



**Findings from the
'Let Glasgow Flourish'
report**

KEY FINDINGS

*Let Glasgow Flourish*¹ is a comprehensive review of health and its determinants in Glasgow and the West of Scotland. What emerges from the very wide range of data that have been synthesized into the report is the scale and diversity of change experienced in Glasgow over the last 20-30 years. As late as the 1970s Glasgow was still an industrial and manufacturing city. The economic depression of that period destroyed many of these jobs and it has taken time for the city's economy to recover. During recovery, the social class and employment profile of the city's population has changed significantly. Economic regeneration has been accompanied by a physical regeneration, at least for many parts of the city. Glasgow is now a predominantly a 'middle class' city with a strong emphasis on service industries.

Let Glasgow Flourish captures the health and social trends that have emerged from this transformation. Some trends have improved (e.g. overall life expectancy and death rates of major diseases like heart disease and cancer) but others are showing deterioration. For example:

- inequalities between the most advantaged and least advantaged areas have resisted interventions and in some cases become worse;
- high levels of worklessness caused in no small measure by high levels of invalidity;
- rising epidemics of obesity, alcohol related harm, health problems related to drug addiction, some mental health problems and sexually transmitted infections.

Adverse trends in these areas are not unique to Glasgow but the city suffers from a particularly virulent manifestation of these problems. The report warns that, just as Glasgow stayed committed to industry and manufacturing well past the time that other cities had diversified their economies, there is a danger that Glasgow's current dependency on and investment in a highly consumer orientated economy may make it vulnerable to oil shocks or other unforeseen economic or ecological forces.

Debate and fresh thinking are needed to confront both current and emerging social, economic and health challenges in the city and surrounding region.

INTRODUCTION

Let Glasgow Flourish was the first major report to emerge from the Glasgow Centre for Population Health (GCPH)'s Observatory Function.

The perspective on health underlying the report can be summarised in one phrase, 'it all matters'. What is meant by this is that health in populations emerges from a complex interplay between the physical environment, social environment, individual response and behaviour, genetic endowment and the provision of services interacting with economic and other influences from which the health status of a city emerges. These factors interact and combine over the human life-span to create or destroy health. These influences also give rise to the patterns of inequality that are so apparent in Glasgow.

Acknowledging this holistic model of health, *Let Glasgow Flourish* was designed to provide data on a range of health related domains, so that, taken together, a comprehensive picture of health in the region could be created. A full description of how we developed our approach to public health data is provided elsewhere².

AIMS AND PURPOSE

Our purpose in creating this report was relatively simple. We aimed to create a detailed description of health and its determinants in Glasgow and the West of Scotland. It was then our intention to use the report to increase understanding, provoke debate and stimulate action.

The intended audience was broad - 'anyone in a position to influence health in Glasgow and the West of Scotland' – and for this reason it was our intention to disseminate the report widely via the GCPH web site, through talks, engaging with the media and through a 'civic conversation'. Our ultimate aim being to move beyond merely describing health in the region towards reaching a new consensus about what needs to be done to transform the overall health of Glasgow's population and to address the profound health inequalities within the city and region.

 **APPROACH AND METHODS**

The report was designed to provide a detailed overview of health and its determinants in Glasgow and the West of Scotland. Although the report is an integrated whole, each chapter explores a specific theme and can be read on its own.

Following an introductory chapter, the content is as follows:

- Chapter 2 provides a historical perspective on Glasgow's population;
- Chapter 3 looks at issues concerning population and life expectancy;
- Chapter 4 considers economic factors;
- Chapter 5 presents data relevant to the 'social environment' in which people live (and so includes topics such as education, crime, and social capital);
- Chapter 6 examines the physical environment;
- Chapter 7 reviews health related behaviour;
- Chapter 8 includes data related to pregnancy, childbirth and early years;
- Chapter 9 describes the health and wellbeing of children and adolescents;
- Chapter 10 looks at indicators of the health and function of the population;
- Chapter 11 examines the topic of illness and disease;
- Chapter 12 looks at past and future trends; and finally
- Chapter 13 provides a summary and discusses possible new approaches.

The information included in each chapter has been drawn from a wide range of academic and research publications, from local organisations (eg Social Work departments and Strathclyde Police) and from national sources, such as the 2001 Census, the General Register Office of Scotland, ISD Scotland and the Scottish Executive (now the Scottish Government). The indicators required were obtained either directly from an internet site or through specific requests. Many of the health indicators were obtained directly from ISD Scotland, while others, for example the mortality and life expectancy indicators, were calculated by GCPH. A major source of material was NHS Health Scotland's Community Health and Wellbeing Profiles³. It is too early to make a proper evaluation of the impact of the profiles. However we have started to gather feedback from key informants, some of which is included below.

FINDINGS

Summarising this report, which includes 13 chapters and runs to over 300 pages, is challenging. Here four main themes are summarised:

- how Glasgow has changed as a place, particularly over the last 25 years
- the health profile of Glasgow: what is getting better, what is proving resistant to change and what is getting worse
- how we make sense of these trends
- future challenges in relation to demography, economic factors, health behaviours and sustainability

How Glasgow has changed as a place

Glasgow has undergone a profound transformation in recent times. It is true that all cities have altered in the last 25 years, but Glasgow not only typifies these changes, it has experienced the most rapid change in Scotland and has been at the forefront (in terms of the scale of its transformation) in the UK. In addition to the obvious physical improvements in the city, there has been a significant amount of social transition. Since the 1980s, the following social, demographic and housing trends have been influential:

- Population decline since the 1950s - driven particularly by the drop in Glasgow's birth rate, which fell beneath the death rate for the first time in the mid 1970s.
- Localised population loss due to out-migration has been particularly evident in the peripheral estates and in the most deprived parts of the city.
- An increase in the number and proportion of residents aged between 25 and 44, even with overall population levels in decline.
- Increasing numbers of households overall and, within this, a growth in single adult households, a drop in two parent family households and a rise in lone parent households.
- Growth of a service sector based economy – comprising finance, business, the public sector, retail and hospitality and compensating to a degree for the collapse of manufacturing industry.
- Doubling of jobs in occupations considered as middle class employment, reflecting the growth in the service sector.
- Increasing involvement of women in employment and the growth of part-time work.
- Increased general levels of prosperity and a generalised reduction in indices of overall deprivation - as measured, for instance, by increased car ownership and reduced levels overcrowding.
- Rising income levels for those in employment; significant falls in unemployment rates.
- Transformations to the quality and condition of housing in the city, and doubling of owner-occupation, with growth both in the city centre and in the peripheral estates.

In short, much of Glasgow has become a more affluent and 'middle class' city with a profile that is currently similar to most UK cities. Yet, Glasgow's overall health status does not fully reflect the changes described above. There is a 'Glasgow effect'^{4,i} – that is, an excess of mortality beyond that which can be explained by current indexes of deprivation. The result is that Glasgow's health status remains worse than that of comparable English cities like Liverpool.

ⁱ The supplied reference relates to the existence of a 'Scottish effect'. However, that research has shown that the areas most affected are in Glasgow and the West of Scotland.

Thus, while there have been many positive changes in Glasgow over the last twenty years, there remain notable causes for concern.

Socio-economic, health and environmental differences between affluent and deprived communities are still clearly evident. The income gap between the well-paid and those on the lowest incomes has widened. Official unemployment levels have reduced but increases in economic activity have not been realised because a significant proportion (15%+) of the working age population is recorded as being too ill or disabled to work. The proportion of families in Glasgow dependent on income related benefits is relatively high and has been so for many years, and a third of children live in households where neither parent is in work. Although overall crime levels have reduced there have been worrying rises in violent crime, drug related crime and vandalism.

Changes in Glasgow's health profile

What is getting better?

An analysis of what is getting better in Glasgow is illuminating and challenges a number of stereotypes. Life expectancy continues to increase overall and there are encouraging trends in smoking, unemployment, teenage pregnancies, some crimes, and some specific causes of death (eg heart disease, stroke, some cancers, accidents, infant mortality).

Two of these trends are worth particular comment. First, smoking has shown a steady decline for two decades. This is part of a national trend but reflects a multiplicity of national and local interventions (tax, health warnings on packets, workplace smoking policies, smoking cessation initiatives, advertising campaigns, schools programmes and much more) that, over time, have made a difference. Second, deaths from heart disease continue to show a marked decline to the extent that, although it was true that at one time Glasgow was the 'coronary capital of the world' this is no longer the case.

What is proving resistant to change?

The answer to this question is: some aspects of health related behaviour (eg the dental health of children and breastfeeding) and many of the circumstances in which people live (eg indices of poverty and low income), and indices that reflect disability or chronic disease (eg adults unable to work for reasons of health and 'healthy life expectancy').

What is getting worse?

Inequalities in health are widening, and we know from numerous studies – many of them recent – that the health of Glasgow's population, as measured by a variety of indicators, is still amongst the worst in Scotland, and indeed in the UK, and that position does not appear to be improving^{5,6}. There is also evidence that Glasgow's health position in comparison to other parts of Scotland (for example, as measured by rates in all-cause mortality) has worsened relatively over the last 25 years.

However, some of the more specific problems that are worsening are interesting because they, arguably, have a relationship to each other. Obesity is showing a worrying rise. We are part of a global epidemic of obesity but our levels are among the highest in the world and show no sign of slowing. More obesity has already brought rising rates of diabetes and might put into reverse

our improving heart disease trends. Alcohol related harm also shows a dramatic increase and concern has been raised that we are 'in denial' about the size and nature of this problem. The size of our 'drugs' problem is harder to measure but data in this report suggest that, at best, it is not improving. Notifications of sexually transmitted infections are rising, some aspects of mental health seem to be worsening and inequalities between the most and least deprived communities are increasingⁱⁱ. It is also notable that traffic volumes continue to rise and that vandalism, fire-raising and violent crime are rising.

How do we make sense of these trends?

The historian, Professor Tom Devine, in a lecture hosted by the Glasgow Centre for Population Healthⁱⁱⁱ argued two main points. First, that Scotland has, historically, experienced a series of social and economic changes more profoundly than any other part of the industrialised world and, second, the past twenty years have seen a marked improvement. His arguments refer to the whole of Scotland but Glasgow's experience exemplifies his analysis more than any other part of country.

Devine's argument is that when the industrial revolution started, Scotland experienced a more rapid and profound industrialisation, with higher migration from the land and a greater intensity of urbanisation, than most regions of Europe. Next, Scotland experienced the highest per capita death rate on the battlefields of World War I and a deep economic slump during the great depression. Scotland, and in particular West Central Scotland, continued to rely on heavy industry much longer than most other European regions. Consequently, when the collapse of heavy industry occurred in the 1960s, 70s and 80s, the effect was more profound. This analysis provides a convincing narrative to explain the relatively poor health of Glasgow around the time of the 1981 census. Unlike cities such as Birmingham, London and Manchester, Glasgow maintained its dependence on heavy industry (despite policy initiatives to diversify into light industry) right up to the early 1970s. Therefore, when the 'shock' came in the form of the OPEC oil embargo and the three day week, followed by an economic slump, Glasgow suffered greatly from de-industrialisation, and unemployment then decimated its traditional working class communities.

The causes of inequalities in health at that time were clear. They resulted from income inequalities and the poorer life circumstances of people in lower paid employment and unemployment. However, in the past 20-25 years (since the 1981 census) Glasgow has experienced profound changes that have seen a significant improvement in, for example, housing stock, median wages, levels of employment, nature of employment, social class composition of the population and some manifestations of social mobility. We know, of course, that the polarisation between the most affluent and least affluent communities has become worse - indeed there is evidence of significant sections of the population being left behind as others prosper further. However, the analysis is not a simple one because the sizes of Glasgow's poorest communities have also decreased significantly since 1981.

ⁱⁱ Inequalities in life expectancy between the most affluent and least affluent communities have increased although the populations of these areas have changed over time and more sophisticated analysis is required to make judgements about the overall changes in inequalities in the whole population.

ⁱⁱⁱ Lecture on 6th December 2005 - available at www.gcph.co.uk/seminar2.htm.

The old pathologies, arising from socio-economic inequalities of an industrial age, are now overlaid with a new set of problems that reflect the stresses, speed and levels of consumption of our modern society – obesity, alcohol related harm, mental health problems, traffic congestion and so on. So, despite our rising prosperity, economic gains remain unequally distributed and, while our new ‘epidemics’ affect the whole population, those who live in the least advantaged areas are suffering most.

More recent research comparing mortality trends over the last 20 to 25 years among a range of European regions⁷ has shown that mortality in Scotland, and especially the West of Scotland, is particularly high and rates of improvement are relatively slow compared to other areas in the UK and Europe that have also experienced industrial decline. This finding is complicated by the fact that the Scottish areas appear to compare relatively favourably with other regions in terms of socio-economic factors such as wealth, unemployment and educational attainment.

Future challenges

Let Glasgow Flourish points to a range of major challenges that Glasgow is likely to face, or is already facing. These include population change, economic factors, adverse health behaviours and sustainability.

As mentioned above, a number of important population and household trends have been identified. **Demographic** changes have already driven service changes. For example, the drop in the school age population has led to widespread amalgamations of schools across Glasgow. Without rises in the birth rate and/or inward migration, Glasgow’s population is likely to drop further. In contrast to the population trends, the number of households is predicted to rise consistently over the next 20 years

It is in the working age population that the health of Glasgow as a city and the overall health of its population will be determined. Glasgow’s current low dependency ratio – which is predicted to remain low until 2024 - gives the city, theoretically, a healthy economic employment base. However, this does not take account of people of working age not working or unable to work due to incapacity, of which Glasgow has a high proportion.

It is also notable that Glasgow’s ethnic minority population has risen in recent years (to 5.5% in 2001) and looks set to increase further, particularly taking into account the recent rise in the asylum seeker and refugee population and the influx of economic migrants from the A8 countries of Europe.

In terms of work and the **economy** major changes have also occurred. The gender make-up of the work force has shifted massively, the service sector has grown to become the most important sector of Glasgow’s economy, Glasgow has become more middle class, income for those in work has risen, greater numbers of households have access to a car, many more people own their own home and house prices have risen hugely in the last ten years.

Participation in higher education, a marker for future employability in the knowledge economy, has risen, but only modestly in recent years. The proportions of young people from deprived areas reaching university has increased, but there has not been an appreciable narrowing of the gap in participation rates between affluent and deprived communities.

Turning to **health**, despite Glasgow's current poor position relative to other parts of Scotland and the UK, there have been successes. Infant mortality has reduced dramatically – perhaps to a level where further significant reductions may be much harder to achieve – and overall mortality, and that related to specific chronic diseases (heart disease, stroke and cancer), has fallen. However the issue for Glasgow is that greater reductions have been achieved elsewhere and so Glasgow's health has become relatively worse in comparison to the rest of Scotland and other UK cities. Estimates of life expectancy suggest that Glaswegians not only live shorter lives, but also succumb to disease and illness earlier in life.

Future trends are difficult to predict. However, a simple linear extrapolation of current life expectancy trends in the West of Scotland suggests that, while life expectancy for both men and women will increase, the rises will be greatest in the most affluent areas with more modest improvements in the most deprived areas, leading to a further widening in the life expectancy gap between such communities.

Trends in **health behaviour** will have an impact on future disease and mortality levels. Smoking levels, while still high, have reduced in recent years and seem likely to drop further. However, other behavioural trends are less promising. Obesity levels have risen to the extent that in Greater Glasgow a fifth of males and almost a quarter of females are now estimated to be obese, with well over half classified as overweight.

Another major concern relates to alcohol. There are estimated to be more than 13,500 'problem alcohol users' resident within Glasgow City, and since the beginning of the 1990s, there has been a striking increase in numbers of alcohol related deaths and hospitalisations within both Scotland and the Greater Glasgow area. Simple projections of alcohol related deaths based on recent trends suggest that the number of alcohol related deaths in Greater Glasgow could double in the next twenty years.

The impact of illicit drugs should not be overlooked either. Between 1996 and 2004, drug related deaths in Greater Glasgow rose by a third. There are estimated to be around 25,000 problem drug users in the West of Scotland, of whom more than 11,000 live in Glasgow.

Two other sets of trends are also worthy of consideration. The **physical environment** chapter showed that despite improvements in overall house condition and dramatic decreases in levels of overcrowding, housing-related problems persist for considerable numbers of residents of Greater Glasgow and the West of Scotland. Furthermore, the arguably unsustainable predicted rise in traffic volume clearly merits consideration in any future plan for the city. This is particularly pertinent given the rise in the price of oil as we move towards a 'peak oil' situation - where global oil production has reached a peak and half of the oil reserves have been consumed.

Finally, children are the future of any city. Thus, the relatively high number of children being brought up in potentially problematic environments (eg as children of substance misusers, in care, in workless households) is a concern, as are the worrying levels of childhood obesity, poor dental health and potentially harmful behaviours (smoking, drinking, drug taking) presented in the report.

CONCLUSIONS AND IMPLICATIONS

While trends in some of Glasgow's health problems are moving in a positive direction, for example reductions in heart disease and smoking, other new issues have emerged, particularly in relation to alcohol, drugs and weight gain associated with our post-industrial consumerist environment. Deprivation remains and is particularly concentrated in Glasgow and its surrounding post-industrialised towns. Deprivation on its own does not explain all of Glasgow's ill-health, but it does strongly influence Glasgow's continued poor health.

The health of Glasgow's economy is vital to the health of Glasgow. Efforts to raise income levels among those on the lowest incomes, to reduce the city's 'workless' population and to improve skills and education levels could be protective for health, and help prevent further widening of health inequalities. Addressing and reducing health-damaging behaviours also continue to present a major challenge.

When *Let Glasgow Flourish* was published we proposed that a 'conversation' was needed to debate the issues brought up in the report – a civic conversation. This has happened through the series of civic conversations organised by Andrew Lyon for GCPH; through NHS Greater Glasgow and Clyde's recent public health report⁸, which was based around the main themes of *Let Glasgow Flourish*, and its dissemination; and also through the Centre's seminar series and Healthier Future Forums. However, fresh thinking and action are still needed to confront the intractable social, economic and health problems of the region and to be prepared for new challenges as they arise. The Glasgow Centre for Population Health will contribute to those processes through its range of functions, and its role in emphasising the need and opportunities for fresh approaches and ambitious goals for the city's health.

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The '*Let Glasgow Flourish*' report can be accessed at:
www.gcph.co.uk/content/view/17/34/