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Item No: 13

Meeting Date: Wednesday 24th January 2024

Glasgow City Integration Joint Board

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Health Beyond the Pandemic within Glasgow

Purpose of Report:

To launch the findings of the 2023 Adult Health and Well-being Survey for Glasgow City and briefly describe some of the wider changes in health status since the pandemic to inform considerations of the public health priorities for the IJB and HSCP services.

Background/Engagement:

During 2021 public health staff and colleagues prepared a report on health beyond the pandemic based on emerging evidence on the anticipated impact of the pandemic on the wider health of our population. This informed the refreshed health improvement strategy which informed the prevention components of the GCHSCP Strategic Plan (2023/26).

Since then the Glasgow School Census has been published and the first post pandemic adult (16+) health and well-being survey findings for Glasgow City are ready to report. Interviews with 4,158 residents asked about all aspects of their well-being, providing a population 'snap shot' and enabling trends with previous survey findings.

Other locally published reports provide an overview of the health and health inequalities position in Scotland and Glasgow, and changes over time.

This report summarises key findings from these reports and publicly launches the findings from the adult health and well-being survey. These public health information sources enable members to consider the public health priorities for the IJB and HSCP services.

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Governance Route:	The matters contained within this paper have been previously considered by the following group(s) as part of its development. HSCP Senior Management Team ☒ Council Corporate Management Team ☐ Health Board Corporate Management Team ☐ Council Committee ☐ Update requested by IJB ☒ Other ☐ Not Applicable ☐
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Recommendations:	The Integration Joint Board is asked to: a) Acknowledge the health and well-being position of our population; b) Note the publication of the City Adult Health and Well-being Survey (2023) and wide use of this data set amongst staff, partner agencies and academia; and c) Note that HSCP service areas will take the analysis from public health into planning forums and health improvement will share information with partnerships and communities across Glasgow.
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Relevance to Integration Joint Board Strategic Plan:

Priority 1 : Prevention, early intervention and well-being and the [Health Improvement Strategic Direction \(2023-2028\)](#)

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome(s):	Outcome 1 – People are able to look after and improve their own health and wellbeing and live in good health for longer.
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Personnel:	Not applicable
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Carers:	Caring has been explored as part of the adult health and well-being survey and some findings presented, further analysis is planned to support planning for carers needs.
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Provider Organisations:	Consideration is being given to sessions with providers and charitable organisations on the findings of the health and well-being survey, to promote understanding and use of the data-set.
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Equalities:	Some equalities analysis of the adult health and well-being survey is available. Further reports on specific groups/themes will be undertaken. NHS GG&C are also
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	commencing a similar survey of the five largest ethnic groups in the health board which will complete in March 2025. A specific health needs assessment of the LGBT+ community has been undertaken separately and published LGBT+ HNA
Fairer Scotland Compliance:	Deprivation (poverty) analysis is included in all the reports described herein, exposing the degree and change in health inequalities within Glasgow.
Financial:	None
Legal:	None
Economic Impact:	These findings will continue to impact on the economic success of Glasgow.
Sustainability:	Not applicable
Sustainable Procurement and Article 19:	None.
Risk Implications:	Continuing increasing and changing demand on health and care services.
Implications for Glasgow City Council:	None
Implications for NHS Greater Glasgow & Clyde:	None.
Direction Required to Council, Health Board or Both	
Direction to:	
1. No Direction Required	☒
2. Glasgow City Council	☐
3. NHS Greater Glasgow & Clyde	☐
4. Glasgow City Council and NHS Greater Glasgow & Clyde	☐

1. Purpose

- 1.1 To launch the findings of the 2023 Adult Health and Well-being Survey for Glasgow City and briefly describe some of the wider changes in health status since the pandemic to inform considerations of the public health priorities for the IJB and HSCP services.

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2. Background

2.1 During 2021 public health staff and colleagues prepared a report ([beyond the pandemic](#)) collating emerging evidence on the anticipated impact of the pandemic on the wider health of our population. This informed the refreshed health improvement strategy referred to in the GCIJB Strategic Plan (2023/26). At that time the key messages related to the:

- legacy impact of interrupted routine care for health conditions
- de-socialisation impact of restricted contact and wider mental health changes
- physical health challenges of sedentary lifestyles and potential weight gain, particularly for those shielding
- legacy impact on the well-being of children whose normal development opportunities were interrupted
- particular impacts for specific vulnerable groups e.g. those not safe at home.

2.2 For every topic considered, people living with inequalities were being disproportionately affected, and those living with multiple, intersecting inequalities, even more so. At that time 'best guess' science was being used in the absence of definitive evidence, knowing that it would take years to fully understand the legacy impact of the pandemic. It was also not clear which changes would be naturally self-correcting.

2.3 Since then the Glasgow School Wellbeing Census has been published (September 2023) and the first post pandemic adult (16+) health and well-being survey findings for Glasgow City are now available. These provide a population 'snap shot' of well-being, and in some cases trends from previous surveys for our 'post pandemic' population.

2.4 This alongside other locally published reports from the Glasgow Centre for Population Health and the 'Leave no one behind: The state of health and health inequalities in Scotland' published by the Health Foundation (Jan'23) provide an overview of the health and health inequalities position in Scotland and Glasgow, and changes over time.

2.5 This paper summates the public health intelligence from these sources, with particular regard for the substantive population health and well-being survey and makes recommendations on key considerations for the Integration Authority.

3. Context

3.1 The most recent public health information is set within the context of significant fiscal and social change within the UK, Scotland and Glasgow over the last decade. Most acknowledged:

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- Austerity policies for welfare and public services over the last decade
- UKs withdrawal from the European Union (formally initiated in January 2020)
- COVID pandemic (March 2020-22) , in terms of local deaths, long COVID experiences and the social and well-being impact of the most extensive and protracted 'isolation' period for Glasgow of anywhere in Scotland due to infection rates.
- Cost of living rises, including the steep rise in energy and food costs, further affected by international conflicts.

3.2 Over the last decade there has also been a significant change in the profile of the city's population. The National Records for Scotland (NRS) published population and household estimates in September'23 ([Scotland Census](#)). Glasgow's population has grown 4.6% since the 2011 census to 620,700 (51% female), 11.4% of Scotland population. The city has 126,900 (20.4%) 0-19 year olds and has the lowest proportion of people aged 65+ (14.0%) of any Scottish authority. Demographic data will be released in further phases. We can anticipate from more local data sources that the 17% BME estimate will be an under-representation.

3.3 The city adult health and well-being survey is part of the broader NHSGG&C survey which includes interviews with 10,030 adults (16+). The health board findings have heavily informed the Director of Public Health Report which will report soon. This data is presented for the health board and each partnership. Overall the statistical changes observed in Glasgow are also observed for the wider health board area, with some nuances. Glasgow performs more poorly for some health measures e.g. 22% current smokers compared to 18% for NHSGG&C (with rates as low as 8% in East Renfrewshire) and for some of the social measures (including isolation, loneliness and perceptions of community).

4. Public Health intelligence from others

4.1 In 2023, the Health Foundation published their independent review of health and health inequalities in Scotland ([leave-no-one-behind](#)). This provided a thorough analysis of the health trends and wider factors that have influenced well-being over the last two decades in Scotland. This found that previous improvements in life expectancy have stalled and that the health of people living in poverty is being left behind. These changes have been observed for males and females, almost all age groups, and in relation to many different causes of death. Scotland still has the lowest average life expectancy at birth of all UK countries, and one of the lowest in Western Europe. The report also identifies three areas of particular concern, all of which are very pertinent to Glasgow:

- the prevalence of drug-related deaths
- inequalities in the health and experiences of infants and children
- health and socioeconomic outcomes among young and middle-aged men.

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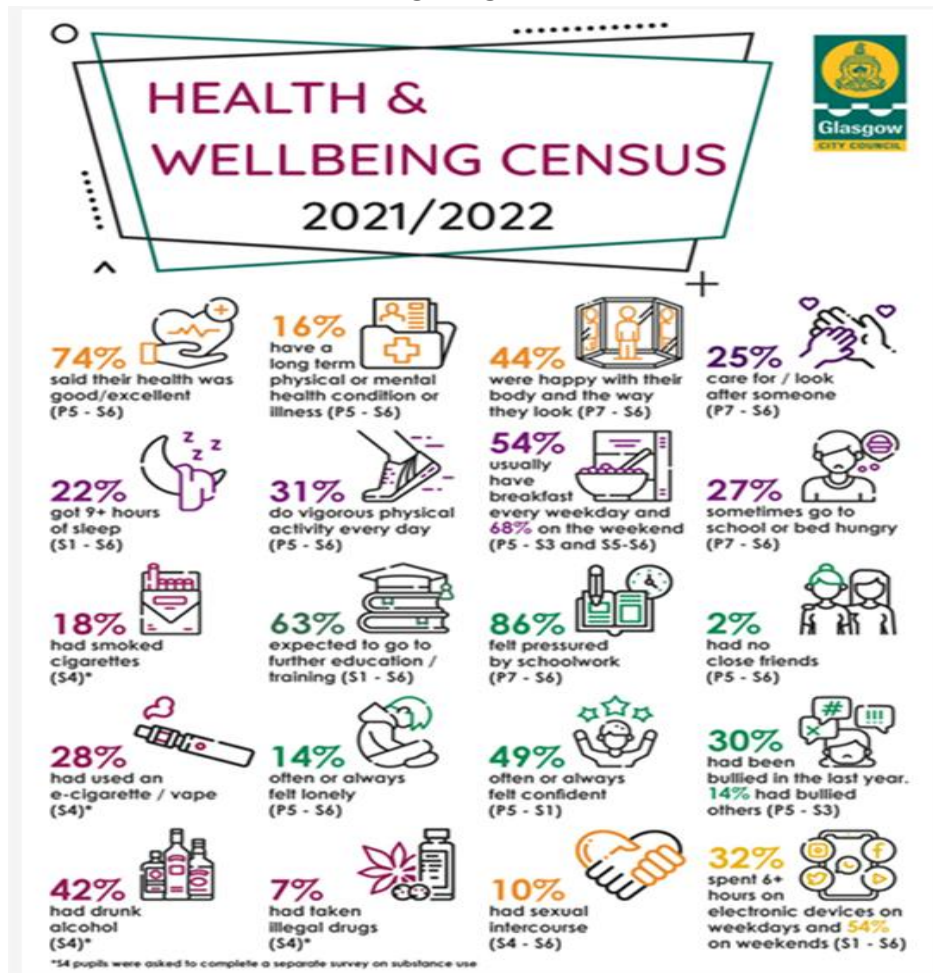
4.2 Glasgow Centre for Population Health (GCPH) have continued to investigate and report on the health of the population. The '[Health in a Changing City 2021](#)' report provided further evidence of earlier progress beginning to be undone:

- Stalling life expectancy improvements in Glasgow, widening health inequalities and shortening lives: life expectancy has reduced for females and for those living in the most deprived areas of the city
- Worsening mental health trends, including extensive inequalities associated with gender, age, socioeconomic status and ethnicity, and evidence of a growing inequality in service provision between children and young people, and adults.
- Increasing evidence and concerns over ethnic and racial inequality, racial discrimination and gender-based inequality experienced by women

4.3 Also in 2021 a Scotland '[school well-being census](#)' was adopted by some local authorities, negating the need for the young people's health and well-being survey undertaken by NHSGGC in Glasgow City (3 yearly). Glasgow City Council participated in this on-line survey, with components tailored to pupil stages. 23,332 pupils (p6-S6) completed the census (around 50% of the eligible cohort). The change of process, questions and analysis means trends are not possible with the previous NHSGGC survey. Some key findings are shown in the infographic at the end of this section and include:

- Almost a third (30%) of those who completed the WEMWBS standard mental health tool had a score indicative of probable depression.
- Of those who identified as LGBT+, 88% recorded having a mental health problem, this rose to 94% if they identified as Trans.
- Poverty has clear links to daily health actions like smoking/vaping, less hours of physical activity, less sleep and missing meals or feeling hungry. Those living in poverty also report they were less likely to have an adult they can talk to about their problems, reported having poorer life satisfaction and poorer perceptions about where they live and access to services.
- Tobacco and alcohol use was lower than previous data sources suggest and similar to national statistics. 1 in 10 S4's reported having taken drugs, with 11% of them regularly.

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- 4.4 Aspects for public health consideration include the food insecurity and poverty related impacts, the extent and quality of sleep, mental well-being, eating and nutrition, screen time and inactivity. The findings show stark differences between boys and girls, for those identifying as LGBT+ and those living in poverty.

5. Adult Health and Well-being Survey (2023) and trends

- 5.1 This is the eighth in the series (1999-2023) of surveys of the adult (16+) population in Glasgow City commissioned by NHS GGC (http://hdl.handle.net/11289/580373). GCHSCP have supported a boosted sample size to enable locality level reports and since 2015 for four 'thriving places' for community planning. The most recent survey was postponed due to the pandemic and interviews were concluded in May'23.
- 5.2 A core set of questions, used extensively for public health purposes across the UK and internationally are asked in every survey, with some additional questions added to respond to the current context (e.g. this time the impact of the pandemic on well-being was explored).
- 5.3 The survey represents the most significant self-reported health assessment available to Glasgow for planning purposes. 4,518 residents were interviewed in their homes using a stratified sampling framework. The data is weighted to

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reflect the population profile. A summary of key findings is provided below (using the figure reference number from the main report).

- 5.4 Health and Illness. Perceptions of health and well-being have declined across a range of measures since the last survey (2018) as shown in the diagram below. Statistically fewer people (shown in red) reported feeling in control of decisions affecting their lives, had a positive view of their mental well-being and their quality of life.

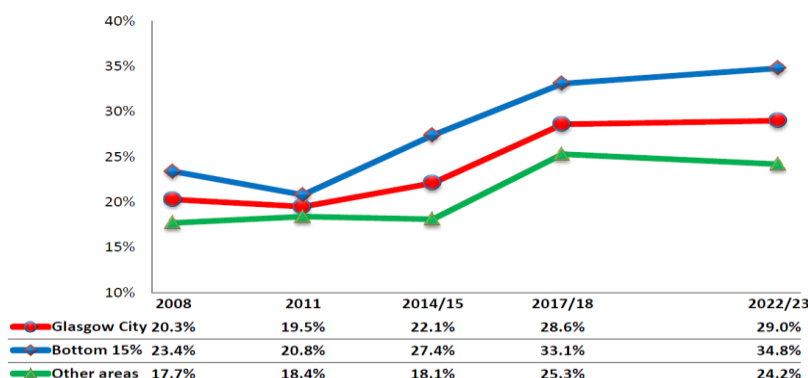
NHSGGC Health & Wellbeing Survey 2022/23 – Glasgow City (Change between 2017/18 – 2022/23)

- Green = significant change in 'right' direction
- Red = significant change in 'wrong' direction
- No fill = no significant change

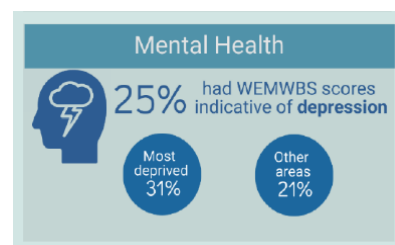
Indicators – Perception of Health and Illness	Glasgow City Overall			Bottom 15% Most Deprived Areas			Other Areas		
	2017/18	2022/23	Change	2017/18	2022/23	Change	2017/18	2022/23	Change
Positive View of General Health	73%	74%	1%	66%	69%	3%	78%	78%	0%
Positive Perceptions of Physical Wellbeing	79%	79%	0%	74%	74%	0%	83%	83%	0%
Positive View of Mental/Emotional Wellbeing	84%	80%	-4%	80%	76%	-4%	86%	83%	-3%
Feel in Control of Decisions Affecting Life	72%	65%	-7%	69%	60%	-9%	74%	68%	-6%
Positive Perception of Quality of Life	85%	83%	-2%	82%	79%	-3%	87%	87%	0%
Limiting Long-Term Condition or Illness	29%	29%	0%	33%	35%	2%	25%	24%	-1%
Receiving Treatment for at Least One Condition	41%	45%	3%	43%	48%	5%	40%	42%	2%

- 5.5 The survey asked a number of questions about illnesses and conditions. Almost half of respondents (45%) indicated that they were currently receiving treatment for at least one condition, up from 41% in the last survey. Figure 2.12 from the main survey shows the rise over time and the increasing inequality between those in deprived communities and others. At a population level this would equate to another 18,000 adults receiving treatment.

Figure 2.12: Trends for Proportion with a Limiting Long-Term Condition or Illness 2008 to 2022/23



- 5.6 Views of mental health were less patterned by aging or sex, with those 45-64 least likely to report a positive view of their mental/emotional health, as were those living in deprived communities. The lowest levels reporting a positive view were those with a long-term condition (56%). The WEMWBS scale is an internationally validated tool to enable the monitoring of mental wellbeing in the general



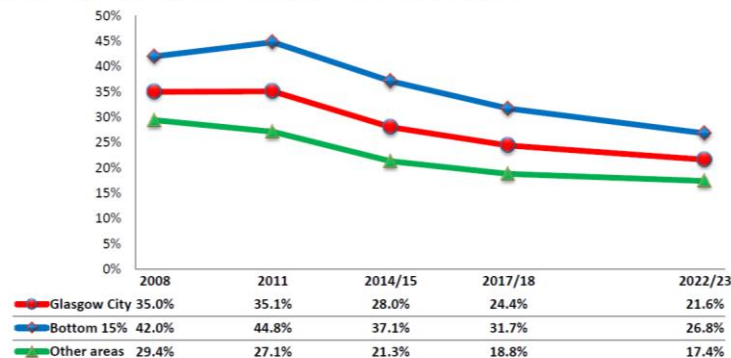
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population. A quarter of all respondents had scores indicative of depression, higher than national comparable data.

- 5.7 When asked about the impact of the pandemic on their health and well-being, just under half (45%) reported that their well-being had deteriorated in at least one aspect. This was significantly higher for those with a long-term condition/illness. Those with a limiting condition were much more likely than others to say they had become physically less active.
- 5.8 Health behavior trends were mixed within the survey, with significantly fewer people indicating that they smoked (figure 3.5), no significant change for those at an increased risk of alcohol harm (18% with Alcohol Use Disorders Identification Test (AUDIT)), and a deterioration in some aspects of diet e.g. a significant decrease in the proportion who met the target of 5 a day (down from 38.3% to 33.1%) in 2023.

Figure 3.5: Trends for Smoking – 2008 to 2022/23



- 5.9 Social Well-being. Since the last survey none of the areas explored for social well-being showed a significant improvement, as shown in the table below, and a number had declined.

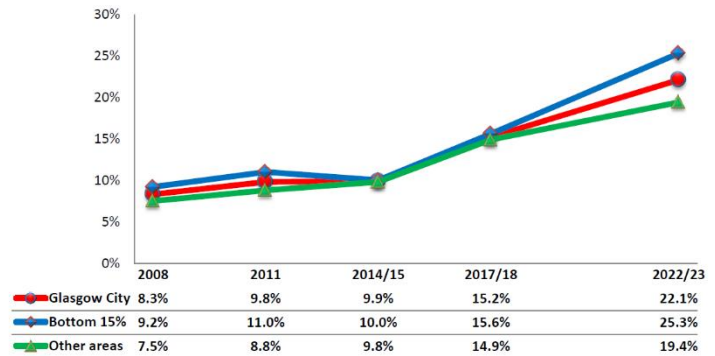
NHSGGC Health & Wellbeing Survey 2022/23 – Glasgow City (Change between 2017/18 – 2022/23)

Indicators	Glasgow City Overall	Bottom 15% Most Deprived Areas	Other Areas
Social Health			
Feel Isolated from Family and Friends	Negative change	Negative change	Negative change
Felt they Belong to their Local Area	No significant change	No significant change	No significant change
Felt Valued as a Member of their Community	No significant change	No significant change	No significant change
Feeling that Local People can Influence Local Decisions	Negative change	No significant change	Negative change
Felt Safe using Local Public Transport	No significant change	No significant change	No significant change
Feeling Safe Walking Alone in Local Area	Negative change	No significant change	Negative change
Social Capital			
Positive Perception of Reciprocity	Negative change	Negative change	No significant change
Positive Perception of Trust	Negative change	Negative change	No significant change
Value Local Friendships	No significant change	Negative change	No significant change
Positive View of Social Support	No significant change	No significant change	No significant change

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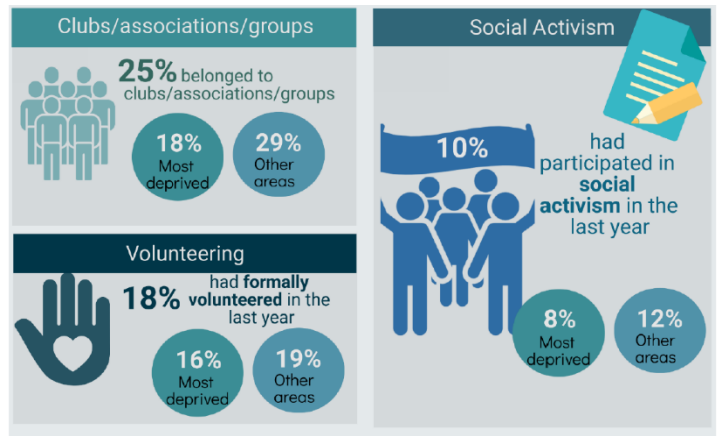
- 5.10 Just over a quarter said that they had felt lonely in the last two weeks, rising to 44% of those with a long-term illness/condition. Figure 4.2 reflects the trend over time for those feeling isolated from family and friends. This reflects the rise since 2014/15 and a growing disparity between those living in poverty and others.

Figure 4.2: Trends for Feel Isolated – 2008 to 2022/23

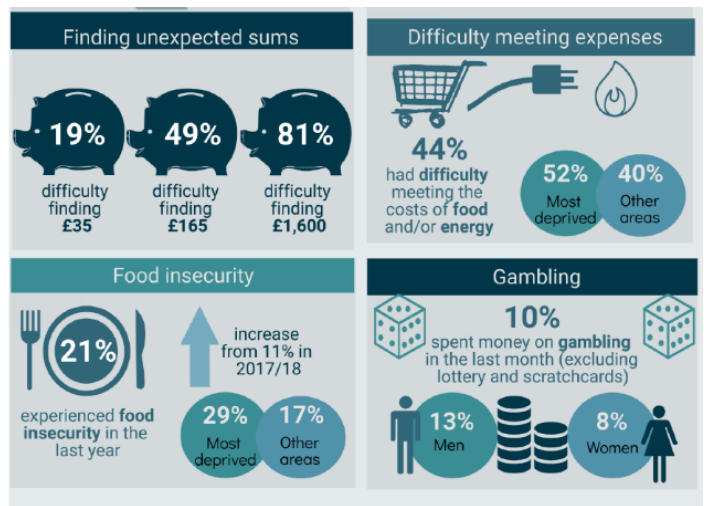


- 5.11 One in six (18%) said they looked after or gave regular help or support to another person because of a long-term illness/condition or problems relating to age. This was highest for those aged 45-64 (25%), those in deprived communities (21%) and those with a long-term illness/condition themselves (21%). This would equate to more than 88,000 adults in Glasgow City.

- 5.12 Community life was also explored in the survey, including aspects such as volunteering and belonging to a club. The infographic provides a reflection on participation in these activities, none of which have seen a significant change since the last survey.

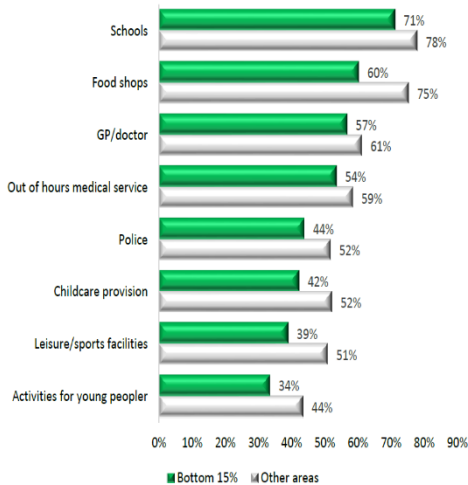


- 5.13 Financial Well-being. The survey asked about income, adequacy of income and perceptions of poverty. The international food insecurity scale was included and an adapted version for fuel insecurity for the first time. Although fewer people reported all income came from benefits, this didn't correlate with higher adequacy of income. The degree of reported food insecurity shows a very significant increase and in most measures these were higher for those with a long term illness/condition.



5.14 Perceptions of services. Overall the proportion of respondents with a positive perception of local services has changed over time (see table below), and the difference in perceptions continue between those in deprived communities and others, as shown in figure 4.15

Figure 4.15: Proportion with a Positive Perception of Local Services by Deprivation



	2017/18	2022/23
Local Schools	73%	75%
Food Shops	68%	70%
Public Transport	79%	65%
Police	50%	49%
Leisure / Sports Facilities	48%	47%
Activities for Young People	37%	40%
Childcare Provision	44%	49%
Nurse Led Clinics	66%	51%
GP/Doctor	77%	60%
Out of Hours Medical Service	62%	57%

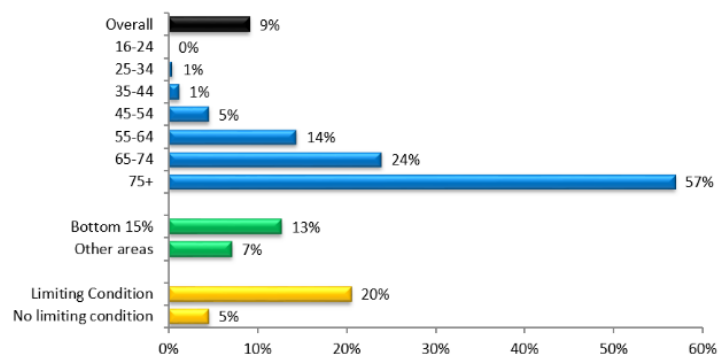
5.15 For the first time the survey included the international everyday discrimination scale. 39% of respondents indicated at least one form of everyday discrimination a few times in the last year. The main reasons for the discrimination are shown in order of frequency in the box.

- Age (40%)
- Gender (32%)
- Education or income level (19%)
- Race (19%)
- Ancestry or national origins (14%)
- Shade of skin colour (13%)
- Some other aspect of physical appearance (13%)
- Weight (12%)
- Height (11%)
- Sexual orientation (11%)
- Religion (8%)
- Physical disability (6%).

In addition, 12% said there was another perceived reason for their experiences of discrimination. The most common other reason was their job/occupation.

5.16 Using the internet. Digital access and use was also explored in the survey. Figure 7.10 highlights the proportion of respondents that indicated that they don't use the internet. Those aged 75+ were by far the most likely to say they did not use the internet (57%), those with a limiting condition (20%) and those in the most deprived areas (13%). These findings demonstrated the continued need for alternatives to on-line provisions within health and care settings.

Figure 7.10: Proportion who Do Not Use the Internet by Age, Deprivation and Limiting Conditions



6. Thriving Places

6.1 Since 2015 GCHSCP have enabled boosted sampling in four of the cities designated 'thriving places' within the adult health and well-being survey. In the most recent survey 2,376 interviews were undertaken. The boosted interviews have enabled individual reports for the four neighbourhoods and comparison of those in thriving places with those living in poverty that are not in a thriving places <http://hdl.handle.net/11289/580374>. This analysis was undertaken to contribute to understanding if the place-based approach adopted in thriving places impacts on the well-being of residents. The thriving places analysis is part of our community planning commitment and is informing the current review.

6.2 There were a mix of significant findings including where the;

- rate and direction of change was comparable with other SIMD 15% areas i.e. food insecurity, quality of services, some perceptions of health and well-being.
- rate and direction of change was significantly better than other SIMD15% areas and in some cases the city overall i.e. for some physical, social and financial well-being measures and where
- the rate and direction of change was worse than for other SIMD

Thriving Places (Change between 2017/18 – 2022/23)

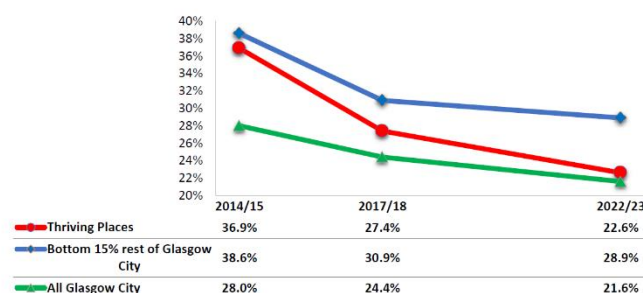
- Green = significant change in 'right' direction
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- No fill = no significant change

Indicators – Perception of Health and Illness	Glasgow City Overall			Thriving Places			Bottom 15% rest of Glasgow		
	2017/18	2022/23	Change	2017/18	2022/23	Change	2017/18	2022/23	Change
Positive View of General Health	73%	74%	1%	68%	70%	3%	65%	67%	2%
Positive Perceptions of Physical Wellbeing	79%	79%	0%	77%	74%	-3%	73%	73%	0%
Positive View of Mental/Emotional Wellbeing	84%	80%	-4%	80%	76%	-4%	80%	75%	-5%
Feel in Control of Decisions Affecting Life	72%	65%	-7%	67%	56%	-11%	68%	60%	-8%
Positive Perception of Quality of Life	85%	83%	-2%	81%	79%	-2%	81%	78%	-3%
Limiting Long-Term Condition or Illness	29%	29%	0%	33%	31%	-2%	34%	36%	2%
Receiving Treatment for at Least One Condition	41%	45%	3%	41%	45%	4%	44%	50%	6%

15% areas of the city and in some cases the city overall i.e. feelings around control of decisions affecting life and positive perceptions of physical health, thus widening the difference.

6.3 Physical Health. People in thriving places were less likely to have a long-term limiting illness (31%) than others in SIMD15% areas and the city overall (36%) or be receiving treatment for a condition. Those in thriving places were less likely to be smoking (figure 3.5), exposed to secondhand smoke, or have AUDIT scores

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



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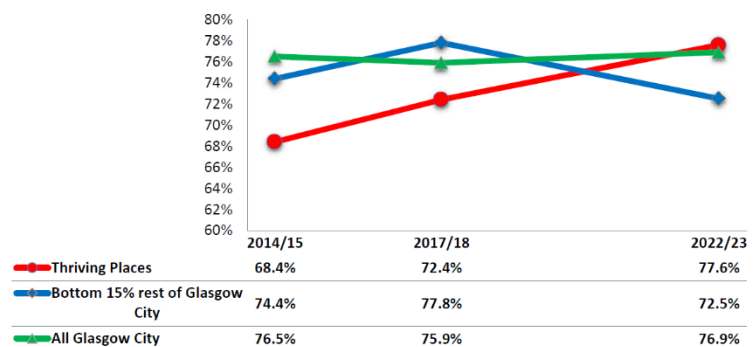
suggestive of alcohol harm. Although lower than previously (31%) those from thriving places were also more likely to meet the target for fruit and vegetable consumption than other SIMD15% within Glasgow.

- 6.4 Social Well-being. More respondents in thriving places said they felt isolated from friends and family than previously, however this deterioration was less than others in the 15% most deprived areas and the city overall.

Indicators – Social Health	Glasgow City Overall			Thriving Places			Bottom 15% rest of Glasgow		
	2017/18	2022/23	Change	2017/18	2022/23	Change	2017/18	2022/23	Change
Feel Isolated from Family and Friends	15%	22%	7%	16%	21%	5%	16%	26%	10%

Those in thriving places were significantly less likely to say they felt lonely in the last two weeks and more likely to say that they felt they belonged in their neighbourhood than those in other SIMD15% areas or the city overall, an example of this difference is shown in figure 4.5

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

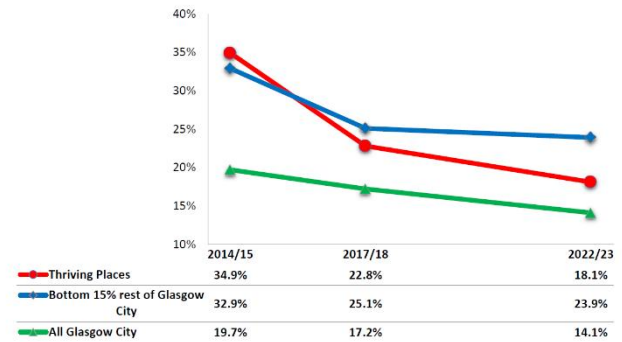


In terms of social capital the findings were again more mixed.

Indicators – Social Capital	Glasgow City Overall			Thriving Places			Bottom 15% rest of Glasgow		
	2017/18	2022/23	Change	2017/18	2022/23	Change	2017/18	2022/23	Change
Positive Perception of Reciprocity	74%	71%	-3%	67%	66%	-1%	74%	67%	-7%
Positive Perception of Trust	77%	73%	-4%	66%	65%	-1%	72%	64%	-8%
Value Local Friendships	73%	71%	-2%	69%	65%	-4%	75%	65%	-10%
Positive View of Social Support	83%	82%	-1%	82%	78%	-4%	83%	79%	-4%

6.5 Financially those in thriving places were significantly less likely to have all household income from benefits than previously, but still higher than others living in poverty, were more likely to report adequacy of household income, less likely to have pre-paid meters and they were more likely to be economically active.

Figure 6.3: Trends for All Household Income from State Benefits: 2017/18 to 2022/23



6.6 These findings don't tell a singular story of change. In general the rates of improvement were greater between 2015 and 2018 than since, however are notable across a few health, employment, social and financial aspects. 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, more people volunteering, more people with a positive perception of reciprocity and social support, were not found. This demonstrates that there has been an 'effect' in thriving places, sometimes for the better, but not consistently.

7. Health Beyond the pandemic

7.1 All of these intelligence sources tell a generally very disheartening, but not surprising, story of the changing perceptions and health experiences of people in Glasgow. Academics have demonstrated how austerity has impacted on population health through causal pathways involving increased poverty, loss of important services, higher levels of stress and poor mental health. They have made clear the nuanced impact on different population groups and shown the increased death rates for various age groups, for different causes, and changing life expectancy, especially among poorer and more vulnerable populations.

7.2 For the adult health and well-being survey the way we live and how we feel about our lives has seen previous improvements stagnate or deteriorate since the last survey. The social effort often talked about during the pandemic is not evident in responses around participation, reciprocity, isolation, loneliness or trust.

7.3 The thriving places report tells a very mixed picture, with some significant improvements for a few measures of health, employment, social and financial aspects compared to those living in the poorest 15% SIMD areas not designated as thriving places. However other measures where improvement might have been anticipated have not been seen, and in a few measures thriving places deteriorated faster than others.

8. Role of the health and social care partnership

8.1 The adult health and well-being survey is an immensely rich data set for public health planning and trends in the city. NHSGG&C are working with city colleagues to consider further analysis required to assist service and

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prevention planning. The anonymized data can be available for academics and partner organisations to undertake further specific analysis for their planning purposes to enhance the public health response of all community planning partners.

8.2 The public health intelligence shared in this report suggests that the integration authority continue to retain and strengthen their consideration of:

- **Mental Well-being** – the reporting of probable depression amongst children and adults makes this one of the most significant public health issues of our time. The integration authority should be concerned to see a blend of mental health commitments inclusive of earlier and primary care responses to mental well-being.
- Further development of **poverty sensitive service provision** and transformation, which could involve wider adoption of proportionate universalism across service delivery areas. The increase in food insecurity is a major concern for well-being and the safe provision of health and care services.
- **Children's welfare and healthy childhood** development remains essential. The school well-being census highlights areas around the poverty impact, the concerning extent and quality of sleep, mental well-being, patterns of eating and nutrition and levels of sedate behaviour. This is being used to direct the activity of health improvement staff who work in partnership with Education Services and the broader Children's Services Plan.
- **Equalities and Intersectionality.** The work described in this report shows the wide range of poorer outcomes for particular groups, differences that have become starker in the last few years, requiring members to remain vigilant on the equalities and intersectionality impacts of service transformation and change. Members may wish to consider ensuring an equalities component in the allocation plans of every new funding stream to ensure the proactive mitigation of these changes.
- The increase in those reporting they have a **long-term condition**, and reporting that they are currently receiving treatment for at least one condition is consistent with the increased demand for services reported through primary care. The consistently poorer outcomes for those with a long term condition seen throughout the adult health and well-being survey suggests nuanced interventions and measures are required for this group.
- The findings of the adult health and well-being survey also beg the question around what is the appropriate role of our services and duties in promoting **community resilience**? It is clear that intervention is required to offset the decline in most aspects of community life, without which maximising independence is limited. The Socially Connected Glasgow Strategy launched through maximizing independence in 2022 offers a mechanism for continued commitment to social cohesion, in partnership with others
- Place remains a very clear proxy for inequalities in Glasgow and members will want to consider the role of staff in **place based** approaches. The findings from the thriving places report suggests some seeds of success, but would need developed and adapted to be truly successful in transforming communities.

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9. Recommendations

9.1 The Integration Joint Board is asked to:

- a) Acknowledge the health and well-being position of our population;
- b) Note the publication of the City Adult Health and Well-being Survey (2023) and wide use of this data set amongst staff, partner agencies and academia; and
- c) Note that HSCP service areas will take the analysis from public health into planning forums and health improvement will share information with partnerships and communities across Glasgow.