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GREATER GLASGOW
HEALTH BOARD

HEALTH IMPROVEMENT PROGRAMME

1999-2004

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HEALTH IMPROVEMENT PROGRAMME 1999/2004
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THE NHS IN GREATER GLASGOW

HEALTH IMPROVEMENT PROGRAMME 1999 – 2004

INTRODUCTION

We produced our first, 5 year, Health Improvement Programme in March 1998. This described what Glasgow NHS intended to do over a 5 year period to improve the health of the population we serve.

The plans for 1998/99 in that first Health Improvement Programme were precise and firm and those for future years gave a direction of travel rather than great detail. This second Health Improvement Programme reflects on our success in delivering these detailed plans and sets out firm plans for 1999/2000. We did not want to duplicate the strategic sections of last year's Health Improvement Programme which, by its nature, represents a greater than one year view, so we have summarised that content for this update, but included any significant changes in strategic direction.

Since the last Health Improvement Programme, the White Paper 'Designed to Care' has set out the Government's vision for the NHS in Scotland, establishing the system and structures to replace the internal market and setting 6 clear objectives for the NHS in Scotland (NHSiS):

- To improve the quality and effectiveness of services to patients.
- To put patients and their needs at the centre of service development.
- To improve health and reduce inequalities.
- To promote partnerships between patients and professionals who care for them.
- To promote the integration of the different parts of the NHSiS and provide seamless services.
- To promote partnerships between the NHSiS and other organisations whose work can help improve health and the quality of services.

The White Paper reinforced the central role of the Health Improvement Programme as the common agenda for the NHS in each area of Scotland, acting as a catalyst for co-operation and collaboration amongst all of those concerned with healthcare.

The development of this Health Improvement Programme has reflected the spirit of those reforms although new Trust and Local Health Care Co-operative structures are not fully in place.

The recently published White Paper on public health "Towards a Healthier Scotland" again reinforces the major role of the Health Service in improving health as well as delivering health services, working in partnership.

The Programme reflects the high priority and commitment we give to that work. In addition to the White Paper, the new National Planning and Priorities Guidance 1999-2002 describes the planning framework for the NHS in Scotland. That Guidance reaffirmed the strategic aims already established:

- Improving health
- Tackling inequalities
- Developing primary care
- Developing community care
- Reshaping hospital services.

and added the priority of services to children and young people to the existing 3 clinical priorities which are:

- Cancer
- Coronary heart disease and stroke
- Mental health.

The health experience of our own population confirms that these are the right aims and priorities and this Health Improvement Programme reflects that.

In developing this Health Improvement Programme and in our routine work we are making greater efforts to involve and inform interest groups and members of the public. Specifically for the Health Improvement Programme this has included discussions with Glasgow MPs, candidates for the Scottish Parliament, Councillors from a number of the Local Authorities in Greater Glasgow, some Community Councils and joint seminars for the public with the Local Health Council. Also feeding into this Programme we have the extensive consultation with users and stakeholders in developing the Mental Health Framework and work the Local Authorities engaging the public in the development of joint community care plans. Those contacts have raised a huge range of issues which we have tried to take on board in refining and redrafting this document. It is our intention to work hard to develop the contacts which enable us to connect with the public we serve.

This Programme sets a strategic direction for the next 5 years and firm plans for 1999/2000. In some areas, such as acute services where detailed plans are not yet clear we set a policy framework, recognising that elements of those detailed plans will require formal public consultation.

CHAPTER ONE

STRATEGIC CONTEXT

The 1998/99 Health Improvement Programme set out detailed strategic context for a number of major areas.

This chapter summarises and updates strategic context for those areas and 2 new headings – child and mental health – reflecting National Priorities and our commitment to these 2 areas as overarching local priorities.

- **Glasgow's population and major health issues**
- **Promoting health and reducing inequalities**
- **Primary care**
- **Acute services**
- **Community care**
- **Child health**
- **Mental health**

1.1 GLASGOW'S POPULATION AND MAJOR HEALTH ISSUES

1.1.1 Glasgow's population

Greater Glasgow Health Board's population as estimated in 1997 is 905,100.

GGHB					
	BASE YEAR	*% change*			
Age Group	*1996*	*2001*	*2006*	*2011*	*2013*
0-14	169,738	-5.1	-11.2	-15.9	-17.0
15-24	123,215	-3.4	-2.7	-5.9	-8.9
25-34	157,833	-11.9	-25.6	-28.7	-27.4
35-44	126,918	12.2	13.3	-1.6	-9.8
45-54	101,990	6.0	16.5	31.2	33.9
55-64	91,318	-5.2	-0.7	5.8	7.8
65-74	79,543	-6.4	-11.4	-14.7	-11.3
75-84	45,667	-2.8	-4.4	-6.2	-6.2
85+	13,378	-1.4	-5.2	-1.9	-1.5
TOTAL	**909,600**	**-2.4**	**-4.6**	**-6.5**	**-7.2**

This population is a projection based on the birth rate, death rate, inward and outward migration and gender mix. The past five years have seen a significant fall in birth rate in the Greater Glasgow Health Board area. There is now evidence that the rate of fall is slowing down.

An important, if not the principal, determinant of health in any population is the socio-economic status of its members. The table shows the distribution of births and deaths in the GGHB population in 1997 by deprivation category.

DEPRIVATION CATEGORY	POPULATION CENSUS 1991 (ADJUSTED)	BIRTHS 1997	DEATHS 1997
1	86,784	906	846
2	72,105	834	784
3	69,537	797	752
4	127,569	1,506	1,531
5	84,609	959	1,067
6	210,321	2,668	2,822
7	270,998	3,287	3,528
TOTAL	921,923	10,957	11,330

It can be seen that more than half of the births in the City during the last year took place in the most deprived sectors of the population living in Carstairs category 6 and 7 postcode sectors.

The over all structure of the population and the changes expected in the coming decade were outlined in last year's Health Improvement Programme.

1.1.2 The Health of the population

Most recent figures suggest that the risk of premature death in the GGHB population remains around 25 percent higher than in the rest of Scotland. Glaswegians are subject to diverse influences on their health at every age. There is now convincing evidence that nutrition in early life determines to a significant degree the risk of ill-health in adult life. The percentage of babies born with a low birth weight in Glasgow has remained stable during the past decade.

Figure 1 shows the distribution of low birth weight in the population according to deprivation category. It can be seen that low birth weight babies are almost twice as common in deprivation category seven homes as amongst their affluent neighbours.

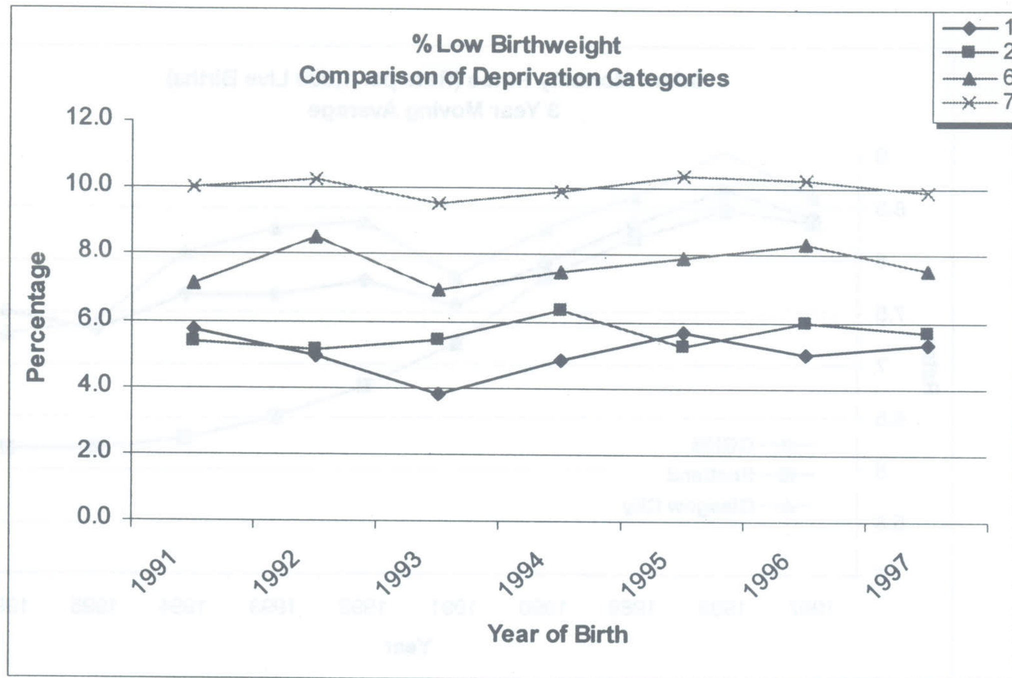

Figure 1

Nutrition in early life remains important and there is universal agreement that breast feeding remains an important means of providing newly born babies with essential nutrients and immunity to infection.

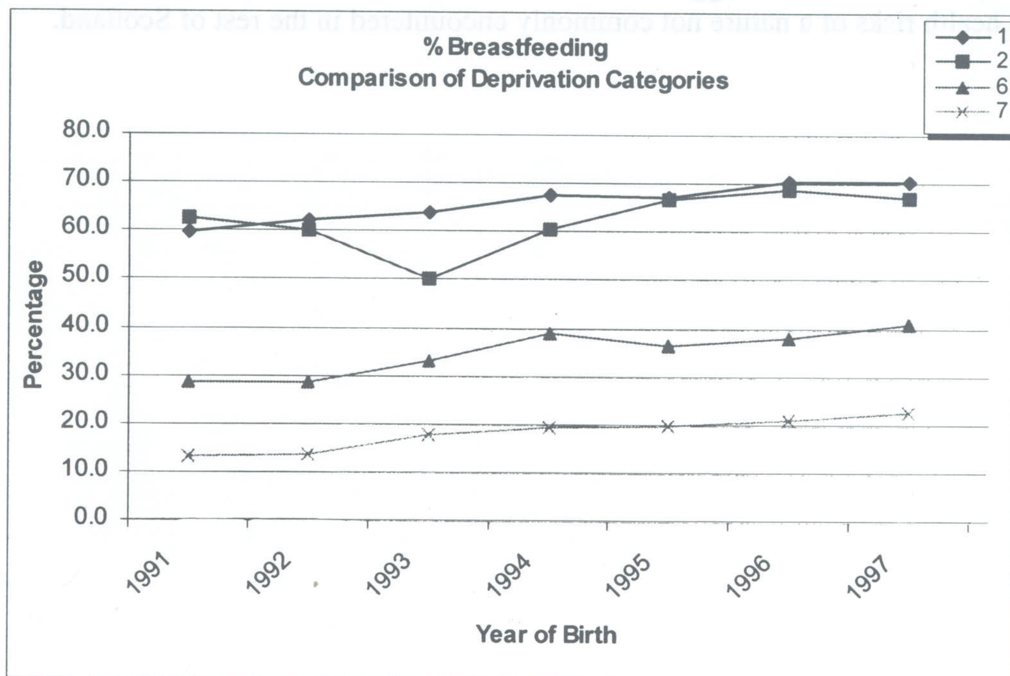

Figure 2

Figure 2 shows that breast feeding is much commoner in affluent areas of the city. However, the graph also shows real progress over the decade since the prevalence of breast-feeding has increased in all categories and the increase is perhaps most marked amongst the deprived.

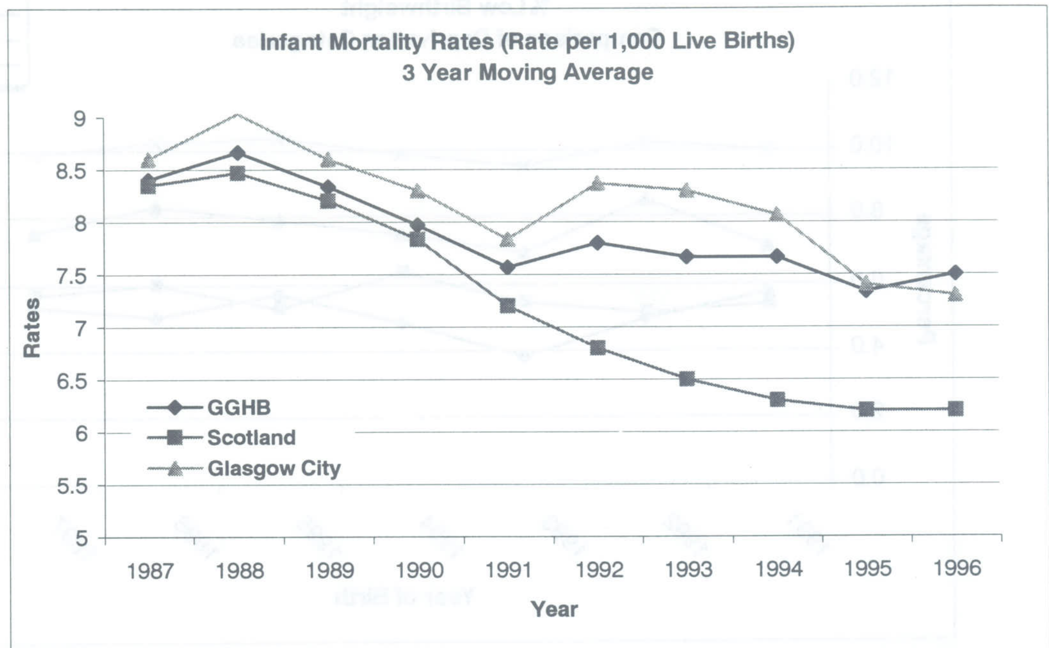

Figure 3

The infant mortality rate in the City paralleled that of Scotland as a whole until 1991 and since then it has diverged from the Scottish figure quite consistently (see figure 3). This seems to suggest that children born in the City are subject to significant health risks of a nature not commonly encountered in the rest of Scotland.

In later life both males and females in Glasgow are at greater risk of premature death. Figures 4 and 5 show that the trend over the past few years for premature death in a middle aged cohort is towards a reduction in risk. Glaswegians remained about 30 per cent more likely to die before the age of 65 than the rest of the Scottish population.

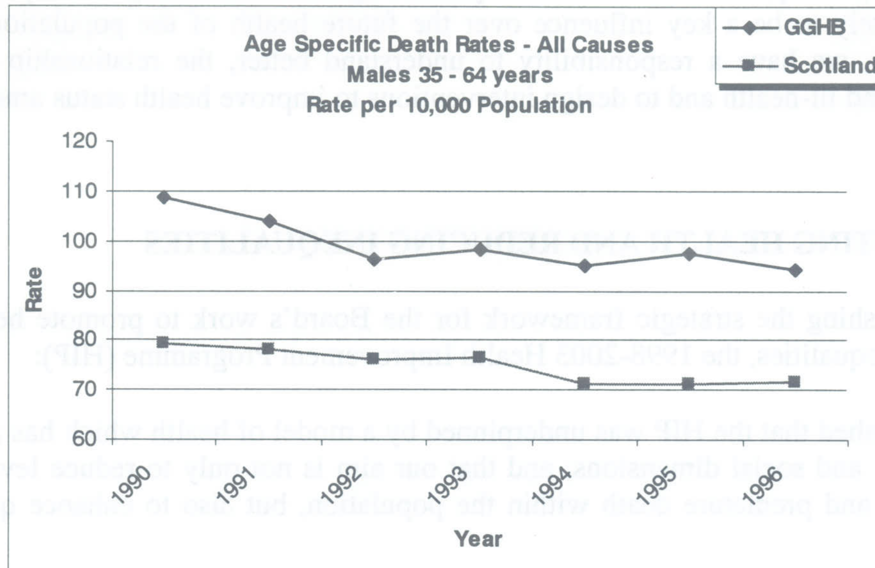

Figure 4

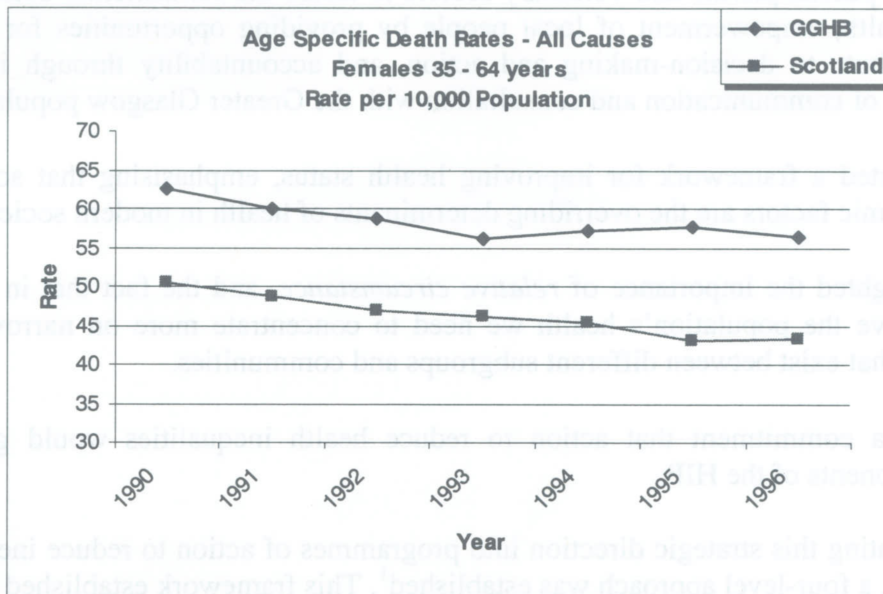

Figure 5