Glasgow Centre for Population Health
Management Board Meeting
24 March 2016

General Update

Recommendations

Board members are asked to:

- Note and discuss this update on progress since the last meeting on 11 December 2016;
- Identify any developments and priorities in their own areas that are of potential significance for the Centre, including specific work plan priorities for 2016/17.

Governance, staffing and partnerships

1. Staffing updates:

    - Sara Dodd's secondment to GCPH from Scottish Government in the role of Knowledge Exchange Specialist will come to an end on 31 March 2016. We greatly value the approach which Sara has brought to the team, and specifically the work on synthesis of evidence and findings.
    - Rachel Harris, who was providing maternity leave cover for Val McNeice as Senior Public Health Research Specialist, will leave on 31 March 2016. Rachel has made a significant contribution particularly to the Right Here Right Now project and its evaluation.
    - Following interviews in early March, an appointment has been made to the joint post (with University of Glasgow) of Community Engagement / Knowledge Exchange manager. The new postholder is expected to start in June 2016.
    - Interviews take place on 30 March for the post of Research Assistant to support the continued evaluation of Sistema and its extension to Aberdeen.

2. The current Associate Director role was created in 2014 in the light of the Director's secondment to the role of Chief Social Policy Advisor at Scottish Government. The arrangements were initially put in place for the period to 31 March 2016. It has now been confirmed that Carol Tannahill's secondment, and consequently Lorna Kelly's secondment from NHSGGC to the post of Associate Director, will continue. This arrangement will be in place until June 2017 in the first instance, in line with GCPH's current confirmed funding.

3. Go Well. Members will recall that the current phase of the GoWell was scheduled to finish at end March 2016, but is being extended for a further year in light of the agreed postponement of the wave 4 survey, from 2014 to 2015 (to avoid Commonwealth Games year).

   All programme sponsors have now confirmed ongoing support and funding for this additional year. Given the stage of the programme and tighter budgets, contributions have been reduced in some cases, meaning that there will be a smaller staff complement for this year. The GoWell Steering Group is focussed on agreeing the work programme priorities in light of this.

4. Work planning is currently taking place across GCPH's four themes, taking account of existing commitments, new opportunities and partner priorities and request. The full work plan will be brought to the June Management Board meeting for approval. Management Board members are asked to advice on any additional partner priorities which should be taken into account as the work plan is finalised.

Public Health Review

5. The Review of Public Health in Scotland was published in February. The review has taken stock of the current organisational arrangements, the size and composition of the public health workforce, and the changing priorities for public health action in Scotland. The review process included opportunities for a range of voices to be heard, through written submission and also in person, and also involved a high-level review of the literature on partnership, leadership and workforce issues in public health.

6. While reinforcing the importance of the public health function for the future of Scotland, the review highlights a cluttered organisational landscape, the need for stronger leadership over the function, and for greater cohesion of effort across Scotland. Recommendations are also made about workforce development, the roles of Directors of Public Health, and the need for a new strategy with a clearer set of priorities for action.

7. This report will lead to a further set of processes to implement the recommendations and deliver the changes needed. Implications for the GCPH are not clear, although our partnership model and focus on the application of evidence and learning is recognised as exemplifying the sort of approach that is being recommended in the review.

8. There are no immediate implications for the GCPH or Management Board. We will remain sighted on further developments and will ensure that the Board is kept updated as further information emerges about next steps.

Outputs and activities

9. Key outputs since the last Board meeting in December are reported below, including events and seminars, reports and publications, media and communications activity. The purdah period in advance of May 2016 elections will commence on 24 March: Scottish Government and NHSGGC guidance will be followed and will affect publications and events during this period.

Events and seminars

10. **Older People and Alcohol Practitioner Engagement Event (December 2015).** This shared the emerging findings of the research commissioned from University of the West of Scotland *Alcohol Use Across Retirement: an Investigation of Changing Experiences of Ageing and Later Years*. The event explored implications for practice in older people's and alcohol services to inform the final report.

11. **Right Here Right Now stakeholder evaluation event (December 2015).** The event shared findings of the pilot and sought views on how the pilot had met its original aims, and priorities for future development.

12. **Thriving Places Evaluability Assessment**. A series of workshops with What Works Scotland and Glasgow Community Planning Partnership on 10 and 11 December and 29 January to explore the intended outcomes of the Thriving Places approach and develop an agreed theory of change to inform future evaluation.

13. **Seminar Series 12, lecture 3**: **Julia Unwin CBE**, Chief Executive of the Joseph Rowntree Foundation spoke on 13 January 2016 about "Poverty in Scotland and the UK is costly, risking and wasteful but not inevitable". There was significant interest in this event with over 160 attendees from a wide range of organisations in Glasgow and across Scotland, and a follow-up workshop the next day with 25 attendees. The discussion will help to inform the 'Poverty Disadvantage and Economy' work programme for 2016/17 as well as opportunities for further joint work with partners who attended.

14. **How is health in Glasgow changing?** A workshop on 19 January with Glasgow City HSCP Health Improvement leads, exploring the Health and Wellbeing Survey results in the context of other data sources and changes over time.

15. **Seminar Series 12, lecture 4:** Prof Geoffrey Pleyers, Associate Professor of Sociology at the Université de Louvain, Belgium spoke on 23 February 2016 on "social activism in a global age".

16. **Suicide Prevention Development workshop**. GCPH and International Futures Forum facilitated this session on 14 March with NHSGGC Mental Health and Choose Life colleagues to take stock of the approach to suicide prevention, building on successful approaches so far and considering the changing delivery context of HSCPs as well as the wider social, political and economic context.

17. **Single parents and employment in Glasgow: what next?** Seminar on 21 March with Joseph Rowntree Foundation to explore changes in childcare, the jobs market and welfare, and their likely impact for lone parents in Glasgow, building on the experience of the Lone Parents' project in Glasgow over the last year.

18. Forthcoming events:

    - **Seminar Series 12, lecture 6:** Jane Stevens, "How adverse childhood experiences (ACEs) and the 'theory of everything' can help build healthy communities" (19.04.16)
    - **M74 study** feedback event (10.05.16)
    - **Active travel** seminar (26.05.16)

Publications and reports

19. **A 'pockets' approach to addressing financial vulnerability** – this briefing paper jointly written by the GCPH and the Centre for Research on Families and Relationships, outlines recent evidence on financial vulnerability among families in Scotland, and draws on the Healthier, Wealthier Children case study as an example of action that could help families both at risk of, and experiencing, poverty.

20. **Glasgow: health in a changing city** looks in detail at how health and life expectancy are changing in Glasgow and explores the changes to the city's population, housing, environmental and socioeconomic circumstances over the last 20 years.

21. **Social contexts and health: a GCPH synthesis** is the first of a series of new synthesis reports. The report outlines GCPH learning to date about how working with an understanding of social contexts can help improve health and tackle health inequalities.

22. **Exploring the experiences and impacts of volunteer applicants for the Glasgow 2014 Commonwealth Games** – a GCPH-commissioned report by Leeds Beckett University which reviews existing literature on the impacts of mega-sporting event volunteering and qualitatively investigates the experiences of volunteers at the Glasgow 2014 Commonwealth Games.

23. **Clyde-sider applicant journeys: findings from a follow-up survey** follows a baseline survey report issued to "clyde-sider" volunteer applicants prior to the Glasgow 2014 Commonwealth Games and presents findings from a follow-up survey issued three months after the Games.

24. Forthcoming publications:

    - GCPH-commissioned report *Alcohol Use Across Retirement* (University of the West of Scotland)
    - History, Politics and Vulnerability: Explaining Excess Mortality in Scotland and Glasgow
    - Synthesis: Physical activity/active travel
    - Synthesis: Early years, children and young people
    - Asset-based approaches in health and care services: research report
    - Briefing paper 48: Principles for effective social interventions: learning from Sistema Scotland
    - Briefing paper 49: Payday lending – a public health priority

Media

25. There is continued interest in the GCPH evaluation of Sistema Scotland's Big Noise programme including coverage in The Times: "Gustavo Dudamel: 'I plan to be in El Sistema for the next 40 years'" (07.01.16), The Herald: "Under-the-radar creativity could provide answer to desperate child neglect" (01.02.16) and the Observer "An ode to joy from our musical youth" (21.02.16)

26. The 'Health in a Changing City' report into life expectancy trends in Glasgow featured in the Sunday Herald (front page, double page spread pages 4-5 (including commentary by Bruce Whyte), and editorial on page 42: "Revealed: scandal of Scotland's rich-poor life expectancy divide for women" (06.03.16)

27. GCPH-commissioned research from Leeds Beckett University on Commonwealth Games volunteers featured in the Herald: "Glasgow 2014 Games volunteers report increased confidence and more social networks" (08.03.16)

28. Jill Muirie was interviewed for student magazine “Maze Magazine: "Not just rabbit food: Glasgow’s newest steps to a healthier diet" (11.03.16)

Social media

29. The GCPH now has more than 2,500 Twitter followers, increasing around one or two every day. Over the course of 2015, the Twitter account gained almost 600 followers (a 31% increase).

30. The recent innovation of using an author quote as a tweetable graphic has resulted in further exposure for our reports. Sara Dodds’ quote on the social contexts and health synthesis was retweeted 22 times and received 13 likes, helping the website to achieve 157 page views in the first 7 days after publication.

31. Visitors to the GCPH website increased by 4% between 2014 and 2015, while visitors to Understanding Glasgow increased by 19% in the 12 months to January 2015.

Journal articles

32. Harkins C, Garnham L, Campbell A, Tannahill C. Hitting the right note for child and adolescent mental and emotional wellbeing: a formative qualitative evaluation of Sistema Scotland’s ‘Big Noise’ orchestral programme. *Journal of Public Mental Health* 2016;15:1.

33. McCartney G, Craig N, Craig P, Graham L, Lakha F, Mcadams R, MacPherson M, Minton J, Parkinson J, Robinson M, Shipton D, Taulbut M, Walsh D, Beeston C. Explaining trends in alcohol-related harms in Scotland, 1991-2011 (I): the role of incomes, effects of socio-economic and political adversity and demographic change. *Public Health* 2016;132:13-23.

34. McCartney G, Craig N, Craig P, Graham L, Lakha F, Mcadams R, MacPherson M, Minton J, Parkinson J, Robinson M, Shipton D, Taulbut M, Walsh D, Beeston C. Explaining trends in alcohol-related harms in Scotland (II): policy, culture, the market, clinical changes and a synthesis. *Public Health* 2016;132:24-32.

Developments

35. Opportunities for joint work with University of Glasgow as part of the Olympia Social Research Hub continue to be explored. Over the next few months we will jointly develop programmes of work, informed by events to understand local priorities and opportunities, focusing on:
    - ***Place based approaches*** to improving quality of life and reducing inequalities in outcomes between different parts of the city
    - Understanding ***people’s experiences*** of living in insecure and unpredictable circumstances, and how services and policies can reduce vulnerability and provide support
    - The contribution of ***education and employment*** to reducing the gap in opportunities and improving health and wellbeing
    - ***Primary care and community health*** developments which will strengthen action on health inequality.

36. GCPH is supporting the development of the Glasgow Poverty Leadership Panel's new 'tackling poverty' strategy including a strategy development event on 30 March 2016.

37. GCPH is the core evaluation partner in a Glasgow City Council led bid to the European Regional Development Fund's Urban Innovative Actions programme. A bid for 5million euros over 3 years will be submitted by the end of March focusing on child poverty, and will support action which builds on GCPH core projects including Cost of the School Holidays, Cost of the School Day, Lone Parents and development of social enterprise models in Govanhill.

38. GCPH is the core evaluation partner in a Children in Scotland bid *Pathfinder: Transforming Childcare in Scotland from the Bottom Up* with Glasgow City Council (education services) to the Big Lottery Investing in Communities fund.

39. GCPH is a Partner in a consortium bid to the EPSRC for a £400,000 grant to "Creating Resilient Places for Sustainable Urban Living". The partnership is led by University of Glasgow (Urban Studies) and involves a wide group of academic, public- and private-sector organisations, including the Glasgow School of Art, Heriot-Watt University, University of Strathclyde, Glasgow City Council (GCC), the British Geological Survey, and Grontmij. The focus is on developing and sustaining a city collaboration with a focus on urban resilience and placemaking, building on existing work on Resilient Glasgow, the Future Cities Demonstrator and the Urban Big Data Centre, and with a particular focus on vacant and derelict land.

40. Resilient Glasgow. GCPH team members have continued to be closely involved with the development of the final strategy and monitoring framework. Pete Seaman attended the Smart Mature Resilient cities network workshop in Rome, 22-25 February as a 'city expert' on resilience on behalf of Glasgow City Council, to participate in a workshop on Social Resilience. Russell Jones took part in a panel discussion "Mind the Life Expectancy Gap" at the Creating a More Resilient Scotland event organised by Environmental Protection Scotland at the end of February.

41. GCPH submitted a response to Review of the National Standards for Community Engagement led by Scottish Community Development Council (SCDC). We have subsequently been invited to join a Reference Group to inform the final standards and implementation approach.

42. Following publication of a joint report on principles for participatory budgeting, Chris Harkins will be working with What Works Scotland over the next few months on drawing out the learning from participatory budgeting initiatives across Scotland.

43. Data developments. Bruce Whyte and Lorna Kelly met with Colin Birchenall (Open Glasgow and Future Cities Demonstrator) to explore ongoing links and connections to Understanding Glasgow. NHSGGC have established a Public Health Data Intelligence group which Bruce Whyte has joined, with Lorna Kelly representing GCPH on the Primary Care Intelligence subgroup.

44. Bruce Whyte and Fiona Crawford are contributing to a series of events with Glasgow City Health and Social Care Partnership to support the transformation of Children's Services as part of the 'planning for change' process, including a 'Knowing our Population' event in February.

45. Go Well community panel members attended the Scottish Parliament Local Government and Regeneration Committee on 20 January, where Professor Ade Kearns was giving evidence from Go Well findings.

The establishment of the panel, supported by the post of Go Well community engagement manager Cat Tabbner, is a key part of GCPH's contribution from core funding to the overall Go Well programme.

46. There continues to be considerable interest and requests for presentations from across Scotland and UK on key GCPH work programmes including Excess Mortality, Assets Based Approaches, Resilience and Sistema. The Director and Associate Director have also had a number of recent opportunities to bring the Centre's work to a wider audience, including:
    - International Congress on School Effectiveness and Improvement in Glasgow, 'State of the Art' session (Lorna Kelly, 7 January).
    - *Think data! Better data, healthier lives* Panel discussion, as part of The Gathering 2016 at the SECC (Lorna Kelly, 18 February)
    - Presentation to a workshop on Fairer Fife Commission and the housing contribution, held as part of the CIH Conference, Edinburgh International Conference Centre (Carol Tannahill, 1 March)
    - Presentation on 'Population Health and Social Policy' to the Carers Trust Annual Network Conference, MacDonald Holyrood Hotel, Edinburgh (Carol Tannahill, 4 March)
    - Scottish Government Health Directorates CPD session: overview of the work of the GCPH, recent findings and future developments (Carol and Lorna, 7 March)
    - Roundtable discussion for the All Party Parliamentary Group on Arts, Health and Wellbeing, House of Lords (Carol Tannahill, 21 March).

47. Carol Tannahill will also speak at the following events in April:
    - 1 April – "Understanding the Scottish Approach. Principles or Practice?" presentation at WWS workshop on Public Leadership in Action: Rethinking Roles and Responsibilities, University of Glasgow
    - 14 April – Common Purpose Commonwealth Study Conference on 'What would produce a step change in how the public, private and not for profit sectors work together?' Café Conversation host.
    - 27 April – Keynote at REHIS Annual Forum "Improving and Protecting Scotland's Health and wellbeing" GCU.

GCPH
18 March 2016

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24 March 2016

Recent Findings and Reports

Recommendations

The Management Board are asked to:

- Note the updates provided on key areas of the Centre's current research, findings and publications.
- Advise on links to partner priorities and opportunities to share the findings further.

Board members will receive an update on four areas of work as set out below.

1. **Health in a Changing City**. This report from Theme 1 (Understanding Glasgow's Health) was published in March 2016. It provides an updated resource on life expectancy in Glasgow, describing trends since the early 1990s and considering neighbourhood, deprivation and gender-related inequalities. In order to reflect the broader context for these health trends, it also reviews changes in population, housing, environmental and socio-economic circumstances at a city and neighbourhood level. Much of the analysis which informs this report was presented to the Management Board last year. Following that, additional qualitative research was agreed in order to better understand changes in particular neighbourhoods, as well as some further analysis on emerging issues and concerns from the life expectancy analysis. Bruce Whyte, Public Health Programme Manager, will give a short presentation outlining the key messages from the report and updating on the additional analysis and research.

2. **Deep End GPs and Welfare Reform**. Over the past 18 months, a core project for Theme 3 (Poverty, Disadvantage and the Economy) has been to work with the Deep End group of GPs to address the challenge of welfare reform through a series of events, action research and tests of change, focusing particularly on pathways to financial advice and preparation of reports to inform appeals and reviews. James Egan, Public Health Programme Manager, will give a short presentation on the key findings from this programme of work, and ongoing developments with partner agencies.

3. **Alcohol Use Across Retirement**. GCPH commissioned University of the West of Scotland to undertake a qualitative research study into drinking in later life. The report is due to be published shortly and an overview of the key findings is provided in the attached appendix. The conclusions and recommendations were informed by an event in December with practitioners working in alcohol and older people's services.

The report provides valuable insights into the influences on alcohol consumption during later life, and the links to routines, networks and changes experienced in retirement.

4. **Evidence synthesis and social contexts**. A synthesis of evidence on "social contexts and health" from across the Centre's research programmes was published in February 2016. The synthesis was produced in response to a growing interest in understanding the impact of social contexts, and how these are affected positively or negatively by services and interventions. This is one of a series of reports following the overall synthesis of GCPH findings produced for the Centre's 10 year anniversary year, and the Management Board's support for synthesis of findings to increase impact. Sara Dodds, Knowledge Exchange Specialist, will give an overview of the social contexts report, and also reflect on the overall approach to synthesis and other planned reports.

GCPH
18 March 2016

Appendix 1

Alcohol use across retirement: an investigation of changing experiences of ageing and later years

Recommendations

- To note the findings of the alcohol use and retirement age final report.
- To offer advice and guidance as to priorities for dissemination and future development.

1. Background

As part of the Centre's programme of work on alcohol, we recently commissioned University of the West of Scotland to conduct a qualitative research study *Alcohol use across retirement: a qualitative study into drinking in later life.* The research has now been completed and summary is provided below ahead of the final draft of the report (March 2016) with Briefing Paper (April 2016) to follow.

The Centre's alcohol programme has produced qualitative insights around the role of alcohol in relation to young adult populations in the past showing how it was central to the formation of social connections at this age. The aims of this research were:

- To understand how retirement age adults situate and understand the role of alcohol in their lives;
- To identify possible actions to reduce potential spend on the harms associated with the potential for increased alcohol consumption in older age adults;
- To discover the place of alcohol consumption in the formation of social networks, given the previous findings in relation to young adults and the place of paid work and responsibilities in moderating consumption;
- A means of exploring changes in the experiences of retiring and retirement.

2. Alcohol, ageing and the challenge of changing demography

Alcohol related harm costs Scotland an estimated £2.25 billion per annum[1] and is no longer considered a marginal problem with 50% of men and 30% of women drinking above recommended weekly guidelines[2]. However the context of an ageing population raises uncertainty around future harm and costs. Available statistics for older cohorts indicate the continued growth of harmful drinking within this age group[3]. Trends relating to the alcohol consumption of the 45-64 year old cohort, who drink more than generations before them, project the proportion of retirement age citizens in Scotland will increase by 50% by 2033[4] and that alcohol use can pose a threat to healthy ageing comes across clearly in the literature[5]. However, so too does the need for older adults to lead active and connected lives as indicated in the Report from the Christie Commission on *The Future Delivery of Public Services* and *Reshaping Care for Older People.*

3. Research Aims

The researchers sought to improve understanding of alcohol use in retired adults thorough a qualitative methodology.

To reflect potential cohort differences, three age bands were selected: Retires aged 55-59 years; 65-69; and 75-79. There was a focus on normative consumption rather than on addiction or diagnosed alcohol problems.

Participants were recruited through four GP practices facilitated by the Scottish Primary Care Research Network in Glasgow, Ayrshire and Lanarkshire (25 participants) and retirement age organisations (15 participants).

4. Methods

Utilising qualitative methods data was collected in two stages. The first involved interviews with key informants; experts in alcohol policy and/or older peoples' services around their perceptions of key areas of concern. In the second –stage, in-depth interviews were conducted with a total of 40 men and women, across three age cohorts and SIMD deciles. A final stage was an end user interpretation event to help identify key recommendations.

5. Summary Findings

Key Informant findings

Two themes emerged from our interviews with professional practitioners. The first related to the heterogeneity of older adults' drinking and this related to generalised concerns and advice around alcohol risk and ageing. Older adults were often described as more at risk of alcohol dependence and at increased risk to more moderate consumption. However, medication and complex co—morbidities made general advice for this population difficult.

The second theme related to the issue of 'constricted social opportunities in later life'. Retirement was one factor in this process leading to a loss of social contact through work but other issues such as bereavement, geographical separation from family, social isolation and lack of opportunities for social interaction were identified as triggers for increased alcohol consumption. Boredom and loss of routine and structure were also identified with key informants suggesting a need for greater access and availability of organised groups and clubs for this age group.

> *"Older people are going to be supported to live in their own homes for as long as possible. Well hey, that's fantastic but if the only people that are coming in are home carers, if you don't have a family, you've certainly not got this fabulous extended community around you, you're on your own, the door's closed, you know you're on medication and we're saying to you but don't drink cause that's bad for you. What would you do? It's so difficult"*
>
> (KI 6; older adults' organisation).

Older adult findings

Relationships to alcohol in later life were shaped by 3 factors; routes into retirement; roles and activities undertaken during retirement; and social networks:

- Routes in to retirement can be characterised as 'planned' or 'drift'. Most retirement transitions in the sample involved factors other than reaching retirement age including the influence of health issues; changes in the work environment; caring commitments and finical considerations in shaping the decision to retire.
- Alcohol consumption was largely framed in positive terms and was embedded within and moderated by daily or weekly routines, activities or pursuits which can be associated with active ageing. Respondents would often self-impose rules and restrictions to avoid risk of dependence and a fear of 'losing control' accompanied with the disruption of routines which can characterise retirement.

- Retirement could provide opportunity for the volume of alcohol consumed to increase due to increased opportunity to drink but could also see a decline as social networks reduced or as the pressures of work ceased.
  Many participants reported drinking less as a result of health concerns, decreased tolerance and avoidance of hangovers and decreased opportunities to socialise.

> *"You know as the group got smaller and smaller the need to go to the pub got less and less, so I think that, that is another reason that I don't go to the pub as much, there's not many of us left"*
>
> (OC190 – older cohort, male, SIMD 9).
>
> *"The same group, every Friday without fail. There was eight of us and well, there's seven go now because I don't go up [since I stopped drinking] and they've said to me, "oh, come up, we miss the, sort of, banter and all that sort of thing…" but, yeah, as I say, I miss the company more than I miss the drink"*
>
> (OC095 – middle cohort, male, SIMD 7).

- The issue of *broken routines* emerged as a key risk factor associated with the ageing process which presents increased risk of both social isolation and increased alcohol consumption. Whilst broken routines can be associated with retirement they also stem from taking on a caring role, bereavement and decline in social networks.

> *"I think when I used to work it was part of the kind of ritual of being home you know, kiss the cat and kinda opened the fridge and you know poured a glass of wine, made dinner and what have you and that was ah, day's over, that's quite nice … into the evening, relax, have a glass of wine, cook dinner"*
>
> (OC131 – middle cohort, female, SIMD 10)
>
> *"I used to apologise and feel guilty if hadn't achieved anything in a day….I kept saying to [my husband] "oh, I'm really sorry, I don't think I've achieved anything today"*
>
> (OCL301 – younger cohort, female, SIMD 4).
>
> *"Well what I decided when I stopped was that I wanted to have a structure to my week, a routine because I think it's very easy to just fall into bumbling along and not doing very much"*
>
> (OCL311 – younger cohort, female, SIMD 7).

Changes in routine, social networks and alcohol

- An increased preference for home drinking was in evidence as people aged. This was linked to a growing preference for staying home and reduced costs. The researchers do not see this alone as evidence of 'hidden' problem drinking.
- Those whose time was largely taken up by caring responsibilities were more often socially isolated.
- Moderate drinking amongst retired people can contribute to their engagement with 'active' and 'healthy' ageing. Consequently, alcohol was not necessarily understood as a barrier to health.

> "My whole life was turned upside down when my husband had a serious stroke and I'm now a full time carer…my life is completely constricted. I can't leave the house except for about 20, well about ten minutes in the morning to walk down to get the paper and sometimes I find that very frustrating and depressing"
> (OC143 – older cohort, female, SIMD 7).
> "My husband took ill and I nursed him for four and a half years. He couldn't be left and didn't want to put him in a hospital. Your sitting room was basically a hospital ward, tanks of oxygen and it was just 24 [hours a day]…and not much help. Very little outside help, family included. You were left to get on with it"
> (OC089 – middle cohort, female, SIMD 2).

Gender, age and levels of deprivation

The gender, age cohort and SIMD sampling in the study was designed to access a range of experiences rather than testing for differences based on these variables. Nevertheless, some differences could be tentatively suggested.

- More men in our sample drank in public spaces than women.
- More women than men in the study were full time carers. The caring role being associated with increased levels of social isolation suggesting that if the burden of care on older women increases with demographic change, more women will be at risk of social isolation in later life.
- Participants in the older group largely drank less than those in the middle and younger groups. We should not assume that this reflects a cohort difference with future public health consequences as an 'ageing effect' was also evidenced. More regular consumption amongst younger retirees may also decline as they age.
- The researchers found little difference in terms of levels of deprivation in relation to how alcohol was used and understood. That is not to suggest that such differences do not exist but that they did not figure strongly in this study.

6. Discussion

A key aim of the study was to investigate how the process of retiring and ageing constructs and mitigates alcohol use and its roles in the lives of retired people. The way in which participants drank prior to retirement emerged from our sample as a more important indicator of post-retirement drinking than the manner of retirement (whether planned at retirement age or they 'drifted' into it). Many people in the sample adapted their existing drinking routines around the new patterning of their lives. Whereas examples were found of people who felt they were drinking more with increased leisure following retirement, equally found was the opposite -people reducing their consumption as a deliberate action, or from a decreased opportunity to drink socially. Alcohol use in retirement therefore can be seen as shaped by the dual factors of previous use and role of alcohol in individuals' lives and ability to reconstruct positive routines after disruption, particularly involving activities that foster social connection.

A variety of circumstances and life events other than retirement or physical ageing shaped risk around alcohol use: the development of new interests and pursuits; reduction of pre-existing social networks and opportunities to participate in social routines; taking on full time caring responsibilities and bereavement could all play a more pivotal role in shaping alcohol use. When examined through the prism of routines, retirement represents on of many possible life events around which people's lives were ordered. The pathway to wellbeing appears to be shaped as much by how people re-constitute order, routine and meaning as much as the effects of physical ageing.

7. Selected recommendations

From this analysis a number of key actions or framings of existing activities emerge. These include:

- Work with retirement age populations to promote healthy relationships with alcohol should recognise the risk of disruption to routines and recognise social isolation and loneliness as associated risks.
- Healthy ageing polices can learn from the active contribution older people make in creating healthy routines, in identifying risks for themselves and making adaptations. Practitioners can build upon older people's informal management strategies for alcohol risk.
- This could include facilitating dialogue between groups of older people and learning from others' experiences and strategies.
- We should be cautious about stigmatising older people's alcohol use. Alcohol can feature within social and leisure activities which are important features of health and wellbeing in later life.
- Where older adults have had periods of heavy drinking in the past, they're potentially more at risk of using alcohol in response to broken routines. Consequently, screening tools used to assess alcohol use could be more nuanced if they included questions about regular alcohol routines and how and why alcohol is used. Simple management strategies with simple messages may be more effective than advice about units.
- Policy initiatives such as the Change Fund could be used to stimulate existing groups to widen participation to include older people. These groups do not need to be exclusively for the retirement age population.

Pete Seaman
March 2016

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Glasgow Centre for Population Health
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24 March 2016

Budget position: month 10

Recommendations

The Management Board are asked to:

- Note the Centre's financial position for the ten months to end January 2016.
- Note the projected year end position and approve plans for managing the small projected underspend.

1. The attached budget statement shows spend to end January 2016 and projected outturn at year end, based on planned and committed expenditure. This shows a spend of £1,348,644 to the end of January.

2. The outturn at the end of March is now expected to be a spend of £1,845,944. The projected final balance at year end is therefore £23,241 under budget.

3. As at end January, the total expenditure on research lines (E1 to E7) is projected to be close to plan. Within that, we would highlight the following:

   - Line E2 (Urban Health). A small underspend is shown here due to spend being less than expected to support food policy development work, and support for the Gorbals thriving places work which is shown against core staffing.
   - Line E3 (Poverty, Disadvantage and the Economy). The small overspend here is due to payment milestones being met earlier than expected on the University of the West of Scotland *Alcohol Use Across Retirement* project.
   - Line E4 (Asset based approaches and resilience). Although spend to end January is very low, spend is committed and invoices received during February and March for the Weathering Change project and additional AHRC engagement activities which have informed the year end projection.
   - Lines E5 and E6 (AHRC and GoWell / GoEast) are ring fenced allocations with expenditure linked to external income. These are expected to be in balance by the end of the year.

4. There is limited spend shown at month 10 against move and accommodation costs, due to repayment of costs paid in advance for Elmbank Street and the fact that no invoices had been received in the period to the end of January for rent and running costs at the Olympia building. Details of costs have now been received from University of Glasgow and are accounted for in the year end projection.

Relocation costs are currently shown against the Centre Management and Accommodation lines and will be separated out for the year end statement. As previously advised to the Board, the spend on accommodation and move costs is less than originally provided for, due to reductions in final costs of IT, double running and fit out costs.

5. Additional points to note on the Year End projection are:

- The communications line (E9) is expected to come in under budget. Provision was made for external proof reading support for publications as part of arrangements to cover the Communications Manager's maternity leave, but this has largely been managed in-house at lower cost.
- Core salary expenditure (E12) – the biggest single budget line – is projected to be slightly underspent due to maternity pay costs over the year, and the community engagement/knowledge exchange manager vacancy from November.

6. Given the projected year end position, it is proposed that the final payment of £25,000 for the University of the West of Scotland *Alcohol Use Across Retirement* project be brought forward from 2016/17 since the final report has now been received.

7. Planning for 2016/17. Work plans are currently being developed for 2016/17 and will be presented to the Management Board in June for approval alongside budget implications for the year. This is based on an expectation of Scottish Government funding continuing in line with existing levels, as per the commitment to GCPH funding which currently covers the period to June 2017.

8. Go Well. All programme sponsors have now confirmed funding for 2016/17 as follows:

- £40,000 from NHSGGC
- £55,000 from Scottish Government
- £55,000 from NHS Health Scotland

9. Additional contributions are anticipated from Wheatley Group for qualitative research looking at new builds, and a potential further contribution from NHS Health Scotland. These commitments will be built into the 2016/17 budget and financial plan alongside the ongoing GCPH contribution to GoWell, specifically in relation to community engagement.

Lorna Kelly
18 March 2016

2015-16 Financial Plan

	Income	*Planned £*	*Actual to Month 10 2015/16 £*	*Expected Out Turn £*
I 1	Annual SG Allocation	1,300,000	1,300,000	1,300,000
I 2	Sponsors Contribution to GoWell & GoEast	368,410	368,410	368,410
I 3	Other Income	74,613	113,505	74,613
	Total Income 15/16	***1,743,023***	***1,781,915***	***1,743,023***
I 4	Carry Forward from previous years	***96,162***	***96,162***	***96,162***
	Total Available 15/16	***1,839,185***	***1,878,077***	***1,839,185***
	Expenditure			
	Research:			
E 1	Understanding Glasgow's health	15,000	5,999	15,000
E 2	Urban Health	114,000	89,622	94,221
E 3	Poverty Disadvantage and the Economy	41,000	61,152	66,000
E 4	Resilience and Asset Based Approaches	66,000	495	57,000
E 5	AHRC	74,613	57,452	74,613
E 6	GoWell/GoEast	368,410	163,894	368,410
E 7	New Perspectives on Health	48,000	48,520	48,000
E 8	Unfunded Developments	-	-	-
	Total Research	***727,023***	***427,134***	***723,244***
	Communications:			
E 9	Communications	50,000	31,603	40,000
	Total	***50,000***	***31,603***	***40,000***
	Management and Administration			
E 10	Centre Management, Admin & Running Costs	28,000	14,896	28,000
E 11	Accomodation Costs	120,000	119,448	120,000
E 12	Core Staffing	931,868	752,761	904,700
E 13	Relocation	35,000	2,802	-
	Total Management & Admin	***1,114,868***	***889,907***	***1,052,700***
	Total Expenditure	***1,891,891***	***1,348,644***	***1,815,944***
	Balance	***(52,706)***	***529,433***	***23,241***