G81(6)</td>
<td>109.8</td>
</tr>
<tr>
<td>G81(5)</td>
<td>125.5</td>
</tr>
<tr>
<td>G81(4)</td>
<td>124.7</td>
</tr>
<tr>
<td>G81(3)</td>
<td>102.2</td>
</tr>
<tr>
<td>G81(2)</td>
<td>112.3</td>
</tr>
<tr>
<td>G81(1)</td>
<td>124.6</td>
</tr>
<tr>
<td>Scotland</td>
<td>100</td>
</tr>
</tbody>
</table>
Figure 4. e) Standardised Mortality Ratio by Post Code Sector (Clydebank)
Source: GGHB Dept of Public Health 1992
Cause of Death: Respiratory

Scotland

Figure 4. f) Standardised Mortality Ratio by Post Code Sector (Clydebank)
Source: GGHB Dept of Public Health 1992
Cause of Death: Cardiovascular disease (stroke)
SECTION 4
EXISTING STRATEGIES

Social Strategy

The Health for All Unit will complement initiatives already beginning to develop as part of Strathclyde Regional Council's Social Strategy which aims to reduce deprivation and disadvantage and their effects.

The Regional Council intends to devolve local priority setting to the Divisional Committees and the soon-to-be-created Local Committees and by doing so will create a valuable opportunity for the community to define improvements to the management and delivery of its local services.

Realising this opportunity will be part of the role of the Health for All Unit, a function of which will be to provide the resources and the support which will allow a local assessment of health needs and the means by which these are translated into new specifications for local services.

Greater Glasgow Health Board Local Health Strategy

The Greater Glasgow Health Board has recently outlined a local health strategy for improving health towards the year 2000. In it projects like Healthy Clydebank are identified as the means by which the Health Board will collaborate with a range of statutory and non-statutory agencies in influencing the determinants of health.

In addition the Health Board has identified health targets which it hopes to achieve by the year 2000, these are appended at the end of this report (Appendix C).

Through a range of activities the Board aims to encourage more local healthy policies and more effective health promotion work using health settings such as the workplace, the school etc. and by encouraging local community projects. In all these ways the Health for All Unit will be able to contribute to the Health Board's strategy.
APPENDIX A: MEMBERSHIP OF HEALTHY CLYDEBANK STEERING GROUP

Clydebank District Council

Cllr. Jack McAllister  Chair Healthy Clydebank Steering Group
                      Chair Finance Committee
                      Chair Environmental Services Committee

Cllr. Cathy Durning

Greater Glasgow Health Board

Mr Eddie McMillan     Depute Director of Health Promotion
Mrs Joan McKenzie     Non-executive Board Member

Strathclyde Regional Council

Cllr. Malcolm Turner  Vice-Chair Healthy Clydebank Steering Group
Cllr. Des McNulty

Association of Clydebank Residents Groups

Mr John O'Donnell

Clydebank College

Mrs Barbara Nelson     Head of Community Care Studies

Clydebank Trades Council

Mr Edward Kelly

Community Council Forum

Mrs June Todd

John Brown Engineering

Ms Jacqueline Michie

Scottish Homes

Mr Bill McCowan

Officers:

Clydebank District Council, Chief Executive's Department
Mr Ronnie Nicol

Greater Glasgow Health Board, Health Promotion Department
Ms Jane Hasler

Strathclyde Regional Council, Chief Executive's Department
Mr Mario Cocozza

Healthy Clydebank Project Coordinator
Ms Xanthe Jay
APPENDIX B: FUNCTION OF THE UNIT AND ROLE OF THE UNIT STAFF

Function of the Unit

To provide support for community health initiatives, through:

1. the provision of training and educational materials for community based health workers and groups;

2. empowering groups to identify and tackle issues which cause bad health;

3. access to information and advice on health for people without any medical knowledge, to improve their problem solving and their self-help capacities and to facilitate self-help groups.

To encourage and develop collaborative ventures between the statutory and voluntary sectors for the improved specification and delivery of local services which contribute to a better Health for All, through

1. developing local health strategies which address health inequalities and define local health needs;

2. facilitating collaborative working between the voluntary sector and the local health and public service departments;

3. improving community participation in the planning and delivery of local services which contribute to a better public health.

To contribute to the Healthy Clydebank policy making and project implementation, through

1. investigating innovative ways of demonstrating the Health for All principles;

2. providing material for evaluation and monitoring of health initiatives in Clydebank;

3. encouraging participation with other groups, networks etc. who have an interest in addressing health inequalities to share experiences and information.
Staff Roles

The two development workers will:

1. Establish and develop links with local health and community workers and community groups, networks and fora which have an interest in health issues.

2. Encourage community health development and the identification of local health needs;

3. Promote collaboration between the community and the statutory agencies based on a community health agenda;

4. Develop educational and training resources through improved access to existing facilities and by providing additional health related information and advice.
APPENDIX C: GREATER GLASGOW HEALTH BOARD
HEALTH STATUS TARGETS FOR THE YEAR 2000

* Inequalities in Health: An established trend towards a reduction of inequalities in health as measured by a wide range of health indices by the Year 2000.

* Coronary Heart Disease: 30% reduction in mortality among those under 65 years.

* Stoke: 15% reduction in mortality among those under 65 years.

* Smoking: 30% reduction in the number of male smokers aged 25-65 years and a 20% reduction in the number of female smokers aged 25-65 years by the Year 2000. A declining trend in younger smokers is a priority target for the Board but a lack of accurate historical data makes a numerical target impossible.

* Alcohol Abuse: The target is to achieve a reduction in the proportion of men and women drinking more than their safe limit of alcohol. Unreliable historical data makes a numerical target impossible.

* Drug Misuse: A reduction in the prevalence of drug injecting to 0.5% of the Greater Glasgow population and a reduction in the number of annual deaths among drug misusers to below 25.

* Cancer: 15% reduction in mortality from cancer among males under the age of 65 years. No target is being set for females as current trends suggest an increase in premature cancer deaths amongst females.

...and further text...

All of the above targets use 1986 as the base year with the exception of the coronary heart disease targets which use 1990 as the base year. All targets should be reached by the Year 2000.