# HEALTH IMPROVEMENT STRATEGIC DIRECTION

## 2023 to 2028

# Glasgow City HSCP

# Health Improvement Strategic Direction 2023 to 2028

## 1. Introductory context

Glasgow City HSCP's Health Improvement staff deliver against the HSCP's strategic plan[i] focusing in particular on strategic priority 1 around Prevention, Early Intervention and Harm Reduction.

The previous Health Improvement Strategic Direction 2012-2022 covered a period of significant change, locally, nationally and globally. Changes in policies and strategies of governments, the changing digital world which impacts on how we live our lives, Brexit, a global pandemic, increasing focus on climate change and the current cost of living crisis. All these elements have impacted on, and will continue to impact on, the health and wellbeing of the population of Glasgow. During this time there has also been a significant change in the city's population which continues to redefine the demographics of the city. [ii]

Recent reports indicate that life expectancy has declined[iii],[iv] and there is significant concern that post-pandemic, the current cost of living crisis and budget cuts across public services will lead to long-term detriment to people's health and wellbeing.

The aim of Health Improvement is to generate and sustain good health and reduce health inequalities, however the issues which require to be addressed are complex and multi-faceted and there are no quick fixes, with the current context presenting serious challenges and in some cases maintaining the current position through mitigation will feel like success.

Health Improvement is a long term approach and whilst having important overarching targets and goals, there is a requirement for dynamism and responsiveness to deal with new or emerging issues.

It is against this backdrop that Glasgow City's HSCP Health Improvement strategic direction has been reshaped. This builds on previous work but as ever requires to be adaptive and responsive. We will review this strategy after 5 years in line with the Director of Public Health's, NHS GG&C Public Health Strategy 'Turning the Tide' which runs to 2028.

## 2. Health Improvement within Glasgow

Within Glasgow City HSCP, the Health Improvement workforce comprises of 138 specialist staff (excluding Youth Health Service staff), working either at locality

and/or city levels alongside staff who work across the whole health board area (known as hosted functions/teams). There is a combination of permanent and fixed term posts reflecting the complex funding packages with a significant number of staff funded via specific, non-recurring funding streams.

The Health Improvement service manage around £13m public resources annually, half through mainstream health service investment and half through additional fixed term incomes for specific work components such as the Community Link worker programme, community stress services and alcohol and drug prevention services. Around a third of all income funds are contracted to a range of charitable organisations for prevention service delivery, the rest funds the staff.

## 3. Key functions of Health Improvement

Health Improvement is one of the 3 domains of public health (Box 1). The workforce deliver against the Public Health Skills & Knowledge Framework[v]. Staff operate at a variety of levels and in different settings – from local, city and health board wide, with further national influence.

**3 Domains of Public Health**

- **Health Protection**: investigating health problems and environmental hazards, enabling health protection systems e.g. health management of hazard exposure through to effective immunisation systems for contagions and disease control
- **Health Improvement**: assessing and tracking the health status of populations and devising and applying strategies to improve the health circumstances in which populations live, with particular regard to reducing health inequalities
- **Improving Health Services**: ensuring evidence-based and best value through public health analysis investigation and comparisons. This includes action to support earliest diagnosis to achieve the best treatment outcomes e.g. screening systems

Box 1

This breadth of delivery enables Health Improvement staff to effectively span service boundaries[vi] across different place, settings and structures. The knowledge and skills of the health improvement specialist workforce are shown in the box 2 below.

- Ethical practice
- Using public health intelligence in decision making
- Assessing public health evidence for programme design and implementation
- Implementing public health strategy and policy
- Collaborating with others for health gain
- Planning, delivering and evaluating health improvement programmes
- Building the capacity of others to promote health
- Providing informed advice on health improvement in a timely manner
- Deploying resource (staff and funding) for most effective and efficient

Box 2

## 4. Informing the Strategic Direction: Evidence and Policy

The public health evidence which drives this strategy is firmly grounded in addressing inequalities, and recognises the additional inequalities framed by experiences of identity and discrimination, compounding and potentially leading to even poorer outcomes. Tackling health inequalities requires a combination of actions to mitigate, prevent and undo inequalities (Geronimus, 2000).

- **Mitigation** to reduce the impact of social inequalities on individuals' health and social outcomes. Action at individual level is unlikely to reduce population health inequalities, but can contribute to mitigation if services are sensitive to the impact of the social context around a set of symptoms including the barriers that some people might encounter on accessing services.

- **Preventing** health inequalities is to stop social inequalities having an impact on health and social outcomes. Those most at risk of poor health resulting from social circumstances are those who have least access to health-enhancing living and working conditions, such as high quality housing, affordable healthy food, safe environments and good working conditions. The focus here is on advocating for change in the structures that provide services and facilities to do more to prevent negative health impact

- **Undoing** health inequalities requires a reversal in the policies and social processes that are resulting in increasing social inequality and, consequently, health inequality. For example, economic policies that lead to increasing the

*wealth* gap between rich and poor also result in an increase in the *health* gap between rich and poor. Reversing health inequalities, therefore, requires action for fiscal, cultural and legislative change, including legislation to prevent discrimination or to establish progressive tax systems

The work of Marmot, in particular the six policy objectives of Fair Society, Healthy Lives report (2010)[vii], remains a guiding framework for health improvement work within the city. The Marmot review: 10 years on "2020"[viii] reiterates the importance of early intervention to prevent health inequalities via the policy objective but additionally emphasises the need to ensure proportionate universal allocation of resources and implementation of policies.

1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill-health prevention

The Health Foundation's "Build Back Fairer: the COVID 19 Marmot Review"[ix] clearly states the importance placing work to address inequalities at the centre of long-term policy and strategy, aligning resource and that a multi-sectoral approach is required. The Health Foundation is currently undertaking a review of Health Inequalities in Scotland[x] and will report later in 2022. The findings of this review will inform future work on addressing health inequalities.

The refreshed strategic direction for health improvement sits within the Scottish Government's now established Public Health Strategy[xi] which provides the national framework which drives public health work across the country, these are listed in the box beside.

**Public Health Priorities for Scotland**

1. Place and Community
2. Early Years
3. Mental Health and Wellbeing
4. Harmful substances (including tobacco, alcohol and other drugs)
5. Poverty and Inequality
6. Diet and Physical Activity

NHSGGC's Director of Public Health Report, Turning the Tide through Prevention 2018-2028[xii] translates these for our health board population and places tackling the fundamental causes of poor health and of health inequalities at the centre.

The breadth of health improvement and public health work means that there is a significant evidence base on which to draw, alongside a multitude of strategies and policies. Many of these focus on individual elements or topics, and are too many to list here, but collectively they inform the work within the city. Throughout the paper reference will be made to some of the strategic drivers, policy or evidence informing the approaches.

## 5. Our Strategic principles

Glasgow continues to be a city with a population whose health outcomes, mortality and morbidity is consistently amongst the worst in Europe. Life expectancy has fallen and there is a very real risk that the health inequalities gap will increase further. Addressing health inequalities is the fundamental focus for health improvement and therefore requires to focus on approaches and programmes which address the social determinants of health, in particular poverty, discrimination and social exclusion. The work of the Health Improvement staff within Glasgow is underpinned by a series of strategic principles drawn from the 'Health as a Social Movement[xiii] programme in NHS England. This movement captures the requirements to increase the impact of population health approaches, influence systems at local scale to orient more strongly towards prevention of illness, the promotion of better health for all, and to address the underlying determinants of health identified. Within a local context this has been augmented with the principles for best effecting health inequalities.

**OUR PRINCIPLES**

Act early
Shift control and share power
Collaborate widely
Change culture
Be trauma informed and skilled
Grow from communities
Strengthen equalities and human rights
Build momentum
Bring people together
Build public health intelligence

- **Act early**. For Health Improvement to have the greatest impact, it is necessary to focus on the earliest life stages and with those at greatest risk of early morbidity and mortality. The importance of a healthy start in life as setting the foundations for future health and wellbeing are well documented[xiv]

and supported by a range of policies[xv,xvi]. Doing otherwise risks increasing health inequalities. Within the current context – post-pandemic, cost of living crisis and further austerity- means mitigation, as well as prevention will be important to even maintain the status quo.

- **Shift control and share power**. This requires a focus on approaches and programmes which recognise the disempowering consequences of poverty and discrimination. Wherever possible our staff will work through including people in the solutions and decision making processes for health change.

- **Collaborate widely.** No one organisation can tackle health inequalities alone, and it continues to be essential that Health Improvement works in partnership with communities, third sector organisations, and a wide range of internal and external partners. This will include ensuring we connect and develop new relationships and partnerships as these evolve. Collaborations enables us to engage with a wide range of perspectives and act as a conduit between different people, organisations and structures with the aim of sharing information and intelligence to inform discussions and decision making to maximise health gain.

- **Change culture.** Strategically influencing for health gain and working to address system change are key to improving health for Glasgow citizens. Assisting others to consider and understand what is happening to health in the city and how this can be altered is an essential role for Health Improvement staff. This requires advocating for health gain and for addressing health inequalities, ensuring that decisions take account of and consider the health impacts of particular policies, strategies, programmes or initiatives. Changing culture is a balance of advocacy and building the capacity of those with communities and agencies to organise and generate more positive change. Providing data, evidence, skills and knowledge training are all components of the programme of capacity building overseen by Health Improvement. There continues to be high demand for many of the training programmes offered and recent years have seen improved partnerships with the third sector to extend reach and access to these.

- **Be trauma informed and skilled.** It is estimated that around 60% of the UK population has experienced trauma in their lifetime, and this figure is higher for more vulnerable groups, in particular where there are existing inequalities, poverty and deprivation. Acknowledging the prevalence and recognising the impact that trauma experiences have on how people interact, engage, avoid, or access services, will help us to strengthen relationships, adapt and offer a better experience to our workforce and to communities for whom the impact of trauma detrimentally affects their outcomes. Safe, supportive relationships

matter and we will use the Trauma Informed Principles within our interactions with others with the aim of avoiding further or re-traumatising experiences, and seeking to have a greater impact and play a part in supporting more people to recover from trauma

- **Grow from communities.** Place based working will remain a key cornerstone of our strategic direction. Recent research reflects current socio-economic conditions; the growing understanding of how health inequalities affect equalities groups and others marginalised by long term exclusion; poverty; deprivation; the impact of austerity/cost of living crisis; and the Covid pandemic. The changes in Glasgow's demography mean that our neighbourhoods are more diverse than previously. A more nuanced approach, recognising that communities are not homogenous, is essential and place based working requires a focus on the needs, priorities and aspirations of local people.

- **Strengthen equalities and human rights.** COVID 19 is a recent example of the way that different groups experience different health outcomes. There is significant evidence that people who have one or more protected characteristics (as defined by the Equalities Act, 2010 and the Fairer Scotland Duty, 2018) have poorer health outcomes, lower life expectancy and live longer with poor health.[xvii,xviii,xix,xx]. Additionally, acknowledging intersectionality is crucial. (Intersectionality is the interconnected nature of social categorisations such as race, class, and gender, creating overlapping and interdependent systems of disadvantage and discrimination thereby magnifying the consequences. Health equity means ending institutional and discriminatory barriers that lead to health inequities and inequality. Taking an equalities informed and equalities sensitive approach will be central to our work to ensure we are not increasing inequalities.

- **Build momentum.** Although health improvement often tests out new, smaller scale, interventions without sufficient momentum for wider reach and intensity population change is marginal. Wherever feasible, taking a proportionate universalism [xxi] approach is supported as a way to address inequalities. This means providing services universally but with a reach and intensity that is proportionate to the level of disadvantage. Where this is not feasible, approaches need to be of sufficient scale and duration to make a measurable difference to the inequalities experienced by the group or population involved.

- **Bring people together.** The factors which impact on health and wellbeing are many and complex. The interplay between these factors varies between individuals and communities, and can be compounded by multiple inequalities, stigma and discrimination. We need to ensure that we are able to

understand and navigate these complexities, avoiding taking 'siloed' approaches by bringing people and evidence together.

- **Build public health intelligence.** A key function of Health Improvement is understanding the health needs of populations, using evidence based practice and implementing evidence based programmes. However, the complexity in which we operate and the "wicked" nature of how to improve population health means that evidence is not always available, transferable or practical to implement. It is therefore essential that Health Improvement plays a key role in contributing to the evidence base using a range of appropriate methodologies and a variety of ways to measure impact and demonstrate outcomes.

## 6. Strategic Priorities

Building on from our previous strategy we will continue to focus on work across populations, places and groups of people. Wherever possible we will adopt a life course approach, which means identifying opportunities for minimising risk factors and enhancing protective factors through evidence-based interventions at important life stages, such as during adolescence, and in particular during transition periods.

Population: priorities for change across the city that require systematic action across the population at various life stages. The priorities will be tailored across the life course with an emphasis on affecting change with families and for children and young people.

Place: working in areas of high deprivation, health and social inequality in response to local need, priorities and aspirations.

People: working with people who are at risk of/or experience the poorest health outcomes, for example, those who experience stigma and discrimination based on a protected characteristic and those with complex needs.

Prioritising the prevention of ill health and aiming to increase healthy life expectancy are key and as such, health improvement work will focus earlier in the life course to maximise these gains. Rather than list key life stages, priorities and actions relating to the life course are embedded across the other sections in this document.

We have identified 7 overarching strategic priorities. These are *not* ranked in order of importance, recognising the linkages between and across these.

**STRATEGIC PRIORITIES**

1. Foster a healthy start for children and young people
2. Reduce financial insecurity and mitigate poverty
3. Support healthy and sustainable places and communities
4. Advocate for, and embed equalities and human rights
5. Develop and sustain mental wellbeing
6. Reduce the harm from substances (principally alcohol, drugs and tobacco) on people and communities
7. Promote healthier lives (being active, food for health, healthy intimate relationships and addressing climate change & sustainability)

## 6.1 Foster a healthy start for children and young people

Ensuring that all children have the best possible start in life is an evidence based long-term strategy to reduce future health inequalities, and is a priority for Health Improvement. The period from pregnancy to age five has a significant influence in breaking cycles of poor outcomes and disadvantage, mitigating adverse childhood experiences and enhancing protective factors for children.

Parents' life circumstances and socioeconomic contexts are key to child outcomes thus Health Improvement approaches will seek to address the challenges experienced by parents and wider families. The social environment's impact on health may not be apparent early in life but becomes biologically embedded in the first few decades of life[xxii]. Child poverty negatively impacts health and development and the longer children spend in poverty, the greater the likelihood that they will experience negative outcomes (e.g. from reduced school readiness, to poor physical and mental health).

From early years, through childhood, adolescence and young adulthood, children and young people go through a number of transitions. These can be key points to ensure young people are supported to enable them to move on to new opportunities. While young people are preparing for adult life, they are also building the foundations for their future health. If young people grow up in instability, long-term scarring effects are possible, including a higher susceptibility to disease and fewer years lived in good health.

To foster a healthy start in the City, we will adopt strategies with different timeframes. From a longer term perspective, we will facilitate early prevention approaches with partners (e.g. Early Learning & Childcare) which positively influence future behaviours and help shift cultural norms over time (e.g. around breastfeeding, tobacco, oral health and resilience). In the short to medium term, we will prioritise

issues with the strongest evidence base for reducing inequalities and increasing healthy life expectancy and wellbeing.

A number of our actions relating to young people can be found throughout the strategy priorities and actions – some are specifically outlined, others form part of our population based approaches. Building capacity and working with a range of key partners such as Education services and youth services is central to our work.

We plan to:

1. Support the contribution of HSCP services which routinely engage with parents and children to mitigate child poverty, via development of training and capacity building interventions to increase poverty awareness, including routine sensitive enquiry around money worries and onward referral to money advice services.
2. Develop and test innovative approaches to mitigate poverty and its impact on families.
3. Lead the development and implementation of an NHSGGC Early Years Mental Health Improvement Framework to inform planning and delivery of activity thereafter.
4. Influence the design and configuration of HSCP commissioned family support services to promote adoption of earliest interventions and prevention approaches, and incorporating a robust financial inclusion focus.
5. Sustain some capacity to deliver parenting activity using evidence-based approaches, which are appropriate, accessible and responsive to parents' strengths, assets and readiness to engage.
6. Strengthen the interface between HSCP services, the 3rd sector, communities and the Community Planning Partnership, to identify and respond to local needs and health inequalities experienced by families.
7. Work with partners to co-produce asset-based programmes which provide opportunities to build social connections and peer support for parents, children and young people.
8. Develop new blended delivery models for programmes, services and activities we commission or co-ordinate for families.
9. Deliver programmes which promote maternal and infant feeding (including breastfeeding), good nutrition and oral health.
10. Enable the Early Protective Messages Programme by providing training and capacity building to early year's staff and specialist children's services, with additional support for parents/carers.

## 6.2 Reduce financial insecurity and mitigate poverty

Health Improvement plays a key leadership role in strengthening the strategic response of the HSCP and NHSGGC to mitigating poverty, including the coherent delivery of financial inequality programmes across the life course. The primary focus of Health Improvement is to mitigate child poverty and related health inequalities, but support is also provided to respond to financial challenges experienced by other population and patient groups.

Health Improvement supports HSCP and NHSGGC services (including those commissioned) to integrate financial inclusion approaches within their core work, and agrees priority work programmes via relevant anti-poverty structures (e.g. Challenge Child Poverty Partnership, HSCP and locality Child Poverty groups, NHSGGC Financial Inequality Steering Group).

We plan to:

1. Support the development of training and capacity building interventions to increase poverty awareness of health and social care staff, including routine sensitive enquiry around money worries and onward referral to money advice services.
2. Work to achieve secure funding for money advice services for patients referred by NHS staff, and adopt a quality improvement approach to modernise service design to maximise client benefit.
3. Support Money Advice providers to respond appropriately to clients experiencing distress resulting from money difficulties.
4. Develop and test innovative approaches to mitigate poverty and its impact on individuals and families (particularly for those at greater risk) with a variety of stakeholders.
5. Influence and provide a leadership role with partner organisations and agencies to reinforce the importance of poverty as a cross-cutting priority. (E.g. Cost of the Nursery / School Day with GCC Education) and which actively target priority groups (e.g. lone parents, disabled families).
6. Generate intelligence on emerging financial inequalities issues to help inform city responses. We will do this via our connections with individuals with lived experience of poverty, local communities, anchor organisations and planning structures.

### 6.3 Support healthy and sustainable places and communities

Place based working will remain a key cornerstone of our work. Approaches and initiatives (such as Marmot cities Learning Network) can help inform a cohesive city wide approach to working in place based settings. A number of these have been evaluated[xxiii, xxiv] and shown to have achieved measurable levels of the change as a result of the initiative. However, there are elements that have been less successful and the learning from these must also be taken into account.

It is clear that we require to have an overall approach to place based working, one that is flexible enough to respond to the localised place based regeneration infrastructure in the city, as current and around future needs. This will mean that we will be more involved in some areas than in others, depending on the range of infrastructure, opportunities for partnership working and local needs.

We plan to:

1. Utilise the Place Principle[1] which states that "all those responsible for providing services and looking after assets in place, work and plan together, & with local communities, to improve the lives of people, & support inclusive and sustainable economic growth and create more successful places" in our neighbourhood based programmes.
2. Utilise a range of place based tools as a means of identifying priorities and addressing multiple aims including supporting inclusive growth.
3. Raise community awareness of climate change /sustainability and identify local needs around access to green space, particularly for vulnerable groups, supporting possible actions.
4. Support projects or initiatives which aim to improve local economies and encourage community participation.
5. Strengthen the interface between primary care and local communities.

## 6.4 Advocate for, and embed, equalities and human rights

Glasgow City is the most diverse city in Scotland (2019 National Records of Scotland), in 2020/21 30% of all births within the city where to non-indigenous parents.

We are a young city with 25 - 44 year olds forming the largest group overall and at 50.9% females represent just over half the city, (National Records of Scotland, 2021). Estimates suggest that Glasgow has almost twice the percentage of LGBT+ people (5.7%) when compared with Scotland as a whole (2.9%).[xxv]

This diversity alongside patterns of migration, including the dispersal of Asylum Seekers and Refugees, is transforming the demographics of our city, creating a range of cultures and communities that are both enriching and challenging in terms of ensuring the reach of our health improvement activity.

People with protected characteristics often experience the same health inequalities as those in the background population but with additional inequalities framed by the experience of their identity, compounding and potentially leading to even poorer outcomes.

The experience of discrimination is well evidenced as a cause of poor mental health and distress which in turn impacts on wider health outcomes. The Health Needs Assessment of LGBT+ people demonstrated that experience of stigma and discrimination impacts on self-esteem and confidence, increases social isolation and loneliness and together these lead to poor mental health outcomes. These are the same structural inequalities of identity that impact to a greater or lesser extent on all people with protected characteristics albeit with variations across the range.

The experience of racism for some of Glasgow's Black and Minority Ethnic communities, means they are more likely to live in deprived areas. For those who have claimed asylum or are refugees this experience often compounds traumatic events in their country of origin. The pandemic showed that people with disabilities or sensory differences are routinely excluded from opportunity by the way wider society is structured and which in turn impacts on people's sense of self and wellbeing.

We also know that women are more likely to experience poverty, domestic abuse and be primary carers for children, older adults or those with disabilities.

These experiences are unfair and taking an equalities and human rights approach to improving population health means ensuring that efforts are made to factor in these contexts and work in partnership to address these deep seated societal effects.

We recognise that people with protected characteristics experience barriers to using our, and other, services, and we will work towards eliminating these barriers. We

also recognise that this takes time, and that historical and systemic inequalities mean that some targeted approaches are needed to bridge the cultural and trust gaps between communities and statutory services. Therefore our approach will involve both mainstreaming and targeted approaches.

As part of Glasgow HSCP, we will work towards relevant outcomes within Glasgow HSCP's Equalities Mainstream Report 2020-24[xxvi] and will have a commitment to equality outcomes in future plans. Health Improvement programmes will be informed by the experiences of protected characteristic groups and will be delivered in a way that:

- eliminates unlawful discrimination;
- advances equality of opportunity;
- fosters good relations between people who share a protected characteristic and those who do not.

This extends to our duty to ensure any services we commission will uphold the intent of the Public Sector Equality Duty.

We plan to:

1. Continue to improve our collection and use of equalities data to ensure our work reduces health inequalities, including the use of equalities monitoring forms and other research and literature available to us
2. Commit to using the EQIA process within programmes across the strategic priority areas. Staff understanding and awareness of these processes will be addressed via our workforce development plan.
3. Develop relationships, support and collaborate with, support and collaborate with community and third sector organisations, (from grassroots and community-based or larger, strategic organisations) to engage with people and communities and to further our understanding of issues.
4. Work to ensure our workforce and our partners are treated fairly and consistently, with dignity and respect in an environment where diversity is valued. Diversity and inclusion will be embedded across all that we do.
5. Take a lead role in influencing the implementation of recommendations from the LGBT+ Health Needs Assessment Work.
6. Work to retain the LGBT+ Charter mark in the Youth Health Service and Quit Your Way Services

7. Work with NHSGGC to deliver the Health and Well-being Survey of our five largest Black and Minority Ethnic communities and take a lead role in raising awareness of the findings and influencing subsequent change.
8. Build on Glasgow City Council's commitment to be the first city in the UK to take a feminist approach to planning and ensure our work programmes have fully considered the gendered prevention needs of women and girls from the Women's Health Plan and Equally Safe.
9. Enable further analysis of the health and well-being survey for particular protected characteristic groups and others of greatest risk of health inequalities and advocate for the changes required.

### 6.5 Develop and sustain mental well-being

Mental health and wellbeing was very challenging before the pandemic. Multiple sources of evidence[xxvii],[xxviii],[xxix],[xxx] highlight mental health as a major and growing societal; CAMHS (Child & Adolescent Mental health Services) activity data shows major increases in demand for specialist support (e.g. serious self-harm presentations). The pandemic has highlighted and in many cases exacerbated the scale of the challenge for our communities with increasing clinical need but also need for wider societal support and response. Mental distress is a dominant theme from community partners, with inequalities playing a major dimension.

The Scottish Government are currently consulting on a refresh of the mental health strategy[xxxi] and a new suicide prevention strategy[xxxii] was launched during 2022, which supports our continued focus on prevention of mental health problems and early intervention in their course (including mitigating the impact of trauma and responding to distress) and our commitment to a life course approach.

We understand mental health and the ability to meet basic needs are interdependent and that post-Covid recovery, the cost of living crisis and our city's existing poverty, will continue to place the greatest burden on those with the least resources. We are committed to proportionate universalism and will continue to advocate for increased investment in our poorest communities, as fundamental to mental health and suicide prevention efforts.

We plan to:

1. Continue to lead the Flourish Glasgow Partnership which collaborates to celebrate Glasgow's resilience and build collaborative capacity to maintain wellbeing in the face of adversity.
2. Maintain our commitment to delivering mental wellbeing supports, as set out in the Primary Care Improvement Plan 2022-25[1] addressing distress, stress and wider mental well-being and the creation of Wellbeing Hubs[1].
3. Further develop and deliver primary care wider well-being services for young people (Youth Health Service) and support the move to proportionate universal access to Community Link Worker's in line with Scottish Government requirements
4. Develop programmes to advocate and support the mental well-being of groups most at risk by their life circumstances and isolated by discrimination, including work to support Black and Minority Ethnic young people, parents supporting children with mental health issues, for people living with disability and for the LGBT+ community.
5. Continue to invest in the city's suicide prevention partnership and will support the forthcoming national strategy for self-harm.
6. Enhance, sustain and develop capacity across a wide range of partners, with a particular focus on partnering and capacity building with the voluntary and community sectors in the city to help strengthen their ability to respond to the diverse mental health and wellbeing needs of our population, including suicide prevention and supporting trauma informed practice.
7. Support and lead the strategy "A Socially Connected Glasgow"[1] and continue to advocate for need for social connections for all people, cognisant of poverty, inequalities and their intersectionality, to reduce isolation and foster the resilience (and resistance) necessary for healthy, vibrant, sustainable communities.

## 6.6 Reduce the harm from substances (principally alcohol, drugs and tobacco) on people and communities

Preventing and reducing the harm caused by smoking, alcohol and drugs are key public health priorities. Smoking is one of the main causes of ill-health and mortality in the UK and is a key factor in contributing to health inequalities. Tobacco, alcohol and drug-related harms affect some sections of our population far more severely than others. Alcohol-specific deaths are nearly seven times higher in the most deprived decile compared to the least deprived decile whilst hospital admissions are eight times higher. The disease burden of drug use disorders is seventeen times higher in the most deprived areas compared with the least deprived. There is a correlation between economic and social circumstances and the levels of harm experienced. Where it is not possible to entirely prevent or stop substance use, there are benefits for individuals; health and social care services; and wider society in limiting substance-related harm'.

The Scottish Government has a number of policies relating to tobacco, alcohol and drugs[xxxiii],[xxxiv]. The Glasgow City Alcohol and Drug Partnership (GCADP) is the strategic planning group through which our alcohol and drugs prevention work is set. The strategic objective[xxxv] to "work in partnership to promote and support prevention and early intervention with individuals, families and communities, tackling stigma and the health inequalities for those affected by alcohol and drug use" alongside "reducing the harms" are two of the key drivers for Health Improvement work in this arena.

The GGC Alcohol and Drug Prevention Framework[xxxvi] provides evidence for a whole population focus, with a life-course perspective being integral to the way work is taken forward. A key focus of the Prevention Framework is on the promotion of equalities whilst addressing health inequalities. It also considers the impact of life stages, deprivation and vulnerability in the most at-risk groups and those with complex needs.

Our work across this area will involve both specific work on particular substances, but also cross-working in recognition of the interplay between different substances and the compounding impact of multiple risk.

We plan to:

1. Continue to support people to stop smoking through equalities sensitive practice and delivery of the Quit Your Way Service with a focus on targeted delivery in SIMD 1 and 2 areas to achieve a smoke free Glasgow by 2030.

2. Increase knowledge and understanding of vaping and other tobacco-related harms, with particular focus on children, young people and non-smokers to discourage uptake/use.

3. Build capacity and knowledge around prevention and early intervention approaches, contributing to the development of a multi-agency training pathway for statutory, voluntary and community partners on harms, including those working in community justice and prison settings.

4. Support the development of harm reduction approaches through the GGC's Drug Harms Prevention Strategy, and subsequent implementation within Glasgow City.

5. Challenge alcohol harms through providing a public health perspective on licensing applications and policy within Glasgow, and the provision of Alcohol Brief Interventions within specific services and settings.

6. Enable collaboration with partners, including lived experience representation, to develop programmes that tackle stigma and discrimination associated with drug and alcohol use and intersectionality aspects of harm.

7. Support the gathering and sharing of intelligence on all aspects of the alcohol, drugs and tobacco harms, including demographic analysis, equalities and inequalities dimensions - including through cooperation with the Greater Glasgow and Clyde Drug Trends Monitoring Group, alcohol and drugs data dashboard initiatives and national schemes, such as RADAR.

8. Lead and deliver the ADP Prevention & Education commitments.

9. Advocate and seek to implement the recommendations from the Prison Health Care review and community justice in relation to harmful substance prevention.

## 6.7 Promote healthier lives and environments (being active, food for health, healthy intimate relationships and climate change & sustainability)

### 6.7.1 Being Active

Physical inactivity has shown to be one of the leading causes of premature death in Scotland and is the second biggest cause of mortality. Evidence shows that small increases in activity levels can help to prevent and treat chronic diseases and improve quality of life. Taking part in physical activity and or increased movement has multiple health, social and economic benefits.[xxxvii]

There are numerous strategies and policies which prioritise physical activity and inform our thinking on how we best address physical inactivity in Glasgow City[xxxviii],[xxxix],[xl]. The evidence is also clear on the positive impact increased physical activity can have on mental health and wellbeing. We also know that to increase physical activity levels we need to increase access to affordable opportunities that can encourage and support individual's to be active, which is more likely in a structurally and socially resilient community.

We plan to:

1. Develop a physical activity network at a Glasgow City and neighbourhood level which encourages a whole systems approach.

2. Support the development of usable green spaces for recreation, physical activity, movement, balance and informal activity (encouraging a focus on mental wellbeing and social connectedness).

3. Provide training and capacity building including inequalities sensitive training for sports clubs and other providers to ensure inclusive and targeted opportunities, particularly for those least active.

4. Contribute to the further adoption and development of the 8 best investments to promote physical activity with other public health and community planning partners.

### 6.7.2 Food for health

Our population faces serious risks to our health associated with poor diet and unhealthy weight, including increased risk of cancer, type 2 diabetes[xli], cardiovascular disease and hypertension. Access to affordable, high quality, nutritious food throughout the life course is not the norm for many people in the city. The current cost of living crisis is seeing more families struggle to afford food and this additional pressure is a serious challenge to delivering on the national strategy “A Healthier Future”[xlii].

The Glasgow Food Policy Partnership (GFPP) oversees the Glasgow City Food Plan (GCFP)[xliii]. The 10-year plan addresses: a better food system that supports improved health; reduced food insecurity; increased biodiversity; reduced carbon emissions; and a more resilient and flourishing local economy.

We plan to:

5. Be an active member of the Glasgow Food Policy Partnership, including leading or participating in a number of the themed multiagency initiatives.

6. Lead the delivery and advocate for sustained and wider adoption of the 'Thrive Under 5' food nurturing programme.

7. Support the continued development of healthy weight services for children and adults, including the provision of the Weigh2Go service.

### 6.7.3 Healthy Intimate Relationships

Glasgow has high and increasing rates of preventable sexually transmitted infections and unintended pregnancies. The cost of living crisis has coincided with an unprecedented levels of demand for abortion care while provision of sexual health care for both contraception and testing in many services remains below pre-pandemic levels. These outcomes sit in a broader context of ongoing challenges, for young people and many adults, in relation to communicating consent in relationships, coercion, loss of control of self-generated images and intimate partner violence.

Through our hosted sexual health provision, we plan to:

8. Build on our relationships, sexual health and parenthood support for young people through our work with schools, children's services and other partner organisations.
9. Continue to support staff working in services with vulnerable adults to proactively incorporate sexual health and BBV in their case management.
10. Continue to work with service providers to develop and communicate person centre care pathway.
11. Support the implementation of the Sexual Health and Blood Borne virus Strategy and deliver on Glasgow City Council's commitment to end new transmissions of HIV by 2030 through the Fast Track Cities partnership.

### 6.7.4 Addressing Climate Change and Sustainability

Our health and well-being are inextricably linked to our natural environment. The World Health Organisation[xliv] has called climate change "the single biggest health threat facing humanity." A number of Health Improvement work areas contribute to the climate change agenda: including green space, active travel, sustainable food, mental health. A number of the actions elsewhere in this paper will contribute to the climate change programmes.

We plan to:

12. Train staff to ensure the Health Improvement workforce have a clear understanding of the climate change agenda and the relationship with Health Improvement work to embed further across delivery areas.

13. Scope the current Health Improvement work and align with climate change priorities to best understand any gaps and then identify ways to address these.

## 7. Delivery mechanisms

The ways in which Health Improvement communicate, work in partnership and deliver programmes has changed with the impact of the pandemic bringing digital approaches to the fore. Moving forward it is important that a variety of approaches are used, recognising that no one mechanism suits all. The levels of digital exclusion in the city are significant and therefore this must also be considered.

- We recognise the effectiveness of digital interventions have to target our communities across Glasgow City, to potentially increase our scale and reach. While we have made initially progress in developing interventions using digital methods such as use of video on social media platforms, we will build on these initial developments.
- We will develop collaborative approaches and target partners where they have significantly more reach and influence into our communities. Consultation has evidenced that official public sector based content has limited impact with some of our target audience.
- We will explore the use of different social media platforms, making use of targeted paid posts as well as influencers to share our key messages.
- We will contribute to the evidence base and evaluate the effectiveness of digital health improvement approaches. We will share this learning and adapt our approaches in line with the evaluation findings and emerging evidence.

- We will develop our skills within our workforce to deliver digital interventions and to support colleagues to challenge the way they have traditionally worked so that we have a workforce that is confident and ambitious in the use and adoption of digital methods to deliver improved outcomes across Glasgow City.

## 8. Workforce Development

In order to deliver on our strategy, we require a workforce which is able to drive this work forward. As such, workforce development is a continued priority in developing the knowledge and skills staff require to deliver on the Health Improvement strategic direction. Our workforce show tremendous resilience, willingness to adapt and to learn new skills in order to deliver our services. Shoring up this learning, finding ways to facilitate the sharing of skills and identifying learning needs are integral components of how we will support our workforce.

The city Health Improvement Workforce Development Group which connects into the corresponding GGCNHS strucures strive to have a renewed focus on continuing professional development. Priorities to address have been identified through facilitated team sessions and staff surveys.

We will:

1. Develop and/or deliver a comprehsive range of learning and development opportunities including: an expanded comphrehensive induction package for health improvement; an emphasis on developing leadership and influencing skills at all level; collaboration; communication; reflection; capacity building through peer thinking and online platforms to promote health; and deploying resources for most effective and efficient health improvement delivery.
2. Continue to focus on the wellbeing of our workforce ensuring they are appropriately supported in hybrid working at a variety of different levels and in different settings.
3. Deliver on wider workforce considerations including workforce planning, qualifications and practice, and succession planning.

## Appendix

## Notes:

We use the acronym LGBT+ to acknowledge people who identify as lesbian, gay or bisexual and/or transgender as well as the wide range of non-heterosexual sexual orientations and diverse gender identities that people may identify with.

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