
















# Health Improvement Performance Update - Quarter 1 2024





CARE GROUPS/AREAS	Previous Period RAG Rating				This Period RAG Rating			
								
Primary Care	1 (50%)		1 (50%)		1 (50%)		1 (50%)	
Health Improvement	2 (28.6%)		5 (71.4%)		2 (28.6%)		5 (71.4%)	
<b>TOTAL</b> No. and (%)	<b>3</b> <b>(33.3%)</b>		<b>6</b> <b>(66.7%)</b>		<b>3</b> <b>(33.3%)</b>		<b>6</b> <b>(66.7%)</b>	

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# 1. Key Performance Indicator Summary

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
<b>Health Improvement</b>				
1. Alcohol Brief Intervention delivery (ABI)	5,066 (annual)	Q1	2,754 	▲
2. Smoking Quit Rates at 3 months from the 40% most deprived areas. (reported in arrears)	1,224 for 23/24	Full Year 23/24	1,097 	▲
3. Women smoking in pregnancy (general population)	10%	Q1	6.4% 	▲
4. Women smoking in pregnancy (most deprived quintile)	14%	Q1	10% 	▲
5. Exclusive Breastfeeding at 6-8 weeks (general population) (reported in arrears)	33%	Q4	30.7% 	▶
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones) (reported in arrears)	24.4%	Q4	24.2% 	▲
7. Breastfeeding Drop-Off Rates (Between 1st Health Visitor Visit and 6 weeks) (reported in arrears)	29.5% for 23/24	Q4	21.4% 	▲

- Prevention targets also across Strategic Plan [Health Improvement Annual Report](#)
- Breastfeeding performance
- Smoking Quit Rate

Classification		Key to Performance Status	Direction of Travel - Relates to change between the last two quarters or last two reporting periods for which information is available	
	<b>RED</b>	Performance misses target by 5% or more	▲	Improving
	<b>AMBER</b>	Performance misses target by between 2.5% and 4.99%	▶	Maintaining
	<b>GREEN</b>	Performance is within 2.49% of target	▼	Worsening
	<b>GREY</b>	No current target and/or performance information to classify performance against.	N/A	This is shown when no comparable data is available to make trend comparisons

# Quit Your Way



Tobacco is a uniquely harmful product. When used as advised by the manufacturer, it will kill up to two thirds of users.

Cancer Research UK

- Inward referral sources; self, primary care, hospitals e.g. all new cancer diagnosed smokers.
- 2,383 referrals to QYW in 2023/24
- **40% of those that attempt to quit remain successful at 12 weeks** (higher than Scottish average).
- QYW is a universal service, however only those 12 week quits from SIMD 1 and 2 contribute towards the LDP Standard. **26% of the 12 week quits are out with target scope in Glasgow.**
- 2.8 WTE vacancies (17% staff capacity)
- unavailability of several products including varenicline (since June 2021)
- QYW patients presenting with significant complexity. 359 onward referrals last year including GPs, My Cancer Journey (MacMillan), LifeLink, school holiday programmes

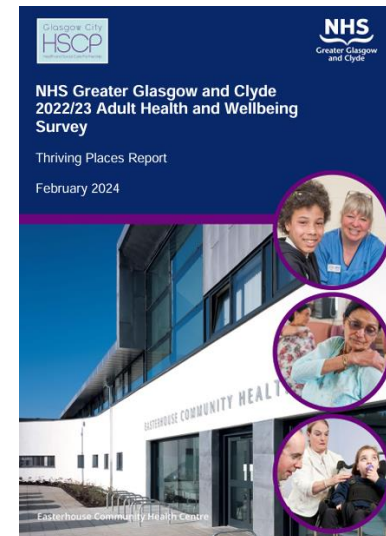
## Next steps

QYW Service Review is being undertaken – systems and gradation of support

# Health action within the most affected communities



- Thriving Places' community planning approach ended in March 2024.
- 10 communities (10k people), nine commencing 2013-2016 then Govanhill 2019
- Each with a community connector employed by local host organisation, and aligned health improvement capacity
- Each has had a unique journey, adapting governance, ambitions and even geography.
- GCHSCP lead the review of thriving places for community planning in 2023/24



<https://www.stor.scot.nhs.uk/handle/11289/580374>

## Adult Health and Well-being Survey (NHSGG&C)

- Since 2015 boosted sampling in 4 Thriving Places within the NHSGG&C adult health and well-being survey.
- 2,376 home interviews across 4 Thriving Places
- A report showing collective change for thriving places compared to 15% most deprived not in a designated thriving places area has been completed.

# Health Indicators

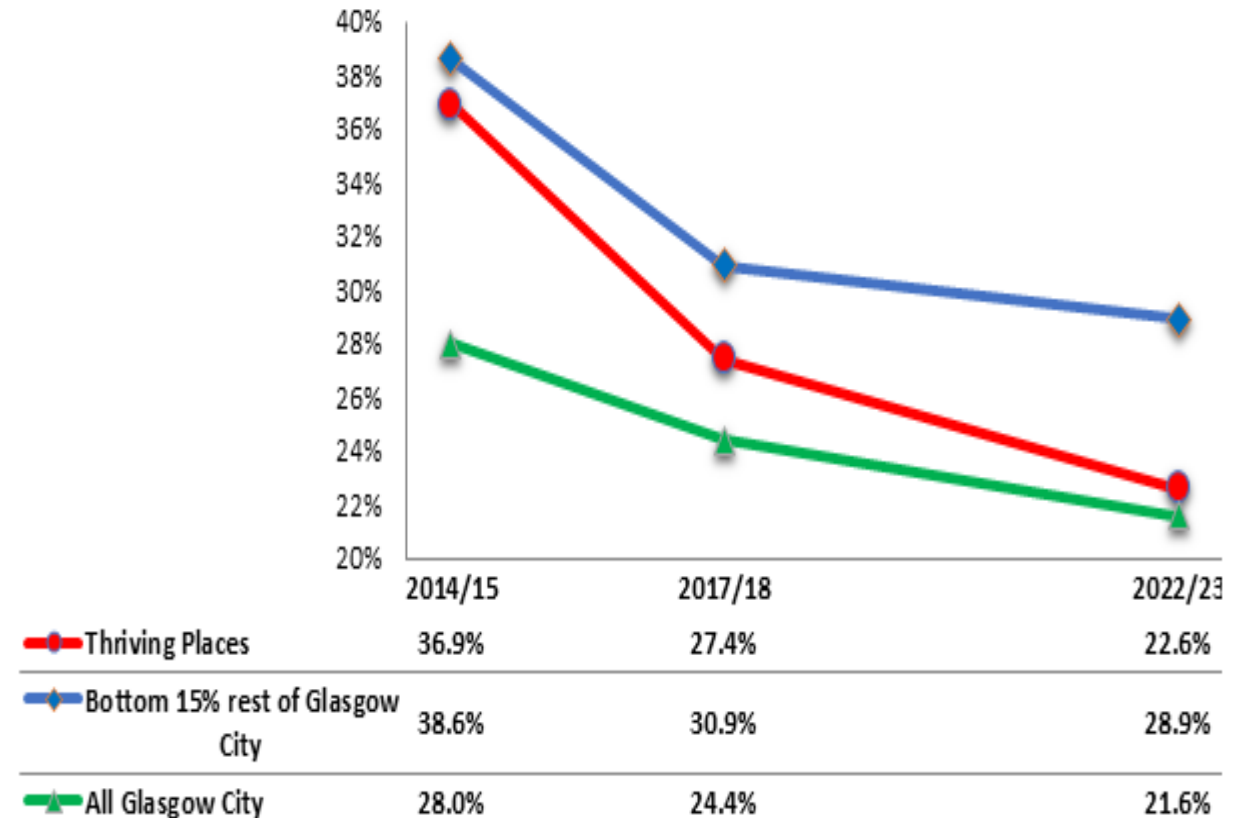
Compared to those in the bottom 15% most deprived areas in Glasgow outside Thriving Places, those in Thriving Places were:

- Less likely to smoke (23% vs 29%)
- Less likely to be exposed to second hand smoke
- Less likely to use e-cigarettes
- Less likely to have AUDIT scores indicating alcohol-related risk
- Less likely to drink alcohol
- More likely to meet the target of consuming 5+ portions of fruit/vegetables per day

Compared to those in the bottom 15% most deprived areas in Glasgow outside thriving places, those in thriving places were

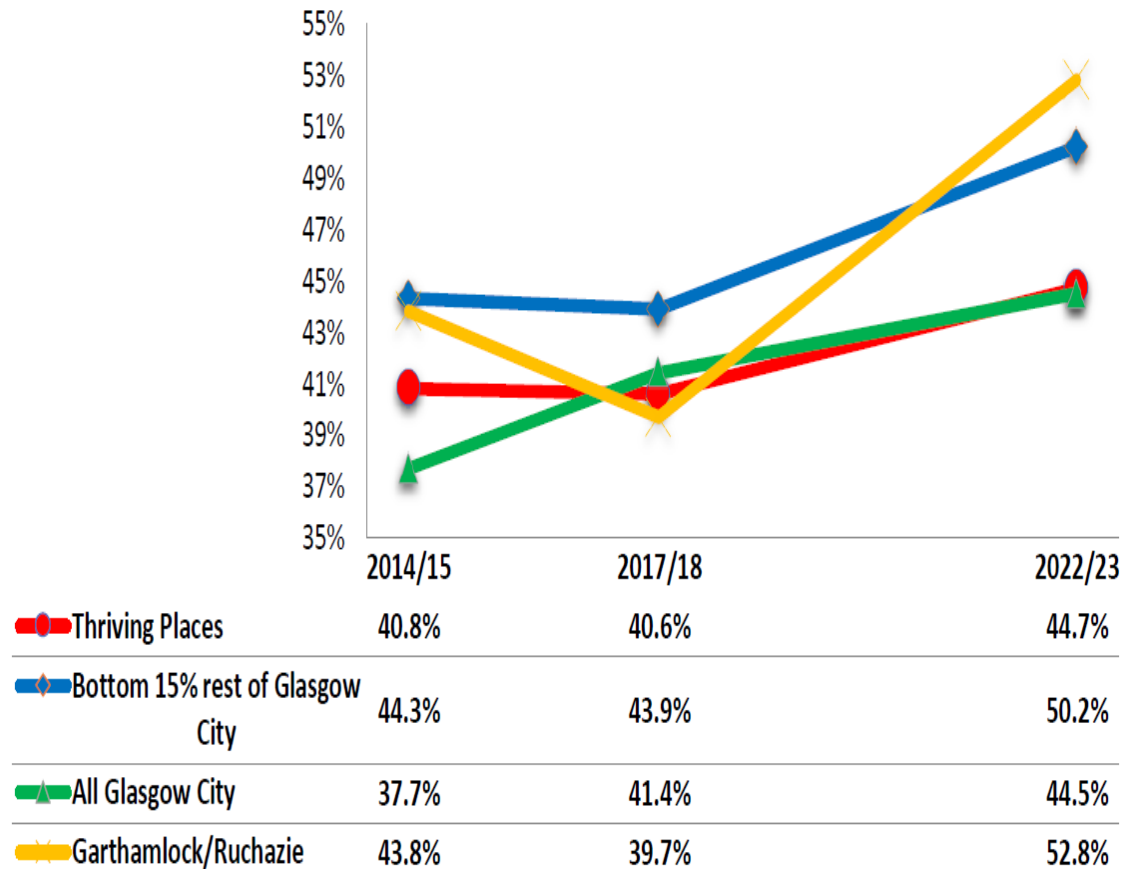
- Less likely to participate in strength/balance activities

Figure 3.5: Trends for Proportion of Current Smokers - 2014/15 to 2022/23

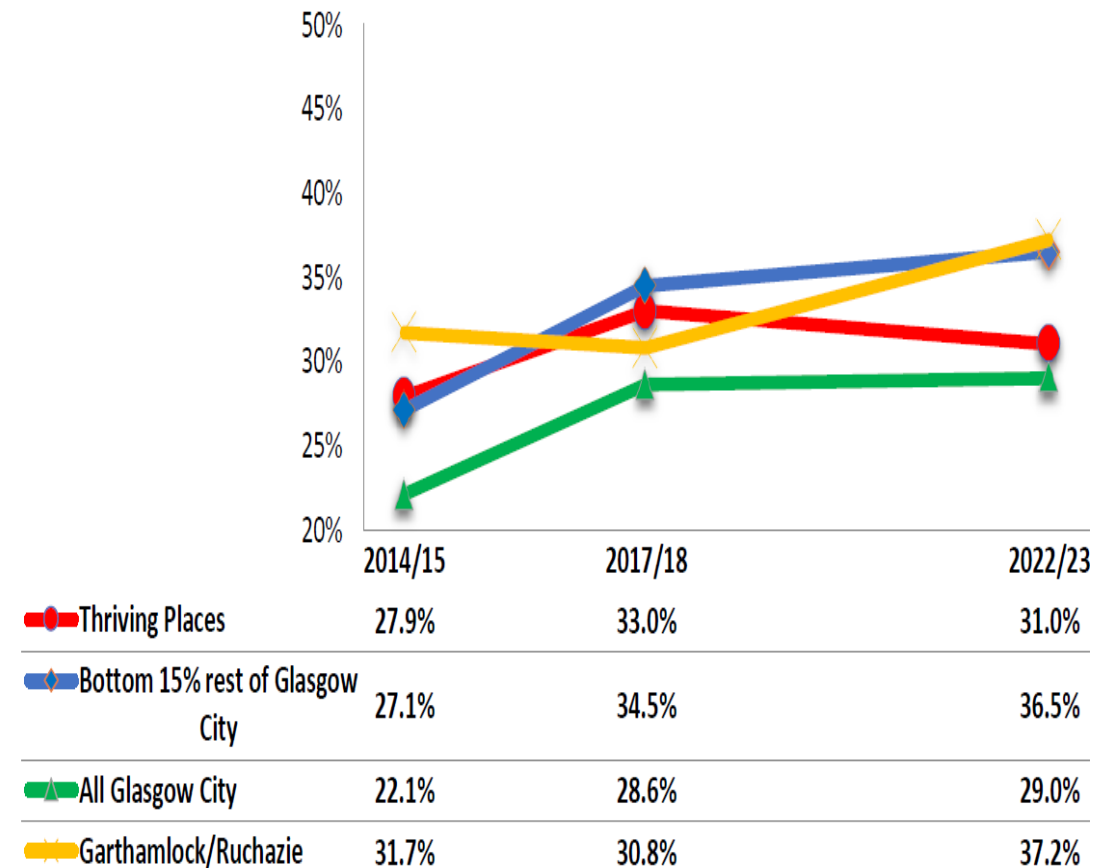


# Health Care contact

**Figure 2.14: Trends for Receiving Treatment for at least One Condition 2014/15 to 2022/23**



**Figure 2.12: Trends for Limiting Long-Term Condition or Illness – 2014/15 to 2022/23**

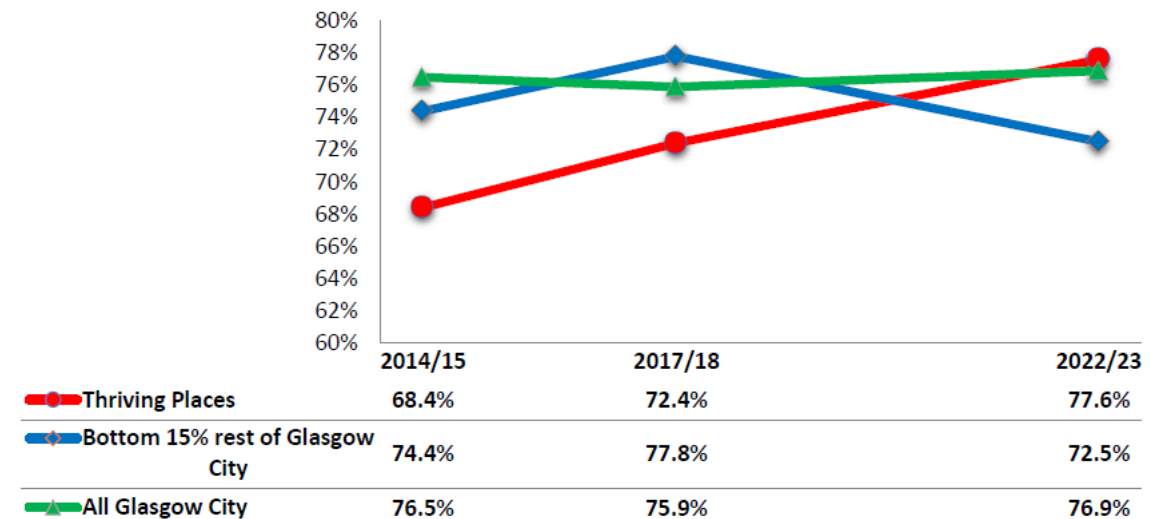


# Social Well-being

Comparing Thriving Places to others living in 15% SIMD and Glasgow overall. Those in Thriving Places

- Less likely to feel isolated from family and friends (21% TP's; 26% in 15% other & Glasgow)
- Less likely to have felt lonely in the last two weeks (24% TP's; 32% in 15% other and Glasgow).
- More likely to feel they belong to their local area (figure 4.5)
- More likely to have a +ve perceptions of food shops, leisure facilities and activities for young people

**Figure 4.5: Trends for Feeling They Belong to Their Local Area 2014/15 to 2022/23**



## **Comparison with Bottom 15% Areas in the Rest of Glasgow City**

Those in Thriving Places were less likely to say that COVID had changed their feeling of isolation for the worse (16% Thriving Places; 20% Bottom 15% areas in the rest of Glasgow City).



# Summary findings

- Statistically more positive change for some health, employment, social and financial indicators for Thriving Places than others in 15% SIMD and for Glasgow (16 statistically significant favourable areas, 6 worse)
- Rates of improvement were usually greater between 2015 and 2018 than since
- However, some of the positive changes that might have been anticipated from the Thriving Places approach – more control of decisions affecting life, more able to influence local decisions, were not found, although a number of these showed less deterioration than for others living in 15%SIMD.
- Each Thriving Place offers a unique snapshot of change over time

	<b>Definitely feel in control of decisions affecting life</b>	<b>Positive Perception of Quality of Life</b>	<b>Long-term Limiting Condition or Illness</b>
Thriving Places	55.5%	79.5%	31.0%
Govanhill	44.7%	74.9%	30.6%
Greater Gorbals	53.1%	81.2%	27.6%
Parkhead/Dalmarnock	52.6%	78.5%	34.5%
Ruchill/Possilpark	73.5%	84.5%	31.4%



# Refreshed Placed-based approach

- Refreshed place-based approach adopted as part of the 2024-34 Glasgow Community Plan
- Outcomes using the Place and Well-being outcomes of the Place Standard Tool
- IDZ + wider boundary (10,000 pop)
- £1.5m (over 3 years) secured from Whole Family Early Intervention Fund
- Existing TP's funding to continue (or change), some exit funding for areas no longer included
- Place-based Implementation Group established (chaired by Community Planning)
- Autumn gatherings for new areas being planned.

**Table 4 : Comparison between Thriving Places and prioritised Place-Based approach 2024**

MMW	Thriving Place	Place-based 2024 IDZ	Alignment
Calton	Parkhead + Dalmarnock	Parkhead West/Barrowfield + Dalmarnock	Significant
Greater Pollok	Pollok	Nitshill	Very little
Greater Pollok Drumchapel & Anniesland	Presthill Househillwood	Nitshill	Partial
	Drumchapel	Drumchapel North	Significant
East Centre	Easterhouse	Cranhill/Lightburn/Queenslie South + North Barlanark/Easterhouse South	Significant
Linn	No	Castlemilk : Glenwood North + Glenwood South	New area
Dennistoun	No	Denniston (Roystonhill, Blochairn, and Provanmill)	New area
Govan	Govan	Govan and Linthouse	Significant
Southside Central	Govanhill	Govanhill West & Govanhill East and Aikenhead	Significant
Canal	Ruchill and Possilpark	None	None
Canal	Lambhill and Milton	None	None
Southside Central	Gorbals	None	None

# Next steps for Health Improvement

- Service reduction and withdrawal significant
- 58% of our funding from insecure incomes – delivering at the behest of funders and thwarted by funding terms
- Vacancies not being filled – only externally funded
- Staff morale and ability to deliver
- Service Reviews – QYW, Youth Health Service and senior management structure